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LOS ANGELES INSTITUTE FOR PSYCHOANALYSIS
344 NORTH BEDFORD DRIVE
BEVERLY HILLS, CALIF.

MEMBERSHIP ACTIVITIES

Dr. Norman B. Atkins - Member of Group 6, Center for Advanced Psychoanalytic Studies - meets twice yearly at Princeton.

Dr. Leo Rangell - Elected Vice-President of The International Psychoanalytic Association.

The Los Angeles Psychoanalytic Society and Institute; The Southern California Psychoanalytic Society; The Southern California Psychoanalytic Institute; The Department of Psychiatry, UCLA Medical School; and the Southern California Psychiatric Society sponsored a lecture by Maurice N. Walsh, M. D.: The Origin and Influence of Psychoanalysis in the auditorium of the NPI, UCLA Medical School; and a reception was held in the students lounge of the Medical School on March 26, 1969. The lecture was in connection with an Exhibit entitled, An Illustrated History of Psychoanalysis, organized by Dr. Walsh in collaboration with Mr. Michael Berger, Exhibit Librarian, Bio-Medical Library, UCLA, and co-sponsored by the Bio-Medical Library, UCLA.

Dr. Maurice N. Walsh will present a lecture, Ernest Jones and the Origin of Psychoanalysis, to the Medical History Club of UCLA in the auditorium of the Medical School on April 15, 1969.

Dr. Leo Rangell was moderator of a Workshop on The First Psychoanalytic Hour held at The Pan-American Congress For Psychoanalysis, New York City, February 23-27, 1969.

Dr. Ralph R. Greenson was Chairman of a Workshop on Free Association, Use and Misuse at the Fall, 1968, Meeting of the American Psychoanalytic Association.

Dr. Norman B. Atkins discussed Melitta Sperling's paper on The Psychosomatic States at the Fall, 1968, Meeting of the American Psychoanalytic Association.

Dr. Justin Call was a panelist in the Panel on Narcissistic Resistance at the Fall, 1968, Meeting of the American Psychoanalytic Association.

Dr. Leo Rangell was Chairman of the Panel, Non-Verbal Communication in the Analysis of Adults, at the Fall, 1968, Meeting of the American Psychoanalytic Association.

Dr. Charles N. Sarlin was a panelist in the Panel, The Primacy of Genitality in The Light Of Ego Psychology, at the Fall, 1968, Meeting of the American Psychoanalytic Association.

Dr. Morton Shane presented a paper, The Adult Toy, at the Fall, 1968, Meeting of the American Psychoanalytic Association.

COMMUNITY EDUCATION COMMITTEE ACTIVITIES

Milton Bronstein, M. D., Chairman

The following have been or are the planned activities of the Community Education Committee for the academic year 1968-1969:

Open Lectures:

Maurice N. Walsh, M. D. - Ernest Jones and the Early Development of Psychoanalysis. November 13, 1968.

Rocco Motto, M. D. - The Second Education of Teachers - An Experience in Post-Graduate Training of Teachers, co-authored by Rudolf Ekstein, Ph.D., January 14, 1969.

Lawrence J. Friedman, M. D. - Psychoanalysis and The Law, February 19, 1969.

James Robertson, in conjunction with the Reiss-Davis Child Study Center, Response to Mother-Child Separation - Foster Family vs. Residential Nursery Care, April 12, 1969.

Program For Teachers:

The Ninth Annual Institute for Teachers, in conjunction with the Reiss-Davis Child Study Center, Sex and the Current Education Scene, February 1, 1969.

Participants: Drs. Beckwitt, Bronstein, Ekstein, S. Friedman, Gilman, Heinicke, Karasic, Malin, T. Mintz, Motto, Peterson, Rubin, Sperling, Sugar, and Van Dam.

Program For Social Workers:

Jerome Karasic, M. D., and Ellis Toney, M. D., Jr.: Theoretical Applications of Psychoanalysis to Case Work, 8 meetings, February 4 - May 13, 1969.

Participants: Drs. Bird, Ekstein, Fine, Gould, Grotstein, Tausend, Wonka.

Program For Residents:

James Grotstein, M. D., and Morton Shane, M. D.: The Psychoanalytic Approach to Psychotherapy, 7 meetings, November 5 to December 17, 1968.

Participants: Drs. Carson, Gould, Greenson, Malin.

Pietro Castelnuovo-Tedesco, M.D., Psychoanalytic Aspects of Psychomatic Medicine: 5 meetings, January 8 to February, 1969.

Program For Candidate's Wives:

Morris C. Beckwitt, M. D., organizer: Series of Six Lectures, November 11, 1968 - April 14, 1969.

Participants: Drs. Aronson, Atkins, Bronstein, Grotstein, Ourieff, Rangell, Walsh.

Consultations at Patton State Hospital: January to May, 1969, Arthur Malin, M.D., James Grotstein, M.D., Gerald Aronson, M.D.

PROFESSIONAL EDUCATION COMMITTEE ACTIVITIES

Bernard W. Bail, M. D., Chairman

Panel Discussion: Is Psychoanalysis Part of the Scholarly Community?

Panel Members:

David Abrahams, M. D.
Robert Dorn, M. D.
Maimon Leavitt, M. D.
Robert Stoller, M. D.
Melvin Mandel, M. D., Moderator

The Need-Fear Dilemma in August Strindberg's Object Relations
Donald L. Burnham, M. D.:

Discussants:

Seymour Friedman, M. D.
Leonard Gilman, M. D.

On the Psychopathology of the Erotic Transference Resistance in Neurotic Patients
Dr. Herbert Rosenfeld:

Discussants:

Maimon Leavitt, M. D.
Helen Tausend, M. D.

Object Loss in Infancy - An Elaboration of Instinctual Drive Theory
Albert J. Solnit, M. D.:

Discussants:

Justin D. Call, M. D.
Heiman Van Dam, M. D.

Structuring Aspects of the Penis
Frederick Kurth, M. D.
and Andrew Patterson, M. D.

Panel Members:

Gerald Aronson, M. D.
Edwin Kleinman, M. D.
Frederick Kurth, M. D.
Arthur Ourieff, M. D.
Andrew Patterson, M. D.
Dr. Noel Korn

The Oedipus Myth, Adolescence, and the
Succession of Generations
Norman B. Atkins, M. D.

Discussants:

James Grotstein, M. D.
Robert Zaitlin, M. D.

On Filicide

Dr. Arnaldo Rascovsky:

Discussants

Milton H. Bronstein, M. D.
Maurice N. Walsh, M. D.

Discussion of an On-Going Case presented by

Carolyn A. Hays, M. D.
Dr. Arnaldo Rascovsky

An Evening with Dr. Karl Menninger

Karl Menninger, M. D.

Introduction by Leo Rangell, M. D.

Sense of Conviction, Screen Memories,
and Reconstruction - A Clinical Note

Edward Joseph, M. D.

RESEARCH COMMITTEE ACTIVITIES:

Joshua A. Hoffs, M. D., Chairman

Thus far in 1968-69, the Research Committee has sponsored two seminars:

Subliminal Perception and
Unconscious Mental Processes

Speaker: Howard Shevrin, Ph.D.
Menninger Foundation

The Effect of Frequency of
Treatment on the Outcome and
Process of Psychoanalytic Child
Psychotherapy

Speaker: Christoph M. Heinicke, Ph.D.
Reiss-Davis Child Study
Center

In the coming months additional seminars are planned which will include:

A Study of Heinrich Himmler

Speaker: Peter Loewenberg, Ph.D.,
Assistant Professor, Department of
History, UCLA

A Study of Friedrich Nietzsche.
Speaker: E. Victor Wolfenstein,
Ph.D., Assistant Professor, Depart-
ment of Political Science, UCLA

Phase of Life Project

Speaker: Roger Gould, M. D.
Assistant Professor, Department of
Psychiatry, UCLA

Research in the Psychoanalytic Hour.

Maurice N. Walsh, M.D.

It is hoped that our efforts to collabo-
rate with scholars from other disciplines
will lead to mutual stimulation and
cross-fertilization.

At the present time our committee is in
the process of reviewing and evaluating
research material which has been sub-
mitted for presentation.

Members and candidates and outside per-
sons interested in psychoanalytic
research are invited to contact the com-
mittee for any assistance it may be able
to offer.

COMMUNITY ACTIVITIES COMMITTEE ACTIVITIES

David Abrahams, M. D., Chairman

The Community Activities Committee has
been working with Assemblyman Alan
Sieroty. Mr. Sieroty has asked the com-
mittee to assemble pertinent psychoana-
lytic data concerning a proposed bill
that would make it mandatory for teen-
agers to wait approximately one month to
obtain a license to get married. Trying
to respond to such a consultation has
provided the committee with some practi-
cal experience in applied psychoanalysis.

REPORTS OF SCIENTIFIC MEETINGS

STRUCTURING ASPECTS OF THE PENIS

Frederick Kurth, M. D. and

Andrew Patterson, M. D.

Presented: November 21, 1968

Reporter: Leon Wallace, M. D.

This was an experimental program in which the paper to be presented was not read to the Society but was available to the membership in advance of the meeting. In this way maximum opportunity was made available for the discussion of the paper. The discussion began with a panel who had prepared formal critiques of the paper but which also included the co-authors. Then the membership was invited to participate.

The authors' work stems from the Kleinian viewpoint, and they consider psychic structures as "related to internal objects." "This process is primarily a projective and introjective phenomenon, and psychic structure is shaped by internal objects." The penis has both external and internal components, evidently linking internal and external, and has not only impulse derivatives but also structuring capabilities. It is a guarantor of structure within the family triangle, protecting the mother from the infant's impulses and guaranteeing a separate relationship for the parental couple.

The first case history illustrated the use of the concept of external and internal in two psychoanalytic hours with the suggestion that the analyst's penis represented the analyst's protection against the patient's family difficulties while she wished to attack the father's penis in order to destroy the family structure.

The second case suggested that "only a proper ensconcement within the family enables a child to grow and, in the case of the boy, to thereby internalize a potent penis with eventual physical potency." All four clinical examples were considered by the authors to

focus primarily on the penis as a structuring and organizing element. However, this structuring penis comes under attack, which is related to a paranoid mechanism. This paranoid attack on the penis which interferes with its structuring and holding function can be seen in homosexuality. Primary hostile and destructive feelings are directed, in part, against the structuring and protecting penis. These attacks aim to demolish structure thereby allowing unlimited access to the mother as well as depriving the mother of the satisfaction she gets from father.

It is the authors' view that penis envy, which implies an attack on the penis, is equally important for men.

Following Erikson's terminology, the family must "synthesize meaning and continuity" out of the continuing polarities of a structuring and orgiastic penis. The triangular situation - father, mother, and child - plays a decisive part from the beginning of the infant's development.

Dr. Patterson: The structuring function of the father is often symbolized by the penis. This is parallel to the structuring function of the analyst.

Dr. Noel Korn (Anthropologist): In the Sicilian culture the intra-family constellation is matriarchal so that the structuring aspect of the penis must have a modified significance.

The history of the human species suggests that the nuclear family was invented in order to implement a hunting way of life. We may have this genotype as part of our maladaptation to the current situation. There may be evidence of evolutionary development from the primacy of teeth to penis as the major protective function.

Dr. E. Kleinman: Commented on the paucity of definitions in the paper. Structure is generally defined in terms of function. Would it be more clear if the paper referred to the function of the penis as an "organizer" - utilizing Spitz's formulations - rather than its structuring function?

Dr. G. Aronson: The penis is the "structure" that acts as the barrier against regression to fusion with the mother. He warned that the analyst may erotize his interpretations. The patient tries to reduce the structures to symbols in order to regress. The analyst must not aid him to do this.

Dr. A. Ourieff: Did not find the paper clear or the ideas easy to understand. He agreed with Dr. Patterson's comments in the discussion, that the father is the structuring person in the family, not his penis. It appeared to be a contradiction to Dr. Patterson's statements in the paper itself.

Further, Dr. Ourieff could not follow the clinical material to the conclusions regarding the father's penis as the structuring element. In fact he considers that the penis is the primary structuring factor only in a situation of severe deprivation and must be considered pathological.

Dr. Kurth responded that the child always develops structures based on fantasies about body organs.

Dr. Ourieff held to the view that this was not demonstrated in the clinical material.

Dr. Aronson added that the need for structure is so great that it will use whatever is available, and this must be some concrete organ. He does not agree that this is necessarily the penis as the authors contend.

Dr. Patterson acknowledged that the clinical material is not convincing but demonstrates a way of looking at the material.

Dr. Rubin: In analysis unconscious fantasies are used to discover unconscious conflicts. Here they are used to demonstrate structure, organization, etc., and presented on a regressive level. It is necessary to address the patient on the proper psychic level or the analyst misses his function as an organizing force.

Dr. Mason: The different opinions reflect major differences between Kleinian and Freudian viewpoints. The paper implies that if the basic conflict refers to early infantile conflicts, it is necessary to direct the interpretations to that level. His experience is that patients who have failed in classical analysis do well when the earlier material is interpreted. He considers the paper as a plea to try to clarify early infantile confusions.

Dr. Dorn suggested that the clinical material made more sense if it was understood in terms of later conflicts rather than the early infantile. Further clarification of pre-oedipal conflicts is desirable but is not helped by attributing later conflicts to the first year of life.

THE PSYCHOPATHOLOGY OF THE EROTIC RESISTANCE IN NEUROTIC PATIENTS TRANSFERENCE

Dr. Herbert Rosenfeld
Presented October 28, 1968

Reporter: Leon Wallace, M.D.

In an earlier paper on the treatment of a schizophrenic patient, Dr. Rosenfeld suggested that the sexual excitement of the schizophrenic patient is generally related to a part object relationship in which the breast is experienced as very sexually exciting. The infant's feeling small and in need of the breast

arouses omnipotent and sexual feelings elaborated in masturbation phantasies leading to a delusional taking over the role of breast/mother. Intense erotic transferences also occur in neurotic patients which may reach an intensity whereby the patient believes that only by marriage to the analyst can her problems be solved. Some patients may split this off and act it out in the outside world but always fail to find the right partner while remaining married to the analysis rather than the analyst. Similar problems occur among male and female patients. Although such patients may avow intense and passionate love, the analysis reveals an underlying fear of being incapable of love and normal sexuality accompanied by a false, "as if," kind of pseudomaturity. This is kept up by excessive projection identifications in all object relationships; i.e., they project parts of themselves into mature adults and thus claim to be mature. This dependency on the thoughts and feelings of their mature objects are used for this pseudomaturity. Their intolerance of separation reveals a failure of normal introjective processes.

Excessive projective identification is originally a defense against the normal dependent relationship of the infant to its mother. It is a reaction to envy whereby the infant forces itself in phantasy into the mother so that he believes that he possesses her breasts and other attributes. This is accompanied by intense erotization of the breast and nipples, and he phantasies that the breast contains a penis. This is associated with the early oedipal situation beginning during the first year. The aetiology of the clinical problem of the intense, overt erotic transference, which seems to be mainly based on an unmodified early nipple-penis confusion, is obscure. A case history was presented of a married woman of 35 who had previously undergone five years of analysis. She had experienced no major symptoms during the analysis but was convinced that she was the woman analyst's favorite patient, as she had been her mother's. After termination the patient felt disillusioned, empty, bored, and depressed. She began her current analysis

with the feeling that she was a fraud both in her profession and in her marriage.

The patient criticized her previous analyst for numerous reasons but was most scathing about having been able to deceive her analyst about her true problem. She reacted most positively in the current transference, developing sexual phantasies and a desire to marry her analyst. This was soon followed by dreams of a homosexual nature in which the analyst was represented by a woman with beautiful breasts.

Her infantile, dependent feelings became more conscious during the second year of analysis; and she accused herself of marrying to appear grown up and that her profession was a similar pretense. There was an infantile dependent part of the patient which felt that it needed the analyst as mother to feed her but envied him this capacity. This stimulated a phantasy of an omnipotent snake-like intrusive part to try to take over the analysis. This violent projective identification with mother was the basis of her pseudomaturity.

The patient revealed that she spent many hours daydreaming in the bath, especially over weekends, in which she carried on prolonged phantasy conversations with the analyst. Dr. Rosenfeld interpreted a dream as revealing that the patient intrudes into the analyst as mother but claims he is quite blind to this as was her previous analyst. Since she deceives him, the analyst is useless. This intrusion into the analyst is related to overpowering sexual excitement. She is afraid of becoming addicted to analysis because of her wish to have constantly erotic relationship in which no analysis is taking place. The fact that she is prettier in the dreams and sees herself in the mirror in the analyst's house is interpreted as her having taken over the attractive part of the mother's body and

sees herself in the attractive mother's role, which is part of the pretence personality. The patient replied that she knew she used sexual excitement as a drug.

The efforts to convince the analyst of the heterosexual phantasy masks the undercurrent of homosexual attachment to the mother and may mislead the analyst into thinking that he represents the father.

After these interpretations the patient became more able to control her masturbatory activity. However, she reported her inability to control her son's and daughter's sexual activities and revealed her projected bisexuality.

A few months later the patient reported that she had overcome her previous confusion, implying that she could now differentiate between the nipple/penis and the analyst as father. She said she was much better and wished that she could marry her analyst. Another dream revealed however her continued attachment to the nipple/penis/analyst who gives her nothing but whom she loved admired. She idealized her emotions, feeling so preoccupied in feeling good while looking at the analyst, so that she needed no help and interpretations from him. This hid her aggressive, envious refusal to listen to the analyst's interpretations which would bring her into contact with her difficulties in feeling appreciation and gratitude. The analyst was observed as the narcissistic mother who feeds herself from her own breast and nipple/penis and forgets the baby. Also the erotic attachment to the analyst prevented her from accepting any interpretations because of the associated envy.

The patient became depressed, evidently over having been "caught" when she thought she could get away with her protestations of being in love with the analyst. This was followed by dream material suggesting that the analyst now represented both the father and idealized mother.

Further dream interpretation indicated that she felt furious with the father/analyst because he had helped her to divide her baby feelings to him as mother from the sexual intrusive relationship in which she felt herself to be the mother's partner and could claim that she was grown up. The interpretations of the hostile transference led to her associations, soon after, to her feelings about her father, his death, and her feelings of having neglected him.

This material illustrated that for the first time in this patient's analysis the penis/nipple confusion seemed sufficiently to have shifted so that she was able to make contact with the oedipal situation and simultaneously her depressive feelings. The penis/nipple confusion prevents proper contact with the dependent baby relationship which is necessary for growth, and it also prevents the development of a proper oedipal situation by creating a false oedipal situation in which the nipple/penis as a part object masquerades as the father as a whole object. This was far from the termination of the analysis but was used to illustrate the principal theme.

Dr. Helen Tausend used the clinical material to more clearly delineate the differences as well as similarities between the approaches of the Kleinian and Freudian orientation.

It is not uncommon to see intensely erotic transferences, ostensibly oedipal but which prove to be pre-oedipal, in neurotic patients. Neurotic patients who want to marry the analyst, or make the analysis go on forever, want to re-establish a mother-child relationship in which they may be dependent and cared for and in which there is a good breast with an endless supply of milk from a mother who will be theirs forever. Their search for a good marriage always fails because the partner is not mother, although separation is painful and leads to feeling empty, lost, and depressed. This is

understood as a failure in constant internal object representations, for the establishment of which there needs to be appropriate need-fulfilling experiences as well as properly dosed and timed frustration experiences so that separation-individuation may take place. Introjection is part of the process, and it appears that in the transference the patient feels good when he introjects the analyst rather than intruding into the analyst. The intrusive possession of mother is incompatible with the need for her presence.

Although there may be confusion between penis and nipple, Dr. Tausend questions the fantasy that the breast contains the penis as represented by the analyst. The analyst is the object of a mother transference not because the patient has made contact with the penises inside the breasts but because the conflict that is uppermost is that of the conflict between the ego and the id, involving the drives and defenses in relation to the object-mother, having its genesis in the phallic phase, the time of the birth of her brother, four years younger. The patient seems to be fixated in the phallic phase where attributes of males are not clearly differentiated from females. This only facilitates the mother transference which must emerge because of the need to recreate the blissful situation which existed when she was mother's only child and there was over-gratification and insufficient frustration to stimulate the process of discovery and distinction of self and objects.

The birth of the brother stimulated regression from the phallic phase to the oral phase in her envy of the gratification he was receiving from mother. The thought of being the previous analyst's favorite was an expression of the transference and revealed what she was seeking in the analysis. The termination, without working this through, repeated the situation of the birth of her brother. No wonder she wanted a permanent alliance with the next analyst!

The regressive pull of the strength of the wish to be reunited with her mother led to frustration in both marriages. Her wish to please mother led her to behave like a "big girl," but the envy of brother's infantile satisfactions and the strength of her desire to be

reunited with mother led to the feeling of remaining an infant.

The use of masturbation and sexual excitement as a drug indicates that anxiety, oral in origin, is transformed into sexual excitement which is easier to cope with.

Dr. Tausend agrees that there is a shift of transference as the patient makes progress. The transference shifts from mother to father; and at first there is rage at father who comes between her and mother, an ambivalence that gives way to identification with mother. After some mourning of the mother, manifested in the depression, she is able to move from the regressive dependency into the oedipal phase with father.

The paper does illustrate that erotic transference resistance is a powerful defense against an omnipotent, narcissistic organization which itself is a defense against the pain of relinquishing the mother to brother. His nursing at the breast revived the regressive wish to be at the breast herself and to displace him. Sadistic impulses to him increased the need for closeness to mother as an accessory protective ego.

All objects became mother from whom she wants to receive and with whom she wants to be rejoined in a blissful union.

Dr. Tausend does not believe that the patient's progress was due to simultaneous analysis of projective identification and the nipple/penis confusion. The progress was due to the interpretations of the resistance in the erotic transference, because he interpreted their defensive nature, because the patient re-experienced the painful effects against which it defended in the analysis with a good analyst who did not excessively indulge or gratify her. That all this was repeated in the analytic situation left no doubt of its veracity and made possible the use of the analytic situation for therapeutic purposes.

Dr. Rosenfeld responded that these mechanisms had evidently been analyzed in her prior analysis but were not deep enough.

Dr. Maimon Leavitt questioned whether this was truly a neurotic patient and whether these formulations are valid in neurotic patients.

He also questioned how it is arrived at, that the nipple/penis confusion is basic. It appeared that this was an assumption that was not demonstrated to be primary by the clinical data.

Dr. Rosenfeld responded that he also wondered whether this was truly a neurotic patient and considered her borderline. Frequently neurotic patients are seen who have a psychotic part that must be analyzed.

The conclusions about breast/penis can only be confirmed by very detailed observations which cannot fully be reported within the scope of the paper.

In particular, Dr. Rosenfeld emphasized that if projection identification is not interpreted, the patient does not progress to a real dependent relationship with introjective mechanisms.

Dr. Ralph Greenson agreed that the erotic transference is essentially a defense involving pregenital fixations which are used to deny and ward off dependent feelings. The task of psychoanalysis is to get the patient to see that it is a pseudosexuality which hides dependency on which they cannot tolerate. They are generally perverse or psychotic patients rather than neurotic.

These patients, in Dr. Greenson's experience, had problems of gender and reflected oral conflict. This always contains a confusion of breast/penis, but there is a serious question in his mind of conclusive evidence of the fantasy of the penis inside the breast as suggested by Dr. Rosenfeld.

Dr. Greenson also questioned the apparent arbitrary selection of interpretations of dreams and wondered whether the

dreams may have revealed that the patient felt endangered by the seductive quality of the interpretations.

Dr. Rosenfeld responded that this was exactly what was revealed, and that this was felt as erotically stimulating to the patient and had to be clarified for her.

THE NEED-FEAR DILEMMA IN AUGUST STRINDBERG'S OBJECT RELATIONS

Donald L. Burnham, M. D.
Presented October 24, 1968

Reporter: Leon Wallace, M. D.

This paper represented the application of psychoanalytic concepts to the understanding of biographical and literary material as well as a demonstration of certain aspects of the schizophrenic process as revealed by the writings of August Strindberg.

Burnham refers to his work with schizophrenic patients and his particular interest in their "relationships" as well as their patterns of thought and communication. He states that the relationships of the schizophrenic are dominated by a "need-fear dilemma"; i.e., he is dominated by a need for other persons which he fears. The schizophrenic's relationships manifest his efforts to cope with this problem, each side of which may lead to disorganization as a result of his faulty ego development.

This is indicated by a relative failure to establish autonomy from the id and the external environment.

Strindberg's writings are predominantly, directly or indirectly, autobiographical and provide valuable insights into the structure and dynamics of the schizophrenia-vulnerable personality. Burnham focuses particularly on Strindberg's relationship with his third wife, particularly involving the references to his "Occult Diary" and the published correspondence which occurred at the same time.

With her, as with all aspects of his life, there was a repetitious idealization and disillusionment. This pattern carried over to country, religion, and politics.

Strindberg expressed an unusual awareness of his need to escape his dilemma by reconstructing reality and remodeling the world. In particular he developed a delusion of an ideal woman by means of which he could deny his intense ambivalence and the inconstancy of his relationships with objects.

Burnham describes details of Strindberg's delusions that were revealed in his writings. Although evidently aware at times of his intense ambivalence regarding his wife, he attributed the fluctuations to changes in her. He wrote of idealizing her in her absence but that he could not tolerate her presence. The disruption of ego boundaries was strikingly and dramatically expressed.

Strindberg also used "splitting" in order to deny the pain of his wife's loss as well as his intense ambivalence. He thought of her as two persons, one external and one that he communicated with and possessed.

Strindberg described clearly the nature of his autistic relationships whereby he "fashions an ideal form in which he puts all the best that is in himself," whereby he can "adopt (this) as his double and...do as he likes." Then he hated the woman but loved his ideal.

Deteriorations were repeatedly precipitated by the failures of the external world to meet the internal image, and in his repeated efforts to establish relationships he stimulated the affects and conflicts that the delusions attempted to relieve.

Another aspect of the schizophrenic conflict was the struggle to find the "lost" half of himself that his wife represented while he was in constant fear of losing himself. This was expressed as an almost literal cannibalistic fear. In one of his plays Strindberg has an (autobiographical) character say, "To eat or be eaten, that is the question." This epitomized Strindberg's need-fear dilemma at its rawest.

Dr. Seymour Friedman stated that there is as yet no single comprehensive and adequate theory of schizophrenia. Still it is emphasized that the scientific method focuses on the understanding of parts of the whole picture. The disordered relationships of the schizophrenic create a cycle of "causal self-sufficiency" while they are also an indispensable treatment agent.

The dilemma is derived from the failure in mastering the earliest task of human development, that of differentiation of the self from the non-self. There is then a failure of integration and synthesis of the libidinal and aggressive cathexis of the self. This leads to distortions of self and object images dominated by primitive projections, archaic splitting mechanisms, psychotic denial, and primitive delusions of omnipotence and over-idealization of self and object. Object constancy cannot be maintained, resulting in the vicious cycle characteristic of the schizophrenic.

In the relatively non-schizophrenic individual this dilemma occurring in object relations is managed as a problem of inter-personal comfort and the relatively inconspicuous but ongoing task of regulating distance and closeness within relatively conventional relationships. In the schizophrenic, this becomes an all-consuming task, determining the survival or dissolution of the person's identity.

Dr. Seymour Friedman was impressed by certain research implications of Dr. Burnham's paper having to do with the way in which Strindberg adapted his intense need-fear dilemma to the survival of his personal identity as well as to the enhancement of his creative literary identity. He briefly related the histories of three children who were required to destroy the apparent talents they possessed in their struggles with the need-fear dilemma, and he raised

the question of what the forces are that permit the rare creative person, like Strindberg, to mobilize his talents effectively in his struggle against his disturbance.

Dr. Gilman was the second principal discussant. He raised the question of the "internal objects" that were so frightening to the author Strindberg. He sees Strindberg as having suffered from a lifelong split between good and bad introjects which he tried unsuccessfully to resolve by denial, idealization, and projection. The early inability to unite good and bad part objects into one ambivalent but real object results in an underlying split in the ego and the consequent threat of schizophrenic disorganization and ego loss.

Another aspect of the schizophrenic dilemma has to do with the missing part of the self in the woman who constantly disappoints him. This is a search for the child-self reunited with the 'good mother' but based on his identification with a fantasied part of himself, the child.

Dr. Burnham agreed that the principal conflicts were pre-oedipal.

OBJECT LOSS IN INFANCY - AN ELABORATION OF THE INSTINCTUAL DRIVE THEORY

By: Albert J. Solnit, M. D.
Presented November 7, 1968

Leon Wallace, M. D., Reporter

Dr. Solnit offered an historical perspective for his paper in the current concern with problems of aggression and destructiveness. The paper considers reactions of hospitalized infants whose recovery from severe gastrointestinal infections were complicated by the effects of maternal deprivation as a consequence of the hospitalization.

The work of Rene Spitz regarding anaclitic depression is referred to at length. Spitz noted that the deprived, hospitalized infants did not exhibit the normal manifestations of aggression towards external objects during the second six months. There is a subsequent turning of aggression against the

self, manifested both in physiological disorders as well as in direct manifestations of head-banging. This may lead to marasmus and death. Spitz infers that the aggressive drive is the "carrier" of the libidinal drive and that the disorders of anaclitic depression reflect a diffusion of the drives. The normal development depends on the availability of an external object for the expression of both libidinal and aggressive drives. These ideas were applied to the successful management of four infants who appeared to have a fatal prognosis due to the consequences of post-infectious diarrhea.

Solnit assumes that aggressive behavior in the infant or older child recovering from maternal deprivation should be viewed as providing a basis for contacting the object world and holding on to it and also as an expression of revitalizing and redirection of the blocked drive energies.

The first infant noted in the report died of a post-infectious diarrhea in spite of the most advanced biochemical treatment. Four more infants suffering from this disorder came to the attention of the author's group. A decision was made to provide "emotional replacements" for the infants who had been deprived of their mothers during the successful treatment of infectious diarrhea. It was inferred that the effects of the maternal deprivation had been accentuated both by the organic disability as well as the required treatment in the isolation ward of the hospital.

Since a rooming-in arrangement for the mothers was not possible, a unit system of nursing care was provided whereby each of the four infants was provided with the same student nurse for each of the eight-hour shifts. The nurses were encouraged to hold, talk to, cuddle, and be very visible to each of the children. Each of the four children recovered completely,

and in each case it appeared that externally-directed aggressive behavior "indicated that a restoration of instinctual drive energy was underway." When first transferred from the isolation ward, the infants were apathetic and limp. The return of interest in sucking and in food was preceded by evidence of more body tone, kicking, and the expression of a vigorous, angry or irritable cry.

The initial expression of irritability caused the nurses to be concerned, and they had to be reassured. Shortly afterwards evidences of recovery were clear. "One could say that critical libidinal nutriments were required before essential mineral and caloric replacements could be retained and assimilated." The nurse provided an external object against whom the aggressive drives could be directed.

Solnit quoted Hartmann at length regarding the considerations of drive theory. Solnit speculated that the physical illness, compounded by the loss of the mother, had a retarding and aggressive influence on the processes of drive differentiation and the differentiation of the self and the body and that the infant's instinctual drive elements remain relatively undifferentiated and unneutralized, with the consequences that they had the effect of a catabolic force.

Spitz's observations suggested that following separation the hospitalized infant attempts to regain the lost object with the help of the aggressive drive. Utilizing Hartmann, Kris, and Loewenstein's formulations, Spitz concluded that the internalization, without neutralization, of aggressive energy in the ego must lead to some kind of self-destruction.

Solnit concludes that recovery from post-infectious diarrhea was hindered dangerously in these four patients because biochemical replacements could not be retained in the absence of the love object. The nurses provided replacements of libidinal supplies which permitted the infants to retain biochemical and fluid infusions. He hypothesizes that the retention of physiological replacements require a degree of physiological inhibition - a capacity to store and

hold against developing pressure - that may be the equivalent of the psychological capacity to postpone or wait. This psychological capacity is dependent on the presence of a countercathartic force (following Hartmann).

Solnit postulates that a child's irritable, aggressive reaction may be his first response of recovery and adaptation when psychological and physiological replacements are made available. The nurse as an auxiliary ego aided each child's capacity to neutralize instinctual energies, bringing into effect the counter-cathexes and postponing inhibiting capacities.

In life-threatening situations the first defense is either fight or flight. Since the latter is not available to infants, the capacity to fight must be made available by providing the infant with an external object which also provides a neutralizing, counter-cathetic influence of the auxiliary ego.

This phenomenon of aggressive behavior as an early manifestation of a recovery process from parental deprivation is observed in other situations such as those placed in a foster home after living in an institution. When it was not understood that this "coming alive" by the manifestations of aggression was a normal process on the path of recovery, the consequences could be tragic.

Solnit also postulates that this expression of aggression indicates a loss of synchronicity of id-ego development. The aggressive behavior is adaptive, which is followed by ego development that enables the child to neutralize and fuse drive energies necessary for recovery and progressive development.

Dr. Heiman Van Dam addressed himself to what he considered to be the core

of the paper, Dr. Solnit's proposition that aggressive behavior of the infants provided a basis for contacting the object world. Dr. Van Dam felt that the data were convincing. However, he would add that aggressive behavior may have libidinal as well as aggressive components.

Brief clinical examples offered by Dr. an Dam supported Dr. Solnit's assertions that as long as the drives of the disturbed infant are directed outward (or to the surface of the body, he would add) the potential for recovery exists. He would consider that what is adaptive and restitutive for the recovering infant is not just the outward directedness of the aggressive drives, but coexistence of outwardly directed energies of both libidinal and aggressive origin. This fits the idea that in early infancy drive energy is still undifferentiated.

Another aspect of these formulations led to the consideration of aggression in transference as an expression of the patient's efforts to contact the analyst. As such, it would have to contain, or be associated with, a libidinal component.

Dr. Justin Call was impressed by the clinical significance of the observations reported by Dr. Solnit and believes that the work meaningfully complements the studies of Spitz and others. In a nutshell Dr. Solnit has shown that when people start to get well from an illness which has imposed passivity and isolation, as well as separation and deprivation, they become demanding and defiant.

Dr. Call raised the question of whether there were available observations on these children before the illness and after their return to their mothers.

Dr. Call emphasized that when the nurse became the target for the child's aggressive tendencies during convalescence, this occurred after the nurse was first the supplier of stimuli. As the relationship with the nurse matured, she provided herself as an object through which the synthesis of primitive, undifferentiated ego and id functioning, with refusion of aggressive and libidinal drive energies, could

take place. Was there another resynthesis when the child returned to its mother?

Dr. Call also commented that these infants should have had their mothers or substitute mothers present throughout the illness. They would best be prepared by the physician for the rapid changes in the condition of the young patients.

PUBLICATIONS OF MEMBERS IN 1968

Friedman, Lawrence J. - Psychoanalysis: Uses and Abuses, New York, Paul S. Erikson, 1968, 192 p.

Greenson, Ralph R. - The Technique and Practice of Psychoanalysis, Vol. 1, New York, International Universities Press, 1967, 452 p.

Lewy, Ernst - The Transformation of Frederick the Great; a Psychoanalytic Study. In The Psychoanalytic Study of Society, 4:1967, pp. 252 - 311.

Rangell, Leo - A Point of View on Acting Out, Int. Journ. Psychoanal. 49:1945 - 201, 1968.

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Stoller, Robert J. - Sex and Gender; on the Development of Masculinity and Femininity. New York Science House, 1968, 383 p.

Walsh, Maurice N. - Explosives and Spirants: Primitive Sounds in Cathected Words, Psychoanal. Quarterly, 37:199-211, 1968.

Walsh, Maurice N. - A Psychoanalytic View of War, UCLA Alumni Magazine, 43:11-13, 1968-1969.

SAN DIEGO NEWS

A Joint Committee for organizing Psychoanalytic Education in San Diego has been formed. The membership is made up from both the Los Angeles Psychoanalytic Society and Institute and the Southern California Psychoanalytic Institute. The address of the office of the Joint Committee is 9024 Olympic Boulevard, Beverly Hills, California.

The Co-chairmen of the Committee are Drs. Melvin Mandel and Sigmund Gabe. The additional members of the Committee from the Los Angeles Psychoanalytic Society and Institute are Drs. Bail, Leavitt, Ourieff and Walsh. The additional members from the Southern California Psychoanalytic Institute are Drs. Eisenstein, Levy, Peck, and Saperstein. Dr. Orr represents San Diego.

Monthly meetings of the Committee are to be held at 9024 Olympic Boulevard.

THE WOMEN'S AUXILIARY
of the
LOS ANGELES PSYCHOANALYTIC
SOCIETY-INSTITUTE

Reporter: Fifi Bronstein

During this calendar year the Auxiliary has made an effort to assist, in action as well as in name, the Society-Institute. During the fall we served coffee and dessert for two meetings, one of which was an Open House for prospective candidates, the other of which was a panel discussion, What Is a Psychological Institute? The panelists were Drs. Atkins, Bail, Ourieff and Vatz.

On March 26, with the Auxiliary of the Southern California Psychoanalytic Society, we shall be serving dessert at the UCLA lounge after a lecture by Dr. Walsh on The Origin and Influence of Psychoanalysis in connection with an exhibit, A Portrait History of Psychoanalysis. We have also been asked to serve on April 21 at the Institute after a Community-Education-Committee program with guest speaker George Engel from Rochester, New York.

We have had two social evenings. In September there was a well-attended Operation Bootstrap fashion show at the home of Vernie Ourieff. We had our annual Christmas Dinner-Dance at the Mulholland Club in December and will have our Spring Luncheon this year in May, jointly with the Southern California Auxiliary, probably at the Luau (convenient for interested husbands) with speaker Irving Bengelsdorf, Science Editor of the LOS ANGELES TIMES.

The nominating committee is meeting this month at June Obler's; and elections will be held at our April meeting; at that time we will feature our own membership who are involved in interesting occupations, and in June we will have our closing meeting and Installation.

Finally, we inform you of a growing interest amongst our members in contributing financially towards the growth and beautification of the Society-Institute's Library. This project is currently under our study.

LOS ANGELES INSTITUTE FOR PSYCHOANALYSIS
344 NORTH WINDYBELL DRIVE
LOS ANGELES, CALIF.

LOS ANGELES PSYCHOANALYTIC
SOCIETY AND INSTITUTE
344 N. Bedford Drive
Beverly Hills, Calif. 90210