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Dear Dr. \_\_\_\_\_

I am going to miss you. I won't know what to do on fridays at 8:00.

You have helped me alot and I would like to thank you for the book and the hanging elf.

When I first came to you I was amess. I had my cast my parents where separated, I had ahstma. I was horrible. Now my parents are back I know why I have ahstma, My back is better. I learned how to play chess, Dots, Monster chess, & hangman. THANKS again.

Yours truly,

L.G.

[age 8 - on termination]





Editor: Sumner L. Shapiro, M.D.  
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Rita Spies, M.D.

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The Jacques Brien Memorial Award judges, Drs. David Brunswick and Ernst Lewy, returned a split decision. Honors thus, and stipend, will be shared this year by Paul Ackerman M.D. and your Editor.

Their winning entries, *Narcissistic Personality Disorder in an Identical Twin*, and *The Anatomy of a Moron* are reproduced elsewhere in this issue.

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#### LETTERS TO THE EDITOR

November 20, 1973

Dear Sumner;

Having just read your article, "The Noose," I find myself reflecting on "schmaltz" versus "drama." The former term could too easily be utilized by critics discomfited by affect—signifying their identification with a "purer" scientific posture. The latter term, drama, might be utilized by those appreciative of the true *emotional* essence of our studies. However, to write frankly and, therefore, dramatically, has unfortunately been too embarrassing for most of us. Indeed, when theoreticians speak of our still relatively undeveloped ideas about affects, isn't this a reflection of just this embarrassment and, consequently, uninvolvedness with the subject?

At any rate, you are to be con-

gratulated on your style, and one hopes your readers will have *their* dramatic abilities stimulated and recharged with the obvious benefits to themselves and their patients.

Cordially,  
Irv Berent, M.D.

November 26, 1973

Dear Sumner,

I enjoyed the newsletter, in particular, your articles. There was an oversight which should be publicly acknowledged; the second paragraph, p. 5 of Sam Sperling's discussion of Kubie's presentation belongs to Judd Marmor. I called Dr. Sperling to apologize. He accepted, but asked for a note in our next edition.

Regards,  
Harvey D. Lomas, M.D.

#### EDITORIAL

Ponder Nature's wisdom in design. She's pretty sage; although . . . one's apt to need a second glance to prove it.

Think of kids:

How prudent that their ruthless savagery has been confined to Lilliputs,—affording us, as they enlarge, the time to educate and shape them.

And what a stroke that adults are enamored of diminutives. Insurance! No brute could fully vent his spleen upon a miniature. There's Nature's handiwork!

Freud said the perfect raising of a child was nigh impossible. His followers agree; such feelings are extended into therapy. What sweetens work with kids is being sprayed with anecdotes: some witty, brilliant gems, and others classic gaffes, revealing how the young mind oper-

ates. Betimes more grown up notions prove perverse — traditions turvy-topsy.

Youth speaks with winged words:

A wistful little boy whose sad and darkly circled eyes were half his countenance, assured me, "Yes," that he should plan to marry, but didn't see my "double-take" as he went on, "and divorce too, just like my Dad!"

Another moppet, scarce a meter tall, told me judiciously one day that if she had three wishes, her very first would be *eternal life*, yet, when I pressed to learn if she should truly want to be *immortal*, her childish logic made response, "For sure! I want to live at least a hundred years!" Indeed!

Her counterpart, a perky eight-year old, ran breathlessly to tell her parents she had cancer! . . . well, not quite: She'd overheard big sister on the phone and misconstrued the scientific homework (which described that illness as a *tissue getting stuck* in its prospective maturation) . . . whence she assumed some relevance to Kleenex and her bottom! Hypochondriac or genius?

Another made a precious slip when asked what her religion. She wanted to explain mixed ethnic roots—a distaff Hebrew side and gentile father, but fumbled her reply, "My Mom's a Jew but Dad's a 'reptile.'"

She went to Waspish schools and summered amidst Semites . . . whence her candid "I don't know; vacations I'm a Jew, but otherwise I'm 'goyish!'"

A Roman when in Rome . . . could there be good sense in it?

Another Roman, Cornelia, daughter of a Scipio, the Emperor Africanus, was quick in her maternal pride when challenged. She had, says Seneca, two handsome sons by



Gracchus. Simply dressed, she strolled them by the Forum, and met a haughty lady friend bedecked in gold and diamonds. To her she coolly introduced her boys with, "*these are my jewels,*" and made no more excuses.

And jewels they can be.

From personal experience I've culled a few choice offerings. One of the lot I ennoble and preserve as cover to this issue. Reproduced in its original if barbarous orthography and syntax, it's a prize of my collection.

Its epilogue, the lengthy anecdote that follows, should validate our textbook lessons. Babies really do the things psychiatrists impute them—at least as far as rivalry and magic. I present it as portrayal of the precious kind of instance that involves our daily living and gives substance to our teaching. It is called,

#### EVER DO IN YOUR KID BROTHER?\*

Explosions rocked the universe! Comets and asteroids whizzed by! I clawed, and caught, and reined in by a sleeve its occupant—my son.

"Lemme go," he wailed, still thrashing. "She wants to kill me, Dad, for sure!"

In orbit out beyond his reach, his sister idled engines, panting, treading ether, glowering with rage. The veins along her slender neck dilated, full and ugly; but Beauty lay in store for that young lady, clear enough . . . and for my son, Fate promised handsome, rugged looks besides a bullish strength.

Wondrous creatures, these our babies—growing, playing, sparring . . . but need their spats betoken problems classical to come? Destined rivals? Sister versus brother—as the theory teaches?

"Carolyn," I yelled, "come back here, quickly!" to her protest: "Dad, I didn't start it; he did!" choking, sobbing, while her quarry screeched *his* version . . . and I cried,

"Enough! Get in your rooms! You characters got your last warnings! Act like humans (!) for an hour, not wild creatures . . . maybe then I'll open up your cages, scam!"

"*But, Dad,*" (together) . . .

"No you don't! Get moving! Arbitration's finished . . ." And turning a deaf ear, still hopeful I could put Nirvana back together, I headed for the basement, and my chores.

Around the corner, down the stairs, then through the ceiling rafters, I could hear their soft-shoe shuffle to the sibling rival song:

"I hate you, brat . . . you . . . pig-face! Now look what you've got us into . . . stupid!"

"What did *I* do?"

"Supermoron! Sticking your insipid tongue out! Ugh, I loathe you, monster . . . 'sass' is one thing that *I simply cannot stand!* . . . *Oh, I wish that you were dead and buried!* . . . There I've said it!"

"Well, I'll 'sass' you any time I want to, nyaah . . ." which, like as not, was pantomimed in that provoking gesture; then, the world had peace again.

Children! What a business! Is there no way one can live without or with them? Could they never fathom how their bitter conflagrations, so intense and self-refueling, were the basis of Man's bigger, graver wars?

Wouldn't it ever dawn upon them (or the broad world for that matter) how right here in family settings power struggles had their roots: vendettas, feuds, rebellions . . . and I fell to reminiscing how a thousand

years ago *I'd* been taught that cosmic lesson, of a balmy summer evening, on a blanket out beyond the city haze.

Like Goliath against David, I had fought with *my* kid brother (over nothing consequential), so *my* Father felt it timely to philosophize on Life. Pointing to the heavens, he identified the Dippers, dim Polaris, and the Evening Star. He compared them, in their orbits, to the molecules and atoms of a vast celestial something, thereby intimating we are locked in nesting patterns which repeat . . . and he spoke of Man's commitment to compulsive games of Love and Hatred . . . by which simple innuendo he both dwarfed all childhood squabbles yet predicted their return . . . In such wisdom he might well have been suggesting ways to handle my kids' foibles.

Then the finite world outside sent a noise somewhat familiar (yet resisting definition) . . . yes, the sounds of crunching gravel: Bob and his Dune Buggy! Oh my God, what awful timing!

All the winter Bob had promised in his letters that, come Spring, he'd drop by to take the children for a ride along the beach. He and *his* Dad (but no siblings) worked to build it one whole year. Sure he'd told us; we'd forgotten! Carolyn and Paul knew . . . that, in fact, most likely might explain their extra zeal. Wasn't such their way? To behave like vicious tigers when anticipation fired them?

Well sir, punishment must stand! Indulgence and exceptions only weaken moral fiber. They'd just have to learn the hard way. Yes! One's firmness is what counts . . . So, in full determination, I went stomping up the stairs, only to be greeted by my wife, *alone*, and



innocently smiling as she waved a farewell fondly, to the trio disappearing past the mailbox, down the street.

"Didn't they tell you, Dear?" I faltered . . . "Their confinement? They were grounded! Agh!" I grunted, throwing up my hands in disbelief (as she, wearily, spoke volumes with a shrug . . . for she'd not have been maneuvered into granting them quick pardons had she known about their sentence. No! Punition was a point wherein we rarely disagreed). And, I waxed, I guess, a little reverential toward my wife . . . on the job that we were doing with our brood . . . how thus far so really lucky that those horrors in the papers and the tragedies on T.V. hadn't left a mark upon us . . . when the phone broke in to halt my gathering such wool.

At the far end of a tunnel, tantalizingly familiar, was a voice whose frantic message kept repeating, "Daddy, Daddy, Paul's hurt badly, please come quickly."

"But, where are you? Sweetheart! Tell me!"

"Accident . . . oh Daddy . . . near the park . . . ran a stop sign . . . Bob's Dune Buggy . . ." and hung up . . . which insanely garbled message then I heard myself repeating to the chalk-white face belonging to my wife. Within seconds we were driving in a frenzied, dazed detachment, watching weird disjointed pictures inescapably for us:

An untidy woman, gawking, craning—straining hard to see—and a knot of children running—then another youngster pointing to our son, lying crumpled on a bloody blanket, in the middle of the road, where there should be nothing, no one—and a stranger, pale, and frightened, kneeling nigh.

Bob was wandering about his

Buggy, seeming helpless at its bent and twisted form; disbelieving older sister, ghastly pallid, glued attention on her brother as he lay. Doubtlessly she resurrected, how a scant half hour before, they'd been a "dynamic duo," not the tragic figures here . . . when the ambulance, lights flashing, eased itself into the scene.

At the hospital, attendants with a skilled dramatic deftness, set Paul center stage beneath a single klieg.

All about were silver basins, shiny tools, a respirator, oxygen, and sheets, and masks, and gowns. There was talk about insurance and a family physician in the flux of conversations but I'd mind for no such matters . . . only strange how cool that room felt in a contrast to the summer heat outdoors . . . 'midst the height of which confusion, from the shadows came a young man wearing surgical pajamas—at whose cue the high-domed spot burst into life.

Where his cap diffused its rays a halo shone! How youthful in his scrub suit, and how calm!

He began while gently talking to the nurse, to untangle scalp from clots with expertise. As he did so, I felt pushing at my elbow, unrelenting, then resolving into:

"You are simply not allowed, sir. It's a rule here. The family and friends must wait outside . . . but we'll call you when there's news . . . of any kind."

Minutes later, next on both sides, there came pressures from "big sister," and my wife. It was natural to slip an arm around her, then encircle troubled daughter who was guilty she had *wished her brother dead!* . . . just because he'd stuck his tongue out—what effrontery! Could a grown-up grasp it?

Yes, it slowly dawned upon me as she prayed aloud to Mother—

"Mom, he will get better, won't he?"—that her "sickness, fear, and trembling" fed upon that very thought.

For she hadn't yet sophistication that would let her view her rival through mature or fully realistic eyes. Dicing her to pieces, and without a shred of mercy, childhood's thinking in its magic half-convinced her words alone *could do Paul in.*

I grew restless, fitful, nervous, flexing time to suit my fancy, shuttling forth then backward to the old days and the new.

It regressed me in its magic, to revisiting that morning, to the scuffle, —and to chafing that with real paternal strictness both our children might be locked up in their rooms; that what firmness I projected hadn't been enough to hold them. . . .

. . . Further backward to remember the indulgent obstetrician who had let me stand beside him when he called out, "Look here Daddy, you have got yourself a bouncing baby *boy!*"

To the future, wending homeward, with the heavy obligation to encumber poor old Granddad that an accident had cost us all our son.

Then it spun me quickly outward to deciphering the noises which so reeked of implications:—that an intern call the blood bank, or the name of a mortician — and the sounds as crepe soles scurry as the aides did doctor's bidding . . . when a nurse appeared from nowhere, with her index finger waggling.

Had she kids? Had she too lost one?—or, might her gesture signify we were to follow?

Was the news bad? Really awful? Nurses and their poker faces!

We competed with each other for the narrow filing order in a tangled



line behind, past the little cubby with its sterile drinking fountain, round the x-ray unit, first myself, my wife, then daughter, to the doorway of the room in which there lay our youngster's Fate.

Then, before us, stood the Doctor; his expression was as blank as it could be.

"You're Paul's folks?" he asked us softly.

"How's our son?" . . . and "May we see him?"

Undeterred—"Your boy has had a very nasty jolt. We admitted him in mild concussion, semi-coma, rising pressure, classic picture with head trauma; but, the x-rays of his skull and all the rest, hint that he's been lucky, at least this time, and within a week he should be normal."

At which, Carolyn both gulped then gasped aloud.

"Ah, you're Carolyn, his sister. Did you know in all his mixed up thinking right along he's had you uppermost in mind? He says he wants to see you, *badly*—how about that? Whereupon the youngster lurched and thrust herself inside.

Doing so revealed our hero, blood-stained in the torn up wreckage of what used to be his little pants and shirt. Fraying, sadly empty sneakers were, though silent, contrapuntal to the turban round his head.

When again he saw big sister (and adjudged the spot upon him) shall I tell you what kid brother did? You would think that he was chastened—that he had learned his lesson!

Or, was it as the stars predicted, relevant to Love and Hatred? Care to guess—No? Then I'll tell you—don't forget it—

Struggling up from horizontal, as his sister stood there gaping—he reared back and stuck his tongue out!

\*Reprinted from *Psychiatric Quarterly*.

## REPORTS OF SCIENTIFIC MEETINGS

### TRANSFERENCE: FREUD OR KLEIN

Speaker: Ralph Greenson, M.D.

Date: September 20, 1973

Reporter: Harvey Lomas, M.D.

"Psychoanalysis is in trouble." Separating Kleinians and Freudians, there is a gap, caused, according to Dr. Greenson, by the tendency of some psychoanalysts to abandon old, hard-won clinical and theoretical positions for seductive new ideas promising better results for our patients, and more gratification for ourselves. This is one major theme running through Greenson's recent papers, for example those on dreams<sup>1</sup>, errors<sup>2</sup>, the nontransference relationship<sup>3</sup>, ideas<sup>4</sup>, including his review of Vol. IV - Works of Anna Freud (1945-56)<sup>5</sup>. Within this context this presentation can be evaluated.

Dr. Greenson made it clear that Melanie Klein and her followers are guilty of significant deviation from the mainstream of psychoanalytic theory and practice . . . reminiscent of Freud's concern with Rank's theory of the birth trauma and Ferenczi's preoccupation with active therapy (several of Freud's students abandoned psychoanalysis altogether).

Some have suggested that a rapprochement is taking place between so-called Freudian and Kleinian analysts. Dr. Greenson is most inter-

ested in finding out if this be so. In addition, he would like to discover the appeal of Klein's ideas. He attempts to answer these questions by comparing and contrasting notions about transference, the handling of it, suitability for analysis, the rôle of environment or reality, and the atmosphere of the analytic situation. His knowledge of Klein and the contemporary Kleinians comes from his experiences at clinical case conferences, supervisory sessions, scientific meetings, and the psychoanalytic literature.

#### I. Suitability for Analysis:

Many prominent Kleinian analysts recommend traditional psychoanalysis for psychotic and borderline people. Segal and Rosenfeld have published cases and theoretical propositions in support of the analysis of the psychotic. Indeed, they have gone so far as to suggest a more energetic adherence to traditional technique, use of the couch and free association, the more severely disturbed the patient. Dr. Greenson notes however that there are discrepancies between what they recommend and actually do, and that this notion of the Kleinians is distinctly at odds with Freud's understanding of psychoses and *his* subsequent recommendations. Greenson acknowledges that analysis for psychotics is consistent with Klein's notions concerning the schizoid-paranoid position for example, but at the same time, because of the Kleinian analyst's loyalty to Klein, perhaps both the patient and psychoanalysis suffer (Abraham Kaplan in his book, *The Conduct of Inquiry*, wrote, "And the participant observer may invest



so much in the participation as to create vested interests which subvert the scientific ones, robbing them of their autonomy, and perhaps destroying them altogether.”<sup>6</sup>)

Psychoanalysis is not suitable for psychotic patients theoretically or experientially. Classical theory states that psychotic patients suffer an ego deficiency the most significant manifestation of which is the lack of ability to form lasting internal object representations. Whereas psychoanalytically informed therapy helps, standard psychoanalysis fails. There is no predictable, workable transference neurosis, no working alliance, and the situation is one which often calls for extra-interpretive measures such as hospitalization, etc. To accept the Kleinian notions concerning suitability for analysis means abandoning not only much theory but experience as well. Such notions about analyzing psychotics go a long way *sui generis* towards explaining their appeal: we should all like to believe psychoanalysis works for psychotic patients.

## II. Handling the Transference:

Kleinian analysts talk and write about making interpretations of transference to the level of maximum unconscious anxiety, even in the first hour. Such a tenet leaves the mainstream of contemporary ego psychology, failing to take into consideration the defensive functions of the ego. Is not the most deeply buried unconscious conflict the most remote from consciousness? Is it not maximally defended against? The patient stands in no better relation to the analyst's interpretation than he does to his repressed unconscious nor to any

piece of external reality for that matter. The Kleinians dispense with the traditional notions of observing ego, working alliance, and mechanisms of defense. They do not feel compelled to demonstrate before interpreting. What of the intermediate layers of impulse and defense built up over the years? Why not use hypnosis or pentothal?

Dr. Greenson referred to the works of Segal and Klein herself, and demonstrated how many Kleinians fail to distinguish between transference reactions and the transference neurosis. Furthermore, since all references to the analyst are transference, they deny the existence of a real or non-transference relationship between analyst and patient. It is an inescapable fact that adult analysis involves two adults.

Greenson felt that Kleinian analysts interpret too often and that their interpretations are often too cumbersome. Such behavior is intrusive and interferes with the patient's free association. Finally, the technique of interpreting is sacrificed to the belief that content itself is curative. This disregard for the same process which they hold dear leads many Kleinian analysts to measures as bold as making transference interpretations in the initial interview. Freud specifically warned that unresolvable resistances later are apt to derive from this practice.

## III. Environment and Reality:

Greenson was shocked and impressed by the Kleinian analyst's lack of interest in history. Supposedly it is left to unfold in the analysis but seems symptomatic of the Kleinian disinterest in external reality. This disinterest does violence to contemporary psychoana-

lytic notions of psychic trauma and ego development. At the same time an almost exclusive concern for the first year of life forces interpretations to be repetitive and lacking in originality . . . again, the adult ego being neglected in the process.

## IV. Atmosphere of the Analytic Situation:

According to Greenson's experience, the atmosphere of the Kleinian analytic situation is such as to foster the patient's belief that the analyst is an omnipotent, omnipresent, and omniscient being. Rarely does such an analyst err, admit he doesn't understand what's going on, or ever have to wait. The patient, in contrast, is cast in the rôle of an infant or non-believer. Enlisting the coöperation of the patient in the process of mutual investigation is sacrificed in the process.

Dr. Greenson concluded by affirming that there is a gulf between Kleinian and Freudian analysts—one which must be surveyed before any bridges are built, and speculated that Klein's ideas were appealing to those analysts who are intolerant of waiting, and unhappy with the slow, often painful, and meticulous work of traditional analysis. Those uncomfortable with uncertainty and fallibility will find Melanie Klein most attractive.

## DISCUSSION

Bernard Brandchaft, M.D., called our attention to the lack of time adequately to take up the issues presented by Dr. Greenson. He felt it even more difficult to discuss the paper since he didn't recognize himself or any Kleinians he's known in the presentation.



Brandchaft felt the psychoanalysis of the psychoses, an acknowledged difference of opinion, and the suitability for analysis, could be discussed, and cited Federn, a Freudian whom Greenson apparently overlooked, as well as Bion, who clearly distinguished between the neurotic and psychotic part of the psychotic's personality. Brandchaft intimated that suitability for analysis could not be determined beforehand, and that all analysts need perform analysis in an atmosphere of non-harrassment. Dr. Greenson confuses diverseness and divisiveness. This paper is an example of the latter.

Albert Mason, M.D., said that vis-a-vis Kleinian technic, the issues presented by Dr. Greenson were debated and discussed in 1927; then Anna Freud, now Ralph Greenson upheld Freudian theory. Regarding the question of rapprochement, Kleinians and Freudians get along well in the British Psychoanalytic Institute. Candidates take seminars from both sides. Anna Freud and her group have withdrawn and are applying for separate Institute status.

Dr. Mason felt he could not discuss Greenson's paper since it so misrepresented Kleinian views. He did, however, defend Melanie Klein and attack Anna Freud and Greenson, accusing the latter of unconsciously plagiarizing the former, and of suffering himself from "projective identification" in his own work, referring to a case in Greenson's paper on errors. The implication was that Dr. Greenson's ideas should not be taken seriously and that somehow being a Kleinian immunizes one against making such errors.

Dr. Greenson subsequently expressed sadness that there was no discussion of his ideas, only personal insult and mockery. Psychoanalysis is in trouble when such happens.

#### REFERENCES:

- <sup>1</sup> Greenson, R. *The Exceptional Position of the Dream in Psychoanalytic Practice*. Psychoanal. Quart. 39; 519-549, 1970.
- <sup>2</sup> Greenson, R. *Management of Errors In Technique*. Presented at the Los Angeles Psychoanalytic Society and Institute.
- <sup>3</sup> Greenson, R. and Wexler, M. *The Non-Transference Relationship in the Psychoanalytic Situation*. Int. J. Psa. 50; 27-39, 1969.
- <sup>4</sup> Greenson, R. *The Origin and Fall of New Ideas in Psychoanalysis*. Int. J. Psa. 50; 503-516, 1969.
- <sup>5</sup> Greenson, R. *The Voice of the Intellect is a Soft One: A review of the writings of Anna Freud, Vol. IV: 1945-1956*. Int. J. Psa. 53; 403-419, 1972.
- <sup>6</sup> Kaplan, A. *The Conduct of Inquiry*. Chandler Pubs., San Francisco, 1964.



#### SOME VIEWS ABOUT THE TREATMENT OF NARCISSISTIC DISORDERS

Speaker: Burness Moore, M.D.  
 Date: October 18, 1973  
 Reporter: Harvey Lomas, M.D.

Dr. Moore treated us to some "leftovers" from his intensive review of the problem of narcissism. He was impressive as a warm and thoughtful psychoanalytic scholar, and a man of integrity, with a firm but humanistic approach to the analysis of narcissistic disorders.

The therapy and understanding of these occupy the center stage of contemporary psychoanalysis. Narcissistic problems are encountered in virtually all patients in analysis and constitute most formidable obstacles to psychoanalytic investigation. Dr. Moore's purpose was to present briefly the points of view of some leading psychoanalytic thinkers, propose some of his own, and compare them with his personal clinical experience.

#### I. Brief Review:

Most authors agree that narcissistic disorders stem from self and object differentiation difficulties as the result of such developmental trauma as stage specific maternal deficiency. The resultant injury leads to increased reference to the self, and an increased need for love and admiration. Heinz Kohut has suggested a separate line of development of self and object from an autoerotic fragmentation of self and object (nuclei) through a definite but transient stage of primary narcissism into a differentiated whole self. Thus, Kohut makes no differentiation of pathological narcissism from healthy narcissism except in degree. Maternal shortcomings, for example, lead to the production of a grandiose self, accompanied by an idealized parent imago, the former representing one's aims, ambitions, and hopes, while the latter stands for the ego ideal. In the narcissistic disorders, despite the continuation of maturation, there is an arrest or fixation and a persistence of the grandiose self and idealized parent imago which exerts a major influence on the personality of the traumatized patient. Such patients tend toward fragmentation of the self or



grandiosity.

Kohut differentiated such patients from those with transference neuroses by the fact that narcissistic persons fear the loss of the loved object most intensely, while the neurotic fears castration. In other words, the trauma is pre-Oedipal, involving the primary love object—the mother. Such patients depend on a contemporary loved object for self-cohesiveness, and, according to Kohut, these patients present analyzable transference reactions without the danger of total disintegration of the self as contrasted to the situation with the borderline or psychotic patient.

on several points: He sees neither continuum from normal to pathological narcissism, nor the grandiose self as a libidinal investment in a pathological structure. He feels Kohut has underestimated the aggressive drive and its vicissitudes in these patients. He notes the absence of separation anxiety and mourning reactions in these patients in the beginning of analysis, and observes rigid defenses against regression to an even more pathological state. Kernberg allows, whereas Kohut interferes, with the full development of the transference, particularly the negative. Kohut's technique maintains the patient's unconscious fear of his rage and envy.

## II. Dr. Moore's Experience:

Dr. Moore has never seen pure culture narcissism as described by Kohut and Kernberg, yet he finds these authors' understanding of the varied theoretical and technical issues very useful. He views the analysis in terms of the mother-child relationship where a *corrective repe-*

*tion* of the childhood situation can take place. In the absence of face-to-face, oral, or kinaesthetic contact (id-ego mode), a re-creation of the mother-child situation is inevitable. Furthermore, since the father is primarily represented by an auditory presence (superego-ego mode), an environment is created in which the early object relations come to light.

Moore agrees with Kernberg that narcissistic patients suffer from the consequences of a pathological development rather than a fixation, and that initially the analyst should respond in a sympathetic and empathic way toward the patient's narcissistic needs. These patients have a sense of "entitledness." Since they suffer from mirroring, the analyst would be wise to focus on the patient's libidinal struggles and take up the envy and aggression later on. These patients suffer further from the need to analyze others. Such identification with the analyst both needs and will take place. It is related to the object hunger of the child, an adaptation to mother's style with little or no room for autonomy or development of self. Once phase specific adaptive behavior, now defensive in the adult's life, such mirroring can be analyzed in terms of libidinal impulses first. When the analyst's concern for others is introjected, a stable mirroring takes place and an identification with a tolerant analyst facilitates the analysis of envy and anger, for example. The result is greater synthesis and personality integration.

## DISCUSSION

William Horowitz, M.D., referred

to Ernest Jones's paper on the "God Complex." First, he made clear that "normal narcissism" is a contradiction. It is a misunderstanding to call outright selfishness "normal." The self is not cathected at the expense of objects. He views narcissism as an anti-libidinal state of affairs where hate is simply in greater abundance. In contrast to people with transference neuroses, such patients present false transferences, i.e., conversations with themselves, about themselves. There is a fusion of self and object—what Kohut calls primary narcissism. Furthermore, the threat of loss of the loved object is not based on an appreciation of the object or a real dependence on the object; it rather is the fullest expression of the wish omnipotently to control it. The basic threat in narcissistic patients is the loss of a poorly cathected self, and a regression to a state of fusion of self and object. Thus, Dr. Horowitz agreed with Kernberg and Moore, and disagreed with Kohut about the pathology involved. He suggested that those analysts who are always asking, "Is this analysis?" take a look at their own narcissism, and that all would profit from such soul searching. It is as though analysis is never to be a gratifying experience; if it be, then it is not analysis. For the analysis of a narcissistically injured person there must be some gratification in the analytic experience to make it possible at all (both Drs. Moore and Horowitz are not referring to artificial gratification or the so-called corrective emotional experience—rather about a reparative process—healing the hurts analytically, i.e., working through the injury).



Sam Spierling, M.D., reminded us of Freud's narcissism discussion which was exclusively devoted to viewing it from the standpoint of libido. One can discuss narcissism without mentioning aggression.

James Rosenblum, M.D., emphasized two points: First, the difficulty keeping such patients in treatment, second, the split of ego functions, i.e., the patient's wish not to understand (what Rosenblum calls a basic narcissistic wish).

Responding, Dr. Moore apologized for the lack of a model of his own, despite his clinical experience and familiarity with the literature. These patients simply refuse to resolve into a clear conceptualization for him. He agreed that they are difficult to treat because they so often experience the analyst as a critical, unfriendly threat. However, having once introjected a less disturbing view of themselves (benign analyst), they are able to join in the analytic investigation. Such introjection occurs in the normal course of frequent brief interruptions and vacations.



## INSTINCTS, AFFECTS, AND OBJECT RELATIONS

Speaker: Otto Kernberg, M.D.  
Date: November 15, 1973  
Reporter: Harvey Lomas, M.D.

Dr. Kernberg apologized in advance for presenting a purely theoretical paper with tentative notions. Utilizing a systems theory approach

to the study of ideas, Kernberg proposed that object relations concepts are at the boundary between the physiological and general psychological makeup of the human mind. Units of internal object relations are the organizers of structure, the containers of affect, the activators of instinct. Differentiating between instincts and drives, Kernberg proposed that affects are the primary organizers and later the signal activators of instinctual behavior. The earliest object relation system, mother and child, forms the matrix in which psychic structure develops. Hunger is the physiological state in which is seen the transition from the physiological to the psychological search for food. Sucking, an instinctual behavior, is the final common pathway for obtaining pleasure—the prototype of later sexual pleasure. Crying, the response to deprivation, lies on the path to fight/flight affects, the earliest unit of unpleasure, the prototype of anxiety. Here one sees how physiological disequilibrium leads to general exploratory behavior. Here we may be able to correlate psychoanalytic, neurophysiologic, neuroendocrine, and experimental psychological data. Here we may be able to compare and contrast the state of rage (no mother, crying, pain, continuing hunger, dark, bad) with the state of contentment (mother, breast, sucking, pleasure, extinguishing hunger, light, good) from different points of view. Out of an undifferentiated matrix, the earliest object relationship develops—psychic structure, ego, id, and superego . . . the affective interchange between mother and child the organizer and activator of experience and behavior.

Kernberg, in greater depth than can be recaptured here, reviewed data from psychoanalysts, neurophysiologists, experimental psychol-

ogists, arguing for a central theory of affect (a unified theory). Finally, he discussed the implications for metapsychology, and discussed, for example, how object relations concepts may shed more light on the problem of fusion of instincts. Neutralization may come about through the integration of polar opposite self-object affective units.

## DISCUSSION

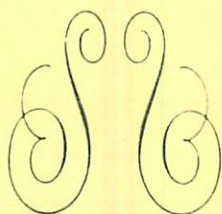
James Grotstein, M.D., in most glowing terms congratulated Dr. Kernberg for having achieved Freud's goal of a unified field theory for psychoanalysis. He found in the paper much to support Melanie Klein and her followers and saw it a most significant presentation, raising object relations to metapsychological statehood, compensating well for the "energy crisis" in psychoanalysis.

Sam Spierling, M.D., in contrast, felt that Kernberg's presentation was confusing in mixing several levels of discussion together. He tried to show that Kernberg has not escaped the dilemma of all psychoanalytic theorists, including Freud (Project), in their attempt to bridge the gap between mind and body. There are methodological difficulties even using system theory. He reminded Kernberg that Freud abandoned any further attempts to translate physiological data into psychological terms and that Freud warned us of the fruitlessness of such dilution of the central notions of psychoanalysis.

Although impressed by Kernberg's clinical work, Spierling was critical of his theoretical conceptualizing. Kernberg's attempt to reformulate basic, theoretical, explanatory concepts (instincts) from clinical explanatory concepts confuses rather than clarifies. Fundamentally,



he does not escape the trap in the verification of the concept of instinctual drive, for he tries to mix the theoretical concept with observables like ideas and affects. Indeed he begins with such observables to explain instincts. This mixing of conceptual levels leaves us with the feeling that instincts are observable which they are not and claims to by-pass the mind-body problems which it does not.



THE SIMMEL-FENICHEL  
ANNUAL LECTURE

SEXUALITY SEEN  
CROSS-CULTURALLY:  
WHAT ARE THE BIOLOGICAL/  
CULTURAL BOUNDARIES?

Speaker: Weston LaBarre, Ph.D.  
Date: November 16, 1973  
Reporter: Peter D. Landres, M.D.

Dr. LaBarre began by noting the cyclical process in the changing attitudes towards the sexes. In an attempt to understand these attitudes, the usefulness of anthropological field research in non-western cultures has been severely limited by the failure of anthropologists to question why their field work confirms their hypotheses so accurately. Accordingly, until anthropologists examine their own counter-transferences to the cultures they study, their work, he felt, will remain suspect.

Referring to Rattray Taylor's Sex

in History, he examined the view expressed that human societies are either "matrist" or "patrist" depending on the characteristic identifications with either the mother or the father, and pointed out that if there can be identifications with various aspects of maleness and femaleness, one need clarify which aspects are culturally important—LaBarre's central thesis, "Here I take a stand on the firm ground of human biology. In the early universal stage of hunting in man and primate, a peculiar trimorphism occurred anatomically such that male and female and infant mutually specialized with one another in the process of our becoming human. I have described this peculiar biology of the human animal elsewhere, and can only say here that in the change from primate fruit-eating in the trees to a male, female, and offspring, all equally fed themselves; with the grounding of the men-apes in Eastern and South African grasslands, sexual specialization began with the new function of the male hunting for meat animals. In this hominization of man, the male (who alone did the hunting) became plainly specialized with quick, massive spurts of energy characteristic of this activity. The female, emancipated from the necessity of evolutionary adaptation as a hunter, is in this matter the first domesticate, the lead of the adaptation of a wild animal . . . the female specializes in another important human-biological job: the production of large brain human offspring . . . the human female is further specialized to attend to the almost monstrous dependency of the human baby and the need for quick post cranial growth . . . the largely incomplete and instinctless infant specializes in being a dependent learning animal for an extravagant period of time . . .

thus, already in the proto-human family we have a mutually influencing trimorphism of male physical specialization for hunting, female specialization in the anatomy of maternal care, and infant specialization in infantile dependency and learning.

"With the second stage of human ecology — the control of food production — through agriculture and the domestication of animals — the immediate adaptive pressures change with the Neolithic revolution of food production. Perhaps this Neolithic revolution is not far enough in the past yet, for the sexual dimorphism and the physiological differences of the sexes are still conspicuous."

Dr. LaBarre then spoke about his support of Freud's position that "anatomy is destiny." He stated: "Even as a psychological experience, growing up in one kind of body is bound to be a different learning experience from growing up in the other kind of body. On this level, of course, sexuality is learned—but on the basis of very different anatomical givens . . . the youth's nocturnal emission is just not the same thing as menstruation. The male experience is a precursor of new pleasure, but menstruation reactivates old cleanliness-training guilt, and . . . is of a piece [with] the general association of pain with sexuality . . . menses, defloration, and child-birth. Again, the grossly distinctive features in males, external genitals, are present at birth; but boys are insignificantly little compared with grown men. Therefore, invidious comparison, emulation, and competition are directly built into the male situation. This is psychologically quite different from the relatively late-in-life presence of breasts in adult women, but they are absent in children of both sexes. Again,



males cannot be impregnated, but women can be and this makes one entirely different experiential life-space for males and females wherever they are found on the globe—and I believe that for all of cultural differences we find identifiably similar social institutions as a consequence. The dynamics of male initiation are uniquely different from female coming of age. The male always has to prove the distance he has moved from dependent child to dependency providing male maturity. A man's creativity is at once secondary and symbolic; a woman proves her womanhood once and for all by the only true creativity, the growing of a new human being."

Robert Stoller, M.D. felt that despite the lightness of the presentation, it was most profound and condensed. He felt that cross culturally it was important to be able to discover whether analytically revealed fantasies were general truths. While one can analyse fantasy, he still does not know what it means to the culture, or if he has learned a general truth. He agreed with Dr. La Barre that it would be difficult to trust anthropologists if unaware of their counter transference to a culture. He disagreed however with the matrist and patrist concepts, holding that all societies are basically patrist because they could not be matrist and survive. He reviewed the concept that all cellular tissue is biologically female unless affected by masculine hormones, then discussed the physiology of masculinity and femininity and reviewed these concepts as he has elsewhere presented them.

Dr. Ashley-Montague, taking exception with Dr. Stoller, felt that the concepts of matrist and patrist societies were extremely useful in discussing their evolutions.

## A BRIEF HISTORY OF CHILD PSYCHOANALYSIS IN THE LOS ANGELES INSTITUTE

The School for Nursery Years, later to become the Center for Early Education, was founded in 1939. Dr. Otto Fenichel and Mrs. Margaret Monk were actively engaged in its establishment; they also functioned as teachers and advisers. In 1949, Drs. Cassidy, Gottesman, Motto, Schecter, and Van Dam, asked Dr. Hanna Fenichel to give some courses emphasizing work with children. She was joined a year later by Mrs. Margaret Ruben, a London trained child analyst. The ambience of Mrs. Ruben's teaching and personality gave breadth and direction to the nascent group. Assistance was also given by Dr. Anna Maenchen, from Berkeley.

A child training program was officially started in 1951. The training committee was consolidated in Los Angeles in 1955, when Dr. Miriam Williams arrived from London. An extensive training program was developed by Drs. Fenichel, Williams, and Mrs. Ruben. Dr. Heiman Van Dam was appointed as a supervisor in 1959.

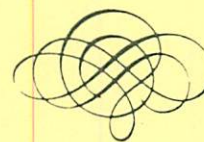
The child program functioned as a small group with limited power in the Institute. With Dr. Williams serving as chairman of the Reiss-Davis training program from 1955-58, and Dr. Rudolf Ekstein in 1958, opportunities for research, training, and clinical work expanded. In addition to their efforts in child analysis, Drs. R. Ekstein and S. Friedman brought to Los Angeles a clinical and scholarly devotion to treat psychotic and borderline children. Miss Anna Freud made a memorable visit in 1959.

Mrs. Ruben resigned as chairman of the training committee in 1960.

Subsequently Drs. Van Dam and Williams served as co-chairmen for the next seven years. The program was highly praised in the Site Visit Report of 1964. When the structure of the Institute was reorganized in 1966, the child committee was asked to reduce chairmanship appointments to two years. Drs. Dorn, Ekstein, Ourieff, and Shane were made supervisors, joining Drs. Van Dam and Williams. Since 1967, chairmen of the training committee have been Drs. Ourieff, Shane, Friedman, and Williams.

Currently, the training program includes theoretical seminars for two years, and three supervised analyses. At the Child Psychoanalytic Study Group, which meets once a month, there are presentations from both local members and visiting analysts. Recent topics have included Play and Transference. Also active in the group are Drs. J. Call, S. Friedman, A. Gottesman, T. Mintz, and K. Rubin. The Child Program anticipates adding new courses and enriching the program in a variety of ways.

P.A.



## NARCISSISTIC PERSONALITY DISORDER IN AN IDENTICAL TWIN: A Case Report

by Paul H. Ackerman, M.D.

*"Sisters kiss freely and unsubtle friends  
Wrestle like lovers; brothers loudly laugh:  
These in a dreamier bondage dare not  
touch.  
Each is the other's soul and bears too  
much  
The heartbeat of the other; each apprehends  
The sad duality and the imperfect half."\**



Twinship, an accident of nature, may help us understand aspects of narcissistic development and its vicissitudes. Burlingham (1946), and Leonard (1961), have described the mutual influences of one twin upon the other and their reciprocal impact on the environment. In profound ways, these interactions shape self representations, and the epigenesis of psychic structure. Kohut (1971) describes both the idealized self and the grandiose self, which are activated in the analysis of narcissistic personality disorders. These archaic self-objects, and their transference representations, are rooted in failures successfully to negotiate the separation-individuation phase (Mahler, 1968). A recent panel reported by Schwartz (1973) further clarifies Kohut's ideas and also expands Kernberg's emphasis on these patients' primitive oral aggression, envy, and guilt. In the case reported below, the twinship clearly contributed to and consolidated pathological narcissistic configurations of the mirroring and idealizing types.

*\*From, "The Twins," by Karl Shapiro.*

### CASE REPORT

Like a painted bird anticipating an attack, Mrs. S., age 28, an identical twin, former nurse and mother of three, started her analysis. Beneath the layers of lipstick and rouge, the blemishes of desperation showed.

She experienced increasing difficulty in caring for her children, ages 3, 4, and 5, and her marriage deteriorated. The oldest son was severely retarded, epileptic, and spastic. He was identified with the sick, needy, infantile, and tortured parts of herself. At times she huddled close to him but she also sought to escape

from him, assigning his care to her mother, who lived in the home. The child was also used as a weapon against her husband to inflict guilty suffering upon him as he did not seem attentive to her or the boy. Her husband, a physician, was very much attached to the healthy, active, boy and girl. In the marriage, Mrs. S. felt that sharing and concern no longer existed. She was acutely aware of her husband's disapproval and contempt. Often she retaliated spitefully, floundering in attempts at reparation and sinking into a deepening depression.

Initially, her anorexia, hypochondriasis, and searing feelings of shame were prominent. With her harlequin smile and bubbling wit, she sought to hide the humiliating feelings of incompetence, rejection, and failure. Severe headaches were accompanied by vomiting and groggy retreat to her bed. Saphenous varicosities frequently bled, splashing the walls in testimony to her feelings of rage and vulnerability. Her masochistic suffering was often aimed at evoking guilt. She presented a picture of narcissistic depletion with pervasive feelings of emptiness and frustrated hunger. There was difficulty maintaining relationships. A sense of proportion and empathy for other people's needs and feelings were lacking.

In the early phases of the work, projections and introjections were often on a very concrete, somatic level. Dreading her husband, she referred to him as "a black tarantula ready to spring" who treated her "like a nigger." Thus, she would project primitive oral and anal impulses and superego elements. While she had a capacity for good use of symbol formation, changes in the emotional climate were felt to be coming from within or being done

to her body. Similarly, object relationships were unconsciously experienced as food, to be incorporated, vomited, and/or expelled. Objects and self would thus undergo metamorphoses and shift from good to bad, feeling full to empty, beautiful to ugly. The drives would seem at times to flood the ego, coloring it and its identifications.

Parts of the self were unconsciously felt to be intruding and invading other people, as they in turn invaded her. Early in the analysis, in many dreams and fantasies, there was the wish to invade the analyst with her feces and urine, and, in reparation, to nurture and care for him.

In one such dream, "a man had an opening on his forehead under his bangs and inside was a parasitic worm, like a trichinella, and a woman was concerned about him. He expressed the worm as one might a pustule. He got most of it out but other areas of infection developed in the leg and maybe an arm as though he'd be in for a long, chronic infection." In associating to the dream, she pointed to her own bangs and acne; the opening on the forehead corresponded to the analyst's deep scar on his forehead. Other associations pointed to the confusion and fusion of self and object, which would mutually infect each other in the analysis. The worm was felt to be something in herself—bad feelings and representations or part objects that she wished verbally and anally to express to me and into me. The man in the dream was also her retarded son and her father, who died of metastatic prostate cancer when she was seventeen.

Within the first few months of her analysis, she began to blossom. It became apparent that an idealiz-



ing transference had developed; in it she fantasied a symbiotic fusion with an omnipotent self-object. She would bring little gifts of flowers, a warm bagel to eat, or a tender poem clipped from a magazine. Initially these were not interpreted but instead accepted. It was felt that interpretation or rejection of these expressions, whatever their meaning, would be experienced as a narcissistic blow. This idealizing transference had a stable quality and seemed to serve as a matrix to develop an object relationship out of which growth was possible. There were temporary regressive swings which would usually be precipitated by some feeling of slight or rejection by the analyst. For example, on one occasion I didn't accompany her to the door at the end of the hour; on another, a remark I made was heard as being shallowly optimistic and insensitive. There was a tentative quality to this idealization initially and she was wary of the intrusion of elements of which she was intensely ashamed—namely “the sick, ugly, weird” aspects of herself that she feared might break loose and repel the analyst. At such times she talked about her need “to wear the happy face, and keep the warm.” Such would sometimes happen when physical ailments or marital stress undercut her equilibrium; there might then be some regression and fragmentation of the ego and self.

The episodes of acting out that occurred early in the analysis, and periodically throughout, were responded to by focusing whenever possible on the precipitating and identifiable disruptions either in the transference or in some area of her current life situation. Addressing myself to the realistic parts of her ego enabled her to see that some

change of her behavior might be indicated and helpful to her. She came to appreciate, for example, that spending sprees and other provocations aimed at her husband would boomerang.

As she began to feel more confident, optimistic, and trusting in the analytic relationship (heralded by a transition after several months from chair to couch), she began talking more about her identical twin. There was a proliferation of dreams which clarified her unconscious wish to fuse with the analyst in a symbiotic, blissful twinship. Developmentally, she experienced her first-born twin as stronger, more competent, a little prettier, and a bit ahead in everything. In the twinship there were much union and strength, two against the world, a sense of specialness, and an awareness of being the object of interest to others. But there was also a continual feeling of pain at being a little less successful than her twin. In nursing school, the reality of their individuation was punctuated when her twin became engaged and Mrs. S. felt excluded and humiliated. Also, her father's death during her adolescence, and her devoted caring for him strengthened her earlier identification as “Daddy's little boy,” and polarized her twin, mother, and older sister as rivals who were excluded from the orbit of father and self. Her Oedipal ties to her father aided in the efforts to separate and individuate from her mother, and twin. As the stimulus-nutriments from her husband became less available to her, she was more at the mercy of her drives, and regressed to a somewhat less individuated ego state. The reestablishment in the analysis of both an object, and transference tie to an approving father, enabled Mrs. S. to work through many fantasies of merger

with her twin and her mother.

Her identical twinship had a most determinant influence on her personality development, object relationships, and analytic transferences. The sense of being one half of a whole was a recurrent theme in the analysis, with her seeking to find “the other half” with the analyst, mother, children, and husband. For a long time, her experience of a sense of cohesiveness, deriving from her own psychic structure, was fragile. Her twinship served to impair the development of ego-super-ego functions by replacing them with an omnipotent other—an object that was loved as the idealized and grandiose self that actually did not have to be relinquished until late adolescence.

The social life and engagement of her sister alienated Mrs. S. She refused to attend her sister's wedding in order to have a birth mark surgically excised from her lip. Such was her way of trying both to acknowledge and deny the pain of losing one who was so much a part of her.

In many ways her twinship impaired separation and individuation by providing a continuous, mirroring, narcissistic object with which to identify herself, to rely on and to love.

Tension-alleviating functions were a mutual process of soothing the other and the self. Moreover, the twin served as a transitional object that was not given up. The constellation of her infantile neurosis took into account a twin serving as alter ego, most bitter rival, most loved other self, and ego ideal. Correspondingly, shame was triggered when discrepancy between the self and the twin (or a twin surrogate) was visible.

She was tormented by feelings of envy, humiliation, and failure with



her objects. When she was sufficiently able to recathect herself with narcissistic libido, there often existed a fantasy of reunion with the infantile twin in joined, bliss, e.g. "I love to sleep pressed against somebody like two spoons—then I feel warm and safe." In the transference, derivatives of this wish to fuse with a twin were manifested in a mirror transference with an alter ego, or twin, in which the analyst was seen as being quite like her. She rejoiced at any indications of approval and anticipated that I understood her perfectly, even if she didn't make herself very clear. Such was similar to conversations that she and her twin sister would have in which one would seem to complete a thought or sentence of the other. The back and forth echoing, mirroring, and approval indicated that the analyst was not being seen as a separate person but primarily was important for the fulfilment of her needs. However, a degree of separateness of the object relationship was contained in this transference. It enabled her to mobilize and maintain a relationship with the analyst that allowed continual working through and one in which the analyst served as a buffer against the world. When she felt listened to and understood with empathy, she felt a pleasurable sense of hopefulness and heightened self-confidence. Feelings of tension and despair would subside. After an hour which she might start by moaning and complaining, it was as if gradually she would begin to soothe and rock herself in my presence, dispelling the worries and doubts, gaining confidence and pleasure by being with me, as in a momentary reunion with her twin or mother. The room, then, "feels sunny and light—I can go about my business now." It was

also as if she were evacuating into the analyst, both lovingly and angrily, to alleviate a sense of inner pressure. She would then feel cleansed, diapered, at one with the world—a cathexis of self with narcissistic libido. She felt whole when she felt acceptingly held, looked at, and admired by a person whom she substituted for "an insufficiently developed endopsychic function . . . the analyst provides a replacement for the lacking narcissistic cathexis of the self." (Kohut).

Complete cohesiveness of the self was genetically never experienced as being separate but as being joined to a kindred spirit—a mirror of herself. Together with her twin there was a sense of omnipotence and power; separateness was accompanied by a sense of rejection and shame. Kohut describes the importance of the analytic work in such instances as reinvesting the realistic ego, the adult personality, with repressed and split off narcissistic libido. The ebb and flow of narcissistic cathexes might be considered to have influenced fluctuations of her self-esteem, mood, and capacity for productive activity.

Out of the matrix of the mirror transference with its many hours of boring repetition of objectless material, she survived two losses of enormous importance to her. After a year of the analysis, she and her husband decided on a separation which eventually was to lead to a divorce. It was a relief from the day to day oppression, the sense of rejection; but she felt as though she were incomplete, no longer half of a whole, and as if her divorce would be a public humiliation. At such times there was a compensatory and reactive grandiosity with a fragile and brittle sense of rage, envy, destructiveness, and omnipotence. A

year and a half after the beginning of her analysis, she succeeded in permitting herself to place the retarded child in a full care State Hospital. Correspondingly, she was then more able to relinquish those parts of herself identified as bad, sick, and hopeless.

With her mother, there often existed a feeling of being two peas in a pod, but two bad peas. There was a deep sense of disappointment in mother who was negatively identified with both the diseased, fecal, inadequate parts of herself. Her lost sense of omnipotence was expressed in her yearning for a protective, powerful mother who would take over and make the worries go away. In the transference this was demonstrated often by her recathecting a part of herself as an idealized parent—self imago. Then, the analyst would become all-knowing, all-loving, and all-protective. The analysis at such times served to provide a foundation for growth and holding. In her mother, Mrs. S. saw something of the glories of the past, the anxieties and feelings of emptiness of the present, and the dread of the future.

The triangular Oedipal situation was psychically re-established as she fantasied mother as being threatened by her allegiance to the analyst-father. Her coming to the analysis often was experienced as a triumph over mother and the sick parts of herself. In the maternal transference she also looked to the analyst to hold, contain, diaper, and wash away the troubles. He was to serve as a container for her rage, her love, her excretions, her anxieties, and her frustrations. This reflected her own lack of psychic structure. She would seem to feel like a porous container through which ran her blood, excretions, and narcis-



sistic supplies.

At times there was an intense object hunger and she searched for others to replace the missing segments of psychic structure. She reestablished her husband with a series of black lovers, finally settling on one who admirably served her needs both as a comforting container as well as a mothering figure and loving twin. In this twinship, she could more easily succeed; she was white, admired, and desirable. Her shame, guilt, and defiance of Mother were apparent but not major components of this relationship. She enjoyed herself with him and began more fully to participate in life.

In slow, gradual ways, structure building continued with more control over situations that previously precipitated rage in poorly controlled discharge. She had more capacity to modulate her actions so that they would not provoke others. As the inevitability of divorce became more established, the burning shame of being exposed as a failure (the naked, needy half of a marriage-twinship) at times recrudesced. Then she wished to wreak vengeance upon her husband—to destroy and shame him just as she herself felt victimized—to “rip him off” by not letting him see the children. These explosions, however, were more circumscribed than previously, and generally in the realm of fantasy rather than action. She was also more able to empathize with his independent needs and desires, accepting the inevitability of them, and her own inability to force control upon him.

The interpretive work was aimed at the realistic parts of her ego in an effort to mobilize narcissistic energies repressed and split off in archaic representations of the self, i.e., the

grandiose and idealized self. The spirit of some of this work was at times to confront her with the variety of options available and the paucity of her life should she continue to gaze into the cesspool of sickness, hypochondriasis, and other self-preoccupations. In some ways such could be seen as creating sublimatory avenues and expanding areas of secondary ego autonomy. Following the placement of her retarded son in full time care, she experienced a “feeling of freedom, like walking out of a tunnel and being hit by the sun.”

She began to discuss termination, or “graduation” from the analysis six months beforehand. Her husband was to leave town then, and whatever financing there was would no longer exist. She also saw it as a “natural” time to end, and worked very hard to prepare for the event, developing her own abilities and capacities, rather than relying upon external twin-mother objects. In many ways she saw herself as a separate being and really understood “that if a twin leaves, this doesn’t mean that my life cannot be complete and rewarding.” Considerable work and energy were required to detach herself from over identifying with another person—a feeling of symbiotic fusion in which her moods would be dependent on the moods and vicissitudes of the other. She was courageously able to tolerate such a position, which left her increasingly vulnerable to various contingencies. In the last eight months of the analysis there were very few regressive, hypochondriacal shifts, no more frightening bleeding episodes from her legs, and the formerly incapacitating headaches were rare events. Her self-acceptance and heightened self-esteem were not easily shattered or rent with shame.

Three months prior to termination she had the following dream: “It was a war situation . . . I was having to escape into a wooded or grassy area . . . being chased by lust-ridden men . . . eventually I was a nurse and injuries and surgeries were necessary . . . in my field; amputations were needed . . . children, men in the group and my own. I was efficient in assisting the doctors even though I had an amputation at the wrists. I was still able to manipulate other people’s amputations—the children’s.” Many of her associations had to do with her pride in being able to function competently with what she had left, despite the amputations of her husband, twin objects, and her analyst. Although she yearned to be held and to hold, she was more able to deal with the pain and reality of separateness. Assisting her analyst, and identified with the work, she could now help others.

She analyzed losing me with appropriate feelings of pain, permitted herself to cry openly, dealt with her anger, and did not take undue recourse to omnipotent, hypomanic defenses. In the last few months there were many dreams of rebirth. Her appearance and manner had become more natural and clean—“I’m satisfied to be just plain, old me.” She had begun to join in community activities and social life. Five months after stopping the analysis, she was proud to tell me that things were going well, and that she had returned to nursing, part time.

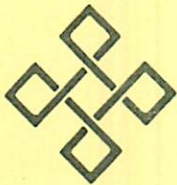
Notable strides had been made in understanding and working through fixation at the separation-individuation phase.

\* \* \*



## REFERENCES

- Burlingham, D.: *Twins. The Psychoanalytic Study of the Child, II.* New York. International Universities Press, Inc. 1946, pp. 61-74.
- Kohut, N.: *The Analysis of the Self.* New York. International Universities Press, Inc. 1971.
- Leonard, M.: *Problems in Identification and Ego Development in Twins. The Psychoanalytic Study of the Child, XVI.* New York. International Universities Press, Inc. 1961, pp. 300-322.
- Mahler, M.: *On Human Symbiosis and the Vicissitudes of Individuation.* New York. International Universities Press, Inc. 1968.
- Schwartz, L.: *Technique and Prognosis in the Treatment of Narcissistic Personality Disorders (Panel Report).* J. Amer. Psyc. Assn., XXI, 1973, pp. 617-632.



## BOOK REVIEW

### SPLITTING

A Case of Female Masculinity  
by Robert J. Stoller, M.D.

This book is the story of Mrs. G., a woman with a fragmented ego, and of Dr. Robert Stoller, a man with an integrated ego, and of how he literally drove her sane.

Mrs. G. had had many therapists before beginning her extensive treatment with Stoller. His use of audio-tape recordings gives us verbatim extracts of treatment hours. The editing involved and the selection of the most illustrative material from what, I assume, is of mountainous proportions must have been

an enormous task. It has been done with admirable skill and, most valuable of all, with unquestionable integrity. It is a toss up as to which is more fascinating, a patient the likes of which few of us will ever see, or Stoller himself, not concealing his mistakes, but doggedly pursuing this woman into her private hell until he understood or she made him understand.

The book does not explain why people become psychotic. We are still waiting for that book. Rather, it shows *how* Mrs. G. became psychotic as an alternative to annihilation. As Stoller picks up the shards of this broken personality, he marshals compelling evidence that links the specific fragments of a split ego to the specific traumata of Mrs. G's life.

The patient had been a veritable museum of psychopathology and, at different times, had been assigned to more than a dozen different diagnostic categories, not without good reason. This presents a nosological absurdity neatly avoided by the title, "Splitting," the term that best describes the constant means by which the patient was able to survive, salvaging some sense of her real self.

Freud states in "An Outline of Psychoanalysis" that the ego is probably never completely detached from reality even in a state of hallucinatory confusion. It is from this point, and from Freud's unfinished paper on splitting, that Stoller continues, treating the various splits as false parts of the self and recovering the genetic material in a manner that would support his conceptualizations, even had the patient not been helped. Her pathology included possession of a delusional penis, a separate external personality with an hallucinatory

quality (Charlie), fugue states, multiple personality, psychopathy, periods of overt, but non-deteriorating psychoses and murderous and suicidal acts. She was also bisexual which may or may not be considered pathological according to theoretical bias. Dr. Stoller contends that at the heart of this florid picture lay a gender identity which included an unacceptable masculinity.

Stoller has used the ideas of many theoreticians of diverse points of view. Successful synthesis and a gift for explaining in direct language exactly what he means when he calls upon theory are also no small part of what makes this book such a pleasure to read. This is an important book, a unique contribution to the study of psychosis. Perhaps its greatest value lies in that the tapes so graphically illustrate the constituent elements, the building blocks, that must coalesce to form our necessary metaphoric concepts of ego, self and identity.

*T.L. Schoenberger, M.D.*



### THE SIMMEL-FENICHEL ANNUAL LECTURE

### THE NATIONAL HISTORY OF RELIGION: A PSYCHOANALYTIC VIEW

Speaker: Weston LaBarre, Ph.D.  
Date: November 15, 1973  
Reporter: Harvey Lomas, M.D.

In *The Future of An Illusion*, Freud wrote, ". . . this publication may harm . . . myself . . . [and my]



cause: the cause of psychoanalysis." Neither has been injured in Dr. La Barre's mind for he finds psychoanalysis invaluable in his anthropological research. Yet he is disappointed by his colleagues' massive resistance to Freud's ideas.

Dr. LaBarre compared and contrasted the secular scientific and sacred religious pursuits of men, likening the former to the ego, and the latter to the id. One follows the rules of the reality principle and secondary process thinking, the other the primary process and the pleasure principle. An investigation of the sacred realm of man's existence by means of the tools of secular man reveals that sacred-religious truths are not self-evident, only revealed by visionaries. Further investigation discloses a wealth of imaginative projective experience, belief in magic, omnipotence of thought, and wishful thinking. All are characteristic modes of childhood experiencing.

LaBarre agreed with Freud that the basis of religion is in the perpetuation of infantile helplessness into adult life in the face of overwhelming natural forces and a prolonged biological dependency. He postulated that the origin of magic stems from the child's earliest experiencing of the mother as an omnipotent figure. He suggested that Frazier's contagious magic arose with learning to walk (mastery of locomotion controls the other) and that homeopathic magic (symbolic voodoo) was connected with the development of speech (omnipotence of symbols). Religion was a later development, perhaps Oedipal, where sufficient self-other differentiation takes place. Science represents the genital phase of ego development for it is science which de-anthropomorphizes and de-Oedipalizes religion.

Dr. LaBarre linked the onset of religion to a cultural crisis, namely, the breakdown of secular of scientific understanding. Such a crisis leads to a cultural regression out of which arises the visionary. Religion is viewed then as a neurosis of a society. Religion is formed out of familial experience; at the root is the creation myth. During a natural calamity, out of a social crisis, comes the charismatic revealer of sacred truths, exploiting the group's wish to believe. Such charismatic leaders are often paranoid or psychopathic. They are replicas of the child's view of the father.

#### DISCUSSION

Gerald Aronson, M.D., began by reviewing LaBarre's ideas: People who practice a crisis cult desert reality. All ideas are human in origin and tend to revert to magic under severe stress. There are two basic flaws in man: One is infantile helplessness; the other is the primary process. Religion is characterized by magical thinking (mode), unconscious projections (content), crises, helplessness, charismatic father leaders, and the vicissitudes of group psychology. He then raised several questions from the "other side of the street" so to speak:

1. *Religion* has some successes, for examples Islam and the defense of Constantinople (1453). Religion has played a key role in the outcome of wars. Its value might depend on whether wars were won or lost.

2. *Dreams* involve psychic systems besides the primary process. Some have suggested that REM sleep is a rehearsal for future growth, a library of fantasy for future challenges. Alexander's dream foretold victory in battle.

3. *Charisma* depends on success. A shaman may become a Moses or

Muhammed, but he may remain a shaman. What do we call an unsuccessful prophet?

4. Is science to be considered a genital achievement? He demonstrated how deep religious-like beliefs have motivated scientists, for example, Kepler's notion that the sun must be important, at the center of things, and that there must be a unifying principle.

Peter Lowenberg, Ph.D., began by characterizing the age of enlightenment as a time when men have to grow up, stop their regressive longings, and reason to free themselves from the yoke of religion. Voltaire, among others, became outraged at the lunacy of religious oppression. We have succeeded in freeing ourselves, and we now live in a post-religion world where art, literature, philosophy, psychoanalysis, politics, and economics have replaced it. Freud, following in the footsteps of Kant and Voltaire, was outraged with religion and suggested science as a substitute:

"No, science is no illusion. But it would be an illusion to suppose that we could get anywhere else what it cannot give us."\*

\*Freud, S. *The Future of an Illusion. Int. Psa. Lib. 15, New York, 1949, 63-64.*





## OUT OF CONTEXT

### *Sic Transit Gloria Dei*

Many years ago, when I was an earnest unanalysed psychiatrist, I received a call from a medical colleague who asked me to extricate him from a difficult situation in which the question was not *what is it*, but *what to do about it*. His patient, a young, devout, Catholic woman had been babbling incoherently and suffering the stigmata of crucifixion for several days. My colleague told me that she both refused to visit a psychiatrist or to enter a car which she correctly suspected would deliver her to the psychiatric ward of the County General Hospital.

When I went to her house I found that I had been given an accurate description. A tall, attractive, young woman lay writhing and moaning on a couch. With pitiful racking sobs she described the pains in her hands, feet and side. A cursory examination revealed no bleeding. I was aware of the bleeding stigmata of St. Francis of Assisi and that religious history claims that many of the pious have experienced the stigmata without evidence of self-induced bleeding or of psychosis. So they say.

Although this young woman was largely incoherent, she was adamant in her refusal of any help. I wished to spare her the further trauma of being forcibly taken away by the sheriff's deputies. Since I was the doctor and was supposed to be the one who did the treating, she had to be the patient who needed treatment. I could not persuade her to accept this point of view. We were at an impasse where she could not accept my world, so the only alternative was for me to find a way to

enter hers. I discovered the clue to resolving the dilemma in a sentence that stood out in her rambling delusional speech. She believed that her parish priest was God. It was then that I stood up to my full height—10 feet or so at that moment—and, glaring down at her as though from the ceiling of the Sistine Chapel, boomed in my deepest voice, “DO - YOU - KNOW - WHO - I - AM?”

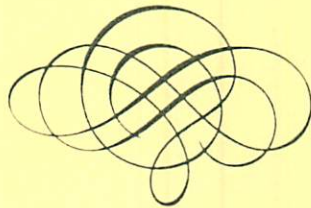
Reacting as though struck, she whimpered, “You’re God!”

“I - COMMAND - THE - END - OF - YOUR - CRUCIFIXION!”

The writhing and moaning stopped at once and a look of calm relief replaced the facial contortions of intense pain. The rest was easy. A second command produced a docile girl who went compliantly with her family to the hospital.

I have often thought in the ensuing years that it is too bad that I achieved such an exalted identity so early in my career. Not only that, but I had a chance to be God for so few minutes. Perhaps, like the perennial Harold Stassen, I peaked too soon.

*T.L. Schoenberger, M.D.*



### PROLOGUE

*While serving in the Military, I was assigned to examine a soldier whose I.Q. registered 90. Eventually, as an expert, I had to testify to that.*

*My patient, entitled to hear all documents that bore upon defense and prosecution, was seated in the courtroom on that fateful day . . .*

*and I find it difficult to phrase a metaphor which might do justice to the wounded, sad expression that he wore when Brutus stabbed young Caesar with the epithet that dubbed him “MORON!”*

*True, he was dull, but not enough, alas, to miss the sting of that detested term.*

*In consequence, since then, I’ve tried to be a little extra sure and even euphemize—I guess—with diagnostic labels. PRIMUM NON NOCERE: At least to do no harm to those one cannot help . . . with which philosophy I later had a second chance—another boy.*

*His story, a Five Act Play, I have called:*

### THE ANATOMY OF A MORON\*

#### ACT I

“FUU, FUU, FUU . . .”

Aggie gritted her teeth; four fingernails dug into her fleshy palm. Trembling, white with rage, her other shook the leaflet which she read from.

All “fails” and “double unsatisfactories.”

When Barnes saw the report card it would surely fuel his old refrain: adopting such a “moron” had been a colossal mistake. *He* had warned her, but *she* wouldn’t listen.

“Moron” indeed! As if *he* could call names—practically living off a Navy pension for a “Nerve Disorder.” Humph! Aggie knew an alcoholic when she saw one. She had learned to from *her* father—and a propos of fathers, what a flop her hubby was in that department.

Here, their son, eleven years of age, in fifth grade for the second time, was failing every subject, and about to sink beneath the waves.

Aggie detested the guy that she was tied to. She should have left



him, but, as many do, to help her boys, both Mike and Bobby, "toughed it out" instead.

Barnes's drinking was impossible, and worse, the foolish rationale by which he justified it (save us all!)—that alcohol and he were "where the ordinates of Fate had crossed the abscissa of his destiny!"

Would you believe? . . . yet, more than that, she hated his myopias . . . for everything . . . especially that adoption was a ploy for men with impotence, no more, . . . explaining why he'd "proved" himself by spawning Bobby after Mike.

She knew enough to skirt that subject in the main, for violence erupted if she slipped, but, human, and herself a creature of high temperament, she often goofed . . . which considerations spiralled in upon the certainty "King Bombast" would reel home too drunk and dazed to be of value in this latest crisis with their son, and that she'd bark aloud at him:

"Well, you made it home again, huh Ralph! What happened? All the bars close down?" . . . then, as he'd stumble toward the divan,

"Don't pass out yet, Your Majesty! We're going to talk! Tonight! Hear? *Look!* Myron, *our* son brought these home: An FUU for every class; his worst report card yet; I know enough to count on *you* for absolutely zero, so *I've* made *my* decision; this time, Mister, like or lump it, I'm taking Myron in the morning!"

. . . Which was precisely how it came to pass except that, "*taking*," pried apart Barnes's eyes.

Conveying weary futile pleas that he be spared the scene he knew would come, they watched his wife press on ". . . to the School Clinic . . . and over your dead and drunken body if I must."

"Oh sweet Jesus, Aggie!" he managed, "that Clinic's for the birds . . . plus it costs money! Head shrinks! Pfu! They're a bunch of phonies (and gaining thrust), "I ought to know; I saw one in the Navy. Your big imbecile needs their service like a hole in his cocoanut! Christ Almighty!" with which he fell back on the sofa, quite done in.

"Ralph," Aggie sighed, "*you* stupid jerk! A lot you know! The boy could use a father for a while . . . and not a bum like you, you sponge . . . you goddam fool! . . ."

And wound thus far into the practiced litany, Aggie spun the record round through its accustomed arc, omitting not a syllable or expletive of her rehearsed tirade. When done, she turned away on cue, ran sobbing to her room, and slammed then locked the door, announcing she would sleep alone (again) . . . as Barnes, befuddled in her wake, curled up right on the spot, formulating dimly that he mightn't drink at all if Aggie didn't shut him out . . . this way and that, as in a corner of the house, in the reverberating dark, a captive audience to those painfully familiar echoes, hero of its burden and main character of our story, Myron.

## ACT II

His appearance at our meeting the next morning was a sight I'll not forget.

"Dickens come to life;" I mused—"here's one of Fagin's protegés."

He tilted some to port. Around his hips and rump and gut, a ring of fat accounted for that stance. Dressed shabbily, he wore a faded, dirty workshirt, purse-stringed up above by a necktie in a knot. Long enough to be his father's, twisted backside to, it reached his knees.

His bottom half was hidden in a pair of patched-up jeans. They struggled to contain his growth, and were uniquely layered with stains, which kept a record where the boy had come and gone the last half year since laundering.

Nature misdemeanored with his face: his thick, protruding lips out-flanked a foolish smile with teeth both shaped and spaced like pegs left standing in a cribbage board. Too sparse as yet to shave, his sideburns shadowed crops of blemishes in every state of evolution, and on top, a tropical thatch roof, his hair resisted all control; beneath, on either side (like skewer knobs to roast his porky flesh), the glowing red everted ears . . . a whole so unappealing that just to smile and offer him my hand would muster all the discipline I had.

What coursed his mind on eyeing me I never learned. He grunted, "ugh," as I breathed out, "How are you?," then let me squeeze a limp left hand, as with his naked right, he wiped his nose.

Aware of strong antipathy, but fighting it, I beckoned him to tag along and see the toys we had and where we'd work.

Kids usually were awe struck when they did. Why not? Wherever had they access to such things? Puzzles, paints, and crayons, closets stocked with games and models; for the youngest, stuffed and furry animals; lead soldiers for the brave, erector sets for would-be engineers—in short, what any heart desired—but, nothing that shot any sparks from Myron who just balanced on the threshold in a daze.

"They're all for you to play with; come on in and have a look; games help to talk," I told him; "we can even make some up; you want to try?"



"Uh, uh . . ." he mumbled, "I mean who wanted to come to this place anyway?" but deployed a rifleman into an attacking stance . . . and stood there eyeing me a while, then lay its face upon the ground, and moped . . .

"Well, didn't *you*?" I asked.

He grunted, "No!" and glancing toward the door, "My Mother made me."

"Ah, I didn't know that . . . but, if she did there's got to be some problem. This is a clinic. Know what that is?" . . . as I positioned three more soldiers into place around the one he'd left.

"Yea, I watched 'em on T.V. . . . I seen a story—dis kid . . . he was adopted . . . like me . . . I forget the rest . . . hey, c'n I play wid dis gun?" . . . at which he fired a salvo of ping-pong balls at my battle array, knocking the little men helter-skelter with some satisfaction, then, and as if his narrative had been unbroken,

". . . Bobby ain't. He's a 'real' brother. I mean, not 'adopted.' I ain't got no 'real' Mother . . . I mean my 'real' Father, he was missin' inna desert, inna war . . ." then abruptly, retreating from too quick a confidence, "Hey! I don't like ta talk. Look, I jus' got five FUU'S . . . so my Mom brang me. You supposa get me better grades. So how long do I gotta stay here anyway?"

Unsure of what came next I rocked a bit and looked into his stare, conveying puzzlement and hoping he'd go on as some kids would.

"Better grades eh? — any idea how?"

"No! I dunno," he frowned; "you supposa."

"True enough; but any help you'll give me would be great! It speeds things up; some guys can do

that—but, let's see if I've got the story straight so far, okay? You got an 'FUU' in every class. That means you didn't know your subjects; you didn't work well or coöperate, so your Mom, who's really your adoptive Mom, brought you here so I could help you to do better all around. Is that what gives?"

"Yeh, I guess," he muttered, after which, with plenty prodding, piece by piece, he unfolded to our mutual discomfort the tale of the awful night before. Its dreadful story left no doubt that I was dealing with a youngster desperately in need of aid, but, one whose low I.Q., suspicion, and grossly doubtful motivation (along with little likelihood of any real support from his fragmenting family), made him as bleak a prospect as I'd ever seen.

I probably didn't hide the gist of those ideas in my lackluster invitation to a routine second meeting; nor in it were my first impressions changed at all.

Throughout the hour, if I suggested that we play he shrugged me off, or, left alone, gazed blankly at the wall. When I asked questions or told stories he was listless, inattentive. He knew nothing to discuss nor gave a hint of a direction, so, following his cue, if therapy should "happen," it would need be one that both reached into his limbo and then dragged him out besides . . . which in effect was my synopsis to our Clinical Director. He agreed (in private), but, much moved by Myron's mother, yielded to her pressured pleas, not mine.

Her doggedness (he told me later) squeezed from him a promise that I'd "make a stab" to see what might unfold.

Today, if I did treatment in a clinic I'd give much thought to such assignment to a child. It's difficult

enough to work with optimal conditions but if something fails to "click" right at the start, in meeting patients, chances are it won't, however hard you try.

Folks tell you that the "chemistry" between them and the Doctor "didn't have it" or the minute that they met they felt secure . . . and although in theory prejudicial (good or bad) irrational reactions should be "analyzed," and dealt with, in one's practice, for the most part, first impressions follow to the end.

What tempered some my distaste for Mike's challenge was the thought that no one else was apt to like him better . . . but little solace flowed from that sparse wisdom as our times together, first just dull, quite soon grew frankly painful. I was trained, so should have understood it, yet, his resistance gradually was deepening my resentment both of him and the commitment I had made.

Mind you, if I held things at a distance, there were hunches something might be done. Mike could be a victim caught in deep preoccupation leaving little of his mind for school, or sports, or friends, but try my hardest to apply such hopeful notions, the sessions were too much for me to take.

His teachers helped as much as they were able: extra credits, make-up tests . . . a tutor came . . . and left . . . while Mike, a cork upon a sea of troubles, floated hopelessly along in playroom as at school.

He dozed at homework, seemed anaesthetized before TV, and simply numb in classes . . . as a frightful end result of which, like it or not, I too was being inched in the direction of bestowing on his chart his Father's kiss of death, and sealing in it what in Greek or Latin terms



would translate into “hopeless moron.”

Does a doctor think of quitting? Hm! Who wouldn't? Weekly I soliloquized preambles to proclaiming our joint agony as foolish, yet hating so to brand him, I decided to delay at least until our summer break—which was not that far off. Besides (I made excuses), since hours with Mike had been so rough there was a chance vacation's respite might give him the option to surrender (and save my face as well as his).

After all, a lot can happen over holidays. His family, so fragile in its structure, might split or move away. The boy could die. Sometimes clinics aren't refunded; it might lock its doors that Fall, or (last but not unlikely least), I could resolve why “taking this kid clinically” was proving such an awesome job.

### ACT III

In the early days when Freud was hammering out theory and applying it, the way he felt one should, he recommended that analysts should tag along to keep up with their treatment even during vacation. Later on that practice was reversed; in fact, I learned that patients after hours are “put away” and “kept there” ‘til next face-to-face encounters.

For most of my following, out of sight was out of mind—but Myron—well sir, he obtruded into walks along the beaches, between the soapsuds of my showers, and was the “heavy” in a half a dozen dreams.

If I saw kids with runny noses or teeth missing or read a blurb on retardation, he flashed by; the very silence of my summer idyll would

recall those painful quiet of our playroom meetings, until I realized beyond a doubt, his challenge should be met and not eschewed.

. . . So, when autumn rolled around, and through his Mom's manipulation he was first in line (bigger, dirtier, fuzzier, and fatter than ever), I wasn't really sorry. Even when he absently replied he had “done nothin” since I'd seen him, and that he'd little to report, I plied vacation's strengths to draw him further out.

His family was “fine;” he'd got new teachers . . . whose names he couldn't remember—or what they looked like—or their classes either . . . which in minutes drained away the fillers for that hour and all the rest . . . implying sadly we would pick up much where we'd left it—mostly nowhere, watching days turn weeks, and there we were.

Discouraged and quite pessimistic I thought before we'd fail I'd take another shot.

So close to Halloween, that holiday could be exploited. Anyway what could we lose? What harm to raise the question? Would he like to make a mask for trick or treat?

“It could be fun,” I dangled carrots . . . cautiously. “What do you say we try? Is there any kind you'd think of wearing if you go out on the streets?”

“A monster face, like this,” Mike smiled, surprising me with his response, then doubly so when he switched his expression into something really weird suggesting pain.

“Wow! that's a scary face,” I quavered; “what do you think we'll need to work on that?”

“Ah I dunno. It's stupid; never-mind, forget it,” he trailed off, and sunk into his ribs.

“Hey now Mike . . . you sounded eager for a second. Come on, huh!

You want some paper? . . . crayons? Look, I'll help . . . or even just watch if I start. O.K.?”

“We could draw it onna paper ‘n' cut it out,” he cried . . . “but, I donno . . . anyway my Mom prob'ly won't lemme. Las' year I hadda snuk. Could I scare kids wid my monster mask?”

“Sure could! Say Mike—I think we're finding something that you like. Monsters!”

“Yeh,” he said, “Frankemsteim, Dracala . . . all them. I seen movies. Wanna see another scary face?”

And after that (his record monologue to date), Mike screwed his mouth and eyes and nose into a smirk, and held it as I watched. Though I could only wonder at its meaning, I thrilled at his involvement in some game.

In minutes, grunts and groans, and tongue stuck out to help in cutting, Mike held his prize aloft.

Obviously pleased, he laughed. The crudeness of its crafting dampened neither his nor my enthusiasm, though our motives were for certain worlds apart.

“Well, that's really something,” I equivocated. “Yeah, an' I'm gonna take it home. I mean, I can, OK? My Maw says if I cut da grass she'll gimme money for the Dracala show. He's a monster! Watch; I c'n be one too!”

And stretching up to more than his full stature, Mike clawed the air while growling through a half-closed mouth. His grimace fused into the mask face as he ran and stumbled toward toy soldiers that were standing on the floor.

“Dracala, Dracala,” he shouted. “All de mens get kilt . . . On'y this guy, they thought he was dead, see? But he wasn' (picking one left lying) . . . so he gets up an' shoots Frankemsteim — ack-ack-ack right inna



eyes.”

“Whoa!—back up a minute Mike, Dracula, Frankenstein? What story are you telling?”

Ignoring me, “Yeh! . . . ack-ack-ack!—Frankenstein an’ everyone tho’t he was kilt; see? Dead; he fooled ‘em . . . cause really he wasn’ . . . C’n I take de mask home?”

“Sure Mike, only I’m going to have some questions for you later about this Dracula - Frankenstein business. It’s all mixed up . . . like you put two stories together to make up one of your own . . . Do you know what I mean?”

But Mike was not about to enter such an academic orbit. Masks were on his mind and Hallowe’en . . . best leave it there. I walked him to the door and said, “See you,” reflecting how exceptional that in our long acquaintance I was actually looking forward to the next encounter.

In it I intended to re-examine the rare enthusiasm and the strange amalgam which had synthesized a soldier-hero who returned from death. Both might just explain some of the little guy’s history and playroom behavior and with luck, be a Rosetta stone to his silent hieroglyphic.

Hazy sense inhered in an adopted orphan’s fabrication of a hero. God knows, he needed one. It made sense too, that he would identify himself with such a Superman to attain the strength and courage that he needed if he’d slay the monsters of his private Hell . . . but whether sniffing me close by he shied, or through some other fluke he shied, I couldn’t tell. Sadly, when we met, he was the Mike of old, as tightly coiled up on himself as ever, if not worse.

Nothing, nothing, nothing, and I do mean nothing I devised or conjured could draw out a clue of what

had happened in the interim, nor flash again the sparks that glistened from the mask. Even invitations to restore the battle scene, met sealed and stony stubborn silence.

A week later, two and three, the impasse was identical. Lost in a funk, the boy seemed inaccessible, even somewhere back behind where we had started—sunk in lethargy. I pitied those who suffered him for more than just an hour each week. He must have been intolerable . . . utterly.

Then a strange thing happened:

Mrs. Barnes buttonholed me impromptu his next visit. Expecting something awful, I was relieved but somewhat puzzled over what she said . . . and uneasy that it took so long to tell—it bore upon Mike’s animation when she came to get him on the day our “incident” took place.

Her son was “clear” and “unusually insistent” that he have a chance to play with Bobby in the park.

She acquiesced, and from a distance watched him. Mike “banged” away at his kid brother from behind a boulder; suddenly he loosed the most unearthly scream she’d ever heard. He clutched his bosom, screwed his face up, then fell and lay there as if dead. Convinced by his portrayal, she ran to help him, when Mike leapt to his feet with still another ringing cry:

“Ha! . . . fooled ya, didn’t I? Ya tho’t I was dead! Ya tho’t I got hurt ‘n’ I was dead! Didn’t ya?”

. . . so could I tell her what went on, and was he worse?

I urged her still be patient, saying that she’d helped, I thought, but wanted to be sure. Then, in the playroom later, I sat silently a minute, folded hands, looking at my patient and considering this datum; I repeated everything his Mother

said, paused, and gave him option to explain . . . without a syllable or eyeblink in response.

“O.K.,” I wound up, “then I’m going to give you my ideas and listen hard because things really start to fit together in a way that just might be pretty important for you . . . and your future . . . and school . . . maybe even what you’ve been so damned hung up on you can’t even talk or play or anything at all. Try to understand. Don’t talk; just listen.

Remember what we discussed a couple of months back, before the park thing . . . you know, the Dracula story? with the soldier . . . the hero that they thought was dead?”

“Naw . . . I don’no nothin’; I don’ wanna hear it either. I jus’ wanna do some pi’chers.”

“O.K. If you’ll listen while you draw. What will it be?”

“Monster stuff!” he giggled, “I’m gonna draw da guy who got hurt inna park,” but, dropping the crayon, he grabbed the ping-pong gun, ack-acked our entire perimeter, then, as one of the balls ricocheted off his breast, let out a loud and long and wailing scream. He clutched his chest, fell, and with a truly weird expression, lay there totally inert; then chuckling, he leapt to his feet and cried, “I fooled ya didn’ I? Ya tho’t I was really dead!”

• Well, for me that one-act drama clinched it. I understood what the charade portrayed—and was ready to interpret. I planned a careful repetition of the data our therapy had been so far amassing, and how it framed a plot that dovetailed his whole life into one piece. I’d recall his telling me he was adopted and his play with guns and soldiers in our “lab”—his fictitious hero who returned from Death to do in Dracula—the mask, the grimacing, the



park, and finally its rerun for me, resurrecting someone who *came back*. Yes, two years of detective work to nail my villain, but I had him! I would strut the stage and sing my song next week.

Intuition warned of battles with resistance, but not of the awful turn of actual events. With the first I still might manage, not the latter. . . .

#### ACT IV

Guess what! At the time of our appointed meeting, to an empty waiting room I'd have to make my keen interpretations, that day—and the ones thereafter. Mike would come no more.

Recalculating the family budget, his father had suddenly realized he was losing upwards of a fifth of Scotch a month by paying for the treatment. Continuing was clearly foolish. Close up shop! No argument would sway him—not even pleas for just one farewell session “on the house” to make a summing up. Head shrinkers to his mind were “stupid.” *He* had seen one in the Navy, and whatever else be said, the boy was still no better for the time and trouble and investment. Besides, what kind of therapy could take so long and didn't I know you can't fix *morons* anyway?

So R.I.P.!

Console yourself Doctor! No one wins 'em all. Don't let Barnes get you down . . . within the hour, clinics what they are, you'll find replacements for Mike's vacuum . . . who knows?—maybe one easier besides. That too is part of objectivity you should have learned when you got your diploma—eh? You're neither Jesus Christ, nor Sigmund Freud—and don't forget it!

So, I filed his folder with a footnote “outcome indeterminate,” and

to retaliate, in part, wrote in official-ese, “case closed against advice,” a bit consoled at least that I had seen my strong aversion *toward*, turned round to *love for* my erst-nemesis, with all his flaws and foibles. What a funny twist!

Contrite and scarlet Mike nodded “yes,” there had been “others” since our interruption, each couched in loneliness and hankering to comfort some forlorn youngster junior to himself . . . after which remarkable elaboration it was not the least surprising that he wanted a respite nor that I indulged him in one.

Both of us a bit uncertain where to go from there, I handed crayons and paper to the spectre sitting across me. First mechanically, then with purpose of some sort he began a sketch . . . a tranquil scene—unpeopled, in the tropics, one which (to myself) I thought medicinal—to counteract the chaos of his plight; and mind you, had he been an “ordinary” patient, biding time might do; I'd let him set his pace; but Barnes and his strong prejudice were far too imminent to dawdle.

From time to time I'd resurrect Mike's ghost. To it I'd recite the undelivered script. Despite my message, I fantasied his dropping out of classes anyway, a failure in the end. Oftener, enabled and enlightened somehow, he attended to the trials of school's career using insights I had given, without an albatross to chain him to his past.

Kids with pimples or an FUU, or articles about resistance . . . almost anything could trigger the sad empty feelings of unfinished business . . . of a job undone . . . 'til in the midst of one such reverie (but truly so!), out of the blue, a frantic Aggie Barnes telephoned to speak of Mike's “arrest.”

Between her breathless gasps and

sobs were terms of his probation; hinging on resumption of his treatment in my care (sentenced in effect to psychotherapy!) for “fondling and seducing” a neighborhood tot.

“Then bring him in,” I ordered . . . and she did.

#### ACT V

Wellsir, my delight at still another chance was hardly mirrored in what sat before me . . . once again . . . and another time confronting him just as myself how best begin . . .

“Mike,” I jockeyed, “. . . Your Mother told me the whole story . . . even so I want to hear it from your lips. . . . I can't promise, but I think it's got an angle just the two of us would understand . . . so will you try? . . .

“Look, I'm not the cops, or sheriff, or the judge; I won't scold you.

“. . . Besides we've got to work fast. This is ‘private’ not the clinic. The very second the court lets him your Dad will stop us—it costs money this way and he may not like that . . .

“What do you say?”

Struggling through confessions that smacked of “irresistible impulse,” he let me tease out of him how, while playing soldiers with the youngster, Mike had reached out uncontrollably to hug, then kiss and pet his “victim.” An anxious nightmare of regrets impelled his swearing the small boy to secrecy, but such promises are never kept. It lasted half an hour at best.

I had to press . . . when, as he drew more palms and still more desert—endless in array, I had a flash . . . and seized the paper, crying,

“Mike, look here! That's Libya; it's where your real Dad disap-



park, and finally its rerun for me, resurrecting someone who *came back*. Yes, two years of detective work to nail my villain, but I had him! I would strut the stage and sing my song next week.

Intuition warned of battles with resistance, but not of the awful turn of actual events. With the first I still might manage, not the latter. . . .

#### ACT IV

Guess what! At the time of our appointed meeting, to an empty waiting room I'd have to make my keen interpretations, that day—and the ones thereafter. Mike would come no more.

Recalculating the family budget, his father had suddenly realized he was losing upwards of a fifth of Scotch a month by paying for the treatment. Continuing was clearly foolish. Close up shop! No argument would sway him—not even pleas for just one farewell session “on the house” to make a summing up. Head shrinkers to his mind were “stupid.” *He* had seen one in the Navy, and whatever else be said, the boy was still no better for the time and trouble and investment. Besides, what kind of therapy could take so long and didn't I know you can't fix *morons* anyway?

So R.I.P.!

Console yourself Doctor! No one wins 'em all. Don't let Barnes get you down . . . within the hour, clinics what they are, you'll find replacements for Mike's vacuum . . . who knows?—maybe one easier besides. That too is part of objectivity you should have learned when you got your diploma—eh? You're neither Jesus Christ, nor Sigmund Freud—and don't forget it!

So, I filed his folder with a footnote “outcome indeterminate,” and

to retaliate, in part, wrote in official-ese, “case closed against advice,” a bit consoled at least that I had seen my strong aversion *toward*, turned round to *love for* my erst-nemesis, with all his flaws and foibles. What a funny twist!

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peared. Just look here at this picture! There's *absolutely no one there and that's the story of your life!*"

He snatched it from my grasp, and blurted in a breath that it was just a stupid scene, that I was stupid too—he hated me, and always had and that he could "care less" if Barnes, his Father, that is, intervened and stopped us.

So I looked him squarely in the eye and said, "Okay, if that's the way you want it, but first you'll hear what I've been waiting now for all these many months to say. Your story is so crystal clear today neither one of us can fail to understand it for one second longer. Listen, then you squawk if you still have to . . . besides, I don't believe a syllable of what you just now said and nor do you.

"You told me on the first day when we met that you had been adopted, you remember? . . . and, how you started shooting with that ping-pong gun to show me you could be a soldier too. And, then that Dracula and Frankenstein affair you put together so that dead guys came to life . . . and the trouble in the park, that same game?"

"Mike, *that's every breath about your real Father!* You wish with soul and heart he'd reappear to take you from a family that you can't do without or learn to live with either. It tells us why you hugged and 'loved up' Timmy weeks ago. *That's just the way you wish your Father would return and do to you.* Don't tell me you don't understand my message 'cause you do, and I'm going to repeat these facts in order to make sure. I'm the only person in this world right now to teach it. It's the most important lesson of your life."

And I did, believe me! This time

I interpreted the palms as a reminder that his biologic Dad was listed as as MIA in Africa in World War II. To gild my lily, I extrapolated that just as his Dad, he'd brought me also back in a revival, and intimated that ever since he was just old enough to think, so devastating was the burden of that wish for resurrection that his mind had nothing of it left for hobbies, school, or friends, or any damned thing else. Just coping day by day and meeting basic needs were draining him quite dry . . . as long as psychic energies were so divided. . . .

Ideas like that then tempted me to speculate aloud he might be brighter than he'd realized, and get some better grades . . . be happier . . . show interest instead of drifting as he'd done in outer space.

Nor did my confrontations come a jot too soon:

"He's off probation, Doc," Barnes gloated, "I just fixed it. He won't have to go no more."

Nor did I fight him—(was there use?) — or Mike's chart either — to which I appended this time only parenthetic "somewhat" where I wrote, "against advice," justified and half-fulfilled, in having got the message more across and better than before.

With further work I could have glued it fast. If lucky I might really show him how the two of us, myself with him and he with me, had re-enacted the abandonment, mistrust, and resurrection story of a boy who loved and missed the image of his Father, but . . . well, that was how it went . . . at least I'd jolted him a bit in his trajectory . . . he could come back to Earth. . . .

What Mike knew now was his to use. The seeds of insight could germinate or die . . . I'd never learn.

. . . Or would I?

## EPILOGUE

I was due one more surprise—and this time from the boy himself—by phone—in deep, authoritative tones . . . why not? Two years had passed—he'd be 15. . . .

"Do you remember me? I called to let you know it worked. I'm doing really fine, and would you guess? I wrote a poem . . . on some stuff we talked about."

"A poem? Mike!" . . . I gasped.

"Yes sir, it's going to be published in our paper here at school. I thought you'd like to know or even want to read it."

"There's nothing I would more," I choked. "Of course!"

He sent a copy late enough to make me wonder if I'd dreamt it . . . a clumsy rambling effort that would never win him laureates, be sure; it rhymed in places, had some meter, but what I found that thrilled me to the core, in struggling to philosophize on Life, Mike wove into a fabric quite clearly recognizable the insights I had sprinkled through his thoughts.

Apparently I'd scattered them in soil more fertile than I'd realized, and they were taking root in very robust ways. Whatever ultimately was to burgeon, sow's ear or silk purse, would wait upon more seasons; but one thing sure, the "autopsies" performed on everyone involved, his Dad, the boy, and *me*, were giving him a better lease on Life.

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