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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.

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INTERVIEW WITH: MARTIN GROTJAHN

INTRODUCTION

At 79, Martin Grotjahn is a handsome man with a shock of white hair and a generous, warm, open manner. An antic wit, apparent to anyone who has ever seen his drawings, is also there in conversation. When occasionally he uses "Nein" for "No," the effect is startling. And then the monocle which he fits into his right orbit to read a few lines brings forth immediate crowds of associations to an earlier time in Germany. Old movies. Vague immanence of Charlie McCarthy. The play of human conflict is always there, and when he speaks of the complex turns his life has taken, he is genuinely moving. He has been touched by history.

Dr. Grotjahn has had cardiac disease for three years and has not practiced in that length of time. Surrounded by books in the Century City apartment he shares with his wife of many years, he is alert, articulate, and animated. Mrs. Grotjahn, a physician herself, is a most hospitable and responsive woman, her eyes bright and warm. They have one child, a son, who practices psychiatry in San Francisco.

Dr. Grotjahn has just finished his memoirs, which are entitled: "My Favorite Patient."

The interview took place in two parts. The line in the body of the text indicates this.

Robert Rodman, M.D.

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RODMAN:

What was it like in Berlin in the 1930's?

GROTJAHN:

Shortly after '33, the Reichstag went up in flames. I had seen the desk of the President because my father had been a member of the Reichstag, and he showed my brother and me how it looked before the fire. Near the chair of the President, there were 3 buttons, one that activated the police, another that activated the fire engines of all of Berlin, and a third that released 20,000 gallons of water stored on the roof. I always wondered how it could have burned down with that much water. Of course it was deliberate. At that time I was in the Charite, the neuropsychiatric clinic of the Berlin University, a very good place. There I had as a patient Van der Lubbe, who burned down the Reichstag. We had to keep him in good health, otherwise he couldn't be executed.

RODMAN:

Hitler was responsible.

GROTJAHN:

Yes, he was. Goering too. When the Nazis caught Van der Lubbe, he wanted to be caught, because he wanted to give the fire speech. (Dr. Grotjahn gestures, as if to push it all away.) My wife is part Jewish. She lost her job immediately. I got questionnaires every week. I had a drawer in my desk where I filed all my unanswered questionnaires. I couldn't answer a single one. They would have killed me.

RODMAN:

They wanted to know about your wife's origins.

GROTJAHN:

Yes, my wife and me and my father's, who was a socialist. I remember and my God, this threat, this terror of the Nazis getting closer and closer. Thank God in September '36, Karl Menninger of Topeka, Kansas—I had no idea where that was—discovered me and invited me to come over, on a special visa. I went from Berlin to Topeka. My salary was two hundred fifty dollars. My wife and son and I lived in a house on a prairie. It was very nice for me. My wife was not happy. After two years we went to Chicago, where Franz Alexander was. I was a member of the international psychoanalytic organization since March, 1936. I was trained in Berlin by one of the most orthodox friends of Freud, Ernst Simmel. Simmel later asked me to come to Los Angeles after the war. I was several years in the army as a psychiatrist. They had very few trained psychiatrists. They made me a citizen and after I became a citizen and a captain in the American Army, I went to the judge and said it was intolerable to be married to a "registered enemy alien". He

looked into it and it was very difficult for an enemy alien to become a citizen but I managed it and went into the Army. After '45, after the peace broke out, I went back to Chicago and then Simmel, Fenichel, and all the training analysts of Los Angeles wrote me a letter and asked me to please come and help them. In '36, they didn't even have a society, they didn't have an Institute, they had nothing here.

RODMAN:

Alexander came out later, didn't he?

GROTJAHN:

Much later, yes, much later. We knew each other from Berlin. He was a teacher at the Institute and I was a student.

RODMAN:

By the way, did you meet Freud in Berlin?

GROTJAHN:

Nein. I came early to psychoanalysis but Freud was already too sick and he was very self-conscious of his cough, his constant salivation. I saw him. He came often to Berlin because that's where he was treated. He and Anna Freud and Lou Andreas-Salome, they were always guests in the sanatorium at that time. Lou Andreas-Salome, in her analysis, had written a poem. The idea was that if life is "only pain for me I want to live, I want to live forever. I want to live for 800 years". When Freud read that he thought that the poem was from Nietzsche and he said, well, if I have a nose cold, I want to die. And then he lived through 36 operations. Sixteen years of the cancer slowly eating his face, his teeth. Until he said to his doctor, Max Schur, that's enough, put me to sleep.

RODMAN:

You got to Los Angeles shortly after the founding of the Institute. Fenichel and Simmel were here, the founders.

GROTJAHN:

Simmel, Brunswick, Madame Deri, Madame Fenichel—that's about it. I came in 1946. The year before I came, Fenichel, whom I knew, died. The month after I came, Dr. Slotzky died. He was the man that got me my apartment to live in. A year later, Simmel died. I thought, My God, perhaps the climate of Los Angeles is not as healthy as they tell me.

RODMAN:

And then, a few years later, the split took place.

GROTJAHN:

Yes, rapidly. Greenson joined us, and Charles Tidd. I made Greenson very

nervous. He always wanted to fight with me and I didn't want to fight with anybody. We were not good fighters in the education committee. We said we don't take "no shit from nobody", which these old gentlemen didn't like, and we also said we didn't come here to debate and to discuss, we came here to *work*. We haven't worked for five years and we want to work now. Let's go! And Simmel - a very small man, he was smaller than Freud—Freud was 5'7" and Simmel was less—he picked up tall ideas. He wanted to remain in charge, not only of our analytic movement or school but of every analyst. We split because we couldn't work. We didn't want to spend any more time thinking: is it psychoanalysis? Simmel once sent me a case to Chicago for analysis. It was a young man and I looked him over and he had a terrible examination anxiety. He was standing before an examination, so I thought I'd have a much easier time when I get him through the examination, and then I can analyze him. So we worked in psychotherapy, he passed his examination, and then I took him into analysis. For two years, Simmel didn't write to me, didn't speak to me. I am such a naive person I didn't even notice it. I didn't even notice it. And then he finally said: "You know why I didn't talk with you? Because when I sent that patient to you for analysis, *you take him into analysis and not into psychotherapy.*" I said: "Ernst, the man, I had to help the man through his examination first before I had a chance." Simmel's influence was the biggest element, and the people gathered around him. Fenichel was orthodox analytically, but he was not so dictatorial, he was not so controlling. Every analyst is peculiar, especially the old ones. After Fenichel was dead I had to take one of his patients, and the patient was very surprised that I asked for one hour for as much money as Fenichel had asked for five times a week. She was horrified. He had been charging very low fees. He said he had a hard time to adjust to changing times in this respect. So far as I can see, the split took place not on theoretical, but on simple personal grounds. But nobody wants to hear that and nobody wants to believe it. Simmel and I became good friends and he told me much more than he told anybody else. I learned many things, which would show that it was personal. For instance, he wanted every patient to go through his hands. He would then decide to whom to send the patient. He would also decide the fee, Simmel. There was once a time in the analytic movement when Freud and Rank wanted to set standard fees for all analysts and Jones said: "Don't do it, don't do it, I would not conform to it. I have had patients who have paid very much and patients who have paid very little. Don't set standard fees." Simmel had terrible angina attacks and got very bad medical care. He also had much trouble with his wife and son. The owner of his house wanted him to move. He died before the actual split. There were Simmel and his old-timers, joined by Charles Tidd and Ralph Greenson. The other group was Grotjahn, May Romm, Milton Miller, George Frumkes, and Norman Levy. Greenson was involved. When he came they made him a training analyst. I came as a training analyst. They never would have made me a training analyst. I probably wouldn't have asked them. I was a training analyst from Chicago. Greenson thought that

he could continue where Simmel and Fenichel left off. I didn't do him the favor of fighting. Now the split may seem silly. As much as I was at that time in favor of the split, as much I am now in favor of trying to see whether we can get together, with the Institutes, with the teaching, with the lectures. It would be wise. But I am totally inactive. It has been three years since I got sick. I have not participated in a single meeting. I'm surprised that I don't miss it. And neither do I miss my patients.

But I don't want to get stuck about the history of the early times. I wanted to talk about what I think you should know about me personally. I always was a *therapist*, not only psychoanalyst, but a *therapist*. And that was further emphasized when I went into the Army and I got all these horrible sick patients and I didn't know what to do with them. Today arrived 50, tomorrow 80. I was the only Board-certified psychiatrist in a psychiatric hospital of 900 beds. There I discovered group therapy. I just couldn't see these people otherwise. I had to put them in groups. I was totally inexperienced as far as therapy was concerned. Who had ever heard about group psychotherapy? Who had ever done it? It had to be done. I also discovered at that time family therapy. People came out of their deepest schizophrenic stupor after a pentothal interview and they could be quite normal, for ten minutes or twenty minutes or an hour. I told their wives, see whether you can hold him for an hour or even an afternoon. They really could do it. The mothers—the very mothers who could push their sons into a schizophrenic break are also the mothers who know what it takes to get them out again.

For a therapist a training analysis is therapeutically dead, because we do all kinds of things that we clearly do not approve of in a normal analysis. For a therapist, a training analysis is the worst experience he can have.

RODMAN:

This statement reminds me that many people in the Los Angeles Institute believe that the people in your Institute, the Southern California Institute, do not take analysis as seriously as we do. Perhaps it's the residue to the present day of the Simmel fights of 35 and 40 years ago. If you do group therapy, perhaps it means that you really do not take psychoanalysis seriously enough.

GROTJAHN:

That may be true. Psychoanalysis is, for me, the foundation of all therapeutic thinking, but analytic technique is not the basic treatment. It is one treatment, which I happen to think doesn't work too well. I can say these things because nobody can throw me out of the society anymore. Psychoanalysis doesn't work too well. Freud knew that and Freud said that there are these Americans and if something went kaput, they always said: "Let's fix it." Fix people with psychoanalysis. According to Freud, psychoanalysis intends to *study* people. Freud was not an analyst in the

sense of the American Psychoanalytic Association. I have made a hobby out of studying reports of former patients of Freud. And over the years, quite a number of cases come together. He analyzes husbands and wives. He analyzes from the same family. He went for a walk with his patients and took them on vacation with him.

RODMAN:

So your experience is that it isn't very good as a therapy.

GROTJAHN:

No. In rare cases, when you have a very willing patient, who is willing to use the instrument of psychoanalysis to cure him. But how often do you have such patients? The average patient has good reasons to cling to his neurosis. Then you have to talk with him. No, I believe that analytic group therapy is therapeutically an excellent method. And I described that in 2 books I published. And superior to psychoanalysis as a therapy, no doubt. Family therapy too. In the obituaries for Anna Freud, she was praised highly and I have no doubt but that she was a great woman and a good analyst. But at the same time it was Anna Freud who really blocked therapeutic progress by disregarding family therapy and disregarding group therapy for children. It must be done differently from group therapy with grown-ups, of course. If it is done right you can use group therapy for the inmates of a closed ward effectively. I have done it for years and described it in several reports.

RODMAN:

Could we look further into the dichotomy of therapy and analysis? From the point of view of therapy, you are aiming primarily to help people change. From the point of view of analysis, change is the by-product of technique, not its primary aim. The technique is aimed at understanding. One hopes that change will be there. But if your aim is primarily therapeutic, if you are trying too hard to help, you are probably not able to do analysis.

GROTJAHN:

I couldn't give you the exact place where Freud said it, that a pure therapeutic ambition is not good for the analyst, and on account of that, one has to look out. That's why people say that the Southern California group doesn't take psychoanalysis seriously. I take it *very* seriously. I really believe that only analytic principles are the basis of the therapeutic process. Take the case of Kohut, for example. If I read "The two analyses of Mr. Z" from Kohut, the main difference is that he admitted that in the first analysis he was a supervised student and stuck to the letter of the psychoanalytic rule book and in the second he behaved like a mature, grown-up person and in this way he helped. I don't care whether it's called analysis or not. I know many people wouldn't think it was.

RODMAN:

Do you have a general opinion about what Kohut's contribution is?

GROTJAHN:

Well, like many old analysts I say: "What's new?" Of course, that's what we always did. That goes without saying. But I also say that it is good that he said it. It is again undermining to read the strict orthodox analysis. How anybody can call himself a strict orthodox analyst is beyond me. For that the patients do not pay.

RODMAN:

Isn't it true that analysis provides a set of principles that you are constantly deviating from and returning to?

GROTJAHN:

That's very well put.

RODMAN:

You are constantly recovering from the results of necessity. Your own personality, the apparent needs of the patient—these necessitate something different and you recover from it and go back to the structure you learned and believe in and which gives the work its backbone.

GROTJAHN:

Can you imagine that I used to know almost every analyst in the world? There were a few Japanese colleagues whom I did not know. I graduated in March, 1936. Berlin was the first institute, the first with a severely organized study plan, the first with training analysis. Not Vienna, but Berlin. The first institute with regulated supervision. All on paper. *Nobody really cared.* Some people cared, I guess. Little Simmel, who organized it all probably cared. But we students did not. Sometimes we paid for seminars, often we didn't. For analysis we paid carefully and much. There was nothing for nothing. It was a Freudian spirit. You want to learn something? We want to teach something. You are welcome. Or, you are a doctor? Fine. Oh, you are not a doctor? Nothing to worry about. If you are now ready to go into analysis, I happen to know that Dr. So-and-so has a free hour. Oh, you have made arrangements already? Fine! You need money? We can help you. Very different from the way it is now.

I was something special in the Berlin Institute. I was something of a crown prince, because I was the son of Alfred Grotjahn, professor at the university. That was pretty much next to the ear of God. The analysts of the institute had a terrible ambition to be recognized. From Freud to Abraham,

everybody wanted to be a Professor. I was a means of legitimizing the institute, because of my father. He was a professor of social hygiene, which was insurance medicine, industrial medicine, population growth. Germany and all of middle Europe was, at that time, in great danger. It was shrinking.

RODMAN:

How did you happen to get into psychoanalysis? Was it in medical school?

GROTJAHN:

I wanted to become a psychiatrist because I come from a very difficult family. The only person who seemed more powerful than my powerful father was his stepmother. His real mother had died very early and his stepmothers, at the ripe age of 90, had her last manic phase. And father had to work hard to get her under his domination. And I thought if sick people have such power then I will study and learn the secrets of their power. I was then a small boy. I had a very naive idea of knowing everything. I thought if you could understand mental illness you could understand everything. If I understood my father's stepmother, I would have even more power than he had. There is still a very clear impression in my mind. And she died early. She visited my father once every two or three years. They were not on very good terms. Later, I developed a vague interest in psychoanalysis. There was a colleague of mine, Dr. Barach, and he said: "Grotjahn, if you ever want to become a really worthwhile psychiatrist, you must study psychoanalysis." I was already an assistant in psychiatry and fully licensed at the age of 25. This was the late '20's. Dr. Barach, who was in analysis himself, came from Israel. And in Israel you knew such things. And some of the Jewish people in Berlin knew such things. We goyim, we didn't know.

RODMAN:

Growing up in the early 20th century in Berlin, you must have had a sense of what it might have been like in the 19th century. It must have still been in the air when you were a little boy.

GROTJAHN:

I remember Berlin without cars. All the buses were drawn by horses. And when my father made his daily rounds to his patients, he had a droshke, a horse-drawn carriage. He wore a silk hat, a cape, and a big golden chain with a watch. He was a good physician, but he was glad to give up his practice after 19 years. And then he became a professor and spent all his life in social hygiene. He was the first one who talked about contraception.

RODMAN:

I'd like to get back to your emphatic statement about being a therapist. You seem to have been very much opposed to the orthodoxy that Simmel represented. You took a somewhat looser stand.

GROTJAHN:

Psychoanalysis was an instrument of investigation, not of treatment. That came later. And I saw that as treatment it doesn't work well. It didn't work with me, and it didn't work with my friends and later it didn't work with my patients too well. Other things had to be done. This was recognized very early when Freud was still alive. He knew what he was doing, and what he did in therapy was very different from what he wrote about.

RODMAN:

But why is it that the concepts of psychoanalysis cannot be preserved and expanded to include those other things that sometimes have to be done? Why must it be reserved for the research process that you think doesn't work very well as therapy? Everybody who calls himself an analyst is striving toward a certain model, and every treatment naturally differs in some way from the ideal, what with the alterations required for particular individuals. But it doesn't seem to me that it's not analysis because of that alone.

GROTJAHN:

Well, I have made my peace with that. I don't call it analysis. I am enthusiastic about group therapy but I don't call it group analysis. I talk about analytical group therapy.

RODMAN:

You have written a chapter for a forthcoming book to be edited by Colarusso and Nemiroff. It's about being ill and getting close to 80. In it you say that since your training analysis, you haven't felt the need for more analysis. Your marriage took over, you said, other things took over. And you phrased it very well. You talked about your patients and about the ongoing process of analyzing yourself. You didn't feel a necessity to have more analysis. So when you say that training analysis doesn't work, it doesn't square well with this. It sounds as if it worked very well for you. It started you off.

GROTJAHN:

That is true. It started me off. When I read the memoirs of Helene Deutsch, she describes her analysis with Freud. She says she had a very strong transference and learned nothing. And then she went to Abraham in Berlin, where she was in analysis for two years. The analysis with Freud opened the doors, but she had to go through these open doors after her analysis. And she described several things that became clear to her only afterwards. And that is exactly what happened to me. I remember very few interpretations. As my analyst told me, you will remember only a few things of your analysis. This was true, but one can use these little things like screen memory. For instance, in the middle of my second analysis, with Felix Boehm, I could see a church with an enormous clock. Why did that remain

in my memory? Because I always had the feeling he cheated me. Every time, five days a week, he took a few minutes at the beginning and a few minutes at the end. I never had the courage to talk about it. And he never apologized, he never said anything. But the true complex of unexpressed hostility or negative transference remains unanalyzed.

RODMAN:

You had two analyses, then.

GROTJAHN:

Ah, that was a long story. My father was the president of the Socialistic Physicians. And Simmel was the president of the Independent Socialistic Physicians, and they fought each other, as great enemies, as can only happen in Germany. It was such a silly thing. I felt more sympathetic with the more leftist people, the more revolutionary, which were the Independent Socialists. Therefore I joined Simmel after the death of my father. My father had always said: "Go, learn, read all there is to read, but don't sign up with them, don't become a fanatic." At the end of my analysis with Simmel, one night the telephone rings. It was very unusual for the telephone to ring, and it was in the middle of an analytic hour. "Herr colleague," he said, "please excuse me." He picked up the telephone. I sat up, of course, and I hear, on the phone, a clear voice which said: "Bring the child into the sanatorium." And Simmel said: "Yes," and immediately hung up. Then he said to me: "I have to interrupt. That was a friend of mine in the Police. The Nazis are in the Alexanderplatz, and they are coming to arrest me. Please help me." And he said we cannot go out the front door. We have to climb over the garden wall and go into the alley. Now Simmel was perhaps five feet tall. Very small man. I am a giant of 5'7". And I helped him over the garden wall. From the couch to this experience! And then he said to me: "The child to the sanatorium means to get the hell out of wherever you are. I have no money." So I told him I had just got my salary yesterday. And he asked me if he could borrow it, which I promised to do. And he said: "Bring me to the sanatorium." And I brought him there, where there was an analyst who protected him. Simmel sent me to another analyst, Dr. Maas. I went to her and told her I am Dr. Grotjahn, I am in analysis with Simmel, and he needs money. She looked at me carefully. I looked absolutely not Jewish. She was suspicious and feared a frameup. Suddenly she said: "Oh, you are Peter Grotjahn! I was the analyst of your mother and she always talked about you. Here is the money." Peter is my brother and of course my mother would talk about him, and not me, because he was her favorite. I did not know that my mother even was in analysis! There was no time to talk about anything. I took the money and went to the bank and they didn't have so much money because they had already closed. But they could give it to me in silver. And I got the money in silver. I put it in a brown paper bag and then I went to Simmel and gave it to him. And then I went home. Simmel disappeared. He always said: "But I was a front soldier (in World War I)! I was awarded the

Iron Cross!" When I told my wife the story, she said: "You gave him all the money? Couldn't you keep 100 Marks for us?" And I was horrified how she could say anything. Well, I never saw a penny of that money. Coming back, Simmel still had not learned his lesson. He came back and he said to me: "Grotjahn, for what I have done I should be put in a concentration camp for analysts." I remember his words. It was against all the rules. "Why don't you use the money for analysis?," he said. I agreed. And then we continued our work until this money was up, and then it was time for him to take the situation most seriously and he emigrated with his wife and son. I went to Felix Boehm. He was one of the few gentiles, and was anxious to continue the analytic tradition in Berlin. When I finished my analysis soon after, I started to work in the outpatient clinic of the Institute. This was a sad activity because it was a time where every analyst had disappeared and I was left with all these half-analyzed or unanalyzed people.

Before Hitler, it was a wonderful time in Berlin. Every self-respecting analyst had to be born in Hungary, had to go through his oedipus complex and training in Vienna and then had to come to Berlin to test himself and get ready to go to America. Berlin was the springboard for America. Some of the bodyguards of Freud remained in Vienna. But Reich, and Reik, Horney, Fenichel, Bernfeld, Benedek, Spitz, almost every analyst went through Berlin. You name it, we had them all for awhile. I became quite friendly with some of them. But three blocks away was the Wilhelmstrasse and Adolf Hitler. I was supposed to be an aide to the judge who administered the sterilization laws. I had to be a certified Nazi. I could not answer a single question. My filing cabinet was full of questionnaires. That was a time when they didn't care. Then later, when the Nazis had organized the terror, they asked where I was. I was gone by then.

RODMAN:

When you talk about this, it's obvious how painful it is for you. Your voice changes. It's been 50 years now. How horrible it must have been.

GROTJAHN:

And then my wife says, well this is the time to get a child. We belonged to well educated people but we believed that Hitler couldn't last more than two years. So it would be nice to get pregnant, deliver, to watch the first year. When our son was born, my wife came home from the hospital with this newborn infant in her arms and got caught in a pogrom. She came out of the taxi and I was there and a hoard of violent Nazis were running after some Jews. They didn't care whether you were in their way. We knew by then that this was no place to continue to live and work.

RODMAN:

With all you have done in the last 50 years of work, how do you feel about it?

GROTJAHN:

I would say that I am satisfied with my work as a therapist. One day recently I was annoyed with being sick and I said Dear God, make me young again. Make me 75. At 75, I felt I began to understand therapy. I was enthusiastic. I think that's what made me sick.

RODMAN:

In the paper I referred to, the one on being sick and facing 80, as you put it, you wrote in a very moving and open way. I think it's unusual for an analyst to be so open about himself.

GROTJAHN:

I am closed about other people, but as to myself, I always have the feeling if someone doesn't like it they won't read it.

Let me tell you another story. It is the story of the suicide of my mother. They found her with a happy smile on her face. All the forty women of her village, when it had become clear that Germany was going to lose the war, they all joined hands, sang their religious songs, and walked into the lake. All drowned. As I told you, I was four years in the American Army. It was very peculiar, the idea of putting on a German uniform. It was absolutely impossible for me. I would have died. And in an American uniform, I felt well. My brother was in the German army. I tried my best to get him out. He was a real German. He was in England when the war broke out, and he came back because he thought it was his duty to fight the Nazis. It was in the Nazi army that he got killed. He carried messages on a motorcycle. The enemy was really much interested to kill him off. He was in the eastern front.

RODMAN:

You have relatives in Germany now, I suppose.

GROTJAHN:

Nobody. We went back several years ago. My wife had some relatives. All gentile members of my family died during the war but the Jewish or Jewish-related people of my wife's family, and her partly-Jewish father lived a long time after the war.

RODMAN:

Thank you very much.

MEETING REPORT:

Change and Integration in Psychoanalytic Developmental Theory

Reported by Samuel Wilson, M.D.

In a soon to be published study by Gordon Strauss, M.D., et al UCLA Department of Psychiatry, it was shown that a group of "experts" in the field of psychiatry picked Heinz Kohut's work on narcissism as one of the most important developments in the past decade. Kohut's book, *Analysis of the Self* (1971) was rated as one of the most significant publications of the past ten years. Reflecting this interest in psychoanalytic developmental theory, the first presentation of the Los Angeles Psychoanalytic Society's scientific program by Estelle and Morton Shane dealt with an attempt to compare, contrast, and integrate the work of Kohut, and Margaret Mahler with mainstream psychoanalysis.

The Shanes first traced the history of developmental concepts in psychoanalysis. Gill, Rapaport (1959), Settledge (1980), and Friedman (1982) emphasized the importance of development in psychoanalytic theory. Ideas concerning development have changed over time. In the era of id psychology, developmental concepts dealt with oral, anal, phallic oedipal, latency, and adolescent drive organization, with the goal being genital primacy. In the halcyon days of ego psychology, spanning the four decades between 1920 and 1960, S. Freud, A. Freud, Hartmann, Rapaport, and Kris focused on ego development and its primary and secondary autonomous functions. Later in this year, Erikson, Fairbairn, Jacobson, Sandler, Rosenblatt, and Kernberg emphasized the development of object relations and the distinction between self and object. In this era, Mahler's work on separation/individuation began to gain ascendancy.

Presently the work of Schafer, Kohut, Gill, and Gedo have ushered in a new era in psychoanalysis in which development is seen as an attempt to find meaning, achieve integration, and understand motives. Friedman described this era as "holistic" humanism.

The Shanes state that "new is not necessarily better." While presented as new, ideas of the past are often integrated with later formulations.

They cited the Coper Report (1974) which stated the importance of developmental theory for psychoanalysis during the next decade. One aspect of this report was to emphasize the value of data from infant and child observation in forming hypotheses about human psychological development.

Turning next to experimental data of cognitive capacities, the Shanes took issue with Freud's theory of hallucinatory wish fulfillment in infancy. They cited Piaget who said the capacity for evocative psychic representation develops slowly and does not reach its full potential until eighteen months. This discovery also casts doubt on Melanie Klein's adultomorphic psychic representations, and Mahler's ideas of the delusion of fusion at six months. The Shanes point out that psychoanalytic theorizing should not contradict experimental data. To do so would move psychoanalysis from an endeavor that seeks to find meaning while paying homage to the verities of hard science to an undertaking that approaches the netherworld of metaphysical mythology. Based on the experimental data of Daniel Stern, a psychoanalyst and infant researcher, it appears that the infant is equipped or "pre-wired" with pre-designed emergent structures which make the very early existence of separate schemas of self and others highly probable. These findings throw grave doubt on Mahler's autistic and symbiotic phases.

Separation/individuation as a valid process does not conflict with the research data. It is probably more correct, however, to employ Lichtenberg's concept of the child moving from interdependence to independence within the separation/individuation continuum than it is to adhere to Mahler's idea of initial fusion and an undifferentiated state.

Turning to Kohut's contribution, the Shanes said that the concepts of self-object and selfobject unit "effectively captures the theoretical aspect of the infant/mother matrix". Stern's data, as well as that of other infant researchers, confirms the importance of these ideas.

The classical analytic notions of erotogenic zones and libidinal phases, also do not appear to hold up in light of infant research. The work of Lichtenberg and Sandor has shown the human being to be similar to other living systems. Their data has led them to conclude that life begins in an organized state. The human infant is born with all systems go. All his senses operate in unison, and he not only sucks, but also "looks, hears, smells, grasps, and seeks visual, auditory, olfactory, and tactile stimulation from his environment". Experience is organized not only around the mouth but also "around numerous inborn affect potentials and the fundamental emotions of interest, excitement, enjoyment, anger, distress, shame, humiliation, rage, disgust, fear, and surprise". The oral phase may be important as a reconstructive metaphor, but should be distinguished from an actual childhood experience.

It has been shown that the effectiveness of insight is directly proportional to the coincidence of the reconstructed child with the actual child.

The Shane's next posed the question that is central in the controversy between "developmentalists" and "reconstructionalists". How relevant to psychoanalytic theory is a theory of development if analysis is seen as exclusively a reconstructive venture? The Shanes feel that the question is spurious as they contend that the analyst's views about early development

will greatly affect his method, mode, and style of interpretation.

While accepting that much of oedipal phase developmental theory stands the test of infancy research, the Shanes set out to describe a preoedipal developmental line that combines separation/individuation theory and self psychology.

Based on his view of man as "living in a matrix of selfobjects from birth to death", Kohut makes a point of distinguishing self psychology from Mahler's separation/individuation paradigm. Mahler reflects the traditional psychoanalytic view of man as moving from dependence to independence. The Shanes find evidence in Kohut's theory that is consistent with the concept of "relative autonomy" in which quality of object ties progress from archaic to mature. Kohut did not share this view.

Kohut regarded aggression as secondary as opposed to the more traditional psychoanalytic view that sees man as beset with a primarily hostile destructive nature. Such a nature would make him vulnerable to conflict, guilt, and guilt depression. Kohut saw no hope of integration with mainstream psychoanalytic theory of development based on a conception of mankind as primarily hostile.

The Shanes again moved toward integration. They combined the Mahler inspired observational research of Henri Parens with Kohut's ideas. They posit that aggression has two forms, destructive and non-destructive (as did D.W. Winnicott). The former is seen as being a response to frustration as in Kohut, while the latter coincides with assertiveness and is innate and primary.

The Shanes do not agree that self psychology has qualified as a complete or "superordinate" psychoanalytic theory, but is an "interesting alternative view" within the present era of humanistic concern. An attempt at integration of Mahler, Kohut, and others into the overall corpus of psychoanalytic theory is viewed by the Shanes as reflecting the rightful work of the analyst.

The Shanes next turned to the area of preoedipal development, focusing on the reconstructive theories of self psychology and the classically-based observational themes of separation/individuation, each expanded and refined by observational infant research data. Both quasi-autistic and symbiotic phases of development postulated by Mahler now seem unlikely. The self psychological theories of Basch and Tolpin seem more in line with infant research data which sees an emergent self, active and engaged, emersed within a selfobject unit from the early months of life. Together with Stern, they see no process of early fusion. Separate schemes of self and other are in the process of developing from birth on.

Confusion exists in the theories of self psychology as to when the "self makes its original debut". Kohut and Wolf speak of a "virtual self" that

involves the self as conceived by the mother. A. Goldberg described a "nuclear self" emerging at 18 months. Lichtenberg wrote of early infantile experience as being in a "perceptual-affective-action mode, by and large, without representation". Memory is motorically and affectively based. During the first and second years, the dawning awareness of an egocentric core, or grandiose self, able to perceive separate others, evolves. Separation/individuation "practicing" subphase data are consistent with reconstructions from self psychology that suggest a resonance with such a phase.

During the second and third years of life, struggles with separation and individuation play a central role in development. During this time, Mahler's rapprochement subphase is compatible with Kohut's ideas of gradual disillusionment with the selfobject. Mahler's description of the child's conflicts around ambivalence toward the idealized mother, growing disillusionment with her, and need for re-fueling, needs no change. Some change from symbiotic merger to "relative interdependence" and separation to "relative independence" appears to fit better with the new research data. Dangers of archaic interdependence with the primary caretaker following achievement of some degree of autonomy replaces the older concepts of the dangerous mother after separation and fantasies of re-engulfment or intrusion.

Self psychological theory draws a line of development which extends from archaic selfobjects to more mature forms, again consistent with infant research. Mahler is more specific about the timetable of developmental sequences and emphasizes libidinally and "true" object relations invested with libidinal and aggressive interest. Self psychology feels that true object relations are "essentially peripheral". They focus on objects that form "self functions".

The Shanes describe the formation of self and object constancy in the fourth year of life from both the Mahlerian and Kohutian points of view. Kohut emphasizes the presence of a cohesive self comprised of the grandiose self and idealized parent imago structures which derive from a time earlier than the fourth year. These structures are very vulnerable to regressive forces. It seemed to the Shanes that the fairly immutable self structure proposed by Mahler would equate to a self in Kohut's scheme that had reached a state of stable cohesiveness. This would not be possible until about the fourth year.

According to the Shanes the theories of Mahler, Kohut, and the data of infant research, do not alter the forms and significance of the oedipal phase of development. Differences lie in the way in which preoedipal development impacts and effects the form of the oedipal period. Only Kohut proposes a separate line of development for self and object relations. Here the work of Mahler and McDevitt diverge markedly. They feel that to separate true object relations from self development "imposes an impossible strain on the data". Another point of contrast between Mahler

and Kohut is the latter's view that "self structure" is laid down through "a process called transmuting internalization" in which no identification with a true object seems to exist, but rather a taking in of the selfobject's "selfobject functions". A third major difference involves the lifelong need for selfobjects.

The Shanes feel that the theory of development in psychoanalysis will be best served if we constantly work toward integrating the sometimes divergent theories of child and adult development.

Finally, the Shanes emphasize two points. The first is that psychoanalytic theory must keep current with the burgeoning data of infant research and observation. One should not hypothesize more psychic structure than is shown to exist. The second is that integration of contributions to theory building need to be encouraged, not discouraged. There is absolutely no data to confirm that any new theory has developed to such a point that it should stand independent of the main corpus of psychoanalytic thought.

The paper was discussed by Justin Call, M.D., Professor of Pediatrics, Child and Adolescent Psychiatry at University of California at Irvine, and Senior Faculty member, Los Angeles Psychoanalytic Society and Institute. Dr. Call presented data from his attempts to reconstruct Freud's developmental theory. He feels that Freud believed the infant hallucinated an "experience of satisfaction", not the thing itself. If this was true, it did not presuppose an infant able to visually hallucinate a lost mother, breast, etc.

Dr. Call feels that one of the main objections with self psychological theory is its inability to deal adequately with internalized conflict. Dr. Call believes that infant research will eventually show that neurosis derives from conflict. He said that Mahler's greatest contribution lay in her findings in the area of separation/individuation and in the second year of life. Her theories may have to be revised somewhat to include those ideas that do not coincide with research data regarding fusion, etc.

Call now sees evidence that supports the idea of separation/individuation beginning in the first few weeks of life. He did not agree with Stern's ideas regarding the decreased importance of the symbiotic or undifferentiated phase in Mahler's scheme. He feels that symbiosis is a relative phase that never ends, as people always carry object representations in their egos. Dr. Call emphasized the infant's past in instigating separation from the mother. He agreed with the Shanes, that it is important for analysts to observe, wonder, and question how mothers and babies affect each other. He feels it is not possible to construct a truly creative psychoanalytic theory without a proper mixture of transference, countertransference, and infant research.

Dr. Call presented his remarks in a smoothly confident style which has become his trademark. By combining an encyclopedic knowledge of developmental research and psychoanalytic theory, he satisfies his own criteria for the analyst who is able to work creatively.

Several others from the audience discussed the paper.

Joel West, M.D. drew attention to the selfobject phenomena in the animal world, and felt this provided a type of validation for Kohut's ideas of man as an extension of widely observed mammalian behavior.

Martin Widzer, M.D. engaged in a dialogue with Dr. Call about Sander's "dancing babies" and other examples of how the infant is "pre-wired" to respond to specific stimuli such as language. In this regard they cited the work of Chomsky. They pointed out that seven month old babies can distinguish colors such as red and green from variants, while sophisticated "infantile fantasies" such as those proposed by Melanie Klein appear not to be cognitively possible until at least the age of eight.

Bernard Brandchaft, M.D. provided a longer, prepared discussion, in which he emphasized the importance of focusing on the "intersubjective context" of any interaction. He pointed out that oedipal events should be viewed against the backdrop of parental capacities for assimilation of the child's self expression. Responding to Dr. Call's contention that self psychology does not deal well with ideas of internalized conflict, Dr. Brandchaft explained that self psychology accepts the idea of conflict as a universal phenomenon. The focus of self psychology is on the presumed mechanisms that convert an interpersonal conflict into one that is intrapsychic. Self psychology assumes that if the observer can become sensitive enough, this attention to elements of the continually changing perception of the dyad will yield evidence of feelings of disruption, disappointment, and disjunction, of the connectedness between the two. When these "intersubjective" elements can be brought out into the open, a reparative process can occur. This can prevent the development of intrapsychic conflict in the case of a child and its caretaker, or work towards reversing the process in one whose intrapsychic conflict has already been established, the latter through interpretation of the selfobject transference. Dr. Brandchaft stated that conflict results when "the child's needs disrupt the tie to the selfobject". Dr. Brandchaft concluded by asserting that differences in theory may arise due to the manner in which data is derived and conceptualized. Kohut's contribution has been to encourage closer attention to the way in which the analyst and analysis affect what emerges. Ideas concerning resistance may be due to faulty preconceptions. This led to the development of the concept of intersubjectivity. Dr. Brandchaft felt that these ideas are consistent with the evolving data of child and infant research.

In answering, Dr. Call said that there was nothing new in what Dr. Brandchaft had said. He stated that Erikson had already described this type of focus. While disliking Kohut's terminology, Call said that we could appreciate some of his contributions without accepting his theories concerning development.

Finally, Bernard Hellinger asked about psychoanalytic theories of dream

wish fulfillment in light of the new research data. The Shanes reported that their data are consistent with the ideas of wish fulfillment in dreams and opined that this occurs most likely by seven months, the time given for the dawn of evocative memory. It is not likely that an infant can dream or wish for what it has never known.

The Shanes, in trying to awaken our integrative capacities, have again brought an air of moderation, scholarship, and their own personal integrity into our midst. We can only hope that they will continue to provide us with future meetings as stimulating and productive.

It is interesting to speculate as to the needs of groups of psychoanalysts, past and present, to feel that their body of information is so unique and important that it cannot be subsumed into the general body of psychoanalytic theory. Perhaps psychoanalytic theoreticians, like developing humans, must go through periods of separation from the main body of psychoanalysis to find and reaffirm their own identity. When this occurs some form of mature interdependence may evolve. We are aware that throughout the history of psychoanalysis, segmentation of theories and theorists have occurred. Whether this is a process that vitalizes or debilitates psychoanalysis will be a matter of continuing conjecture, angst, and debate. How we conduct ourselves during such times of uncertainty is of a far greater importance than has ever been countenanced.

BOOK REVIEW

Narrative Truth and Historical Truth by Donald P. Spence

Reviewed by Richard P. Fox, M.D.

In an interesting, if, at times, difficult book Donald Spence has raised some pointed challenges for the psychoanalyst. Spence, a clinical psychologist, psychoanalyst and professor of psychiatry at Rutgers Medical School, questions the archeological model that Freud suggested for the nature of the investigations we pursue with our patients. What is the "truth" that we seek in our analytic work? Is it actually historical truth and does it follow that such "truth" is a significant factor in therapeutic results?

When Freud first found reason to question the reality of the seduction scenes presented by his hysterical patients he made a significant shift from the world of shared and therefore potentially verifiable reality to the world of psychic reality, the private world of personal fantasy. With this shift the problems of knowing and verifying have become exceedingly complex. Unlike Breuer's initial exploration with Anna O, we have no equivalent of a mother's diary with which to corroborate our analytic findings.

Spence asserts that psychoanalysts have failed to distinguish between narrative truth and historical truth. The emphasis placed on historical truth fails to do justice to the complexity of psychoanalytic material which is the result of overdetermination and the layering of memories. This emphasis on historical truth also fails to give due recognition to the persuasive and therapeutic effects of a coherent narrative. In the place of historical truth, Spence would substitute narrative truth, "the criterion we use to decide when a certain experience has been captured to our satisfaction; it depends on continuity and closure and the extent to which the fit of the pieces takes on an aesthetic finality."

Perhaps the best place to approach Spence's critique is with his challenge to our method: free association by the patient and free-floating attention by the analyst. Spence argues that the narrative tradition influences the way the patient associates and the way the analyst listens. As he demonstrates from the world of literature, the effort made by the author or speaker to be understood bears a reciprocal relationship to the effort required of the reader or listener to understand. Spence claims analysts do not discover meanings, they create them; analysts are not pattern finders but pattern makers.

Free association is much less a passive reporting as Freud suggested with his analogy to the passenger at the railway coach window. The patient's productions are not merely reports of the scenes passing before him but more closely resemble actively constructed compositions. Despite what Lacan asserted, the unconscious is not structured like a language, it consists of experiences waiting to be expressed (narrated) and, in the case of analysis, to be heard. The material is in the form of images which must be translated into an account; this translation introduces the kinds of problems we encounter when we attempt to put pictures into words. As Spence demonstrates with some examples from art history, it is the formal characteristics of the image, so difficult to convey in verbal description, that contribute to our perception of patterns. These patterns, in turn, are critical in our generation of hypotheses and interpretations.

In something of an overstatement, Spence claims that language may be the central resistance. Perhaps it would be better stated that while language is the necessary tool for communication, it has necessary limitations—every narrative account is incomplete and may mask as well as reveal. An added risk is that as the work progresses the translation will come to replace the original; the account or report will replace the dream or early memory as the object for further analysis.

There are further problems for the narrator/analysand: his inexperience at his task and the confounding effects of his transference to his listener. Spence compares this to a text written by multiple authors (e.g. the patient when young, angry etc.) and in collaboration with other authors (parents, siblings, previous therapists etc.).

His listener/analyst, meanwhile, has complications of his own. He is operating without a context; he has received no instruction as to how to "hear" the account. In addition he lacks the conversational conventions of clarification and corrective feedback and thus is prone to what Spence calls "unwitting interpretations." Background assumptions are necessary for understanding and the use of these seems to vary inversely with the fluency of the patient's productions. To the degree that the patient is truly free associating, the analyst must supply his own context through the often unrecognized use of such unwitting interpretations.

The presence of the listener automatically introduces distortions not only via the transference but also in the way the listener may subtly influence the productions of the patient through the process of suggestion. Spence quotes studies of the influence of the listener on the testimony of witnesses as but one example of how this occurs. In a detailed critique of Freud's analysis of the Grusha incident in the Wolfman case report he demonstrates how the Wolfman's memory of an early event becomes modified by incorporation of some of Freud's conjectures, not only as a piece of reconstruction but as the memory fragment itself which is the object of further elaboration and reconstruction. The "object" of this analytic investigation is a hybrid of the

Wolfman's memory and Freud's speculations, a product of the analytic interaction itself.

This leads to the question of how we verify our interpretations if we acknowledge that the past does not provide the verifying "kernel of truth." Spence offers three possibilities: (1) general theory, (2) narrative fit and (3) the "here and now" state of the transference. The third alternative is the most appealing to modern analysts but, in fact, it only shifts the grounds of the problem from the past to the present: in other words, "What are the facts of the analytic hour?" These "facts" are not recoverable through process notes and tape recordings. Spence has shifted our attention away from formal interpretations to the realm of "unwitting interpretations" which emerge in the intersubjective context within which the psychoanalytic process occurs.

Like narrating, listening is highly subjective and is actually constructive in nature. The analyst makes use of the countertransference in his unwitting, informal interpretations, an activity which may be, but rarely is, noted at the time and even more rarely recorded for later retrieval. The outside observer or researcher is unable to get at this data through tape recordings and the usual process notes.

The even more serious clinical problem is posed by the fact that the analyst works alone and is in search of both clinical truth and therapeutic results. One can begin to see the appeal of theory to provide the sought after sense of verification. Spence suggests that each analyst develops his own private narrative of clinical theory by combining his clinical experience with his interpretation of theoretical concepts. For the most part little of this is ever explicit.

To explore this problem of verification more fully Spence introduces the concept of psychoanalytic competence which he defines as the knowledge and background necessary and sufficient to understand a therapeutic utterance or interaction. It is formed by clinical training and experience augmented by a didactic analysis and later self-analysis. It consists of normative competence—which belongs to all members of the psychoanalytic community—and privileged competence which is the province of the analyst at a specific time and place in a particular analysis. Together these constitute the "analyzing instrument" which allows the analyst to go beyond the surface structure to reach an integrated understanding of the manifest content and then to search for latent meaning within this manifest content.

Spence has focused attention on the analyst's pre-interpretative processing of the patient's material. The patient's free associations require sifting and preliminary organization prior to interpretation. While much of this activity may be preconscious (as well as unconscious as is presumed under the description of "free-floating attention"), it is a necessary pre-condition

to the interpretation of latent meaning. It is this aspect of constructive listening which Spence addresses with his concept of "unwitting interpretation" (perhaps a poorly chosen term).

Analytic competence is necessary to provide this psychoanalytic context and meaning; it contributes to the development or genesis of unwitting interpretations which precede formal interpretations. Spence does not mean to suggest that this process of arriving at formal interpretations via the less evident activity of unwitting interpretation is poor technique. He suggests, however, that because of it the significant achievements of psychoanalysis remain concealed and private, a fact that he feels poses a serious challenge to the status of psychoanalysis as a science.

For one who would attempt to study the analytic hour from the outside, the step from normative to privileged competence has to do with "naturalizing the text"—a task which he suggests must be done by the treating analyst immediately after the hour. This intended or official naturalization of the text of the analysis would render available for the outside reviewer the experience of the analytic pair. Such a naturalization presents an arduous, if not onerous, task; it must include explanations for transitions between speakers, evidence and motivation for each intervention, the analyst's understanding of each utterance and his associations to these utterances as well as his understanding of pauses and silences.

This seemingly impossible undertaking, to Spence, is essential for psychoanalysis' standing as a science. One might argue that Spence has substituted a new "kernel of truth" for Freud's archeological model—the kernel now is located in the therapeutic interaction, not the personal past of the patient, and awaits discovery by the disinterested outsider, the independent researcher. His formulation does focus our attention, however, on the need for a new perspective to achieve an assessment of the "truth" of the intersubjective aspect of the psychoanalytic process. This aspect includes the constructive aspects of both narrating and listening, the latter being what he calls unwitting interpretation. It would appear to include countertransference in its broadest sense.

In contrast to the historian who stays close to the surface of his material, the analyst indulges in his own associations, an approach which is essential clinically, but is flawed historically and scientifically. This returns us to a basic question about the psychoanalytic endeavor; are we reconstructing the past (whether this past be the personal past of the patient or the happenings of the psychoanalytic hour) or are we creating a plausible account of this past.

Spence argues for the latter alternative suggesting that because of Freud's "innovative synthesis" in his presentation of psychoanalytic material, the persuasive power of a coherent narrative becomes real and immediate. He argues that ours is an archeology of such verbal accounts, less a

representation of the past and more the creation of the present. Ambiguity is inevitable in the context of the overdetermination which is both tolerated and encouraged by the psychoanalytic method; hence the notion of a "kernel of truth" oversimplifies the problem.

The analytic clinician as well as the analytic researcher face the problem of verification. Narrative fit will not suffice for this requirement; a narrative is a sufficiently loose form to accommodate a very wide variety of additions or explanations. Attendance at a continuous case conference provides the best demonstration of the extent to which this may occur.

Spence offers an interesting alternative form of verification, a kind of verification from within which is potentially available to both participants. He suggests interpretation as a form of aesthetic experience and as such it can possess an artistic "truth" much in the same way an artist or a critic can proclaim the "truth" of a painting or other work of art. This aesthetic truth is an elaboration or refinement of the concept of narrative truth. Not just any narrative will do; an interpretation comes to bear aesthetic truth as a function of its phrasing, timing and relevance to both content and interaction.

In other words, the important element of the narrative's power to persuade is the aesthetic nature of the narration—hence the role of analyst as story narrator (if not exactly story teller). In this assessment of aesthetic truth, form may be as important as content. One might go so far as to compare the analytic venture with play therapy, including its technique of mutual or collaborative story-telling.

Ultimately one is more interested in the effect of an interpretation than its past credentials. An interpretation cannot be evaluated simply in its propositional form; equally important are the context in which it is formulated and expressed and the outcome produced. Viewed in this way the interpretation becomes another (albeit critical) element in the continuing narrative—the analysis itself.

To evaluate such an interpretation, one must be provided with the full context. Within certain theoretical persuasions, members of a given school may take into account (and in their writings only present) certain aspects of the data. Without the availability of the full context (which would include the analyst's theoretical persuasions as well as his unwitting interpretations) theoretical controversies are inevitable and likely insoluble.

For the time honored concept of free floating attention, Spence would substitute "active" or "creative" listening which he argues is necessary in the service of understanding because the patient's associations lack coherence. As was discussed earlier, he suggests that it is the analyst's task to "strengthen the narrative voice of the material in order to make it more understandable." In this way unwitting interpretations are not only inevitable, they are also necessary. Such unwitting interpretations may be

public, based upon shared psychoanalytic theory and experience, and private, based upon the analyst's hopes and fears, hence the essential nature of the countertransference, a necessary part of active listening.

As Spence has suggested in his presentation, our interest in studying the psychoanalytic process may shift from the formal interpretation to the unwitting interpretations which precede and lead to our interpretative statements. He suggests a theory of therapeutic influence which emphasizes that interpretations bring about effects not because of their correspondence to a specific piece of the past but because they appear to relate the known to the unknown and to provide explanation in the place of uncertainty.

This view may cast a shadow on our general theory. If interpretations are creative rather than veridical, the analyst becomes a pattern maker rather than a pattern finder. In fact, as Spence suggests, there may be less established theory than we like to assume and we must accept that each analyst is more alone than he already appears to be. On the one hand, this isolation significantly increases the risks of going wrong; on the other, it requires that our discoveries be regarded as highly situational and to be understood in their immediate context.

Spence's book is not only a critique of psychoanalytic truth, it is also a study of the analyst's methods of "knowing." If I have understood his argument correctly, he has emphasized two stages in the listening-interpreting actions of the analyst: one entails the constructive act of providing context and organization to the manifest content of the patient's free associations, while the second entails the formulation of the formal interpretation of latent meaning. While these actions obviously overlap, their differentiation aids in clarifying the difference between the analyst as pattern maker (activity number one) and as pattern finder (activity number two). It also helps to clarify the position of psychoanalysis poised between art and science.

Dr. Ornstein adds that the real power and significance lies "in the overall relationship and experience of the patient". The power of interpretation derives from the "process" of the analytic interchange. Significant elements in the process are 1) a moment to moment interchange between patient and psychoanalyst; 2) progressive centering in the analytic work on the analyst as a selfobject; 3) a deepening understanding between patient and analyst regarding the meaning of the patient's experience; and 4) the way in which the patient's experience effects the interchange. This all transpires within "the selfobject matrix" and "can only be understood from an empathic vantage point". The reaction "of feeling understood, by the patient, is of central significance".

A clinical vignette was introduced at this point. The patient had reported a dream following an interruption in the analytic work. The manifest content of the dream involved his making his way, assisted by his two brothers, to a plane which took him away from a troubled situation. When the analyst used the word "rescued" to describe the patient's experience, he became very angry that he was viewed as having been "rescued" by the analyst rather than as having made his own way out of the difficulty. The patient's experience of the analyst's words was of crucial significance. His need to have acknowledged his desire to be a free and independent individual, was of central importance.

The Ornsteins feel that the introduction of a genetic context is also vital in the understanding and explaining process. The genetic context developed in the interchange between patient and analyst must "resonate with the patient's experience" and deal with "infantile and childhood self states".

Acceptance and tolerance for the "self states" of the patient by the analyst is a vital "selfobject function". It is like "the gleam of approval in the mother's eye", and leads to what Kohut describes as "transmuting internalization".

Interpreting drive states and resistances against them rather than "infantile and childhood self states" has inherent within it an attitude of rejection of the patient. Difficulties in the analytic process come, not from something to be explained by Freud's concept of resistance and negative therapeutic reaction, but rather from the patient's reaction to what is felt to be an intolerant stance on the part of the analyst.

The Ornsteins feel that analytic work is to be understood by the metaphor of two people climbing a mountain together. They may proceed at a different pace, but must remain in contact with one another. The emphasis should be the need to build, to keep in contact, and to bring together past and present rather than on resistances to such an achievement.

The paper was concluded by a presentation of a clinical vignette from Dr. Anna Ornstein's work. This illustrated the combined use of understanding and explanation in interpretation. The patient expressed a feeling that the

analyst didn't care about her and reported an impulse to do something outrageous, perhaps to suddenly leave. The analyst remembered that the patient had recounted an experience as a child in which she was exposed by having her t-shirt torn off. The memory was associated with feelings of shame. This memory had been understood to be a screen memory that covered the feeling that her mother had looked scornfully rather than approvingly at her body. The analyst commented on the urgency with which the patient had revealed the previous sexual material, as though she had wished to create a situation in which she would lay herself open, naked, exposed to the analyst. She wished to make a strong impact. Her desire to be seen and approved by the analyst was very intense. She was afraid of rejection. The "outrageous behavior" which had been a pattern in the past would have been a partial expression of her exhibitionistic wishes together with a desire for protection against uncovering the depth and intensity of her wish to be noticed by the analyst. The patient responded with expressions of having felt deeply understood and very much in touch with the analyst.

Discussion by the panel. There were two primary discussants. The first was Dr. Arnold Goldberg. He and Dr. Sandler, the second discussant, limited their remarks primarily to discussion of the Ornstein paper, since they hadn't received Dr. Basch's paper until just before the meeting. Dr. Goldberg made two points. The first was that understanding is always linked to theoretical formulations, and secondly that we don't have "common sense observations, that allow us to be empathetic, which are separate from theory. There is not a God-given resonance." He noted the importance in Self Psychology of the focus on understanding and explanation in contrast with an emphasis on content. Self-Psychology is interested in the sequence of disruptions in understanding and healing through further understanding and interpretation. He added that he thought that Self Psychology needed to have explanations for the "host of issues that don't have to do with failures".

Dr. Goldberg commented that "any theory works", by offering, in its own particular language, a way of healing breaks in understanding. He appeared to be conciliatory in his remarks, constructively critical of some aspects of Self Psychology, and desirous of building bridges between the Self Psychology point of view and others within psychoanalysis. At a later point in the panel discussion, during an interchange with Dr. Sandler, he seemed to be taking a more ideological position about Self Psychology.

Dr. Sandler was witty, both critical and conciliatory. He spoke of psychoanalysis as having "a developing organic body of theory". Problems arise when the theory "deviates too much from the clinical work". In the "pre-Kohut" days "people were uncomfortable in their work when they felt it necessary to deviate from "standard theory". There was a great surge of interest in Kohut's work because it gave permission to experience the need

This would allow time for free associations to the patient's past and present material and for empathy and identification with his experience. They

the importance of a period of quiet reflection for the analyst. They seemed to be offering suggestions for technique, emphasizing importance and centrality of the self-object relationship in the analytic process of understanding with what was to be understood, namely the separately from existing theory. On the contrary, they appeared to link the they successfully describe how the search for understanding functioned according understanding a separate place in the interpretive process, nor did Drs. Ornstein did not appear to successfully describe their reasons for

structure.

He said he would not abandon his ideas regarding the nature of psychic mind a temporary embrace and felt that his own analytic identity was solid. abandonment of such concepts as internalization. Dr. Sandler said he didn't danger of a full embrace by Self Psychologists. This could lead to the drive defense model as primary, and with his emphasis on empathy, was in discussion. Dr. Goldberg thought that Dr. Sandler, in his rejection of the exchange between Drs. Ornstein and Goldberg at the end of the panel That things had not completely "settled down" became apparent in the

recognizes that the patient is doing his best.

always try to place himself in the patient's shoes and let him know that he experience of unpleasant feeling states. He agreed that the analyst should unpleasant. Psychic structure was seen as an attempt to modulate the Anna Freud, who had formulated that the primary motive for defense was the patient's shoes. He linked this position to the work of Sigmund and Dr. Sandler agreed with Self Psychology in its emphasis on the importance of understanding and the developmental point of view, of putting oneself in

fantasy as opposed to trauma, in Self Psychology.

He wondered about the absence of a consideration of the importance of

infantile was not drive.

out that Kohut was correct but not unique in seeing that everything that was understanding and with the danger of an intellectual analysis. He pointed longings and needs. He agreed with the importance of the patient's importance of empathy and tolerance for the patient and his infantile of Self Psychology as developed by the Ornsteins. These included the one's own position. He listed his agreement with some of the major tenets law which relates the position of "the other", to the degree of distortion of existence of "the other", the bad one. He speculated that there might be a that in the development of a movement, it was necessary to postulate the standard technique. Now, he said, "Things are settling down". He added of parameters. It became theoretically justifiable to move away from patients. Similar relief had been given before Kohut by Eisler in his theory that analysts had to be "more human", and to modify their work with sicker

added no new theory regarding the nature of the process of information gathering.

The Ornsteins' warn against the dangers of an arrogant position in regard to one's theoretical formulations. They emphasize the need to consider the effect of interpretation on the patient and to allow for questioning and criticism. I found these ideas valuable. This value is somewhat diminished, however, by the implication that sensitivity, empathy, and tolerance, as well as acceptance of the developmental point of view, were new and had suddenly come into being with the advent of Self Psychology. The Ornsteins do not link their ideas to Freud's urging for evenly suspended attention and complete tolerance, or to previous concepts of countertransference. This is particularly noteworthy in view of their metaphor of the mountain climb, in which they pointed out the importance of making links, and "building bridges".

Some of the impact of the clinical material, particularly the long vignette from Dr. Anna Ornstein's very sensitive and impressive work, is lost when it is presented as though it is illustrating something terribly new and different in the way of technique from which far-reaching theoretical implications are to be drawn. It seems ironic that the Ornsteins caution so much against the creation of "the other" in interpretive work when the patient who has the potential for resistance inherent within himself together with difficult and untameable drives, may, as Dr. Sandler suggested, create "the other" bad analyst who knows nothing of tolerance, understanding and empathy. It is also perhaps a contradiction that the Ornsteins stress, in their developmental point of view, how vital it is to know the patient's need to grow and develop, to be separate, autonomous, and respected, and yet insist that all work of importance in analysis must take place in the "selfobject matrix".

To acknowledge the existence of structure within the patient, even of a harsh superego that might create a negative therapeutic reaction, could be accepting the possibility of separate tendencies within the patient. This might accord respect and tolerance for his inclination to say no, "my liver is diseased but I refused to see a doctor," like the protagonist in *Notes from the Underground*.

On the matter of tolerance versus arrogance and omnipotence, long before Kohut and Freud, St. Paul wrote in his letter to the Corinthians, "And though I have the gift of prophesy and understand all mysteries and all knowledge, and know I have all faith so that I could remove mountains and have not love, I am nothing."

LETTERS TO THE EDITOR

October 3, 1983

Dear Sam:

Just a note to thank you for your generous summary in the *Bulletin*. And I also appreciate very much that you were accurate and that I was understood.

Cordially,

Bob Stoller

Robert J. Stoller, M.D.
Los Angeles, California

October 11, 1983

Dear Dr. Wilson:

Just a brief note of appreciation for receiving the copy of the Los Angeles Psychoanalytic *Bulletin*. I have found the issue extremely interesting, and a valuable reflection of what is going on scientifically in the Los Angeles Psychoanalytic Society and Institute.

Sincerely,

Judd Marmor

Judd Marmor, M.D.
Los Angeles, California

December 7, 1983

Dear Sir:

The Bulletin is to be greatly commended for its interviews. As one who tried the interview format in *The Psychoanalytic Forum*, I know the enormous amount of work it takes to have just the right searching questions and to structure the interview to bring out the subject.

Samuel Wilson's interview with Bernard Brandchaft was truly outstanding. Wilson captured the man, the psychoanalyst, the thinker, the teacher, and the warm, caring human being in Bernie Brandchaft. A masterful job of making the man and his ideas come alive on the page.

Sincerely,

John A. Lindon

John A. Lindon, M.D.
Los Angeles, California

MEETING REPORT:

The Adolescent Self During the Process of Termination

Reported by Helen Desmond, Ph.D.

After Dr. Peter Landres opened the February 17, 1983 scientific meeting by introducing Dr. Rudolph Ekstein as "one of the great thinkers in psychoanalysis," Ekstein began on a personal note. He told us that he read this paper, "The adolescent self during the process of termination of treatment: Termination, interruption, or intermission," at the Hampstead Clinic when he saw Anna Freud for the last time. As he was reading the paper he realized his comments were about termination, and, as Ekstein put it, "You can imagine how I felt."

Ekstein noted that in contrast to the treatment of adults, in which the middle phase of treatment is often identified as the most difficult to learn, it is the end phase of the treatment of adolescents that creates special difficulties. Because adolescents come to treatment with a developmental problem in addition to illness, emotional distress, and symptoms, it is the task of patient and therapist to cope with the growing up process as well as the illness. According to Ekstein, in our culture adolescents are required to: begin the process of separation from the parental home; establish an autonomous identity; form intimate relationships; and establish fidelity.

Noting that the adolescent separation process might be viewed as a time when the safe therapeutic alliance is exchanged for the adventure of independence, Ekstein observed that during the end phase of treatment adolescents frequently try to break up the treatment, declare themselves well much earlier than may be true, and escape into pseudo-health. Often the treatment seems to end as failure, as interruption, or as a kind of termination not really agreed upon by both therapist and the young person because they have reached a goal.

A special countertransference problem which may occur at this time is that the therapist may try to hold on to a patient whom he thinks is not ready to separate. Ekstein suggests that we think of the adolescent's rebellion as a psychic task necessary to bring about the capacity for separation. He states that therapists must be flexible during the ending phase, particularly when termination is imposed on them and experienced by them as the breaking up of treatment. He asks: "Can we be psychotherapists who are willing to let the adolescent go, but in such a way that our concern for him, our interest in him is now internalized in him so that he could go back after a good experience?"