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BULLETIN

OF THE SOUTHERN CALIFORNIA PSYCHOANALYTIC INSTITUTE AND SOCIETY

No. 74

Published Quarterly

Winter 1986

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LETTERS TO THE EDITOR

Dear Larry:

I consider the paper of Joe Jones to be highly important and I hope you would consider publishing this letter to the editor in our Bulletin.

Thank you for the excellence of your work in publishing the Bulletin.

Albert Schrut, M.D.

"Dear Joe:

I have recently come across a copy of your excellent paper "The Somatic Substrate of the Stranger Anxiety Syndrome."

I want to congratulate you on your excellent reasoning and observations regarding the integration of the physiological as well as psychological basis of the stranger distress in infants, especially your tying this up nicely with the "biological underpinnings" linked to the neurophysiologic maturation of the brain."

It is reasoning such as yours which attempts to combine modern physiology into modern psychoanalysis which will further our field and help it retain the esteem which is its due.

I see that you have quoted Allan Compton's papers of 1972, which I intend to look up and which have added to your thinking.

If this is indicative of Compton's thinking, I would laud him equally and send him my congratulations as well.

I have been working for years studying clinically children as well as adults who suffer from obsessive-compulsive neurosis, and I am convinced that there is both the somatic substrate as its basis as well as developmental and emotional factors.

I presented a paper on the O-C neurosis before the American Psychoanalytic Association two years ago, and I am still working on a version of it to be published.

I recommend this kind of reasoning and observation to our colleagues because I believe it has a basis which can be scientifically validated (as you have described the lyelinization of the major fiber tracts of the limbic system during the critical period of the second half of the first year of life resulting in a quantum advance in the capacity to feel is a critical factor in explaining infant development and subsequent adult development).

I hope you continue your excellent reasoning and investigations.

Best personal wishes.

Albert Schrut, M.D."

EDITOR'S NOTEBOOK

It was Irving Berkovitz who first drew our attention to the speech and sent us a copy for publication in the *Bulletin*. When several other analysts who attended the proceedings spoke of the Lord Mayor's welcoming address as one of the best presentations at the 34th Congress of the International Psychoanalytic Association held in Hamburg last summer, we decided to send Martin Grotjahn a copy. His response follows on page six.

Now that the Hamburg meeting has taken place, is it time to recognize that the Germany of today has truly moved a long way from the banality of evil of the Hitler regime? Yet troubling questions remain. How was it possible that so many ordinary German citizens participated in methodical, relentless race murder? What can psychoanalysis contribute to a study of social structures and concerns? Should we not demand that Germans continue to pay dearly for the destruction inflicted by the Nazis? Is moral repayment possible?

Because of a conspiracy of silence, the full tragic magnitude of the Holocaust emerged only after the war. The survivors differ considerably: some are anxious to speak of the past while others are reluctant to do so, as if the trauma sustained has left them bearers of a dreadful secret.

Can we ever truly understand the incomprehensible? Contemporary psychoanalysis seeks to understand the effect of the trauma on the victims, their children, and their grandchildren. They present difficult psychotherapeutic problems, as seen in the risk of retraumatization, difficulties in the transference, and intense countertransference reactions. Survivor guilt has not been found as often as was first anticipated. Sufferers can be helped by therapy although some do not wish to mourn, as if grief will result in working through the anguish over their losses, as if they fear the world will forget and the veil of silence will once more be drawn.

Suggested Reading. *Psychoanalytic Inquiry*. "Knowing and Not Knowing the Holocaust." 5, 1, 1985. (The entire issue is devoted to a study of the Holocaust.)

KLAUS VON DOHNANYI

Lord Mayor of the

Free and Hanseatic City of Hamburg

Welcoming Speech at the Opening Ceremony of
the 34th IPA Congress, July 28, 1985

Mr. President, Ladies and Gentlemen:

On behalf of the senate and citizens of our city I most cordially welcome you to the 34th Congress of the International Psychoanalytic Association in Hamburg.

Mr. Ohlmeier, president of the German Psychoanalytic Association, wrote in his word of welcome: "We know...that for some people the decision to come to Hamburg will be a difficult one because of the memory of our country's past." You have come, and I thank you for doing so.

More than half a century has passed since the International Psychoanalytic Association last convened in Germany. At that international psychoanalytical congress held in Wiesbaden in 1932 there seems to have been little awareness of the extent of the threat posed by Nationalism Socialism, which only a few months later gave rise to the most brutal dictatorship in human history, which unleashed the Second World War and then, within a half-century's time, led to more suffering, greater crime and more profound political changes in the world than any other 50 years period in the history known to mankind.

You have come to Germany at a time in which our attention and conscience have come to focus once again more sharply on those years of German history. The questions: "What were things really like at that time?" and "How could it happen?" are being raised more emphatically and answered more honestly than in the decades immediately following the war.

Apparently a series of historical dates such as January 1983 marking the fifty year period since the beginning of the Hitler regime in 1933, and May 8th of this year marking the forty year period since the end of the Second World War, while not being the reason, have provided an impetus in making us remember. These issues will also be touched on in the course of your congress.

Therefore, I welcome your decision to come to Hamburg, and this in a special way. Nor because I see it as a kind of demonstrative handshake: that would be greatly over-emphasizing the role of the site chosen for a congress. But rather because I know we are joined in a common endeavour to understand man and his history, and because I hope that you will be able to assist and guide us with the humanism of your scientific tools and resources.

The question about what really happened at that time has also been a concern of the psychoanalytic organizations in the Federal Republic of Germany for several years, and specifically with regard to the situation, development and role of psychoanalysis and the German Psychoanalytical Association since 1933.

I am in no position to make a judgement about the historical report put forth by your German colleagues in the 1982 issues of Psyche. But I must admit that I was indeed surprised at the vehemence of the arguments that ensued. For, in my opinion, their report, as well as the reports and interpretations that were published thereafter, are only answers that are given in an understandable way to the questions: "What really went on?" and "How could it happen?"

If I have understood Alexander and Margarete Mitscherlich correctly, they had already in 1967, in their book On The Inability to Mourn -- which by the way marked an historical turning point in our post-war history -- insisted that openness toward historical truth is absolutely essential for living in freedom. And they perceived and described how and why we German evaded the truth of our history, why we tried to repress it, yet still could never escape it. And why we remain prisoners -- as indeed, we still are -- as long as we do not face up to the truth.

This is why Hamburg in 1983 undertook a social-scientific project to help us trace, know and understand the history of our city during the years of National Socialism. It will also not be possible in this project to avoid mentioning names. Nevertheless, it focuses not on the belated persecution of misled persons of those times -- crimes must be prosecuted in any event -- but rather on our insights today and actions tomorrow.

This is why I feel that your colleagues, who have also described the shortcomings of psychoanalysts and their organizations in the years prior to and during National Socialism have contributed to our emancipation from the historical entanglements, since they have shown how it really was...even among psychoanalysts, and, yes, even in the case of Sigmund Freud. At the risk of losing everything, piece by piece was sacrificed. Every step rational and at the same time, in the wrong direction. Here a compromise involving persons, there involving the matters of hand: always done supposedly for the sake of preserving the whole -- which in the end no longer existed.

We today must make more critical judgements, but should not simply condemn. For this is precisely how freedom and human dignity were lost, not only in Nazi Germany but also in Franco's Spain, Pinochet's Chile or Argentina's military dictatorship. Freedom is usually lost bit by bit. For reasons which seem ostensibly good at the moment and have fateful consequences for the future. In order to prevent worse things from happening, a state of emergency is declared also in today's South America, or the arms race is stepped up another notch.

We are inclined to think that it was a German predisposition that opened the way for National Socialism and the Holocaust. This must be true, for there have been -- and unfortunately still are -- many instances of fascism and fascist regimes, but there has been only one organized Holocaust, and that was in Germany. At the same time I am also convinced that such relatively simple references to the authoritarian personality and family structure in Germany, the harsh discipline in German schools or the German's submissive attitude vis-a-vis authority are not enough to even come close to comprehending an Auschwitz. I am at a loss for an answer concerning the reasons behind it, the German reasons.

Neither you nor I can practice our respective professions without some measure of hope. But in view of the dangers that exist, it is only the hope of those who have a sense of awareness that counts. The hope of those who are unaware, (who were referred to even in the Nazi times as "starry-eyed") amounts to sheer irresponsibility.

But what is awareness? Is it only that knowledge we acquire through scientific endeavors, through analysis in the broadest sense of the word? Or is it what we understand in terms of the simple standards of good and evil that have been handed down to us?

My own experience of the Nazi years is that there were many complicated reasons for conforming, but ultimately only one simple reason for rising up against terror: namely, because it was evil, because it was inhuman.

Educating the generations that follow us requires more than providing the basis for critical awareness. Nor is it enough to help them acquire insight into their own personal history and development. For in a scientific world which takes everything apart, including good and evil, it is the most difficult task to preserve and legitimate the inviolability of man, the dignity of the human being as an effective standard of behavior.

Is psychology, is psychoanalysis able to help us? Erich Fromm writes in "Psychoanalysis and Ethics" (1964):

If...humanist ethics is based on knowledge of the human being, then psychology and especially psychoanalysis would have had to become one of the strongest driving forces in the development of humanist ethics. While psychoanalysis indeed immensely enriched our knowledge of man, it has not brought us a single step further with regard to what we know about man's laws of life and what he should do.

It is the humanism of Sigmund Freud and of your profession which has brought about so much respect and admiration for your work. Even so, I am still unable to say, despite a great deal of reading on the subject, whether you can help us not only to understand ourselves better, but also to be better, to act better.

We Germans are no doubt a people in trouble, fearful of being left behind, of not being loved, of not being recognized. It can hardly be a coincidence that German was the native language of the three great innovative

figures: Marx, Freud and Einstein. But then it is also no coincidence that they were all driven out by us, and they found the English language liberating. Whoever says "our Bach" and "our Beethoven" must also say "our Hitler." This, too, will be one of your themes here.

I hope you will have an opportunity to see our city and country. To speak with the people here. And perhaps to say at the end of your visit, you are able to understand us better.

Incidentally, Hamburg does not only have an important institute to offer psychoanalysts. One of the seven Hamburg districts, after all, is called Wandsbek. And exactly one hundred years ago, on August 8th, 1885, Sigmund Freud wrote to his fiancée Martha Bernays in Wandsbek:

Yes, we want to be very happy in Wandsbek too; aside from that, Wandsbek is not the same for me as it is for you. I think it is for you what Vienna is for me.

Freud married Martha Bernays in Wandsbek in September 1886.

I wish the 34th Congress of the IPA in Hamburg fruitful consultation and to all of you a pleasant stay in our city. Come back soon.

*This translation is not from the original source, but a translation back into English from the German translation.

ABOUT COLLECTIVE GUILT

Martin Grotjahn, M.D.

The Lord Mayor of the free and Hanseatic city of Hamburg, Klaus von Dohnanyi, said the first and the last word in his welcoming speech at the Opening Ceremony of the 34th International Psychoanalytic Association Congress on Sunday, July 28, 1985. Many colleagues considered this speech as the outstanding event of the meeting.

The Mayor's questions are a reformation of Regine Lockot's book about the history of psychoanalysis during National Socialism, entitled: Remembering and Working Through. The Lord Mayor said that we must focus on two questions: "What were things really like?" and "How could it happen?" Trying to find answers, we all are joined in the common endeavor to understand man and his history. Honesty toward historical truth is absolutely essential for living in freedom. He declares himself still at a loss to comprehend Auschwitz or to understand the German predisposition to organize history's worst holocaust. The answer can be found only when Freud's humanism and psychoanalysis work together.

The Lord Mayor made another statement in his welcoming speech, which could serve as an assignment for psychoanalysis: "Whoever says 'our Bach' or 'our Beethoven' must also get ready to say: 'our Hitler.'" To the best of my knowledge, only Thomas Mann said that once in an almost forgotten essay, entitled: "This Man Is My Brother." I felt the guilt the Mayor was talking about keenly and the shame: those were my friends and former colleagues; they were people of my age, with my background, my education, and they committed these crimes during the Third Reich.

To proceed from Bach and Beethoven to Hitler sounds logical -- but suddenly when I read the Mayor's speech, it sounded wrong, false, untrue, misleading. Hitler did not like music besides "The Merry Widow," and not many of his staff were known to have loved the cultural heroes of German heritage. I was neither proud nor did I feel guilty about the kind of German history which perhaps culminated in the crimes of Hitler, like Friedrich the Great, Otto von Bismark, Hindenburg, and Ludendorff.

I was and am proud to come from a people who produced great scientists, great musicians, writers, poets or theologians like Martin Luther. We, who admired these great men, were as a group never combative; we were not fighters but thinkers, not acting but writing -- we are the meek ones who will inherit the world.

Once more my thoughts go back to Thomas Mann's essay, "This Man Is My Brother." There Mann expresses carefully and only by implication that cruel lust may be found in the deepest layers of the unconscious of all men. These world destroying fantasies as many of us believe to be present in infants are human and not bound to any specific nation.

The Mayor of Hamburg will get nowhere in his thinking when he looks for motivation of cruelty in National Socialists only. We find this destructiveness in the deepest levels of the unconscious in all men and there the change of human nature has to start.

The question reformulated sounds now different: How does it happen that all infants have world destroying fantasies and some overcome these fantasies by sublimation while others do not and their destructiveness finds unsublimated, direct access to conscious action more or less guilt free. In this respect, a certain part of the German people may have been cursed with incomplete sublimation or repression, easily activated, deadly aggression.

If this point in the development of the infant could be changed and perhaps be influenced for the better, then paradise could be established on this endangered small piece of the universe.

THE OEDIPUS COMPLEX REVISITED

Rudolf Ekstein, Ph.D.

One may look at the Oedipus complex in the way that Freud did, stressing the fate of Oedipus, and center the discussion primarily on parricide, the murder of the father. Or, one may look for other viewpoints, perhaps advantage points. For example, one may consider the point of view of Devereux (1953, 1966), a psychoanalyst and anthropologist, who preferred to speak about the Laius complex rather than the Oedipus complex. He felt it was important to stress, among other things, the issue of filicide, the murder of the son. In the literature, one can also find offerings of psychoanalysts of Kleinian persuasion (Stewart, 1961) stressing the role of Jocasta as well as the role of the Sphinx. In this thorough paper, it is suggested that the triangle, Laius, Jocasta and Oedipus, should not only be seen in terms of filicide but also in terms of Jocasta's wish for the murder of her own husband. It is clear that different authors stress different viewpoints, and while we usually stress parricide and the son's wish for the possession of the mother, we want, in today's discussion, to keep our eye on filicide, the murder of the son.

But there are still other points of view. For example, the view of Adler as thoroughly discussed by Reinelt (1984). Alfred Adler, the originator of individual psychology, one of the psychotherapeutic schools in Vienna, stresses the power drive and inferiority complex. Thus, the relationship between father, mother and son can be looked at in many different ways.

I am, therefore, suggesting that we can change our eyeglasses and examine different perspectives. And, of course, we may wonder why we often stress one point of view rather than another, and what makes us, at times, change our point of view. We may well have pragmatic reasons, or we may be involved in ideological struggles between different psychotherapeutic schools respectively different educational philosophies. Or, as I prefer to think, we are not really speaking

of struggles between one another, but about decisions of preference in looking at the family unity of disunity. Do we speak of a task or do we speak about a crisis, a way of looking as suggested by Erikson (1950), examining the different stages of man in his developmental scheme? Thus, I would like to suggest a point of view that does not require me to look at a specific problem in but one particular way. Rather, it is my wish to change eyeglasses, so to speak, and to decide what kind of lens is best for a specific task.

Perhaps I can move nearer to the points I wish to make, if I take you back to a time when the Oedipus complex was not only the center of attention of Freud and his earlier followers, but also mirrored more fully the time in which they lived. We must remember that Freud lived during the time of the Austrian Empire and the Hapsburgs, a time in which everyone believed that "father knows best" and where the emperor, whether of Austria, Germany or Russia, would see to the people's needs. He was responsible for seeing to law and order. Only slowly did this class society fall apart, and the people demanded rights and freedoms of their own. And when the First World War came to an end, we began to look at the world in different ways.

Now, I will focus my attention to an old, historic paper, a classic contribution by Paul Federn (Ekstein, 1971), The Fatherless Society. Federn, the late Austrian analyst, was a friend and colleague of Sigmund Freud. At that time the empire crumbled and the people, defeated in this war, lost belief in the emperor, the power of the church, the generals, and even the leaders of the Social Democrats, the party of the workers, since they had supported the war. At that time almost everyone supported his own government, and even Freud defended the need to identify with one's country, and to support the war. The Central Powers lost the war and Federn

Address given in Buenos Aires, Argentina, July 1984 at the meeting of Filium.

(Ekstein, 1971) described the consequences of the revolution in Russia, the breakdown of the German and Austrian monarchies and the change from trusting father into a fatherless society, the society that now believed the power should be with the soldiers, the workers and the peasants. Instead of a fatherless society they should be able to act as a society of brothers.

But the brothers were unable to unite, and Federn quotes Freud's (1913) contribution Totem and Taboo. There was great danger in those early days of the Austrian and German republics. The people had to cope with inflation, unemployment, hunger and starvation. The returning, defeated army had no leader to trust, no father to turn to. The beginnings of the revolution then saw the brothers united in order to destroy the father. The idea of patricide was a kind of group Oedipus complex. But they could not truly unite as they began to argue about the motherland and they became desperate. The world that Federn (1919) described, the world after the First World War and experienced by me as a child about to begin school, was a world without hope. The unemployed masses, those disillusioned masses, looked for hope and could find none. Federn, and we must keep in mind that this was written in 1919, suggested that the masses, while they consciously wanted to be rid of the father, would unconsciously look for one.

In 1919 it seemed that we had created a stable republic with democratic institutions, but hunger, unemployment, a system of welfare falling apart, creates the wish, at first an unconscious wish, to look for a father substitute. If the endless parliamentary struggles of that time could not create a stable father figure, if the masses could not be united in a positive sense, these very same masses will follow a leader who will misuse their ignorance, will play on their anxieties, will exploit them, and he will make promises. All that was predicted in 1919, but did not influence the political thinking of that time. We must keep in mind that in 1934, Fascism destroyed the parliamentary system, closed the parliament, opened the concentration camps, and in 1938 Austria was invaded and conquered by Hitler. The unconscious wish of many of the yearning, hopeless masses was fulfilled.

Thus, I refer to a problem for which we must find a solution, going beyond the solutions of the Oedipus complex, father murder, the murder of the child, the power struggles, the inferiority feeling. We cannot abolish the unconscious desires of people or neglect the tasks that we must carry out in order to bring about a synthesis which will help us to overcome patricide and filicide.

In recent years another courageous analyst, the late Alexander Mitscherlich (1973) occupied himself with the same theme. In his classic Society Without the Father, he went beyond the political and military problems discussed earlier and stressed additional problems. For example, the changes that have taken place in our moving towards the industrial, and later the post-industrial society. Now, people work in large factories, having no direct contact with the administrators. In the past, such as in the nineteenth century, everyone who learned a trade, a specific skill could look up to someone, could respect someone, hate him or love him. He had real relationships with people, the bosses, the masters, the teachers; but in our world today relationships have become impersonal, de-personalized, and this seems to be an even greater danger than the rebellion against the fathers. In the past, as we stood up against the unjust fathers, as described in the Oedipus complex, we could speak about relationships, good or bad. But now the father is about to disappear. The father no longer really exists. We have, for example in the United States, endless families without fathers. The old structure is slowly disappearing or changing. Many women now educate their children in one parent families, and often grandmothers take care of the children while the mother goes to work. The man disappears. Sometimes these men did not really become men because they had no one to truly identify with. We are in danger of becoming a computerized society. Television and movies, mass media, endless advertisements will move us more and more from direct contact with people. The huge cities, the mass housing, the de-personalized insurance systems, all of them as well as unstable family life undermine personal relationships

We have to keep in mind that the angry feelings that we might experience vis-a-vis the father, the struggle one has against identification with him, represents the very force that will finally help us to identify with the fathers. It is the struggle against identification which brings about identification. In this society, with more and more computers, mass consumption and entertainment, we face the lose of personal relationships; more and more distance is put between us and those who represent authority, the father image. We may feel lost in such a world, facing only chaos. In such a world, there is no concrete rebellion, no clear social goal, only the danger of chaotic panic and rage. Our task, perhaps an impossible task, is to create a world in which we are able to find substitutes for forms of society which slowly seem to disappear; to find, in our post-industrial societies, ways of being together which will have to take the place of family bonds. In the past we were afraid of the fathers because we saw them as people who would put us in bondage, put us in chains, industrial slavery. But can we create new bonds that are bonds of love and bonds of understanding? I believe it is in this sense that psychoanalysis has its place and must be valued. Psychoanalysis, after all, has the task, the method and the answer that will enable us to understand our relationships, to create new bonds between people and to see to it that our society will be neither fatherless nor motherless. We cannot escape the problems of development. Each of us must grow up and must solve the task of separating from the family, from the parents. We cannot do it without coping with our hostilities, our anger, and sometimes with our own temporary loss of identity. I believe it is the psychoanalytic experience, not only in therapy but also in the application of psychoanalysis, above all the application of psychoanalysis in education, social work and all the other psychological activities, that we have found an answer. I think it is wonderful to find an organization as large as this one, reaching out to many countries now, that wants to try to stand up against a society that has become fatherless and motherless, and to recreate faith in looking up leaders. But these leaders are not the leaders of power, the leaders of weapons, the leaders of the next war, but rather they must be the leaders of humanity. Long live Filium!

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SCIENTIFIC MEETINGS

THE TELEPHONE SESSION: ITS APPLICABILITY TO PSYCHOANALYTIC THERAPY

Reported by Ernest Masler, M.D.

Meeting Dedicated to the Memory of Marquis Earl Wallace, Ph.D. 1941 - 1984

At first blush, the subject of conducting analysis by telephone may seem a trivial excuse for a psychoanalytic meeting. Yet a panel of three analysts managed not only to hold the attention of a large crowd in the Institute auditorium but to stimulate a lively discussion after their presentation.

Each of the panelists, Tom Preston, John Lindon and Alex Sweet, described successful analytic treatment for varying lengths of time, with patients over the telephone. There was a similar sequence of events in all the cases presented: A patient who had been in analysis, or intensive psychotherapy, was compelled to move to another city. Most often he was unable or reluctant to start over again with a new therapist so he, the patient, persuaded the initial therapist to continue therapy via the telephone. In nearly every instance, the therapist was reluctant to introduce this new variant into the treatment, but once he did, the results were most satisfying to both parties.

The first panelist, Tom Preston, gave a brief review of the literature; there are apparently very few articles on this subject.

Leon Saul wrote of treating patients on a regular basis, charging the usual fees. He first reported that some patients actually work better on the phone. Milton Rosenbaum reported similar results not only with phone conversations, but also actually performed analysis by mail. Preston reported also two brief experiences in working with patients who had moved to a different locale.

John Lindon had the most extensive experience with telephone analysis and was the most enthusiastic with this technique. He first experimented with this technique twenty years ago when he worked with a patient who was forced to travel intermittently. He told that after he became comfortable with this technique, it was just as effective as working in the office. In fact, he presented some case material to a study group who could not tell whether the hours were over the phone or in the office. Although some patients may utilize the distance and the lack of visual cues as resistance, Lindon argued that for some, the physical separation allows them to bring out intense affects which the patient may be frightened to reveal in the office.

Lindon recommended certain practical arrangements for carrying on therapy by phone: (1) that the phone be in a private place so that the patient has no fear that someone is listening in, and (2) that the analyst must have a speaker phone, otherwise the discomfort of holding the receiver is too much of a distraction.

Alex Sweet was not as positive in his recommendation. He admitted that he had not had extensive experience with phone therapy, but the situation in which he did use it was quite successful. And yet he inserted certain notes of caution for the technique: (1) it would not be useful for a new patient, and (2) it would not be suitable for deep analysis, since the totally verbal quality tends to inhibit the production of fantasy. On the other hand, he agreed that it is a safe encounter and has proven to be extremely useful for supportive therapeutic relationships.

All three of the discussants repeatedly emphasized that this technique required that the analyst be innovative and that one must learn to listen to the needs of the patient and learn to adjust one's technique accordingly. It is this reporter's view that these discussants were touching on a different problem. When one stops to consider, it is amazing that the telephone has been in use for over sixty years and only now, the psychoanalysts are discussing its use as an adjunct to analysis. I wonder how other psychotherapeutic disciplines have dealt with treatment by telephone. Is it as radical a departure to them as we seem to think it is?

My suspicion is that we waited so long because we have been too well trained to rigidly follow the prescribed analytic techniques. Are we do deafened by those roles that we are unable to "listen to the patient"?

After the panel discussion, the contributions from the audience focused on the different treatment situation created by "telephone therapy." Sam Eisenstein commented that since he had no visual cues, he found that he was compelled to listen more carefully to his patient's words. Norman Tabachnik emphasized that talking by telephone created a sensory deprivation for both the patient and the therapist, and that the heightened intensity of listening was a response to that deprivation. Arthur Malin continued in that vein, suggesting that talking by telephone would be contraindicated in people who are already deprived.

Panel discussion, Southern California Psychoanalytic Society, November 19, 1984.

Panel 1. UNCERTAINTY AS AN INTERNAL PROCESS; ITS PSYCHOANALYTIC HANDLING

Reported by Irwin M. Schultz, M.D.

In Dr. Seymour Bird's introductory remarks he said that psychoanalysis is about uncertainty, which is with us from birth to death. Inherent in human nature is a striving for certainty which encompasses the following goals: relief of anxiety; object constancy; establishment of basic trust; and resolving of conflict. The successful analysis does not provide the removal of uncertainty but the ability to tolerate and live with it.

Dr. Herman Solis (Monterrey) spoke in his early comments of 140 British psychoanalysts establishing a group for the prevention of nuclear war. This is a sign of their great concern about the mounting intensity in the world of aggressive drives, threatening to become uncontrollable. He asked the question, "How is civilization doing?" and answered, "Unfortunately, not well." He added how mankind establishes an object relationship with the planet. The model of the bucolic village with its happy inhabitants is far different from that of the angry inhabitants of the large cities -- New York, Moscow, Mexico City. The Thanatos-like forces of ecocide contest with the constructive, Eros-like forces of ecophilia. Dr. Solis asked the question: "Will we live or die?"

Then he gave the example of a male analytic patient of his. The man was depressed and suicidal, and had phobias of nuclear war and earthquakes. The analysis revealed the endopsychic source of his phobias, connected with the images of his widowed mother, of his grandmother and nurse, and with his fears of maternal loss. He continued to speak of the struggle between Eros and Thanatos, not only intrapsychically but externally in the world, having mankind in the image of Hamlet, continually torn with uncertainty. He concluded by saying he would welcome the emergence of a new humanistic ideology giving the guarantee of peace and stability to future generations.

Dr. Marshall Cherkas (Los Angeles) in noting Dr. Solis' theme of the struggle between Eros and Thanatos as causing anxiety and uncertainty gave his own views as different. A balance within the individual, promoting certainty, is between love, which accompanies fusion with parental objects, and work, which produces separation-individuation.

The balance, promoting stability and certainty, is between love and work. The failure of this balanced attachment leads to uncertainty. Destructive and Thanatos-like processes are not inherent but the result of a failure to adapt. In addition, uncertainty can be constructive. This latter is in line with the synthetic function of the ego. Thus he sees Hamlet able to transcend "To be or not to be," to reach, "I am. How can I best live with my friends?"

Dr. Phyllis Tyson (La Jolla) told of her own uncertainty as a resistance to this paper, feeling angry and wanting someone to tell her what to do.

She connected the onset of uncertainty with Mahler's rapprochement phase, which in turn coincides with the anal phase. The thirty year old woman patient she presented in her paper was torn with uncertainty between longing for a close, nurturing relationship with a woman and a desire for a gratifying relationship with a man. Dr. Tyson presented a more detailed discussion of the termination phase of this patient's analysis. The patient felt forced to choose between her mother and father and was in conflict between issues of separation-individuation and Oedipal attachment. In the analysis this conflict crystallized around the man she was living with and her analyst, remaining close to the analyst meant loss of autonomy whereas asserting her desire for her lover meant damage to the analyst who would then reject her. Dr. Tyson felt an important step in termination was for the patient to realize she could grow as a woman, and that a good mother would let her. As the patient became more aware of her destructive fantasies and resolved her magical thinking about them, she became more confident, closer to this man and was able to terminate. Dr. Tyson added how this kind of uncertainty in the patient poses a difficult analytic task. She spoke of her counter-transference frustrations and of often seeing the patient like a two year old saying "No, no!"

Dr. Luis Feder (Mexico City) described the task of the analyst as needing to "Listen to the wind, and be not carried by the storm." In managing his daily practice the analyst experiences uncertainty in terms of

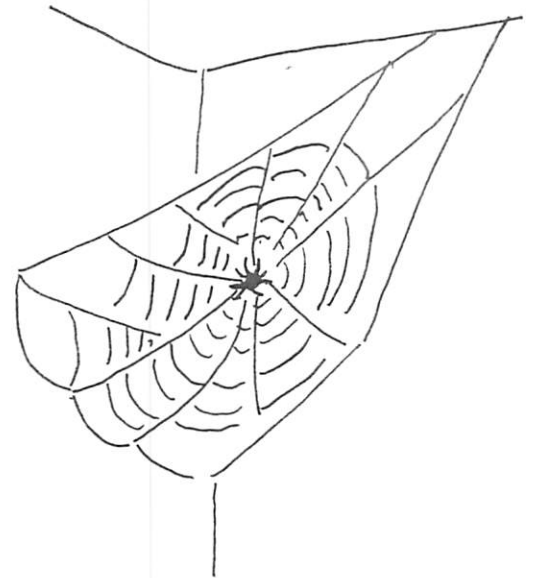
ambivalence about new patients -- to take, or not to take a patient? He expressed also his admiration for the analyst's tenacious ability to tolerate the attacks, defenses, and frustrations of the patient and carry the analysis through.

Dr. Robert Tyson (La Jolla), in commenting on the known regression of the patient in analysis, raised the question: How about ways in which the analyst regresses? He spoke of our own uncertainty and hunger for certainty to relieve discomfort. Referring to counter-transference feelings, he referred again to the analyst's inner uncertainties when confronted with difficult issues in the treatment. As an example, he gave a vignette from his treatment of a nine year old girl. Her parents were about to discontinue her therapy because she had announced to household guests, "Dr. Tyson talks about penises." As he dealt with this situation he had to resolve inner uncertainties stemming from multiple axes: 1- his allegiance to the patient; 2- his valuing the relationship between the patient and her parents; and 3- his own ego and work ideals.

Dr. Alfred Bloch (Los Angeles) made the point that, as analysts, we envy scientists in other disciplines because they can have certainty in concrete matters, as in physics. However, as newer discoveries have unfolded, physics and mathematics no longer have absolute certainties. For example, in the world of sub-atomic particles, the positions of the particles can't be known with certainty. So uncertainty is the heritage of all disciplines which explore, formulate, and synthesize knowledge and experience.



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SUMMARY OF TWO PRESENTATIONS

J. VICTOR MONKE, M.D.

Dr. Horenstein reflected on the qualities for identification which a culture makes possible and how an individual's psyche can make use of such qualities to seek a security. He illuminated his thesis with personal biography. Born in Mexico City of Jewish parents who had recently emigrated from Russia and were living through the traumas of immigration and the experience of threats to their identity, his parents eventually sought a Jewish community in search of continuity.

The author recalls that when young he felt this ambience of uncertainty. He recalls being impressed by and relating to two abiding aspects of culture in Mexico, one related to the ancient culture of the Teotihuacan Indians who built the pyramids and the other the Mexican relation to the Catholic Church. He remembers how he, the boy, identified with these two Mexican institutions as two points in existence in which he could relate to a sense of continuity and certainty. He was not aware at the time of any feelings of disloyalty or guilt with respect to his parents.

In his analysis, the first dream which he had dealt with an "R" and an "e." Associations connected to Reyes (king) and his survival of his father's death, and "e" to the fact that to accommodate to Spanish (he thought) he changed the spelling of his name from Hornstein to Horenstein!

Associations and reconstructions led realization of how unstablizing had been the uncertainties, how the formation of a cohesive core self requires stability and certainty early in life, how complex are the reshaping that seek alternate certainties, how anxieties within the family life led him to relate to cultural values in his actual, real outside world of that time.

Dr. Marmer reports upon the management and treatment of five people diagnosed as having the pathology of multiple personality. With two of them, there was opportunity for using a psychoanalytic psychotherapeutic approach. Consequent to the treatment, there was an undoing of the syndrome and an integration of the ego systems into a much more evident whole person. This required a relating to each personality in an analytic mode, strictly avoiding bias or any attempt to force integration.

It is a rare pathology. In addition to the five whom he engaged in therapy, he has consulted regarding twenty more.

His studies hold evidence that the syndrome can develop in consequence of severe emotional traumas between the ages of one and four, traumas of overwhelming intensity in which there is experienced overwhelming rage, this at a time when ego boundaries are poorly established. In an ambience of inadequate soothing, the child can come upon using "selves" as transitional objects, selfs (pieces of themselves) which are turned to for management of anxiety.

Simon Horenstein, "A Note on the Relationship between Uncertainty and Identity Modification." Mexico City, March 1985.

Stephen S. Marmer, "The Therapist as Transitional Object in the Treatment of Multiple Personality Patients." Mexico City, March 1985.

A NOTE ON TRANSLATION OF ONE LANGUAGE TO ANOTHER

Reported by J. Victor Monke, M.D.

An interesting and somewhat unfortunate sample of translation difficulties presented in the Spanish and English versions of the theme of the Western Regional Psychoanalytic Meetings held in Mexico City on 22-25 March 1985.

The Spanish title was "La Incertidumbre en la Vida Actual su Relacion con el psicoanalisis."

Its literal translation would be "The Uncertainty in the Life Actual (real life) in Relation to Psychoanalysis."

The translation presented was "Uncertainty in Life Today; Its Relation to Psychoanalysis."

There is a considerable difference in the concept as generated by "Psychoanalysis in Relation to Uncertainties in Actual or Real Life" and "Psychoanalysis in Relation to Uncertainties in Life Today." The former is timeless, simple, direct and specifically denotes uncertainties in one's actual life whenever that might be and how mental life deals with them. The latter, "Uncertainty in Life Today," emphasizes "today" as contrasted to some other time. This is vague, general, and conjures present time problems, technical, social or political, as contrasted to some other time.

In Latin there is a participle "cernere" relating to "to distinguish, to decide, to resolve, to identify." The noun is "certus" picturing something that is determined, fixed, settled. This usage moved through French and Middle English to present time. The word "uncertain" in this sense then pictures "not sure, doubtful, problematical, questionable, vague, not dependable, not steady, not constant." Related synonyms are doubt, dubiety, dubiousity, skepticism. Dynamically, related to this is an "unwillingness to believe."

Papers based on the Spanish version tend to address the issue of psyche dealing with external uncertainty and its sequelae in terms of internal stress, adaptational problems, contribution to character formation, etc., as psychological and metapsychological problems. Papers based on the latter version tended to struggle with getting a handle on the theme of "Uncertainty in Life Today," growing philosophical, addressing:

There has always been uncertainty, there is uncertainty everywhere, uncertainty is an aspect of the cosmos, uncertainty is particularly because of the atom bomb or because of ethnic and other present political and demographic problems.

An axiom that derives from this is that one should translate from the literal content and not alter the translation to adjust to idiom of the second language.

Examples are the English translation of the "Ode to Joy" from the German. The English translation carries little of the feeling of the original. In Strachey's English translation from Freud, there were such changes as "Das Ich und das Es," literally the "I" and the "It" changed to the "Ego" and the "Id."

How vastly different would have been psychoanalytic literature had we visualized from the beginning the "I" and the "It."

RECONSIDERATIONS OF PSYCHIC CONFLICT: OCCASIONED BY INCREASING UNDERSTANDING OF SELF DISORDERS

Commentary by Marvin P. Osman, M.D.

The case I presented was of a man suffering from a self disorder, who also manifested considerable psychic conflict over allowing expansion of the self at the expense of relinquishing primitive object ties. It was stressed in the earlier presentations that conflicts are likely to arise when there is "evolution" of the self object unit toward an "expansion" of the self. I felt my patient was admirably suited to illustrate these dynamics because he manifested an intense striving to derive masculine strength and power through a close emotional relationship with a strong man while, at the same time, experiencing conflict over the exercise of these powers. He feared that his self expression would result automatically in the diminishing or destruction of the source of his masculine sustenance. It seemed inconceivable to him that he could attain autonomy and express himself as a mature man without draining the strength of another person.

The patient's major initial complaint was an inability to have sexual relations with women. Moreover, he had only experienced mild sexual arousal by women on a few occasions. Although never having consummated sexual relations with individuals of either sex, his mind was preoccupied by sensuous thoughts of male bodies, particularly buttocks and penises. In high school he had experienced his first orgasm while wrestling with another boy. His preeminent sexual fantasy was of two powerful muscular men wrestling, but on condition that neither one overcome the other. He had an unrealistic conviction that his body was ugly and that his penis was too small and inadequate to service a woman.

When he first presented himself for treatment, he was a twenty-four year old graduate student. Although supporting himself by humble work, he nourished himself with high flown fantasies of future greatness as a captain of industry. Meanwhile, he had just enough money to afford a very modest fee for one session a week. This therapeutic regime continued for approximately five years until his financial condition improved and he could afford five times a week psychoanalysis on the couch. Up to the time of the case presentation, he has had approximately three years of intensive analytic therapy in addition to the previous weekly psychotherapy. Even during the period of his weekly sessions he began to have heterosexual fantasies with arousal while looking at Playboy magazine under the influence of marijuana.

Scientific meeting of the Southern California Psychoanalytic Society, Jan. 12, 1985.

The scourge of his life, however, was his constipation, beginning while a college undergraduate and at a time simultaneously, he recalled later, when an agonizing lifelong problem with stammering relented. He could only defecate at home when there was sufficient time. Sometimes an hour or more was spent on the pot; his frustration was compounded by having urges to evacuate which quickly gave way to an unaccountable holding back. He later linked it to the impotence he suffered when attempting intercourse with a woman; often strong impulses to penetrate would be replaced instantaneously by deadness and a flaccid penis. Subsequently his description of the alternating urge to defecate with the ensuing counteraction of the resisting and tightening rectal musculature reminded him as well of the fantasy of the two powerful men wrestling. Also, in that struggle neither side prevailed over the other. If unable to have a b.m. he would be inclined to sink into an apathetic despondency wherein he would be less likely to engage in his activities or be alive to the day's opportunities. A good movement, however, as in the case of Freud's Wolfman, would cause a rent to be made in the psychic veil which had previously insulated him from a more appreciative response to the world about him. He was more likely to be aroused by his passions, to see colors brightly, and to feel sensations on his skin.

He was confident that his sexual conflicts were more superficial manifestations of a deeper insult to his masculinity and of his very being, having roots in early development and in his relationships within his family. The patient, who I called Jack, was the third of four children. His three years older brother, George, was married, obese, and somewhat languid in temperament. A sister, Mary, one year older, was described as very neurotic, and suspicious of people. Ronald, three years younger, was depicted as rebellious, argumentative and sexually active with girls.

Jack's father was characterized as intellectual and never expressing affection through physical contact. Typically he was ensconced behind a newspaper. Sometimes Jack enjoyed, as a child, playing with one of his father's big hands while he read.

Mother was represented as "kinda physical" and enjoyed wrestling with the children. She was "overbearing," "stupid," and therefore he "hated" her. Despite his anger he appeared to be sensitively attuned to his mother's feelings. His father tended to ignore her or express contempt.

As a child Jack was shy but in high school he made a resolve to alter his image. He changed schools and made a determined effort to befriend boys who were most popular and athletic. Thus began a pattern of developing crushes on a heterosexual powerful male.

Jack was an appealing, boyish-looking man of intense, serious demeanor, who impressed others with his articulateness and quickness of repartee. He was sensitive to frailties on my part, calling me, for example, on the least tardiness in commencing a session. That he suffered from a pathological or deficient self was amply evidenced by his extreme vulnerability to insensitiveness or hurts from others, his need to cultivate compensatory surface toughness and insouciance, his tendency to withdraw into insulated states, and his intolerance to separation from those he relied upon. The constipation itself was an inner resource to which he could withdraw. The stool was more likely to emerge if he felt the world a welcoming and gratifying place. Thus an early dream highlighted the dynamic significance of the constipation as providing a narcissistic sanctuary and resource for internal psychic gratification.

"A cat I loved was completely enclosed in a box that had a small spout. The cat assured me it could squeeze out. When it tried, however, it couldn't make it, because its head hurt too much. A female nurse came along, and she managed to pull it out. It was bloody, and I thought it might be dead. As a matter of fact, I considered stepping on it and just getting rid of it, but I felt guilty because I did love the cat." (At this point he interrupted to say that some people where he works are employed temporarily and he is tempted to dislike them as a means of lessening the impact of impending separation from them.) "The nurse then picked up the dying animal and, as she squeezed it, a whole bunch of black, ugly fluid came out. For a moment the cat seemed to have revived, but when she put it down it deteriorated again."

In associating to the dream, the cat squeezing out of the spout reminded him of a b.m. and the nurse represented the therapist. It appeared the cat represented a vulnerable part of Jack, confined within to prevent hurt or injury. The nurse-analyst was expected to deliver that part of him, but this he feared would be painful and he dreaded

the consequences. As long as the nurse-analyst held the cat, it seemed to thrive. The moment she put it down it withered. It appeared that Jack feared that leaving himself open to emotional involvement with the analyst would expose the vulnerable, feeling part of himself to severe hurt because of the separations and other insensitivities he would encounter.

Therefore he kept at hand a psychic sanctuary removed from the demands of life, a protected self insulation, which was manifested for example in his constipation which caused him to feel inert and removed from anxiety. Despite his overt loathing of this psychophysiological state, he began to recognize a hidden satisfaction with it. The faecal column represented a penis enclosed by an intestinal wall representing a vagina, thus providing him a womb-like, bisexual, self-sufficiency, internally gratifying and unassailable. It appeared to represent as well an archaic union with mother, the stool representing a vulnerable self, awaiting potential birth or rebirth.

Also there was considerable conflict over excreting the stool because it symbolized a vital, living part of him that could be bruised or destroyed. In like manner, when emotional closeness threatened his narcissism with hurt the grandiose self intervened to confine within himself the threatened feeling, vulnerable aspect of himself (just as the cat in the dream was confined within the box). Furthermore, when this tender, raw part of him was caught outside, exposed to hurt, he was driven to stamping it out with a vengeance (like in the dream) as a means of asserting his pristine insulation from hurt or humiliation.

The stool was viewed also as a masculine aspect of himself, the expression of which he feared would be destructive and provoke in a retaliatory punishment. This was illustrated in a dream of a bear that was trying to get through a screen window of his parent's house. He tried to keep it out, but his rebellious brother, Ron, allowed it in. The bear then defecated in the house, causing Jack great consternation and fear that he could not dispose of the faeces. Also the bear was after Molly, a neighborhood girl back home. In his associations the bear reminded Jack of the movie "Alien" where something from out of space bursts out, grows large (like an erect penis) and threatens everyone.

This dream therefore suggested that the stool was viewed as a psychic repository for expressive masculine strivings. Thus the box in the previous dream confined the cat (as the bowel confines the stool) must be conceived as some sort of Pandora's box. To open this box to his masculine expressiveness was viewed as flirting with all that was bad and destructive.

Within the first six months of his five times a week analysis, he reported that a desirable and important woman at his firm had suggested that she would like to have a more intimate relationship with him. On one occasion, while they were in bed, she suddenly grabbed his penis and inserted it in her vagina before it went limp as it was wont to do. Once inside he was able to sustain the erection. Flushed with the triumph of highly gratifying sexual experiences with Phyllis, he tended to look back upon himself as the equivalent of another person sexually, and to view himself now as having arrived at his true preordained destiny as a man.

But these developments had taken place under strain. They did not represent manifestations of a deep-lying structural change. He had merely mobilized further what he referred to as a "satellite self" for the purpose of breaking through barriers that would enable greater heterosexual involvement.

With the development of a deeper and more trusting transference bond Jack was enabled increasingly to involve himself in external relationships. His constipation relented for periods of time, but concomitantly he was confronted with a more sharply defined external world and a heightened awareness of his emotional and sexual needs. This overstimulation was evident at a time when about five months prior to the case presentation, he met Steve, who subsequently became a major repository of his libidinal energies. He was then to further transcend his reliance on an anal empire where the stool was like an "umbilical cord in a closed system."

Jack admired and envied Steve because of his ease and freedom of self expression, his inner directed conviction of the worth of what he said and did, and his tenacity in recovering from any reversal. Although Steve was not

initially regarded by him as physically appealing, Jack soon became "electrified with sexual desire" for his buttocks and penis. Although there were many homosexual overtones in their relationship there was no overt physical expression of homosexuality. Sometimes Jack felt that his erotic preoccupation with Steve drained his masculinity, and he did feel an obligation to be available to him on demand (to be a "slave to his cock."). On the other hand, he felt that Steve was good for him, encouraging his self expression and providing a model of masculinity. He was particularly anxious that I not reveal disapproval of Steve.

Steve encouraged Jack to meet girls, and apparently did not allow his relationship with Jack to interfere with his own heterosexual pursuits. On one occasion he strongly encouraged Jack to telephone Betty for a date.

Jack would become powerfully aroused with Betty, but, as was often the case with b.m.'s, a "switch seemed to be pulled" at the crucial moment and his penis would go limp. Nevertheless, despite his misgivings, the relationship with Betty prospered.

That the implications of his increasing sexual interest in Betty posed an acute challenge to a strongly fortified psychic position was indicated by a dream about snakes.

"They were coming down a railroad track. My job was to kill the snakes. They came bigger and bigger. I can't control it. It was harder and harder to kill them. I guess the dream indicates that I'm afraid of my sex drives."

The dream suggested that his masculine sexual self represented by the snakes was powerfully emerging in a frightening manner. It was a forecast of what was to ensue. On joining Betty in Philadelphia, he was assailed by a pernicious bout of constipation that led to severe abdominal pain, rendering it difficult for him to operate. Finally, it was as if he had to say "uncle." He would have "accepted any terms that these inner forces demanded" of him.

Jack faced a dilemma that often appeared insoluble. He aspired to that degree of masculine internalization that would permit him to approach a woman with love while, at the same time, not hurting the man from whom these masculine powers were internalized.

But as long as the relationship with this resource bore a primitive cast, or where fusion was an aspect of the relationship, it was as if a tube connected him with the object. Any accretion of strength on his part, or on the object's part, was associated with the draining of the other. It appeared that only the development of greater self coherence would result in a lessening of these fears. Under these circumstances it seemed conceivable that there could be a reciprocal relationship between the development of the self and the lessening of psychic conflict. Thus the transcendence of the primitive bond to one of a more evolved relationship entered into by a self that was individuated and structured would bring to pass a conviction that one can identify with the "essence" of the father without draining his strength from him. Furthermore that a father or a son, allowed to possess a separate life of his own, can support and affirm the growth and the individuality of the other. Thus in the patient's lingo "two plus two could equal five," and one's development as a man could proceed without perpetrating a crime.

During the weeks prior to presenting the case there were some significant evidences of incipient development of this self individuating process and I shall enumerate a few instances of this below. For example, when Steve was away in Philadelphia for a while, Jack noticed that he had left some of his dirty clothes behind. He described the incident as follows:

"A strange thing happened, I started to smell his clothes. It was one of the most intense sexual experiences with masturbation that I've had. I wrapped the clothes around me. I held up his faeces stained underwear. I stuck my cock where his cock should be. At first it seemed like just a furtive homosexual experience but then an odd thing happened. The very intensity -- of purity -- of homosexuality seemed to be getting me closer to my heterosexual destiny. I felt that I'm not supposed to have a split between homosexuality and heterosexuality. Homosexuality has to do with love of self. I deserve this. I can have it. I began to make a mock cunt of the underwear, and I fucked it... The underwear was the essence of Steve. A male essence that I wanted to push inside of me. It seemed that his body was in the way. I didn't want him, but I wanted his essence. Steve was still intact. Wherever he actually was, he was still generating scent."

Further evidence of the development of more individuation and inner psychic structure took place during a period when, after a bout of constipation of a few weeks, it suddenly relented, seemingly inexplicably and without conscious explanation. As was so often the case when this would happen, he now experienced "urges" all day long as if he were on an "emotional roller-coaster." In this setting Jack developed a powerful jealousy because Steve was developing a relationship with Bill, an important personage in their business. On an occasion when Jack and Steve had made plans to attend a concert together, Steve tried to beg off with the excuse that Bill had invited him to a party where there would be some interesting girls. In order to placate Jack, however, he agreed to attend part of the concert but would leave early to attend the party. Despite this concession, Jack was incensed and inclined to diminishing Steve in his mind. This reaction was often the prelude to snapping a link with another person. On the way to the concert, a surprising transformation occurred. Jack described his reaction as follows:

"I looked over at him and thought, he's going over to Long Beach to see a group he really doesn't care about. This must indicate his affection and caring about me. It must indicate a deep love. This thought certainly messed up the purity of my former reaction... It seemed like the part of me that was resentful would not be happy with him unless he cut off his cock and handed it to me. I guess there cannot be a bond without effort... Does this mean that I can have Steve even if he is involved with girls? Does it mean also that Steve will remain intact even if I have a girl? I can't tell you how dramatic this perception is. Maybe two plus two make five."

At a later session he recounted a similar experience where Steve broke an appointment with him in order to be with Bill. Initially he felt excruciating pain and depreciated his friend in his mind. Later, however, while he was busily engaged in conversation with an acquaintance, it suddenly flashed on him that Steve was with Bill and very likely turned on with his presence. In the same way he was turned on by the conversation he was having. The cloud lifted, and later, when he was with Steve, he felt ecstatically ebullient over having gotten through the dark cloud. To his surprise he was handling Steve's idealization of Bill.

He was maintaining, albeit with difficulty, his emotional bond with Steve even though his feeling self had come alive with jealousy, fury and love. At the same time the self and the bond with Steve is threatened by a perfectionistic, grabdly omnipotent part of him that hates him for caring and feeling and is inclined to assassinate this human part of him. Nevertheless, as he gets to know and appreciate this feeling, human aspect of himself, the assassin within is being reformed and less inclined to carry out its bloody task.

There was an increasing acceptance of the inevitability of conflict and his potential capacity to cope with it. This he expressed as follows:

"Last week I had the feeling that I could aspire to a place where my success would not be viewed as in any way at Steve's expense. This is all wrong. I know now that it is not a case of black or white. The conflict does exist. Other people integrate conflicts, however. All these crazy psychotic anxieties are true in a way, but are true at a level that one is able to sustain. As a matter of fact, the conflict lends strength just as exercise strengthens muscle... Another way to look at it is that the rage over imperfections, like inconsiderations (sic), instead of breaking down the bonds can have the opposite effect of strengthening them.

Perhaps one of the more interesting accounts of a transaction suggesting the importance of the incorporation of masculine strength as a transitional phase leading to greater heterosexual potency was of sexual interaction with Betty as follows:

"She stroked my penis while I had fantasies of Steve paying attention to me. I got very aroused. I was able to stick my penis inside her. The first reaction was a tendency to limpness but I was able to sustain the erection. It was a very successful, gratifying intercourse that culminated in orgasm. Almost the entire time, I was excited by fantasies of Steve which centered on his masculinity. I particularly thought of his hands and fists. He's prepared at any time to fight someone. That seemed immensely powerful and his toughness intensified my desire while having sex with Betty. Part of the fantasy had to do with a particular executive about Steve's size wrestling with him. Steve's power was being matched by equal

force. It was highly erotic. What's interesting, however, was that in the past I would have been quite upset by having homosexual fantasies under these circumstances. I would have considered the whole situation to have been fake. I would think, I've got to switch over to heterosexual thoughts. What impressed me, however, was the belief that these things (homosexual and heterosexual) were not so fundamentally different. At times I could let go of fantasies of Steve and continue the intercourse with Betty on my own, so to speak. But then I would have to get back to the fantasy. It was back and forth, like a father helping a kid ride a bicycle...rather than viewing the fantasy as being weird, it seemed to be of the same order as wanting to fuck a woman -- but more primitive. I felt the fantasies to be an extension of my own masculinity -- like a transitional phase. That in time what these fantasies represent would become imprinted, and therefore the expression of my masculinity would become automatically - effortlessly. I would then be able to fuck, and it would be operating unconsciously and organically. I would, therefore, have taken into myself the essence of what Steve represents for me."

Of course, the young executive fighting Steve is the fantasied representation of himself. Since he still requires a taking in of Steve's strength to nourish a deficient masculine self he cannot risk permitting himself to dominate or win the fight. For to more comprehensively internalize Steve's strength and go it alone would be viewed, at this point, as the equivalent of destroying the source of his masculine strength. Thus the two wrestlers must remain at an approximate parity. In this vein the patient said:

"I guess little boys' need to frolic and wrestle with their father, feel their fathers' strength and be able to oppose him...The little boy wants to test himself; he doesn't want to hurt father. Is it possible to grow without hurting?"

"I wonder why it makes me so angry that Steve can lose and still not be destroyed. Why does it make me angry that I can lose and still be able to carry on as I have been able to do lately. It's as if I want to be totally defeated. If I got up, being a good little soldier infuriates me. I suppose the reason is that if I persevere there is no respite. It's as if I fear that I can never rest or ever quit. I've been screaming that my

constipation deprived me of control. Actually it's the opposite. It gives me control so that I would not have to cope with the uncertainties of life. What I'm afraid of is that the constipation's relenting will result in my not being able to stop life completely."

Although each of the discussants made interesting and informative comments, I had some reservations about this part of the program. I was disappointed that, by and large, the comments focused on the nature of the therapeutic interaction and of the analyst's handling of the case rather than utilizing the case material, as they were instructed, to supplement and deepen the understanding of the concepts introduced during the morning session. The exception to this was Robert Stolorow and, to some extent, Mort Shane and James Grotstein. If it had been my design to have my case material discussed in a different manner, I would have presented the case differently. As it was, I played down my own participation and alluded to only a few of my interventions.

I viewed the patient as highly motivated, and I agreed with Stolorow's assessment that the transference relationship was permitting him "literally to come to life emotionally." That most of the discussants saw this patient so much differently than Stolorow and I did was a surprise. I believe this was in part due to the fact that this man is very articulate and is inclined to discuss his understanding of his dynamics freely. Since such verbalizations often represent resistance to a more psychologically meaningful transaction in analysis, this made him suspect. Undeniably the use of isolation and intellectualization as defences were an issue in this case, as with many patients of an obsessional or narcissistic disposition, but those discussants who stressed these mechanisms failed to see significant and meaningful developments that were taking place as well. I believe, in so doing, they focussed on the hole rather than the doughnut.

It was Dr. Linden's contention that Jack's pathology originated in the early relationship with the mother. A consequence of Jack's deep yearning for masculine responsiveness was his need to create material in his analysis that

would please or fascinate the analyst. Thus his "satellite self" was in the service of obtaining the analyst's support, and his verbal productions were largely calculated to attain that end. For that reason he was inclined to use "psychoanalytic jargon" which apparently he had picked up from certain statements and cues of the analyst in order to feed him back what the patient regarded him as wanting. Thus the analyst lacked authenticity and emotional verity, and the material presented by the patient should be viewed primarily in terms of its function in evoking certain desired responses on the part of the analyst.

Dr. Woods began his remarks facetiously by saying that it seems as if the constipation at one end had caused the shit to come out at the other. It appeared to him throughout the presentation that the patient was using concepts and intellectuality to avoid intimacy with the analyst. His principal concern seemed to be the issue of control -- to be not to be controlled. He saw no passion with the analyst nor with any of his female love objects. He tended to use people as masturbatory objects. In his discussion of his relationship with Steve there was, however, some evidence of a passionate involvement. This suggested the possibility that the patient, utilizing heterosexuality as a defense against homosexuality. Apparently there was great anxiety over permitting the uncovering of strivings for closeness and merging with the analyst. Furthermore, he felt that the analyst should confront the patient more in order to help him relinquish his narcissistic defensive detachment. He felt that sometimes a patient needs to be told literally to "cut out that shit." This has the purpose of communicating in no uncertain terms the analyst's interest in engaging with the patient in an authentic interaction. As part of the individuating process the patient may need to "wrestle" with the analyst in order to experience the two of them as distinct personalities who can relate assertively with one another while retaining their own intact boundaries.

Dr. Shane began his discussion by saying that he "guessed" that he agreed pretty much with the previous discussants. He felt that the father's tendency to be detached prevented him from freeing Jack from his enmeshment.

mother. The mother seemed to have a need to control Jack for her own narcissistic purposes. Mother may have required Jack to be passive and available, thus interfering with his establishment of a strong male gender identity.

Dr. Shane felt that the patient had developed an essentially idealizing transference. Intense feelings, however, were displaced onto the relationship with Steve. He questioned whether the analyst should not have confronted the patient more over his tendency to avoid the transference. Also he missed the back and forth of associations from the present to the past and the past to the present. It appeared that the patient had a great fear of loss of control in his relationship with the analyst. Thus he used Steve as an object for transference, perhaps in transition to an eventually closer emotional involvement with the analyst.

Dr. Grotstein began his discussion by saying that he had no idea what was going on with this patient. He felt that he was served all the "wooshy poo poos and not the well formed poo poos." These remarks as well as puns and turns of phrase having anal implications were responded to with great merriment and apparent relief by a certain segment of this audience. His apparent uncertainty about what was going on did not prevent Grotstein from making some interesting remarks, not lacking, I might add, a note of conviction and authority. Grotstein felt that his inability to understand this patient was based on the man's primitive psyche structure and to the fact that the various psychosexual phases of development were tightly compacted. (The anal implications of these last two words provided another opportunity for hilarity.) Furthermore, it was Grotstein's opinion that the patient could best be labeled as having a borderline personality with a hypomanic component. He did not regard it remarkable that this man would resist the transference to the analyst as being too frightening, and he postulated that Steve represented a less threatening "transitional object," once removed, with whom he could engage in a kind of "play therapy." I found Dr. Stolorow's remarks to be particularly helpful in sharpening my understanding of some obscurities of this case and of abetting my further work with this patient. He had previously discussed this case, at a much earlier phase of its evolution, when it was presented at a conference on sexual deviation in 1982, and he indicated

that he considered it to have been one of the influences which caused him to reformulate his concepts of psychic conflict. Although there were undoubted preoedipal precursors, it was his view that a genetic reconstruction indicated a disturbance of the intersubjective situation between mother and child in which the future patient suffered a derailment of his masculine development during the preoedipal phase. Stolorow alluded to the patient being very sensitively attuned to his mother's feeling state when it appeared that she might be depreciated by the father. This was only one of many indications of this child having felt responsible for mother's narcissistic equilibrium and well being. Thus mother relied on her son as a self object to regulate her own sense of self. It was the need to for him to maintain an archaic bond to the mother that caused his oedipal self to founder. His self expression was stifled due to a dread that self expansion would harm or destroy maternal or paternal figures. Thus his oedipal phase boyishness was viewed as causing narcissistic injury to his mother, and the phase appropriate mirroring of the masculine self was denied him. This essentially unmirrored masculine self constituted the core of his sexual difficulties and was a source of his depleted, devalued, and "ugly" self image.

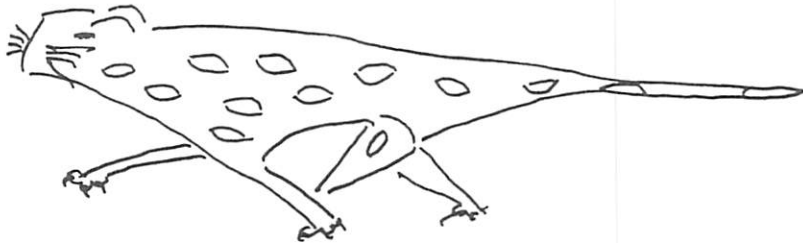
The mirroring offered by a powerful transference allowed the patient's heterosexual masculine self to emerge. Furthermore, a need for internalization of a father figure's masculinity was imperative to repair his injured oedipal self and to disengage him from the stifling bond with mother. That Jack's father was remote was a further source of trauma. Jack's yearning for a union with a powerful masculine father was doomed to disappointment, and thus he was reduced to turning from a whole masculine object to part objects, such as the penis, to serve as concrete erotic replacements.

Since the conference there have been many further indications of Jack's growth of inner psychic structure and what Stolorow referred to as the development of the "masculine oedipal self."

When the analysis was interrupted for about ten days due to my attending a meeting in Mexico, the patient, after an initial displacement onto Steve, was able to get in touch with intense feelings of loss and jealousy over my going away.

The conference in Mexico was on the subject of "Uncertainty." I have felt that this theme can be applied meaningfully to Jack's analysis. It is my assessment that the security and relative certainty provided by the analytic structure has enabled him first to venture forth from the static certainty of his autistic inner psychic preoccupation (constipation, etc.). Then the analysis provided him the wherewithal to take the risk of depending on a relationship with a meaningful external resource (Steve). More importantly, it has enabled him to sustain that relationship despite its many painful vicissitudes. Moreover, he was offered an opportunity to develop frustration tolerance and acquire, through internalization, a stronger masculine self. Thus, first the relative certainty of a dependable analytic relationship, then the more enduring certainty of a growth of inner psychic structure has enabled Jack to traverse a course where increasingly he is open to the challenge of uncertainty. Along with this, there are current indications of his developing a capacity, not only to tolerate, but to be excitingly and enduringly fulfilled by the mysteries and uncertainties of a genital different from and complementary to his own. It is the privilege of us analysts to help provide for our patients those certainties that will enable them to experience the delights that are open to human beings who can sustain and be gratifiably challenged by uncertainty.

M.P.O.



Leopard with Blind Spots.
Apr. 85.
17. Pr

Franz Alexander Memorial Lecture

JOYCE MC DOUGALL, M.D. ON PSYCHOSOMATIC VULNERABILITY Reported by Arthur Malin, M.D.

Dr. Joyce McDougall is a native of New Zealand who practices psychoanalysis in Paris. She has written on alexithymia and psychosomatic conditions. In the past few years she has delivered a number of original papers in Los Angeles. These contributions usually consist of detailed reports of her psychoanalytic work, and she has demonstrated great skill in understanding her patients. In her Franz Alexander Memorial Lecture she once again candidly presented her work with a patient to illustrate her ideas on psychosomatic symptoms and psychic trauma.

Dr. McDougall stated that early psychic trauma has to be re-examined in terms of history, and in terms of reconstruction in the analysis. Traumatic events in childhood are traumatogenic according to earlier experiences which lead to traumatic fragility. The event itself does not lead to pathogenesis. Dr. McDougall gave as an example the case of the Wolfman with the primal scene traumatic because of other events that had occurred.

She suggests that we have to examine why some people are more susceptible to traumatic events producing symptoms while others are not as pathogenic. The traumatic event in itself is not sufficient to explain why in one case it is pathogenic and in another it is not.

She gave another example emphasizing the attitude of parents, especially the mother, in two cases of trauma where the child stopped learning. In the first case the mother dealt with an anorectic child by putting the cord from pajamas around the neck of the child and pulling on it so that the child cut its neck. That child withdrew from the mother and the mother told the child that it was his fault that his neck had been cut.

In the second case a mother hit a child and knocked his tooth out. The mother was very disturbed, cried and held the child and felt terrible.

Dr. McDougall stated that the mother's inner world is important in determining the traumatic effect on the child. For example in the first case the child was much more traumatized than in the second, where the mother, although instigating the traumatic event, then tried to be supportive to the child.

Then Dr. McDougall presented a lengthy case to demonstrate her thesis. Tim's father had died when he was seven years of age. Tim first saw Dr. McDougall when he was thirty-eight years old. He was a teacher in a university and had been in prior analysis for five years. He said that nothing had changed in the analysis and he felt empty and out of touch with other people. He was married and had two daughters and everything looked all right from the outside, but something was seriously wrong with him. His wife and daughters seemed to have pleasure, but there was very little pleasure for him. He did not understand what people meant by sexual pleasure. Tim was the youngest child and had three older sisters. His father had died of an asthmatic attack when he was seven. Tim had a fantasy that his father was put in prison. He was told that he had a bowel accident the day before father's death and Tim felt that this had caused his father's death. Tim said he never cried in all his life and he never recalled a dream. He felt deadness inside. He recalled climbing into his mother's bed after his father's death, but she made him get out. He felt that his problems must be deeper than taking father's place which he had worked on in his prior analysis. He wanted a woman analyst and he wanted to find the lost part of himself. Dr. McDougall could not take him for eighteen months and he waited for her and then did start analysis. He would come late quite often. When Dr. McDougall would take holiday break, he would leave for his break a week before.

When Dr. McDougall would make interpretations he would comment that they made intellectual sense but they obviously had no feeling or meaning for him. As an example there was some material about a King Kong part of himself, but he just said so what to that. He had no positive or negative feelings about the analyst. Dr. McDougall had the idea that no one cared about Tim's life. This seemed to effect him since he responded with breathing more heavily, but it was a way of getting rid of feelings and vulnerability. At one point Dr. McDougall said that it must have been difficult for him to be the man of the house when his father died. At that point he burst into tears, but several sessions later he forgot all about it. She would say things that he found very interesting but there was a feeling of stalemate on the part of Dr.

McDougall. Tim recalled that mother said that he was an unruly child until his father's death and then he was better. By this time he was coming on time.

He remarked that after age forty people are leftovers. His father died in his fortieth year. The patient had a myocardial infarction one week before he was due to leave on a holiday. He had smoked quite heavily. The patient's wife had called to tell Dr. McDougall about the heart attack. Dr. McDougall was very concerned and worried about what had gone wrong and wondered if she was responsible. She wrote him a long letter and had some difficulty making up her mind how to address him. Dr. McDougall said that in France people are very formal and "Monsieur" would have been the normal way to address him, but she wrote "Cher Tim" (Dear Tim). He wrote back saying that when he saw her Dear Tim, he felt that he possessed his own name for the first time. He came back to analysis two months later and they worked on his way of functioning by deadening of his feelings, both good and bad, and secondly by his chain smoking.

He became aware that his analyst was concerned about him. "You worry about my emotions, why didn't it happen with my mother." He had violent associations and that made him feel more alive. Dr. McDougall referred to the patient as a normopath, which meant that he gets rid of feelings and therefore does not have to struggle with them.

The patient recalled his mother saying to him that he was not to cry when father died. He remembered that mother would not let the children have any feelings. He developed an alexithymic fortress.

He had a fantasy of being tortured by the Gestapo and he did not say one word. He felt nothing. He reported a reverie in which he and his mother were in separate padded cells in a psychiatric hospital run by a crazy director and mother was a crazy mother. He was told by his uncle that as a baby he could not take his mother's milk and that the father or uncle had to feed him.

Dr. McDougall made the reconstruction that the patient felt that he could be difficult with his mother in dealing with her until his father died. He felt that it was his destructiveness that could kill and therefore he had

to give up any feelings. Smoking for him a failed pathological transitional object. He did not have a caretaking mother inside and he kept seeking it on the outside.

It seemed that he treated his automob as he treated himself by ignoring it and himself. He smoked two packs of cigarettes a day. He felt that he needed some small event to stop him from his self destructive behavior and it was like Russian Roulette. Dr. McDougall was frustrated in regard to the four years of analysis and she said to him perhaps that small event is another infarction. She remarked that this was not a particularly empathic comment. He said, "Yes," he was waiting for his second one. With these comments he felt that his life meant something to Dr. McDougall but not to his wife and daughters who say nothing, for instance, about his smoking. Dr. McDougall asked, "W part of yourself doesn't care about you?" replied that his mother was interested in his physical health and that in a way his mother killed his father by not being interested in him and stopping him from smoking a from bad health habits. Dr. McDougall said "You won't be a good caretaking mother for yourself." He had no capacity for self soothing. She also told him that he felt that he was not responsible for anything and the outside person is the one who does this to him. Also that he wanted mother to say him that he can cry about father's death and that mother was concerned about him.

He went on a break for a week and when he came back he said that he had stopped smoking and that he felt confident and wanted to schedule for termination. The patient said that if his poor mother would have been able to cry for his father, and that they could cry together, then he would not need his infarction. This allowed him to start mourning for his father's death.

At the end Dr. McDougall quoted Sir William Maudsley who said one century ago, "The sorrow that has no vent in tears makes other organs weep."

In his discussion Dr. Saul Brown remarks that psychic trauma needs to be seen as a convergence of many events. He likes the concept of developmental trauma. In the paper Dr. McDougall refers to larger existential issues.

but then deals with trauma in a narrower frame. She did not bring in systems theory or discuss the many observations of researchers in infant-mother interaction. The trauma of Tim's father's death is very different than the trauma he experienced in infancy. Dr. Brown remarked how in the case there was a flipping back and forth from the father's death at age seven to infancy and his relationship with his mother. There was a failure to help this child acknowledge the death. Dr. Brown stated that Dr. McDougall did not refer to the affect going back and forth with the mother which he would call projective identification. The mother encourages the affect in the infant and responds to it. Dr. Brown also discussed the concept of alexithymia and that it might be applicable to Tim.

Dr. McDougall candidly told how she dealt with the patient, who acted as if he were a child who turns away from a parent. She continued to talk to him and to echo and affirm this rejecting infant. She did not jar him or overdemand from him. Eventually he began to trust Dr. McDougall. He had profound early trauma with the feeling that he had no existence in the mind of his mother and this became compounded by his father's death. Dr. McDougall is a developmentalist, according to Dr. Brown and the significance of the mother and child impacting on each other is clearly demonstrated in this case.

Dr. Brown stated that Dr. McDougall was firmly and expressively empathic. She also referred to major existential issues. There was a loss of fusional oneness. With this loss there is the lost illusion of the ability to effect the other. Dr. Brown emphasized that a person needs to feel safe so that one can open up his mind to the other.

DISCUSSION

The case presentation demonstrated that Dr. McDougall does work in a very interactional manner with the patient. She obviously was constantly trying to be understanding of his point of view. She certainly expressed her feelings about the patient and was particularly concerned if she had not done enough to stop the development of the myocardial infarction. This way of working was much more interactional than we usually hear in an analytic case presentation and Dr. McDougall was very candid in telling us about the part she played. It appeared that the patient did not respond to Dr. McDougall's more classical interventions,

just as he reported that he did not respond to the work on the oedipus complex in the prior five year analysis. The pre-oedipal relationship with the mother seems to have been the major basis for the development of a traumatic fragility which was then expressed in the death of the father at age seven. In this case it was rather dramatic to observe how a physical disturbance did follow as this patient was struggling with being able to express his feelings.

It might be significant to comment at this point on Dr. McDougall's discussion of the case presentation by Dr. Howard Toff on Tuesday night, April 2. After hearing how Dr. McDougall worked on Mon., I was somewhat surprised by a very instinct-drive-conflict orientation to her view of the case as presented by Dr. Toff. She seemed to be formulating concepts suggesting Id analysis. However, when some in the audience would voice a different point of view she seemed to readily accept it. I had the feeling that almost anything that was offered would fit into the rather broad perspective that she seems to take in her thinking. I was reminded of the ideas in Gedo and Goldberg's book, Models of the Mind, in which there may be different models to account for different stages in the patient's development and treatment. In Dr. McDougall's view of Dr. Toff's case, she seemed to accept a number of different models to account for the material. It did appear to me that her major model, however, was a kind of Id analysis that was somewhat surprising and that I had not heard presented in a number of years.

Dr. McDougall seems to be an analyst with a very natural ability who attempts to try to understand and recognize the point of view of the patient. She demonstrated that she could easily go beyond the classical oedipal approach and recognize and work with the pre-oedipal pathogenic events. In that case we heard an analyst listening to the patient and taking her clues from the patient by a consistent attempt to understand the material from that patient's point of view. This means listening carefully and trying to get in tune with the patient. In her view of Dr. Toff's case I was surprised to hear her espouse a kind of Id analysis. Her concepts appeared to be very inferential and not well related to being in tune with the patient's material. However, she was open to other points of view when they were brought up. Dr. McDougall is a talented therapist with what appears to be a very eclectic approach to her work.

CLINICAL CASE CONFERENCE

HOWARD TOFF, M.D., PRESENTER
JOYCE MC DOUGALL, M.D., COMMENTATOR
JANET HADDA, PH.D., REPORTER

On Tuesday evening, April 2, 1985, Dr. Howard Toff, a senior clinical associate, presented an analytic case to an engaged and responsive audience at the Institute. The distinguished discussant was Dr. Joyce Mc Dougall, this year's Franz Alexander lecturer.

Dr. Toff first outlined the history and working evaluation of his patient, who has been in treatment for seven months. A 25-year-old single Jewish graduate student, the patient has a quality reminiscent of Woody Allen: intellectual, witty, not conventionally attractive. His presenting complaints include a poor self-image, the sense that his whole life is a defense, and, chiefly, conflict over his homosexuality. Dr. Toff described Ted, as he called him, as warm and friendly, extroverted in manner. The patient was a high achiever in college, where he was elected to Phi Beta Kappa in his junior year, yet he perceived himself as working all the time to accomplish his goals.

He had his first homosexual experience two months after graduating from college and longs for a strong man to whom he can cling and with whom he can lose himself. His main pleasure is hugging and being held. Although he enjoys mutual masturbation, he dislikes anal intercourse. Two years ago, he disclosed his homosexuality to his family. The patient emphasizes that being gay provides him with space away from his parents, since homosexuality is something that they neither know about nor understand.

Ted's relationship with his mother reveals a close and over-involved relationship. After giving birth to him, his mother had suffered a postpartum depression, had been hospitalized and given ECT. She expressed disappointment that he was not a girl; moreover, the infant was named after his maternal grandmother, and Ted was subsequently told that he resembled her. He recalls his childhood belief that he had two mothers: a good one and a witch.

When he began attending kindergarten, Ted felt intensely alone. Arriving home from school, he often encountered his mother lying in his bed, staring into space. She has had problems with alcohol, in addition to a variety of psychosomatic symptoms, including stomach pains and a pattern of vomiting that

date from girlhood. The patient reports having occasionally found vomit in the toilet and he himself endured a period of bulimia in college. He considers the intense intimacy with his mother preclusive of other relationships. He remembers her saying as a "joke" that he should stay away from other women, but he had understood that this was not actually a joke. As he was growing up, he experienced girls as demanding and abusive.

Ted admires his father's professional skills but believes that the father was away from home too much and failed to protect him from his mother. In particular, he resents the father's refusal or inability to counter the mother's alcoholism. In short, he views his father as spineless. His father, in turn, used to taunt Ted by calling him "Sensitive Sally."

In contrast to his parents, the patient's grandmother nurtured him and gave him a sense of being loved.

Dr. Toff's diagnostic impression is that Ted suffers from a depressive personality disorder with narcissistic and hysterical features. He commented, in addition, on the patient's "super-glue attachment" to his mother.

Dr. McDougall, responding to this history, indicated her impression that there are five or six little boys inside Ted; that immaturity is countered by a meager adult aspect, evidenced in his ability to make use of psychoanalysis. She underscored his unhappiness, likening it to that of a three-year-old trying to internalize the image of a phallic father. She speculated that Ted does not believe he has anything valuable from his father; if there is any sort of internalized father, it is a bad anal father, a pregenital penis.

Dr. McDougall then went on to talk about the huge drama of repairing the patient's relationship with his mother. She commented on the apparent fact that the parents took no joy in one another. In her estimation, Ted's relationship with his mother is dynamically connected to the relationship with his father. In both of them, both of them feel with respect to the father. Having nothing from him, they look after another.

In terms of Ted's transference, Dr. McDougall asserted that the patient is probably afraid of the analyst as a male figure, because then he will want to castrate him. On the other hand, if the analyst symbolizes a female figure, he may have murderous wishes toward him as a "witch mother." Dr. McDougall explained this in terms of the fact that the patient's gratification for having been his mother's chosen one would quickly have turned to rage when he realized that he was just an extension of her. To this, Dr. Toff responded that Ted's mother had disparaged his father and had told Ted that he himself was the only one who understood her. Dr. McDougall went on to categorize four of the five or six different little boys that she perceived in the patient: the murderous boy, the stinky, sexual boy, the sweetie-pie boy, and the desperate boy who needs a father.

At this point, questions were encouraged from the audience, and a lively discussion ensued. One observer, referring to Dr. McDougall's five or six little boys, asked whether this wasn't simply the lack of a cohesive self. Dr. McDougall responded that the patient has more problems in the libidinal area of his life than in the narcissistic area. After all, she asserted, he had at least been the apple of his mother's eye. He may well have the fear of falling apart, she commented, due to the mother's depression and her disapproval, but his grandmother had taken over when the boy was young and had given him some sense of satisfaction. Ted's fear, Dr. McDougall went on, was not that his subjective self would fragment, but that his sexual identity might collapse.

Another listener inquired why the patient calls himself a homosexual. Dr. Toff replied that this had seemed to be a help with the depression Ted suffered at the time of his grandmother's death. He has tried homosexuality on, but is not completely certain that he is a homosexual. With it, however, he gains some sense of self. Moreover, he is gratified at having affected his mother. Dr. McDougall commented that, to her, Ted's homosexuality sounded almost fetishistic, the employment of a penis in order to reach a woman. He has also defied the mother who tried to prevent him from having any man, especially the one he should have had. Through homosexuality, he has, in a fashion, achieved that goal.

Dr. Toff then presented a current session in his work with Ted, centering around the patient's satisfaction at having been treated with respect and interest by an admired man. At the same time, however, he had gone to the baths over the weekend and, contrary to his usual precautions, had allowed himself to engage in anal intercourse with a man not previously known to him.

A second theme in this session was Ted's disappointment that his mother had neglected to thank him for some birthday flowers he had sent, although she had described to others how moved she was by that thoughtfulness.

There was some discussion from the audience after the presentation of this session, mainly surrounding the idea that the patient was trying to express his reactions to the analyst and that Dr. Toff had not picked up on this. A further question emerged about how the transference discussion should best be introduced. Dr. McDougall responded that the patient can talk to the analyst, which he cannot do with his parents, and this is a positive sign. However, he is also afraid of his love and admiration for the analyst, because it releases his murderous wishes. She stated that, based on the material she had heard, she could not determine when to make a transference interpretation.

There was some disagreement with Dr. McDougall's assessment of the patient's pathology as fundamentally sexual. Comments were made to the effect that the meaning of Ted's sexuality was more than libidinal. It is important to him that the man be interested in him. This is a very different transference relationship than a sexual one. One listener stated that not only was Ted sexually undifferentiated, but he had no identity. His mother had exploited him for herself and had refused to listen to him. This patient's life is a desperate search for someone to listen; he has found that in his analyst, which must be interpreted through the transference.

Dr. McDougall responded that, in his opinion, the patient was playing with other males as two-and-a-half-year-old boys do. It would be a fatal error to disapprove of that, but eventually the analyst could talk to him about the little boy who needs to play with other penises. There is, however, another part of him talking, she stressed: the one who wants to be recognized for the adult part of himself.

AND CAIN SLEW HIS BROTHER ABEL

Reported by Alan H. Blanc, M.D.

At the end of this stimulating interaction, Dr. McDougall was asked what her prognosis was for the case. She replied that, in her estimation, the patient needs to evoke his parental images and talk them through, probably via the transference; at some point, when he resists an intervention, it will be possible for the analyst to suggest that he feels anally penetrated by it.

After the formal statements of Drs. Toff and McDougall had been completed, discussion continued, the members of the audience having been moved -- by agreement with Dr. McDougall's lively remarks or the reverse -- to further exchanges with her and among themselves.



Pointing out that the story of Cain and Abel is one of the best examples of hate, violence, revenge and murder in the Bible, Dr. David Meltzer related it to clinical material from his practice. The similarity is the narcissistic vulnerability of the patient and Cain in the Bible. Dr. Meltzer speculates that Cain is so angry because God does not value his sacrifice as much as Abel sacrifice of a new born lamb. This is because God too has a narcissistic vulnerability and needs blood as part of the worship of himself.

With empathy for the patient's hurt, at the hands of his wife, Dr. Meltzer tries to grasp how the patient feels he has to utilize violence or threats of it to control his environment and thus his pain. He interprets this and the patient responds with some empathic understanding of his own. Then, faced with threats of an immediate nature to harm the wife, he calls the wife's therapist. Although done with permission of the patient Dr. Meltzer felt this action undermined the future treatment.

In summary, Dr. Meltzer felt the patient was in search his whole life for acceptance. He offered his sacrifice; but needed to be appreciated. As a result of developmental failings he lacked stable internal control. Faced with narcissistic injury he developed violent rage as a byproduct of the breakdown of his fragile psychic structure. This was the case for Cain as well.

The discussants were Dr. Robert Litman and Dr. Arnold Wilson. Dr. Litman felt that it was definitely right to warn the patient wife through her therapist. Containment was essential to deal with violence and the therapeutic alliance was expendable at that point. He felt the suicide potential in the man was high and that beyond helplessness and hopelessness, the motive would be a last ditch effort at control.

Dr. Wilson stressed the clarity of the presentation. He too felt that a crisis was averted and this was worth the sacrifice of therapy. He was not sanguine about the patient's potential for analysis.

Presented at the Southern California Psychoanalytic Institute, Los Angeles, April 22, 1985.

FACULTY WORKSHOP

CHILD AND ADOLESCENT ANALYSIS SECTION

Reported by Robert L. Kahn, M.D.

Dr. Roland Summit talked at the Child Analytic Society meeting on his findings and experiences with child sexual abuse.

He indicated that recent studies are showing that sexual abuse of children is much more prevalent than was previously realized. Careful studies designed to minimize the victims' denial of the abuse have shown this. In order to prevent further trauma and pain, victims characteristically resort to denial and secrecy. Although Kinsey, in his survey of many years ago, found that 20-30% of women revealed some form of sexual abuse, apparently even this is less than actually occurs. For example, in a recent survey of 930 women in San Francisco, 54% revealed some form of sexual abuse during their childhoods before the age of eighteen, and 48% revealed at least one such experience before fourteen years of age. Extra-family sexual abuse was twice as prevalent as intra-family. Of the intra-family abuse cases, 42 involved fathers, 46-uncles, 20-brothers and 46-cousins or other relatives.

It was felt that more of these women were able to reveal childhood experiences of sexual abuse because considerable effort was made to establish rapport and confidence prior to questioning them on these sensitive issues.

Dr. Summit felt that previous reporting of childhood sexual abuse has been low because of a syndrome of secrecy, stemming from stigmatization and feelings of responsibility thrust upon the victim. This is brought about by the incest issue, which causes parents and family members to deny the existence of the experience. Then children collude with family members to protect them. Parents have tended to make the child feel responsible by saying to the child, "Why did you play with them?" or "I told you to come right home after school."

Children's need to maintain the image of the good parent and parents' need to deny the incestuous impulses of adults collude to create this conspiracy of secrecy.

Dr. Summit feels that if a child is forced to have a vulnerable self core, the possibility of child sexual abuse should be considered.

His studies indicate that most pedophiles began this activity in early adolescence. It is quite common for younger children to be molested by other children four or five years older.

The "Accommodation Syndrome" has been found to be almost uniformly present among abused children. It contains five factors:

- 1) MORBID SECRECY. It has been shown that these children do not usually reveal the abuse to their parents. The assumption that if an abuse had occurred, the child would tell its mother is incorrect. The secrecy stems from parental societal conflicts regarding acceptance of this knowledge from the child;
- 2) HELPLESSNESS. The abused child feels helpless and alone. Because of the necessity of secrecy, he/she has no source of support;
- 3) ENTRAPMENT AND ACCOMODATION. The secrecy, shame, and guilt leave the child with no effective response. The molestation then can occur repeatedly and the perpetrator gains increasing control with the ongoing assaults;
- 4) DELAYED OR INCONSISTENT DISCLOSURES. When disclosure does occur, it may be after the occurrence, and then, because of the child's immaturity and the intensity of the trauma, inconsistencies commonly occur;
- 5) RETRACTION. The impact of the stigmatization, guilt, and fear of punishment often cause the child to say, "I made it up."

Dr. Summit discussed the profound impact on a child when assaulted by a primary parental figure. The bond of trust is damaged and therefore the core of the self.

I found Dr. Summit's talk stimulating and informative. Of particular interest is the emerging data that sexual abuse of children is much more common than was formerly thought. Does this new data bear on aspects of psychoanalytic theory, such as self psychology, which views psychopathology as stemming from the child's actual experience with its parents (although not necessarily sexual abuse)? Does it bear on the recent controversy regarding Freud's earlier theory of actual seduction vs his later theory of fantasied seduction? The new data suggests that we look again at our patients and ask ourselves these questions.

FEMALE EGO IDEAL CONFLICTS IN ADULTHOOD

Reported by Stephanie Geller, M.D.

In this compact presentation, some significant recent contributions to our understanding of feminine psychology and the internal conflicts of the adult woman were discussed, using the development of the female ego ideal as a basis.

Dr. Lebe described the specific and unique aspects of the early bonding between a mother and daughter, the fluidity of the boundaries and the ensuing identification with an ideal mother which forms the substrate for the female ego ideal and the qualities of empathic caring for others. She commented that although the Woman's Liberation Movement has expanded the options for women in terms of professional and self-fulfillment, these often seem to conflict with the female ego ideal of empathic relating to others in a caretaking manner.

Layered on the early mother-daughter bond are the reactions a girl has to her anatomy. Dr. Lebe discussed the resultant turning inward, elaborate fantasy life and the more global fears of body loss and destruction as distinct from specific castration anxiety in boys. She related this aspect of the development of the ego ideal to the adult woman's fears of expressing aggression and assertiveness.

A third area stressed as important is the influence of the father as a source of a sense of femininity as well as encouragement (or discouragement) toward differentiation and self-actualization.

Along with the influences of parental figures and anatomy, Dr. Lebe described the female ego ideal as affected by various external cultural factors.

Examples of clinical syndromes commonly seen in adult women were then related to conflicts which are inherent in, or stem from, ego ideal development. A woman's "fear of success," the anxiety arising from independent functioning, neurotic solutions of regressive dependence and fears of aggression were traced to the early mother-daughter bonding and the necessary for its dissolution in order for a woman to become an independent adult. The "Superwoman-Supermom" syndrome and the difficulty women may have in expressing anger can similarly be related to attempts to meet the ego ideal of the infinitely caring,

patient mother. In addition, Dr. Lebe described how high expectations often result from these ego ideals which deny self-growth and she cited the value of consciousness-raising groups in the modification of these conflicts.

Dr. Louis Breger, the first discussant, addressed the validity of feminist critiques of Freud's male-centered bias. He admired Dr. Lebe's interweaving of current psychoanalytic thinking in regard to pre-oedipal issues, object-relations theory and the significance of social and cultural values. He commented on the gender imbalance of our value system, citing the difficulties men have in accepting a more "feminine" ideal of empathic caring for others. He remarked that Freud, in Civilization and its Discontents, was perhaps speaking of the true importance of Eros - the force that binds people together - as a "maternal function" or ego ideal.

Dr. Martha Kirkpatrick proceeded to make a transition between the theoretical, personal and political in her comments. She discussed the concept of ego ideal historically and gave poignant examples of its genderization. She reiterated the needs for connectedness in women and how this makes them more vulnerable to shame and humiliation. The turning of affect which might break social bonds results in the higher prevalence in women of such disorders as phobias, depression and psychosomatic illness. On a personal level she described her own experiences in a consciousness-raising group and how out of it emerged a new female ego ideal (female adult value system) which included such things as assertiveness and competitiveness. On a political level, she made a plea for the necessity of the inclusion of aggression in the adult female ego ideal and the diminution of it in the male's for the survival of the planet.

From the discussion it was clear that the ideas presented had an immediate personal impact. It certainly raised my consciousness once more and during succeeding hours with adult female patients, I found it very valuable to listen to their conflicts using the grid of ego ideal development. I would highly recommend obtaining a copy of this paper or, better yet, if you haven't already done so, taking Dr. Lebe's course on female psychosomatic development. There is a difference.

ON THE UNIVERSALITY OF THE OEDIPAL COMPLEX

Reported by Harry Brickman, M.D.

Dr. Allan Johnson's paper on Oedipal myths in South American Indians stimulates us to consider the significance of the Oedipus Complex today, since of late it has appeared to be receiving less emphasis than in the heyday of classical Freudian psychoanalysis. Perhaps this recent under-emphasis is a natural result of our increased attention to phenomena of the self and of pre-Oedipal dynamics. Our clinical attentions appears, in the past several years, to be devoted to people who present themselves with problems of trust, identity, and intimacy. If we did not adapt our clinical theory to allow us to work directly with those problems, we incur the hazard of pre-charging our clinical preceptions with a tendency to view and interpret all psychopathological behavior as "oedipocentric." This tendency to fit everything into a Procrustean bed of regressions from, or defenses against, Oedipal conflict, can convert the analytic process into an exercise in indoctrination, rather than an experience of true emotional growth. By the same token, it may be appropriate to question whether an emphasis on self-structure and/or early object relations which slights, or actually ignores, Oedipal considerations, is not also risking the hazard of becoming an indoctrination.

In the interest of maintaining a balanced psychoanalytic outlook, we must not overlook some cardinal implications of the Oedipal experience, which may be a preferable term. Such implications arise from powerful evidence that the common human -- or even mammalian -- experiences that people in all cultures share calls for a set of intrapsychic events that, for lack of an alternate description, can be called "Oedipal."

Another way of approaching this question would be to consider the following: If we were to construct, de novo, a complete theory of human motivation with the developmental aspects of intrapsychic life as its centerpiece, could we construct such a comprehensive theory without introducing the Oedipal experience?

If we take a deliberately over-simplified longitudinal view of the developing child, a life trajectory can be observed that leads from monadic to dyadic to triadic: from the earliest state of primary narcissism to various degrees of early separation-individuation (best described by Mahler), and through stages of object cathexis (if we are not to totally discard drive theory) to the capacity for that most evolved form of internalization, called identification. In object-relations terms, we would describe a developmental path via part-object relatedness toward self- and object-constancy. In self-psychology terms, we would see a self gaining structure from its experiences with mirroring and idealizing self-objects.

Each of these paradigms describes in its own rich detail the development of the intrapsychic templates of experience in terms of how the growing and developing human being perceives, understands, engages, benefits from, or suffers from, the existence in his immediate environ of a significant other human being, usually the mother. In essence, all of these meta-psychological scenarios are dyadic; they describe the impact of a maternal person on the child. What characterizes these scenarios as psychoanalytic is their emphasis on the intrapsychic (by that strict definition, much of the work of Horney, Sullivan and other "neo-Freudians" and "inter-personalists" have questionable status as psychoanalytic theories).

By whatever the metapsychologically-informed scenario, and by whatever means each scenario is subject to the vicissitudes of social imprinting, it seems arguable that the human being first perceives himself intrapsychically through the internalization of dyadic experiences with caretaking others. But can an individual develop fully only on the basis of dyadic experience and their internalization?

It would seem that an exclusively dyadic psychic development course could not sufficiently guarantee against continued symniosis and a higher likelihood of incest and inbreeding. At this juncture, a biological, or even

Presented May 26, 1985 at the Annual Memorial Meeting of the Southern California Psychoanalytic Society, Idylwild, California.

an eugenic reason suggests itself, in addition to psychological arguments, for the inescapable necessity for triadic experience in the individual's development and, indeed in the healthy functioning and perpetuation of the species.

Dr. Johnson has observed that anthropologists regard as universal among all cultures a recognition of the necessity for control of hunger, sex and aggression. Can we conceive of an individual growing up in any milieu who does not develop, through processes of internalization, an indwelling set of values, behavioral standards and prohibitions -- a system of self regulation?

Psychoanalysis has contributed to our knowledge of intrapsychic human life a framework for the understanding of how that internalization takes place as well as how it affects behavior. As Freud put it, a psychic agency called the superego develops at the time the child's burgeoning sexuality encounters the third person in his nuclear social constellation in a new and problematical way. That third person, formerly chiefly only a caretaker, and a source for introjection, now stands in opposition to the further libidinalization of the dyad.

The triad undergoes a change from its origin as an extended version of the dyad. The triad now becomes a developmental influence which, as Freud observed, leads the child from an exclusive interactional mode of libidinal object-cathexis, with its characteristic internalizing mode of introjection, to the mode of identification. It is that triadic experience that has been called the Oedipus Complex. Kohut has postulated a distinction between the Oedipal stage and the Oedipal Complex. The Oedipal stage is experienced as a normal developmental aspect if the self has become cohesive. The Oedipal Complex results from a disintegrated self, and from ensuing attempts to heal disrupted self-structure.

Let us momentarily assume, in fantasy, the God-like power of constructing a mentally healthy person in any cultural setting from the very start to the end point of capability for "lieben und arbeiten," Freud's classic criteria of mental health (and I might here be emboldened to add "spielen"). It would be next to impossible to "design" such a healthy person without constructing a restraining, cautionary, modulating and, on occasion, a

mildly self-punitive endopsychic agency. Such a balancing psychic agency would seem to be essential for a life which is socially harmonious, productive, sexually happy, and eugenically sound. If individuation and the capacity for separateness are, as Mahler suggests, also hallmarks of healthy psychic functioning -- and shade of rapprochement do in fact prevail throughout lives, whether or not we call them the ongoing need for self-objects -- then the individual must contain within himself some representation of the ideals, standards, sanctions, and prohibitions of his social milieu. Since it is difficult to see this internalization emerging from a dyadic process alone -- especially in view of the universal taboo against incest between parent and child -- the triad emerges as a developmentally essential configuration: the oedipal experience is undergone, and the superego emerges.

We need to infer that one-parent children are automatically without superegos, or that children raised in matrilineal societies cannot develop superegos. It is the triadic experience that appears crucial, and that experience can be afforded by a mother, who, in the absence of a father, must split or otherwise transform her relatedness-availability from object-cathetic to identification-enhancing. Similarly, the modulation of behavior may be mediated in the absence of a second parent through affiliation with a religious code, a group living experience, or through other forms of acculturation that foster identificatory experiences. Nor need we discard the word "oedipal" in favor of the word "triadic," since "oedipal" conveys, with poetic impact, the parent-child, the sexual, and the oppositional meanings of this crucial human triad.

It is only as a result of the resolution of this Oedipal triadic experience that the mature individual can attain the life of optimal balance between the poles of merger and individuation -- practicing and rapprochement -- which I have referred to in a previous paper, "Ordinary Human Unhappiness: The Real Principles of Psychoanalysis and Zen."

I want to conclude by sharing my sense of excitement at this opportunity to glean additional aspects of wisdom about the human condition through the contributions of the brilliant and productive research clinical associates.

MATERNAL PREOEDIPAL EXPERIENCES

Reported by John Leonard, M.D.

Dr. Galenson, one of the co-authors of Frontiers of Infant Psychiatry, has contributed significantly to the psychoanalytic understanding of the language of childhood. The development of speech, language and symbolic expression in children does not reach its fruition until about the eighth or ninth year of life and it is influenced in its developmental path by several environmental factors. Before entering the main subject of her paper, she pointed out that adults vary in their capacities to express themselves. She groups people into three categories: those who are skilled in language forms, those who express themselves in direct action and those who express themselves in non-verbal symbolic systems (e.g. artists and musicians). Verbal and non-verbal symbolic systems develop through different processes, she states. Early observation of children has brought about an awareness of various pre-language forms including play behavior and gestural activities. Dr. Galenson considers play as a symbolic expression of early bodily states. But, she states, it is also an important ingredient of the infant's developing relationship to the mother. Further, it is a valuable indicator of the quality of that relationship. Thoughts, she states, are expressed throughout life by both verbal and non-verbal symbolic modes and at this point she began to discuss the genetic roots and developmental lines of these two different systems of expression of thought.

It is her contention that the earliest form of play during the first six months or so of life serves the function of a discharge of energy although, she notes, that imagery cannot definitely be ruled out. Play is a preparation for activity characterized by adult life, she believes. The biologic advantage of play as a maturational process lies in its role in the early beginning of thought and fantasy. Play relies on the ability to retain and utilize inner images that have arise from sensorimotor or other types of experience. The capacity to retain and build on images may show as early as the first year of life with various forms of imitative behavior. That

capacity reaches its highest form at a later date when the imitative behavior is expressed at a time removed from the original registration of the experience. This capacity for delayed imitation is dependent upon another capability which is going on simultaneously, that is the capability to recollect an image separate from its origins. This is the definition of a primitive symbol. It is Dr. Galenson's idea that this is seen when the infant learns to recognize that the original object, that is, the primary care giver, has been replaced by a substitute object performing similar functions. Once the capacity for symbolization exists, two routes are available for its expression: the language system and the play system. The language system is assigned an arbitrary and conventionally agreed upon meaning. In contrast, the play system is an individual egocentric symbolic system which continues to hold idiosyncratic meaning long after language has developed. Play continues to express inner fantasy life, at least until the eighth or ninth year of life when it becomes accommodated to external reality. Psychoanalytic symbolizations which are disconnected from their signifier by intro-psychic conflict are in evidence in children by the age of three years. At this point, play symbolism is idiosyncratic and similar to that seen in a dream. It is this very understanding that underwrites the use of the play experience in the analyst's work. But these symbols have common features -- sensory, motor, olfactory, tactile, visual, and auditory which Dr. Galenson feels represent the bodily experiences of the infant. Of course, these are connected to early interchange with the mothering prior to separation-individuation. And thus, what goes on in the mother constitutes part of the basic core of the infant's sense of self.

Following separation-individuation, reactions may now be stimulated by a memory of maternal activity or gestalt, at a time removed from the original experience. By the end of the first year of life a new type of play activity appears. It is a form of play in

which externalizations of and projections of infant bodily sensations and bodily functions are represented in inanimate objects. This type of play follows a sequence as evidenced by anal zone interest between twelve and fourteen months of age, urethral zone experience beginning at about fourteen months and sexual differentiation by sixteen to nineteen months. First, there is growing awareness of the child's own contours and sensations in the genitals and shortly after that, curiosity and awareness of functions in the opposite sex.

During these developmental periods, disturbed object relations affect symbolic function and its development. She points out that children divided themselves into two groups in her observations. One group showed a configurational use of available materials for design and mechanical possibility. The other group used available materials to express a strong interest in persons and feelings. By age two and one-half these two groups of children began to blend to some degree, but they retained their primary interests. She noted one particular group of care givers who don't use toys during their interchanges with their infants. This has negative consequences, she states. Language development is delayed and when it does develop it is characterized by an impressive lack of expressive feeling and ideation. The use of inanimate objects in reciprocal play is an important facilitator in the process of learning to transpose nonverbal thought and fantasy into the verbal mode. Parental failure to use such objects seriously impedes the infant's capacity to transpose meaning from nonverbal to verbal symbolization. The use of metaphor allows the individual to express his experiences and memories in extended descriptions, substitutions, and other expanded verbal forms. The capacity to utilize such metaphoric device has a genetic history which involved reciprocal communication. It affects the transfers from inner private symbolic systems into the common symbolic systems of the shared use of the inanimate object. The inanimate object is shared in playful interchange and is experienced by both members of the dyad almost

simultaneously. She gave a description of the development of transitional objects and anal phase development. Where the mother didn't allow the child to experience separation at bedtime, the infant's early sense of separateness and capacity for self-soothing and control and modulation of anxiety were interfered with. During the time of transitional object attachment, anal phase development is proceeding actively. This is occurring between twelve and fourteen months of age. The confluence of these developmental issues is most easily seen in a forceful refusal to part with the stool, or an enormous anxiety when forced to do so. This becomes most evident when the relationship to the mother is highly ambivalent and hostile aggression predominates. Discharge of the stool at that time is experienced psychologically as a discharge of hostile aggression toward the mother and concurrently a loss of a bodily part. The symbolic function of these infants is affected adversely and she hypothesizes that wherever there is an intense, highly ambivalent anal involvement it is correlated with a delay in the emergence of symbolic function.

She described another special situation that is, the effect of deprivation on the development of symbolic function. Infants of lower socio-economic background showed a marked delay in almost all areas of development of symbolic function including language. The affective interchange between infant and mother was charged with unusually intense degrees of negative affect from mother toward the child. Mutually provocative interactions existed between mother and child in a series which had always been initiated in its first instance by the mother. She gave much credit for her work to the many authors who had preceded her -- Greenacre, Piaget, Spitz, Winnicott, and Provence to name but a few.

In the discussion that followed, She, Justin Call and Herman van Dam all drew one specific conclusion, that is, that since working with infants they have not dealt with their adult patients in the same fashion as before. It appeared this view was expressed with the idea that they were better analysts for their adult patients as a consequence of their interchange with infants. We should hear more about this. It sounds like the subject of a stimulating and perhaps provocative professional meeting.

SUMMARY OF THE DISCUSSION OF ERNEST FREUD'S PAPER: BRIEF CLASSICAL ANALYSIS

Rudolf Ekstein, Ph.D.

It is a pleasure to discuss the paper of a Freud, a Freudian who belongs to that tradition, the tradition of classical psychoanalysis committed to experiment, to do research and to demand that theory and technique remain an open system. My friend Ernest Freud and I have known each other professionally for some thirty-five years and have known about each other long before that. We had a similar life, having studied in Vienna, traveled all over the world and went on to become analysts. It was about 1949 that I became preoccupied with an aspect of his life that his grandfather, Professor Freud, dealt with in his classical Beyond the Pleasure Principle. Freud observed a child preoccupied with play, and interpreted it as the endless repetition of being left by, and of finding the mother, the mothering person again. The game, as the child grew older, changed so that the passive experience of being left and having the protective person return, became the active play of the child, where he could let go and would now find the object of his love once more. When Ernest Freud gave his first scientific paper at the Hampstead Clinic he was introduced by his aunt, Anna Freud. She spoke of him as follows: "The child observed became the child observer." This basic theme is characteristic of his scientific work and a number of important publications dealing with bonding, the issues of attachment and separation, observations dealing with pre- and post-natal life: mother and child.

It seems to me that in the present experiment described in his paper and carried out in Germany, Ernest Freud, traveling back and forth between London and West Germany, settling in Germany, the theme of separation and attaching appeared once more. His brief therapies, carried out in the classical analytic tradition, allowed him to study and examine the reactions and responses of analysands who would see him intensively for two weeks, would stop and perhaps come back for another two weeks, a few months later. One must keep in mind that these patients are allowed to know what it means to be treated, analyzed, and exposed to intensive

analytically oriented psychotherapy; to experience what it means to begin, to interrupt, and return once more at a later time.

The reports that these therapists/patients write, as well as the summaries of the analyst, allow for intensive research in the particular area, combining objective and subjective data.

Brief therapy, of course, is not new, and to work within defined time, not with endless time, is also not new. We have only to think, for example, of Otto Rank and his Trauma of Birth, his idea of working within predecided time limits, of one month or three months, etc. We recall also that Margaret Mahler in her work with children, interrupted therapy and resumed at a later time, a kind of analysis in installments. The literature is full of attempts at brief therapy, but Ernest Freud's work seems remarkable and unique to me because of the new idea of using such brief analytic exposure for the training and constant re-education of psychotherapists. His grandfather, Professor Freud, also spoke about the desirability of having analysts plan to have some additional analysis every few years. Thus, we see that Ernest Freud follows an old tradition and gives it a scientific, an experimental underpinning. I found his paper a stimulating and thoughtful addendum to technique, to training and to scientific experimentation.

Offered at the scientific meeting of the Southern California Psychoanalytic Society, July 1985.

DISCUSSION OF "DUET FOR ONE"

Donald Marcus, M.D.

"Duet for One" is a play by Tom Kepinski, based on the struggle of cellist Jacqueline Du Pre to cope with a crippling illness. The play consists of a number of therapy sessions between the patient, Stephanie, and the psychiatrist, Dr. Feldman. Stephanie, an attractive young woman, enters in a motorized wheelchair. She is bright, cheerful and slightly manic. She has developed multiple sclerosis and can no longer play the violin, but she has made up her mind that she can take on some students and live vicariously. In addition she is going to be a marvelous secretary and helpmate to her husband, a talented composer, so she really sees no reason to consult Dr. Feldman since her life is going nicely. She has only come because her husband wanted her to see Dr. Feldman who had a passionate interest in violin music.

Dr. Feldman's first intervention bodes well. He interrupts the patient's mania to ask her if she always did what her husband wanted. Unfortunately, this led nowhere and it was mostly downhill from there. Dr. Feldman prescribed anti-depressants (very questionable, in my opinion) and also attempted to help the patient stop her manic denial so she could face her terrible pain. But as soon as she began to feel her pain and became suicidal, Dr. Feldman could not stand it.

In a climactic scene, Stephanie tells him that she has taken a lover, a local repairman. Dr. Feldman does not analyze this (he maintains he is not a psychoanalyst). Instead, he attacks her for being self destructive, gives her a lecture on the meaning of life, and tells her not to come back if she is not serious about combating the dark, destructive forces in her. During the course of this dramatic monologue, he tells her of the many suicides in his practice when these dark, destructive forces win out. The audience loved it; the patient agreed to cooperate; and I felt like vomiting.

The playwright and audience seemed to believe that this was good therapy. In the next and last scene, Stephanie, having regained her sanity, has decided not to return for further treatment, since she is convinced Dr. Feldman cannot help her. Dr. Feldman responds with the last line of the play, "Is the same time next week okay?", and the play ends leaving the audience with the idea that good therapy has occurred and Stephanie will return for more of it.

As I think about the play, it is a good portrayal of bad treatment, and one suspects that the playwright may have had such an experience. Unfortunately, he appears to think it is good treatment.

Is this play worth the time of the psychiatric or psychoanalytic viewer? I think so. It is always sobering to see a different and unflattering view of ourselves, and there just may be a Dr. Feldman in all of us waiting to emerge.

"Duet for One" was a big hit in Los Angeles but I have recently learned that it was a dismal flop in New York. I suspect this says something about the audience in Los Angeles as opposed to the audience in New York. D.M.

BOOK REVIEWS

Vietnam Voices: Perspectives on the War Years, 1941-1982. John Clark Pratt, 1984.

Wounds of War: The Psychological Aftermath of Combat in Vietnam. Herbert Hendin and Ann Haas, 1984.

Casualties: Death in Vietnam, Anguish and Survival in America. Heather Brandon, 1984.

Who Spoke Up? American Protest Against the War in Vietnam 1963-1975. Nancy Zaroulis and Gerald Sullivan, 1984.

America is just beginning to emotionally work through the ordeal of Vietnam. The last U.S. troops left Vietnam over eleven years ago. But the war haunts the memories and nights of the men who fought it. It corrodes the lives of the survivors and the families and loved ones of the dead. There is now a Vietnam book boom of which these four works are a representative sample.

Vietnam Voices takes us back to the years of World War Two and the origins of Vietnamese nationalism. Using historical documents, news stories, poems, graffiti, intelligence reports, personal memoirs, and extracts from novels, including The Quiet American and The Ugly American, author John Pratt shows many sides of the tragic development. We can see how military operations were closely bound to political problems. There was no popular will to win among the South Vietnamese. Ho Chi Min, the leader of the Viet Cong, was more popular than the South Vietnamese Chief of State. Colonialism was the main argument against the French and later the Americans. A large segment of the population sought to expel us at any price, including the cost of their personal extinction. We read American reports of inefficiency, poor leadership, lack of aggressiveness of the government forces. A group trained by the U.S. Saigon Military Mission for psychological warfare deserted to the enemy.

Pratt sets the Hanoi documents against Pentagon news releases. The differences are so great that we are moved to ask: Was it the same war? Was it the same reality? Pratt uses a piece of his novel, The Laotian

Fragments, showing differing perceptions by the U.S. air attache of a battle the South Vietnamese claim they won. The American sends out their official version. But he also includes, not for transmission to Washington, his own version filled with questions and uncertainties: Why did the North Vietnamese quietly abandon their positions; how many were actually there; what were their real intentions?

Vietnam Voices is a valuable book, well worth reading. Pratt is particularly strong in presenting the demoralization this war brought. We hear in the direct language of the heat exhausted, mud covered "grunt," who bore the burden of the war, the corrosion of values -- how after seeing buddies exploded by booby traps all baggy black pajama-clad smiling Vietnamese became VC. As one G.I. said:

It was much easier to do the killing first and the identifying afterwards. Where no answers were possible, no questions were necessary...Kill them all and you know for damn sure you're killing the enemy. If they're not all VC now, they could fuckin' well become VC. Solve the problem before it starts.

When a son, brother, husband, lover, or friend returns home from combat, we feel relief. We may also feel gratitude and pride over his survival. We believe that he has grown, through hard contact with the world and has a new confidence and maturity with which to build a better future. We have been reluctant to acknowledge the ongoing emotional burdens of men who participated in combat. We overlook what we intuitively know -- that the tragic effects of combat for those who survive often begin with the war's end.

Stephen Crane wrote movingly about the physical and emotional pain of combat in the Civil War and the Spanish American War. In 1929 Erick Maria Remarque described in All Quiet on the Western Front combat soldiers who knew that their lives were over whether or not they survived. Death so permeated their lives that they became "a generation of men who, even though they may have escaped its shells, were destroyed by the war."

Every war has its unique emotional costs. Combat in Vietnam was a situation where every civilian, including women, children, and the aged, could be armed enemy fighters. Some were killed to save the soldier's own life. Others were killed inadvertently; still others were murdered in enraged retaliation for the death and mutilation of Americans.

Casualties is the case histories of sixteen men who were killed as told by their survivors -- wives, parents, brothers and sisters, children, lovers, family members. The thirty-seven interviews with those who have been left behind are a story of sorrow, pride, disillusionment, and the coming to grips with a new reality of their absence -- forever. Sometimes there is the beginning of new hope. Often only unquenchable grief and incomprehension.

Herbert Hendin, a psychoanalyst who has done pathbreaking psychosocial research on suicide, and Ann P. Haas, a sociologist who has written on marijuana abuse, collaborated to write Wounds of War, a study of the post-traumatic stress disorder of Vietnam veterans. They found that guilt over civilian killings, whether in self-defense or not, is disturbing to most veterans and plays a significant role in postwar stress disorders.

Posttraumatic stress syndrome includes intrusive recollections of the experience of an encounter with violent death, nightmares, unwelcome thoughts, flashbacks, reliving experiences, and emotional numbing, exaggerated startle responses to noises, insomnia, exacerbation of symptoms by events that recall the trauma, avoidance of such events, guilt, and difficulty with memory and concentration. The ex-soldier is hyperalert to potential danger, and self-absorbed. Often the person is anxious, depressed, and irritable with explosive outbursts of anger.

With sufficient stress anyone will develop a posttraumatic stress syndrome. Personality has little impact on whether traumatic stress develops. But who the man was before combat is important in shaping the way the stress impacts. How the soldier experienced specific combat events is decisive for its meaning to him.

Hendin and Haas present poignant case histories of psychotherapy with combat veterans who find themselves acting out their traumatic experiences. Complications include crime, violence, suicide and addictive drugs. More than one-third of the veterans Hendin and Haas saw who have committed crimes in the postwar period participated in "fraggings" or other attempts on the lives of Americans in Vietnam. Their suicide rate was twenty-three percent higher than non-veterans of the same age group.

The psychotherapists worked with the veterans to elicit their conscious emotional recollections of the terror of combat. The cure was in facing the painful insight that their belligerency covered fear and personal vulnerability.

The rhythm of increasing American involvement began with replacing the French in Vietnam. In June 1962 there were 5,576 U.S. servicemen there. By 1963 U.S. military strength had doubled. In 1968 there were over half a million American military personnel in Vietnam. By 1975 some 58,000 Americans had been killed in action and over 303,000 wounded. Vietnam was for America what the Sicilian expedition was for the ancient Athens - a disastrous colonial war which never confronted the real foe, but weakened and demoralized the great democratic power.

It is unique in human history for a people to have decided to abandon a colonial war for moral reasons. Who Spoke Up? traces the growth of the anti-war movement from 1963 to 1975 as it spread from a few lonely dissenters to college teach-ins in 1965. As the war in Vietnam escalated, the domestic protest grew to the point where the incumbent President Lyndon Johnson did not run for re-election in 1968. The people's voice had been heard in a great democracy. Zaroulis and Sullivan describe the guts and fervor of the Americans who spoke up early and risked much to organize the grass roots movement that got us out of the Vietnam war.

Peter Loewenberg, Ph.D.

Geoffrey Cocks. Psychotherapy and the Third Reich. New York: Oxford University Press, 1985. \$24.95.

In the preface to this new book, the author pays tribute to his training at Occidental College and U.C.L.A. as a history major. Cocks, who graduated in 1970, recounts the story of how psychoanalysis and psychiatry fared under the Nazis. One technician was chiefly responsible for maintaining a significant remnant of psychotherapy in Nazi Germany. This was Matthias Göring, cousin of the powerful Reichmarshal Hermann Göring, head of the Luftwaffe or German Air Force. A full-fledged psychotherapeutic center, the Göring Institute, functioned undisturbed and protected in Berlin from 1936 onward. It was funded by the German Labor Front, the Luftwaffe, and the Reich Research Council. All this activity occurred while hundreds of Jewish psychoanalysts fled for their lives. Yet, Dr. Göring may have helped Sigmund Freud to escape from Vienna to London. Meanwhile, the fury of Hitler's power spelled disaster for many intellectuals and professionals. At best, the analysts who went abroad were able to enrich the countries that accepted them as new immigrants. For those who remained behind, accomodation was obviously necessary, for the Nazis saw Freudian psychoanalysis as a Jewish conspiracy that must be eradicated.

Last July the New York Times devoted part of an article to Professor Cocks' book, featuring the new continental manuscript sources on which much of his work rests. Utilizing his training in the emerging field of psychohistory (an unfortunate term, alas), Cocks has given us an engaging inquiry into a rare facet of the period from 1933 through World War II on the continent. Without the Göring Institute, the therapists who operated within its protection would never have been able to make a morally and intellectually

ambiguous accomodation to restraints upon their profession. Although the group did not survive the fall of the Third Reich, its members managed to preserve some of the methodology which had stemmed from classical analysis and other psychodynamic techniques of psychotherapy -- rather than succumb to more popular physicalist techniques of treatment.

Cocks, Associate Professor of history at Albion College in Michigan, has made his former professors proud of his work. Among them are Peter Loewenberg and Andrew Rolle, both trained at the Southern California Psychoanalytic Institute.

Andrew Rolle, Ph.D.
Occidental College

Gleanings From Grotjahn

Martin Grotjahn, M.D.

THE ANALYTIC DILEMMA OF HELENE DEUTSCH

Helene Deutsch was the analyst of whom everybody, from Freud on down the line to the youngest member of any psychoanalytic society, expected that she would write the definite text about female psychology and female sexuality.

She did not succeed (neither did anybody else so far).

Her memoirs and Paul Roazen's biography of her and the reaction of some reviewers permits me to reconstruction some conclusions about her analytic development.

Her analysis with Sigmund Freud in Vienna, later continued with Karl Abraham in Berlin, did not set her free from fixation on her father, first, and on Freud later. To the contrary, she remained firmly bound to father, Freud, and her first lover, Lieberman. Out of misunderstood loyalty to Freud and father she remained a daughter and a follower instead of growing to be a mature woman, leading in her profession. She could not break with Freud -- she felt too strongly for him -- she could not do what Karen Horney did -- by separating from Freud and going her own way. Nor could she develop any independence, as Marie Bonaparte did when she developed her own eccentricities; Helene Deutsch remained well mannered. Neither could she start thinking on her own, like Melanie Klein and Karen Horney.

The way into mediocrity was blocked by her uncompromising intelligence. Nor was she capable to identify with Freud to the degree Anna Freud did and solve her dilemma that way. She recognized the defects in Freud's opinion about women, became paralyzed between loyalty and insight and wanted to gain analytic freedom through analysis with Karl Abraham.

She got hopelessly stopped; a woman on the way to becoming a great analyst was destined to join the bureaucracy of the analytic establishment.

Helene Deutsch felt deeply fixated on her father and attempted to continue this dependency with her first lover, Lieberman. This development she hoped to terminate in her analysis. She wanted to have her bondage analyzed in order to stop an unfulfilled life and to start a better, more independent, new life. Her analysts failed her in this respect.

Freud loved and admired her -- before he turned his affection to his daughter Anna. Freud went out of his way to influence Karl Abraham in his freedom to analyze Helene Deutsch. Abraham himself felt also too captivated by her and had doubt whether he could or should analyze her. Freud had advised Abraham not to allow a divorce -- and this issue was settled once and for all. Nobody can blame Helene, who was happily in love with father; Lieberman and Freud (and to a lesser degree with Abraham). Her husband Felix was treated by her like another son.

She wanted to succeed in her analysis and to free herself from bondage, while her analysts wanted a follower, not an independent thinker. She gave in and we -- the next generation of analysts -- lost a guiding light. A good chance to rescue psychoanalysis from sclerosis was missed. Helene Deutsch's mission to play the role of an analytic Joan of Arc remained unfulfilled.

Freud seemed not really interested to analyze her. She was good enough for him. As so often, his aim was more to indoctrinate her and to influence Abraham to do the same.

In her autobiography, Helene describes her analysis with Freud so briefly that the reader can only suspect the degree of disappointment. The same is true with her analysis by Abraham, which is hardly mentioned. A great chance of describing the analytic technique of these two pioneers by a trained observer and analyst is missed. Roazen's biography based on conversation with Helene Deutsch gives us a clue to reconstruct what may have happened as described on these pages. It anticipates that Paul Roazen is a correct observer and equally careful recorder of what he was told.

M.G.

SANDOR FERENCZI REVISITED

Ferenczi, Sandor: First Contributions to Psychoanalysis, 337 pp.

Further Contributions to the Theory and Technique of Psychoanalysis, 480 pp.

Final Contributions to the Problems and Methods of Psychoanalysis, 447 pp.

Brunner/Mazel Publishers,
three volumes, N.Y., 1980.

It is highly recommendable that the publishers, Brunner and Mazel (New York 1980) went through the immense trouble and reprinted these three volumes of all psychoanalytic essays Sandor Ferenczi ever wrote between 1908 (one year after he met Sigmund Freud) until his death in 1933. Reading the essays, one realizes that the main interest in studying Ferenczi again now is of historical nature.

There are some facts that the reader of today must remember if he starts to study this reprint of previously published essays: they are not carefully edited, not newly translated or annotated, but simply reprinted in their original form. The essays are not even chronologically ordered and every one of the three volumes is arranged according to topics, not according to time of publication. However, there are no repetitions.

Furthermore, only Ferenczi's essays are presented in these volumes and none of his books are reprinted, as for instance Psychoanalysis and War Neurosis (with K. Abraham, E. Simmel, and E. Jones, 1920), Tallassa (1924), and The Development of Psychoanalysis (with Otto Rank, 1925). (Still awaiting publication and retained in the Freud Archives until the year 2000 is the gigantic correspondence between Freud and Ferenczi, and Ferenczi's diary which he wrote during his last years.) Nevertheless many essays are still fascinating to read and illustrate the heroic time of psychoanalysis with its adventures and discoveries. There is the essay on "Obscene Words" and also the important work on the development of the sense of reality (1913). This essay has lost nothing of its meaning and deserves to be quoted more often in contemporary discussions of narcissism than it is customarily given. Ferenczi describes in this chapter the megalomaniac

illusions of a child's omnipotence, which is followed by the period of magic hallucinatory omnipotence, leading to the question of omnipotence through magic gestures and finally to the period of magic thought, magic words and slowly maturing to the reality testing of the adult ego.

The original, imaginative quality of Ferenczi's analytic thinking kept psychoanalysis alive during the time of the pioneering. Ferenczi was the first and perhaps the most loyal pioneer and Freud called him "my dearest don." Re-reading the essays on Sunday neurosis or on Gulliver's Travels, is again an analytic experience. A similar quality can be found in the essays about forced fantasies and other technical innovations of therapy. One finds here also the discussion of termination of analysis (1927), and a definition of "elasticity" in therapy (1928).

All three volumes give an inexhaustible wealth of information and form an ideal training ground for analytic reasoning.

M.G.

FRANZ ALEXANDER LIBRARY
Some Recent Acquisitions

From the General Fund

M.F.R. Kets de Vries. The Irrational Executive. A collection of psychoanalytic studies on management, focusing on unconscious processes in decision-making, leadership, corporate power structure.

David Brockman, (Ed.) Late Adolescence. Studies of college age youth, integrating classical psychoanalytic and Kohutian theories of development and treatment.

Franz Alexander. The Medical Value of Psychoanalysis. Re-issue of work, first published in 1931, revised in 1936, in which Alexander delineates the place of psychoanalysis among the sciences.

M. & M.E. Laufer. Adolescence and Developmental Breakdown. Theoretical and clinical material on severe problems of adolescence, particularly the rejection of sexual identity and of body image.

Otto Kernberg. Severe Personality Disorders. Techniques for diagnosis and treatment of severely disturbed and unresponsive patients, including borderline, narcissistic and those requiring hospitalization.

Adolf Grunbaum. Foundations of Psychoanalysis. Critique of basic tenets of classical psychoanalysis, hermeneutic conceptions, and self psychology as justifications for inclusion of psychoanalysis in the sciences.

Marshall Edelson. Hypothesis and Evidence in Psychoanalysis. Criticism of previous research methods in evaluating psychoanalysis as a treatment, with the formulation of a technique appropriate to future studies.

Harry Trosman. Freud and the Imaginative World. Influence of humanism on the development of Freud's theories. Contributions of psychoanalysis to understanding of responses to great works of art.

Jeffrey M. Masson (Ed.). The Complete Letters of Sigmund Freud to Wilhelm Fliess, 1887-1904. A new translation including a large number of previously unpublished letters. The editor's subsequent reinterpretation of these letters form the basis for his controversial book, The Assault on Truth.

Didier Anzieu. The Group and the Unconscious. Translated by Benjamin Kilborne. First account in English of Anzieu's examination of the fantasies and imagination common in group processes.

Daniel Dervin. Through a Freudian Lens Deeply. Psychoanalytic interpretations of cinema, including "Blow-Up," "The Wizard of Oz," and of cinematic creativity in general.

Patricia M. Chatham. Treatment of the Borderline Personality. Review of the many schools of treatment of the borderline, with emphasis on object-relations concept of treatment. Three continuous cases used throughout the book.

Stanley and Nancy Greenspan. First Feelings. The steps a baby and child take in developing emotionally from birth to age four.

Stanley Grand, et. al. Transference in Brief Psychotherapy. Part of ongoing research project. Detailed reports of individual sessions, with emphasis on transference. Includes discussion of issues demonstrated.

Samuel H. Baron and Carl Pletsch. Introspection in Biography. Explores unconscious relationships that develop between a biographer and his subject. Contributions from analysts, historians, literary scholars and others.

Paul Roazen. Helene Deutsch: A Psychoanalyst's Life. Story of one of the most significant early psychoanalysts, both in Vienna and in the United States.

E.D. Joseph and Daniel Widlöcher. The Identity of the Psychoanalyst. Seventeen leading analysts discuss how practicing psychoanalysis influenced their own professional identities. Also, how new developments in the field have influenced the identity of psychoanalysis as a whole.

Gifts

From Dr. Barry Panter.

Seventeen tapes of Creativity and Madness Conference on Maui, 1985. Stravinsky, Bach, Munch, Hesse, O'Neill are a few of the creative artists discussed.

From Dr. Peter Loewenberg.

Mark E. Blum. The Austro-Marxists. Psychobiographical study of four prominent Viennese socialists during period between the turn of the century and World War One.

S.A. Abend, et. al. Borderline Patients. New interpretations of borderline phenomenon, with implications for new modes of treatment.

From Edmund and Marianne Bergler Psychiatric Foundation.

Edmund Bergler. Money and Emotional Conflicts. One of Bergler's best known works.

From Dr. Robert L. Tyson.

Frontiers of Infant Psychiatry, Volumes 1 and 2, edited by Justin Call, Eleanor Galenson and Robert L. Tyson. Outstanding reference works on infant development, both normal and psychopathological, and treatment. From proceedings of two meetings of World Congress on Infant Psychiatry, 1980 and 1983.

From Barbara Schave and Janet Ciriello.

Barbara Schave and Janet Ciriello. Identity and Intimacy in Twins. The authors, both identical twins, have written a fascinating study, first reviewing the literature on twins and then drawing on their own experiences and those of twenty pairs of adult identical and twenty pairs of fraternal twins. They consider the subjects of the twinning bond, the problems of identity development, intimacy and other special aspects of living as a twin.

From Dr. Irving H. Berkovitz.

Irving H. Berkovitz and Jerome S. Seliger. Expanding Mental Health Interventions in Schools. Vol. 1. The varied techniques and personnel used in helping children of many ethnic backgrounds in development, learning and peer relations.

From Drs. Kato van Leeuwen and S.L. Pomer. Peter Kutter. Basic Aspects of Psychoanalytic Group Therapy. Translation from German. Theory and case presentations from a practitioner in the field.

Robert E. Gensemer. Movement Education. Method of enhancing use of the body in expressing states of mind.

From Dr. Sherwyn Woods.

R.A. Nemiroff and C.A. Colarusso. The Race Against Time. The prospects for psychoanalysis and psychotherapy in the second half of life. The authors plus eleven other experienced psychotherapists and analysts express their views.

From Dr. Rose Fromm-Kirsten.

A carton of psychoanalytic classics from her library.

From Dr. Rudolf Ekstein.

Psychology journals.

Dorothea Oberläuter. Rudolf Ekstein: Leben und Werk. Recently published in Vienna, a biography and an appraisal of Dr. Ekstein's work, especially with children and in the fields of the teaching of psychotherapy and learning in general.

From Dr. Daniel Siegel.

Over 100 books from his library.

From Drs. Thomas Dorr and Daniel Siegel.

Some 500 volumes from their joint office library -- psychoanalytic books and journals.

From Dr. William Brunie.

A framed picture of Sigmund Freud at age thirteen, restored and enlarged by Dr. Brunie from a photograph owned by Dr. Rudolf Ekstein.

Lena Pincus
Librarian

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