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BULLETIN

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THE TRANSFORMATION OF CADMUS

“Come, my wife, my most unhappy wife,” he said. “Come, and while something of me yet remains, touch me: take my hand, while it is a hand, before I am entirely changed into a snake.” He tried to say more, but suddenly his tongue divided into two parts—though he wished to speak, words failed him: whenever he made an attempt to lament his fate, he hissed. That was all the voice that Nature left him. . . . All who were there—for their friends were with them—were terrified: but his wife stroked the glistening neck of the crested snake, and suddenly there were two of them, gliding along with coils intertwined, till they disappeared into the shelter of a neighboring grove. Even now they are friendly snakes, and do not shun mankind, or do them harm, for they remember their former state.

—Ovid (43 B.C.—17 A.D.)
Metamorphoses



Editor:

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LETTERS TO THE EDITOR

Dear Sumner:

I announced the [Richard R. Casady] Memorial Fund at the last membership meeting. Would you please put a similar statement in our Bulletin? Thanks.

Regards,
Bob [Dorn, M.D.]

Dear Sumner:

As you probably have heard, Dick Casady died on Sunday, December 22nd, after a brief illness. We held a memorial meeting for him in the auditorium of the Reiss-Davis Child Study Center. [In response to questions] about contributions in his memory, his wife, Dorothea, asked me to announce the following:

A Richard R. Casady Memorial Fund has been established at UCLA in order to assure the continuation of the work that meant so much to him over the last 10-15 years. He devoted much of his time, interest, and energy to working with various members of the Department of Pediatrics so as to ease the trauma of hospitalization on the child.

Recently he was quite upset over the loss of funds originally allocated for that project, and we feel that contributions in his memory will insure the future of his endeavors in that area of child psychiatry.

Anyone interested in participating need only write his check to "The Richard R. Casady Memorial Fund, UCLA Foundation," 405 Hilgard Avenue, Los Angeles, California, 90024, attention Mary Donnelly.

Sincerely,
Rocco (L. Motto, M.D.)
Director, Reiss-Davis
Child Study Center

Dear Sumner,

I have currently three patients in analysis, 5x/week, [with] 25 min. sessions. [I] have done this for about 5 years.

One is a teacher, for example. Half a session is \$17.50. He can afford that; another is a nurse: \$15.00/half a session. She can afford that. I have found the difference between 2 full sessions a week and 5 or 4 half, [but] consecutive sessions is enormous. I have made the change with the same patients, changing from 2 full to 4 half. They also found it enormously more effective and useful.

Best regards,
Fred [Kurth, M.D.]

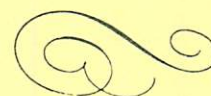


Dr. Hannah Fenichel selected as the winning entry this year to the JACQUES BRIEN MEMORIAL COMPETITION that submitted by Martha Kirkpatrick, M.D. It is reproduced below.

Membership of the Los Angeles Psychoanalytic Society/Institute is encouraged to participate annually for the \$100 award. Judges, to date, have been chosen from Life Members who read anonymous contributions.

These need only conform to standards of brevity, psychoanalytic appropriateness, and be double-spaced in triplicate. Deadlines are announced in issues of the Winter Bulletin.

...Editor



EDITORIAL

MOMENTS OF TRUTH

There are several times within the lives of all of us professionals when we are called upon, unexpectedly, to justify our socially redeeming significance. Perhaps more than most, the psychoanalysts these days have taken a buffeting, and, if indeed we *are* worthy of our salt, as therapists, we should be able to come through successfully when tested in a *Moment of Truth*,... and give a little bit of help,—or turn a simple phrase (that's neither prolix nor too intricate) to tell folks what we've learned.

Like others, I have had my share,—confrontations when I've thought I'd really rather not be asked... not here, not now... or, why did he pick me?... what this guy wants to know might need a hundred hours of dialogue... at least!

A month or two ago, one evening after work, I headed down Ventura Boulevard to put some papers in the night drop at the bank. On the

corner, hitching East, at Hayvenhurst, a bearded youngster with a coonskin cap, serape, sandals, and a bunch of books beneath his arm was hoping for a lift.

"What harm?" I thought, as I pulled up to let him in.

"I sure do thank you, Man," he said; "it's pretty crisp out there; good thing that I'm so heated up with what I'm studyin': a night class in Psychology. "Hey, let me tell you, man, them Primal Therapists, they got it worked out cold! I mean, they have an answer that sure tells you where it's at—the whole damned thing! Right on!" he said.

And then, for several minutes more without a pause, he laid Freud out in lavender and stomped upon his grave, and spat at it without my having any chance to interrupt him long enough to clear my throat or to insert a solitary word.

I'd planned to swing up North at Van Nuys Boulevard, but, when the traffic light changed red, I interjected hastily, "Say, how far *are* you going, son?" to which he rattled, "Woodman Avenue. You turning here?"

"I'd meant to, but instead, I think I'll drive with you a little more so I can hear the rest."

"That's fine with me," he grinned. "Ya followed what I said? Most people wouldn't know what I been rappin' on.... Hey, man, what kind o' line *you* in?"

At that I likely winced, predicting what would come, and felt a little bad for having led him on... I mean, I should have broken in back there a mile or two, before he'd hanged himself. And now it was too late. To speak my mind ad lib would surely put him down,...or start an argument...and, there, to make things worse, was Woodman Avenue!

As I slowed down to let the youngster out I dwelt upon these facts: "Here is a boy I'll meet not more than once. We'll never speak again. He doesn't know my name nor my certificates... I can't foretell his fate, yet chances seem quite slim that he anticipates more talks with 'Freudians.'

"If I'm to represent my analytic school I ought to have a message, something easy he can hear, and register, then take away with him,—and possibly repeat...that is, if I'm to pass this test."

I told him flatly, "I'm an analyst."

He said, "Oh, shit!... a 'Freudian?'"

I smiled.

"I blew it," he said, "huh!"

I smiled again.

"This is unreal!...but, man," he groaned, "you gotta tell me, *you* mean to say that *you* believe that pile of crap he wrote?"

My "Moment" was at hand: I climbed up on the stage and walked beneath the spot, and then, with even tones, I put it to him thus:—"A lot of it I do; of some, I'm not quite sure; I keep an open mind; but, if you're questioning how 'Freudian' I am, I'd answer you this way: the languages men use must have their alphabets. Freud gave ours one, and with it we've made words,...and phrases, sentences, and books...but surely that's no claim that others don't exist or that there isn't room for fresh discovery.

"...and now, you'll pardon me, I've errands I *must* run. Good luck, I'll see you 'round."

He stood there, screwing up his mouth, then, whistled low and reaching for my thumb as "hippies" often do he gave my hand a shake and said, "That's real cool,

man; I think I heard your gig."

That was a Moment.

Another happened in the lumber yard one Sunday while the city slept. The weather was superb! I had borrowed a friend's pickup. In it was to go the sheeting for the floor on which I'd toil that afternoon. On the manifest I handed to the chap who'd come to help me with the loading had been written, "thirty 4x8's of ½ inch plywood, t + g."

He took it from me mumbling, "Tongue in groove? They're over here," then, lighting on my name, cried, "Hey, I see that you're a doctor, huh? That's great! I thought that *I* would study medicine one time. Are you a specialist?"... then waited my reply.

A glance apprized him: Six feet one or two, a handsome sun-tanned youth who wore a Star of David 'round his neck. His shirt was half-undone, its cuffs rolled up mid-length. Romantically, he'd clipped a tape measure,—enormous thing—atop the waistband of his jeans,—which, though dimpled at the knee, preserved their stovepipe shape... He wore construction boots.

"Psychiatry" I said, aware of what would come, nor was it a surprise to hear him follow through.

"You see, it's like this 'Doc.' I'm goin' with this girl. I think that we're in love. I've known her for three years...the only problem is, she's not a Jewish chick... 'n' even though I sorta wanna marry her, I'd prob'ly kill my folks if we got hitched. I gotta make my move. She can't wait anymore.

"You know she's got four kids; been married twice before... 'n' it don't bother me, her age, 'cause she's still beautiful; besides I really think I love her...so, I figured,

sein' as how we're talkin' here that maybe like a specialist you'd give me your advice...I mean just thirty seconds' worth...what *you* think I should do...as a psychiatrist..."

I answered (to myself) "to load the goddamned lumber and shut up; that's what you ought to do;" but, in all truth, I felt compassion for the boy. He was sincere. He'd laid it on the line with every word he'd said.

If I was worth my salt I ought to have *some* answer I could give... and that I did...and so I told him, "Listen hard. I'll give you my idea. You follow it and see how well it works!"

With unexpected speed he spun about and hung there on my words.

"All set?—O.K. If you had asked me, can I make the stocks you bought go up, or keep the weather clear, I'd answer, 'lot's of luck! There's no way, pal!' but what you have proposed is not that big a deal. The trick to make things go lies in that one word, 'work.'

"If you should marry her—believe me, it's your choice, you'll have to *work* at marriage every hour of every day as long as you're alive; and don't look back.

"If you decide instead to give your girl friend up (the way your parents want), then do so hard and fast, without a second glance. Go shape your future in some other place, and *work* at that...with everything you've got...just as I said before. That's pretty simple, champ. Don't you agree?"

With big tears in his eyes he reached around and grabbed a 4x8; then both of us began to load the sheeting in the truck,—but, in his "yessiree" I heard his firm resolve.

...and the last of my Moments

of Truth was psychotherapy in a saloon:

Unlikely spot. Unlikely cast: The leading rôle played by a blue-eyed guy who might have been a rancher from the clothes he wore, the open stitching dungarees,—both jacket top and pants... although, his French cuff shirt, the paisley tie, and platform shoes more pegged him an executive, who dressed that way for style and not from herding cows....

We sat there quietly, he nursing his "scotch rocks," beside him, I my beer...some thirty minutes passed within one tick of which he asked me how the Dodgers did; "What was the final score?..."

...and then beneath his breath he mumbled how he wished his wife liked sports and went to games with him.

"Oh tennis, yes, once, twice a week...but not with any 'oomph!' My God! what happens to a woman at her age...the way she's clinging to our son and babies him. Is that device supposed to save *her* youth besides? Sweet Christ! God! Let him go, and join me in my mid-life interests... Instead of lying home depressed...I've got a damned good job. I travel 'round the world. I'm always on the go...why won't she tag along?

"You know, I even offered her her own boutique..."

"God help us when our wives approach 'the change'—I'm runnin', spinning wheels all day and she's in bed asleep..."

And so, he sits there soul alone, resentful, brooding, drinking, thinking.

"My work?"

I spoke it out.

He cried, "Oh, Lord! A psychoanalyst! Then it's *your* field. So—can you tell me where to turn or what to do?"

Could I? It would have been a cinch to urge him toward some treatment for his wife, hint at divorce,—or beg him temporize and ride it out—instead, I felt this too comprised a test, and if the million hours of study, and experience in my career proved adequate, I ought to have *some* sidewalk wisdom for the man...more than to cluck my tongue and nod my head.

He'd cast his gauntlet down—was I to pick it up? Another Moment's Truth—to sink or swim?

He eyed me wearily through lids that drooped a bit but focused nonetheless. To them I spoke these words:

"Your problem, if I'm right, is one I've met before. I'll share my thoughts with you, but then I'll disappear...and mind you, *I must guess*, still, I suspect *you're* wrong; *yours* is the cardinal sin.

"It's more than just my hunch if she cries out, distressed, you try to shut her off the quickest way you can...and then you give a speech how lucky she should feel, what blessings you have heaped: the house, the car, the maid, and clothes; why she has everything!—how *can* she be depressed?

"And if she pleads she's drained, discouraged, and gone dry, you straight arm terms like those with every strength you've got. Push them back out of sight.

"You offer her a 'shoppe,' the PTA, or golf to dam her feelings up, despite the fact the only hope she has is that *you'll* empathize. She wants to share with you.

"Let her tell you, don't you see? Invite her to relate the cares that laced her week—you halve her load that way.

"Agreed?"

Well, Mr. Open Stitchwork spread a beatific look across his

mien—and tried to find a halo on my head. . . then he too pumped my arm, not once, but twice.

I pocketed the business card he gave, heard him say his name, but, just as promised, nodded, rose, and paid my check and left. I disappeared.

Brief psychotherapy. About three minutes, more or less, but, enough to validate my ticket for that day and to corroborate me in the living I've been earning. . . not to mention batting three for three!

SLS



JACQUES BRIEN
MEMORIAL
AWARD

PSYCHIATRY AND
THE WOMEN'S MOVEMENT:
A WOMAN PSYCHIATRIST'S
REFLECTIONS FROM THE
OTHER SIDE OF THE COUCH

Psychiatrists, even women psychiatrists, are latecomers to the Women's Liberation Movement. They have regarded themselves as liberal, liberated, and a liberating force. It has been bewildering and embittering for psychiatrists to find themselves attacked as agents of the establishment, inmates of a chauvinistic pig-sty, dedicated to enforcing an oppressive status quo, and, worse, confusing it with mental health. These accusations are found in many Women's Movement writings, such as Phyllis Chesler's

book, *Women and Madness*, and in others, especially the newspaper, "The Radical Therapist." The authors point out that psychiatrists are mainly men, as are hospital administrators, the directors of mental health clinics, out-patient departments, chairmen of Departments of Psychiatry, etc. Women thus must turn to men for help. Men, they say, want women to continue in nurturing thralldom to their husbands and lovers. Having created a rationale, a psychological theory that proclaims this is the normal, natural, and gratifying state for women, men punish those women who don't conform by hospitalization and consequent brutalization, coercive treatment, or at the very least, by diagnostic labeling and condescension.

If one squints his eyes, a bit, this sounds like the old Communist party line larded with John Birchisms. The Communist attack on Psychiatry was based on the belief that it taught adjustment to the political structure rather than rebellion — something like what we hear the State has made of Psychiatry today in the U.S.S.R. Now Psychiatry in the United States is said to be teaching women to submit rather than rebel against a male-constructed outworn model of behavior. The Birchers accused psychiatrists of being agents of a foreign power or dupes in the pay of the government which used them to suppress dissenters and send them to mental hospitals. Now psychiatrists are said to be agents of the establishment, condemning women to the restricted living space of the kitchen, bed, and station-wagon.

Is it all paranoid poppycock? Have women been restricted and limited in contemporary as well as past society? Yes, of course! Has

this caused mental illness in women? That is another question. I think not. Has rebellion against these restrictions been suppressed by labeling it "craziness?" Yes, at times. But rebellion and conformity are in themselves neither crazy nor sane and can co-exist with sanity or craziness — they are not diagnostic. In my experience, such a point of view held by a patient has not been a criterion for diagnosis. On the other hand, there are poor therapists, abusive therapists, chauvinistic therapists, improper diagnosis, and inadequate and brutalizing treatments.

Are women more likely to bear the burden of these deficiencies? That is not an easy question to answer. Statistics show slightly more adult women in private, State, and County Mental hospitals. Is that because male psychiatrists incarcerate women more readily? Or do women have better judgment about their need for hospitalization and care? Or are women less compromised, personally and socially, by asking for help? More men, three times as many as women, are diagnosed and institutionalized for mental retardation, and fewer men, about half as many, are released. Is that because there are more mentally retarded men, or because society can tolerate them less well, or both?

Vastly more men than women are in prison and alcoholic rehabilitation centers. Surely this is not a sign of man's superior mental health or of society's eagerness to provide adequate care for these men. These differences make it hard to see who has the better mental health or who is better treated, but one can see that the style of expressing difficulties in this society is different for men and women, and that the treatment supplied by society is dif-

ferent.

Today it is fashionable to say there are no mental differences between the sexes except those inculcated by society's pressures and expectations. Some in the Women's Movement seem to claim extensive moral differences in which man's nature is bad or at least suspect, and women's nature good, or at least sympathetic. Freud is seen by this group as an arch male chauvinist creating a rationale for the continued oppression of the female. Despite the fashions of his time, he saw through the myths of free will, of the totally rational mind, and of childhood sexual innocence. It was his opinion he had not understood women. Although he was slow to discover that the early mother-child relationship was of fundamental importance in personality development — far exceeding the importance of the father, — he did nevertheless discover it. However limited and culture-bound his view of the female psyche, he treated his women patients' complaints — even the most bizarre — with a serious concern not always found today. He recognized the sexual needs of women and respected their right to a gratifying intimate life at a time when many considered sexual pleasure in a woman a mark of degeneracy or indecency. He struggled to understand women, and felt that the answer to the mystery eluded him.

Nor have later psychiatrists been content with Freud's tentative notions. Contemporary research has contributed new information, new questions, and much provocative data concerned with sexual differences and sexual development in both men and women.

What are the differences and the sources of difference between men and women? Psychiatrists have

long been interested and recognized these as important questions, while many others assumed the answers obvious, something everybody knew, or at least something somebody knew. Studies in the area have pointed out how confused we really are. The sudden emergence of a large number of males declaring themselves transsexuals and campaigning for sex re-assignment surgery has been startling, and has afforded an opportunity for study and for underlining certain basic facts. We have learned that we were wrong to assume that gender identity, social rôle, and sexual object choice followed inevitably from sexual anatomy. We now know that (morphological) sex, i.e. the physical form of the external genital organs, does not necessarily bring about the expected gender identity, i.e., the subjective feeling of being male or female. Furthermore, neither morphological sex nor gender identification insures whether a heterosexual or a homosexual object choice will be made. That a boy will grow up feeling himself a boy, inside and out, gratified in the rôle society offers, and sexually desiring and loving a woman, is only one of a number of possibilities. This outcome obviously has great value for survival of the species, but not necessarily for individual happiness. A species without built-in pressures in the direction of reproduction might have a happy, even a happier life, but it would be a short happy life. Meanwhile we do not know all (perhaps we know very few), of the factors that bring about this usual condition.

From psychiatric work with transsexuals we know that there are men who feel themselves to be women on the inside although they may desire women, not men, as

sexual partners. Such men may have a masculine appearance and usual male job, even a wife and family. Yet they may be obsessed with a need for surgical change — we don't know why. Other such men are thoroughly feminine in their interests and attitudes. Neither group has a hormone deficiency. Members are raised as boys by parents who consider them as male.

We do know that they usually experience their transsexual wishes by the age of 3 or 4. By that time, something powerful — we don't know what — has overwhelmed whatever built-in pressures toward male sexual, social, and gender identification there may be. Some operated male transsexuals marry men, adopt children, and disappear — some to the suburbs, some *perhaps* to The Women's Movement, but most are peculiarly old-fashioned women.

A few continue sexual involvement with women as lesbians. Many prefer single life, but are greatly relieved to live as women at work and in their homes. All help us see that gender rôle and object choice have separate developmental lines that cross and connect, but are not related in a simple or direct way. For reasons we don't understand, there are many fewer women applying for such surgery; those who do give quite different histories than the men. In many areas of sexual pathology, there are marked statistical differences between male and female. Fetishism, transvestitism, child molestation, genital exhibitionism, sadism, and rape are rarely seen in women. Hopefully this difference will stimulate studies of the hormonal, social, and psychological factors responsible for it, rather than be used to recommend a moral superiority of women.

The one unquestioned difference between male and female infants is that of male vulnerability. In the latter, mortality, birth defects, and morbidity are higher. One wonders, is there a connection between the XY chromosome structure and this enhanced vulnerability? The male has 5% less chromatin material than the female. On the other hand, Turner's syndrome, in which chromosome structure is XO, does not have this increased vulnerability. We need to study the psychic consequences of this vulnerability.

We know that all fetuses begin as morphologically female. Eve preceded Adam; she wore the rib. The fetus, regardless of chromosome structure, XX or XY, deprived of gonads, i.e., testes or ovaries, prior to sexual differentiation, will have the appearance at birth of a normal female. No female hormones are required during fetal life to produce female morphology; but to produce a normal appearing male, this basic female structure must be flooded with male hormones from the developing male testes. Does the effect of this hormonal change on tissue have some relationship to male vulnerability? What, if any, are the psychic consequences of this inchoate femaleness and subsequent hormonal alteration in men, and of the urgency of femaleness in women? There are many interesting and contradictory studies. As a consequence of circulating fetal gonadal hormones the hypothalamus changes its basic female cyclic stimulus to the pituitary to a continuous stimulus in the male.

Other studies suggest that sex hormone levels during fetal life affect other areas of the brain and thereby enhance certain different behaviors for males and females. At John Hopkins, John Money has described a group of girls brought

to his clinic for evaluation of their excessive tomboy behavior. It was discovered that all the mothers of these girls had taken a progesterone compound during the early months of pregnancy. Although these girls showed tomboy behavior, they did not show disturbance in gender or object choice. Animal studies have confirmed that fetuses subjected to very large amounts of progesterone compounds in the maternal blood stream are born with masculinized morphology and masculine behavioral responses. On the other hand, Money has reported on a little boy whose penis was burned off by electrocautery during circumcision. This child was subsequently raised as a girl with apparently normal gender development. Money has examined hermaphroditic children and found some raised as boys and some as girls with equal success. These naturally occurring experiments show that whatever contributions hormones make, the overpowering force is not physiologic, but within the parent-child relationship. Socialization, and its earliest *modus operandi*, the parents, make the ultimate difference, although we don't know how.

A number of infant-maternal interaction studies have been undertaken to determine the differential handling of newborn babies by their mothers as a consequence of sex of the infant. These studies have so far given interesting but contradictory results. The problems are obvious. We don't know what aspects of maternal-child interaction are important for gender identity, object choice, and social rôle, nor do we know what bits of observable behavior might stand for these important interactions. At U.C.L.A., Robert Stoller, M.D., through his many years of experience with male transsexuals, be-

lieves that a core conflict-free feminine gender identity is established in the earliest months of life, and that this is a consequence of the kind of intimate relationship between the mother and infant. He has observed that many of the transsexual boys in his study give a history of having been held in close contact with their mothers' skin for prolonged periods. He does not believe that the skin contact as such brings about the disturbed core identity, but rather, that the mother in this society who holds her infant in intimate contact with her skin for long periods is a different kind of mother, and has the capacity of bringing this particular feminine gender identity.

Perhaps now that femaleness and maleness have become social and political issues, we can expect more public support for this kind of basic gender research. Let us hope that this will not be research to demonstrate who is the better half. It should be a continuing effort to clarify what anatomy has to do with destiny — and what particular piece of anatomy is involved with what aspect of it. There is a variety of physiologic differences between men and women, which *may* enhance the development of sexual, social, and gender rôles, or *may* be totally overwhelmed by accident or intent in the course of psychological development.

Research into the course of psychological development and the factors which influence it is much murkier than physiologically based research. Even the subject to be studied has its blurry borders. We do know that adult men and women behave differently from each other in any given culture. However, the differences between the sexes often appear superficial when compared to the differences

between individuals of the same sex. Despite these established behavioral differences, attempts to determine the sex of the respondent by examining Rorschach responses, clinical histories, or dreams, are entertaining but rarely successful. The mental processes do not appear to be different. Society may define differing social rôles, and support different life styles for men and for women, but such does not seem to alter the internal psychic mechanisms.

In recent years, I was interviewed for an underground Women's Movement newspaper in Los Angeles. The charming young woman reporter was disheartened to hear that I had not been forced to trade sexual favors for admission to medical school. She also assumed I found women patients compared to men, to be less confident, more full of inferiority feelings and lower self-esteem. She was wrong to do so. From my clinical practice and personal acquaintance, it seems to me that men are as uncertain, as apprehensive, as guilty, as worried, as socially and sexually unsure as women. That is not to say that women don't have special troubles in this society, only that from the standpoint of mental health, they are no worse off because of those troubles than men are because of their troubles.

Societies tend to support for men and women those social rôles which will perpetrate that society's social forms. Successful and surviving societies become conventionalized to conserve their success. Often they conserve the good with the bad, and mistake one for the other. Nevertheless, it is social stricture we want to diminish, not social structure. The latter provides support and insures adequate functioning, both in the individual and society.

For women and men we want to insure the freedom to become adults, not the freedom to remain children. Our society has limited women by confusing a childlike state with femininity and has limited men by confusing a robot-state with masculinity. I don't know which is more limiting. In the context of clinical practice the only constant difference I have been able to identify between men and women is in sexual fantasy. Women get chased; men do the chasing, — but, there is plenty of individual variation. From observations of pornographic art, one gets the impression that style of fantasies varies from culture to culture, but contains these essential characteristics: Most daydreams, sexual, and masturbatory fantasies seem to come from early life and to embody infantile levels of sexual interest. The most intense and ubiquitous sexual pressures come from early experiences, form oral, anal, and phallic stages of personality development rather than genital. Genitality is the notion of using love and sex for mutual pleasure rather than for seduction and triumph, or for control, or for discharge of anxiety, or for reassurance of narcissism, or for fusion with an idealized person. Genitality as a level of maturation sometimes seems to be the great psychoanalytic myth. At best, it is a goal reached partially, occasionally, by a few, and always pre-genital forces are pulling at one's tenuous hold on it. Genitals are necessary for reproduction; genitality is not. Genitality may represent the highest level of sexual and personal maturation with whatever peace of mind, fulfillment, and happiness that may bring, but it is not necessary for survival of the species, or the survival of any society.

Most societies make use of pre-

genital modes as models for their rôle expectation and social structure. Being very passive, submissive, and trusting as a very young oral stage infant is emphasized in some of the Island cultures Margaret Mead described. Certain Indian cultures in the Northwest are preoccupied with impressing one another with the size of their gift suggestively similar to a child's being preoccupied with toilet training. In this so-called anal stage, possession and control of one's possessions and territory are very important — as mothers of children in "The Terrible Twos" will attest. Other cultures with which you may be more familiar, emphasize showing off what one has, and intrusively capturing what one desires to control, like the 4-year old Superman zooming over and often into Mother Earth, teasing, intruding, dominating. This "phallic stage" seems to be a model for much in our current culture.

Relationships between men and women have been defined by our society in terms of property rights, dominance, and submission, or the right of a male to capture a mothering person for himself alone. Individual men and individual marriages may not follow this limited objective, but laws, until recently, have supported that style of marriage. Current society has encouraged men to grow up at least to the phallic level, while supporting the infantilization of women.

In California, the husband is legally the director of finances in a household, even if the wife earns all the money. The husband's yacht may be tax deductible. Until Fall, 1973, the working wife's baby-sitter was not. Even this change in the law which makes child-care expense deductible for working wives, is limited to those situations in which

a woman can be said to work because of financial necessity, rather than by choice. This seems to suggest that what women do outside their home is expendable; what men do is not. However, the predominance of pre-genital modes in human relations is not limited to the relationship between the sexes. Whole nations are involved in phallic and anal level struggles. Power, territory, control, and possessions are everywhere highly valued.

Recently, as we have viewed the havoc wreaked and the possible future disasters this phallic allegiance has offered, we see a shift in values, a decrease in emphasis on demonstrable power and prestige, a lessening of admiration for what sticks out, and a new reliance and curiosity about what lies within each person. Perhaps we are turning back in ecological shame from identification with the Phallic Father to Mother Nature. We had forgotten her. It is she whose children are flowers, she who is attentive to the internal, natural rhythms, the organic and loving vibes, she who is full of intuition, the knowledge pre-dating speech, found in mystical and inner experience. It is a revival of goddess worship, the search for a fusion with the early delusionary view of the perfect unisexed mother.

We can forever vacillate between nurturing Mother and phallic Father. Perhaps we shall. The terms "penis envy" and "castration anxiety" arouse the ire of Women's Movement like the red cape of the matador. These terms are important historical landmarks in the understanding of the infantile mind. Penis envy is important, not because the penis is so much more important than any other body part, but because it was the first specific infantile envy discovered.

In other words, it was the first clue that children had intense envy of different body parts, and the functions of these parts. Breast envy, womb envy, envy of the capacity of mother to feed and to tend are no less important. Castration anxiety is similarly important as an early discovered anxiety related to fantasies about differences in bodies. That there are earlier and more potent anxieties is clear from the vastly greater number of requests from men asking for "castration" as transsexuals versus those from women asking for transformation into men. Such transformation — sexual re-assignments — are monuments to heroic surgery and our inadequate understanding of the interplay of the biological, social, and psychic forces determining social rôle, gender, and object choice. Such transformation demonstrates that physiologic men can make good psychologic women and physiologic women can make good psychologic men. Should young adults choose their "sexual assignment" along with their mates and life styles and careers? It is the only repair job we can currently offer for damage we don't know how to prevent or undo. Social sex re-assignment — women football players, police officers, construction workers, etc. — are responsible stop-gap measures, over-due apologies for unwarranted limitations on women's use of their full potential as human beings. These symbolic acts of reparations are no solution — perhaps women can become as competitive, intrusive, dominating, criminal, alcoholic, and ulcerated as men — with a little effort to compensate for the contribution testosterone may make. But to what end?

The Women's Movement might be a constructive alternative, not

moving toward female chauvinism and/or Mother-goddess worship, but pushing men and women a small step forward toward genitality and mutuality. As Rudolph Dreikurs commented in *The Marriage Relationship — Psychoanalytic Perspective*, "There is no tradition that teaches us how to live with each other as equals in mutual respect and trust." Without such a tradition we must respect each other's efforts in the endless variety of experiments in life styles and personal fulfilment, no matter how bewildering or different from our own. Psychiatry must support those forces in society, as well as in the individual male or female, which enhance the struggle toward mutuality, or genitality, that mode in which differences join together for mutual pleasure and creativity.

Martha Kirkpatrick, M.D.



IN MEMORIAM

Richard Robbins Casady, M.D.
1915-1974

Born in Pueblo, Colorado on September 5, 1915, Richard grew up as the youngest of five children. His father, an Episcopalian Bishop, held a degree in Psychology; his mother was active in the church. His brothers and sisters early left their home to go to school, and in so doing rendered him by the time he reached his teens, virtually an only child.

He became then very much involved in puppetry, even carving his own dolls and putting on shows. Later he entered the University of Iowa, where, after starting out pre-med, under the influence of the philosopher Feigl, he changed his major to Philosophy, subsequently transferring to the University of California at Berkeley, he obtained his bachelor's degree in that chosen field. Meantime, involved in Drama, he acted in many plays. Undergraduate studies were interrupted for one year when he enrolled at the San Francisco Art Institute to study painting and sculpture. There he met the well-known puppeteer, Perry Dilly, and became part of his troupe. Following his graduation, he returned home because of his father's failing eyesight. About a year later he entered University of Oklahoma Medical School, yet continued to give puppet shows. During one he fell in love with an audience member, who had sneaked back stage to meet him following the performance. Her name was Dorothea Stevenson, and soon after his transfer to U.S.C. School of Medicine, in 1943 they wed.

Military service and a year of

residency in Internal Medicine at the Hospital of the Good Samaritan in Los Angeles preceded his studies in Psychiatry at the Brentwood Veterans' Hospital. Here he entered into lifelong friendship with some of the other residents also interested in training in child psychiatry, a subspecialty whose time had not yet come in Los Angeles. With such dissidents as Rocco Motto, Marshal Schechter, and others, including myself, he helped to convince the V.A. to provide a brief exposure to children at Juvenile Hall. That marked the official beginning of Child Psychiatry in the area. Since there were no Supervisors, with a larger group of residents a study group was formed, and, under the tutelage of Dr. Hanna Fenichel a private course on Child Development was organized. Out of same eventually, the Los Angeles Society for Child Psychiatry was organized. With his creative mind Dick was in the forefront of all these activities, a co-founder, with an unusual pioneer spirit which ultimately brought not only Child Psychiatry, but also soon after to Los Angeles, a child analysis program. He joined that after the arrival from England of Mrs. Margarete Ruben and Dr. Miriam Williams.

Those were wonderful times, full of learning, struggling, discovering, and achieving. With his "Sturm und Drang," Dick was an integral part of this epoch of growth for the community, the Institute, and ourselves. His name will forever be linked to this period of educational and scientific development and progress.

His style of working best came through in child case presentations, which reflected his ability to make use of his artistic flair in his treat-

ment of children. Somehow, his child patients always enjoyed clay modeling. Thus, with his encouragement, they were able to express their conflicts through clay figures. In this way, capable of combining psychoanalysis with artistic talents, to the benefit of his patients, young and old, he could remain active as an artist throughout his professional life, and was fortunate to be able to share his art studio with his wife, Dorothea, and their sons, Robin and Chris.

His sense of humor and his creativity also combined to enliven the early out-of-town meetings of the Child Psychiatry Society. In those early days membership largely comprised the candidates in Child Analysis Training. The speakers of that period were Rappaport, Rangel, and Redl, to name a few. After the heavy scientific programs, Dick had the energy to put on a puppet show, in which the main character was a heavily accented Viennese child psychoanalyst by the name of "Dr. Rubichell" — (whose name condensed that of his teachers Mrs. Ruben and Dr. Fenichel). In them he would caricaturize our training program and ourselves, the trainees, in a most original and humorous way. . . . neutralizing the tensions associated with the rigors and contributing thus to the success of the child analysis program of that time.

Although the scripts for these shows were a group effort, Dick played all the parts in the performance. Small surprise that he delivered a paper on *Puppets in Therapy*. He read that to the West Coast Puppetry Guild in 1961, and a similar paper before the Department of Theatre Arts at U.C.L.A. in 1967.

He authored several other papers as well. In them one glimpses some

REPORTS OF SCIENTIFIC MEETINGS

BRIEF PRESENTATIONS

Date: December 5, 1974
Reporter: Harvey Lomas, M.D.

An informal gathering of members and associates attended the first of a series of brief presentations. Fred Kurth, M.D., the first speaker, delivered clinical material from the lengthy analysis of a woman who, during it, had periodic breast feeding difficulties especially around weekend separations from her physician. Lactating problems were correlated with brief and prolonged negative therapeutic reactions. Empathic interpretations were correlated with filling of the breasts. Interruptions of any sort, on weekends, following missed hours, or interpretations experienced as hurtful, caused breast feeding difficulties. The clinical material provided an opportunity for wide ranging discussion.

The second speaker, Harvey Lomas, M.D., following up his initial speculations on graffiti, presented a brief paper with clinical material wherein wall-writing appears in the treatment. Two severely disturbed patients wrote angry comments on the wall in connection with therapist from patient separation. The inscribing was interpreted as an act of revenge, the turning of a passively experienced humiliation into an active one involving the therapist. These cases substantially support the previously speculative notion that wall-writing is connected with destructive wishes prompted by separation, neglect, or left out feelings. Such would explain its common occurrence in

instructor where personally I had the pleasure of teaching with him several times.

Even though his health was beginning to fail he wanted to continue to work because of the enjoyment it brought him. Such devotion reminds one of another artist and psychoanalyst: Ernst Kris. He once remarked how much *he* enjoyed doing psychoanalysis, and how surprising it was that a living could be made at doing something so enjoyable. So it was with Dick in his work. How well he understood that our patients can give us riches far greater than money.

We all have suffered a great and irreplaceable loss now that Dick is forever gone. The Institute is deprived of an esteemed colleague and clear thinker, the candidates an unusual and talented teacher, and his patients, a devoted and skilled analyst. Those of us who had the good fortune to have known him personally, lost a very dear friend as well.

Heiman van Dam, M.D.



of his many interests in medicine, art, and children: *Development of a Psychological Program in a Tuberculosis Hospital* (Journal of the Diseases of the Chest 1953, XXIV); *Sexual Problems of Children: Their Detection and Management* (Sexual Problems, Charles W. Wahl Editor, The Free Press, New York, 1967) and *Creativity—Children and Adults*, as yet awaiting publication.

Dick had been associated with U.C.L.A. School of Medicine from its inception and recently he had become involved there in a research project, wherein as an Assistant Clinical Professor, together with Azeroff and Moss, he was involved on the pediatric ward in the Psychological Preparation of the Child for Hospitalization.

Between 1960-1963 he gave up his private practice to become Medical Director of the Observation Clinic for Children, under the auspices of the National Charity League. Here he was able to do infant observations in a well-baby clinic, to counsel with parents, and to continue to treat children. His broad range of interests also led him to become involved with the Peace Corps as a psychiatric examiner.

His other community activities, too numerous to mention, involved participation in a nursery school for autistic children and membership on the Board of Directors of the Country Schools. More recently still, he was involved in the study of U.C.L.A. campus problems, organization and training of personnel for the Pacific Palisades Hot Line, a phone listening service for young people, for many years a Consultant at the Reiss Davis Child Study Center, and, as an instructor at the Center for Early Education. He taught in the Los Angeles Psychoanalytic Institute as a senior

lower class communities, among children and adolescents, homosexuals, and disenfranchised college students including frustrated physicians-in-training.



LEARNING DEFICITS AND EGO DISTORTION

Speaker: Morton Levitt, Ph.D.
(Benjamin Rubinstein, M.D.,
co-author)
Date: October 17, 1974
Reporter: Harvey Lomas, M.D.

It is becoming increasingly clear that early childhood experience in large measure determines a child's response to school, particularly his attitude toward learning. Levitt and Rubinstein are among those who have for several years been engaged in the study of cognitive disorders. In 1958, before the American Psychoanalytic Association, they described a syndrome known as "learning impotence." In the current presentation Levitt reported on the investigation of twelve 8-16 year old boys whom he and Dr. Rubinstein studied by means of child analytic techniques in order to determine more precisely the nature of their learning difficulties.

All the subjects had a superior IQ despite very poor reading, math, and spelling performances. They shared in common a relentless, self-defeating attitude toward school, were constantly in difficulty with adults, and suffered from severe orality, moderately severe obesity, poor object relations, and a kind of pseudo-delinquency. All shared an intense disturbance of their mother-child relationship stemming from the first year of life, according to reconstructions from their analyses.

Drs. Levitt and Rubinstein suggested that these cases may be compared to a more or less constant "negative therapeutic reaction," i.e., a perversely negative reaction to life in general, and to learning in particular, — best demonstrated from study of the analytic transference in which it was characteristic for these boys both to seek out and to be attached to painful experiences with the therapist. As a result, most of them profited but little from the work.

Spitz, A. Freud, Kohut, and others have suggested that such cases arise from a failure of self-object differentiation. Levitt and Rubinstein speculate that learning impotence and the resultant ego distortion result from a heightened mother-child ambivalence during the symbiotic phase of early childhood development. The effect is a total, more or less permanent personality distortion. Examples of the kind do not fit our classical understanding of a neurosis or psychosis. They are characterologic disorders developing out of an interference in the development of defenses which leave a permanent ego rent.

The authors hypothesize that ordinarily adaptive ego functions, such as cognition, are committed to the service of warding off and dealing with intense affect, and thus are unavailable for new learning. Puzzling to Dr. Levitt, however, is the observation that his cases were not frankly psychotic, despite seeming to be arrested at Mahler's symbiotic phase. More in agreement with her data, the authors were able to confirm the young ego's exquisite vulnerability to maternal interference in the separation-individuation struggle, documenting the crucial rôle of maternal affects. A mother's anxiety or depression indeed can inter-

fere with gradual separation and self-learning.

In their cases, Drs. Levitt and Rubinstein, from the analysis of at least one mother, found great apprehension at each stage of childhood development: "How will John get along?" she asked, aware that he was found to be at least two years behind his expected level in school with a measurable IQ of 90, despite beginning it with an IQ of 135.

Dr. Levitt then pointed out how helpful he finds the ideas of Melanie Klein in treating such difficult cases. All of them suffered from severe depressive and paranoid anxieties, each with much aggressive orality and anality. Thus consumed by intense affects, the children were unable to perform what Piaget refers to as physical acts on the environment as the prelude to learning (thought activity).

Subsequently he focused upon one specimen example:

Peter was in analysis for five years. He cried incessantly from birth, and wore his mother down to the point that she felt unable to do anything to gratify him. Numerous professionals were consulted on the issue of his sphincter control. Despite a superior IQ he did poorly in school. Describing the paucity of his relationships he alluded to himself as a "large lima bean surrounded by little tugs." Pushed around, he never pushed back. By the time of treatment Mother was ragged and harrassed.

Early in the analysis, Peter described taking food to bed, eating large quantities of it, and masturbating without pleasure. He became increasingly guilty and defensive. Peers exploited him, and when angry he would smash his own prize possessions. Mother, a narcissistic,

attractive, and immaculate woman was so compulsive she wiped Peter's rear until he was 8, and Peter himself felt guilty moving his bowels.

Later in the analysis, he developed an abortive interest in a girl in relating which to his analyst Peter said, "I can't let you succeed, even if I don't get well. You give me nothing; I give you everything, you asshole." . . . and when the analysis ended, Peter felt some trust for the analyst, but was unable to love.

In summary, 12 cases were studied by the authors over a period of 4-14 years. Only one patient finally accepted the couch; *he* went on to become a physician. The remaining cases mildly improved; all were graduated from high school, none from college. Eventually they were absorbed into family businesses.

Discussion

Morton Shane, M.D. felt that in these cases we see problems at all levels of development. Early difficulties contaminate later development, resulting in a grossly distorted personality. He commended the authors for their frankness and refreshing honesty. Rarely do we have good results with such borderline patients. They are unable to sustain a therapeutic alliance with the analyst. They cannot utilize interpretations until much later in the treatment. The analyst is a parent surrogate; the patient requires a real relationship before he can accept an analytic/interpretive one. These cases, in Dr. Shane's experience, require great patience, for interpretations given too early or too heavily result in a negative therapeutic reaction. Shane concluded his remarks by reviewing ideas of the leading psychoanalytic theoreticians on the subject of etiology, concluding that we are on

difficult ground when we talk knowingly about the first year of life.

Robert Dorn, M.D. thanked Drs. Levitt and Rubinstein for their pioneer efforts in the borderlands of the mind. Therapeutic results may not be striking, but work with these patients has much to teach us, if we can curb our therapeutic zeal.

He was critical of Dr. Levitt's too simplistic view of the difficulties in these cases and called attention to the work of Greenacre, Shur, and several others who have retrospectively studied the preverbal era from the standpoint of psychophysiologic equivalents to verbal data, i.e., preverbal autonomic and kinesthetic memories, and the like. He presented material from the analysis of an adult woman who most likely would fit into Dr. Levitt's series and described the multiple levels from which the patient operated in the analysis . . . tantamount to communicating with all parts of herself, with "all pores open," so to speak. The net result was constant interference with cognitive functioning. In essence, Dorn felt these patients were unable to verbalize intense preverbal affecto-motor memories, memories which presented themselves as feelings, and actions sometimes vague, sometimes referred to specific organs or organ systems.

Sam Sperling, M.D. criticized the non-specificity of Dr. Levitt's attempts to locate the origin of his patient's difficulty in the first year of life. Introducing the idea of the negative therapeutic reaction makes things somewhat sharper. Negativism, Dr. Sperling reminds us, is a characteristic of the anal phase of development, a later stage, and is a defense in the service of advancement towards independence. It acts to prevent fusion with the mother

with its consequent loss of self. If the therapeutic alliance can be equated with loss of self, then the negative therapeutic reaction is a defense against such a loss. And what do we mean when we speak of cognition? Actually, much learning had occurred, sphincter control for example. Dr. Sperling wondered what perceptual areas were disturbed. We find with these patients a tendency to experience analytic interpretations as food, thus, they repeat, in the transference, problems around eating, digesting, vomiting, etc.

Dr. Levitt agreed with Dr. Shane that the analyst is like a parent surrogate. He still hears from these patients. Seemingly they never want to let go of the analyst. He agreed that the theory presented doesn't "wash the entire load of laundry." Father's rôle is no doubt important in these cases as an example of the impact of later experience. Such particularly proved true around the issue of impulse control. He thanked Dr. Dorn for his helpful clarifications and agreed that all zeal needed to be curbed.



PSYCHOANALYSIS AND PSYCHOLINGUISTICS: THE SCOPE OF PSYCHOANALYTIC PSYCHOLINGUISTICS

Speaker: Maurice N. Walsh, M.D.
Date: November 14, 1974
Reporter: Harvey Lomas, M.D.

Dr. Walsh apologized for his cursory presentation of a subject with a voluminous literature. At best, he could introduce us to the field of psycholinguistics, and point out the

contributions psychoanalysts can make to the study of the origin, development, and use of language. Indeed, it was Freud (1910) who suggested that we could better understand the primary process as expressed in dreams if we knew more about the origins of language in general and particular.

Dr. Walsh's interest in the subject stems from his observations of children in their struggle to acquire speech and language. Victor Rosen's investigation of psycholinguistics revealed a probable pre-linguistic phase in the development of thought as well as a pre-cognitive phase in the development of language. While language can be reproduced independent of speech, for example by gestures and writing, speech is not independent of language, although it is independent of meaning. Werner and Kaplan have described how the earliest word symbols are fused with the thing-object, while the ability to categorize things depends on a defusion of word from thing. This of course must parallel the differentiation of self from object, reminiscent of Freud's description of the schizophrenic's language in which words are treated as things. These patients who suffer greatly in their lack of self-object differentiation have parallel difficulties in their use of language.

Greenman, in 1948, postulated that language arose as an attempt to influence distant objects. Psychoanalysts such as Hoffer, Greenson, et al. have discovered this to be true from clinical practice. So-called explosive sounds (consonants) and gestures appear in the analysis as early remnants of speech origin. Others have speculated that language serves the purpose of a barrier to stimuli, while Walsh has suggested that language has a tran-

sitional object quality. The development of language use parallels the transition from the gestural-visual sphere to the auditory-motor sphere. Psychoanalysts of course have made a significant contribution to the study of words, gestures, the communication of affect, etc. Psychoanalysts have a major rôle to play in the theoretical development of psycholinguistics, and Dr. Walsh would urge us towards meaningful interdisciplinary research.

Discussion

Jacqueline Lindenfeld, Ph.D. described the duties of linguists. They study the structure of language, individually or comparatively, focusing on the rules of syntax and semantics. They are also involved with the study of language in the context of individual and cultural development. Anthropologists, such as Dr. Lindenfeld, suspect that vocalization became the ordinary means of expression of language when men began to use tools. Toolmaking required use of the hands which made gesturing increasingly difficult and vocalization necessary. Linguists are becoming increasingly interested in the data of psychoanalysis, particularly the study of sequential associations and the avoidance of painful material.

Jerome Karasic, M.D. acknowledged Dr. Walsh's contribution to the study of language and superego development. We analysts of course are constantly interested in the use of language, for words are the medium of analysis. It is through the use of language that we gain mastery over the unconscious. The child analyst is in a unique position to study the development of language. During the successful treatment of the autistic child one can trace the development of meaning-

ful communication, both gestural and vocal, and one can observe the simultaneous development of cognition and memory. Speech and learning difficulties are the stock in trade of the child analyst. Dr. Karasic proposed a developmental line for language. First comes reflex expulsive communication, the infant's cry, which can be differentiated into cries for hunger, cries for abdominal distress, cries for changing soiled diapers, and the like. There is a line from crying to the aggressive-explosive sounds. Next, the autoerotic phase can be characterized by playing with sounds, and this in turn is followed by the phase of mastery, not only of the anal and urethral but the oral-glottal sphincters as well. Stammering makes its appearance during this time, and is thought to be related to ambivalence and anal control problems. With further separation/individuation comes differentiation of primary and secondary processes and more sophisticated speech and finally, the Oedipal phase with language in the service of differentiating the parents and the child's relations with each parent. With latency comes language in the service of learning.



THE PSYCHOANALYTIC SITUATION AND THE TRANSFERENCE NEUROSIS

Speaker: Leon Wallace, M.D.
Date: December 19, 1974
Reporter: Harvey Lomas, M.D.

Dr. Wallace clearly and cogently discussed his views of the basic ingredients of the psychoanalytic situation. In the tradition of Freud, Greenacre, Stone, Zetzel, and

Greenson, he presented a most interesting case to illustrate schematically stages in the emergence and evolution of the transference neurosis, proposing division of the analysis into four stages:

1. the development of initial rapport between analyst and patient,

2. the stage of turbulent transference neurosis,

3. the stage of stable transference neurosis,

4. the stage of termination.

Dr. Wallace stressed the importance of Greenacre's concept of the basic transference in understanding how the psychoanalytic situation facilitates the development of the transference neurosis. With its roots in the early mother-child relationship, the psychoanalytic situation provides for a form of sublimated love, a reciprocity between analyst and patient, and an attention toward the patient on the part of the analyst akin to the original mother-child caretaking situation. In this context, the analyst uses his own need for a relationship to awaken similar needs in the person under treatment. With his neutral stance toward associations, and by means of interpretation, the analyst makes possible the re-emergence of old ways of relating for the purpose of psychoanalytic work.

To illustrate his ideas, Dr. Wallace presented the case of a young married woman with a past history of drug use and prostitution during late adolescence. She initially presented herself for treatment because of vague marital and general life unhappiness. After the establishment of good rapport, the analysis began with an outbreak of discontent. She was aware of its relationship to her mother, an invalid with multiple sclerosis, and to her younger brother whose birth she re-

called with poignancy. A lengthy period of acting out and other transference resistances were described. Following the working through of that stage, a relatively conflict free working alliance in the analysis emerged. It was almost addictive (satisfying) in quality, significantly ushered in by several hours of a kind of sleepiness and contentment. The surfacing of sexual desires for the analyst ensued, first acted out then only voiced. Subsequently there appeared elements of the early mother-child relationship characteristic of the basic transference. Analyzing and working through that material allowed the transference neurosis to be diminished, and the patient to become ready for termination.

Although Dr. Wallace's case may not be fully representative, it did allow him to demonstrate the more or less orderly development of stages in the emerging transference neurosis.

Discussion

David Brunswick, Ph.D. felt that Dr. Wallace's case gave the impression of an excellent piece of analytic work. Nonetheless, Dr. Brunswick could not agree that the data supported the division of the transference as presented; indeed, Dr. Brunswick did not believe that one ever sees the clear-cut development of a transference neurosis. Furthermore, this unusually complicated case may not have been as representative as Dr. Wallace suspected. Dr. Brunswick contested conceptualizing the transference as an addiction, suggesting instead that one dealt more with this particular patient's previous drug addiction, and severe oral problems, without imputations for all patients.

Dr. Brunswick agreed with Wallace's conceptualization of the basic

transference and the importance of initial rapport. He stated that he must like the patient in order to proceed with an analysis, then thanked Dr. Wallace for his excellent presentation urging him to continue his work in the area under investigation.

Heiman Van Dam, M.D. too thanked Dr. Wallace for his clear and helpful elaboration, particularly of the phases of the analysis with which he wholeheartedly agreed. The addictive quality of the relationship was specific for this case and not a general phenomenon. The drug or the analysis can be used like a transitional object, something which makes the person less dependent on the external world.

This case demonstrated the patient's readiness to complete her childhood, something which was facilitated by Dr. Wallace's skillful interpretations. A gradual increase in the strength of the ego was demonstrated and the impulse disorder came under control.

Dr. Van Dam found similarity to Dr. Walsh's recent description of the development of the capacity for language and speech in the service of communication, with the diminishing of acting out.

Robert Dorn, M.D. enjoyed the talk and seconded its message that one must distinguish between action and *acting out* or the substitution of action for speech. He stressed that such is representative of struggles in the 18-24 month period of child development, perhaps preverbal. He wanted to hear more about the effect of the birth of the younger sibling and father.



1975
FENICHEL-SIMMEL LECTURE

ON RECONSTRUCTION

Speaker: Phyllis Greenacre, M.D.
Date: January 23, 1975
Reporter: Harvey Lomas, M.D.

It was peculiarly appropriate that Dr. Greenacre address the Los Angeles psychoanalytic community in the auditorium of an elementary school. First, as only analysis can, such took us, in search of reconstruction, back to oft-forgotten stages in our lives; second, she proposed as her major contribution to psychoanalysis, efforts to reconstruct the earliest times in her patients' lives, tying psychoanalysis and biology together in such a way as to make them mutually dependent: a lesson in (elementary) basic psychoanalysis.

Robert Dorn, M.D. introduced our speaker calling attention to her attempt to bridge the gap between preverbal experience as re-experienced in the transference, and the analyst's verbal experience. While Greenacre has been accused of imaginative speculations, she has in every way possible tried to document from biologic fact and infant observation.

Referring to Freud's work on reconstruction, she attempted a clarification of the concepts of *construction*, *reconstruction*, and *interpretation*. The first of that triad, construction, refers to the stuff of which a reconstruction is made, an interpretation being but a single element thereof. Constructions thus are tentative inferences, relying heavily on the material of the early hours, hours which contain the essence of reconstruction. They are the building blocks, speculations

which are confirmed or later on denied, ultimately composing a reconstruction.

Greenacre briefly illustrated how she thinks about the early hour material, using speculative fantasies of the early mother-child relationship later to be tested by the developing transference and through interpretation. Reconstruction on the other hand is an ongoing process in the analysis, a joint venture, where adherence to the fundamental rule leads to a *gradual* unfolding of relevant material, bringing together the child and adult parts of the patient.

Greenacre talked at length about the way she works, about how she conceptualizes the analyst's state of special listening, as if to music, a state which cannot be faked or computerized. She harkens to the patient's use of language, and watches closely. Somehow she does all this and takes notes as well, something which for her is essential and not an interference. The problem now is not how to understand the early material, but how to communicate it to the patient, how to develop a sense of discovery, of conviction. She pointed out the difficulty in working directly with screen memories and cautioned about asking patients to free associate to them. There is then in every analytic case, some walled off material, some acting out, some symptoms inaccessible to free association. It is the task of the analyst to put such behavior into words . . . and how such is accomplished is the point of Greenacre's work and was the essence of her presentation in this talk.



PSYCHOANALYSIS
AS A SCIENCE:
ITS CURRENT STATUS
AND FUTURE TASKS

Speaker: Robt. Wallerstein, M.D.
Date: February 7, 1975
Reporter: Harvey Lomas, M.D.

At a joint meeting of the local psychoanalytic societies, Robert Wallerstein, M.D. addressed himself to those who would criticize psychoanalysis as a science. Both within and outside of our field, criticism continues to grow, and we must continuously justify our private methods of gathering data, the way we talk about them, and our worth in general. Following in the footsteps of Sidney Hook (1958), Burnham criticizes our theoretical formulations as loose and non-verifiable, our evidence as private with no opportunity for alternative explanations, our drawing upon data in non-scientific fields of interest, and our interpretations as being no better than any other plausible explanation. We are all familiar with those who fault our language, our undue reliance on metaphor, our tendency toward reification.

While Wallerstein believes we are not as scientific as we might be, he has no doubt about our claims to scientific worth. Indeed, he and his colleague, Sampson, are among those who have contributed directly to our scientific aspirations.

Another criticism concerns a feeling of the sterility in new ideas, their lack of originality and vision. Ironically, it was Kohut in 1970, as part of a group of analysts studying the seeming lack of original ideas, who expressed the most pessimistic views of this problem. Eissler, in his paper concerning irreverent remarks, suggests that perhaps Freud

exhausted the major possibilities of the psychoanalytic method. Responding to the likelihood that Freud had gained all the knowledge possible from the method of free association, Eisler answers, "yes!" Using Kuhn's conceptualization, psychoanalysis is in the phase of "normal science." If we focus on Eissler's conclusions, how shall we explain Kohut's apparent landmark contribution to the understanding and treatment of narcissistic personality disorders, previously not accessible to psychoanalytic treatment? Wallerstein feels such a contribution demonstrates the vigor of our method.

Wallerstein would like to propose a different and opposite path. Psychoanalysis resides in both spheres, the scientific and humanistic; the orientation of natural science and cultural influence are familiar to us. As Sandler and Joffe have stated, psychoanalysis studies both subjective mental experiences of conscious or unconscious content, the why-experiences. The experiential world has its own rules of evidence, and we analysts study the non-experiential world of the mind, the metapsychological realm of structures and energies, of mechanisms, the realm of how-questions, of explanatory constructions. We study fantasizing and fantasies, dreaming and dreams, the non-experiential and the experiential. Wallerstein proposes as a future task to study defensive functioning. There are defenses which are themselves experiential, — behaviors, ideas, and affects serving a defensive purpose. There are defense mechanisms, constructs invoked to explain defensive operations. Our task is to study systematically the data of defenses, and equally systematically to study defense mechanisms, to study in other words the

"whys" and the "hows." Finally, we must study carefully the interface between both.

Discussion

Maimon Leavitt, M.D. did not relish the task of discussing this paper if for no other reason than that he wonders what contribution an educator and clinician can make to question psychoanalysis as science . . . but, that is, after all, what this is all about.

Dr. Leavitt is troubled by our "top-heavy theory," with elaborations to explain elaborations. Perhaps it is time for a revolution.

Dr. Leavitt pictures the interface between the how-questions and the why-questions to be the most crucial area of study, — that is, the area between what is known and what is inferred. He does not see how Wallerstein escapes the age-old mind/body question.

Rudolph Ekstein, Ph.D. recalled Schilder's remark that Freud discovered that life is full of meaning, but, while agreeing, noted that our interpretations are propositions for change as well, and that the subject must be studied more fully. Regarding metaphors, Ekstein recalled Oppenheimer's stating that there is no science without them. The danger is that we never advance beyond metaphor. Finally, Ekstein wondered if anybody is trying to find out what constitutes psychoanalytic researchers. We need more of them, whatever it is.

Sam Sperling, M.D. raised the issue of the danger of teleologic explanation and of mixing the how and why questions.

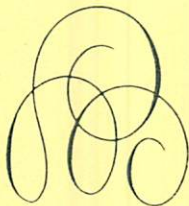
Meehl advances the argument that a science can be empirical but not experimental; astronomy is an example. There are problems in studying the data (records) of psychoanalysis; we have trouble ordering and summarizing (the consensus

problem); we have problems with circularity, generalizing and scientific controls. We cannot argue that each case is research. Erikson and Waelder hold that introspection and empathy are ways of knowing (cognitive identification), Ernst Kris that interpretations work by completing incomplete memories, that validation within the method has to do with the fit of the interpretations, their ability to connect psychic events, — but Meehl points out that review of records from analytic sessions demonstrates how often all the pieces do not fit together.

Holme (1966) advances the notion that there are two fundamentally different ways of studying man: the one *scientific*, the other *humanistic*. When we ask what psychoanalysis is all about, there is a lack of clarity in re the kind of thing we are discussing. According to Holme, Freud's major insight was that neurotic symptoms have meaning. A meaning is the creation of a subject, not the product of causes. In his excitement of discovery, Freud overlooked the logical implications of his thesis, leading to an abiding confusion of the scientific with the humanistic realms of discourse. Science asks how-questions; it explains and talks in terms of mechanisms, forces, and causes. The humanistic enterprise concerns why-questions, and interpretations are concerned with motives and individual meanings arrived at by means of cognitive identification. This is the only proper business of psychoanalysis.

Holme, Ryle, Schafer, Klein, et. al. feel strongly that there are no mind-stuff, ghost-in-the-machine, useful metapsychology, nor is there any sense in talking about the non-demonstrables. We must purge ourselves of metaphor and purify our

language. We are not less than science, but different. Of course, the concept of psychic energy has come under most heavy attack. Roy Schafer in his most recent paper, *Internalization: Process or Fantasy?* (Psychoanalytic Study of The Child, Vol. 27) has issued the most radical critique of late against our use of mental language, our use of motivation words, our notion of psychic locality (Chapter 7, Interpretation of Dreams, Freud). In Wallerstein's view, Schafer leaves us the equivalent of here-and-now existentialism. Holme and his followers warn us that we have taken on too large a task. While we should be concerned with the mental happenings of individuals, we cannot contribute much to a study of the mind of man. Our insistence at doing both leads to unending confusion. Wallerstein reminds us that it is the proper domain of physics to study particles of a mass as well as the properties of the particle-containing mass. Finally, George Klein proposed that since our two philosophies of inquiry create havoc, we should abandon metapsychology and stick to our clinical work.



CHAMELEON

The fifth cold day of drizzling rain. It was affecting people in a morbid way. They were restless, sullen. Even I was suffering from cabin fever, aggravated, to be sure, by being penned indoors instead of walking through the hills with my adventuresome and younger clientele.

Rain, rain, go away. Come again another day! . . . but someplace else. Please be so kind . . . and thoughts of kindness brought to mind the "milk" of it—or lack thereof—and then my patient, Tony.

Tony, teenage Tony!

His story threads through rain: how Pluvius, the God of it, had only smiles for him . . .

On Thursdays, every week, at 3 o'clock, he'd pedal to my door, then swing his long lean leg in half an arc around the narrow racing seat of his remodelled Schwinn with all its homemade parts . . . and straighten up and stretch . . . and loose the straps that tied his khaki green musette bag to its frame.

"Tony," I had told him; "I'm impressed. Redondo is a 30 mile ride. You make it every week by bicycle for just an hour of psychotherapy! That goes beyond the call of duty. Mind, I don't object, but *one* time, Tony, on a Thursday, even though it's California it's bound to rain.

"You'll see. You'll find yourself half-way between Encino and downtown L. A. and deluged. Washed right off the road! What would you do?"

He used to grin at me—a shy, sweet grin a little tinted by a flush. And then I'd ask him in, and sit him down, and tell him he could help himself to water if he wished (he never did).

I'd urge him sit there quietly at

least enough to catch his breath—to organize his thoughts and then report.

A wishful thought! He was so stingy with his words.

Descriptively?

Sad, black, round eyes—with lashes very long and hair as dark as charcoal, cropped to lengths of one-eighth inch around his oval head,—a pallid face, clean-shaven, and quite pleasantly symmetrical—except the imperfection of that tiny space between his two front teeth, which otherwise were polished, smooth, and white.

You know a funny thing? That boy rode up to see me fifty times! Redondo! All the way and back. Incredible!—but moreso that in one whole year it never rained a single drop upon his well-shorn scalp, musette bag, or his bicycle . . . not that it didn't on a Thursday once—No, twice in point of fact!

The first fell when I'd switched *his* hour to Wednesday . . . bright and clear, with gusty winds; the second . . . but I do anticipate. Come focus with your "high dry" lens. Let's have a peek!

I was introduced to Tony through his Mother's frantic call, but, before she'd coiled the spiral of her rambling prologue down, I'd go wading through the details of her own domestic plight:

Her marriage to a gunner's mate (retired RAF) respected bare amenities, and often slighted those. They were rarely seen together though they shared a common roof, and intended, once they'd raised the funds, to file for their divorce.

She regaled me with examples of her mate's sadistic streak, which included whipping Tony on the flimsiest pretext . . . and then, coming to the point of it, depicted in a rush, what the mainspring of her message

was—the reason she had 'phoned.

"I got home from doing marketing a little late that night, with some feelings of uneasiness as I approached my flat, . . . and my restless premonitions had been absolutely right.

"My husband (I still call him that) was crumpled in a heap and above him like 'Godzilla' I saw Tony poised to strike. He had kicked his father senseless with his combat boots and fists. My son had turned an animal; he panted, swore, and spat,—and he shrugged off all my tugging him like someone in a fit.

"His father's glasses smashed to bits were lying near his head, and blood was streaking down his face, his shirt and pants and shoes. I can't forget that horrid scene . . . I've even dreamt of it. I'd thought that Tony'd killed his Dad once he had gone berserk.

"That's when I called a friend of mine who told how you'd helped her. She said that once a son of hers did something similar . . . could I come talk with you?"

Rule of thumb, when I treat really little guys I've got to meet their folks . . . at least their Moms,—and chances are that periodically I consult with the distaff side. In adult psychotherapy it's pretty rare to have a face-to-face with kith and kin. Oh sure, there are exceptions,—some quite valuable, but in the main, for me at least, the guiding principle involves my knowing the cast of characters who people a patient's world just through his eyes. That keeps things "pure."

So, what then does one do with adolescents,—the youngsters in between?

Ought you run the risk of infantilization by collaborating with their Moms?—and in that way

align yourself with the "Establishment,"—and feed their inevitable suspicions—because you really are in cohorts behind their backs?

Or is it better out of hand to spurn a Mother's strong support? Be careful. Later you may want her help . . . like when the kid needs bus fare or a penicillin shot!

I find the 'teens have no pat formulae. I play them all by ear . . . and in this case I felt that meeting Tony's mother was desirable. She seemed so desperate. Besides, it wouldn't hurt to offer her some concrete image of myself and where my office was; they lived so far away.

She said a fifth of Cutty Sark lay empty on the sink; it more than probably whet "his" wrath, at best quite volatile. Surmising he had cursed the boy and ordered him about, she pictured harsh profanities—so much her husband's wont.

The climax to the main event, before the roof fell in, came when his father roughed him up. That broke the camel's back.

Her husband rode an ambulance and got himself sewed up, but couldn't let the issue drop, he'd come so close to death . . . and Tony wouldn't simmer down; he carried on all night, inveighing how the time had come to kill that "S.O.B."

Full fifteen years of beatings made him hate his father's guts, and being so much stronger now, he'd need just one more chance . . . and ended her soliloquy by begging me for help . . . while I, more fool than angel then trod bravely in and said,

"Just get him here at three o'clock next Thursday afternoon—which proved to be our trysting hour, the boy, his bike, myself.

Tony somehow made it through

the Summer's heat, ever on time although he wore no watch. He was undaunted by the winds of Fall. Traffic advisories warned trailers to avoid the highways—his appointed hour, he was there.

Winter would bring rains . . . and how exactly I should handle it if Tony lost a session to a storm, I wasn't sure. Such bridges would be crossed whenever we came upon them.

I had impressed on Tony that I "took appointments in dead earnest." I could be counted on to "break my neck" to keep them and I should expect the same of him, explaining how resistance can and often does do sabotage upon the best laid treatment plans—a sign of which could be one's failure to show up. He heard and nodded his consent.

We talked of many things. Should I say, "we?" Truth told 'twas I who set the pace. He was the Emperor Taciturn, back from antiquity, yet, on those occasions when I sank a probe to check, I found his animosity to do his Father in as keen as ever it had been.

Otherwise, I came to get the drift of Tony's interests, to heft his style and from it to assess some patterns of his life.

His thoughts short-circuited his tongue, by-passed it one fell swoop, as if the products of his mind raced straight through to his limbs. Of course! That's how he rode his bike. When his brain ordered, "pump," his engines would obey. The boy'd been trained like that by Father's handiwork: A lemming set upon his course like marching army ants!

But wait! This youngster wasn't simply strings of naked protein molecules. He had much depth. Repeatedly he'd let me tap rich veins of intellect. I'd felt his sensi-

tivity and found some traits unique, original. He had a flair to improvise, to research and invent.

I sensed that if I'd win his trust and plumb his inner dreams he could be Thomas Edison with proper therapy. But, he'd need a clutch or brake-device to harness his machine—some kind of switch or relay box midway between his ears... and how was I to work such tricks while meeting once per week, and under threats that stormy skies could rain our ballgame out?

How I digress!—because the tale of this stout lad is labelled “incomplete.” We never finished up our job. The youngster left the state... But, as I hinted earlier there was that second hour—the other time rain fell. Reporting it bears testament to how his logic worked and helped confront me, face-to-face with teenage paradox. It gave me first-hand wisdom how compartments of some minds may house both plus and minuses—existing side by side.

Forty seven sessions lay behind us; another lovely Thursday, this our forty-eighth... Tony cleared his throat to speak:

“I have to tell you; next week I can't come.”

I raised my lids, “How's that?”
The youngster continued, “some-

thing I must do... it's rather personal... at school.”

“But Tony, school is out next week; you told me so yourself.”

“Yes. I don't mean my own. U.C.L.A.”

“Huh! What's your business there?” with which he pawed the ground and looking at it, faltered, “Politics.”

“Tony, you'll have to tell me more. The year we've met and talked you've never shown concern for politics. Hey, look, I don't want to squelch you but we don't just cancel meetings on a whim. We discuss first 'why', then see. Remember, you agreed?”

“You've been hovering about a hair's breadth from murdering your Father and may yet... and go to jail. How do you justify what sounds like a caprice?”

“It's not caprice.”

“O.K.—let me hear it. What's the scheme?”

“It's really pretty simple; it's a march.”

“A march? to where, with whom, for what?”

“To protest Viet Nam. Next Thursday, Afternoon.”

“...and that's the reason that you want to skip our meeting?”

“That's right. I have to go. It's not a whim. Know why?”

...And his answer, mumbled,

pithy, muted as it was still trumpeted the call of adolescence... roared “ambivalence” so loud it rocked me where I sat,—its terms a clarion portrayal how conflicting tenets live together in a teenage skull, and never fuse their essences and cancel out.

In time I may forget his combat boots, the bicycle, musette bag,—and the rain—even the bloody pulp to which he'd beat his Father once (and planned to do again), but, so long as flickers in me some ambition to do battle with a teenage kid in turmoil, so long I shall recall his forthright words:

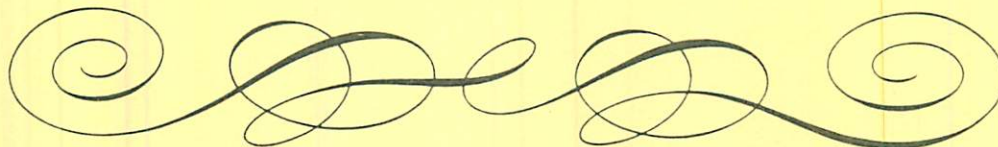
He looked at me, those long black lashes curling, and full earnest then repeated, louder now, “I must!”

“In all my life one credo has inspired me. Its philosophy prevails through thick and thin, and it holds abhorrence for any form of violence or aggression. So, you see I've got to march to protest Viet Nam!”

“Tony,—I,—you,—you're 'opposed to violence or aggression—in any form?'... Your Father?... but, ...I mean, you don't remember? ...you really want to march?”

So be it! Skip next week, next Thursday. Three o'clock!”

For what it's worth, it poured!
S.L.S.



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