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**IN MEMORIAM**

Those of us lucky enough to have known Mrs. Frances Deri will remember a woman of encompassing scope. Her intelligence, wide interests, deeply felt principles, warm humor, remarkable latitude, and tolerance were extended to a myriad of genuine activities. Hers was an unconventional and honest approach to Life and Work.

Her dedication to patients and her empathy for their suffering were marked equally by an extreme sense of reality and an uncommonly keen perception of unconscious meanings. Beyond the rest, the most lasting impression her personality leaves with us is one of utter originality and authenticity.

We mourn her passing and already miss her.

Adapted from writings of

David Brunswick  
Hanna Fenichel

Editor: Sumner L. Shapiro, M.D.  
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Albert Kandelin, M.D.  
George Leventhal, M.D.  
Ronald Mintz, M.D.



## EDITORIAL

In the termination phase of an analysis original symptoms often return. Eckstein\* has likened the phenomenon to the curtain calls of actors in a play. Extending the analogy, patients initially announce their cast of personal characters and their major interrelationships in the form of their main complaints, and under what situations they occur. Subsequently, the basic analytic work is similar to the essential drama.

Related to Eckstein's paradigm is another observation; however, in it, the appearance of brand new symptoms, just before the curtain falls, may not be as inconsequential as the final bows of the pale and exhausted actors who ask only, "Will you remember me in the role I played when I was center stage?"

This new symptom at times calls for extensions of the therapy, and sometimes a revision of treatment objectives.

In Hamlet, after all the emotional pinnacles and troughs of incest, murder, insanity, treachery, folies of doubt and indecision, virtually minutes before the storm and fury are finally to abate, — in Act V, Shakespeare introduces a brand new character in the person of Osrick, emissary of Fortinbras. Virtually a brand new symptom in the heavily neurotic give and take of the drama.

It had been my plan to expand upon this theme, — "The Osrick

Phenomenon," — as it were, borrowing from specific clinical data to adduce speculative explanations. However, with the death of Mrs. Deri, and the dedication of this issue of The Bulletin to her memory, it felt more fitting to contribute some personal reminiscences of my former Supervisor . . . and it was then that it occurred to me how much of an Osrick my patient and I may have been in the Act V of her long and varied professional life.

It is unnecessary to detail the unusual demands which that person routinely made upon our judgments. Suffice it that he dreamed in a symbolic code and language all his own, that his intelligence was probably greater than the sum of that of his therapist and his supervisor combined, and that irrespective of our collaborative efforts, for quite a long time, whatever was done or tried, seemed to make him consistently worse instead of better.

To her undying credit, and in a completely characteristic grace, Mrs. Deri coped capably with every challenge. She would chuckle a little at times, and then and again nod her head incredulously, but ever with patience, unspoken confidence, and a phlegmatic style I found curiously reassuring.

I recall her wrinkled, pixiesh smile, her wise old eyes that implied how very much she had seen and knew (she was well in her 80's at that time), and the little down curl of her lower lip for the really unusual.

Weekly visits to her Rochedale aerie became a high point, literally and figuratively, — which is well borne out in my looking so forward to them then, and so nostalgically backward to them now.

I recall a time she flattered my manliness in asking me to climb a chair to adjust a ceiling fixture which neither she nor her diminutive housekeeper could reach or would dare to try . . . and another instance when we reversed roles in my calling to her attention the report of The Surgeon General on the hazards of cigarette smoking.

"I've smoked for nearly 75

years," she replied, "and I'm not concerned. You see, my Father told me that it would be all right, — I was 11 at the time, — so long as I would smoke only six a day . . . and that is what I do!"

Which gave me several answers, yet posed new problems, particularly in the light of my impression that she exceeded that daily ration in our sessions alone (and who knows in how many others?).

And I recall how she tapped my wrist one afternoon to make an unexpected announcement: "I wouldn't see you next week, Dr. . . . but I'm going to tell you why! . . ." hinting at some break in the implicit traditional screen of analytic anonymity, despite her being only my Supervisor, — "because I'm going to meet a very old and dear friend from my home town who comes to this country for the first time . . . we used to be backyard neighbors, and do you know? . . . We haven't seen one another for 75 years!"

In our Historical Section Dr. Kandelin has annotated the landmarks of Mrs. Deri's analytic career. On our cover, two of her very close friends have offered an encomium. Here, I present for the others of us who knew her, these little vignettes as a token to the memory of a unique person.

Ave atque vale

(Curtain)

"Osrick"

\*Eckstein, R., Personal Communication





## LETTERS TO THE EDITOR

Dear Sumner:

I want to call to the attention of readers of The Bulletin that an old paper of Paul Federn (pioneer psychoanalyst, born one hundred years ago) published in 1919, appeared in The Bulletin of the Reiss-Davis Clinic. I translated it and tried to bring it up-to-date since it deals with the psychology of revolution and the fatherless society, a timely topic although not a new problem. It reflects, I believe, on social, political, plus educational as well as professional problems. Copies can be ordered through the Reiss-Davis Clinic.

Rudolf Ekstein, Ph.D.  
Editor, Bulletin of the  
Reiss-Davis Clinic

Dear Sumner:

I think the enclosed should be reproduced in our Society Newsletter.

It has come to my attention that some members of the Society are not aware that the San Francisco Psychoanalytic Institute's continuing education program is accredited with the California Medical Association. It is evident that in years to come continuing medical education may become obligatory for maintaining a medical license and specialty accreditation. I thought you may wish to know that all of the Institute's regular programs, including monthly scientific meetings, Extension Division courses, and post-graduate seminars and colloquia, may be included in the CMA's voluntary continuing education system.

Robert Dorn, M.D.

The following items were sent to The Bulletin as parts of longer communications:

From the Bulletin of the Menninger Clinic, courtesy of Mr. Tararin, comes word of the death of Mary Leitch, one of our Society Members.

Helen Tausend, M.D. was named President Elect of the Southern California Psychiatric Society.

Leo Rangell, M.D. has been awarded a Guggenheim Foundation Fellowship for a psychoanalytic research project.

Maurice Walsh, M.D. has been appointed a Fellow of the Royal Society of Health of Great Britain.

At the Seventh Congress of the International Association for Child Psychiatry held in Jerusalem in August, 1970, Miriam Williams, M.D. was official discussant of a paper entitled "THE ANALYSIS OF A CHILD OF SURVIVORS" by Moses Laufer, Ph.D., of London.



## HISTORY SECTION

An entire generation of analysts in Los Angeles has memories of Frances Deri in the role of teacher, personal analyst, supervisor, or seminar leader. Her death on February 25th closed her long life ending her career as analytic practitioner and educator. Born in Vienna in 1880, she came to Los Angeles in 1935, leaving Europe under the duress and oppression of the NAZI crunch.

To prepare this little sketch of her life history I have at hand transcripts of interviews made under the Society Oral History Program, interviews made on February 3 and May 31 in 1961; these took place in her home at 12451 Rochedale Lane, her final residence. Another reference is a copy of a curriculum vitae in her own hand.

Mrs. Deri became an analyst in middle life after earlier careers as school teacher and social worker. Most of her higher education was at the University of Vienna where her studies reflected her humanistic qualities. The major studies in psychology, sociology, and pedagogy, she later supplemented by biology, physiology, and anatomy. After passing a State Board Examination for Teachers in 1903, for the next two years she taught school.

It was not until 1909 that she commenced her career as social worker in Berlin, becoming the founder of several institutions for mothers and children; later she added the roles of teacher and supervisor of social work students. During this phase of her career over 100 papers on sociological and psychological issues were published in her name.

Gradually and increasingly she became interested in the psychology of human behavior, focusing specifically on the repetitive acts of self-destructive and self-limiting behavior or persons who were already burdened by distressing and difficult problems. Led thereby beyond conventional psychology, and into the realm of analysis, she commenced reading the available psychoanalytic literature and finally underwent personal analysis. In so doing her first aim was to add analytic knowledge and orientation to social work and to facilitate the understanding of human problems.

Her first analyst was Karl Abraham the eminent German analytic pioneer. His death in 1924 interrupted their work. Further analysis followed with Hans Sachs between 1926 and 1929. During these years she took the theoretical course of studies at the Berlin Psychoanalytic Institute as well as advanced studies in psychology at the University of Berlin.

In 1928 she commenced analytic practice; her first case supervisors were Max Eitingon and Karen Horney. 1930 marked her joining Ernst Simmel at his psychoanalytic sanitarium in Schloss Tegel near Berlin where she continued until the demise of the hospital in 1933.

It was here, by chance encounter, she met Freud, on the grounds of the sanitarium — a momentous event for her even though brief, casual, and limited. Simmel introduced them.

Because growing NAZI pressures created real danger she left Germany in 1933. Several relatives and friends perished by not following. Having been appointed training analyst by Eitingon a short time earlier, it was with this qualification she migrated to Prague. There she founded a Study Group and organized a program of psychoanalytic training activities, where she continued until she accepted an invitation to migrate to Los Angeles to join Simmel and the small early analytic group; Simmel had arrived in 1934, Mrs. Deri a year later.

Shortly before leaving Europe there was another and more significant visit with Freud, this time at his invitation. They met at his home in Vienna. Freud was eager to learn about circumstances in Prague but they were able as well to discuss instinct theory and sublimation, which were subjects of special interest to her.

Prior to leaving for America she discussed her prospects with Sachs who had traveled in the United States. He recommended California for its climate and beauty, while voicing its limitations as to analytic opportunity. He mentioned Detroit as another possibility — with these same qualities reversed. In one of her Oral History Interviews she recalled the first analytic meeting she attended in Los Angeles. It was a meeting of the old Study Group, held in Simmel's home, 961 S. Manhattan Place. Professor Paul Epstein was the speaker (The date was October 25, 1935 and the subject, "Freud's Metapsychology" — all the more remarkable inasmuch as Epstein was a professor of physics at Cal Tech).

In the minutes of the Study Group meeting of September 27, 1935, there appears Simmel's announcement that Frances Deri had just arrived and would shortly be commencing her analytic work. Additionally he paid tribute to her

good reputation already established in Europe, and keynoted thereby this long, valuable, and admirable contribution this venerable human made to those she touched.

A.K.

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## REPORTS OF SCIENTIFIC MEETINGS

### THE SYMBOLISM OF THE HUMP OF THE HUNCHBACK

Speaker: Maurice N. Walsh, M.D.  
Date: December 17, 1970  
Reporter: Allan Compton, M. D.

A man who superficially resembled the character of Punchinello employed clowning as a defense. His masturbation fantasy was that of a child perched on the back of his father during a rape scene. In psychoanalysis a progression occurred in the fantasy, first to having a hump on his own back during intercourse with a mother figure, then to a fantasy of sexual intercourse with a desirable female unaccompanied by guilt. In the fantasy, and in a number of dreams as well, the hump represented symbolic castration, a pregnancy displaced upward and backward, a defensive assumption of the female role, and an identification with both parents in the primal scene.

A survey of the literature and art of Europe, Africa and America revealed humpbacked figures in all areas, from Paleolithic cave paintings, to the Roman *Arellanae* farce, the *Commedia del'Arte*, and *Punch and Judy* shows. These materials revealed symbolic representation of the mother in her child-bearing function, as well as of the phallus. In several, particularly the Pueblo *Kokopelli*, the hump was replaced by a child perched on the man's back in a primal scene dance ritual.

Dr. Allan Compton pointed out the methodologic discipline in tracing, over great spans of time and through totally non-communicating cultures, figures with similar anatomy and similar "personality" char-

acteristics in the ritualized culture phenomena without resorting to a hypothetical community psyche. These were in general id-characters, for whom instinctual license was granted in association with the impaired masculinity. The characters are laughable, not to be taken seriously, not morally culpable. For the individual the clowning (and the hump symbol) was a character defense against castration anxiety, again, not to be taken seriously, genitally or morally. There is at least a paucity of female clowns and of female hunchbacks in literature. Perhaps this evidently universal symbol is anatomically determined. "Humping" is a slang word for coitus in which there is a displacement of emphasis from the front to the back, a "buttocks-ization" involving degradation and caricature.

Dr. Miriam Williams mentioned several examples of hunchbacked persons who were extraordinary achievers. She added Humpty-Dumpty to the list of literary figures, and suggested that the hump is taken as another body cavity which the unconscious fills with fantasies. Dr. Bernard Bail was struck with the hump as a representation of the unconscious.

Dr. Jerome Karasic noted the careful clinical documentation of the hypotheses. He added excerpts from two cases of his own where hunchback fantasies were prominent and revealed similar determinants on analysis.

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### MANAGEMENT OF ERRORS IN TECHNIQUE

Speaker: Ralph Greenson, M. D.  
Date: January 21, 1971  
Reporter: Allan Compton, M. D.

Joint Meeting, Los Angeles Psychoanalytic Society/Institute and Southern California Psychoanalytic Society.

Dr. Greenson reported five successive analytic hours with a male patient. In the first of the hours

described, the patient told a dream which seemed potentially very valuable. He next became quite hostile, refusing at first to do so, but then did work with the dream. Greenson tried to pursue the analysis of the dream rather than the patient's refusal to work with it and inadvertently revealed his frustration and anger with the patient for not complying to his wishes. On realizing that he had been angry with him and wondering if the patient had recognized it, he pondered how to handle the next hour. At their next meeting the patient brought a dream indicating that he had been aware of the analyst's anger. However, in the hour it became clear that he was very reluctant to approach the matter of the anger directly, although he was aware of it. Greenson acknowledged his own error (without apologies or detailed explanation) and pursued the patient's reaction to it. By the last reported session the patient had distinguished his reactions to the analyst's anger and integrated this material with his transference and realistic reactions in general. The net result was apparently that of lasting benefit to the progress of the analysis.

Dr. Greenson discussed the rationale generally for handling the errors and the effects of not seeing or admitting them. Apology is appropriate for an error in human relations (for example, forgetting an appointment), not for those in technique. The purpose of admitting an error in technique is to permit working through of its effects, not to expiate the analyst's guilt. It is an additional and serious mistake for a psychoanalyst to behave in fact like parents who always consider themselves to be right. In the case under discussion, the patient's mother insisted she had always been a good one, although the opposite was obvious.

Analysts in general are not very eager to discuss their errors; some seem to believe that they ought never to commit any — or even that they never do. This results in something quite different from a scientific attitude.

Dr. Greenson then considered some other types with brief examples, noting faulty appraisal of a patient's suitability for psychoanalytic therapy as the most frequent cause of protracted errors: only after a real relationship has developed is the interpretation of unconscious material useful. Another common one arises when the analyst interferes with optimal development of the patient's transference because of anxiety or adherence to some false or pet theory.

Dr. Joshua Hoffs cited Dr. Greenson's work as a further and major development of psychoanalytic technique, stemming, as developments have in the past, from the need for better therapeutic results. He does not attempt to alter the essential components of analysis of transference and resistance, but adds the real relationship, clearly defined and described in this paper and other recent work. It is more than time to understand the rest of the analytic situation—the warm, human relationship—scientifically. Greenson also shows how the working alliance must be developed and pursued. Appropriately, his work leads to many questions which will profitably bear investigation.

Dr. Walter Brieht felt that what Dr. Greenson called an error was not an error at all. We must feel angry with certain provocations, and the patient knows it. Greenson's response was an appropriate way of dealing with a character defense.

Dr. Richard Alexander agreed with Dr. Brieht: real people get angry, and there was ample reason for the anger. He also had reservations about Greenson's second example of an error, faulty appraisal. Alexander would extend it only to saying that some patients are not suitable for analysis, at least on the couch.

Dr. Arthur Ourieff suggested that four or five different analysts would have four or five different things to say about Dr. Greenson's material, and that this is a reflection of the state of our knowledge. Various schools of analysis develop because of that state of knowledge, and one

school does not make more "errors" than another. The danger of error lies in anxiety about not knowing resulting in rigidity about a particular school of thought.

Dr. Rudolph Ekstein noted that Dr. Greenson is willing not only to expose his errors to us, but also to himself. Unfortunately both are unusual. The term "error" has perhaps too mathematical a tone for what is involved; as Dr. Greenson showed, there are many different aspects and levels.

Dr. Greenson responded that the therapeutic results of analysis still leave a good deal to be desired, and hard work on our technic continues to be very much in order. (To Dr. Ourieff's remarks:) There is an amazing difference among different groups of analysts in the willingness to admit errors. The kind of error reported in the paper is different from one that results from the conviction that oneself and one's way of understanding are infallible. The ability to bear anxiety and uncertainty is a requirement for keeping scientific objectivity. (To Dr. Alexander:) Of course real people get angry, but the real relationship in analysis does not include self-indulgence of the analyst's own moods for his own benefit. The provocation should have been interpreted. There are occasions where it is appropriate to express anger: extreme self-destructiveness is one. The difficulty that arises in discussing the real relationship is that the idea may be mistaken as a license to indulge one's own feelings. Dr. Greenson plans to take up this problem in a paper to be given in Vienna next summer.



## ANALYSIS OF A HYSTERICAL CHARACTER WITH A NOTE ON THE USE OF A METAPHOR

Speaker: Norman Reider, M.D.  
(San Francisco Psychoanalytic Society, by invitation)

Date: February 18, 1971

Reporter: Allan Compton, M. D.

Dr. Reider reported material selected from the analysis of a female patient. Prominent features were a character trait of inconsistency, scopophobia, and complete vaginal anesthesia. One of the major themes from the start was fear of body damage, particularly to her genitals by masturbating. The analysis progressed well with the patient's attaining vaginal orgasms in coitus. The character trait became less prominent but persisted in some degree, and the vaginal anesthesia returned from time to time. The scopophobia seemed to be determined by awe of her father's penis and fear of damage by it. Repeated interpretation resulted in insight which regularly vanished with repression. At one point the analyst phrased the intervention as follows: "You know, there is a Japanese saying to the effect that a blind man is not afraid of snakes." There was immediate enthusiastic assent followed by several weeks of sustained work with a surprising absence of resistance. A fantasied intravaginal penis was revealed in a dream in the form of a lizard, and in a childhood memory of fearing that a pet chameleon had crawled "into" her.

Dr. Reider then discussed why the particular figurative intervention had been so successful. It seemed that the metaphor must have been related to the dynamics, yet, he was unable clearly to connect them. He cited the intervention as one of those which create distance for the patient: an aid in overcoming denial is to understand the behavior first in someone else. Condensation was involved, with allusion to both drive and defense. So was respect of the patient's intelligence and cultural self-esteem.

The symbolic connotations probably facilitated mobilization of primary process. The intervention could be regarded as an example of Loewenstein's "reconstruction upwards". Certainly Hartmann's principle of multiple appeal is a relevant formulation: the intervention had significance at multiple levels of experience.

Dr. Allan Compton suggested that the intervention, which was very complex, was effective because of something other than carrying insight with conviction. The symbolic content of the saying was the same as that of the patient's representation of the intravaginal phallus: reptilian. A prior intervention, somewhat effective, was also consistent with the idea of an intravaginal phallus and its symbolic representation. It seems not unlikely that the analyst already knew (unconsciously) of the intravaginal phallus and its symbolic equivalent as well. In that case the effectiveness of the intervention could be related to the analyst's indicating his own tolerance for lifting of the repression, and creating in the patient through his intervention a similar state of mind. If this were worked out in detail it would be understood in terms of the ego functions involved, and the analyst's general function as an auxiliary ego.

Dr. Ralph Greenson emphasized the tendency of some analysts, Kleinians in particular, to force an interpretation on a patient, and to see any objection on the patient's part as hostility. Reider's intervention, on the contrary, is one of those that takes some distance and allows the patient room to work with it or not to work with it. Sometimes a story or quip is much more effective than a direct intervention; sometimes it is not, and may cause protracted difficulty in an analysis.

Dr. Samuel Sperling noted that the respect accorded the patient's intelligence, understanding and feeling of being different avoided three kinds of narcissistic blows, and this contributed to the non-rejection of the particular intervention. The

concretistic nature of the metaphor cut through different levels of the conflict. Dr. Sperling reviewed the dynamics and placed the source of the central conflict in the oral and visual incorporative phase.

Dr. Maimon Leavitt noted that with a metaphorical intervention the patient can not only use or avoid it, but has the choice of using it at any one of several levels of meaning. He wondered if psychoanalytic interpretations are not really metaphorical in any event. Perhaps cohesiveness of framework is more important than content.

Dr. Leon Wallace mentioned his own experience of patients' startling favorable responses to metaphoric interventions. There is not only an element of distancing, but also a concrete quality which has the opposite effect.

Dr. Peter Gruenberg suggested that an additional factor in the success of such interventions is the patient's familiarity with the language or images; this promotes the working alliance.

Dr. Frederick Kurth said that the intervention did not further the analysis. The patient's difficulty was being close without being inside: she solved the closeness problem by penetrating, and the snake saying allowed her to assume she had penetrated the analyst. She got better by confusing herself with the analyst.

Dr. Bernard Bail felt that Reider's patient predominantly used psychotic mechanisms of introjection and projection. The remarks about concern over damage to her body were correct but did not go far enough: what was really involved was destruction of the mother's body and contents. The analysis was incomplete because her enormous envy of her mother's and sister's capacities and creativity were not explored.

Dr. Reider responded to Dr. Bail that the patient's denial, introjection and projection were not psy-

chotic mechanisms, and that there was nothing in the material to suggest important concern with the mother's or sister's body contents. He also disagreed with Dr. Kurth about the patient's invading nature. He appreciated the comments about the role of giving the patient a choice and agreed with Dr. Compton that the coincidence of content was striking.

LAUGHTER, MOCKERY AND  
CREATIVE INTEGRATIONS:  
THEIR RELATIONSHIP TO  
CHILDREN'S SEXUAL KNOW-  
LEDGE, A LEARNING DEFECT,  
AND THE LITERATURE OF THE  
ABSURD

Speaker: Jose Barchilon, M. D.  
(Denver Psychoanalytic Society, by  
invitation)  
Date: April 23, 1972  
Reporter: Allan Compton, M.D.

Dr. Barchilon's paper proposes that the root of a nearly universal transference reaction of making fun of the analyst is in the child's reaction to sexual (or other) misinformation given by the parents and contradicted by the child's own affective, perhaps unconscious, knowledge. This reaction is demonstrated in Little Han's funny stories about his father's laying an egg at Gmunden. In certain patients this problem — mocking or making fun — is central to the analysis. In such cases there is a complex structure of defense, in which the mockery masks a sense of omniscience, the analysis of which leads to material related to castration anxiety: sexual knowledge perceived as dangerous. If the conscious mockery is subjected to repression, the whole structure presents as pseudo-stupidity. This is a common symptom in students, especially manifested in fastening upon trivia while overlooking the essential. There is a building up side to all this as well as a tearing down. Such is es-

pecially clear in the literature of the absurd, which shows, by a similar pathway, an exploration of the symbolizing potential of human thought and behavior. It is also true that tearing down is essential both culturally and individually if growth and change are to occur. In the personality an ego function has been described by various names—undoing function, desynthesizing, differentiating, or fragmentizing function. One essential way of understanding all of this is as a split between the several modes of learning or knowing—in thought, affect and action. The adaptive potential of this mocking defense-creative integration seems to depend finally upon the degree of neutralization involved in its operation.

Dr. Barchilon gave an abbreviated extemporaneous version of the paper, including the summary statement that refusal to translate intellectual and affective understanding into action is associated with the use of wit and thought, joined with narcissism and omnipotence, to circumvent the parents, the establishment, and the analysis.

Dr. Leon Wallace began the discussion with vignettes from a case similar to that of Barchilon: a woman who had previously been diagnosed as psychotic and treated organically. She showed the feature of "black humor" in that she had carved "Happy Easter" on her thighs with a knife. In analysis she mocked the analyst and degraded interpretations characteristically. The report of her mother's flatly denying the presence of a loud noise from the next apartment suggested that a similar background of misinformation might eventually emerge. Wallace also raised the problem of differential diagnosis and suitability for analysis in such patients. He had had a sense of her capability of taking him as a real object, while being influential in prompting him to undertake analysis. He also suggested that some of the contri-

butions to the psychoanalytic literature can best be understood as mockery.

Dr. Barchilon felt that the sense of capacity for object relatedness as a criterion of the indication for analysis was a good point. The phenomena under discussion are nearly universal. Patients in whom they are particularly prominent offer no guarantee of good capacity for object relatedness, upon which the success of the analysis depends.

Dr. Justin Call offered some developmental syntheses of these phenomena. The developmental period of origin is from two to five. A bright child may make absurd caricatures of his parents' fears and prohibitions. The child's character may then crystallize around the caricature. In adolescence much acting out dramatizes inconsistencies of parental value systems, representing them as ridiculous. Call felt that, diagnostically, absurdity, mockery, and other "tricks of engagement" must be judged not by their manifest content, but from the response to what happens if the analyst: (1) takes them seriously; (2) does not understand; (3) tries to help the patient understand.

Dr. Sumner Shapiro felt that mockery as a countertransference phenomenon is also not unusual, though it may sometimes have a place if utilized carefully and intentionally.

Dr. Barchilon agreed with Call that developmentally the phenomena arise somewhere between two and five; they are not residua of the preverbal period. It is puzzling why these people are so understanding of other human beings. This may be related to the child's seeing the parents' lies as something the parent needs, in the nature of a mistake. The main countertransference problem is not to be drawn into a fight; interpretation with some sympathy is necessary for a very long time before there is anything like a thera-

peutic alliance. Barchilon agreed that it is not always dangerous to make fun in return: the patient reaches a point where he understands himself well enough to accept an interpretation in kind.

### "THE GRID"

Speaker: Dr. W. R. Bion  
(British Psychoanalytic Society,  
by invitation)

Date: May 12, 1971

Reporter: Allan Compton, M.D.

Dr. Bion extemporaneously reviewed the presentation of his previously distributed paper.

Dr. Leon Wallace began the discussion by noting Bion's statement that psychoanalysis cannot be communicated without the presence of the objects which have to be demonstrated. Wallace inferred on the basis of this statement and of the general mode of presentation that the paper was meant to be listened to approximately as we listen to our patients: in an attitude of free-floating attention with no deliberate attempt to understand Bion's emphasis appeared to be on intuitive processes. The orientation of observing the patient's associative material as well as the analyst's intuitive responses seemed to be relatively abandoned. The usual criteria of evidence and validation in science are thus abandoned in favor of fuller appreciation of non-verbal elements, rather than non-verbal elements being taken as additional data. Bion's recommendation for developing a battery of private images furthers the abandonment of both evidence and the possibility of communication between analysts. Wallace felt that such an approach is anathetical to the classical psychoanalytic approach of evidence and validation. The attempt to treat as one two psychologies totally different in both technic and theory can only lead to consternation and confusion.

If criteria for evidence and validation are incompatible, communication is not possible. These issues must be faced honestly and openly if personal and professional integrity are to be maintained.

Dr. Bion responded that talking of the "associative process" begs the question: This is a "precocious theory" which misses the point of the absolute importance of grasping what is going on.

Dr. Shore (a guest) wondered if Bion would accept the idea that ideally the analyst uses only the words of the patient subject to rearrangement. Bion said he would not subscribe to a restriction of that kind: the only frame of mind suitable for analyzing is that of complete ruthlessness.

Dr. Morton Shane proposed that clearing one's mind of all preconceptions is impossible, and that for many analysts Bion's clinical vignette illustrated this. The introduction of the ideas about breast and bottle, and about envy, eyes, intercourse and explosion would seem to depend upon Bion's Kleinian theoretical bias and be thought at best to be premature by many analysts.

Dr. Bion responded by re-emphasizing his ideas that it is impossible to present a clinical example which will bear examination; the patient must be present. Bion said he would not give interpretations without the supposition that the analyst was ready to have an opinion about their correctness.

Dr. Robert Dorn pointed out the distance between our need for a common language as analysts and our present ability to form one. He also raised some detailed questions concerning the use of the "grid".

In response, Dr. Bion summarized some of his attitudes in the discussion. Freud, he said, was tied to this time. The general presenting difficulty then was the failure of human beings to achieve passion-

ate love. Changes occur in analysis, not in theory or technic, but in the nature of what we have to practice: the general presenting problem is now or will be the tyranny of sexual and aggressive freedom. This is an example of what Bion calls a "change of vertex."

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Asked around: How come there is so much hostility in humor but so little humor in hostility?

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### BOOK REVIEW

FROM LEARNING FOR LOVE TO  
LOVE OF LEARNING ESSAYS  
ON PSYCHOANALYSIS AND ED-  
UCATION.

Edited by Rudolf Ekstein, Ph. D.  
and Rocco L. Motto, M. D.  
Brunner/Mazel

For over a decade at the Reiss-David Child Study Center, the editors have conducted seminars and institutes for teachers to acquaint them with the application of psychoanalysis to education. This book represents a distillate of their work. Its wide appeal encompasses psychoanalyst to student teacher, while its spirit of optimism finds succinct expression in the paragraph.

"Our concern is not merely with the contribution of psychoanalysis to the prevention of pathology, but rather to the facilitation of positive growth. We do not wish to think of education as a preventive force, but rather as a force which releases growth potentials and fosters development and maturation in a positive way."

The work of Ekstein deserves special mention. In his unique style, he ranges over each section of



the book contributing nine essays and collaborating with Motto for four more. The remaining authors, an impressive group, include Anthony, Bettelheim, Buxbaum, Kubie, Pearson, Peller, Redl, Solnit, J. C. Hill, Maria Piers, Sybil Richardson, George Sheviakov, and Ralph Tyler.

It is arranged in five sections. Part One gives historical perspective. In "Psychoanalysis and Education, An Historical Account," the relation between the two fields is traced through various phases. Originally psychoanalysis in the 1920's emphasizes a protest against the suppression imposed on children. As the topographical model gave way to the structural in psychoanalytic theory, a more complex role for the psychoanalytically-oriented educator emerged. The second phase saw the educator identifying with the role of analyst while viewing education as a therapeutic process. A third phase, as envisioned by the editors, pictured teachers and analysts maintaining their separate professional identities but collaborating in utilizing psychoanalytic knowledge. Seventy-eight references are in the bibliography of this essay.

Elsewhere, "On Sexual Enlightenment," written by Bernfeld in 1927, still timely as today's sexual education in schools, is translated and commented upon by Ekstein. It is a classic paper emphasizing that expecting sexual enlightenment to occur merely by giving factual information, would naively conceive of the child as only an intellectual being. Besides discussion of the complex process of coming to sexual understanding Ekstein suggests that Bernfeld utilizes the teaching of sexual information as a simile for the total educational process.

Part Two deals with issues of curriculum, modes of learning, and methods of teaching, focusing on the relationship of the curriculum to the student, teacher, adminis-

trator, and parent. There is an examination of the earliest genetic basis for the school curriculum: the feeding situation with mother as teacher and infant as student. The development of learning readiness is related to the solution of psycho-social crises as delineated by Erikson. In his paper, Hill describes examples of utilizing psychoanalytic understanding in the teaching of elementary school students.

To Part Three, "The Challenge of Discipline," E. James Anthony contributes a well-conceived and charming paper, "It Hurts Me More than It Hurts You - An Approach to Discipline as a Two-Way Process." Anthony thinks out loud for the beating parent or teacher and dissects the motivation leading to the aggression. Concurrently he considers what occurs in the mind of the child during the beating experience. We are helped to remember that the excesses of discipline come not only from external sources, by the examples of Piaget's and A. S. Neil's daughters, each raised without threats or strict punishment. The former experienced excessive distress on one occasion of soiling following a laxative; the latter developed a cow phobia which lasted for a few weeks. Writes Anthony, "It is well to remember that we cannot ascribe everything to the rejecting or punitive mother, the bad teacher, the awful medicine or the frightening cow . . ."

Part Four, "Solution of Learning Tasks or Resolution of Emotional Conflicts, Teaching vs Treatment," contains an essay by Ekstein which includes a description of therapy with a pre-pubertal boy to show the various factors which contributed to his learning disability. Here Ekstein brings us his excellence in clinical description and dynamic understanding. The case also serves as a model for the discussion of professional cooperation between therapist and teacher.

Part Five, the final portion of the book, looks to the future through a variety of directions via essays on postgraduate training of teachers and the education of culturally and emotionally deprived children.

To Drs. Ekstein and Motto, I extend the appreciation of our society for bringing us their commitment to and understanding of this valuable application of psychoanalysis.

David Bender, M.D.



#### THE FREUDIAN SLIP

Heard from the couch:

"She looked so appealing standing there I decided to amble over and *stroke* up a conversation."

He was a veritable *pillow* of the church.



## REVIEWS

### ABSTRACT:

Sexual Masochism A Case Report by Henry Lihn, M. D., Accepted for Publication by the International Journal of Psycho-Analysis

This paper summarizes the treatment of a young man who demonstrated not only the more commonly seen masochistic character structure but also the unusual requirement that he be bitten in order to achieve sexual excitement and orgasm. The therapy employed many modifications of the classical analytic method and focused more frequently on pre-oedipal developmental disturbances than on conflicts of the oedipal phase. Analysis of dreams was utilized to a great extent and found to be very useful in the reconstruction and recall of many significant early events. Much of the work consisted of the analysis of a life-long repetitive dream of being beaten by men or boys. It occurred in many forms during the treatment as the transference developed and underwent partial resolution.

Quite apparent during the course of the work were the oedipal conflicts regressively resolved and distorted and thereby contributing to the developmental deviations toward masochism. However, even more apparent and significant appeared to be the pre-oedipal factors. These included serious disturbances in the earliest relationships with parents, parent substitutes, and an older brother who beat and bit the patient from earliest times. Severe early rejections and overt hostility by the parents contributed to intense separation anxiety and fears of annihilation alternating or associated with excessively eroticized need for gratification.

For example, only after being beaten and often bitten by his older brother was the patient then picked up, held, and loved by his mother. In many other ways as well as in these experiences, the patient was forced and seduced into submissive sexual, masochistic relationships in the course of early child care and punishment. These were later repeated in more or less disguised forms in dreams, fantasies, auto-erotic activities and also with persons representing the most significant figures of his early childhood.

During the course of his treatment the patient moved out of his mother's home, began his first affair with, and then married, a young woman who had a penchant for biting while making love.

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### ABSTRACT:

Preventative Psychiatry and the field Theory of Reality

J. Amer. Psychiat. Assoc.  
Vol. 18, Apr. 1970, No. 2  
by Roger Gould, M. D.

The community psychiatry movement is mainly an effort directed toward preventative psychiatry via "those forces within the culture that impinge on the individual from without and constitute the social reality that is connected to the inner world by Erikson's usage of the term 'actuality'." This "reality" is now conceptualized very incompletely in psychoanalytic theory as the "average expectable environment" or, as a quote from Fenichel describes, "the enforcer of specific frustrations." Such a view of reality is quite adequate for psychoanalytic treatment because the psychoanalytic method is one that attempts to

bring into primary focus the inner force field. Other disciplines that study social man have a more sophisticated theory of outer reality, as that is the focus of their work; but they have a very incomplete and vague conceptualization of the inner force field. Since the knowledge of the effect of the outer force field—"social reality"—on the inner force field—"psychic reality"—is the hope of preventative psychiatry, those connecting concepts extending from the body of psychoanalytic theory that would lend themselves to this purpose need to be re-examined for their usefulness.

The major concepts for this purpose are those not usually exercised in daily clinical practice. Rappaport's concept of "structure-maintaining forces" clarifies the importance of the environmental equilibrium for both defensive and non-defensive structures. In addition, "If we consider that the defensive or controlling structures guarantee the autonomy of the ego from the id, and that these structures, too, are maintained by environmental 'stimulus nutriment', we come to understand how it is that the ego's *ab initio* dependence on environmental stimulation guarantees that the ego can develop an autonomy from the id."

Nagera has described structure-changing forces. "All education does is to exercise a number of mental capabilities in special directions in combinations until the ego learns to perform a number of complicated functions in interaction. Nevertheless, it will be true to say that, in most cases and with respect to what I have referred to here as informal education, we have explicit awareness of having such aims (of furthering the development of certain psychological ego apparatuses) since these aims are implicit in the social order we have developed." Putting these two concepts together, we can conclude that there is a ratio of structure-chang-

ing to structure-maintaining forces for each psychic structure at any moment in time.

Obviously, these forces may be so small at times as to be dynamically irrelevant, or they may be powerful but fended off with defensive structures or perceptual sets. This factor is accounted for in the concepts of relative autonomy from the environment and automatization as well, a complex of ego functions referred to for convenience as the "reality guidance factor."

Forces in the outer world may be neither structure-maintaining nor structure-changing but call for the use of psychic structures. These forces are called "ad hoc forces" by Gill.

All of these labeled forces must be considered to be in equilibrium with both the conflict sphere and the conflict-free sphere of the psychic apparatus. A disturbance of the conflict-free system may indeed result in a disturbance in the conflict sphere.

To be most useful for public

health purposes this model of inner and outer forces and their equilibria must be seen not as a static, two-dimensional scheme, but must include the third dimension, time. Multiple psychic structures in evolution throughout the entire lifespan, bathed in a powerful and particulate social reality, is the kind of cold, skeletal model that highlights Erikson's actuality and mutuality while including the important theoretical advances of more systematic ego psychologists.

. . .

The course, "The Social Sciences, Humanities, and Psychoanalysis", arranged by Professor Peter Loewenberg of the Department of History, UCLA, was concluded on March 29, 1971, after twelve meetings. The final discussion was by Professor Peter Merkl, Department

of Political Science, UCSB. He detailed his work on a collection of autobiographical material by over 600 members of the Nazi party, collected in the 1930's. Professor Loewenberg conducted the first five sessions himself, providing an introduction to classical and modern concepts central in sociology and political science. Subsequent meetings touched on the theory of revolution, diplomacy and foreign policy, war, anthropology and the literary process, taught by faculty members of social science departments at UCLA and USCD. Discussion centered around methodologic problems in interdisciplinary collaboration. A very valuable aspect for many of the analysts who attended was their introduction to the work of outstanding researchers and theorists in the social sciences: Max Weber, Karl Mannheim, Karl Marx, Talcott Parsons, Karl Deutsch, as well as R. G. Collingwood, Kurt Lewin, David Potter, Norman Ryder, Margaret Mead, Robert Michels, Georges Sorel, and others.

