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Sonnett 66

*Let me not to the marriage of true minds
Admit impediments: Love is not love
Which alters when it alteration finds.
Or bends with the remover to remove:
Oh, no; it is an ever-fixèd mark
That looks on tempests, and is never shaken!
It is the star to every wandering bark,
Whose worth's unknown, although his height be taken:
Love's not time's fool, though rosy lips and cheeks
Within his bending sickle's compass come;
Love alters not with his brief hours and weeks,
But bears it out e'en to the edge of doom:
If this be error and upon me proved,
I never writ, nor no man ever loved.*

Wm. Shakespeare



Editor: Sumner L. Shapiro, M.D.
Staff: Paul H. Ackerman, M.D.
Albert Kandelin, M.D.
Peter Landres, M.D.
Harvey D. Lomas, M.D.
T.L. Schoenberger, M.D.
Rita Spies, M.D.

LETTERS TO THE EDITOR

Dear Sumner:

I found the Spring 1973 issue of *The Bulletin* the most delightful, interesting, and well-written issue of it that I have ever read. I must say that it is rare for me to read *The Bulletin* or any other journal from cover to cover nowadays; but, this time I did so. Even more than that, I actually brought it home to have my wife read some parts of it for their literary merit as well as the interesting subject matter. I imagine that all of the people who work for *The Bulletin* are responsible for the clarity of style, for the literate turn of phrase, and for much of the stimulating content. I do believe, however, that your paper, "My Death Had Been the Healthiest One In Her Life," is a worthy finale to an excellent issue. That paper is not only good psychoanalysis, but excellent reading because of the sensitivity of the therapist, both as a treater of the sick and as a possessor of a keen ear. That paper should be published not only in a psychiatric journal, but, I believe, it should also be published in a literary journal to indicate the blending of science and art.

At any rate I want to congratulate you, Sumner, and your staff for a delightful experience. In these days of peer reviews, and NIMH difficulties and insurance problems and attacks on psychoanalysis, it is in-

deed a pleasure to get enjoyment from psychoanalysis...for which I thank you.

Sincerely,
Ralph R. Greenson, M.D.

P.S. A minor correction to the report on "Honoring Life Members" — in the sentence in which it is stated that the grandparents can be proud of their work of training such men as Friedman and Greenson, etc., there is an error. I am not one of the grandchildren of any of the living life members. I was one of those lucky "bastards" who somehow precociously was trained by Otto Fenichel, Ernst Simmel, and Frances Deri. I do appreciate, nevertheless, the company to which I was assigned.

Dear Sumner:

This is.....to let you know how much I enjoy reading *The Bulletin* of our Society and Institute, and particularly your own very original contributions. In the last issue I enjoyed "On First Looking Into Lomas's Graffiti," and wish that the sentiments could receive broader distributions. The story of the Russian-Jewish grandma is very touching and I am pleased to see that it was published in the *Psychiatric Quarterly* because this story too deserves distribution beyond our own local *Bulletin*.

Last but not least, I want to compliment you particularly about your excellent writing capacity. I myself have often deplored the dry and uninteresting style with which many of the scientific papers in our and other scientific fields are written and a somewhat more personal style and approach is very refreshing indeed. Please keep up the good work and keep us both informed

and entertained through your editorship.

Most cordially yours,
Hilda S. Rollman-Branch, M.D.

Dear Sumner:

I was deeply moved by your story, "My Death Had Been the Healthiest One In Her Life." Your refusal to succumb to therapeutic nihilism is an example for us all and your gift as a story teller is a delight.

Can you picture some behaviorist trying to modify the old lady's grief by aversion "therapy" to pictures of her lost son?...or an adherent of "Reality Therapy" making privileges in the Nursing Home contingent upon restriction of mourning? God knows what the "Primal Schrei" folks would do.

I hope that you may find a wider, non-psychiatric audience for your psychological stories, both for your sake and for the sake of our often maligned psychoanalysis.

Cordially yours,
Ted (Schoenberger, M.D.)

Dear Sumner:

Congratulations on your fine newsletter.

One small but important error was brought to my attention today; the omission of Ruth Jaeger's name from the list of Life Members in Dr. Orfirer's article.

I think a letter to her and a printed correction would go a long way toward easing the situation.

Sincerely,
Bill Horowitz, M.D.

[A personal apology was extended — editor]

Dear Editor:

I wish to suggest changes in the functioning of the Program Com-

mittee. If a member of our Society has scientific work to "publish," [it] should assign him a date when he may present his findings to his fellow workers..... The Program Committee receives each year less than a handful of original scientific articles from the membership, so a crowded calendar is not a problem. Each author would prepare a one page précis of his material...for [inclusion] in a regular mailing from the Institute office to all members.... Then the full paper and all data would be made available at cost to those...requesting a copy *before* the meeting. Each member would decide for himself what work he thought of interest or value, or worth devoting an evening to....

Sincerely,
Fred Kurth, M.D.

EDITORIAL

The man who wrote the sonnet on our cover could never have divorced—or could he? Biographers report The Bard of Avon left his wife, but did return (to write his plays?).

Were he alive just now, defecting thus might lump him with a most incredible statistic — one claiming that for every three who tie the knot today, two, soon or late will loose it.

Humph!

Quo vadimur?

That rate of breaking bonds (however one may call it) extrapolates the lines clear off the chart—implying in the near at hand, we'll have more splits than unions!

But, could that be? Who knows? These are strange times . . . They say we may exceed the speed of light, and transmute lead, or pass beyond the third dimension to grow young instead of older, so perhaps;

some weird things will transpire . . .

Reminds me of a surgeon whom I knew. He tried repeatedly to train his staff systolic goes on top when logging vital signs. In ultimo, he had to hang upon his wall a card burlesquing a disease. Its symptoms sprung from pressures upside down (with diastolic first). The victim's heart (it said) would suck both kidneys and the spleen right through its valves then out the lungs . . .

They learned. Can we?

It seems a shame we're so obtuse at warnings.

Suppose we nail a placque at City Hall or in the courts to advertize the wreckage of divorce: the broken basic trusts, disrupted lives, depressive depths, the suicides, and dreadful losses in its wake. Some few might heed. But, therapists have tried their best for years to teach men how to love and live as one—from analyst to Bhuddist priest . . . and with such scant success. Can there be more to write that's innovative?

I'll stir the pot, then let it steep, to see what will concoct.

Add this ingredient:

When couples separate the passions that are roused appear to go beyond the issues in the fore: Just mention of one's "ex" sparks apoplectic fits, while on the distaff side, hysterical attacks, as wives recall their mates. The affects far exceed what is appropriate, implying a defense, DISPLACEMENT, I should guess, as if to intimate one's spouse may represent (unconsciously, of course) a figure from the past.

Now, throw some spices in:

In our development, relationships with Mom determine all the rest. Because she gets there first, it's she who sets up screens of everyone we meet. Such can't be otherwise . . . I even would suggest that infants grasp their Dads through her dim tracery.

Mom forecasts Daddy's rôle; he's Mother-variant; the one with bristly cheeks, and voice of deeper tones . . . the awkward substitute at diapering their kids, whose cuddling arms feel stiff and smells of business suits.

The principle applies to nursemaids, friends, then "dates." Thus, following that lead, when nuptials are made, it oughtn't strike us odd, if Mother-surrogate is chosen as a bride . . . or if, with time elapsed, when marriages dissolve, it's in Mom's image too divorces consummate.

Want evidence of that? Another additive:

From samples that abound, it seems that wedded bliss may span about twelve months before routine sets in. Then (grant some latitude), in drawing from my files, I see a score of years, before all Hell breaks loose. Shall I sketch you the scene?

Paterfamilias has "had it up to here!" One night, with kids asleep he hurls his thunderbolt: Love's candle has grown faint. They've got to call it quits. He's forty, aging fast, so every bullet counts. There'll be rough days for both, but they'll survive, no fear . . . in fact, he's found a girl who understands his plight. She's half his age, it's true, but guys can cap their teeth (he'll purchase a toupée and jog round trip to work). Few folks will wag their heads at "January-June," for lots have done the same; so wives should be mature (!), try to commiserate.

Now, likely overlooked in this scenario, what dark dynamics lurk! . . . Dad's teen age has come back a second time around. It's incest that he fears with all its old taboos. For males mature less well. Most boys remain just boys despite chronology. *Such is not true of girls*, because of pregnancy. In carrying a child a maturation gap will grow a mile wide.

Girls sense change every way, without a minute's rest. Each system sends reports, g.u. to endocrine. No single step they take won't broadcast out their girth. Old clothes no longer serve, nor even space to sit. Odd hungers supervene, relentless in their cries, yet, nothing tastes quite right till morning sickness fades; then, sleepless nights ensue—as consequence of which, by subtle increments, girls ripen at that time and tend to evolve.

When baby crowns his head, a metamorphosis! Voilà! What was young bride, emerges womanhood.

And when the dust has cleared, it's hubby in the rear. He's waved his little flag to cheer milday on, but stands there still a boy (despite a brief couvade). His turning *wife* to *Mom* made those two coalesce, and bit by awful bit distinctions have been fused; identities got merged.

In speaking to the kids, he calls wife "Mother," now, and as the years roll on, more motherhood unfurls. His seasoned, greying bride stirs old ambivalence . . . 'til married umpteen years, pubescent on that count, he finds his wife a foil, as he did Mom, the first. That's time to run from home, rebel, and find a girl, who's also in her teens.

So, does it make a stew? How males enact their rôles—or must the epilogue be served up for dessert? Beyond the basic plot—I've spun but major themes—males' stories just repeat. Life's "threescore years and ten" demand foreshortening, hence second times around will cleave, in half as long, and third and fourth in less, until last curtain calls . . .

What hope?

I'll write on that some day. One feels compelled to try. If we can transplant hearts and run four minute miles, who knows? There might evolve the means to love wives just

as wives, or, grow boys up to MEN!
Bon appétit!

SLS



Contributions to the Jacques Brien Memorial Award (\$100) competition must reach the Bulletin by 31 December 1973. For consideration, papers should be sent in triplicate, double-spaced. Judges will be chosen from the membership; submissions need be analytically oriented, and are not to exceed 3000 words.

* * * * *

Prescriptive for spring fever: Beware the *ids* of March.

EXCERPTS

I thank you for electing me your new President and as I view our immediate future, I see us confronted by urgent issues which will demand close scrutiny.

On the national scene, we are pressured by matters relating to Peer Review, the Professional Standards Review Organization, National Health Insurance, and matters of confidentiality.

On the local front, we shall be engaged in a unique adventure: At last, after much effort, we are land owners, and intend to build ourselves a house for our society.

Perhaps, however, to make that house a home, we need to undergo a kind of group psychoanalysis wherein we probe the conflicts which have led to the identity crisis threatening us with feelings of fragmentation. We must search out underlying determinants, aware of stresses from ideological differences, and crippling defenses against them, and we shall have to find a healthier,

more constructive, way of coping with our problems.

In the early stages of an analysis, a patient is likely to blame all his difficulties on his parents. He minimizes their value, tending to discard them, and the ideas they held dear. We, like a beginning patient, have maybe done much the same in projecting our problems onto once esteemed older colleagues, in the belief that what we do, think, and feel, is good, and what they, bad.

In their place, we may have erected our own gods to guide us and sanction our positions. To create an air of certainty and escape anxiety, we may find ourselves clinging to fresh gods and theories, but, as psychoanalysts, we realize that no meaningful growth and maturity will occur if we fail to allow ourselves to learn what we don't know.

There can be no healthy, objective, scientific inquiry into theoretical and technical problems if we must remain fused to over-idealized, all-knowing persons. So doing fosters a belief that only *we* have a special wisdom, or the final word. Then the danger is that we turn zealots and proselytizers, a clear index of unsureness in ourselves.

Our pursuit of knowledge must be open, vigilant in questioning our growing science, and avoiding of any fixed position, irrespective of its reassurance.

Our Psychoanalytic Society is the most unusual organization in this country; it has more ideological diversity than any other group on the American Psychoanalytic scene. Such differences need not be a weakness, rather, inspiration and a source of strength.

Just now there is much ferment!

It too can be useful if it remains in scientific realms of ideation —

serving much as food for thought — to chew upon and then digest if it prove valuable. Little of that can be accomplished where there are personality clashes.

I believe that rivalry and competition can provide incentives to create a new and better science, but, uncontrolled, they risk destructive undermining. Their unbridled manifestations must be tamed if we are to be a really creative and productive Society.

I feel that we must somehow steer a middle course between the ideological polarization of premature stricture of ideas, and the eclectic diffusions which can lead to chaos.

It is important that we remember our common identity, bound together as we are by special links fostered by a unique history in Freudian psychoanalysis, and partial to a set of commonly held theoretical ideas and practical techniques. From time to time, analysts have augmented that history and identity, such that when complete, the latter should surpass any single identification with analysts of the past, including and enhancing to make its own unique Gestalt.

Before such is achieved, however, I predict we shall go through much storm and stress. Personal feuds which sap an organization of its vitality can be resolved when focus is upon *ideas*, for those with merit stand the test of time and can be best dealt with by open discussion. Once cleared up, these difficulties will furnish us new options, the goal of every analysis....

And, just as a well-analyzed person uses his broadened self-understanding in the rearing of his children, if all goes well, ultimately we too shall be able to use our new insights and maturity to further the development of our protégés.

[Adapted from the Inaugural Address of Sidney Fine, M.D. at the Annual Banquet.]

Freudian Slip:

"Of course I'm serious; if I ever even thought of cheating I could never again look squarely into the eyes of my *wives* and children.

Eager to learn how she handled the fear of flying the analyst slipped in asking "and how was the *fright* to London?"

REPORTS OF SCIENTIFIC MEETINGS

THREE YEAR TREATMENT OF A SCHIZOPHRENIC WOMAN

Speaker: Dr. Beatrice Foster
Date: February 22, 1973
Reporter: Harvey Lomas, M.D.

Dr. Foster, Clinical Directress of the Austin Riggs Hospital, reported on the first three and one half years of treatment of a 28 year old girl named Mary — stressing that she was so doing on a "case in progress."

Briefly told, the patient, younger of two girls, faced adversity from the start. Her father had been diagnosed an "ambulatory schizophrenic," and, at the tender age of 18 months, her mother, temporarily at least, was lost to her, ill with pneumonia.

She experienced feeding difficulties, excessive insomnia, uncontrollable crying fits, enuresis, and a peculiar auditory "sensitivity." Further, she was, early in her life, exposed to quite severe parental discord involving in particular her father's jealous competition for his wife's affections.

Much exposed to strangers, she was rarely held or touched.

Later, in her adolescence, came the trauma of divorce and then remarriage of her parents; it increased her social isolation and bizarre behavior.

Dr. Foster took a liking to the youngster and selected her as a

patient in July of '69. However, late to her initial interview, Mary both took an immediate and intense dislike to the doctor, and directly threatened her lest there be any idea of taking away her medication. Eventually Dr. Foster did discontinue the tranquilizers but offered herself instead, promising to be available 7 days a week to see her through whatever might arise. Shortly afterwards, increasingly severe and profound regression supervened. It involved ritualistic-compulsive behavior, loss of control of bladder and bowel sphincters, severe sense of personal disintegration, and, what seemed an endless array of serious self-destructive sexual and aggressive acts. The therapist was firm yet kind, non-intrusive (i.e., non-interpretive), and worked closely with the hospital staff. Dr. Foster was ignored, verbally attacked (generally abused and shut out), and actually assaulted.

The speaker described experiencing a whole gamut of emotions previously detailed by Searles, as she progressively took charge setting limits in a resolute, but understanding way. Slowly Mary was able to acknowledge her therapist's helpfulness and began to improve. Mary, now working with children, is involved in serious painting, and, in Dr. Foster's absence, is apparently doing quite well outside of the hospital....intimating the development between doctor and patient of a real relationship which obviously involved mutual learning and growth.

DISCUSSION:

Seymour Bird, M.D., found the form of the presentation and discrepancies in the history frustrating, but, Dr. Foster considered such feelings as part of this case. Dr. Bird suggested that the illness and recovery were related to processes of identification; he questioned the role of insight and the ultimate therapeutic benefits of such dedica-

tion, availability, compassion, and the like. For him the turning point in treatment was the working through of Dr. Foster's rage. It moved treatment forward, yet, he wondered if the remission was but one fortuitous in a chronic illness, or would stand the test of separation. Dr. Foster pointed out her getting often angry with her was without results, and added that she saw her role not as providing answers, but helping Mary ask right questions.

Dan Dorman, M.D. discussed the work done on the nature of the patient-therapist interaction; he rejected the notion that interpretations would be intrusive. In his view the patient contained a remnant of a healthy ego with symptoms defensive in nature, thus interpretable. Dr. Foster replied that she could not find any healthy ego if one did indeed exist.

George Kalman, M.D. attributed success to the reconstructed family (staff) with its giving mother and accepting father (therapist). He saw the course of treatment as a repeat of life, 0-5 yrs., with a good mother substitute. He pointed out a limitation of this approach however, as the therapist and his family (real and symbolic) grow up together, for it becomes increasingly difficult to continue in the role of such an indulgent giving mother.

Ralph Greenson, M.D. chided the discussants for giving Dr. Foster a "hard time." He felt that she had done everything possible, theoretically and practically, to compensate for the patient's deficient ego. Dr. Foster was successful because she supplied what was missing, a mixture of affects and controls facilitating growth. He concluded by pointing out that only some can do this kind of work, warning that those who can't, shouldn't.

UNSOLVED PROBLEMS IN THE PREPARATION OF GLOSSARIES IN PSYCHOANALYSIS; THE BATTLE BETWEEN THEORETICIANS AND METAPHORICIANS

Speaker: Lawrence S. Kubie, M.D.
Date: Thursday, March 8, 1973
Reporter: Harvey Lomas, M.D.

At a joint meeting of the Los Angeles Psychoanalytic Society/Institute and the Southern California Psychoanalytic Society, Lawrence Kubie addressed himself to a subject which has "bugged" him for several years, namely, the language of psychoanalysis. Specifically feeling that it had no place in psychoanalytic theory, he questioned the explanatory value of metaphor.

Selecting the concept of sublimation as an example of reasoning by it, he criticized the concept of psychic energy as lending itself to distortions in reasoning, and compared psychoanalytic theory of energy transformation to chemical and physical theory. Kubie chastised Freud and his daughter for confusing description with explanation, and cited Anatol Rapaport, a mathematician, who described language as a "plague on scientific precision." Such words as "cathexis," and "libido" he felt befitted a stock broker. They should be discarded. Similarly, Karl Menninger's use of the physiological concept of homeostasis in psychoanalysis, could be questioned.

Kubie expressed grave doubt about the future of psychoanalysis unless we rewrite our theory. He referred to Arlow and Brenner's attempt to clarify structural theory as a parable, and impugned such words as "resistance," "Ego," and "censor," as lending themselves to anthropomorphism and *ad hoc* poetizing.

Kubie concluded his admittedly general remarks by agreeing with the mathematicians' dream of uniting psychoanalysis with the language of the machine, ultimately a language of information models.

DISCUSSION:

Samuel Sperling, M. D. agreed with Dr. Kubie, but pointed out that the Glossary in question was prepared for purposes of public information, not professional use; such an instrument may do more harm than good.

Kubie's attempt to raise basic questions despite one's being far from answering them. We ought to guard against becoming static and formalized. He also took a slap at Kleinian theory, alluding to it as the "biggest metaphor of them all."

Eugene Pumpian-Mindlin, M.D., gently pointed out that the difficulties with psychoanalytic theory reflected the nature of human beings, in particular our affects. No machine model will ever satisfy us.

MIND — BODY — ENVIRONMENT

Toward Understanding The Impact Of Loss On Psyche And Soma

Speaker: Cecil Mushatt, M.D.
Date: Thursday, March 22, 1973
Reporter: Harvey Lomas, M.D.

Well-recognized in triggering both emotions and psychosomatic disorders is the impact of concrete or symbolic loss of key figures in the environment.

So stating in low-keyed tribute to Felix Deutsch's theoretical contributions to psychosomatic medicine and psychoanalysis, Dr. Mushatt continued, "An attempt will be made in this paper to elucidate this mind-body-environment relationship through the study of extensions of Freud's theory of conver-

sion, through the study of sensory perception and symbolization. I shall try to show the significance of this approach for understanding normal and pathological emotional development, the separation-individuation process, and especially psychosomatic function and dysfunction."

Alluding to Freud's work on conversion, he pointed out how Deutsch extended the concept to include the pregenital era of child development; indeed, he held to the belief that the autonomic, as well as the voluntary nervous systems were involved in the conversion process. Further theoretical expansion followed in 1924 when he referred to it as a universal and normal process directly related to restitution for loss.

Deutsch urged psychoanalysts to concentrate on the earliest stages of infancy. There, before constant object relations involving the entire perceptual apparatus, he felt body image formation took place. Ultimately, conversion processes, processes of internalized symbol formation, exert a permanent influence on physiological functions, and serve to protect the infant against disintegration due to separation experiences.

Dr. Mushatt illustrated the connection between sensual experiences and significant objects. He gave examples from case material and studies of sensorily deprived people, e.g., the blind. He demonstrated how the senses are interchangeable and/or fused, how touch can substitute for vision, lending support to the idea that physical sensations may have a very important meaning as remnants of very early experiences. He illustrated the oft-discovered connection between body parts and internal object rep-

resentations. Every psychoanalyst is familiar with so-called strange sensations reported from patients on the couch. Dr. Mushatt proposed that very often analyzability could be determined by the degree to which such sensory experiences are made available for the analytic work.

In essence, all physical symptoms according to this view could be viewed as psychosomatic in origin, as examples of unharmonious internal object relations. Such symptoms when viewed within the analytic relationship indicated highly charged conflicts which needed to be interpreted.

He emphasized again the pregenital, preverbal origins of somatopsychic experience in addition and in contrast to Freud's view of the Oedipal nature of conversion phenomena.

DISCUSSION:

Ira Carson, M.D. raised question as to when symbolization begins, and what Dr. Deutsch's concepts do to Freud's libido theory, and to metapsychology. He cited Freud's hypothesis (1925) that conversion occurred when an unacceptable idea, specifically a negative Oedipus one (latent homosexuality) is converted. Deutsch and Mushatt have obviously extended such into the preverbal era. He suggested that it may be helpful to consider Bion's presymbol, i.e., a symbol (thought) formed when the sensual experience is lost. The absence of the breast when desired gives way to symbol formation—thinking. Could it not be that the somatic symptom is a defense against thought? It is indeed very difficult to get some patients to think.

David Soghor, M.D., after a scholarly review of Freud's concept of conversion and the salient features

of Deutsch's ideas, criticized Mushatt and Deutsch for making it seem that loss was the only important psychological experience. Such a theory, of necessity overlooks internal events leading to loss such as "persecutory anxiety" etc.

Pietro Castelnuovo-Tedesco, M.D. confirmed Mushatt's thesis from the study of patients with organs gained (transplants). He felt the central contribution of Deutsch's theory and Dr. Mushatt's presentation was to connect organs with objects.

James Grotstein, M. D. asked whether there could be symbols without mourning and loss. He pointed to Goldfarb's study of high risk children (those of known schizophrenic mothers) whose unintegrated senses and low sensation became integrated with "proper" care. Agreeing with Dr. Carson, he proposed Dr. Bion's idea that a biological presymbol state awaited an external experience resulting in the formation of a symbol.

THE USE AND ABUSE OF THE DREAM IN PSYCHIC EXPERIENCE

Speaker: M. Masud R. Khan
Date: April 19, 1973
Reporter: Harvey Lomas, M.D.

The members, clinical associates, and guests were treated to a most unusual evening: M. Masud Khan, a tall, quiet-spoken man, analyst and student of Winnicott, created an environment, a space, in which developed some unusually creative thinking. Introduced by Robert Stoller, M.D., Khan proceeded in gentle, thoughtful manner to initiate his reflections about dreams with some personal reminiscence from his three analyses with men

who approached his dreams quite differently. It was Winnicott, the last, who made the deepest impression: he replied to Khan's inquiry over seeming lack of interest when Khan had a dream worthy of interpretation, that he would respond to it, rather than to dream reportage.

Such intimates we must distinguish between process of dreaming and the capacity to dream. Merely detailing one does not qualify as evidence of the latter. Said capacity includes the recognition of the dream as a thing in itself, as a communication to the analyst, and, a valuable arena for the development of creative thought. To demonstrate, Khan selected from his practice an example of a man who had disruptive dreams, i.e., long, involved sagas with bizarre images and details which substituted for "real" dreaming. These, counterproductive (resistance) dreams were impossible to interpret and rendered the analyst impotent. When so confronted, the patient acknowledged that he often slipped off into this form of compulsive dreaming and recalled childhood nightmares occurring in the context of nocturnal disturbances which involved his parents.

The trauma interfered with the normal dreaming function, i.e., wish-fulfillment and sleep protection. The patient was *possessed* by the dream, rather than in possession of it. A dream *happened* to him; there was no "I am," or "I dreamt"-development. Khan concluded that the capacity to use dreams is environmentally determined and based on the ability to use and form transitional phenomena.

There is a transitional state or place known as the dream space where the dream actualizes. The development of it is crucial for meaningful and useful dreams, fantasies,

and thought. Khan demonstrated with a fragment from the analysis of a 23-year-old woman who, though beautiful and intelligent, had no capacity for object relations but did have elaborate daydreams of them eventually. On one occasion when drunk, she was raped by a rather crude man. In the analysis she could not deal with her feelings about this occurrence.

Khan did not push the point, rather contained it as it were, and allowed the patient to do so too. Only later, after a tender love affair, could she dream of and experience her anger and rage for the previously traumatic encounter.

He demonstrated how the analyst helps the patient generate the dream space, the establishment of which curtails acting out of the dream wish. Whereas the process of dreaming is a biological given, the achievement of dream space is a psychic development. Incapacity to use this transitional space in which the dream is actualized, leads to acting out of the dream wishes.

DISCUSSION:

Bernard Brandchaft, M.D. confirmed Masud Khan's ideas concerning the influence of early experience and its impact on dreaming and thinking. Classical psychoanalytic theory does not make provision for the patient's relation to them, viz, a patient's obliteration of reality by feelings, or, reversed, of feeling by an alleged sense of reality. The patient projects into the analytic space, as it were, his fear that the analysis will replace external reality with a psychic one. The potential for analysis depends on the capacity for abstract thinking which in turn depends among other things on frustration tolerance. Primitive anxiety and defenses restrict our patients' emotional life and capacity to dream.

Regarding the facilitating environment, analysts ought guard against the notion that they must provide something beyond a setting in which patients' inner lives unfold. The personality of the infant is as important as the mother's structuring of the environment. Analysts cannot take responsibility for all that occurs in the analytic situation. Dr. Brandchaft reminded us that if the analyst, though he does not advocate bad analysis, is for some reason a "bad mother," that such a thought develops, after all, within the context of bad experience.

Mel Mandel, M.D. was most pleased with Khan's presentation. He viewed it as an extension of his expressed earlier ideas (1962-Int. J. Psycho-Anal.) and as a valuable exposure to the British Middle School of Winnicott, et al., often overlooked in Los Angeles. Though he felt the concept of dream space very complex, wholeheartedly nonetheless, he agreed that prolific dreamers may avoid experiencing the analysis or analyst as real and useful, "a pulling of our analytic leg" as it were....

Ralph Greenson, M.D. began by praising Masud Khan for his meticulous and thoughtful preservation and presentation of the works of Winnicott. We have all benefitted from his labor. He agreed with Khan's differentiation of dreaming from the capacity to dream. The former is something special; it involves remembering, reporting, and being able to use the dream. The so-called "good" dream is one the patient feels valuable; it is the structuring of something unstructured, a psychic experience in which the therapist can participate. He particularly liked Khan's comparing the inborn capacity for dreaming with the infant's inborn capacity for relating, each depending on a facilitating environment. Freud did

not provide for viewing the dream as a whole experience. Greenson postulated that in order to dream, an individual must have achieved a state of self-constancy much like the object constancy required for object relations.

Edward Kleinman, M.D. objected to the idea that only some patients' dreams were considered "useful." Mentation while asleep is dreaming. One must be able to stay with a dream and use it several days later if necessary. Khan is talking about the psychoanalyst's technique in approaching the patient's dream.

THE RAT MAN

Speaker: A film produced for BBC
Date: May 18, 19, 1973
Reporter: Harvey Lomas, M.D.

This movie provided an opportunity to review one of Freud's most interesting and historically significant cases, the first reported analysis in which was used the technique of free association. It formed the foundation for the teaching of psychoanalysis in institutes, yet was a case in which Freud had difficulty ascribing the patient's neurosis solely to the Oedipus Complex. Pre-Oedipal difficulties obscured it. Moreover, Freud was primarily concerned with discovering and elucidating a new form of repression among other mental mechanisms of obsessional illness.

He must have felt considerable pressure to demonstrate the therapeutic efficacy of his new method, and did succeed in producing a dramatic relief of symptoms in eleven months, surely an encouraging result; but even among Freud's most staunchly loyal students there were serious doubts regarding the usefulness of his theories.

Their apparent efficacy, probably more than anything else caused

envy among his followers since it was not long before Jung, Adler, Rank, Steckel, and then later Ferenczi broke with him. Impatience over the length of treatment was always a sore point with the younger students.

Following the Rat Man case Freud addressed himself to the question of the analyst's activity during the analysis. He urged vigorous pursuit of the rule of abstinence, and cautioned his colleagues lest they agree to releasing their patients prematurely, i.e., before all possibilities for analyzing the neurosis were exploited; but it seemed that very few of Freud's students were prepared to undergo the rigors of that task; few could hope to live up to his ideal.

To their credit, the moviemakers adhered to Freud's version of the case, and gave meticulous attention to such details as the décor of his office and his personal appearance. Portrayed as a reserved, aloof scientist, testing hypotheses, developing and reporting on a new technique, Freud communicated his self-assuredness. He was unafraid to appeal to the intellect of his frightened, mistrustful patient, and was not depicted as a warm or sentimental human being.

What was he really like in his work as the first psychoanalyst? Helene Deutsch writes that he asked her to give up her analytic hours for the Wolf Man, telling her that she was "not neurotic anyway." Elsewhere, one may speculate with amusement, if Freud again would say today, to Adler who expressed doubts whether psychoanalysis could be taught, "It will be possible to learn it, once the arbitrariness of individual psychoanalysts is cured by tested rules."

The movie provides contemporary psychoanalysts with an histori-

cal perspective so often lacking in debates over what constitutes "good" analysis, and leaves no doubt about the extent of progress in our technique, but does not settle the question of just what constitutes a psychoanalysis, technically speaking. For many, the *Rat Man* was not suitable for such therapy. That is, assuming, as is likely, that the portrayal of the Rat Man was accurate, many today would find him too disturbed for classical Freudian approach. Freud did not, perhaps, because he was *the only* Freudian—and *his* was the classical psychoanalysis, intimating that many of us suffer from caricatures of it.



It is with profound regret that I inform you of the death of our honored Life Member, colleague, friend and teacher, Richard D. Evans, M.D., on Thursday, April 12, 1973, at Santa Barbara, California.

Doctor Evans was a warm and dedicated teacher who brought to psychoanalysis his extensive knowledge of internal medicine and explored with several "generations" of students the intricacies of psychosomatic medicine. He was actively involved in the development of psychoanalysis in the Los Angeles Psychoanalytic Society and the Institute until his illness forced his retirement a few years ago. Despite this he remained interested and available to all his many friends to the end.

His memory will remain with us.

I am also sorry to inform you of the death of our colleague, Henry H. Luster, M.D., who died suddenly and unexpectedly on Saturday, April 21, 1973, in New York. His death apparently was caused by post-operative complications following testing and surgery for a suspicious chest lesion.

Dr. Luster had been interested in many aspects of psychoanalysis and recently had given his attention to problems of confidentiality. He joined in helping to define the problems of Peer Review and was active with the Ad Hoc Committee prior to his death.

We extend our sympathies to his family.

Seymour Bird, M.D.
President

HISTORY SECTION

Richard D. Evans, a Life Member of our society and the American Psychoanalytic Association, died April 12, 1973 in Santa Barbara, after long illness which had imposed partial paralysis. He was born June 26, 1900, in Evansville, Wisconsin, and was a graduate of Rush Medical College in 1924. His initial training included internal medicine and pathology. He practiced these specialties until gradual completion of his analytic training and career.

Among the first to receive such in Los Angeles during the pioneer period of Ernst Simmel and Otto Fenichel, he was contemporary with Greenson, Sperling, Reider, and Newhouse, all commencing in the late thirties.

The scene of his earliest medical activities was Santa Barbara in the mid-twenties, in association with Dr. Frank Nuzum, in the milieu of

Cottage Hospital. In 1931, through a mutual friend, Dr. James Cryst, he met David Brunswick, the first of his many friends and colleagues in the California analytic profession. Until 1937, he remained in Santa Barbara, then, motivated by his wish for analysis and training, moved with his family to Los Angeles, where in the same year, he commenced analysis with Simmel.

Military service interrupted his training between 1942 and 1946. With the rank of Major he served with the Army Air Corps, enjoying his first formal psychiatric experience at the Santa Ana Air Force Regional Hospital where his work served as the equivalent of a psychiatric residency. His chief of Psychiatry then was Major Alex Blumstein who later wrote a commendation for "performance of superior nature." Other analyst-supervisors at the Santa Ana facility were Majors Milton L. Miller and Walter Briehl.

In 1949 Dr. Charles Tidd described him to the Psychoanalytic Association Membership Committee as "an outstanding person with a high degree of personal and professional integrity. I recommend him without qualification" . . . which opinions later would be shared by many who now mourn the passing of a man quoted in our archives as stating that the analytic approach was fundamental and honest in the practice of medicine—itsself largely psychiatric, and that he personally never regretted for a moment the decision he had made in changing his career in pursuit of it.

Additional commendations are found in historical records of our society. Dr. Ernst Simmel wrote in 1940, "Dr. Evans is an internist [of] high scientific standard. He found his way to analysis because he became increasingly aware of the psychosomatic implications of internal medicine."

HENRY LUSTER

I settled in California in 1946 and a few years later, Henry and his family arrived from Menninger's. When we met, my initial impression was that he was large—in every way: He made a large impact; he *did* things in a large way; he excited large talk and large speculation.

No one took Henry for granted.

Somehow there grew up a foursome: Henry Luster, Leonard Rosengarten, Jerry Shiell, and myself. Henry was not the leader of our group. There was no leader, but if he leaned in a particular direction, we also frequently inclined in it. Such was no mean feat.

Sometime in the 50's he and I went to Seattle, I in my car, Henry in some huge machine. We agreed to meet in San Francisco and set out. His parting words were — "let's take it easy." I drove without stopping and at a very high speed. On arrival, there was Henry who had anticipated me by 15 minutes, laughing tolerantly in his acceptance of our competitive foolishness (I never did find out where he got those enormous shrimps and huge chunks of lobster that he served as hors d'oeuvres. Not only were they big; they were delicious).

Over the years families changed and our foursome eroded; when Henry's circumstances shifted, they did so with a cataclysmic explosion that echoed on for years.

He was one of the brightest minds I have ever met. His manner was earthy and hearty.

He was gusty and very impressive. People didn't always love him but they never overlooked him. He was just too striking.

He always identified himself as a psychoanalyst, but the austere approach held no appeal. He preferred being a consultant to corporations,

A.K.

businesses, law firms, etc., all at very large fees. Yet he always had someone in analysis or analytic psychotherapy. . . and his patients became very successful in their chosen fields (I knew several who changed dramatically. One, a casper milquetoast became a corporation president, much to our mutual surprise).

Our paths diverged, and of recent years I saw Henry seldom, but he always seemed to be changing some corner of the world . . . then someone told me he had died and I attended his memorial . . . I didn't believe it. His life did not seem completed and the regret and loss were tinged with an awareness that his life would never have been. His was a heroic figure

Seymour Pastron, M.D.

D.W. WINNICOTT

*Your light is dim;
The earth in shadow turns;
Who warmed themselves,
Scattered in their rooms,
Are colder too,
And many more
Who never heard of you.
Unrobbed of motion by ideas,
Like fire itself,
Would not stay still,
You. Words remain,
Our kindling.*

— F. ROBERT RODMAN, M.D.

BOOK REVIEW

The Challenge: Despair and Hope
In the Conquest of Inner Space
by Rudolf Ekstein, Ph.D., et al.

Dr. Ekstein and his colleagues at the Reiss Davis Child Center have written a book about the psychoses

of childhood. In it theory, therapy, and the team approach are emphasized. As might be anticipated of the author of the previous volume of the Childhood Psychosis Project, "Children of Time and Space, of Action and Impulse," this book does not fail to offer challenging conceptualizations and striking metaphors. The work continues the pioneering studies of Anna Freud, Spitz, Erikson, Mahler, and, of course, Ekstein himself. Contributions by Seymour W. Friedman, M.D., and Kenneth Rubin, M.D., also of our Institute, form no small part of the impressive team effort.

The various approaches of treatment and the theoretical discussions fall within the territory of the most recent psychoanalytic thought. It is amply shown that the role of the therapist must be highly modified from that of classical psychoanalysis. Lightning shifts of direct intervention by the therapist are required to meet, intuitively, the needs of children with minimal self and object representations, or with the most malignant distortions as internal persecutors. Several clinical studies are included showing various degrees of pathology, from autism, to childhood schizophrenia, to borderline states. The authors successfully demonstrate their contention that diagnosis and treatment are so interrelated that one is implicit in the other.

Dr. Ekstein, in his study of Teresa, convincingly and movingly shows where and why we fail if we attempt to impose our reality upon a psychotic patient. Only when he could 'enter' into Teresa's psychosis and allow himself to perceive as she did, could he begin to help her find the way back and to view her world with a degree of newly won autonomous ego.

Dr. Friedman's chapter on the extent to which the analyst may be required actively to 'regress' to reach psychotic patients is, I believe, a more accurate way of stating that there are certain psychoanalysts who have a greater gift than others in being able to treat psychotics.

In times such as ours when psychoanalysis is continually under attack as being too time consuming, too expensive, or unscientific, this book provides a needed antidote. At the same time it underlines one of the basic issues: Is it worth 8 to 10 years or more of intensive treatment possibly to help a child with a symbiotic psychosis to grow into an eccentric, but essentially neurotic adult? Were it not for the needs of research, the question revolves about how much time and effort one individual is worth. One can but beg the question with relative answers. It depends on who defines worth and pays for the time and effort.

Dr. Ekstein speaks for himself most eloquently as he states the problem in the pursuit of further knowledge. "In the meantime we must be moved by the faith that it is not the patient's ego defect, but the gap in our knowledge which is the cause of the dilemma, and we must also believe that the questions we ask may and can be answered."

T.L. Schoenberger, M.D.

OUT OF CONTEXT

....One of the advantages of not writing is it allows one to preserve the illusion that he could write well if he chose to...

T.L. Schoenberger, M.D.

From the Dept. of convoluted parables: The major difficulty in self-analysis is handling the counter-transference.

THE NOOSE

Marines have no physicians of their own. The Navy lends *its* doctors to the Corps. In times of crisis, when Reservists are called up, the Military gives them uniforms, but, underneath, civilian sympathies survive. Just being drafted to a job won't change a man's philosophy.... So, poles may separate a USMC regular — and volunteer — from tender-hearted medics, drafted to their jobs — especially psychiatrists.

I've always had respect for interview technique. It makes our work an art. Symphonic, if you will.... where words, and themes, and plots, with gestures or restraints, display a person's style, his way of doing things. The overtones and subtle harmonies, heard well, and understood, may prologue trends of future deeds....and so, it follows that my choice has always been to see a patient "cold." I mean sans "history." The tags one puts on men are like a cablegram. They tend to prejudice....

I shudder when a colleague says—"I'm sending you a kid who hates his Mom." Should such be true I want to find it out by interview — triangulate it in the context of ideas and acts, outspoken, or implied.... you know, not only what one tells, omissions too contribute to the whole.... Could you imagine a Marine not talking of his girl or how much beer he drinks?....

Such speculations interwove my thoughts in trying to assess a consultee referred for an exam; an abject youth, who sat across my desk, head down, and answered not a word to anything I asked, but clutched a sheaf of papers in his fist.

The label that they bore in letters clear and bold read, "CATATONIC SCHIZ," which emblem, by itself, now gossipped on the ward....in harsher worlds outside could prove a hangman's noose!

.....explaining my desire to redirect that fate, and wait a while, at

least, before endorsing it....which left us, as we sat, strategians of a sort, engaged in real life chess.

I said, "I know your name. That's it! (...though might to be precise have added 'PFC.' The biceps of each arm displayed a single stripe— what sense to mention that? It was so obvious!)

"Now, can you tell me more? Like why you're here; what's wrong?"

The youth made no response; could he be hearing me?

"I see your record there. I haven't studied it. I'd rather learn from you the story it contains....whatever you can say."

But nothing issued forth.

My thoughts went to *King Lear*— how *he* had warned *his* child as he disbursed his wealth, to speak then speak again — "From nothing nothing comes! Cordelia, mend your speech; your fortunes hang on it."... but doubted this lad knew that daughter's tragic tale....(nor did I quote those lines)....

"You find it hard to talk?"

His noggin rocked a bit.

"It's alright; take your time; then, tell me what you can."

I looked across the desk. His scalp — a field of wheat. Its myriad of stalks sprang out of bronzed, white turf. Each perfect golden shaft precisely paralleled its neighbors all around — cropped accurately short to contours of his skull... a "flat-top" finely mowed — most likely just that morn.

Although fore-shortened by the hang-dog pose he wore, what features I could see displayed a pug-shaped nose....twice broken at the bridge, and never truly set.... Much seasoned by the sun, his ears, like apricots, parenthesized his face, whose eyes, just then shut tight, I pictured steely gray.

I gave him 18 years, and guessed he'd finished high, where he played contact sports, and won a letter too. I fancied that he left a pie-faced girl behind. He weekly wrote her notes with misspelled tender words. My hunch said he had sibs, of either sex, one each; and "Mom" spent

time on chores while "Dad" was planting things.

It's fitting here to add this lad was very trim. His off-green uniform was pressed and "squared away." From khaki small knot tie to polished combat boots the boy was knife-like plaits and flawless fields of cloth — from crown to tippy toe.

"What *are* your thoughts?" I probed. "Why can't you let them out? Are you a quiet type that always acts this way? Look! Lots of fellows sit within that very chair. My job is just to hear, then sort the data out. I hope they told you so and that you understand — it's *like* detective work, but there's no punishment."

Were those the magic words? He twitched a bit just then—so I pulled back to wait. Some silence wouldn't hurt. He needed time to think.... (God only knew of what)...as somewhere from *my* past I conjured up a man from whom *I'd* learned a lot. We called him "Sherlock Holmes" because he had a knack of sniffing out odd facts—

He'd lectured to our class on epileptic fits that seized a luckless guy just when he drove to work. Detective in his skill, my teacher figured out it was a grove of trees that lay along his route. The shadows of their trunks made flickers on his brain that triggered off the spells — *a diagnostic coup!*

...as there *my* silent sphinx whose riddle yet unsolved....

I let my languid eyes again roam o'er the youth. Gosh he was neat and trim....those chevrons on his arm.... Look there! A noose! That tiny loop of thread where double stripes had been!

This kid was stripped of rank.... they made him shave some off.... One crucial thread survived as relic of old dreams.

"They 'busted' you?" I asked.

He shook as in one heave, there gushed a flood of tears that washed ashore his tale.

I even don't recall — had he got drunk—or fought?...what mattered: — through that noose the one I'd saved him from.

SLS