# LOS ANGELES PSYCHOANALYTIC BULLETIN

SUMMER

1989

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#### LOS ANGELES PSYCHOANALYTIC BULLETIN

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#### **REPORT OF**

### DR. BRUNO BETTELHEIM'S PRESENTATION: "HOW I BECAME A PSYCHOANALYST"

#### by Leslie M. Kirschenbaum, M.D.

Bruno Bettelheim presented a paper to the Los Angeles Psychoanalytic Society on May 18, 1989. The paper was titled "How I Became A Psychoanalyst".

Mark Orfirer, M.D., introduced Dr. Bettelheim. He announced that Dr. Bettelheim had been offered an honorary membership in the Los Angeles Psychoanalytic Society Institute, and the offer had been accepted. Dr. Orfirer's introduction was brief and eloquent. David James Fisher, Ph.D., gave a talk at the end of Dr. Bettelheim's paper. This talk was an erudite and impassioned summary of Dr. Bettelheim's work and tribute to Dr. Bettelheim. His talk will be printed in the Bulletin in its entirety.

The paper read by Dr. Bettelheim is actually a chapter from a book called *Freud's Vienna and Other Essays*, to be published by Knopf sometime in 1990. In the book, the chapter is entitled, "How I Learned About Psychoanalysis".

Dr. Bettelheim's talk was organized around three anedotes. The anecdotes were drawn from highly personal memories. Dr. Bettelheim introduced the first anecdote by saying that he did not come to psychoanalysis originally. "because of what it had to offer to people in need of therapy, nor out of intellectual curiosity, nor as part of my academic studies. Least of all, did it occur to me that psychoanalysis could become my vocation." In the spring of 1917, when Dr. Bettelheim was 13 years old, he joined a radical Viennese youth movement called the Jung Wandervogel. Dr. Bettelheim was infatuated with a young girl in the group. Things were going well when an older member, who happened to be Otto Fenichel, rejoined the group after a leave from the Army. Otto Fenichel was attending Freud's lectures and "propagandized Freud's theories." Dr. Bettelheim became jealous and threatened by the girl's interest in what Otto Fenichel had to say. He decided to beat Otto Fenichel at his own game by learning a great deal about psychoanalysis. He was ambivalent about psychoanalysis, hated it because of the threat it posed to him, but saw it as very powerful. The girl, it turns out, really was not that interested in Otto Fenichel. But Dr. Bettelheim became increasingly interested in psychoanalytic ideas.

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This is the barest outline of the story. Dr. Bettelheim's account was complex, as he told of his mixture of emotions about the girl and about psychoanalysis. He spoke in a sonorous voice. But most important, the language and delivery were simple, unpretentious, poetic. He was telling a story that had the greatest importance to him, and he believed in psychoanalysis, but telling it in the simplest possible way. There was, of course, a message in the simplicity. The message seemed to be that important things come spontaneously, and without conscious striving, through a libidinal investment perhaps in a somewhat idealized context. The account was understated, gently ironic and also self-depreciating. The self-depreciation was charming and funny. The audience clearly responded spontaneously with unforced laughter.

Dr. Bettelheim summarizes this part of the paper when he says about the pioneers of psychoanalysis, "Hardly any of them came to it with plans to make it their profession, nor did they have any more formal training in it beyond their own psychoanalysis. It was all a matter of very personal experience, not of any formal training. Today, when an elaborate course of study is required of people wishing to become psychoanalysts, much of the highly personal excitement psychoanalysis once created is gone. It has become an institutionalized discipline."

Dr. Bettelheim then went on to the second of the central memories and anecdotes. He tells of encountering and making arrangements for psychoanalysis with his own analyst, who he tells us was Dr. Sterba of Detroit. Dr. Bettelheim knew a number of people who had become psychoanalysts but didn't want to follow their example, "partly because I did not wish to be a copy-cat, and partly because I was not impressed by what becoming psychoanalysts had done for them personally." But he felt "dissatisfaction with the way I was living, and feelings of inferiority and depression, which although not very serious, I knew rationally had no objective cause, but must come from my unconscious." The crisis in his marital life convinced Dr. Bettelheim to give it a try. Dr. Bettelheim met his analyst in a social setting. In response to Dr. Bettelheim's questions of whether he needed psychoanalysis or whether it would help him, his prospective analyst said simply that he didn't have the slightest idea. "These answers failed to reduce my doubts, so with some desperation I finally asked him what reason there could be for me to go into psychoanalysis," Dr. Bettelheim continued. Here he was told that he would find the experience to be very interesting because of what he would discover about himself. He could understand himself better, and things would become more comprehensible to him. About this encounter, the analyst later said that he had not the slightest recollection. Dr. Bettelheim trusted the analyst because he didn't make empty promises. Further and most important, he, Dr. Sterba, said that he was certain that if he did find out important things about Dr. Bettelheim, this would not happen any sooner than "I myself found such things out." Dr. Sterba was clearly an authority, or Dr. Bettelheim wouldn't have sought him

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out and gone into analysis with him. At the same time, he was able to acknowledge that he didn't have a heavy stake in possessing knowledge, and wouldn't therefore have a need to overpower or intimidate his patient. His emphasis was on the search for knowledge with a willingness to be surprised and a willingness to share the quest. New knowledge was highly valuable, but the emphasis had to be on the search for it and not the possession of it, and it was the shared search that could be curative.

At the end of this section of the talk, Dr. Bettelheim made a point that is central to his presentation. He emphasized that his analyst did not follow "the medical model," in which the doctor knows things the patient does not know, and where the doctor tells the patient what to do. It was all put on a "humanistic basis." Dr. Bettelheim believes that medically-trained and oriented psychoanalysts in America view themselves to be superior to their patients. Dr. Bettelheim does not believe that this attitude has to do with today's analysts lacking human decency, but rather with "the institutionalization of psychoanalysis as a highly skilled medical specialty, and with certain rigidities resulting from the long and complex training psychoanalytic institutes require of their candidates." He contrasts the "impersonal and rather sterile settings which most present day American psychoanalysts prefer for their work," to the highly personal settings of the Viennese analyst. It is implied that the psychoanalysis of Dr. Bettelheim and of his analyst, and others not burdened with the medical model seeks not to cure and heal, but rather to find out. But there may be a paradox and a concealed intent in the fact that searching for knowledge unencumbered by fixed and rigid positions of self-importance, is curative and healing.

Dr. Bettelheim then went on to describe and discuss an encounter that he had during the course of his analysis. A psychotic boy was seeing the wife of Dr. Bettelheim's analyst. He saw this boy in the waiting room many times. The boy would chew on cactus leaves, and sometimes his lips would bleed. Dr. Bettelheim on one occasion burst out that the boy after two years of treatment should have stopped hurting himself in this way. The boy arose and articulated sentences for the first time saying with utter disdain, "what are two years compared with eternity?" Dr. Bettelheim was left "flabbergasted." Much was learned by Dr. Bettelheim from this encounter. He learned about the subjective reality of the experience of time. He learned that he was using the boy to work out and resolve his own doubts about his psychoanalysis, putting the boy down as he did himself, but also hoping that the boy would give him a solution. In the very act of being a bully and being somewhat arrogant with the child, Dr. Bettelheim was sharing an experience with the boy, and asking for something from the boy from his own experience. He shifted from feeling superior to the child to feeling that they shared a common humanity and a common experience. "Only in this one encounter had I treated Johnny as a person who had superior knowledge on a matter of greater significance, was psychoanalysis doing much good?" When this boy, Johnny, could articulate and communicate his experience, he did not need his

symptom. Dr. Bettelheim goes on to tell quickly and in the simplest possible language of the profound insight that he had into the processes of masochism through this interaction. Johnny's suffering seemed like an eternity to him. Through biting the cactus, Johnny could be in control of the pain. "One can understand the behavior of another only from the exact frame of reference." Johnny was chewing on the cactus because they came from his analyst. He hoped that chewing them would give him control over "what life did to him."

Dr. Bettelheim was quite capable of being a bully and of attempting to use another, in this case the psychotic child. But he was able to shift and to use experience to understand the child and himself.

My own experience of going through training in the Los Angeles Psychoanalytic Institute confirms much of what Dr. Bettelheim has to say. My candidate group was a group of good people. I have had cordial relationships with most of them, and good friendships with several. Yet, as I remember it, we didn't share excitement about psychoanalysis. We didn't share our own personal experiences in and with psychoanalysis. We were burdened not only with the formalities and worries of training, but with the troubles in the Institute that took place during our period of training. There were ideological battles that had to do with the quest for power and for the position and status of possessing the ultimate truth. This battle was stultifying and demoralizing. The leadership of the Institute at some point decided that the American Psychoanalytic had the ultimate truth and that the leaders were the best interpreters of the ultimate truth of the American. Candidates were told that those who were not in a pure and true psychoanalysis were to be purged. Miraculously, people remained in their analyses and remained in training, and finished their training. The American Psychoanalytic intervened and apparently the leadership of the Institute was informed that they had misinterpreted the intent of the American and that the quest for ultimate truth did not seem to be a good idea. The formalized training setting, as Dr. Bettelheim theorized, inhibited spontaneity, inflicted pain, and the Institute approached the position of virtual fascism. But the powers of analysis, time and reason still seem to be great, and the Institute survived. Some of the people from my group who went through that particular time have attained positions with the Institute of influence. I'm sure they remember that particular period, and have learned from it. The Institute will profit from their experience and their capacity to integrate, to remember and to transcend. But Dr. Bettelheim seems to be right about the dangers. Does it have anything to do with being an M.D.? I don't know. It seems that there is something of value in the identification of being an M.D. with which non-medical psychoanalysts may identify on a not fully conscious level. There certainly may be dangers in that the medical position or medical model may add to a dangerous tendency to possess and own the knowledge to cure, but ultimately, more significantly to enhance oneself. The investment in formal psychoanalytic training is very great. The degree of that investment may generate a need to find and hold on to a piece of the power and status, at

times at the expense of others. Being an M.D. may make it harder to relinquish to make that shift and to say 'I really have something to learn from you,' and to truly mean it. But none of us are about to go out and burn our medical school diplomas and wander off in small bands to the woods. We have too much at stake, and perhaps there is too much that's valuable in a medical education. So, the tension and the conflict will go on, hopefully with increased understanding and integration of issues.

The experience and feelings of applicants for certification to the American Psychoanalytic is being listened to very carefully currently. This openness and listening is new, and perhaps comes at least partly from the preceding period, from what was learned coming through that period. But the American Psychoanalytic Association is asking our graduates, people who have been in training for anywhere from five to ten years, and who have written up cases and have been graduated, who have written up their cases for certification, to fly to New York to meet for a few minutes with members of a committe who will ultimately pass judgment on whether or not these people are certifiable.

Dr. Bettelheim brings up a number of issues that perhaps ought to be the subject of ongoing consideration. Among these issues and questions raised were the following. Is the capacity for humility and episodic renunciation of a quest for power and self-importance inherent in the true analytic position? The self psychology movement seems to be in some ways taking this position. There may be such a meaning in the very act of lying on the couch and freeassociating. Do we need to be constantly on the alert for reactionary shifts in the organizational process, inevitably inherent in all organizations which could inhibit or crush the analytic spirit? Is the basic issue in psychoanalysis an ethical one, as Dr. Bettelheim seems to suggest, which has to do with the capacity to truly value another human being? What is being a doctor all about? It seems that the great non-medical psychoanalysts such as Dr. Bettelheim are also, despite their opposition to the conscious intent of healing, great healers. They must on some level want to be doctors and possess the power to heal. The question seems to have to do with the nature of the healing process which may paradoxically involve the recognition that all people including our patients possess the need and the capacity to heal by knowing and illuminating.

#### BRUNO BETTELHEIM'S ACHIEVEMENT

Remarks to Commemorate his Honorary Membership in the Los Angeles Psychoanalytic Society and Institute

May 18, 1989

#### David James Fisher, Ph.D.

Tonight, we celebrate Professor Bruno Bettelheim. We have heard a charming, deceptively simple, and genuinely personal version of how he became a psychoanalyst and about what psychoanalysis represented to him as a young man growing up in Vienna in the period between the two world wars. And celebrate him we should! He has lived a long and eventful life, producing a substantial and evocative body of work, sixteen books in all, not to mention a prodigious number of articles, prefaces, book reviews, and journalism. For over thirty years, he taught at the University of Chicago, directed the Orthogenic School for emotionally disturbed children, supervised mental health professionals, and carried on a psychoanalytic practice. Semi-retired since 1973, first living in Northern California and currently in Santa Monica, he has written an additional six books these last fifteen years, including some of his best, while continuing to teach, lecture, and supervise.

Bettelheim has made major contributions to our understanding of contemporary history, having developed a unique and original perspective on the Nazi Holocaust; he has devoted his life to the project of integrating his educational and therapeutic concerns; he has dedicated himself to the understanding and treatment of children, all of which stems from his advocacy of the helpless child; he has produced a seminal and inspirational book on fairy tales; he has a nuanced appreciation of language and its abuse in all interpretative work.

Professor Bettelheim's work is characterized by an astonishingly broad range of interests, where he applied a variety of perspectives that cut across disciplinary boundaries. If he entered different universes of discourse, he came prepared, bringing with him a distinctly European sensibility and a high level of cultivation and erudition. Yet he has also demonstrated a capacity to write both for professionals and for a wide literate audience. His prose is clear and accessible, never convoluted or Germanic. Whenever possible, he avoids technical or jargon-ridden terminology. He is one of a handful of classically trained lay analysts who has emerged as a public intellectual in American; that is, as a social and cultural critic who has influenced a wide audience and who commands attention for the power and originality of his ideas. Professor Bettelheim's books sell; they sometimes win prizes. The Uses of Enchantment, for example, won both the National Book Award and the National Book Critics Circle Award in 1977. A Good Enough Parent has sold 100,000 copies in French translation alone and Professor Bettelheim has appeared on French television four times consecutively in prime time, no mean feat for a foreigner. He has emerged as a visible representative of psychoanalysis. Perhaps this became certified by Professor Bettelheim's role in the 1983 Woody Allen film Zelig in which he played himself as an authority on psychoanalysis. When he told me of the Woody Allen excapade, he mentioned with a twinkle in his eyes that he did the scene in only one take.

Bettelheim's relationship to the history of psychoanalysis is as an outsider; his creativity demanded independence; consequently, he deliberately chose to belong to no single school. He is loyal to the authority of Freud as a critical thinker; he is a Freudian who maintains an irreverent, probing, self-analytical stance, committed to the expansion and revision of psychoanalytic concepts and practive. Like Freud's, the corpus of Bettelheim's writings are symphonic and he has never departed from the methodological and humanistic underpinnings of Freud's work. As a Viennese who witnessed the birth and hegemonic victory of ego psychology, Professor Bettelheim has never embraced — nor been embraced by — the leading Austrian and American theoreticians and practitioners of ego psychology, many of whom were his teachers, associates and friends.

He is an exemplary representative of the psychoanalyst as university professor, succeeding in a milieu that has been hostile and resistant to psychoanalytic modes of thinking. He spent many of his best years at a great university, where he interacted with outstanding scholars, had access to a first-rate library, and assimilated the cultural life of a distinctly American city. Professorial responsibilities allowed him to draw a salary to support his family; he eventually gained tenure, liberating him from the economic and practical pressures of the private psychoanalytic clinician; he had minimal anxiety about referrals, about earning a living, about networking, about credentializing with the local institute, or about being recognized and being offered legitimacy by the American Psychoanalytic Association. Instead of therapy or professionalization overwhelming the science, he concentrated on his research, on thinking, on posing questions, and on passionately engaging with some of the most pressing issues of the day. Professor Bettelheim also resisted the temptation to publish highly technical works aimed at a relatively tiny coterie of specialists. He did not academicize his research or his mode of communicating with and touching his audience.

Professor Bettelheim explicitly fashioned his writing to resonate with the hearts and souls and ultimate concerns of his educated public. His pieces have appeared in *The New Yorker, Harpers Magazine, The New York Times*, and *The Times Literary Supplement* of London. He did not play it safe or avoid controversy. He was, and is, an outspoken, authoritative, and opinionated man; he is frequently pugnacious and acerbic in his style. Like Freud, whom he approaches as a master thinker, he can be polemical when an issue of integrity is at stake. Professor Bettelheim has not been afraid to oppose and to criticize official establishments, including the psychoanalytic mainstream and the Jewish mainstream, and his remarks tonight on the dangers of medicalization and professionalization of psychoanalytic training testify to the continuity of this pattern of independent thinking. He represents an old European tradition of the psychoanalyst as a non-conformist and freethinking intellectual. It should also be said that he has been lambasted by the mainstream in tendentious, adhominem and often sneering articles. The old Bettelheim has not mellowed out or become "Californianized;" he is just as contentious and just as incisive and just as impatient with sloppy and sloganridden forms of thinking as he was in the past.

Professor Bettelheim's writings on the Holocaust and the Nazi concentration camps emerge directly from his own experiences in Dachau and Buchenwald where he was imprisoned during the year 1938-1939. Theodor Adorno has suggested that after Auschwitz there could be no poetry. Bettelheim has approached this atrocity to illustrate that there could be memory and reparation, even after Auschwitz. He has addressed the genocidal tendencies of modern civilization by assigning meaning to the historical and existential experience of surviving. His analysis of the greatest crime of this century enables individuals not to be rendered helpless, not to be silenced, not to be overwhelmed by what he called "the unfathomable horror of mass death." Without the historical and psychological understanding that he provided, there would be no means of resisting future forms of barbarism. Psychoanalysis in the post-Holocaust world owes a huge debt to Bettelheim; he courageously argued against the banalization of this history, against the cheapening of the Holocaust by trivializing or sentimentalizing it, against diluting it with comparisons; he opposes the ideological or propagandistic uses of it; likewise, he spoke persuasively of the dangers of forgetting and of the creative and therapeutic possibilities of remembering. His writings on the Nazis stem from a moral vision: the profound conviction that survivor guilt and anger can become a source of ethical and historical insight.

Professor Bettelheim's 1943 paper, "Individual and Mass Behavior in Extreme Situations," is the most famous report on the concentration camps in the existing literature. In observing and describing the structure of the camps, Bettelheim clearly indicates the techniques and goals of the Gestapo and relates their actions to the prevailing Nazi ideology. The concentration camps were explicitly set up to shatter the morale of the individual prisoner; to spread terror; to provide the Gestapo with a training arena; and to torture, torment, and break the body and spirit of the inmates. Although his report is a classic, Bettelheim's article was rejected summarily by prestigious East Coast psychoanalytic and psychiatric journals; they alleged that the author lacked objectivity in the writing about these issues, that his slant was unfair to the Germans, and that the author, himself, a Jew, psychoanalyst, and social democrat, was suffering from paranoid delusions. It was published in the *Journal of Abnormal and Social Psychology*, a journal read primarily by teachers and researchers in social psychology. Almost immediately afterward, the perspicacious left-wing social critic, Dwight Macdonald, appreciated its value as a conceptual breakthrough and he reprinted it in his journal, *Politics*. This opened Bettelheim's work to an audience of non-professionals, inaugurating a career of culture criticism.

Bettelheim realized that the concentration camps represented something entirely new for the victims and the victimized. Along with other members of his generation, like Hannah Arendt, Franz Neumann, Arthur Koestler, and George Orwell, Bettelheim connected the Holocaust to a critique and analysis of totalitarianism. He emphasized the psychological dimensions of this terrifying relationship of master and slave. The deepest lesson of the concentration camps was the ways in which modern mass society, with its scientific and technological resources, could extinguish a sense of individuality, could demolish an individual's sense of self. The degree of psychic trauma and regression which the prisoner in the camps underwent unveiled the terrible vulnerability of the self in extreme situations. For the prisoner, the main struggle was the fight to maintain his selfhood intact, to fight off personal disintegration, to keep a moral sense and a sense of dignity intact. Furthermore, the concentration camp experience was not unique. Bettelheim suggested that genocidal possibilities existed in all technological societies, leaving contemporary man threatened not only by massive alienation, but also with the loss of his autonomy.

If Bettelheim's writings on the Holocaust display the psychoanalyst's capacity to speak out publicly and to introduce the element of resistance to the passive participation in mass death, his work on children testifies to his unrelenting commitment to resonate sensitively with the hearts and souls of the young. Bettelheim's clinical philosophy insists that the therapist be warm, spontaneous, and establish an emotional closeness with the child. His interest in children and in infant autism began in Vienna before the experience of fascism, the concentration camps, and exile ruptured it. It resumed after his emigration to the United States, continuing into the present. Many of his conclusions about parenting are summarized in his 1987 book, A Good Enough Parent.

As a survivor of the camps, Bettelheim was motivated by his anger about the shameful and pathetic waste of the lives and spirit of emotionally disturbed children who lived in a confused and anxious state of abysmal misery. Like a prisoner in the camps, an emotionally troubled child remains completely at the mercy of others who believe they know how he should live. Bettelheim's philosophy of therapy refuses that notion. The orientation of the Orthogenic School pivoted on the deep empathic understanding of the child, defined as the therapist's vicarious experience of feeling himself into the mind and the skin of the other. While taking on the treatment of supposedly untreatable

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and hopeless cases — including schizophrenic, anorexic, anti-social and autistic youngsters — Bettelheim advocated the sustained personal investment of the therapist in the work and in the inner world of the child. His direction of the Orthogenic School anticipates by decades the psychoanalytic understanding of the optimal therapeutic milieu; he stresses the need to respond to the child's demands for prolonged safety and comfort; he pointed out the need for a humane concern with space and living conditions, with the therapist providing a secure, stable residential center. Bettelheim also designed his training of the personnel to be simultaneously cooperative and therapeutic, but without room for the infantile and grandiose rescue fantasies of the staff. Bettelheim's case studies also directly address the issues of the therapist's countertransference, especially its uses in generating empathy and in deepening one's connection to the other. His proposals were pioneering, anticipating by decades the consideration of such material in the clinical literature.

Bettelheim, to be sure, is no stranger to the dark side of man: his aggressivity, his selfishness, greed, and death anxiety, his capacity to do and to think evil things. Preoccupied with the exploration of unconscious conflicts, he also recognized that the unconscious was varied, multi-layered, chaotic, ambiguous, and ill-defined. Yet, the fairy tale book is a text abounding in the author's sense of delight, wonder, and astonishment in the poetic and imaginative inner world of the child. For the child, fairy tales entertain, arouse curiosity, stimulate the imagination, enlighten, clarify emotions, and resonate with their anxieties, depressive states, and aspirations. They accomplish something that realistic or didactic stories fail to do: namely, to not belittle the seriousness of the child's dilemmas. They do not devalue the child's struggle for meaning in his life. Bettelheim invites parents and educators to follow the child's lead, to let the child determine which fairy tale will be most important at a specific phase of life. The task of the adult is to not be alienated from the subjective experience of the world of the child. The end of the security of the extended family, the enormous pressure on the nuclear family, and the absence of a well integrated community, converge to increase the child's separation anxiety and annihilation anxiety. These anxieties require an appropriate sensitivity and response on the part of the parents; parents must give up their own self-centeredness in order to respond to the child's legitimate needs, affirming the child's sense that his experiences, desires, and fantasies are justified by the situation he is in. The reading aloud of fairy tales not only affirms the tender affection of the parent for the child, but it sets in motion a flexible, psychologically rich interpersonal relation. This close, affect-laden interaction between parent and child facilitates the child's subsequent growth, prompting psychological independence and moral maturity.

Bettelheim's jewel of an essay, *Freud and Man's Soul* (1983) rehabilitates the concept of the soul to the psychoanalytic corpus. In differentiating the soul from the mental apparatus, Bettelheim is not referring to a concept which is religious, supernatural, metaphysical, or mystical. The soul is the life principle in man; it is that part of man's nature which is spiritual and emotional. It is the human being's most prized possession. As a psychological concept, the soul represents a deeply hidden seat of the mind and the passions that is hardly accessible to investigation. It is worth investigating in the context of a collaborative psychoanalytic dialogue because all that is precious, worthy, and human in man is influenced by it.

Bettelheim makes a number of pronouncements about psychoanalytic theory and practice in this text. First: what it is not. Psychoanalysis is not about making life easy; it is not about the amelioration of isolated symptoms; it is not about adjustment to the existing social or political status quo; it is not a system of intellectual constructs or abstractions; it is not the sole prerogative of the physician or the medical and biological disciplines; it is not a religion; it is not about the purveying of an esoteric or revealed body of truth; it is not a positivistic or pragmatic form of knowing whose results can be replicated, predicted, or statistically measured.

For Bettelheim, psychoanalysis is first and foremost a science of the spirit, part of a tradition of hermeneutics, that is, an introspective form of selfunderstanding that relies on the exploration of unconscious meanings. As an ideographic science, psychoanalysis belongs to the human sciences where the method is historical, archeological, and, above all, interpretative. Psychoanalytic insight threatens our narcissistic image of ourselves in the sense that it reveals that the "I" is not the master of its own house, thus injuring our self-love and our self-esteem. Profound self-knowledge always turns on the exploration of the individual's darkest, most incestuous, and most destructive forces. Above all else, Bettelheim argues that psychoanalysis is part of an interminable process where an individual resumes a stunted developmental course, attaining or approximating psychological maturity. It is about the capacity of an individual to acquire a moral education, learning how to act and behave ethically. In attempting to wring some meaning out of our existence, psychoanalysis accepts the problematic and tragic nature of life without being defeated and without giving in to escapism.

In his eightieth year, Freud wrote, "A Disturbance of Memory on the Acropolis." It is a paper that I know you love, Bruno, just as you know its importance to me, composed as it was to commemorate Romain Rolland's seventieth birthday. After a spirited personal narrative of his recollections, Freud revealed how he had been visited with these memories for thirty-two years. The essay moves gracefully from autobiographical story into a conceptual discussion of derealization, *deja vu*, and depersonalization, with Freud connecting these experiences to his own Oedipal and sibling dynamics. There is a poignant conclusion: "And now you will no longer wonder that the recollection of this episode on the Acropolis should have visited me so often again since I myself have grown old and stand in need of forbearance and can travel no more."

In analyzing two subjectively revealing events in his life, Professor Bettelheim has spoken of the personal and affective roots of how he became a psychoanalyst. They are lovely examples of his psychoanalytic hermeneutic method, that is, illustrations of the multiplicity of meanings in the analytic process, and of how an analyst assigns significance to his own innermost experiences. And, if we remember that Freud asked for forbearance, let us also recall that the old master went on to further creativity, contributing "Analysis Terminable and Interminable," Moses and Monotheism, and An Outline of Psychoanalysis after penning these words.

Although he, too, is old, in declining health, and also experiencing difficulty in getting around, this is not the occasion to be condescending or fatalistic about Professor Bettelheim's powers of creativity. If he returns to his past, let us not read this paper to be valedictory; this is not a farewell to us and to his chosen vocation, but an anticipation of further explorations.

As this Institute now turns the corner into the 1990's and as you, Professor Bettelheim, move toward your ninetieth year, we recognize how much we need your vigilance, your anger, your depth, your wisdom, your sensitivity, your advocacy of memory, your commitment to good enough parenting, your empathic understanding of the emotionally disturbed and normal child, your intellectual and ethical voice, your soulful and expansive expression of psychoanalytic principles, all of which are essential to keep us honest. Your voice and methods have kept alive a vital tradition of critical thinking, research and a humanistic perspective within the psychoanalytic movement.

Tonight, the Los Angeles Psychoanalytic Institute honors you. The truth is quite the reverse: your presence here honors us!

#### INTRODUCTION

#### by Heiman van Dam, M.D.

While attending the meeting of the International Psychoanalytic Association in Hamburg, Germany in 1986, my attention was drawn to a table with books for sale. Among the books was one dedicated to Ernst Simmel which contained three of his papers in their original German. One, I felt, was particularly interesting in that it dealt with Simmel's political views, and to the best of my knowledge it had not been translated into English. The paper shows so clearly how psychoanalysts like Simmel and Fenichel fought back against the rising tide of national socialism as it was sweeping across central Europe in the late 1920's and 1930's. By 1932 when this paper was published, Germany had become highly polarized into either the left or the right, with few alternatives in between. This paper, as well as the political activities of both Fenichel and Simmel, need to be understood in the context of a world in central Europe that was on fire.

David J. Fisher<sup>1</sup> comes much closer to understanding the absence of political involvement of Fenichel and Simmel in this country, than for instance, Russell Jacoby in his book "The Repression of Psychoanalysis: Otto Fenichel and the Political Freudians." Essentially, Jacoby ascribes to Fenichel a "selling out," a repression of his political views. What is completely lacking in Jacoby's book is a consideration of intrapsychic factors contributing to this change. In the review of the Jacoby book for this Bulletin, Fisher quite correctly points out the changed reality confronting European psychoanalysts in the United States. There was first and foremost the shattering of their European world and world views. Secondly, they had their hands full, so to speak, with their psychoanalytic work.

They established new psychoanalytic institutes, had to re-build their lives and their practices, and had, above all, to deal with the trauma of being a refugee as well as with the loss of many of their relatives and close friends. One may speculate that the giving up of a political activism was unconscious identification with these lost significant objects in the concentration camps, as part of their mourning process. What energies remained available for political interests would soon be absorbed by the entry of the United States into the war itself.

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Some support for these speculations can be found in a letter from Simmel to  $Groddeck^2$  in which he wrote: "Saying farewell to Europe is like removing adhesive tape from a wound. Every time one thinks that it has been completely loosened up, it turns out that it still adheres somewhere else. Constantly one has to tear loose another small piece in a painful way. And you are one such piece . . .."

I cannot at all agree with Jacoby that after 1939 psychoanalysis died in the United States. It is within the context of showing what Simmel's life was like in pre-war Germany, that I suggested to the Editorial Board that these two papers be translated, in order to share their content with the current generation of our Institute. They are our roots.

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# NATIONAL SOCIALISM AND PUBLIC HEALTH<sup>1,2</sup>

#### Ernst Simmel

#### Translation from the German by Marion Flaherty

The extent of the misery, which the world and the German people in particular are experiencing, the so-called world economic crisis, is more than just the consequence of accidental industrial and financial collapse. In the midst of one's personal misery one knows as an individual that one is facing a turn in world history itself. But the phenomena of this turn in world history are incomprehensible and confusing to most. They take on the appearance of an inescapable natural catastrophy. An economic quake is proceeding across the world like an earthquake, destroying ever more production facilities in which the individual could still find some work, the remainder of the possibility of an existence, or more fundamentally could somehow find the meaning of his or her life. Millions have been living without work for years, malnourished, huddled together in unsuitable living quarters, physically and emotionally worn out, and in complete hopelessness. For these people, even the future has ceased to be comprehensible. That finally belongs to their children. But what are the children and adolescents to expect? Today's career counseling for graduates is almost a satire. It appears as though only one profession existed for all graduates - the profession of unemployment! Within this profession one may oscillate between being an unemployed supervised by social workers, being an unemployed supervised by aid provided to people in crisis (Krisenhilfe) and last, but not least, being an unemployed supervised by welfare aid. Given such an existence one is lucky if one falls ill. This is the case because a person afflicted with an objectively provable illness may hope, at least for a few weeks, to have a bed to call his own in a hygienically furnished room in the ward of a public hospital. It was subject to Mister von Papen's bold dialectic to call this reversion of the workers to the hell of unemployment and its accompanying welfare misery a socialist-created "welfare institution." How indeed should Mister Baron von Papen know that nowadays everyone, even the worst compensated worker,

1. As we already reported in the last issue of "Soz. Arzt", the VSAe. and the free unions jointly organized an impressive rally in Berlin under the topic "national Socialism — Enemy of Public Health". Here we give expression to the paper presented by Simmel, which covered the general point of view. *The Publishers*.

2. from: Der Sozialistiche Arzt, (The Socialist Physician), 8 (1932) 162-172, Nr. 9/10

tries to the utmost when he falls ill to deny the symptoms of his illness to himself and to others, in order to retain his employment and his meager compensation for himself and his family. But why does fear and desperation spread in the entire population? Actually, this briefly sketched fate has always been - if to a lesser extent - the typical lot of the proletarian. It is not empathy with the worker's misery which causes the bourgeois to call for help in the form of a changed system, winterhelp (Winterhilfe), and similar arrangements. It is their own distress and their own fear. Today, large sections of the middle class, white collar workers, civil service employees, and members of the so-called free professions meet the same fate. Even the ventures of the self-employed businessman collapse - he becomes a white collar worker, he turns from being an employer to being an employee and as such becomes unemployed again. If as a consequence of their complete uprooting people had not lost their level-headedness, their very sense for context, they would have to look up to the prophetic genius of Marx and Engels in astonishment, which predicted the current condition of our nation as resulting from self-evident laws. The Communist Manifesto of the year 1848 reads:

"Bourgeois relations of production and exchange, bourgeois relations of property, modern bourgeois, i.e. capitalist society, which has conjured up such colossal means of production and exchange, is like the sorcerer who is unable to control the subterranean powers, which he has called up by his spells . . . It suffices to mention the commercial crises, which in their periodic returns put into question the existence of all bourgeois society, continuously more threateningly. In these commercial crises not only a significant part of the manufactured products but also of the previously created productive capacity is regularly destroyed. During these crises a social epidemic breaks out which in all earlier epochs would have seemed an absurdity - the epidemic of overproduction. Society suddenly finds itself regressed to a state of momentary barbarism; a famine, a general war of elimination seem to have cut off all its food; industry and commerce seem destroyed, and why? Because it possesses too much civilization, too much food, too much industry, too much commerce."

And elsewhere:

The bourgeoisie has stripped of its halo all activities formerly regarded as honorable and with pious timidity. It has turned the scientist into a paid laborer."

One has wrongly concluded from these sentences that socialism propagates "the pauperization of the masses." But far from it, the socialistic recognition could merely predict the abyss to which the capitalist system necessarily leads human existence. Through knowledge of the laws of economics concerning the mutual dependence of labor and capital it was able to calculate ahead of time the content and form of our economic catastrophy — a subject about which illustrious political leaders are currently racking their brains again. But the petty bourgeoisie of which I spoke comprehends but one thing: that every type of emergency decree issued by this government or the past government is a powerless start given our current general collapse, which escalates the plight of the individual into the unbearable to favor a small group of the population of this nation that holds the means of production including the value-creating capital in its hands as part of an international network. Who, then, of all the plight-suffering is to comprehend that today again it is not a lack of goods but ultimately an oversupply of goods, which exposes him and his family to impoverization. It is not as in former times the locust plagues, bad harvests, etc. which make the inhabitants of this country suffer; to the contrary: raw materials and finished goods lie piled in the warehouses, ready - the essential foods, which we need here, are sunk into the ocean for lack of consumers and to retain price levels - and this at a time when the highly developed transportation systems would be capable of evenly distributing (the goods) according to need within the shortest period throughout the world. What is the problem here? Is the consumer missing? Far from it! Only his buying power is missing - it has diminished and is threatening to completely disappear as a consequence of the emergency decrees. But the diminishing buying power is a consequence of reduced wages and unemployment, both of which depend on the standstill of industrial plants, which can no longer produce because too much has been produced already; the market is flooded with goods and beleaguered by an impoverished hungry human race, which is unable to purchase anything. This absurdity of our economy acquires an even more dreadful background once we recognize how along with this economy our entire culture is facing dissolution. That is to say that in the midst of this industrial decline there necessarily occurs an increase of those economic branches which capitalize on the collapse of the others like a vulture of a carcass. Examples of these are the narcotic drug industry and especially the once again flourishing defense industry. One wants to despair over humanity when one witnesses how the material hope of some resurrects in the idea of war in one's own or in a foreign country. By manufacturing ammunition and poisonous gases, etc. individuals once more receive the opportunity to find capitalist profit or even their wages. It is a gruesome logic of our capitalist culture which holds that it is the war which is able to reduce the surplus of the unemployed through death on the battlefield and contemporaneously remove through its destructiveness the surplus in goods, which is the current cause of our economic standstill.

It is but all too understandable, when under the pressure of these impossible and apparently unthinkable living conditions those large sectors of the uprooted, proletarized petty bourgeoisie breathe as if relieved as they take cognizance of the proclamation of a man, who preaches to them: "Emergency decrees do not help — the 'whole system' needs to be removed!" and in conjunction with this sector the large number of workers prick up their ears who have lost their ties to their class precisely because of their long unemployment and, worn out and demoralized, are no longer capable nor desire to ponder over it.

Hitler audaciously presents himself to the distressed population as their exclusive, unique leader (Fuhrer). That is to say he undertakes to free the masses of the hopelessness of their thinking by the simple device of releasing every one of them from individually pondering over his or her situation. He appeals to emotion and simultaneously speculates with the population's fear of responsibility resulting from mental exhaustion. With music, uniforms and banners he therefore spreads incense over the masses sprawling on the ground, over which HE alone, the leader (Fuhrer) erectly towers, in order that his view alone embrace the perspective of world historical context of past, present and future. Accordingly, it is a mysticism of the middle ages. cloaked in the form of a modern Byzantinism, into whose arms the followers are surrendering themselves. One does not even care to see the political leader in Hitler, but wants to see a Messiah who, in a magical way by circumventing the intellect, absolves humanity from a suffering whose cause and meaning they cannot comprehend. For this purpose the democractic form of government must naturally also disappear because it ultimately imposes a certain amount of co-responsibility upon each individual.

But it is evident to the person familiar with Marxist thought that Hitler utilizes these means to serve the specific function of retaining precisely that system, which he means or purports to overthrow. Under the pressure brought to bear on them by their fate the proletarized section of the bourgeoisie had to recognize that the "system" consists of the capitalistic economic form, whose absurdity can be removed only by a socialist society. The usufructuaries of capitalism, big industry, big agriculturalists and the feudal aristocracy have recognized their man in Hitler with a secure instinct. It is they who really nominated Hitler the Fuhrer, in order that he mislead the masses. With their consent and at their order he proclaims slogans to the bourgeoisie which are old socialist objectives: socialization of vital enterprise, of natural resources and food industries, of banks, elimination or restraint of "rapacious" capital, etc. Following such a battle cry the proletarized masses rush underneath Hitler's banners because heretofore they had persistently failed to hear such "marxist" slogans, that is to say as long as their own plight was not immediate. Hitler thereby assumes the role of the guardian of the "system," of capitalism, thus withdrawing the heads and fighters revolutionized by their plight from their real banner, that of socialism, and obscuring with his troup of turncoats the thanks to detested Marxism clearly recognized front of class struggle. The battle cry sounds: "The Jews are capitalism! Deprive the Jews of their legal rights! Drive them out! Beat them dead! And capitalism will be removed!"

This simple formula should primarily cause us physicians to reflect. If we turn back to the history of medical studies, we find the same escape from general helplessness during a time when even distress passed over the masses like a

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natural catastrophy. It was the epidemics of the middle ages, whose dangers and destruction man faced likewise in hopeless despair. As of then no medical science, no microscopes and no bacteriology existed which shed light on the causality of the natural law of these devastations. And thus, in search of the culpable, those threatened by daily collapse came upon the same excuse Hitler uses: It was the fault of the Jews, they had poisoned the wells. Slay the Jews! Today we smile about such etiologies concerning diseases; back then it was responsible for taking the life of many Jews. The epidemics could be fought successfully only after intensive scientific and often dangerous research for a scientific finding of the infectious causative organism. And even then epidemic therapy remained piece-meal for a long time, until the medical science of our time was able to recognize that infections and social situation, i.e. pauperization, malnourishment, etc., must act jointly to create widespread epidemics from an individual's affliction with illness. When people believed that the devil had his hands in the situation or the Jews brought such epidemics upon the land, and when the slaying of the Jews alone still would not function as a remedy, they could only expect their salvation from a God. To put him into a benevolent mood they erected holy pictures and by the thousands kissed the picture of the Madonna, thereby further contributing to the spreading of the infection. They also conducted processions of flagellants, during which they would flog each other until bleeding to appease the ostensibly angry God. The psychological situation of the masses following Hitler, especially of the proletariat, is not much different today. They too engage in the self-mutilation of their class, in the hope of a turn of their fate brought about by supernatural providence and leadership - by Hitler.

Not just today and yesterday, but for 10, 20 and more years physicians in their capacity as functionaries of medical insurance could have perceived in their own economic situation how their social situation, their opportunities of professional activity are diminishing with the sinking economic level of the masses. It cannot be stressed often enough that social insurance in its present form is an inevitable addition to the capitalist mode of production because capitalist profit in its coarse structure depends on the labor of the proletarian, i.e. on his health out of which it creates its "surplus value."

But an increase in proletarian affliction with illness threatens the human arsenal, from which the worker's replacements are recruited. And therefore an institution had to be created which would always restore this labor force, that is their health, to the extent that it remained an object capable of exploitation. The annually progressing proletarization of the masses and the numerical increase of employees had to depopulate the private practice of physicians and replace it with the mass-dispatching insurance-based practice. Concurrently, physicians were generally robbed of the great ideal of medicine as they were now no longer permitted to strive toward healing the ill since the principle of health necessarily became replaced by the principle of ability to work. Consequently, alongside the sickly proletarians the physicians as descendants of the bourgeoisie have sunk to their level. And since in most

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cases nothing but their labor remains to them, the iron rule of capitalist exploitation must come true for them also in the same way it does for their patients. They have to produce piece-work, must see that as many patients as possible pass through their practice, in order for them to be able to exist. They must likewise treat the afflicted in a "run on fashion", without any time or strength remaining for them to study the problems of the individually afflicted personality in depth. And just like the industrial worker they too lose the context of the whole because of a kind of rationalization which occurs in the form of a specialization of the healing industry. The insurance optometrist only sees cases relating to eyes, the ear specialist cases involving ears, the gastric specialist cases involving stomachs. The insured patient thereby loses his natural right to the scope of modern medicine, according to which every organic disease should only be diagnosed and treated in the context of a disturbance of the overall personality.

Therefore the Association of Socialist Physicians, in clear recognition of the inevitable connection between the pauperization of the laboring masses and the proletarization of the physicians' rank, has already criticized the plan 20 years ago and attempted to bring about socio-economic clarification of the insurance-physician and class struggle and to create change through activities. We have shouted at the physicians: It is not health insurance which is responsible for the decay of your profession! Do not seek to eliminate this health insurance! As unsuitable as it is for its real task, it is nonetheless the last reservoir of power for the laborers exploited by the capitalist system. And we have shouted at the ill employees, the health insurance patients, who felt they received worse care than private patients: It is not the physicians' fault that you are not heard and examined sufficiently, that you are frequently not made well but are merely written a letter of good health, but it is capitalism which also proletarizes physicians and degrades them to functionaries of its system: It turns you into the parts of the machine and asks the physicians to deliver the oil, so that the parts of the machine remain productive. For 20 years we socialist physicians have been striving to promote an understanding that physicians, patients and health insurance funds are not naturally-given enemies, who, with health insurance, must destroy their own sphere of activity but rather allies when they jointly aim at the only possible way out, which is the Socialization of the entire medical system. Socialization of the medical system does not mean turning the physician into a public servant or "destroying the individual confidential relationship" between physician and patient, as it is impossible to destroy something that no longer exists thanks to the capitalist compulsory system. No, this confidential relationship shall once again be re-established by means of, for example, an even distribution of physicians across city and country depending on the qualitative and quantitative needs of the districts. Simultaneously, hospitals and diagnostic institutions shall be distributed across city and county in which every physician has the opportunity to continue his personal practical and scientific education and can treat his patients under the guidance of physicians who are

experts in areas of special treatment. To achieve this, of course it is necessary that the education of the physician change, that social pathology theoretically and especially practically moves into the foreground differently than it has in the past, that education in the large research institutions is not depended on the material situation of the student but rather on his special talents and other things. To achieve this, of course it is necessary that the important medical devices for diagnosis and therapy, like X ray, radium, hospitals, etc. on a completely different scale than heretofore are not private property of individual physicians but are public property in the service of the ill. We socialist physicians therefore salute the arrangements of the insurers, from which similar goals can be discerned, not because we were glad that medical private practice was thereby injured, but because we recognize in them the initial steps towards the socialization of the healing arts which alone can also free physicians of the misery of proletarian professional slavery.

And now let us for once examine the problems the National Socialists see in health insurance. Indeed, one should think that if the small word 'socialism' they so boastfully use with their swastika flag to lead the proletariat is to have any meaning at all, any legitimacy at all, then especially the national socialist physicians would have to and could indeed want nothing else but to primarily socialize the enterprise most important to life which a state possesses, that is to say the medical industry. We recognize whether or not the national socialist physicians have actually comprehended their own situation and the status of the ill workers with whom they have been entrusted by their attitude toward social insurance and especially health insurance. They have not comprehended it! Particularly the criterion of health insurance indicates that the national socialist physicians are willingly or unwillingly the pillar of the capitalist system and in this position assure that not health but ability to exploit labor remains the driving force of medical treatment. Accordingly, during a "Reichs Conference of national socialist physicians" it could be announced: "social insurance weakens and harms the population's moral and mental health and power of resistence, breeds physical and mental ragamuffins."

This utterance in its thoughtless brutality speaks for itself. Another national socialist physician speaks about this problem in a more obscured and therefore more dangerous manner. He says:

"The struggle over the abuse of insurance and welfare ends at that instant when the (politically) most active segment of those insured has come to the recognition that the current system of constant insurance and welfare, of wanting to be social at any expense reduces the individual performances of the physician to the detriment of the insured and downright constitutes the favouring of a counter-natural selection."

This colleague too prevents himself and his audience from reflecting upon the true origin of the struggle for insurance funds. For him this struggle is

already identical with welfare abuse and he only cares about the fact that the insured will come to the conclusion that the reduction of the individual performance of the physician is the fault of the "present system" which he grotesquely equates with "wanting to be social at any expense" and that a "counter-natural selection" amongst the insured will be achieved. He demands that the insured "depart from the ideology of unlimited insurance and welfare." This shall be made easier for him in that "those forces prevail which integrate him organically into the controlled concern over the future of the German economy and which grant him his right to an existence not by a prerogative to welfare but by a prerogative to work and by participation in all cultural goods." In these last sentences the whole national socialist sham fight typically documents itself again. For they contain nothing but purely socialist demands which the socialist parties and, concerning health insurance, especially the Association of Socialist Physicians sought to gain by force for many years. Right to work, right to participation in all cultural goods! Yes my national socialist colleagues, this the employee in a capitalist society can never obtain because the capitalist mode of production would concurrently have to cease functioning. To us, health insurance signifies a last shabby remnant of the right to reimbursement for the tremendous offering the proletarian makes to the capitalist mode of production with his health. We do not want unlimited welfare and insurance for him shirking the struggle for existence, for the parasite of society either. Today these find themselves in the company of property owners! Our ultimate goal is a classless socialist society in which alone a fair exchange between the full value of labor provided for the community and the compensation of the individual by this community can also occur in the form of medical help. Thus today, in a capitalist state the demolition of health insurance or even its rescission has no other meaning than the continued demolition of the wages of the powerless masses because the oiling of the "parts of the machine" is no longer profitable as a consequence of an oversupply of unemployed. The trust of the physicians who can expect an elevation of their own professional opportunities only in conjunction with an elevation of the proletariat can thus only belong to those parties which advocate beyond the needs and interests of the day and of sole professional interest groups the classless society of Socialism and thereby the socialization of the medical industry.

But what is going to be the consequence if after the eradication of social insurance the reputation of big industry realizes itself by way of "emergency decrees?" Hitherto in case of his falling ill the worker at least found a minimum reserve in the meager means of health insurance. If this is taken from him he will, though ill, remain in the firm more so than ever until the illness finally is stronger than him. He will be forced to conceal his own infections as well as infectious diseases in his family; that means widespread epidemics will increase. But widespread epidemics do not recognize class distinctions; thay decimate the propertyless just like property-owners. And then new, broad, welfare-oriented measures for the masses must

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be used to eradicate the diseases of the population once more. Thus all of public hygiene is threatened by the eradication of health insurance! As a consequence of the mutual dependence between public hygiene and health insurance a circulus vitiosus must occur, under which, with the eradication of the latter, the former will also perish. That is the blessing of national socialism which positions itself as the Herold of this call: "Demolition or, respectively, eradication of health insurance." In this sense its victory constitutes a tremendous danger for all of public health.

But I do not want to conclude without referring to a special danger the national socialist movement poses for public health, not as much in a physical but especially in a mental respect. To understand this, one has to bring to mind the psychoanalytic experience, according to which the cultural milieu of an individual or a community is determined by the extent to which innate, antisocial, directly cannibalistic drives, which slumber within every human for all of life, are repressed or sublimated. In our modern society a good part of these drives need neither be repressed nor sublimated as they find a direct if obscured substitute satisfaction in the capitalist economic form itself. The competitor kills the competitor --- and for mutual protection the competitors form coalitions in trusts, syndicates and finally altogether in the class of capitalists, in order to live out all their aggressions, their latent cannibalism - as a motor of the struggle for profit - against the class of proletarians. During war which, in variation on a famous word, is the perpetuation of the capitalist peacetime existence by other means, the formerly hidden primary instincts become exposed and enable man to directly perpetuate murder of the rival. After that the lust for murder within the nation lies silent - even the proletariat is once more loved and no longer hated - as the aim of aggression outside of the national boundaries presents the opportunity to let off steam against the outer enemy. During war any social feeling of guilt is silent on account of these murderous drives - as he acts without being personally responsible, based upon the order, judgment and objective of his superior. But with the end of the war suddenly the law once again demands the repression and sublimation of all aggressive instincts in the service of mutual protection. We psychotherapists and psychiatrists know how difficult, yes even impossible the fulfillment of such demands, that is to say the mental liquidation of the war conditions became for many people. The great numbers of psychoses, psychoneurosis, of drug addicts and criminality are a sign of the failure to withstand this mental strain. For its followers the Hitler movement is now, psychologically speaking, a reconstruction of the war conditions. Once again the absolute authority of the one irresponsible leader reigns, he abrogates responsibility and thereby feelings of guilt from all others. The enemy once more stands outside of the community. This time it is the Jew, the Marxist, the dissenter in general — he is the target, in reality the phantom for letting off steam from the aggressive cannibalistic drives. The national socialist movement thus represents the psychic regression of those drives which regulate capitalist relations among people during times of

peace to their primitive state. Hitler leads these stirrings back to their real goal, the war, which means as far as we are concerned: civil war as a permanent state.

That so many people who, based on their class and mentality really belong to the other side, that of the proletariat, get into such a movement can after all only be understood in recognizing that Hitlerism with its psychic consequences, that is to say with the suspension of responsibility, the freedom from punishing anti-social drives, and the falsification of the goal as being a socialist one, befogs their clear understanding. This does not add the power of recognition to his kind of propaganda but the power of fascination. It is the secret of mass-suggestion which drives this movement — it makes obedient but also dependent and mentally ill. The conscious Ego which directs the healthy personality becomes paralyzed and overrun by uncontrollable drives of unconscious instincts. Just like at war's end in resisting this mental destruction a new entourage of neuroses, psychoses and criminality has to endanger public health . . .

In the end national socialism is therefore nothing but a drug for those who, lacking in perception, feel themselves to be helplessly at the mercy of the advance of their own unconscious drives. And of them those who call: Germany awake! are themselves self-forgotten somnambulists. But we call out to the population: Wake up out of this dream, which estranges you from reality and leads you to the abyss! Wake up at last as it is dawning! The light which originates from Hitler's combat troops and which you observe in the sky, it is nothing but the hellfire of collapsing capitalism. Fight so that it turn into the red dawn of a new world, the world of socialism.

# NOTES ON POETRY AND PSYCHOANALYSIS

#### by F. Robert Rodman, M.D.

"A New Path to the Waterfall",<sup>1</sup> is the title of the last book of poetry by Raymond Carver, who died in 1988 at the age of 50. Carver, a writer of short stories and poetry, has been called the most influential prose stylist of his generation<sup>2</sup> and a "writer of immense consequence. The best of his poems become unforgettable even as one reads them for the first time. They are like traffic accidents, or miraculous escapes. We come away gasping, shaken, and in awe."<sup>3</sup>

He was an alcoholic who pulled himself out of despair with the help of an 11-year relationship to Tess Gallagher, herself a poet as well. (She wrote the introduction to this volume.) In the very midst of his immense professional and personal achievement, he developed lung cancer. The book is a record of the last year of his life.

Carver's moving lyrics direct our attention to worlds of human experience which are all around us but usually unnoticed. These insights of a heroic man are imparted with beauty and skill. All psychoanalysts, who must by occupation be concerned with the relationship of language and feeling would find value in Carver's work. Analysts are constantly asking themselves how they are being affected by the words their patients speak. They choose their own words with care, and try to give knowledge in particular ways. They know how shades of meaning inhere in subtle syntactical differences. If they want to appeal to reason, they phrase their statements reasonably. If they also want to move their patients emotionally, they choose different words.

<sup>1</sup> A New Path to the Waterfall, by Raymond Carver. New York: Atlantic Monthly Press, 1989.

<sup>2</sup> Ted Solotaroff, in American Poetry Review

<sup>3</sup> Greg Kuzma, in Michigan Quarterly Review

The relationship of reason and emotion in the interpretive process is not a simple one. It isn't fair to say that in psychoanalysis as strictly defined our interpretations are limited to appeals to reason, or that if those interpretations contain elements of an emotional appeal then the treatment would have to be called psychoanalytic psychotherapy instead. As functioning persons, we can't (and perhaps shouldn't) manage such purity of separation. Probably it is a matter of proportion and ultimate intent. The study of poetry provides a kind of laboratory in which words and arragements of words can be looked at carefully. A few phrases from this book will illustrate the point.

#### "a choice made now, today, projects itself backwards and changes our past actions."

This fragment of a poem by Czeslaw Milosz is quoted in the introduction. It reminded me of two recent clinical experiences, in which a traumatic rejection of a parent had had the effect of calling into question a happier preceding period, the implication being that what had seemed a happy time didn't deserve to be called so in retrospect. These patients, as children, felt misled and betrayed. Thereafter, all typical signs of security were looked at askance. In crucial ways, their development process closed down. It was transference phenomena which provided access to the subject.

We learn as students that a precipitating circumstance begins the process of generating a neurotic symptom by giving meaning to a previous trauma which had lain dormat until that time. Psychoanalysis as a form of therapy for neuroses has a retroactive effect, i.e. in clarifying meanings it makes a process of rethinking and relief possible. This counteracts the commonly held idea that we are prisoners of the immutable past.

But the line in the Milosz poem may suggest something else. Could past actions actually change as a result of a choice made today? What is backward projection? Does he mean that today's choice, by continuing a chain of choices made in the past, adds meaning to old actions, enlarging a network of alwaysdeveloping meanings that will continue until the final ones? Or that today's choice can redeem yesterday's? (Or desecrate it?) The word "redemption," rife with religious overtones, may seem inappropriate in a discussion of psychoanalysis, which strives toward science. Yet, making proper provision for its attempt to comprehend and relieve symptoms through strictly reasonable concepts and techniques, and for modesty of goals, one could still say that psychoanalysis is, in some cases, deeply concerned with redemption.

'we look with fluorescent starkness into the unrelenting, obsessive magnetism of "the real," its traps and violences.'

This sentence is placed in the text after a seemingly innocent remark from

Robert Lowell: "Yet why not say what happened?" It seems so easy to advise: Just say what happened. Yet I know from writing books about "what happened" in my own life how hard it is to do just that, and, by extension, how hard it is to describe reality simply and faithfully. In this sentence is the idea of reality taking on qualities one normally associates with irreality. It suggests that a certain kind of obsessive focus on "reality" can deprive it of its healing and orienting power, and that the eye of a beholder can reduce it to fantasy. Kafka and Carver both illustrate this. So it isn't enough for us as psychoanalysts just to pay attention to the real, and to differentiate it from versions of reality produced by the effects of fantasy. One must attend as well to one's own attitudes as an analyst on the one hand, and to the patient's responses to what we call "reality" on the other. There can be violence in the unrelenting focus on reality. Don't we know analysts who seem to use reality for violent purposes, and don't we know analysts who fail to insist on looking at reality as if every attempt to see it clearly were a form of violence?

"The truths be came to through his poetry involved a dismantling of artifice to a degree not even (William Carlos) Williams, whom he had admired early on, could have anticipated."

The phrase "dismantling of artifice" has a strong appeal. I think that analysts have to try to say plainly what there is to say, to confront the manipulative element in the pursuit of "technique." In my view, there is a struggle within psychoanalysts (or ought to be) to transcend technique in order to arrive at an authentic and convincing interpretive voice. We are far more than duplicators of Freud's achievements. We must be more. It is part of unlearning some of what it is always necessary to learn in order to gain access to the powers of analytic knowledge. Winnicott addressed it in the introduction to "Therapeutic Consultations in Child Psychiatry" when he spoke of knowing his theory so well he didn't have to think of it, and likened what he did to playing music without have to read the notes. If we can go some distance toward "dismantling artifice," then we are probably more able to help our patients do the same in the process by which they face the truth within.

#### LATE FRAGMENT

And did you get what you wanted from this life, even so? I did. And what did you want? To call myself beloved, to feel myself beloved on the earth.

• 1989 F. Robert Rodman

If we had to boil down what we want from life, would this be it? Here is the word of a dying man (we are all dying) and if there had to be a single choice, when all is said and done, would it be this? And if it were, what is the value for a psychoanalyst in knowing it? Is this what we can see in these moments when we suddenly know what the patient wants out of life? Or what we want?

This book renews my awareness for the wondrous process by which we communicate with one another, and by which, as analysts, in saying the truth as best we apprehend it, we can foster deeper and more satisfying lives for our patients.

## YOUR WEEKEND OF LOVE

(found among stacks of miscellaneous papers)

Sharing single servings of pasta from the freezer, crying and embracing with the occasional discussion of your funeral, his promise of love and care for your baby, watching rented porno movies the two of you alone in the house with objects stacked about because of the building project you undertook, cancer or not -I listened steadily, trying to shield you from the catch in my throat and the beginning of tears -I too took care of someone's babies, but you wouldn't want to know very much about me now - I am too much like the future. I will hold you with my thoughts and my eyes. I will appreciate every remarkable moment in your effort to survive, but will tell no facts. Once I feared death the persistent lover who finally took her along with him. Now I must be sure I do not begin to resemble him myself.

F. Robert Rodman

# REPORT OF SCIENTIFIC MEETING WITH DRS. MORTON AND ESTELLE SHANE

#### by Samuel L. Wilson, M.D.

The September meeting of the Los Angeles Psychoanalytic Society and Institute featured a presentation by Morton and Estelle Shane, members of the LAPSI faculty, entitled "Object Loss and Selfobject Loss: A Consideration of Self Psychology's Contribution to Understanding Mourning and the Failure to Mourn."

Much of the Shanes' recent work has focused on the addition of developmental and self psychological concepts to the main body of psychoanalytic theory and practice.

In this presentation focusing on death as the ultimate separation, Dr. Morton Shane reviewed the rather extensive psychoanalytic literature on this subject. He noted that one of the principal questions raised deals with the age at which mourning becomes possible. Two schools of thought emerge. One, as exemplified by Martha Wolfenstein, states that a child cannot truly mourn the loss of a parent until adolescence is completed. A parental loss before adolescence results in the child being developmentally fixated at the age of the loss. The other view as proposed by Robert Furman and others argues that a child may go through a mourning experience as long as it has achieved object constancy and is lucky enough to have grown-ups in the surround who can help him by facilitating the expression of affects within a comforting milieu. The significant adults must be able to tolerate the child's grief if the mourning process is to occur and the potential developmental arrest be averted.

These ideas have had implications for adult analysis as well as for child development and treatment. Such authorities on parent loss as Joan Fleming have contended that childhood object loss usually results in such a degree of adulthood immaturity as to make ordinary classical analysis untenable. Dr. Shane pointed out that recently, Bergner, working at the Anna Freud Center, found that object loss in the pre-oedipal period results in permanent character defects made manifest by an inability to resolve oedipal conflicts. These children become "difficult patients" by virtue of their narcissistic damage. In therapy they require special handling due to these defects and arrests in development.

The Shanes' hypothesized that a possible reason for the difficulties that such patients present for their therapists is a result of the disadvantageous employment of special techniques, such as confrontation of the patient with the reality of their parent's death, the use of the pronoun ("we"), in addressing the patient in an attempt to facilitate a working alliance, and other maneuvers that are designed to force an object relationship with the analyst. It is much better or more correct, they feel, to address and analyze the patient's sense of non-support as it is manifested in the analytic transference relationship. The Shanes' are of the opinion that while classical theory with its emphasis on the actual loss of mutual affect sharing experiences with the oedipal and post-oedipal other describes a necessary part of the bereaved child's experience, this is not sufficient to present a complete picture of what actually happened to such a child. They feel that some of the discoveries of psychoanalytic self psychology, especially the selfobject function, such as those that provide experiences of memory, sustaining, idealizing, admiration, and comfort provide a heretofore inarticulated link to the understanding of such narcissistically damaged individuals. Such (selfobject) functions will obviously not be forthcoming from the dead parent. It is also likely that they will be deficient in the milieu which now includes the bereaved survivor of spousal loss.

The Shanes' propose that self psychology provides a new way of looking at things in regard to early parental object loss and that in so doing the precepts of classical theory are expanded and enriched. In this expanded view death not only represents the loss of the parent as a target for libidinal and aggressive drive derivatives but also the loss of a provider of narcisissistic supplies. Such provisions are described by the concept of (selfobject) function in the lexicon of self psychology. Attributes such as empathy, comfort, sustaining, reflection of input, tolerance of affect, etc. are all included within the selfobject function.

Those preferring to remain with traditional theory might argue that all these latter functions are in fact included under the umbrella of "target for libidinal and aggressive drive derivatives." Being a good enough target might mean providing such functions. This of course could be true depending on how one understands the concept "target for libidinal and aggressive drive derivatives." Be that as it may the Shanes' contend that using the concepts of self psychology to describe the phenomenology has a salutory affect in the treatment of such cases and in fact provides a more specific psychoanalytic theoretical underpinning for the optimistic treatment of such cases that were heretofore described as difficult or unanalyzable using the classical model as it is usually employed.

In a way it all might be seen as begging the issue as those who define their particular version of psychoanalysis as "analysis" can easily attribute all deviations from this view as representative of "not analysis" but something else. The familiar tautology results from this form of reasoning.

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Returning to the Shanes' presentation, they proceeded to show via clinical examples how they see the provision of an adequate supportive environment either by the original parental figure or secondarily by the analyst and the analytic milieu as being necessary for the strengthening of the total self and enabling it to deal with defensive avoidances that have fixated the memory process and derailed development. They contend that such an understanding by the analyst is essential in providing for the type of interpretive work within the transference which will allow faulty psychic structure to be repaired, and new psychic structure to be added.

In their clinical examples (four child, and one adult) they illustrate how it is not the failure to mourn the loss that is primarily pathogenic but the absence of an empathic (selfobject) milieu at the time of crucial need that constitutes the chief pathogenic force in these situations.

The Shanes' also hypothesize that another factor might help explain why the mourning of early object loss seems to be more possible if the self object dimension is addressed. This is the fact that self object functions are experienced as part of the self and therefore can be replaced and repaired more easily then can those aspects of loss that are more object centered and distinct, such as loving and hating.

The Shanes' next described the analysis of four latency children who had lost parents by death. The first two children, who had lost their mother, experienced their father as needing them to stifle feelings of loneliness and loss in order to maintain his love. Oedipal issues of putting their feelings aside in order to revel in their father's exclusive attention were also apparent, however were felt by the Shanes' to not be as crucial in explaining the pathogenic reactions as is usually hypothesized. The third child experienced her father as more empathic to her neediness and grief, however responded to his open and profound grieving with the belief that she had to shut down her own feelings in order to be helpful to him. This provides a further illustration of how the child's/patient's side of the self object matrix affects the final product. Clearly it is the intersubjective dimension (see Brandchaft, Atwood, and Stolorow) that provides the determinative factor for self object structure and experience rather than what is actually done by either party.

The fourth case served as a contrast to the other three. In this case a male child of eight was provided with an analytic treatment following the death of his father. The treatment together with his home environment served as a good enough self object milieu to avert pathological development which might have resulted from one death. The patient was followed up fifteen years later and was described as "healthy."

Finally Estelle Shane presented a more lengthy adult case which illustrated how the loss of a parental surrogate was not optimally understood and responded to by his parents. Dr. Shane described how the analytic process was used to uncover and work through the defenses and resistances against the awareness and resolution of first, the self object, and secondly the external object dimensions of the transference.

In all these cases the Shanes' illustrate their position of using the discoveries of self psychological theory and investigation together with the more traditional drive and object related concepts in a mixed model approach.

The paper's formal discussant was Arthur Malin, M.D., training and supervising analyst at both the Los Angeles and Southern California Psychoanalytic Institutes. Dr. Malin noted the importance of using the clinical data to advance psychoanalytic theory and treatment. He again emphasized the vital addition of selfobject transference to psychoanalysis. He provided clinical material from his practice to further illustrate various points that were discussed in the Shanes' paper.

The paper and discussion indicated how the ideas of self psychology can be combined with more traditional psychoanalytic concepts. The presentation might have been broadened even more if a spokesman from the more traditional analytic model had acted as a second discussant. Time restraints must be considered however and we should be appreciative to the Professional Education Committee chaired by Dr. Lee Shershow as well as the Shanes' and Dr. Malin for adding appreciably to our ever expanding and deepening field of endeavor.

# CONCERNING THE LIFE CYCLE OF TRANSITIONAL OBJECTS

Rudolf Ekstein, Ph.D.

I have introduced the terms "transitional objects" and "transitional phenomena" for designation of the intermediate area of experience, between the thumb and the teddy bear, between the oral erotism and true object relationship, between primary creative activity and projection of what has already been introjected, between primary unawareness of indebtedness and the acknowledgement of indebtedness ("Say: ta!")

#### D.W. Winnicott (1951)

Many years have passed since Winnicott (1951) introduced us to the concept "transitional objects," a concept that has become more and more alive for us as we learned to appreciate Winnicott's contributions. They are themselves a transitional link between different psychoanalytic schools that have developed in central Europe, England, the United States and other parts of the world. I have in my possession a number of communications between Winnicott and myself; exchanges of reprints, the sharing of our work with children and adolescents and of our personal lives. It was back in 1965, a few months after one of the international psychoanalytic conferences, that he sent me "Miss Ekstein's Glossary of Epithets" that he had collected while chairing a panel that, so he said, bored him. He compared the adjectives and adverbs of my then adolescent daughter (who would one day become a teacher) with expressions of young British people. While all of us at the party of Dr. DeMonchy tried to meet the analysts of different countries, he sat somewhere in a corner with the adolescent girl and they talked, while he was trying to form a link in his own mind between American and British youngsters. More than 20 years later, our daughter still speaks about her meeting with Winnicott, her transitional object of the time, away from the parental home and moving towards the profession of teaching. And of course, I felt a little jealous of the attention my daughter got from him, since he is, for those of us who remember him, an eternal transitional object. Except that transitional objects have a life cycle of their own, and this brings me to my considerations, stimulated as they are by Donald W. Winnicott.

The last letter that Winnicott sent me was to thank me for my support of the statue of Freud to be erected in Hampstead. This statue, to be sure, is a transitional object, but really an eternal one and is to secure the way back to Freud.

Perhaps I can make my thoughts about Winnicott's concept more alive if I tell about their origin, a kind of autobiographical comment, and have the reader accompany me for a few minutes into my very private world.

One night I did not sleep well, a rare occasion for me, and I found myself occupied with the trip that was to bring me back once more to Vienna, my native town where I would be guest professor once again at the medical school. My thoughts were concerned with the question as to what I would want to buy myself in Vienna, what I would bring home, moving as I would be from the home of origin to the home of choice, from Austria to America. Will it be a porcelain figure, such as Der Rosenkavlier or Mozart or Strauss? Will I bring home some old German novels of the 19th century? What will it be? Why should all that disturb my sleep? And suddenly, I thought of Winnicott's transitional objects. Are these momentos transitional objects like my teddy once was? And it struck me that the teddy bears of little children, their blankets or old toys they could not let go, have a different function than the momentos when we go visiting other countries and other cities. But what is really the difference? Who has ever forgotten his old teddy bear? I did not forget mine. The last time I remember having seen him as a little boy, he had already lost one leg and one arm, and I once played with the idea that even after these many, many years I might find him somewhere, such as the furniture, the photographs, the paintings, the old clock in our home, all that had been taken from us after the invasion.

The teddy bear of the little boy was to help him, having now "the first possession," as Winnicott puts it. That teddy would now be the infant's object, recognized as "not - me," and would help him to transit, to move away from the original oral erotism and thus move to true object relationships. For example, the transitional phenomena, the little songs and tunes which the infant sings, that help him to move towards a higher state of development away from autistic and symbiotic dilemmas to more mature object relationships. What then is the difference between these first possessions and the possessions that I want to acquire as I travel back to the original fatherland and to the original mother tongue?

The original transitional objects lead me forward. The new objects that I want to acquire — may I also call them transitional objects? — are leading me back to the past.

I want to come home again to the States where I have lived now for almost 50 years, but I want to have in my home objects and memories that lead back to the past.

If one were to go to the homes of one's friends, friends of different generations, one would learn a great deal about them, their character and their personal history. One need only to study what they collect, what they have brought back from different situations, what they have inherited and not thrown away. One could well, without ever talking to them, get a good psychological picture of them. True enough, much of what they may have collected and now exhibit may simply be a mask, a pretense of what they want to appear to be to their friends, to the people who try to assess them. But behind the mask, the collected treasures, a partial picture of their past, a true picture, would be the truer self. We could observe the struggle between the original and the acquired, and we could then think of them as of actors of the past in the classical Greek or Roman theater who wore masks and could not be themselves.

I say then that the objects we bring from our trips serve a similar purpose. But usually as we get older they lead not forward but back into the past. What we find in the home of our parents and treasure is the tradition, and what we hold onto as our first possessions, the transitional objects of early childhood are to serve adaptation.

I suggest then that all through life transitional objects will change as they either serve us in moving towards the future, towards adaptation and towards liberation, or they serve to return to the past, to holding on to the tradition.

It seems to me an interesting task to think of transitional objects in terms of representing the ever changing life cycle.

In the beginning of life transitional objects are offered to the child and they are merely passive acquisitions. But later in life, childhood, adolescence, early adulthood, mature adulthood, old age, the transitional objects are now active acquisitions. And they have a different meaning in the process of development, of maturation, and the processing of aging, of letting go.

Perhaps I can illustrate this if I describe the changing toys and acquisitions of one of my children. For years, as a little boy my son went out for Halloween. He would go with friends or with his parents from door to door to acquire candy and apples and little gifts in the ever recurring ritual of "tricks or treats." One day when he was about thirteen years old, friends of his had not come and he did not want to go out. I was willing to accompany him. He went to one or two doors, got some candy and came to me crying and said, "it's no fun any longer." For years he had enjoyed all these candies and this time he wanted to go home. I realized that for him childhood was over. As we went back into our house, he went to his room where he had all kinds of little cars displayed on a bookcase, all kinds of memorabilia acquired on some of our trips. He started to take them from the shelves and put them into a big box. He put everything away that he had proudly displayed in years gone by. I wondered how he could destroy this beautiful collection and he got angry with me. He told me that he was not a little boy any longer, that all his friends laughed about all these objects. Also, toys are transitional objects that permit the child to weave fantasies around them which lead to growth, to the solution of conflicts, to that moment when he puts them all into a big box out of sight from his comrades. But he left a few posters that he had acquired, colorful posters of music stars and movie stars of the kind adolescents collect and exhibit. Of course, they were also transitional objects, but they were the transitional objects of adolescence, not the objects that lead away from the

mother as did the teddy bear. The objects had changed.

As I look at the home of the young man, now in his thirties, I find none of these old posters. The taste and the expectations have changed and much of what was once important he has given away or keeps somewhere in a dark closet.

There are now some objects that we have given him, small pieces of art that make his home start to look a little bit like the home of his parents. He moves back to the family tradition.

I have often listened to people who are on the move, who give up an apartment, a home, move elsewhere and who then have to make decisions as to what they will want to take along and what they want to give up. It is not only their own moving day, but also the moving day of transitional objects. I think of old people who have to give up their homes, moving to a smaller apartment, or moving to an old age home and having perhaps but one room left. I see now how they must struggle with what they must choose to give up, what they can leave behind, sell, destroy, give away, and what they want to keep. What keeps them together? Usually transitional objects allow them to maintain continuity between today and yesterday. Transitional objects are to maintain continuity. What will people save first of their possessions as they escape the inferno of a burning home? Will it be the pictures of the family, the documents, the money, and what loss will be most painful for them that they can never replace?

May I recall an unforgettable experience? It was the time when, as a refugee in 1938, I sailed on a ship from England to America. There were four of us. four young men who did not know each other. We were together deep in the hold of the ship in a small cabin, having attained tickets from a refugee organization. Each of us had something among his meager possessions that he would not let go. I recall that having otherwise no more than one suit, I had taken along two suitcases with German books: novels, philosophy, psychology and psychoanalysis. One of the other young men had a Mesusa, the Old Testament, which he carried around his neck. The third one showed us how he had some money that he brought to the new world and had it also around his neck so that he would not lose it and no one could take it from him. And the fourth young man had a little booklet around his neck filled with addresses of friends and acquaintances all over the world so that in case he might have to leave the States, another upheaval expected, he could use these contacts. I often wondered why each of us had selected completely different objects in the transit from Europe to America. Each of us trusted something different that would help him to move into the future. Each had another teddy bear. If only I could find these other men. I am sure that each made his particular teddy bear work for him. We see then that the selection of transitional objects is a very personal one and has deep meaning in the forming of personalities, in the formation of goals and finding a meaning for one's life.

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meeting, and some pocket money. Dr. Renata Gaddini will arrange for housing to be provided at her daughter's home in Rome. This is a very warm and generous contribution on her part. In order to raise the necessary \$2000, we will welcome either contributions or pledges by mail and at the fundraising event. We invite the members who are reluctant to contributing unless the monies are to be directed toward our specific project to pledge the amount of their choice so that we will not have to refund money in the eventuality of an unsuccessful outcome. We will collect the pledges once we have a confirmation of our Russian colleagues. We, as a committee, wish to emphasize that any contribution, even in the smallest amount, is greatly appreciated.

In this conjecture, we are planning a fundraiser for Sunday, April 30, at 2:00 p.m. at the LAPSI auditorium.

Dr. Rita Rogers, M.D., co-author with John Mack, M.D., of the successful book, "Alchemy of Survival" and author of many articles on the socio-political situation in the Eastern bloc has accepted generously to give a presentation entitled "Ethnic Landscapes of Eastern Europe and Baltic States in 1988", which will be followed by a discussion and refreshments. Her presentation reviews the meaning of Glasnost and Peristroika, both for the Western as well as the Eastern countries. Dr. Rogers is a member of the Max Plank Institute, where she has participated in numerous, ongoing research projects and discussions on international affairs. She is well known as a dynamic presenter and we look forward to an afternoon with her. We encourage all of you to attend. You may wish to send your contribution or pledges to:

> Dr. Rita Spies Fund to Aid Soviet Psychiatrists 5353 Balboa Boulevard, Suite 207 Encino, CA 91316

#### A LETTER TO LEO RANGELL, M.D.

December 27, 1988

Dear Dr. Rangell:

It has been a long time since we have seen each other, too long. I trust you are active and well.

Since I was in Europe, I just now had the opportunity to read your tribute to Ernst Lewy in the Los Angeles Psychoanalytic Bulleting of Summer 1988. I found your article thoughtful and sensitive, doing justic to Ernst Lewy's personality. You certainly were right to call him "a most unlikely figure in the prairie heartland of this country" where he stayed at the Menninger Clinic in Topeka, Kansas, for six years, where I also worked from 1942 to 1944 and became good friends of the Lewys. Then Ernst went into practice in New York City and went to Los Angeles several months later, starting my clinic. I stayed in close touch with the Lewys, and since Ernst was or became unhappy in New York, he joined me in Los Angeles. So it was not Ernst Simmel but I who invited and moved Ernst and his family to the West Coast where he worked for a little less than two years at the Hacker Clinic (sit venia verbo). That, too, not only the rest, is as you write, history, our history. Yet neither you nor any of the other eulogists mention that undeniable historical fact.

I would not have bothered to point out this omission had I not experienced (yes suffered through) similar even if much more weighty and consequential omission or memory lacunae and distortion in regard to the Sigmund Freud Society of Vienna which, as you undoubtedly recall, I had founded and headed as its president for eight years. There too some colleagues choose to totally ignore that event, although it was quite significant in bringing about the first International World Psychoanalytic Congress in Vienna and to effect the return of psychoanalysis to its birthplace. Hence, I can't help observing and wondering why psychoanalysts who are professionally committed to the belief that only a full and complete recollection of the past leads to full understanding (and healing) could ignore that essential tenant of their belief in dealing with their own history. If this is done consciously, then it falls in the category of phenomena that you discuss in your book about Nixon. If it is done unconsciously, it undoubtedly represents prime examples of repression. denial, and other defensive maneuvers. Should it be, as I suspect, a combination of conscious and unconscious mechanisms, then this method of dealing with one's own past by randomly or systematically omitting and ignoring unpleasant facts and filling the gaps by distortion and falsification

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should attract our professional curiosity all the more so since in our own time we witness many important examples of just that type of not acknowledging or working through the past. We are (or should be) usually found in the forefront of denouncing the tragic results of such "forgetting," rather than practicing it ourselves.

The occasion for these remarks may be picayune. But haven't we learned that it is just the small forgotten things which reveal the truth?

With best wishes for the holiday season and the new year.

Sincerely yours,

Frederick J. Hacker, M.D.

#### A LETTER TO SAMUEL WILSON, M.D.

March 26, 1989

Dear Sam:

There were a number of errors and omissions in my "Interview with Richard Edelman, M.D." that I ran in the *Los Angeles Psychoanalytic Bulletin* of the Summer 1988 which I would like to rectify.

On page three of the interview, the dates of the Great Peace March should be corrected to read March 1 to November 15, 1986.

On page nine, Dr. Edelman made a parenthetical remark that Ann and he were preparing to make another walk in the Soviet Union. In fact, that event took place from June 11 to July 5, 1987 before the *Bulletin* was published.

The Soviet-American Walk consisted of approximately a 400 mile walk from Leningrad to Moscow. This International Peace Walk was an offshoot of the Great Peace March and was made in collaboration with the Soviet Peace Committee. 220 Americans participated in the March, including 40 or 50 from the original Great Peace March, in addition to 200 Soviet citizens.

Dr. Edelman reports that there was "an unbelievable reception by the Soviet population" to this March. As the marchers passed through the towns between Leningrad and Moscow, mass demonstrations of the population welcomed them in the streets, "loving, hugging, applauding and kissing" them. In Moscow, General Secretary Gorbachev greeted them. Half the population of the city of Nogorod, possibly 100,000 people, received them. Dr. Edelman observed that the friendship extended to the marchers was "totally genuine," that there was no way to stage or mobilize such enthusiasm by the Russian government. The purpose of the walk was to carry on "citizen diplomacy" designed to dissolve the implacable hatred between the two societies and to break down the Cold War mentality perpetuating mutual antagonisms and misunderstandings between the two super-powers. As part of the continuing "citizen diplomacy," an American-Soviet exchange program has been put in operation; it is now possible to have an Englishspeaking Soviet citizen live in your household for two weeks or for an American to live in a Soviet household for two weeks. (For more details, contact Dr. Edelman). With the end of the Reagan administration and the passage of the I.N.F. Treaty, Dr. Edelman warns of an illusory perception among many progressives in America, the false sense that things are going

well, that there is nothing more to do. To counter the apathy and depoliticization, Dr. Edelman insisted on the need for a vigilant, well informed public that maintains a momentum for the "pro-peace perspective."

I apologize for the absence of fact checking and for the editorial omissions in the original interview. I hope that they did not cause Ann or Dick Edelman too much discomfort and did not detract from the authenticity of their engagement as world citizens struggling for a more enlightened, non-violent world.

Sincerely,

David James Fisher, Ph.D.

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