

# LOS ANGELES PSYCHOANALYTIC BULLETIN

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The purpose of the Editorial Board is to publish a quarterly bulletin that will reflect a high level of scientific discourse in the field of psychoanalysis. While particular emphasis will be directed toward the psychoanalytic situation in Los Angeles, contributions from other national and international sources will be welcomed and encouraged. The editors will consider papers dealing with theoretical and applied psychoanalysis, reviews of psychoanalytically relevant books, reports of scientific meetings, essay reviews, brief communications and letters. Materials can be accepted for publication only on condition that they are contributed solely to the Bulletin.

All opinions expressed in the Bulletin are those of the authors and do not necessarily reflect those of the Los Angeles Psychoanalytic Society and Institute or its officers. All manuscripts, letters and business communications relating to the Bulletin should be sent to the Editor, Los Angeles Psychoanalytic Bulletin, 2014 Sawtelle Boulevard, Los Angeles, California 90025. Manuscripts should be typewritten, double-spaced on 8½ x 11 paper.

## INTERVIEW WITH IVAN McGUIRE, M.D.

by F. Robert Rodman, M.D.

Dr. McGuire is a forceful man who expresses his opinions unstintingly. For many years, he practiced in an office in the City National Bank Building in Beverly Hills, the only analyst there. He could sometimes be seen taking walks, a tall and substantial figure, ramrod straight and going his own way. He had (and has) a faintly bewildered air about him, and frequently the beginning of a conversation would be slightly confused, to be followed by a sudden moment of clarification and, often as not, loud guffaws all around. He was and is a very amusing man, ready to take the comic view, and this influences all discussions of psychoanalytic subjects. He has a rough-hewn western sort of humor, his laughter that of a frontiersman used to first principles, and it clears the air, it is satisfying. He is now 73, reading novels as always, still quizzical, unclassifiable, ready to laugh, and to talk.

McGUIRE

It's somewhat a waste of technical ingenuity to record anything that I have to say.

INTERVIEWER

That's what you said on the telephone.

McGUIRE

Because I've talked for many years.

INTERVIEWER

To individuals.

McGUIRE

Well, no, I've talked to the whole group.

INTERVIEWER

Wasn't it a long time ago, though?

McGUIRE

When I was Chairman of the Faculty Committee, I gave a rather long dissertation upon the nature and function of the Faculty and the Institute . . . it was quite a long time ago. When we were still over in 360 Bedford.

INTERVIEWER

I know some people that don't even know what you look like. You're sort of a legendary figure now. Probably most of the younger people don't know anything about you.

McGUIRE

Well, there are at least two or three generations of candidates that I used to know all of. Because for quite a while I was Chairman of the Admissions Committee. Then I got to know most of the candidates and certainly when I was Chairman of the Faculty Committee I used to know everyone. But that's when we were young and small. Now there are many that I don't know of. Of course, it's understandable since I don't go to meetings very much, if at all.

INTERVIEWER

Why don't you?

McGUIRE

I don't know, but I worked very hard for a period of at least 15 years, and somehow or other I felt that it wasn't entirely a waste of time, but the law of diminishing returns began to operate a little bit overtime.

INTERVIEWER

So you finally more or less dropped out.

McGUIRE

Yes.

INTERVIEWER

You used to represent a certain kind of influence in the Institute. I think it was in the 50's and 60's when people were coming to you. They were dissatisfied with the rest of what was going on in the Institute, and you had a different point of view, which affected a lot of people. And it spread. This was before Klein became important here.

McGUIRE

Yes, this was some time before that. I was somewhat disappointed, of course, one shouldn't be — the whole structure of the scientific revolution doesn't admit of such luxury as to be disappointed that things don't go the way that you think that maybe they should, but — I must say that I was astonished a few times when people would come out — I remember the days when people like Herbert Rosenfeld came and brought the true Kleinian way and suddenly it was like a new religious conversion almost. And that played out, and then something else. Then I heard, with the demise of Bion and so on that they had to switch over to Kohut. Of course, he disappeared too. Who the new guru is going to be, I don't know. This is something I am so opposed to, absolutely. All my energy goes to opposing any sort of belief or attitude that would have a tendency to bind one's thinking into a closed system — which these things are — closed systems. They follow a sort of physical law of entropy; it shouldn't be that way. You have got to keep the thing open.

INTERVIEWER

Why do you think it happened?

McGUIRE

I don't know, I think it was that way everywhere — that the Institutes began to split under some schizoid process of splitting.

INTERVIEWER

All around the country?

McGUIRE

All around the country, in New York, Chicago, Philadelphia, every place. I was witness to it here. It was a fascinating thing. I was here and opposing the thing. There was nothing

scientific about it whatsoever. It was a question of opposing cults, opposing religious orders that were jockeying for supremacy.

**INTERVIEWER**

**What were they? What were they in the 50's with the original split? What were the cults?**

**McGUIRE**

I don't think it was clearly defined at the time. There were a couple of groups . . . interestingly enough, as it so often happens, there were women in charge.

**INTERVIEWER**

**What were they representing?**

**McGUIRE**

Nothing. It was never clearly defined. Ostensibly, one was representing the true, orthodox way. The new Institute, the one that split off, was supposed to be more adventurous, more liberal, and with a tendency to embrace new views and deviate a little bit from the true past. Of course, I think the whole thing was nonsense. It had no validity. Ultimately, they come back together anyway.

**INTERVIEWER**

**But if there was a widespread splitting going on around the country, why do you think it happened?**

**McGUIRE**

I think it became top-heavy. We went on for a period of eight or ten years where they didn't make a new training analyst. The old Education Committee, in the old days, was tight and in-bred and in-grown. If you read this book by Janet Malcolm (Psychoanalysis: The Impossible Profession) . . . I could duplicate that a half dozen times — personal knowledge — that people work long and hard, and were really serious people who were dealt with very badly when it came to promotion. To being advanced in the hierarchy. In other words, it was more like a religious system than it was a scientific — and New York, this book depicts it very clearly, to advance in their hierarchy was almost impossible.

**INTERVIEWER**

**What did you think of Aaron Green, the analyst she interviewed? Is he the sort of person you think should have gone up in the hierarchy?**

**McGUIRE**

No, I don't think so. In fact, I don't think most of them should be. Certainly he was a person who complained bitterly about not being accepted. You wonder why he wants to be accepted in the first place. If someone feels that way about the powers that be, and they would suddenly relent and take him into the fold, then you would wonder about him that suddenly he becomes a true believer and a defender of the faith, and he wants that acknowledgement from them. He is opposed bitterly to them, but as soon as they acknowledge him, he is suddenly one of them. Nothing very scientific about it.

INTERVIEWER

So, the people here were frustrated, because of all those years they couldn't get into the hierarchy. And if they weren't accepted by the establishment, then they could embrace a new sort of cult.

McGUIRE

Exactly. This is true, as soon as someone came and offered some possibility of a break-out, some chink in the armor, here is somebody who can break out without killing himself or without being destroyed or drummed out of the establishment completely, without being a heretic or burned at the stake. Here is a way to do it — you can become a Kleinian, or some other thing — they always had a name attached to something. It was a way of achieving something within the establishment without really opposing it, which is what happened. Those that became ardent Kleinians, at one time they started out as Fairbairnians, but they didn't have anyone to represent Fairbairn. I was the only one who did it and encouraged it. But as a point of departure or as a starting place, not as a whole school or way of thinking. It was just another attitude or way of approaching problems you have to deal with every day.

INTERVIEWER

That's partly what drew so many people to you — before the Kleinian thing happened? Primarily it was Fairbairn's ideas or your own ideas?

McGUIRE

I think this was true, a number of them did. And they still freely acknowledge it. And most of them never became — they never were drawn into the Kleinian group, for example. They stayed fairly independent of it. Some of them didn't. It was disappointing that some of them embraced with fanatical zeal, almost a monkish type of fanaticism, almost in the same way that the old adherents did to the old orthodox. Some of them did, and some of them didn't. They went along, they functioned within the group. But if you talked to them individually and privately, their thinking was fairly independent. This was always my idea or hope at least, that progress would come about — through work within the system. And sometimes, this did occur. But other times, the need for the articles of faith, a real catechism, to be a true believer is a powerful thing. To create religious systems. And sometimes, I think, this gained ascendancy over a person's thinking and functioning — with some people. With others this was not true at all. It was still very hard within the Institute — well, you can read it in this Malcolm book. There has been nothing new. It shows how hard it was to advance from say a priest to a bishop to a cardinal. A cardinal's hat is hard to come by! More difficult than becoming a training analyst! A lot of this is history.

INTERVIEWER

Can you be more specific about what drew people to you?

McGUIRE

Most of the people that I had actually — I was the second and sometimes their third analyst — most of them — I can't think of any that I had as the first and only analyst. Mostly I was the second and sometimes the third.

INTERVIEWER

What were they hungering for that you supplied?

McGUIRE

That's hard to know. I don't think it's something they knew or could conceptualize. Perhaps it was sort of a different way of looking at a problem. Maybe it was the freedom that they wanted to have a different view of things. To think about it independently themselves.

INTERVIEWER

But it couldn't be just any alternative view, could it? Something about your alternative point of view must have had special appeal. Perhaps I could speculate. You speak in very simple, earthy terms. Your emphasis has to do primarily with reaching for love, wanting to be loved, wanting to give love. There's some sort of fundamental reaching out that's always going on that got twisted up in infancy, and if you can only recognize that, and somehow make your interventions direct to it. Maybe it has to do with object-seeking.

McGUIRE

I think that this is true. Of course, this was also true of Fairbairn and his great departure from orthodox Freudian theory — that he maintained that the libido was object-seeking, not pleasure-seeking. That this is a hard thing to come by because when you talk about pleasure or satisfaction instincts — so-called instincts or drives and so on — you're way up in the head. You're talking about nothing. You're merely talking about an abstraction that is not even close to contact with something that requires some trust, some confidence, some suspension of your disbelief, and that's what is hard to come by. It's much easier to think about things in the abstract, than in terms of some concrete relation. This meant something too — there was something in there . . . I can't quite put my finger on it because, as I said, there were some that I worked with who went on, I think, and became much more independent in their thinking. They didn't proselyte; they didn't talk about it among others. And some others sought a new system, like Kleinianism or something like that which usually was a complete distortion of the original ideas instead of carrying them along. They sort of bound them into a religious system.

INTERVIEWER

I would like to know a little bit about you own development as an analyst. How did you come to Fairbairn yourself?

McGUIRE

I don't know. I came across it very early on — back in the early 40's in his papers when they were first published, around 1941 or something like that. Before they were published in book form. To me, his whole idea of the mental process or what were called "symptoms," like hysteria or compulsion neurosis, and so on, all the things which were to me protective outposts and defenses against something much more basic, namely a schizoid process. I used to — some people would criticize me, and the criticism would take this form — I would see a schizoid process in everything. And to a great extent, it was true. I still think it's the basic problem that you have to deal with. One handles it in different ways by throwing up phobias or compulsions or obsessions or just free-floating anxiety, but in the end, it's a defenest against the dissolution of one's boundaries.

INTERVIEWER

Where did you get your training?

**McGUIRE**

I had my analysis in Detroit with Richard Sterba. I was one of the analysands that he had in 1938 or 1940. He was a refugee from Vienna. He was a member of the older order except, fortunately for me, he basically was an artist. More than anything else, he was actually a very fine concert violinist. But knew a great deal. I think I learned more from him in that field than the usual, orthodox psychoanalytic approach. I didn't get any defiant ideas from him. These I came to myself. I'd argue about them every once in a while. He was very accepting of me. It was a very, very good experience for me because with anyone else, I wouldn't have been able to survive at all. It had to be someone who would tolerate utterly opposing views. He was always very accepting. He was a good man, a good experience.

**INTERVIEWER**

You're not from Detroit yourself?

**McGUIRE**

No, no. I'm from Oklahoma.

**INTERVIEWER**

You did your residency in Detroit?

**McGUIRE**

Yeah. At a hospital called Eloise, then, now it's called Wayne County General. It's a huge — 10,000 bed hospital. Enormous. The buildings were alphabetical from A to N. But it was a County institution, and all the early first admissions of schizophrenics you got from the Receiving Hospital in Detroit and everywhere else around. And it was a very, very good place where you could do about anything you felt that you were able to do.

**INTERVIEWER**

How did you happen to choose that one?

**McGUIRE**

I had been in Washington because they had an excellent internship. The dean of our medical school was a retired surgeon general in the Army.

**INTERVIEWER**

What medical school?

**McGUIRE**

Oklahoma. And General Patterson was the dean of our school. He could give these out. And I went to Washington with the intention of spending a year in internship and then going to St. Elizabeth — and somehow their appointments never made it through the Department of the Interior. They got messed up somehow or other so that everybody else was making their appointments for residency, and I would go out there and talk to them and I was offered several residencies. Well, I simply couldn't hold out forever, it was getting down to the wire — almost to July. My internship was over, so I accepted another residence in lieu of waiting until I got the one in S. Elizabeth — where I really wanted to go.



**INTERVIEWER**

**Did you want to be a psychiatrist from the beginning?**

**MCGUIRE**

From the very beginning. Even before I went to medical school.

**INTERVIEWER**

**What was it that led you to that?**

**MCGUIRE**

I don't know. This I couldn't answer.

**INTERVIEWER**

**You must have had some experiences that impressed you.**

**MCGUIRE**

No. I can't think of any. It was somehow closely associated with literature in some way. For me, it was kind of an extension of or maybe part of it.

**INTERVIEWER**

**You were reading a lot of literature.**

**MCGUIRE**

Yeah. That I was doing a lot of. And at the same time in the library, I would run into these other things — the psychiatric things too. Somehow they went along together. I can remember very well coming across books just in Carnegie Library.

**INTERVIEWER**

**Do you remember what books they were, the books that fascinated you?**

**MCGUIRE**

The strange thing is that some of the early things I ran into were Jung's. Jung and Adler. I know certainly that by the time I was in medical school, I had a number of Freud's works, I still have them, old things that used to be published by the Hogarth Press. Little, individual volumes. I remember a big book of Jung's called, "The Psychology of the Unconscious." It always seemed rather mystical to me. I wasn't too impressed by it.

**INTERVIEWER**

**What sort of literature did you prefer? Was there any particular period or kind of literature?**

**MCGUIRE**

I don't know. At one time, I was sort of eclectic. It was not directed until later on in college when I would take courses like the Novel in the 18th Century and things like that. And then it became orderly, but before that it involved reading Henry James, for example, or Conrad. I still like to read.

INTERVIEWER

Was there a strong influence in your family pulling you in that direction? Were your parents involved in that too, your mother or father? Were there a lot of books around the house?

McGUIRE

No, there were some, but not that many. Because it was almost a pioneering kind of environment that I was reared in. When I was a child, Oklahoma was only two years being a state. My father was working out there when it was still the Indian Territory. In construction. I was born in Arkansas in 1909. Oklahoma became a state in 1907. They moved there that same year. I was a year old. As a small child, sometimes half my class would be Indians. In town you'd see Indians with braids down their backs and blankets on. Once in a while they would get drunk and thrown in jail. The kids actually came riding up to school on ponies and tied them up . . .

INTERVIEWER

A one-room schoolhouse.

McGUIRE

No, a good sized brick school. It had from the first to eighth grades. It was a big, square two-story school. There were a lot of other things in there, not so much, not many cultural influences except Chautauqua that came to town once in a while on the Lyceum circuit.

INTERVIEWER

Tell me about the Chautauqua.

McGUIRE

Every year they'd have the Chautauqua. And they would have good acts, all sorts of skits, recitations and musical numbers it was very good. Always looked forward to that.

INTERVIEWER

A traveling show.

McGUIRE

Yeah, a tent show.

INTERVIEWER

That's an era that has vanished.

McGUIRE

Long since, long since. That was way over half a century.

INTERVIEWER

But that was enjoyable and stimulating?

**McGUIRE**

Oh yes. There were a lot of things that came on down. My grandfather had been part school master and part farmer. A lot of people did that when they moved out West after the Civil War from Virginia.

**INTERVIEWER**

**They did both farming and school teaching?**

**McGUIRE**

Yeah, they came out to homestead land and teach school. Teach the elements to the young gentlemen and ladies. A little Latin and a little Composition, and whatever.

**INTERVIEWER**

**So they came from Virginia, your ancestors? There was some sort of cultural bent, some sort of combination of the land and learning in there?**

**McGUIRE**

Yeah. Well, that was not unusual in those days. Especially in an agrarian society. It was nothing uncommon for professionals to partly work the land or at least have a place on the land, both doctors and lawyers.

**INTERVIEWER**

**A more integrated life than we have nowadays. Life contained the daily reality of the land in addition to the professions, and other things. I would think that people would have been more whole as a result.**

**McGUIRE**

Oh, I think so. I think they had a tendency to identify with the earth and the ground, the country and their states and so on. That you don't see anymore because people move around so much. Then, they didn't move around. They stayed there. And they had relatives all over the County and the State. People don't have that same sense of family, large extended families like cousins, and the like now. You might have a few relatives around and about, but not many. They don't have a clan.

**INTERVIEWER**

**Did you?**

**McGUIRE**

No. We were entirely Separate. Very few relatives that I ever knew.

**INTERVIEWER**

**Were they back in Virginia?**

**McGUIRE**

Lost track of them. When people moved in the early days, most of them never heard of their relatives or maybe had occasional news from them.

**INTERVIEWER**

**Do you ever look back — ever have an urge to look back and find —**

**McGUIRE**

Yeah, I've thought about it, but I never did it.

**INTERVIEWER**

**Because it's an amazing journey from pioneer Oklahoma to Beverly Hills psychoanalyst. It's an amazing arc.**

**McGUIRE**

Didn't seem amazing to me. Didn't seem amazing — it seemed ordinary and natural. You did what you wanted to do . . .

**INTERVIEWER**

**When you say pioneering, did you live on a farm? Did you grow up on a farm?**

**McGUIRE**

No, never owned a farm. I went to school in a big Central High School in Oklahoma City. Then went to University of Oklahoma about 20 miles away.

**INTERVIEWER**

**And you knew right from the beginning it was going to be psychiatry. So you went to medical school in order to get into psychiatry.**

**McGUIRE**

How this came about, I don't know. But I was interested in it without knowing why or without knowing that much about it. But I must have had some sense of what it was about.

**INTERVIEWER**

**I would think you would have gotten to that in your analysis. Later reflection would have reconstructed some sort of idea of how you happened to make your choice.**

**McGUIRE**

It used to come up every once in a while.

**INTERVIEWER**

**What sort of people were your parents?**

**McGUIRE**

I worked along with my father every summer. We would work on buildings. I've done everything you could imagine, from mixing mortar to carrying a hod. I had a lot of contact with that too. A lot of other things I did with my father, hunting and fishing. Wintertime, quail hunting and rabbit hunting. That was in the days when a boy got to be 12 or 13 years old, his father got him a shotgun. You'd start out, you might have a 410, later a 20 gauge and then you would get up to a 16 gauge. If you were real grownup,

you would have a 12 gauge. You had to be pretty husky or it would flatten you when you would fire it. I had a lot of that which is long gone. I mean it was part of everyday living.

INTERVIEWER

Even though it was the city you lived in?

McGUIRE

Oh no. At that time when we first moved to Oklahoma City, it probably wasn't over 100,000 people.

INTERVIEWER

And you had a sense of the frontier?

McGUIRE

I didn't move until I was about 16 years old. Before that, I lived in smaller communities. Around maybe 90 miles from Oklahoma City. Between Oklahoma City and Tulsa. Up until I was about second year in high school. And then I moved to Oklahoma City.

INTERVIEWER

So you really grew up in a more rural, small town?

McGUIRE

Yes. It was a small town. I'd come home from school in the afternoon and get a shotgun and go out and shoot a couple of rabbits before dinnertime. It was that sort of — everyone could do it. It was natural and normal to do. Nothing unusual about it. Part of your amusement, part of your way of life.

INTERVIEWER

You really got a taste of the closing of the frontier, didn't you? The end of the Western expansion.

McGUIRE

You had the feeling that it was the end of an era. Because I can remember as a very small child, there were no cars or paved roads. But sometimes there would be a rented buggy from a livery stable, and the family would go out to a river or creek or picnic in a buggy. If you wanted to go anyplace, you went in a horse and buggy. And it wasn't too long after that that cars began to come in. Not very many because there were no roads, only mud roads. But you sensed that cars were coming in. Then they got some pavement, and that was the end of it. That was the end of that era.

INTERVIEWER

Were the Indians who lived there Cherokees primarily?

McGUIRE

Yes.

**INTERVIEWER**

**They brought them out from Georgia, I believe.**

**McGUIRE**

Yes. Most of them came from Georgia. The Cherokees, all the five great Indian nations were herded into Oklahoma after the Civil War. There were other smaller tribes, but the big tribes were the Cherokees, the Osages, the Choctaws, the Chikasaws and the Creeks. But there were other small tribes too. Five big Indian tribes — they were called the five big Indian nations. In school we used to have to draw and color in Oklahoma where the Indian nations were.

**INTERVIEWER**

**Did you have friends among the Indians?**

**McGUIRE**

Yes, a lot of them, even in college. They had the Indian Club at the University of Oklahoma, and you had to be at least  $\frac{1}{4}$  Indian to be a member. I knew so many, I used to go to all their functions, and everybody thought that I was a member of the Club. Lots of Indians — especially the Cherokees. The Cherokees seemed to be brighter than the others, they were smarter than some of the other Indians. The Chikasaws were pretty bright too, they had some statesmen.

**INTERVIEWER**

**I want to ask you about other pursuits . . . have you been athletic?**

**McGUIRE**

I used to — I was never very interested in athletics. When I was younger, I did some boxing. But I was never much interested in team sport, like football or baseball. Sandlot baseball when I was a kid, maybe. But after I was in college, I never pursued anything except for my own amusement, played some handball. Never got interested in sports like tennis.

**INTERVIEWER**

**But boxing you did.**

**McGUIRE**

Boxing I did. Pretty good at that. Individual things like that.

**INTERVIEWER**

**In the Institute, you were a member of the Education Committee for a lot of years. That must have entailed being a member of a team. Was that an uncomfortable role to be in?**

**McGUIRE**

No, I didn't think of it that way. I thought of it as much more of a participation and sharing of common experiences because at that time when I came out here, we were a very small Institute.

INTERVIEWER

When did you come out here?

McGUIRE

In 1948. And so it was growing. There was much less — I think it was more open even though it was dominated by the older Europeans . . . but even so, it seemed that there was more freedom. Later on, it seemed to be more closed in. It's like anything that has a new kind of pioneering spirit. I had a much better feeling than I had later on. Later on, some of that freedom got diluted. Not lost entirely, but attenuated.

INTERVIEWER

Listening to you, it's easy to think you got the freedom of the pioneer into your blood, and never lost it. That freedom would be enormously appealing to somebody who was looking for liberation through analysis. I imagine that that's part of the appeal you have for a lot of people. Your own analyst was a free-spirit himself, apparently.

McGUIRE

He certainly was free enough that he didn't try to impose any preconceived ideas — he encouraged independent thinking, provided it was based upon actual experiences. He didn't try to take the clinical phenomenon and try to force it into some preconceived mold. He had a good scientific attitude. He was so much of an artist that he had the freedom of an artist. He didn't need that closed scientific system. That is so antithetical to the real artist which he was. I think that helped, as I say, I always felt fortunate in that respect. If my analyst had been someone who had tried to impose some system on me, I am afraid I would have had an unfortunate and unhappy experience.

INTERVIEWER

You mentioned in passing that it so often happens there are women involved in these splits. What do you mean?

McGUIRE

I don't know. You know, Freud predicted that — I forgot in what paper — he predicted that somehow women would come to dominate the psychoanalytic societies. Certainly it was true. I don't know how true it is now. But at one time, it was true nearly every place, certainly in Boston, it was true. Helene Deutsch was there. Later on, other women like Annie Reich had tremendous power — she was in New York, I guess. And other places, certainly here for a long time, it was dominated. They were the prime movers. They were the people who formed the nucleus around which the electrons revolved. I don't know how it is now. It may not be true now. At that time, most of the women were European and most were not doctors, they were lay analysts. That might have made the difference or accounted for part of it. Also, together with the fact that it was a very new thing. The whole thing was new. The Chicago Institute was only established in 1932 with Alexander invited over to set up their Institute. I don't know when Boston was formed, but I remember it was before the War that Hans Sachs came over to Detroit and gave some lectures. We used to go over to Chicago once in a while where another fellow taught. That was Lionel Blitzten.

INTERVIEWER

What was he like?

**McGUIRE**

Hard to describe what he was like, but I think he was one of these eclectic souls that just — I really don't know because he didn't write or publish a lot. An enormous influence, but not through writing.

**INTERVIEWER**

**Was he a dramatic, sort of theatrical character?**

**McGUIRE**

No, rather unassuming. Certainly not an imposing person. A person of medium stature.

**INTERVIEWER**

**What made such an impression?**

**McGUIRE**

I don't know. I think a lot of it had to do with the times. The temper of the time. And he happened to be at a certain place, and he assumed a sort of authoritative air too at a time when no one knew very much about it anyway. You can get a lot of mileage out of a little knowledge if you project it in a forceful manner which, I think, he did.

**INTERVIEWER**

**Was he brilliant?**

**McGUIRE**

I didn't think so. He didn't have that, he didn't impress me that way. I was kind of hard to impress though. He was interesting. He like to hold court. I remember we went out to Birmingham at the home of Maloney, the teacher at Wayne State, an interesting man himself. And he would like hold court, have people around, and he was sort of a guru, although he didn't represent any particular belief or anything like that. He was a sort of free-wheeling person. Back in those days before the Institutes were very big or powerful, not many people paid too much attention to the American Psychoanalytic, there was much more of a spirit of real scientific inquiry. The attitude was different. We used to have a lot of fun at meetings. Later on, people complained; even candidates used to complain that they were afraid to say anything. It was true, they were really afraid to get up and make an objection for fear they would put themselves in a bad light or bring down some real criticism, not just unfavorable, but they would jeopardize their training. There were cases where that happened. The whole thing is so terrible, training analysis, it is all right if you are lucky. But sometimes you're not. You're with someone who is very doctrinaire and intolerant, a real true believer. A terrible situation.

**INTERVIEWER**

**You know, with all this mention of religion, your own early experience must have somehow bred in you a sort of allergy to religion.**

**McGUIRE**

That's interesting. Because I sometimes kind of regretted my lack of religious training. That I was never much to go to church. Naturally, a young kid is not going to go. I needed my parents for that. So I never learned Bible stories. I felt there was a gap, a lack



of information. Later on, I tried to correct it. I tried to read it, but I couldn't do it. I just could not read those stories.

**INTERVIEWER**

**Your parents must have been real free-thinkers then. That must have been very unusual in those days.**

**McGUIRE**

Probably was unusual. They never made any issue about it, they simply – if you asked them, they would say they believed in certain things. They would say they believe in a certain faith. To them, religion was the way you lived, it had nothing to do with going to church. Although I can't imagine anyone more religious in the real sense of the word than my parents were. Good people.

**INTERVIEWER**

**You sound like you had a very happy childhood.**

**McGUIRE**

Certainly not unhappy. Good relationship with both parents.

**INTERVIEWER**

**What's happening now? What are you doing these days? Practicing full schedule?**

**McGUIRE**

I work probably a little too much – about the same as always. It's too much, I probably should cut down.

**INTERVIEWER**

**There must be a demand for you.**

**McGUIRE**

No, I don't think so. It's like you said, I disappeared a long time back. People don't know where I am. There isn't that demand at all.

**INTERVIEWER**

**Does it bother you?**

**McGUIRE**

At one time, it was certainly much greater than it is now. I keep busy, but that's all. No, as long as I'm busy enough, it doesn't bother me. As long as I have a few schizophrenics to work with.

**INTERVIEWER**

**Are they primarily psychotic patients?**

**McGUIRE**

No, very few. Very few, I don't have any now. Most are professional business people. I

see less disturbed patients than I did years back. So much so, I'd like to get one — let's say, that had had an acute break and is in remission. Or somebody who's on the edge. I don't get as many as I did.

INTERVIEWER

Are you reading?

McGUIRE

Yes.

INTERVIEWER

What are you reading?

McGUIRE

Some German novels.

INTERVIEWER

Like what?

McGUIRE

The Demons. A great German writer, probably the greatest German writer, besides Herman Breck. Heimito Dederer.

INTERVIEWER

How did you happen to get that book?

McGUIRE

Oh, I've had that a long time. I have a lot of German novels. Robert Murel is another of the greats. Maybe clear back in the 20's when I started to read Thomas Mann, that's another thing that I discovered very early, around in the mid-20's, when the first translation of the Magic Mountain came out. Then I collected all the rest of them.

INTERVIEWER

So that's been an ongoing thing throughout your life, you've always read novels.

McGUIRE

My real avocation is the history of the Civil War.

INTERVIEWER

Your ancestors were probably part of it. They were Confederates?

McGUIRE

Yes, some distant relatives there. One of them, Hunter McGuire, was the personal physician of Jackson. In fact, he was there when he died. At the Battle of Chancellorville, out in the wilderness there.

INTERVIEWER

Stonewall Jackson?

McGUIRE

Later he founded the Medical College of Virginia. After the Civil War.

INTERVIEWER

At this point, with the interview beginning to come to an end, Dr. McGuire spontaneously began to talk about certification in psychoanalysis. I had the impression that he felt strongly about the subject and wished to use the opportunity of the interview to make his views known.

McGUIRE

The entire idea of certification is only a way of tightening the noose, to force adherence to the articles of faith to test whether the candidate is sound on the doctrine of the holy trinity or baptism by immersion. Any non-acceptance of these tenets, of course, results in ex-communication. There was never a unanimity of acceptance of theory or practice to justify certification. One thing that has always bothered me is the obsequious sort of subservient attitude that the Institute had toward the American. That we can train candidates, go through all the training and elect them to membership only to have someone in New York turn them down and say they're not qualified yet. They can't be accepted in the American. That, to me, is totally insulting and intolerable. I know someone who did apply and was turned down. A very good, fine person. He satisfied all the requirements. There ought to be automatic membership. It should be like the County Medical Society. You shouldn't have to keep going up and having people to look over your case and say well, it isn't a suitable case. Why in the hell was the candidate permitted to analyze and have this case supervised, only to be told that it was unsuitable? And nobody will stand up and tell them to bug off. This is just nonsense. All they have to say is just bug off or we will secede from the union. That's all. Those people go to New York and spend most of their time kissing up to people. This, I find very repulsive. It throws one's vote away, you disenfranchise yourself by doing something like that. It's an insult to our Institute, we train a candidate and then have them say the case wasn't suitable, etc. etc. And stand still for that. No one would ever stand up and say we just don't need you. They don't do anything for us out here. Who cares about it anyway? What do they contribute to us we can't do for ourselves? The association should be loose. It is an autocratic dictatorship that imposes terrible hardships on candidates. They've already gone through enough hardships going through training. In a most arbitrary way. I find that most disconcerting to say the least. And to have our representatives go up there and somehow or other — I don't know why they do it — no one has ever said how come you turn down our candidates? Why do you assume the authority — If somebody starts this avalanche, we're not going to bow to this authority in New York, then there would be pretty soon no church. Their temple would be gone. They would be a government without a country to govern. But it's amazing how people will submit to that sort of thing. It always has been something so incompatible. In that last 1965 thing I delivered to the whole Institute, I began it by saying that after all this time of being the Chairman of the Faculty Committee, that as soon as that curriculum was finished and accepted, I was then very happy to throw it away. Because it became then a detriment because it was latched onto as articles of faith. To have a tight curriculum, like you shouldn't read anything but Freud. That's self-defeating. It served a purpose, a pragmatic purpose at the beginning,

you had to have something. But after you got going, you should move beyond that very fast. Instead they got stuck with it. There's nothing new there, basically.

INTERVIEWER

It will be interesting to put your views into print again, now.

McGUIRE

Everyone will experience a deja vu feeling.

INTERVIEWER

Those that were here and remember it. But there's a whole new group.

McGUIRE

Yes, there's a whole new group that haven't been exposed to it. It's time they were vaccinated.

F. Robert Rodman, M.D.

## EDITOR'S NOTE

In the fall of 1980 the LAPSI sponsored a conference on The Narcissistic and Borderline Personality featuring Otto Kernberg. Concurrently the Boston Psychoanalytic Society sponsored the Third Annual Conference on Self Psychology highlighting Heinz Kohut and his followers. The following presentations by William Flynn and Rita Spies, both of our LAPSI, are illustrations of the different perspectives offered by these two meetings.

There has been considerable speculation regarding the increased interest in the psychoanalytic understanding and treatment of narcissistic and borderline conditions. Some feel that this represents an adaptation by psychoanalysts of their understanding to an ever increasing number of patients so afflicted. Others see this trend as reflecting a shift toward those with more severe pathology seeking treatment with psychoanalysts when all else has failed. Whatever the cause it would appear that the study of these disorders has become a matter which has captured the imagination of an ever increasing number of psychoanalytic thinkers.

This series of papers illustrates the different points of view represented at these conferences. The differences lead to potentially quite different approaches to the treatment conditions, and illustrate the potential that theory has for practice.

In seeking to combine instinct, object relations and developmental theory, Kernberg presents an approach that is more similar to a traditional ego psychology defense analysis style. Kernberg also borrows and expands on the work of Rosenfeld which gives his formulations and interpretations a definite "Kleinian" ring.

Kohut, while decrying the intent to found a separate psychoanalytic school or movement, has obviously done so. At least in the hands of his apostles, a separate theory of psychoanalytic self psychology is evolving. While it is not yet a complete theory of human behavior, there is considerable energy being invested in making it so.

The Self psychologists, in postulating a separate line of narcissistic development, tend to focus on the micro perception of empathic failures within the analytic self object transferences. They appear to eschew interpretations of conflict in favor of the delineation of resistances against the conscious emergence of developmental needs. In stressing the data gathering capability of empathic immersion in the patient's experience, the emphasis is on adaptation rather than pathology.

Where Kernberg seems to evoke images of tough "paternal" hardness, Kohut conjurs up accepting "maternal softness."\*

Finally, in the evaluation of the "correctness" or value of these two quite divergent views, we are again reminded of the need for a more fully developed theory of psychoanalytic evidence.

S.L. Wilson, M.D., Editor

\*I am indebted to F. Robert Rodman and Lance Lee for the development of this idea.

## LETTER TO THE EDITOR

Dear Sam:

In reading the abstract of Leo Rangell's presentation "Psychoanalysis and Dynamic Psychotherapy – Similarities and Differences 25 Years Later," in the Los Angeles Psychoanalytic Bulletin, I noticed that you quoted me on page 19 as stating that "factors other than the transference neurosis are responsible for the therapeutic effects." I did not state that. What I said was, that therapeutic change may come about, besides from analyzing the transference neurosis in child analysis, may also come from other factors, and I listed some of them.

Perhaps you could make a correction, to set the record straight, in the next issue of the Bulletin.

With best wishes and cordially,

Heiman van Dam, M.D.

## IN REPLY TO DR. VAN DAM'S LETTER:

Dr. van Dam stated "For a long time it was felt that a transference neurosis does not develop in child analysis (A. Freud, 1945) – in more recent years the transference neurosis in child analysis has become more recognized – it does occur but is not as central, nor as ubiquitous, or even as obvious, as in adult analysis." (I stand corrected – Ed.)

## **TWO VIEWS:** NARCISSISTIC AND BORDERLINE STATES KERNBERG versus KOHUT

Present Controversies Regarding the Concept of the Self by Otto F. Kernberg, M.D.

abstract by William R. Flynn, M.D.

Dr. Kernberg first addressed himself to how the concept of the self relates to that of the ego in psychoanalysis. What he said in essence was that Freud's apparent ambiguity in the way he used the terms ego and self was a result of his struggle to adumbrate a psychology of the self, a task which Hartmann and Jacobson took up and he, Kernberg, proposes to finish.

He then proposed we reserve the term self "for the advanced development of the self-representations, namely, for the developmental integration of early and later self-representations into an integrated concept of the self. "He feels that character is a better term for what self has been used to describe by others. In his terms, the self is a structure within the ego. In other words, Kernberg insists on defining the self in the context of psychoanalytic structural theory.

He believes that the self as a psychic structure arises when, in the course of early development, there is integration of self-representations that have been invested both by libido and aggression. It is the mental representation of the person; it evolves into a superordinate structure incorporating various ego functions.

Kernberg thinks that affects are what primarily motivate the development of the self because they are present from birth and so are associated with the many experiences the infant has with his environment. Libido and aggression gradually develop as drives from the many affect-associated events and experiences depending on the investment of those occasions with pleasure or pain respectively. While drives are built of affects, they are manifested also by "the specific activation of a complex object relation . . ." Hence, says Kernberg, it may be argued that the primary motivator for the development of the self is internalized object relations. He comments that both Fairbairn and Kohut take the view that the primary motivational system for development is the search for the object.

Kernberg argues against that view on three grounds. First, we commonly find that sharply contradictory affect states co-exist in our relations with the same object. Second, aggression, by its nature, militates against seeking and preserving frustrating or competing objects. He contends that object relations theories that put object relations as the prime motivator neglect the importance of unconscious conflict as well as deemphasize the role of aggression in development. Third, biological maturation causes changes in both libidinal and aggressive, particularly libidinal, strivings toward objects over time, thus radically affecting object relations, both external and internal. Kernberg feels, accordingly, that object relations theories tend to underestimate the importance of genital infantile sexuality.

He emphasizes that the normal self is a structure that integrates libidinally invested and aggressively invested (good and bad) self-representations into a realistic self-concept. Pathological narcissism reflects libidinal investment in a pathological self-structure. "This pathological, grandiose self is an abnormal condensation of real self, ideal self and ideal object representations, while devalued or aggressively determined self and object representations are split off or dissociated, repressed or projected."

**Technical Aspects in the Psychoanalytic Treatment of Narcissistic Personalities, by Otto F. Kernberg, M.D.**

**abstract by William R. Flynn, M.D.**

Kernberg began this presentation with a discussion of the relationship between character structure, analyzability and prognosis. He notes that patients with extreme character pathology, that is, those showing ego diffusion, poor consolidation of the tripartite structure and a strong tendency to use a splitting defense, have a relatively poor analytic prognosis while analysis is strongly indicated in that nothing less is likely to work. He roughly divides character pathology between neurotic and borderline types of the purposes of determining analyzability. "In addition," says Kernberg, "certain types of character constellation that overlap the boundary between neurotic and borderline pathology co-determine, by the particular nature of their constellation of pathological traits, the indication for psychoanalysis and analyzability. Thus, paranoid and hypochondriacal character traits worsen the prognosis for analyzability, hysterical characterological features improve it and, by itself, narcissistic pathology without complicating antisocial, "as if" or paranoid features also improves the analyzability of otherwise unanalyzable borderline personality structures."

He advocates doing a searching diagnostic evaluation of the potential analysand by way of identifying character defenses which may actually be more difficult to see later, during the analysis proper. He does not believe that procedure compromises the future analytic relationship.

He turned to a discussion of how character pathology may infiltrate the psychoanalytic situation through subtle, chronic distorting resistances. As an example, he mentioned the patient who has what he called micro-paranoid episodes in the transference that seem to respond to interpretation but are actually repressed so that a split off conviction about the analyst's badness remains and is hidden from view, until it leads to an artificial termination. Kernberg was saying, in essence, that if the analyst is aware of the patient's character pathology, he won't be fooled into thinking this paranoia is simply episodic.

In the second part of his presentation, Kernberg presented an overview of his analytic technique with narcissistic personalities as distinguished from that of Kohut as he had summarized Kohut's views in the "contemporary theories" paper earlier in the weekend. The pathological grandiose self, which consists of a condensation of the real self, the ideal self and ideal object representations, while unacceptable aspects of self and object representations have been repressed or projected, functions in the analytic transference to prevent the emergence of those negative, unacceptable connections with the patient's internal object world. Kernberg advocates "the analyst's systematic efforts to help the patient understand the nature of this transference — rather than fulfilling the patient's expectations for admiration and reconfirmation of the grandiose self . . ."

**Contemporary Psychoanalytic Theories of Narcissism by Otto F. Kernberg, M.D.**

**abstract by William R. Flynn, M.D.**

Kernberg first discussed Herbert Rosenfeld's approach, which, he said, is indebted to the earlier work of Abraham, Riviere and Klein. According to Kernberg, the essence of Rosenfeld's theory of narcissism is that narcissistic object relations permit the patient



to avoid the awareness of pathological envy. Extreme envy is very painful and leads to such aggression as to disrupt or destroy the relationship with the envied object. In clinical reality, the mechanism is unstable or ineffective so that the patient's omnipotence and grandiosity are potent expressions of hatred and destructiveness.

Kernberg was highly critical of Heinz Kohut's theory of and treatment prescription for narcissism. In his view Kohut abandons the goal of truly effective analysis, through the analytic resolution of the transference neurosis, in favor of a kind of cossetting of the patient's grandiosity.

He notes that Kohut considers pathological narcissism to be the result of faulty mothering in that the normal maturational process from the infantile grandiose self to the formation of the ego ideal and superego fails to happen because of mother's failure to empathically "mirror" the infant's earliest needs.

Such an individual is in Kohut's thinking fixated "at the level of the archaic infantile grandiose self, and an endless search for the idealized self-object needed to complete structure information . . ." In treatment, according to Kohut, this state of affairs is reflected in the kind of transference reaction that occurs: idealization, eventually followed by what he calls mirror transferences, providing the analyst allows the idealizing transference to develop. Kohut advocates the analyst adopt an attitude of empathy and focus on the patient's narcissistic frustrations rather than resistance. Thus, analysis in this view will permit the internalization, that which ought to have occurred in infancy, to take place through the transference, allowing the completion of the formation of the tripartite intrapsychic structure and therefore the development of unconscious, drive determined conflicts.

Kernberg believes that Kohut is fundamentally in error in that he has all but abandoned consideration of the drives and their vicissitudes as motivational forces in early development and, by the same token, the role of unconscious conflict in determining preoedipal psychopathology. Kohut's belief that the development of narcissism is on a different line from that of object relations has vast treatment ramifications. Kernberg put it this way: "In his treatment approach, Kohut neglects the interpretation of negative transference, artificially fosters idealization in the transference, and, in my opinion, develops a supportive, re-educative approach to narcissistic patients by helping them to rationalize their aggressive reactions as a natural consequence of the failure of other people in their past."

Kernberg feels that Kohut, in neglecting the defensive nature of the patient's idealization of the analyst, forfeits the opportunity for a reorganization of the patient's unconscious past that comes from an analysis of the transference neurosis.

Kohut's theory is deficient, says Kernberg, in neglecting to consider, broadly enough, the infant's object relations, particularly with bad objects, so crucial to our understanding of severe psychopathology.

In the third and final segment of his presentation, Kernberg discussed his "ego psychological object relations approach to narcissism." He acknowledged his debt to the clinical observations of Abraham, Jones, Rosenfeld, Tartakoff, Annie Reich and van der Waals and the theoretical contributions of Hartmann, Erikson, Jacobson and Mahler.

He believes, in contrast with Kohut, that it is possible to diagnose narcissistic personalities on the basis of phenomenology and "structural analysis." He reiterated his belief that we cannot understand the narcissistic personality simply as fixation or the lack of development of intrapsychic structure.

In Kernberg's words, narcissistic personalities "are a consequence of development of pathological (in contrast to normal) differentiation and integration of ego and superego structures, derived from pathological (in contrast to normal) object relations."

### "PSYCHOANALYTIC INQUIRY AND NEW KNOWLEDGE"

By ARNOLD COOPER, M.D.

In the fall of 1980 the Boston Psychoanalytic Society and Institute presented a symposium entitled "Reflections on Self Psychology."

This was the third annual symposium devoted to self psychology. It was also the first time that a psychoanalytic society acted as host to presentation of a set of concepts and theories increasingly at variance with the ideas developed and propounded by classical psychoanalysis.

The interest, curiosity and excitement engendered by self psychology among all mental health professionals can be seen by the growing attendance at these annual meetings. On this occasion it was announced that there were just under 1,000 people enrolled from 26 different countries.

**abstract by Rita Spies, M.D.**

In this paper, Dr. Cooper presents a history of Boston as a cradle of American psychoanalysis and notes the historic meaningfulness of the present symposium. He proceeds to set forth six historic similarities between current concepts in self psychology and previous analytic concepts. 1) All psychoanalytic concepts look for a unifying theme: this is now identified with the self as the ultimate organizer of behavior. 2) A central focus is given to pre-oedipal development, replacing oedipal centrality. 3) The primacy of the empathic reaction of the mother is identified with an oscillation toward nurture and away from nature. 4) The methodology of self psychology is seen as hermeneutic in scope rather than productive of causal science. 5) The study of complex mental states (in which self-actualization can lead to joyous activity) replaces the study of man in conflict (in which core guilt and neurosis can lead at best to a resolution state of normal mild depression) can be seen to have a philosophic dimension. 6) Recurrent in the history of psychoanalysis have been debates on the nature and mode of the analysts' therapeutic stance, a question again raised by the concepts of empathic response in the self object transferences.

He wonders if the rapid interest that has been evoked in the ideas being presented on this weekend come from the attempt to divest ourselves of outmoded concepts which are still current in psychoanalytic thinking, or from a coherent attempt to abandon the most difficult ideas of psychoanalytic theory — sex, aggression, Oedipus complex, and negative therapeutic reaction.

He then goes on to note that the very success of psychoanalysis has allowed the dissemination of its ideas through our culture. In addition, the passage of time since Freud's death and the development of psychoanalytic theory that has followed has led to the

present state of maturity in which we find ourselves. This allows us to contemplate powerful and competing ideas, and invites discussion and testing of hypotheses, observations, ideas, and investigations.

### **"SELF PSYCHOLOGY AND ALTERNATIVE PERSPECTIVES ON INTERNALIZATION"**

**By ARNOLD GOLDBERG, M.D.**

**abstract by Rita Spies, M.D.**

The author proposes a shift from the classical concept of mind as object which is developed via internalization leading to independence and autonomy, to that of mind as person, derived from the relationships of individuals, which through internalization leads to a position of ownership. Thus, ownership is delineated as a function that can be expanded.

This model allows for a shift from thing concepts (mind as inner object and agent occupying an inner place) to a concept which covers function as well as things. It permits more than self and object separation. Further delineations are: a feeling of self and self needs; a capacity to manage or control an idea or function; a willingness to take responsibility for one's feelings, capacities and ideas.

The concepts of internalization using agent, object, and place descriptions leads to the idea that independence and autonomy are equated with maturity, the logical endpoint of such a concept is that once such maturity is achieved, nothing more is needed from the outside. Patently, this is untrue and misleading. The new model leads to developmental concepts of mental structure as a set of enduring functions and capacities which allow: communication with oneself and others; determination of boundaries and limits of ourselves and others; participation in the uniquely human world of symbols and meanings.

### **"SELF PSYCHOLOGY – A STRUCTURAL PSYCHOLOGY"**

**By ROBERT D. STOLOROW, PH.D.**

**abstract by Rita Spies, M.D.**

Dr. Stolorow focused on a developmental phenomenology of the self as a new scientific paradigm for psychoanalysis. A brief review of the clinical and developmental concepts of Kohut from 1971 were presented. In 1971 he proposed the narcissistic transferences, concept of self object, transmuting internalization, and the proposition that narcissism and object love have separate lines of development. From 1977 on the superordinate self became the central focus of psychoanalytic inquiry, free of classical metapsychology. Conceptually, the person strives to maintain a cohesive self. Fixations at various pleasure aims derive from attempts at compensatory counteractions of feelings of inner deadness and/or fragmentation. Drive experiences are disintegration products of fragmentation. Destructive rage develops as a reaction to traumatic empathic failures of caretakers. He quotes George Klein's (1976) view that "metapsychology and clinical theory derive from and follow two distinctly different paths, one impersonal and objectively mechanistic, the other coming from subjective, personal experiences of a unique nature. The interpretive focus is shifted from what the patient might wish to ward off to what he needs to restore

and maintain, to the archaic, idealizing and mirroring ties, thwarted during these formative years, on which he now comes to rely for his sense of self-cohesion, self-continuity and self-esteem."

He refers to Roy Shaffer's recent work on "action language" as an attempt at producing a clinical theory for psychoanalysis. However, he notes that the "self as agent" presupposes a firmly consolidated self. Self psychology concerns itself with the recognition of those subjective states in which there have been developmental voids, weaknesses, incompleteness and arrests, leaving missing, vulnerable and fragmentation-prone psychic structure. He says that psychological structures are "systems of ordering or organizing principles — cognitive -affective schemata through which a person's experiences assume their characteristic patterns and meanings."

To clarify and further delineate, he suggests "we invoke the concept of the person when referring to an agent who initiates actions and reserve the term self for instances when we refer to the structure of self-experience." He further rejects any concept of complementarity between self psychology and mental apparatus psychology.

Further, the concept of transmuting internalization contains two closely interacting but distinguishable developmental processes. First, there is the acquisition of certain self-regulatory capacities (soothing, comforting, mirroring). Second, the structuralization of self-experience which encompasses enduring differentiations proceeds via the facilitating medium of the analysts' optimal empathy. This results in the reinstatement of the processes of self-articulation and self-demarkation which lead through myriad steps and repeated experiences of non-traumatic failures of empathy to internalization proper.

### **"SELF PSYCHOLOGY AND 'CLASSICAL' PSYCHOANALYTIC PSYCHOLOGY: THE NATURE OF THEIR RELATIONSHIP — A REVIEW AND OVERVIEW"**

By ROBERT S. WALLERSTEIN, M.D.

abstract by Rita Spies, M.D.

This paper is designated as a theoretical critique. Dr. Wallerstein states categorically that he has found the theoretical and clinical concepts of parallel lines of development of narcissistic and object-related investments from archaic origins which becomes transmuted into more mature egocentric and socially valued mental states of propensities very valuable. His objection is to the concept that the self is superordinate; he does not think that this has specific value.

Unlike Kernberg, he is not concerned about the de-emphasis that is placed on primitive aggressions in self psychology. He says that the emphasis on the primacy of the libidinal investment is something that can be seen as an inevitable oneness which comes from a new conceptual position.

He takes issue at the point of departure from broadly clinical to theoretical concepts in which the self is central and superordinate with drives seen as breakdown products secondary to disintegration. He feels that this concept is invalid. He maintains there is one basic paradigm of how the mind works — that of psychic continuity and unconscious psychic processes.

Internal inconsistencies in the theoretical formulations of self psychology evolve from creation of an either/or of conflict (Guilty Man) psychology and self psychology (Tragic Man). This denies the development of the relationship of self-identify with object constancy. The psychoanalytic principles of overdetermination and multiple function are thus obliterated.

Distinctions between deficit and conflict are denied. He quotes Sandler, that what is essential to conflict is an "unconscious preemptory urge" that "we can regard all conflict as being a conflict of wishes of one sort or another." He feels that self psychology unnecessarily narrows the concept of conflict.

Central importance is given to: "I see the entire life course as one of successive facing and adequate resolution — or not — a sequence of phase specific developmental tasks. In each phase a task created by the unique conjunction of innate maturational unfolding of capacities and readiness, together with phase linked normative societal expectations within a culture at that historic moment, added to or impinged upon by the happenstance and timing of more or less traumatic and adventitious life experiences."

Identification of conflict as pathology creates serious confusion with our understanding that mastery of conflict leads to health. In the same vein, the emphasis on empathy leads to an over valuation of external developmental events with faulting of parent and/or analyst!

## SUMMARIZING COMMENTS

By HEINZ KOHUT, M.D.

abstract by Rita Spies, M.D.

There was a summarizing panel which consisted of Drs. Cooper, Wallerstein, and Kohut. For purposes of brevity, I present only portions of Dr. Kohut's remarks.

Relative to infant research, he thought the self object concept an aid to infant observation, but wondered whether transference revivals in the clinical setting could closely replicate the actual childhood experiences. Further, he noted that development of compensatory reactions and structures are healthy adaptations in self-psychology; this contrasts with the concept of defense, which tends to equate defense with pathology. He also decided that the self begins at birth in the eye of the observer, and not through a coalescence of nuclei which enables the functional developments of self-reflection and self-awareness to occur.

He hoped that use of self-psychology concepts in fields of applied psychoanalysis would enlarge the scope of our understanding beyond that achieved through the theory of aggression.

He noted that, theoretically, the self in the broad sense contains a concept of vitality, results from the joyful response experienced with any successful phase appropriate achievement, whether this occurs in the developmental sequence, or later in the therapeutic setting. He also said that even minor thought disorders indicate self-pathology. Simply put, a walling off process occurs in the child when he displays his thinking processes and is belittled, rather than admired, by his self object; when this happens, further development of that process is prevented.

In conclusion, he expressed his wish that self psychology will not become a movement developed by a courageously mythologized morality. He prefers that we look together objectively at our own lack of objectivity.

**"ABSTINENCE IN THE PSYCHOANALYTIC SITUATION:  
A PANEL DISCUSSION"**

Scientific Meeting, November 19, 1981

Moderated by Melvin Lansky, M.D.

Panel Members: Drs. Richard Fox, Lenard Gilman and Heiman van Dam

Summary by Richard Baker, M.D.

Dr. Lansky opened the meeting by remarking that although Bibring in his classic paper on the essence of psychoanalytic interventions had referred to *statements* made by the analyst, a major aspect of the evening's topic was to be about the *absence of speech* by the analyst. Dr. Lansky listed a variety of ways that the analyst's silence could be experienced by a patient, including as an emotional withdrawal or as an empathic holding. The moderator then gave illustrations of theoretical views that would influence the analyst's use of silence: (1) "When the analyst offers gratification instead of abstinence, he undermines the possibility that what the patient wants will be clarified and subject to analysis." (2) "Not saying anything about the illness of the patient's child would have been uncaring." (3) "Only with much frustration can the patient's object-seeking techniques be made explicit." (4) "Absence of a response recapitulates traumatic absences and interferes with self-cohesiveness." If the analyst were to be held captive by a single model, he or she might generalize that model to situations where it is inappropriate, i.e., where it is traumatically wounding or where it undercuts the emergence of a negative transference. Noting that silence is only one part of the avoidance of gratification Dr. Lansky suggested that what is seen to be the opposite of abstinence influences the position taken. Is the opposite of abstinence being sexually active, blaming, collusive, gratifying, or empathic? The moderator concluded by asking if it is not a necessary step in the education of each analyst to unlearn certain social amenities to avoid colluding with the patient in ways that allow material to escape analytic scrutiny? Thus, is there not a phase of taking a rigidly abstinent stance that all analysts must pass through in the course of their education?

Dr. Fox began his remarks with an unconfirmed story from a supervision of Dr. van Dam's. A concerned supervisee expressed thoughts of putting a sigh reading "Not for analytic Patients" on a coffee maker installed by an office mate in their waiting room. Dr. van Dam reportedly replied, "As you can see, I do not offer my patients coffee, but you may ask why magazines? Or, for that matter, chairs?" Dr. Fox used this vignette to illustrate how Freud's 1915 statement of the principle of abstinence defined psychoanalysis as taking place somewhere between the absolute poles of gratification and deprivation. Freud's *principle* of abstinence became the *rule* of abstinence in almost all subsequent literature. No one has challenged the principle as a basic tenet of technique, and issues are redefined as appropriate or inappropriate gratifications and necessary or unnecessary deprivations. Most writers define their position as opposed to what they perceive as a misapplication of the "rule" by someone else. Notably absent in discussions of abstinence in the literature is the presence of internal conflict and its resolution within the analyst in each concrete clinical situation. Dr. Fox suggested that the principle of abstinence is a guideline in the management of the psychoanalytic situation. It is a dynamic principle expressed in the titration of the analytic inter-action along the vectors

of deprivation-gratification and isolation-communion. Regression and transference are products of this dynamic tension. The task of the analyst in the ongoing management of the individual psychoanalytic situation is the maintenance of optimal frustration-gratification and optimal isolation-communion. Unproductive hours may not be simply the product of resistance but may be a reflection of the mistitration of the analytic interaction by the analyst a mismanagement of the principle of abstinence. Dr. Fox concluded his introductory remarks by stating that although the range of potential satisfactions is significantly restricted by the ground rules within which a psychoanalysis takes place, considerable opportunities for gratification remain. Although Freud focused on the issue of libidinal gratification, aggressive, sadomasochistic, and narcissistic gratifications also need to be considered. Some patients may take advantage of an "abstinent" stance to unleash attacks on the analyst or to suffer humiliation and unrequited love. Recent attention has been drawn to the narcissistic sector and the gratification provided by being recognized and understood, to say nothing of possible opportunities to show off. Finally, Dr. Fox related that gratification also follows interpretation which contributes to the release of repressed fantasy and tension reduction.

Dr. Gilman began by stating that the principle of abstinence enters into everything the analyst does — from how one decorates one's office to how much interest one manifests towards a patient in respect to his or her analysis. He related that Freud's 1912 comparison of the analyst to the surgeon, who puts aside even his human sympathy to single-mindedly carry out the treatment, came to be treated not as a point in the evolution of Freud's ideas but as an ideal toward which all should strive. When a principle becomes a rule, it may be taught as an interdiction that inhibits spontaneity and puts the analytic student in the position of fearing that whatever he or she does may break the rule. The idea that a well-conducted analysis is one where one limits oneself to interpretation only is appealing to workers in a field which is so filled with uncertainty and is so often a severe test of one's judgement, maturity, and wisdom. Much that has gone wrong in psychoanalysis has been a result of the substitution of rules for real human contact between the participants. Quoting Leo Stone, Dr. Gilman related how in 1961 that author had decried a "trend toward a schematic perfection in carrying out the principle of abstinence" which included "an undue limitation of certain legitimate and well-controlled gratifications which can provide a palpably human context for the transmission of understanding." In referring to Freud's mirror reference, in which the analyst is told to be opaque to his patients and to show them nothing but what is shown to him, Stone states this was meant by Freud to refer to the analyst's not revealing important and intimate facts about his or her personal life. Stone doubted that the evolution of a transference neurosis is often seriously disturbed by knowing where the analyst takes his vacation or that one's analyst knows more about sailing than bridge. Some patients welcome an abstracted, dehumanized relationship, because it enables them to hide from their anxiety about intimacy. Dr. Gilman concluded that the choice of whether or not to respond must always depend upon the analyst's decision about what a patient needs to feel safe to continue to reveal his or her innermost secrets.

Dr. van Dam began his remarks by outlining what abstinence requires of both patient and analyst. In lying on the couch the adult patient gives up motoric activity and undergoes a degree of visual deprivation, as well as renouncing smoking, chewing gum, etc., during sessions. For the analyst abstinence implies relative silence and requires analysis of his or her countertransferences. Dr. van Dam utilized Rapaport's description of ego autonomy, from the id and from the external world, to further elucidate the principle of abstinence. The psychoanalytic situation is purposely tilted so that the relative autonomy of the ego

and the superego is *somewhat* undermined. When external stimuli are quantitatively reduced, the patient becomes more under the influence of stimuli from within. This is what abstinence sets out to achieve. Since the degree of ego autonomy varies with the individual, the degree of abstinence must vary from patient to patient. Use of the couch by an adult patient is based on an assessment of the patient's capacity to tolerate frustration, how autonomous the ego is vis-a-vis the drives, etc. Children do not by and large tolerate using the couch, nor do they tolerate silence. Too much abstinence may tilt the balance too far and result in the child's ego becoming overwhelmed and unable to maintain ego control over regression. Dr. van Dam gave an example of a boy, who, after interpretation of his anxieties, wanted his analyst to put on the patient's Halloween mask of a wolf. As soon as his analyst donned the mask, the boy was again overwhelmed by his fears. When analyst immediately removed the mask, the patient calmed down at once. Dr. van Dam noted that we are not always able to anticipate such regressions. At such times, based on a continual assessment of the patient's ego functioning, the analyst's speech can be used not only for communication but also as a means of contacting the patient. An empathic tone of voice while making an interpretation or explaining an application of the rule of abstinence will often suffice to moderate a sense of deprivation that is too threatening for the patient.

After the panelists concluded their remarks Dr. Lansky opened the meeting to a lively discussion between the panel and members of the audience. There was much agreement that the principle of abstinence was not meant to be a rigid rule, and that the goal was an optimal degree of frustration in each clinical situation. In speaking to a number of points Dr. L. Friedman emphasized that although the amount of frustration that is optimal varies with each case, there is a certain amount of frustration that must be tolerated by a patient to undergo an analysis. Dr. Soghor characterized analyst and patient as having differing theories of cure. Although the analyst listens to the patient's theory of cure, eventually frustration of the patient's program for cure must ensue. The patient must be able to hear the analyst's interpretation of his or her program for cure rather than have it enacted. There was some disagreement as to how the principle of abstinence came to be applied as a rigid rule. Some focused on being given that impression in their training, and others pointed to the longing for rules either as a trainee or as a practitioner in a field which so often tests one's judgement. In response to remarks that the analyst must be careful not to see the patient as being wrong and resistant in a derogatory sense, Dr. van Dam suggested that it would be helpful if adults, like children, could be seen as functioning on various developmental levels and with varying states of deficiency. Near the end of the evening a good bit of the discussion was summarized by Dr. Bird who said that everyone seemed to oppose rigidity and favor flexibility in achieving optimal frustration. He further stated that differences in technique may spring from analysts' varying capacity to tolerate frustrating the patient and to avoid reducing the patient's anxiety. To this reporter this last point would be a useful focus for further discussion, especially since, as Dr. Fox had pointed out, the analyst's internal conflict and its resolution is not frequently discussed in the literature on abstinence.



## BOOK REVIEW

**FAMILY THERAPY AND MAJOR PSYCHOPATHOLOGY**, Edited by Melvin Lansky, M.D., in **SEMINARS IN PSYCHIATRY**, Grune & Stratton, 1981.

By Roman N. Anshin, M.D.

The psychoanalytic contributors to the field of family therapy, albeit in the minority, have been most important in the evolution of the entire field. Martin Grotjahn, Nathan Ackerman and Don Jackson were pioneer authors some twenty plus years ago. In the intervening period, Saul Brown, Helm Stierlin, Theodore Lidz and Lyman Wynne have been the most nationally eminent senior psychoanalysts publishing, heading training programs, and being involved in active research. Mel Lansky of the Los Angeles Psychoanalytic Institute has furthered and deepened his reputation as a national leader in the family therapy field by editing *Family Therapy and Major Psychopathology*. Dr. Lansky's innovative program at Veterans Administration Neuropsychiatric Hospital in West Los Angeles has been nationally unique in recent years in its focus on the psychoanalytic research understanding of family therapy as a treatment tool in work with psychiatric inpatients. As might be expected, major quality publications in the area of family therapy with adults have tapered off greatly in recent years compared to the early salad days where there were multiple publications by the likes of Jackson, Wynne, Bowen and Lidz and Fleck's groups. Lansky's current compendium, in many ways a treatise in applied psychoanalysis, shows us a serious psychoanalyst as editor trying to integrate analytic ideas with the concepts drawn from systems theories, psychopharmacology and learning theory as far as they apply to the understanding of seriously disturbed patients. Dr. Lansky is pragmatic and parsimonious in his theory building, and is always interested in validating his data. He follows the highest standards of psychoanalytic research while trying to extend the breadth of psychoanalytic and dynamically oriented treatment procedures.

The text is divided into sections on schizophrenia, affective disorders, the non-psychotic personality disorders; sig. narcissistic disturbances, special problems, and assessment and treatment. I wish to focus my comments on several chapters in the text that are of particular pertinence to psychoanalysts. Mel Lansky, the editor, looks at family and hospital systems within a psychodynamic framework, and with both an empathic approach and a deep understanding of primitive defense mechanisms and reactions patterns; i.e., over reactivity, humiliation proneness, blame, acting out. In his article "Treating the Narcissistically Vulnerable Marriage," Lansky focusses on *emphatically* interpreting structural *conflict* in the conjoint therapy situation. He focusses on how, in conjoint therapy, therapists are sometimes seduced into focussing on behavior rather than on interpersonal or intrapsychic experience, but Lansky makes this issue key in his approach. Paying ongoing attention to patient narcissistic vulnerability often is a prerequisite for appropriate therapeutic interventions and is a landmark of Lansky's practical and theoretically consistent approach. Likewise, inter-generational reconstructions may make pathological preoccupations more intelligible and may also assist in helping the family to become less prone to shame and humiliation. Overreaction is diminished via a focus on all of the transactions occurring in conjoint sessions rather than on material occurring individually. Viewing major psychological gains in the marriage bond as the opportunity for unconscious collusion in defensive operations aimed at keeping family members from becoming flooded with awareness of inadequacy is another of Lansky's key dictums. In

Lansky's families there is major trouble in early upbringing that then is duplicated in marriage. Another key organizing aspect of Lansky's approach centers around both the containment and the expression of massive and primitive affects related to archaic defenses; i.e., splitting, projection, search for revenge, fears of fragmentation and abandonment. Keenly empathic, non-abrupt, and sensitively time-related interventions is stressed.

Another article by Lansky with abundant and innovative analytic material is his "Family Psychotherapy in the Hospital." Here Lansky stresses the therapist's empathic framing of the situation, the triangulating of the hospital vs. the patient and/or family, and the use of primitive defense mechanisms used to sabotage therapy. The importance of process interpretations and of containment of affect by the therapist are noted by a number of useful clinical examples; i.e., "I know you need to go to work, but I am too worried about suicide to go along with a pass." The conceptualizing of the use of splitting in the hospital milieu; i.e., patient-wife-doctor-hospital staff, is elegantly laid out. In both this and the earlier chapter reviewed, there are copious case discussions. In any opinion, Lansky's article on marriage, in particular, is probably better than anything I had previously read by such notables as Dicks, Mittleman, Martin et al.

David Berkowitz, one of the most important psychoanalytic writers in the area of psychotherapy of adolescents with narcissistic disorders writes a useful article on "The Borderline Adolescent and his Family." As with his previous publications, Berkowitz integrates Kernberg, Mahler, Erikson, Masterson and others, stressing the regressive potential in family functioning of borderline patients. The fluctuation of ego boundaries, primitive defenses, and the use of the adolescent to act out parental impulses as well as being the recipient of their projections is repeatedly emphasized. Autonomy is sabotaged in such family functioning in which the borderline adolescent helps maintain family homeostasis through his/her impulsive behavior. Although this was a good article, it is neither as detailed theoretically, nor as clinically oriented as Shapiro's (a co-author) article "The Borderline Ego and the Working Alliance; Indications for Family and Individual Treatment in Adolescents" (*International Journal of Psychoanalysis*, 58:77-87, 1977).

I recommend this book as being of use to anyone who works with seriously disturbed patients in or out of the hospital. It is well organized, pleasantly free of bias or jargon, and would be an excellent learning experience for those who have been relatively uninvolved with hospital treatment in recent years.