



BULLETIN

OF THE
SOUTHERN CALIFORNIA PSYCHOANALYTIC
INSTITUTE AND SOCIETY

No. 60

Published Quarterly

Fall 1980

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LETTERS TO THE EDITOR

Dear Larry:

I hope you will publish this in the next issue of the Bulletin.

Dr. Doryann Lebe in her review of Dr. Hillel Klein's address to our Institute on "Delayed Affect in Nazi Holocaust Victims" concludes her remarks saying, "The discussion was heated and emotional with some loss of objectivity emphasizing Dr. Klein's point that the analyst must deal with his own guilt and anxiety about Holocaust."

Since I was one of the discussants and I was irritated by Dr. Klein's thesis on treatment of Holocaust survivors, I take it that I am one of those meant by Doryann Lebe to have lost my objectivity due to guilt and anxiety. How does Dr. Lebe know that I feel guilty and anxious about the Holocaust? I still feel very angry and so should everybody else, but guilty and anxious I feel about other things which Doryann Lebe does not know about. As far as Dr. Klein's point of view, those of us who treat Holocaust victims both in this country and in Israel find his views to be idiosyncratic with little validation from the clinical evidence.

Samuel Eisenstein, M.D.

Dear Larry:

A tax court decision of recent date would be of some interest to our members and clinical associates. In this case (Voight, Dec. 36896), the tax court held that a clinical social worker was entitled to a business expenses deduction. For the expenses incurred in undergoing psychoanalysis, the business expense deduction does not have the three percent medical limitation, with there being distinct economic advantage to deducting psychoanalysis as a business rather than a medical deduction.

This information was independently passed on to me both by Saul Brown, M.D. and a tax attorney.

Roman N. Anshin, M.D.

Dr. Richard L. Russell
Chairman, Library Committee for the
Bertram D. Lewin Library

Dear Dr. Russell:

It gives me great pleasure to contribute in a small way to the Library which will memorialize Dr. Bertram D. Lewin.

Far back in the thirties, I had the privilege and pleasure of sitting in his classes at the New York Psychoanalytic Institute, knowing him through working on the Psychoanalytic Quarterly from time to time, meetings at the American Psychoanalytic Association. From the beginning, his style in writing and in speaking, his way of understanding, the remarkable creative angles to what he was saying, his soft self-laughter at the humor implicit in his associated thinking held my attention, even while one caught the contagion of his relaxation and concentrated

(Continued on page 23)

EDITOR'S NOTEBOOK

The People's Republic: Three Brief Impressions

The chief psychiatrist at the Shanghai Hospital smiled benignly at my question and answered, "Freud? I regret to tell you we don't know very much about his theories but we are indebted to him just the same. We use catharsis, we seek insight in the patient, and we recognize the usefulness of projection." He spoke of the high incidence of schizophrenia in China compared to that in Western countries, and of the forty to fifty percent rate of recidivism. (Perhaps the Chinese are including the depressive psychoses under the rubric of schizophrenia since they rarely diagnose the former.) A research project addressed to the treatment and follow-up of psychoses would do well to be conducted here. It is not difficult to keep track of discharged patients since the State knows the whereabouts of everyone. Ex-patients are pressed to continue medication in city and countryside clinics. They are seen by health workers with varying degrees of training, depending on the medical outpost, i.e. local housewives, barefoot doctors or trained physicians.

Twenty-six year old Miss Dzou's deepest wish is to become a member of the Communist Party. Her parents are members, as is a younger sister. For reasons she does not understand, she has not been asked to join this august group. She allows that it must be some deficiency on her part that stands in the way. Miss Dzou is a tour guide, a merry woman who, during an opportunity to talk, told of how a previous group of Americans voted her, "The Happiest Person We've Ever Met." Then she paused and asked me, "Why is it that I am so happy in the daytime but I cry in my dreams every night? How can that be?" It was suggested to her that possibly it was because she had been taken from her mother as an infant and did not see her family again until she was four years old. (In China, we learned, mothers must quickly return to their jobs after childbirth so most infants are placed in the care of day nurseries at factories or communes, or sent away to live with retired grandparents.) "Could you be sad because you missed your mother so much in your childhood?" She thought about my question and then calmly replied, "Yes, it must be so."

Dr. Ma Hai-teh, born George Hatem of Buffalo, New York and presently Consultant to the Chinese Minister of Public Health, has friends of long standing in Southern California: Barnet Sharrin, Sam Futterman, Alex Shulman. Throughout the People's Republic, he is known as the physician who is largely responsible for the eradication of active venereal disease and prostitution in China. Arriving in the early 1930s, he became caught up in the spirit of the revolutionary parties and remained to make his home in China. After the War of Liberation Ma Hai-teh, whose name means Wild Horse,¹ led armies of medical and paramedical teams in the anti-syphilis campaign. It was fascinating to hear from him, firsthand, how war was waged on prostitution: pimps and landlords were rounded up and removed from the scene, brothels were shut and ex-prostitutes were encouraged to join "Speak Bitterness therapy groups at which the flood-gates of the past were opened."² At the same time, a massive program of redirection and employment for these women was initiated. "It's all closed down now," he says, "If there are any prostitutes in China, I don't know who they are." This, in a country where just over a generation ago daughters of the poor were routinely sold into bondage.

¹In this regard, I was misinformed by an acquaintance of Ma. According to Edgar Snow, Red China Today (1971), Ma is a widely held Chinese family name meaning "horse," but Hai means "sea" and teh means "virtue." Hence, instead of "wild," we have the probable translation, "virtue from overseas." I would have preferred the earlier version.

²Joshua S. Horn, Away With All Pests. New York: Monthly Review Press, 1969, p. 88.



THE WOLFMAN'S MOTHERS,
THE WOLFMAN AND HIS DISEASES

Edwin C. Peck, Jr., M.D.

The interactions of the Wolfman, his multiple mothers, and serious illness are the topics of this paper. An earlier paper has delineated how Freud, with his focus on the patient's oedipal conflicts, left the mother-child relationship in the background. (Blum, 1974) Nevertheless, Freud's complete presentation of details of childhood and family experiences, subsequent case follow-up data, and research on physicians' descriptions of childhood malaria at the turn of the century can give us a full look at the crucial mother-child relationships.

The Wolfman case stands alone among psychoanalytic case reports in providing unusually detailed data concerning (1) the patient's nuclear and extended family, (2) his crucial developmental experiences, and (3) decades of post treatment follow-up. Freud's final courageous reevaluation of psychoanalytic treatment efforts, "Analysis, Terminable and Interminable," (1937) begins with a follow-up overview of the Wolfman case. He encouraged Dr. Ruth Brunswick to record more of the case data. Moreover, he revealed his own continued learning about the Wolfman case by writing: "In other attacks, however, the pathogenic material consisted of pieces of the patient's childhood history, which had not come to light while I was analysing him and which now came away--the comparison is unavoidable--like sutures after an operation, or small fragments of necrotic bone. I have found the history of this patient's recovery scarcely less interesting than that of his illness." (Freud, 1937, p. 218)

While Freud's insights were brilliant, we are now in a position to reformulate the case using new findings that have come from psychoanalytic work since Freud's time. These findings are our increased scientific understanding of and ability to treat severe character pathology, and the extensive direct studies of mother-child interaction and child development. The works of Mahler, A. Freud, Bowlby, Winnicott and Solnit have all illuminated different aspects of the mother-child interactions. Through this paper it will be shown how each of their different viewpoints further illuminates different aspects of the Wolfman's sixty year case history.

Blum has led the way in applying some of these later findings to the Wolfman case. His works documenting the borderline childhood of the Wolfman and the preoedipal nature of his major traumas and fixations provide several promising leads for future research. Blum found indications of borderline disturbance in such wide ranging data as: (1) the patient's periodic episodes of severe hypochondria and paranoia, (2) his bizarre proposal of rectal intercourse and defecation upon Freud's head during the first interview, (3) the serious sadomasochistic trends in his beating phantasies, (4) the history of deep depressions and rages, and (5) the serious disruptions and inadequacies of parent-child bondings. (Blum, 1974) This effective grappling with multiple viewpoints and problems, in fact, succeeds in developing a fresh understanding of the severe psychosomatic symptoms and character pathology present in the Wolfman case and in growing numbers of psychoanalytic treatment cases in our decade. Common to the Wolfman's decade and our own are growing social and economic chaos and deterioration of some traditional families.

Later, in "The Prototype of Preoedipal Reconstruction," Blum returned to the Wolfman case as well as to Freud's biography, demonstrating how case data and Freud's interpretive efforts concentrated on traumata occurring at age eighteen months, in the midst of Mahler's crucial rapprochement subphase of development. (Blum, 1977) Having emphasized the importance of the rapprochement subphase in this and related cases, I think it well to review what Mahler and much subsequent child observation tells us are the crucial tasks of the rapprochement subphase. Mahler writes: "Oral, anal and early genital pressures and conflicts meet and accumulate at this important crossroad in personality development. There is a need to renounce symbiotic omnipotence, and there is also a heightened awareness of the body image and pressure in the body, especially at the points of zonal libidization. Belief in mother's omnipotence seems to be shaken." "One can not emphasize too strongly the optimal availability of the mother during this subphase." (Mahler, 1975, p. 107)

Mahler demonstrates the rapprochement phase's particular importance in her discussion of the case of Donna who was elaborately studied by direct observation. "The penicillin shot, the operation and the brother's tonsillectomy with the mother's absence from the house overnight, were accumulated traumata that occurred precisely at that vulnerable period of rapprochement, when internalization

Dr. Martin Grotjahn made major contributions of editing and encouraging me to publish this paper. I am also indebted to the constructive critiques of Drs. Bertram Spira, Louis Breger, Victor Wolfenstein and my wife, Sandy Peck.

processes are at their height. Thus, we could see in Donna's case with particular clarity how the rapprochement crisis is made more poignant by the coming together of the three main anxieties of childhood: namely, fear of abandonment (fear of object loss), fear of loss of love, and in particular, castration anxiety." (Mahler, 1975, p. 144) Now let us see what can be learned of how such fears developed in the Wolfman's experiences with his mothers.

The World of the Biological Mother with a Child Sick and Near Death

Three brothers of the Wolfman's mother to whom she was tenderly attached died while she was in her "early youth." (Gardiner, 1971, p. 93) The Wolfman reported that these deaths left a great impact on her mind. She talked of them frequently. He recalled well how his mother told of her brother dying at age eight. She remembered how he talked in a quiet and resigned way and asked that his pennies be distributed to beggars. Death stalked and repeatedly entered the life of this woman. As was true for many women in the 1880s, many of the children she had been closest to as a child died when they were still young.

The profound impact of the death of a sibling upon a child has recently been elucidated by Blum's discussion of Freud's own childhood. (Blum, 1977, pp. 767-770) Imagine a young girl making an increased attachment to a sibling, after the death of a brother, only to have the newly and highly ambivalently treasured brother die too. The Wolfman's mother felt the impact of repeated sibling deaths, which must have left her emotionally paralyzed and anxious about the potential death of her loved ones. At age twenty-two she gave birth to her son, the Wolfman. Freud's case report and the patient's memoirs document that when he was just three months old, he almost died from pneumonia. His death wrappings had been prepared.

Respiratory system symptomatology, mimicking pneumonia and bronchitis, is a serious complication of childhood malaria. (Russell, et al, 1946) This is one of several facts concerning malaria, particularly as experienced in the Wolfman's time and part of the world that affects how one interprets the case data. The mother-child interactions and the patient's intrapsychic dynamics were directly affected by aspects of malaria recorded in historical documents on infectious disease between 1880 and 1920. Next are facts concerning chronicity of childhood malaria.

In a careful, clinical paper, Solon Veras wrote, "(the two authors are) confirmed by my own experience as sixty-eight of my eighty-eight cases belonged to the chronic form." (Veras, 1921, p. 2)

An American physician named William Weston wrote in 1914 concerning the clinical experience of Laveran as follows: "Laveran, quoting LeBrun says of 2073 cases of malaria observed at Beirut, 1065 were children under eight years of age. Of the predisposing etiological factors of malaria...perhaps age next to location is the most important. When a family moves into a malarial district the infant is invariably the first infected and the most seriously affected of the family." (Weston, 1914, p. 246)

Weston goes on to describe symptoms: "The attack usually begins abruptly by vomiting or convulsive twitching, or both, or often the convulsions are well marked, the eyes are often rolled back in the orbits and the conjunctivae congested, the skin at first assumes an ashy hue, the lips are very pale or almost blue, the finger tips and toes become cyanotic; this stage is often followed by reddening of the surface; especially do the cheeks become congested, while the nose, in contrast, is white and pinched. The temperature from the first rises rapidly, often going to 105 degrees or over; the pulse is rapid, and may be either full or bounding or weak and intermittent. As the paroxysm begins to subside, perspiration appears, and the temperature falls, and the baby goes into a profound sleep, awakening after several hours much prostrated. Herpes often appears, after several hours, around the lips."

"Infection by the estivo-autumnal parasite is almost invariably severe. Continued convulsions and high temperature are the rule, often followed by death. If infants survive the first attacks of either of the infections, the following paroxysms are less severe." (Weston, 1914, p. 248)

As though the above weren't enough, Weston writes concerning the prognosis in childhood malaria: "Prognosis -- the mortality rate in infants is high." (Weston, 1914, p. 249)

Articles written both before and after the extensive Weston review all concur on the facts that: "In young children malaria is often manifested by alimentary disturbances which may be of a very severe character, especially in Asia Minor, (which Odessa Russia, the Wolfman's home, borders) where enteritis is the chief cause of infant mortality."

Imagine the Wolfman's mother, who faced the death of three of her brothers, witnessing the symptoms in her own first male child. Even if the Wolfman did not develop such full blown symptoms, his mother lived in a geographical region where she would have to have been painfully aware of their likely development.

While we still don't know with complete certainty exactly how long the Wolfman's childhood malaria lasted, we do know that (1) he reported repeated daily afternoon fever bouts (thus we know the malaria did not quickly disappear with or without treatment), (2) he suffered severe gastrointestinal symptoms, including loss of appetite and constipation, (3) his first memory is of awakening from a malarial fever bout, and (4) the preceding three disease symptoms were, in fact, serious signs of an illness, which in the presence of gastrointestinal symptoms were known to often rapidly progress to disability and death, especially in children.

Medical history is here highly pertinent to the dynamics of the mother's fears.

The discovery of malaria's etiology spanned the same years during which Freud made his discoveries of the etiology of neurosis. Both discoveries began near the year of the Wolfman's birth, 1886, and were completed and consolidated just before the Wolfman began his psychoanalysis in 1911. Laveran discovered a plasmodium parasite, *Oscullaria malarae*, as he named it, in the blood of a malaria patient, in his laboratory in Alergia on November 6, 1880. Ross first saw a pigmented malaria parasite from man, growing within the stomach wall of an *Anopheles* mosquito in 1897. Technological advance has since become so rapid and so taken for granted that these two men and their discoveries, which literally altered the courses of some civilizations, have now faded into relative obscurity. At the time the momentous nature of both discoveries earned both men Nobel prizes. They had found observable, readily described and technical data, which could be reproduced and reapplied in medical settings around the world to alter, with little delay, the diagnosis and treatment of a disease of man which had been a lethal scourge throughout history.

Freud had begun a slower, less immediate and technical revolution in the treatment of psychiatric disease which met a slower more difficult course of recognition and application.

The Wolfman arrived with perfect timing at one of the great crossroads in medical history. He developed malaria and a serious

neurosis (borderline condition) just when the scientific discoveries of the causes and treatment of these conditions were being made.

It cannot be emphasized enough that the Wolfman's mother had to deal with her ill child in the pre-Freudian and pre-Lavaran world. It was a world enormously more helpless than ours in the face of the commonly occurring infectious diseases and severe neurosis. Considering the nature of such a world, I find that the Wolfman's mother's fears of disease, and bowel disease in particular, were more realistic than hypochondriacal.

There remains the scientific possibility, not excluded by the known facts, that the Wolfman might have escaped with one of the less common, milder forms of childhood malaria. Still, reliable courses (Russell, 1945) indicate a cultural setting in Southern Russia wherein the mother whose three brothers died in childhood would have been burdened with terrifying realistic fears. Russell, et al writes: "In Russia before World War I, the incidence of malaria averaged some three and a half million cases annually." (These cases would have mostly come from the Black Sea area, the Wolfman's home, which epidemiologic studies show to have one of the world's highest incidences of malaria.) After the war, even as late as 1923, there were over thirteen million cases a year. "Russia, for example, (after World War I) suffered the greatest malaria epidemic of modern times." (Russell, 1946, p. 345)

In sum, the social and family contexts of this woman's self-absorption and hypochondriasis are factors making major contributions to her profound difficulties in mothering. Having under emphasized these factors in the past, current theoretical developments in psychoanalysis now enable us to give them their due and integrate them with the other main themes of the case.

Considering the above factors pressing on the life and times of the Wolfman's mother, let us reconsider her famous lament, later taken up by her son. They had cried out: "I cannot go on living like this." This is the agonized cry of a woman trapped (like a Chekhov or a Gorky character) by waves of disease and social change far beyond her control. Such threatening waves of disease and social dissolution must have greatly influenced the formation and development of her inner emotional conflicts, helping to drive her to solve such conflicts by retreat from society and family. Pre-occupied by her own childhood losses, she would be largely unavailable from the beginning of the symbiotic phase throughout the rapprochement and later phases of her son, the Wolfman's doomed struggle for psychological birth.

The sister, a potential surrogate mother, a (very) bad object

Freud, R. Mack Brunswick and the Wolfman himself are all consistent with their statements that the Wolfman's suicidal sister Anna had been for the Wolfman, the most important and most beloved member of his family through much of his childhood life. Freud, after giving due attention to the Wolfman's early childhood feelings of envy and a sense of being oppressed by her merciless display of superiority, noted the central brother-sister bond in three pertinent passages: "From his fourteenth birthday onwards...a similar disposition of mind and a common opposition that they got on with each other like the best of friends." (Freud, 1918, p. 22) "It was assumed, no doubt, that his grief over the loss of the most dearly beloved member of his family would meet with an inhibition in its expression." (Freud, 1918, p. 23) "He gave me another indication of the correct way of interpreting the homage which he ostensibly paid to the poet." (The homage was symbolically to his sister.) (Freud, 1918, p. 23)

R. Mack Brunswick could have told us a great deal about the crucial brother-sister relationship. She was wisely encouraged by Freud to write more about the many years of her analysis (from 1929 on) of the Wolfman which took place after the publication of her "supplement" paper. Unfortunately, she did not.

Nevertheless, in a note written to the editor of the Psychoanalytic Reader, R. Mack Brunswick recorded for history that years of analytic work were largely focussed on the attachment of the Wolfman to his sister Anna. "This time the analysis, extending somewhat irregularly over a period of several years, revealed new material and important, hitherto forgotten memories, all relating to the complicated attachment of the pre-schizophrenic girl and her small brother." (Gardiner, 1971, p. 263)

This section's opening passages gave the data from Freud indicating the late development of attachment and positive feeling between brother and sister. Yet, an enduring achievement of Freud's original case report is that it also captures the powerful and extreme conflicting feelings and thoughts the Wolfman had for his sister. For instance, the following passage graphically describes the Wolfman's feelings and experiences of defeat in the early brother sister relationship: "I should like...to...say something of his sister...As a child she was boyish and unmanageable, but she then entered upon a brilliant intellectual development and distinguished herself by her acute and realistic

powers of mind; she inclined in her studies to the natural sciences, but also produced imaginative writing of which her father had a high opinion. She was mentally far superior to her numerous early admirers...Independent of the question of seduction, our patient, while he was a child, found in his sister an inconvenient competitor for the good opinion of his parents, and he felt very much oppressed by her merciless display of superiority..." (Freud, 1918, pp. 21-22)

Next, some of the earliest rage and terror in the relationship comes across in the passage reminding us of the fact that it was his attacking sister who brought out and exploited his terror of wolf pictures: "...he had suffered from a fear, which his sister exploited for the purpose of tormenting him...Whenever he caught sight of this picture he began to scream like a lunatic that he was afraid of the wolf coming and eating him up. His sister, ...was delighted at his terror." (Freud, 1918, pp. 15-16)

From the perspective of (1) modern psychoanalytic developmental studies and (2) a full sense of the impact of childhood malaria at the turn of the century, we can now more precisely understand and integrate into the main case, development of the sister's pronounced sadism and aggressiveness and conflicts over these trends. It can now be emphasized that the Wolfman's life-threatening pneumonia occurred (with all its horrifying overtones for his mother already surrounded by death) just when his sister Anna was growing out of the rapprochement subphase into the fourth subphase of the beginnings of emotional object constancy. It is in this fourth substage, a child with relatively unimpaired emotional growth develops, as Mahler puts it: "The unifying of the good and bad objects into one whole representation. This fosters the fusion of aggressive and libidinal drives and tempers the hatred for the object when the aggression is intense." (Mahler, 1975, p. 110) This, then, is an exact description of the drive fusion and object constancy so glaringly lacked by the Wolfman's sister Anna as she forwardly seduced him, oppressed him by merciless displays of superiority, and exploited repeatedly his terror of the wolf pictures. Her mother had been doubly taken from her during the object-constancy subphase, first by her brother's birth and then by her brother's mortal illness.

Being thus torn from the good mothering object, just when she needed her for the specific task of integrating her good and bad objects and her libidinal and aggressive drives, she was particularly vulnerable to her own rage and later suicide when her rage was not outwardly expressed.

The Nursemaid Grusha, hidden in the haze of preverbal memories. (A likely candidate for a surrogate mother with whom at least some constructive symbiotic fusion took place.)

The Wolfman's very first nursery-maid, mother surrogate, had been assigned to care for him in the earliest months of his life, even before his nurse Nanya began her important caretaking role. First, Freud reports relevant associations describing the affectionate bond between Grusha and the Wolfman as follows: "...a nursery-maid who was very fond of him. Her name had been the same as his mother's. He had, no doubt, returned her affection. It was, in fact, a first love that had faded into oblivion." (Freud, 1918, p.90)

Into the death plagued, stormy world of the Wolfman's first four years came a steady, responsible mother-surrogate for him to attach to. Grusha's role in the psychological birth of the Wolfman was like that of a strong tree branch for a drowning man in a turbulent swollen river. Freud and his patient unraveled the Grusha story in the final hours of analysis. The vigor of Freud's prose, the chapter title, "Fresh Material-Solution," Freud's reformulation here of the oedipal conflict in the case, and the patient's prominent use of Russian words, his mother tongue, all suggest that at this stage the analysis was uncovering the bedrock of the patient's psychic structure and his psychological birth.

In fact, I think the richly described associations of the Grusha period give a poignant picture of the transference, counter-transference situation in the last days of the analysis. Freud, like Grusha in the distant past, had arrived on the scene and threaded his way through the threatening, complex, disintegrating family to finally make an effective bond with the Wolfman. "He must have had a nursery-maid who was very fond of him...He had no doubt returned her affection." (Freud, 1918, p. 90) Next, in the last days of the analysis came the pertinent associations: "Grusha was kneeling on the floor, and beside her a pail and a short broom made of a bundle of twigs, he was also there and she was teasing or scolding him." (Freud, 1918, p. 90) So the source of constructive maternal symbiosis, through the associations is seen to be teasing and scolding by the setting of the termination date.

The beloved caretaker was sweeping him out. The broom symbol might fruitfully be considered in the following way. The wood of the wolf supporting tree had been fashioned into the constructive civilizing tool, analysis. Now the tool was turned against the patient to sweep him out of Freud's office, home. Freud, in fact, records that it was only "eventually" that the patient came to see that the set termination was a literal, complete ending of the analysis and not the teasing and scolding he felt it to be. Freud wrote in 1937, in Analysis Terminable and Interminable; "At first he did not believe me." (Freud, 1937, p. 217)

Of the great importance attached to the patient's Grusha developmental experience, Freud left no doubt writing: "All the information, too, which enabled me to understand his infantile neurosis is derived from the last period of the work, during which resistance temporarily disappeared and the patient gave an impression of lucidity which is usually attainable only in hypnosis." (Freud, 1918, p. 11)

It is of at least passing historical interest that Freud uses the word fusion only in this section of the case discussing mother and mother surrogates and dynamics. Freud here refers to the fusion of the two mother memories. This is, of course, not the same use of the word, which it has in our case writings, now referring to the person's conflict of the wish and fear for fusion with the mother. Still, I see this description of the fusion of the mother memories like the penetrating description of the sister Anna indicating that Freud had a well developed intuitive grasp of the special closeness in surrogate mother-child relationships.

Nanya - Loyal peasant nurse with a dead child of her own. (Source of great comfort and great threat.)

The memory of his Nanya running to his bed to comfort him after his wolf nightmare is the Wolfman's first association to the wolf dream. Additional data also describes the nature of her role as a crucial surrogate mother. Freud decisively recorded that: "As far back as he could remember he was looked after by a nurse, an uneducated old woman of peasant birth, with untiring affection for him. He served her as a substitute for a son of her own who had died young." (Freud, 1918, p. 14)

In the landmark screen memory (age two and a half) it is with the Nanya that the Wolfman stands as the parents drive off. Not surprisingly, we later find he told M. Gardiner: "He loved her better than his parents." (Gardiner, 1971, p. 3)

On the other side of equally prominent importance in the case is the Nanya's role in delivering the castration threat prominently recalled by the patient: "His Nanya disillusioned him; she made a serious face, and explained that wasn't good; children who did that got a 'wound' in the place." (Freud, 1918, p. 24) It is noteworthy that the patient recalled no such intimate personal childhood exchanges with his parents. Similarly, it is the Nanya who plays the active, intimate role at the point which Freud emphasizes is crucial in the patient's psychosexual development writing: "He said that he gave up masturbating very soon after his Nanya's refusal and threat. His sexual life, therefore which was beginning to come under the sway of the genital zone, gave way before an external obstacle, and was thrown back by its influence into an earlier phase of pregenital organization. As a result of the suppression of his masturbation, the boy's sexual life took on a sadistic-anal character. He became irritable and a tormentor, and gratified himself in this way at the expense of animals and humans. His principal object was his beloved Nanya, and he knew how to torment her till she burst into tears. In this way he revenged himself on her for the refusal he had met with, and at the same time gratified his sexual lust in the form which corresponded to his present regressive phase." (Freud, 1918, p. 26) And, I would add, he was taking revenge on a whole series of bad mothers.

From the Wolfman's own writing clearly rings forth the tones of life so grim for the masses in Czarist Russia: "My Nanya was a peasant woman from the period when there was still serfdom. She was a completely honest and devoted soul, with a heart of gold. In her youth she had been married, but her son died as an infant. So she had apparently transferred all her mother love from this dead son to me." (Gardiner, 1971, p. 8)

Returning to the original case report, Freud provides more data on the major character molding role played by the surrogate mother, Nanya. "His Nanya who was very pious and superstitious." (Freud, 1918, p. 62)

Freud also records an episode of the Nanya stepping in to bolster the Wolfman's wounded narcissism: "His Nanya had once told him that his mother was so fond of him because he was the youngest, and this gave him good

grounds for wishing that no younger child might come after him." (Freud, 1918, p. 82)

In sum, the Nanya had been wounded herself by a son's death. Hence, when she was confronted by her adopted child's threatening malaria attacks, terror would most likely have arisen in her, thus reducing her effectiveness as the necessary readily available mother for the Wolfman's rapprochement phase. It is clear that in his later, more vigorously healthy and angry phase she was then quite available as a mothering object with whom he could express and at least begin to integrate and neutralize some of his enraged feelings.

The English Governess, An Eccentric, Quarrelsome Drinker

Freud's above three words tell a graphic tale of failed surrogate mothering. Data from the massive works of Winnicott, Bowlby and Mahler, and from my experience in pediatrics and child care indicate that exposure to a woman with these traits would be detrimental to most children, and particularly to the disease ridden, intermittently abandoned Wolfman. Freud documents that in addition to failing to be available, Miss Owens attacked what surrogate maternal bonding did then exist for the Wolfman: "The English woman had repeatedly called the nurse a witch and had obliged her to leave the room; the little boy had openly taken the side of his beloved 'Nanya' and let the governess see his hatred." (Freud, 1918, pp. 14-15) It was six months prior to the occurrence of the Wolfdream, that Miss Owens had been hired for a few months as governess.

Elizabeth and the Grandmother, Lesser Surrogates

Near the Wolfman's fourth birthday and his famous dream, the English woman was replaced by the Bulgarian. The sharp disruption and change in the language of the new caretaker would be disturbing events to such a child. The Wolfman's recollections of Miss Elizabeth focus on violent aggression. "Memories of the Russian-Turkish war were fresh...she told of atrocities the Turks committed against the Bulgarians. (She smokes.) She also read us Uncle Tom's Cabin with its horrible details of mistreatment of the negroes. Some of the description of punishments even disturbed me in my sleep." (Gardiner, 1971, pp. 7-8)

About the grandmother we only know she was not able to deal with disruptions like Miss Owens. These two women are notable for providing little nurturance or guidance. They are also less prominent than the preceding five women in the recollections of analyst and patient.

Wolf Dream Reconsidered

Let us now turn from the five principal mother figures to the five animals the Wolfman drew to illustrate his famous wolf dream at the center of the case. Describing the animals to Freud, he said: "...some white wolves were sitting on the walnut tree in front of the window. There were six or seven of them. (Adding in Elizabeth and the grandmother above, we find seven actual mother figures.) The wolves were quite white, and looked more like foxes or sheepdogs, for they had big tails like foxes and they had their ears pricked like dogs when they pay attention to something..." (Freud, 1918, p. 29) To begin with these are not just wolves. In the Wolfman's mother tongue, Russian, both sheep-dog and fox are feminine words. Further, a second meaning for the Russian lilitza (fox) is vixen. In fact, the feminine metaphor, 'foxy lady,' crosses linguistic barriers.

Next, the patient's first association is to a mother surrogate comforting him. "I screamed and woke up. My nurse hurried to my bed,..." (Freud, 1918, p. 29) He then described his great sense of danger, the animals' immobility and his probable age at the time of dreaming. Next, he recalls his fright at his sister chasing him with the wolf picture from the fairy tale. After choosing one fairy tale as being most illuminating, Freud makes the crucial notation that: "Moreover the two fairy tales have much in common. In both there is the eating up, the cutting open of the belly, the taking out of the people who have been eaten and their replacement by heavy stones, and finally in both the wicked wolf perishes." (Freud, 1918, p. 31) They both deal with the central childhood struggle to understand the processes of eating, elimination and the envied woman's mysterious capacity to give birth.

Thus, in his dream and first associations, the Wolfman talks of animals who are of uncertain species and sex. They are all together strange creatures, and in their primitive strangeness even more threatening than the fairy tale wolves.

Considering the data above and our contemporary understanding of narcissism and pre-oedipal objects; I think a promising interpretation of the wolf dream is that these primitive, ambiguous animals represent threatening, split-apart bad self-objects.

What symbiotic closeness the Wolfman did have in his first year was discontinued and disrupted due to his mother's continued unavailability and the above described series of varying disturbed surrogate mothers.

The profound wish of a child so buffeted is, Mother, please have many arms like the many branches of a tree, to hold these many strange, shattered parts of myself.

Highlights of Pertinent Literature

From the original case report to the present, massive amounts have been written about mother child interactions, especially as effected by the child developing serious illness. (Anthony and Koupernik, 1973; Bowlby, 1973; Call, 1975; A. Freud, 1952; Mahler, 1975; Richmond, 1962; Solnit, 1970; Winnicott, 1975) Volumes would be required to review such work. Nevertheless, I'll comment on some highlights of this diverse literature for a final perspective on this paper.

In discussing Freud's original paper, in the past we generally paid most attention to his focus on the Wolfman's wish for anal intercourse and castration fears. I think we have, in so doing, underestimated his report's several detailed statements about the child's identification with his mother. In fact, the case report tells us more about the patient's early intimate life with his mothers than with his father. Discussing the wolf dream Freud wrote: "...both his father and mother became wolves. ...It seems therefore that he had identified himself with his castrated mother during the dream and was now fighting against the fact." (Freud, 1918, p. 47) Later Freud enlarges upon the significant role in the case of maternal identification writing: "Thus his lament ('I cannot go on living like this') which moreover he was to repeat on innumerable occasions during his later illness had the significance of an identification with his mother...he imagined he was ashamed of himself and he was not aware that he was being shaken by a dread of death, though this was unmistakably revealed in his lament." (Freud, 1918, pp. 77-81)

Further on Freud again emphasized: "He at once assumed a passive attitude, and showed more inclination toward a subsequent identification with women than with men--In his identification with women (that is, with his mother) he was ready to give his father a baby, and was jealous of his mother, who had already done so and would perhaps do so again." (Freud, 1918, p. 80)

Anna Freud, forty years later, delved into the crucial, complex role of bodily illness in the mental life of children, (and their mothers). In a paper emphasizing the multi-factorial nature of the parent-illness-child

interaction she summarized: "A loss of these abilities, when occasioned by the nursing procedures (or by the weakened bodily condition itself), means an equivalent loss of ego control, a pull back toward the earlier and more passive levels of infantile development. Some children who have built up strong defenses against passive leanings oppose this enforced regression to the utmost, thereby becoming difficult intractable patients; others lapse back without much opposition into the state of helpless infancy from which they had so recently emerged." "...an anxious mother, urging or even forcing unwelcome food on an ill child. It is these latter situations which turn even minor, short illnesses into starting points for serious and prolonged eating difficulties, usually by reviving feeding battles which have raged between mother and child in the nursing period." (Anna Freud, 1952, p. 73-74) "...repressed ideas of being attacked by the mother through the symbol of the drug (Melanie Klein), of being poisoned, impregnated by her. Laxatives which force the bowels to move, though the child intends otherwise, may form the connecting link between reality and these unconscious fantasies." (Anna Freud, 1952, p. 74)

Emilio Rodrique extended Anna Freud's above observations and formulations to consider children assaulted and defeated by very severe disease. He wrote with compelling sensitivity, speaking of poliomyelitis and residual defects: "Many of these patients experience the insult as such a tremendous narcissistic blow, an unspeakable sensation that something irreparable has been done to them, that it seems to be out of keeping with the nature of the sequela." (Emilio Rodrique, 1968, p. 292) How well this fits what the eighteen month old Wolfman must have experienced when his body was regularly, repeatedly seized by fever and associated changes of the sensorium at a fixed time daily.

Bowlby's studies on attachment and separation add another illuminating view on the Wolfman's experiences with his multiple mothers. His investigations into the details of children's separation experiences and threats enrich our understanding of the Wolfman and similar cases. In his book, *Separation*, Bowlby summarizes: "...a number of variables combined with the absence of the mother figure increase the degree of disturbance seen. For example (1) The more strange the surrounding and the people (2) or the more painful any medical procedures, the more frightened a child is likely to be and the greater will be his disturbance, both during and after the separation." (Bowlby,

1973, p. 16) In a later chapter a third major variable, parental threats of abandonment and suicide is thoroughly delineated by Bowlby. (Bowlby, 1973, p. 226) In addition to the loss and unavailability of his biological mother during his first five years; the Wolfman was: (1) repeatedly exposed to surrogate mothers who were severely disturbed and hostile, as well as being from foreign cultures (2) underwent an illness which in his time and locale was severely painful, especially for children and (3) was exposed to death threats to stimulate his eating (Freud, 1918, p. 98), and his mother's famous threatening comment that she could, "not go on like this."

In sum, the child Wolfman met all of Bowlby's conditions indicating he would form the most disturbed, anxious attachments. Using Bowlby's framework for considering separation and separation threat details, one would predict the patient's need for lengthy treatment, with the difficult, complicated recovery which, in fact, occurred.

Reviewing Bowlby's work clarifies external factors exacerbating ruptures of mother-child bonding in this case; by contrast reviewing Winnicott's transitional phenomena study (Winnicott, 1953) further orders our understanding of the Wolfman's deeply disturbed relationship to various aspects of his internal childhood world. Winnicott found that: "After a persistence of failure of the external object, the internal object fails to have meaning to the infant, and then and only then does the transitional object become meaningless too." My paper's first sections provide detailed documentation of the Wolfman's largely failed external and internal objects. While in the Wolf dream he struggled with the threatening failed internal objects, in his waking life he struggled with a variety of failed transitional phenomena. In fact, the concept of transitional phenomena ties together some diverse aspects of the Wolfman's often eerie and tortured childhood world. In his autobiography of his childhood memories the themes are, hell, chaos, loss and disease. For example seeing neighborhood peasants reminds him of indescribable confusion and hell; his childhood diseases, pneumonia and malaria brought to mind pain and death; finally, the arrival of the governess brought to mind the partial loss of his Nanya and the unavailability of his mother. For children exposed to less loss and suffering transitional phenomena such as (1) favorite fairy tale and songs, (2) religious ritual and (3) pet animals bring comfort. By contrast, the Wolfman's transitional phenomena are largely meaningless or filled with threatening meaning. For example, (1) fairy tales presented

unmastered threats exploited by his sister. (2) Religious tradition was for him more conflicting and inconsistent than usual. He was taught different cultural views by his mother and surrogate mothers. His religion was plagued by doubts and ineffective obsessions. (3) Finally, animals were threatening objects to be sadistically tortured.

Faced with the immense technical challenges of analysing the Wolfman, Freud made instructive use of the patient's transitional phenomena of the threatening fairy tales. To start with the Wolfman case report, Freud and subsequent distinguished psychoanalytic teachers leave no room for doubt of the fact that this was a severely narcissistically disturbed, difficult treatment case. His patient's substantial sense of entitlement and Freud's famed description of his "obliging apathy" give a quantitative sense of stronger than average fixed resistance opposing the psychoanalysis. In recent years, Joan Fleming (Fleming, 1972) provided a systematic report on the working alliance and transference phenomena in sixty patients having suffered early object deprivation. As the Wolfman suffered multiple early object deprivations, we can fruitfully here reconsider Fleming's rich paper. Through her case experience and rigorous literature review she established that the sine qua non for their psychoanalysis was that the analyst must make some alteration in the stance of expectant, waiting listening and build a foundation of a working empathic symbiotic alliance, (then) a transference neurosis can be experienced and worked through. (Fleming, 1972, p. 40) She emphasized that for any analytic work to be done the patient and analyst must first overcome the patient's hallmark resistance of clinging to the lost object. Following Sterba she found the crucial first step in overcoming these resistances, the analyst's finding a way (sometimes employing the word 'we') to ally himself with the part of the patient's ego which is consonant with reality. By such relatively active participation in the analytic work the analyst "seemed to make the analyst's presence felt in spite of defenses against it." (Fleming, 1972, p. 41)

Returning to the Wolfman case we find evidence that Freud took ingenious steps to find and ally himself with reality observing parts of the Wolfman's ego. One such, not previously emphasized step dealt with the frightening transitional object fairy tale material. Freud showed a direct interest in precisely what fairy tale pictures the Wolfman recalled from his childhood. "I raised a doubt whether the picture that had frightened him could be connected with the

story of 'Little Red Riding Hood.'" (Freud, 1918, p. 31) Later Freud wrote: "He devoted himself with tireless perseverance during the treatment to the task of hunting in the second-hand bookshops till he had found the illustrated fairy-book of his childhood, and had recognized his bogey in an illustration to the story of 'The Wolf and the Seven Little Goats'." Hence with this technique Freud actively emphasized a continued balanced examination and weighing of evidence concerning the feared fairytale wolves. This is an early example of strong emphasis on the working alliance and the analyst acting as an auxiliary ego in cases of object deprivation. Also, the initial analysis, having explored to some extent the Wolfman's relationship to each of his surrogate mothers and to his mother achieved Fleming's second step of confronting the object deprived patient with the reality of his early object losses.

Finally, with A.J. Solnit's contemporary article, "A Study of Object Loss in Early Infancy" (Solnit, 1970), we can return full circle to this paper's main theme, the triangle of (1) mothers, (2) their children, and (3) their mutual experience of serious illness. Solnit developed Spitz's formulations concerning interactions between early object relationships and drive development. He applied them to contemporary treatment of infants with life-threatening diarrhea suffering some object deprivation in the treatment setting. In his series, the infant that did not have an affectionate surrogate mother (nurse) died while those so supplied did not die. My own work on pediatric wards confirms this finding. Solnit goes on to deduce that the child without the surrogate mothering lacked a recipient for his unbridled aggressive drive which turned against the only available object, the self of the infant, making it impossible for the infant to contain the life sustaining electrolytes. Thus we have contemporary elucidation of the literal biological struggle for survival by patients like the Wolfman for varied reasons lacking their biological mother, partly sustained by surrogates as the Wolfman was, by his Grusha and Nanya. Such patients' aggressive responses are, in fact, a health giving redirection of aggression away from the self toward the sustaining surrogate object.

Summary

Initial case data and modern follow up information concerning the Wolfman were here combined with medical history research to describe specific terrors of the Wolfman's mothers and their child. His multiple experiences with discontinuous, varyingly disturbed mothering and surrogate mothering are

described in detail. Buffeted by his terrors, a central dream wish of the four year old Wolfman would have been: Mother, please have many arms like the many branches of a tree, to hold these many, strange shattered parts of myself. The endlessly rich case and follow-up data serve to integrate much recent literature on reciprocal mother-child illness interaction.

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WHY WAS FREUD SO ANTAGONISTIC TOWARD AMERICA?

Martin Grotjahn, M.D.

Nathan G. Hall (1971) in his extraordinary and carefully documented book Freud and the Americans describes the essential importance of Americans for the acceptance and recognition of psychoanalysis -- and for the fame and idealization of Freud personally. Freud himself recognized this importance and stated clearly that he felt despised in Europe but received by the most outstanding men of America as equal (Freud 1923).

In spite of this, Freud developed a strong antipathy toward America. This development started already while in America at Clark University (1909) and intensified later. Jones (1955) quotes Freud's devastating aphorism that the discovery of America was a gigantic mistake. When he heard that an American woman paid A.A. Brill \$50 for thirty minute sessions (August 4, 1922), and offered him \$50 for an equally short time while he was on vacation he refused the offer with indignation. An even more outspoken expression can be found in Sigmund Freud's correspondence to Otto Rank, when Otto had gone on a lecture tour to America (M. Grotjahn, 1971, page 22).

Freud was glad that his friend did not get seasick otherwise the "trip across the dirty ocean would be a doubtful pleasure." Later Freud states: "Nowhere is one so overwhelmed by the meaninglessness of human action as there where even the blissful satisfaction of natural animalistic needs are no longer recognized as the goals of life."

Freud suspects American analysts to harbor "a crazy and adlerei." He adds, "I am so very glad that you found the only rational way of behavior with which you try to live among these savages: to sell one's life as dear as possible to them."

Freud was pleased that so many of his former analysands continued their analysis with Otto Rank: "It seems to me often that analysis fits Americans like a white shirt fits a raven."

In a similar vein he stated at another place: He never was satisfied with the analysis of any American. (M. Grotjahn, Collectors' Items from the Correspondence of Sigmund Freud and Otto Rank, from the first "Rundbruefe" of the "Ringholders," Journal of the Otto Rank Association, Volume 6, February 1971, page 22.)

Neither George Hall nor John Demos (1979) in a more recent article can explain Freud's antagonism. I think an interpretation is not so difficult.

Freud always considered his father to have been a poor provider for his family -- which almost certainly is not a statement justified by reality. Freud's younger brother Alexander always protested against this remark. Freud developed a "father complex" which caused him to be financially more successful than his father and to outdo him in that respect. Freud felt deeply grateful to Oskar Pfister (1963) to have helped him through their correspondence and conversations to analyze this "complex" and the compulsion to make money. For instance, in a letter to Pfister on May 10, 1909: (Psychoanalysis and Faith, Letters of Sigmund Freud and Oskar Pfister, Basic Books, New York, 1963, page 24) Freud writes:

"I renounced the impracticable proposition of getting rich honorably, decided after the loss of a patient not to accept a replacement for him, and since then I have felt well and happy and admit that you were right; and subsequently I have adhered to this principle on no fewer than three occasions. But for your visit and your influence I should never have managed it; my own father complex, as Jung would call it, that is to say, the need to correct my father, would never have permitted it."

In later years, especially after the inflation eliminated Freud's modest savings almost completely, the need for money -- not greed or compulsion -- forced Freud to accept many more patients, among them disproportionately many foreigners, especially Americans. He refused Rockefeller Foundation money but accepted Americans who paid a relatively high fee which was partly paid in valuta into a bank abroad. He could not resist this temptation. The result about having to give in again made him anti-American.

Actually Freud was generous to an extreme with his money: his continued support of the Verlag, his generous and consistent support of needy colleagues give ample proof of that.

A Bibliography can be furnished upon request.

MEDICAL ROUNDS AMONG THE YAGUA INDIANS
OF THE PERUVIAN AMAZON

Lee B. Gold, M.D.

The very name Amazon conjurs up images of Tarzan in constant danger swinging through jungle trees and a river below with deadly piranhas and crocodiles waiting for their prey.

We spent three days in the Peruvian Amazon area as part of our three weeks in Peru. Having been to Macchu-Pichu, the contrast was great. Coming over the snow-capped Andes and seeing a ribbon of muddy brown water cutting through a velvet green floor was surprising. A little time was needed to realize that this was the Amazon as viewed from a modern jet. My mind turned back to my childhood and movies I had seen of Johnny Weismuller playing Tarzan swimming through infested waters.

Donna and I have been interested in native arts and crafts, and the culture from which they come. When arranging our trip we wanted to include an area relatively untouched by modern culture. The Yagua Indians offered such a situation. They live near the city of Iquitos, where the rivers descend from the east side of the Andes and coalesce to form the mighty Amazon.

From the airport, we drove through the city of Iquitos down to the waterfront and traveled by boat to an encampment that served as our headquarters for three days. Our boat was a modified dugout that looked like a slightly larger rendition of the African Queen. It seated approximately twenty-five passengers. To prevent capsizing, we were seated with our weight equally distributed on each side of the boat. Most of our luggage had to be left in Iquitos because the boat could not take the excess weight; also we had to trek into the lodge for several miles from the water. Anything not vital was left behind. Several times it was necessary to stop the boat in order to clear debris away from the motor. The river is a veritable sewer line.

It was during the four hour ride down the river that we met John, who not only managed the lodge, but was also the local medico for the Indians. Both the temperature and humidity were nearly 100. Though we learned how to encase ourselves in the mosquito netting around our bunk, we were not spared the itch created by a nearly microscopic insect that burrowed subcutaneously producing nonstop scratching. The worst areas around my ankles took two to three months to heal.

We were not permitted to walk outside the lodge area alone as both plant and animal life could be dangerous. Lucio was our machete-wielding native Indian guide. He identified flora and fauna, and took us to the Indian village. John had given us some background on their culture. They live on cultivated crops of roots, bananas, papayas, beans and rice. The men help in tilling and carrying heavy loads. They do the hunting for monkey, armadilla, tapir and deer. The women do most of the food preparation, caring for the children, and making of decorative necklaces in their spare time. When not hunting or making blowguns, the men tended to gather and tell jokes, most of which contain sexual themes.

When we first entered the village, most of what we saw was in a certain sense like a stage production. Children from six to about thirteen were not in evidence. The women and children were sitting around in their large huts that were raised off the ground on stilts. Some women were preparing food and others were inspecting and picking the children's hair. The men were gathered in a shady spot near the center of the village. All the men had a line or two of orange color painted on their cheeks. The color is a greasy substance made by squeezing the ACHIOTE nut (*Bixa orellana*). The men and women both wore grass skirts. The men wore grass hats; the women grass chest pieces covering their breasts. The men spoke in soft whispers that were punctuated by loud guffaws. We were permitted to walk about freely and seemed to be viewed with a tolerant curiosity.

The Yagua number approximately 6000. They live in small villages numbering less than 100 per village near the Amazon. Many of the white settlements are trying to preserve the "untouched" natives. This is difficult. Barter is used in the attempt to restrict money and the begging that seems to accompany it. We were told that the Yaguas made seed necklaces and blow-guns. We opted for several necklaces: one with a toucan beak, one with a large shell, and another with piranha jaws. The "cost" for these were in terms of gum, candy and cigarettes.

Lucio had brought along a package made of fifty cigarettes tied together. This was to serve as their target for a blow-gun exhibition. The target was tacked to a pole no more than four inches across. The men lined up some thirty feet away. Competition did not seem keen. They were like reluctant performers going through their paces, eager for the termination of showing off and a chance to smoke.

When we returned through the dense vegetation back to our compound, John greeted us and told me that someone at the village had been burned and he was requested to help. He asked if I wanted to join him. I jumped at the chance. He took his small medical bag. I took my camera.

When we returned to the village this time, everyone tended to cluster around. As we walked to the hut of the young patient, John joked with the chief to whom he had donated a pint of blood only a few months earlier. Now that the chief had "white man's blood," could he speak English yet? It seemed as though the entire village was on hand, gathering around us. Once in the hut the group parted, making a path to allow us ready access to the patient. The young lady was about eighteen and had a worried look as she lay on the floor. She had applied a kind of grease to her legs. Since there was no blistering, John opted to apply an antibiotic ointment. I suggested that she might get relief by applying cold compresses. John doubted that she would follow instructions such as that, because the Yagua prefer either some medication to be applied or injected.

John was treated as a combination of Doctor and Patrone. He was not surprised when several people approached him as we were leaving the village. Each had some less than acute problem. A man approached to tell us with a pleading tone that his wife had not spoken for one year, and that she lacked taste sensation on the tip of her tongue for a similar period of time. John told me this woman had a stroke a year ago. She did not appear that way to me. She seemed to be in her late thirties to mid-forties, and was calm in contrast to her husband's anguish. I asked if I might examine her. A hurried neurological examination failed to reveal anything resembling an old stroke. I asked if John would act as interpreter in order to get more information. After some general questions I decided to ask about her sexual history. When I asked about the last time she and her husband had been intimate, John informed me that it made no difference, as the man can easily find other women. When the husband answered that it was one year ago that they'd last been intimate, the woman began talking to the great surprise of both her husband and John. Her voice had returned as if by magic. With the limitation of time, I was unable to follow through with a detailed history of the events of a year ago.

Another clinical vignette was of a chronically depressed woman who had a multitude of aches and pains. Even without translations, the picture was all too familiar of the pleading, slow, sad person who translated internal psychic pain to the body.

When we were leaving the jungle, I asked John if I could send them anything. It happened that they were sorely in need of suture material. John told me that not infrequently the officials confiscate such material for monetary gain. I took a chance and sent several prepackaged items complete with needles. Three months later, I received a very warm letter from him, in which he thanked me for the materials which had arrived safely. He also wished to give me some progress notes on the patients we had seen together. The young lady with the burns did indeed use the cold compresses and healed quickly. But the main details came in reference to the woman with the "stroke," she has remained talkative, and the husband is quite happy again. I have a standing invitation to return.

A REVIEW ESSAY BY RAYMOND FRIEDMAN, M.D.

Leo Rangell. The Mind of Watergate. An Exploration of the Compromise of Integrity. Norton, 1980.

I enjoyed Dr. Rangell's book in which he deftly probes the Watergate era by weaving his questions and hypotheses into the fabric of the chronicling of those woebegone times. The style which makes the reading so easy also keeps the material alive by presenting the events of a decade we reluctantly revisit as though we were back there again. He has achieved the immediacy of a case presentation and rightly deserves to call his subject "my extra case."

To my satisfaction, Rangell has penetrated to the core of Watergate; to the Heart of Darkness. However, we are not lectured to; we are not given "the answer:" nor does Rangell publicly psychoanalyze Nixon. He thereby avoids the trap which blinds the amateur psychohistorian. The Mind of Watergate contributes to the scholarly literature by using the tools of clinical psychoanalysis to sculpt the morass of data into a unique interpretation which is complementary to but separate from those fashioned by commentators of other disciplines. Rangell's method of listening with free-floating attention to events as they unfold and only then advancing interpretations is the psychoanalytic tool uniquely applied to social issues.

The book was written for a lay audience. Basically the public is given a precisely crafted "present illness" of Nixon, of the men around him, and of the majority group of Americans who elected him and who reluctantly and then only fleetingly allowed themselves to see the Real Nixon. Additionally, they receive a psychoanalyst's view of narcissism, of superego functioning, and of the relationship of the father-leader to his subordinates and to the public at large. In regard to the latter, Rangell proposes that one of the functions which Nixon served intrapsychically for the average man was to let him, in the author's words:

Do the right thing for the wrong reasons, do the wrong thing and be cheered, to say one thing and do another, to get credit for what others have proved is right and you have always opposed.

Certainly these actions gratify the deepest and most defensively guarded drive-like wishes springing from every man's buried childhood. Speaking of Nixon's easy change of face, Rangell hypothesizes the "people did not vote for Nixon in spite of this but largely, in my opinion, because of it." He then notes that:

In the public sector, there is a ping-pong effect between a leader and a group in which the superego floats suspended between them and needs to be claimed by none. On the basis of this an uneasy liaison is established in which behavior is acceptable in the leader but also permitted in the group. In this case Nixon, and therefore the people as well, are allowed to change their minds and actions, and motives remain unquestioned... People unconsciously long for permission to do what they feel is wrong as easily as what they feel is right. Unfortunately, or fortunately, guilt is apt to intervene."

The issue of guilt during the Watergate era is investigated by Rangell, leading him to postulate the presence in Nixon of course, but most importantly in all men, of a syndrome characterized by cheating. He labels this syndrome "the compromise of integrity" and in so doing draws us to begin discussing the integration of values and codes of moral behavior in the superego. Here Rangell is making a contribution to psychoanalysis itself, for psychoanalysts do tend to shy away from directly confronting and interpreting "ambition, power and opportunism, the three horsemen of the compromise of integrity." Dr. Rangell also urges us to study courage, again cogently emphasizing that this aspect of human conduct rarely comes within psychoanalytic purview.

As psychoanalysts, discussing among ourselves matters such as morality in contemporary society, the Watergate era, and specifically the person of Richard Nixon in relation to these issues, we would instinctively leap to a dynamic and genetic construction of Nixon's behavior. In The Mind of Watergate Rangell gingerly approaches dynamic considerations and generally steers clear of introducing genetic material that did not arise spontaneously during the period of study. I

believe his decision to do so was wise for two reasons. First, his methodology dictated that he not intrude genetic material, and second, he was writing for a lay audience, whom I think he would have overwhelmed, terrified, and ultimately lost if he unabashedly injected psychodynamic considerations. However, in the chronicling of the Watergate period which Rangell offers, he presents us psychoanalysts well chosen material for our private speculation in journals such as this one. For example, he paints a stellar portrait of Nixon, on the one hand, as an isolated shy introvert and, on the other hand, as a man who strolls confidently if not serenely through the White House exposing himself to a small staff and to those omnipresent tape machines in a way which was clearly atypical for the private Nixon. My speculation is that Nixon must have been entranced with a sense of his own omnipotence in a situation which protected him from his usual fears. To corroborate this view, we are given ample information to deduce that Nixon's staff considered themselves extensions of him, and vice versa, to the point where Nixon had only a feeble idea of the private lives (e.g. marital status or their number of children) of most of his senior staff.

As you can tell, my speculations, as do Rangell's, tend toward narcissistic considerations. This reviewer will go beyond Rangell's cautious viewing of Nixon as a "splintered personality" and a man who was "not integrated but fragmented" to comment on his flagrant grandiosity, a subject Rangell touched on by noting a general dynamic in relation to Nixon in which "the smaller the man in relation to his ambition, the greater the insecurity and more panicky the reach... Other Presidents or aspirants to that top position have had equally high ambition but not as low self-esteem."

In my opinion, Nixon was a sick man, defending to the last his sense of self-esteem which unfortunately was maintained through a series of self-images, many of them grandiose, which were poorly integrated with another series of self-images in which he portrayed himself as inadequate and as a failure. The sense of humiliation arising from the feelings of inadequacy was projected into the environment, leading Nixon to believe that others were intent on humiliating him. And so Nixon's perpetual "enemy" was born.

In The Mind of Watergate we see the clinically fascinating but sad and lonely struggle which we as analysts observe frequently in our patients during narcissistic crises. The final days of Nixon dragged on

for several years. We witnessed his squirming and writhing (as he desperately attempted to avoid confrontation with a beleaguered sense of himself) not on our couch but rather grotesquely and shamelessly on the stage of history with the President of the United States as an enfeebled Hamlet without Claudius, Gertrude and King Hamlet's ghost there to shroud the narcissistic core in the oedipal drama. The interpersonal richness of the son's struggle against father for mother's love and the resulting tragedy was missing, for, in my opinion, Nixon was not Tragic Man, nor was he Guilty Man, but he was Pathetic Man.

Richard Nixon simply went beyond the pale of accepted human decency. Based on his fear that someone somewhere would undo his grand image (which of course he unconsciously doubted), he probably himself ordered or condoned the wiretapping of the Watergate offices. Then, when caught, he emerged ever so slowly but ever so relentlessly as a pathetic, isolated, and frightened individual who, transfixed, watched his own omnipotently-created self-image crumble before him, dragging us all through the mud as he tenaciously tried to prop up this grandiose image of himself which he had by that time externalized into the concept of the "Presidency" itself. Perhaps admitting his "error," as he called it, would have unravelled his sense of himself. Maybe his paranoia was an organizing force which helped preserve a sense of togetherness. In any event, his need to preserve his fantastic self-images denied us the satisfaction of our need for him to admit to and then repent his wrongs.

However compelling our clinical view of Nixon's narcissistic problems may seem (especially during the Watergate period), it does not, in my opinion, provide us with the explanatory power we need to fully understand the chronic disorder of superego which Nixon evidenced and which may have been a powerful source of attraction to the American people. We need another frame of reference, and I believe Nixon provided it for us. He picked a jarring and unpolished term when he simply said, "I am not a crook."

Dr. Rangell studies the crooked behavior under the rubric of the compromise of integrity. In my opinion, he makes a contribution to both the general public and to psychoanalysis by refusing to explain Nixon's psychopathology as only a narcissistic or neurotic problem. After all, not every "narcissist" is a crook. I do not know if the reverse holds true, but if it does, there is more to explain about being a crook than can be encompassed in the psychodynamics of narcissism. Indeed, Rangell transcends our usual explanatory frameworks and claims to have

discovered a syndrome in Nixon, and most importantly in all men, which, as I noted, he labels the compromise of integrity. He believes this complex to be of equal importance to the oedipal one in determining man's behavior.

Does a constellation of behavior similar to but of lesser intensity than the one in Nixon exist universally in our society? If we wish to answer this question by examining Nixon and his relationship to the American people, we must decide whether or not the people knew (consciously or unconsciously) that Nixon was a crook -- a compromiser of integrity, for only then can we proceed to consider Rangell's hypothesis that people were attracted to Nixon because of their wish to vicariously express their own "Watergate complex."

If it was just Nixon who cheated then we could say he was a bad seed who slipped through the cracks of history. However, if all of us compromised our integrity, and if cheating behavior is part of our make-up, then I believe we are beginning to examine a universal structural problem. Rangell argues against the naive premise that only a small minority of Americans knew Nixon's real colors, and for the idea that unconsciously the vast majority of Americans knew exactly the type of intrapsychic gratification they could obtain vicariously by electing such a leader.

Dr. Rangell raises a number of scientifically significant questions. Perhaps he, in future papers intended for psychoanalysts, will amplify his description of the "Watergate complex" and begin to delineate its role in normal and pathological development. Is it really a psychic organizer on the order or magnitude of self-object differentiation and the oedipal complex, and if so, how?

In my opinion, Rangell further needs to elucidate the structural aspects of the super-ego defect he is describing, especially in regard to the formation of the ego ideal. We could also profit from a discussion of the compromise of integrity from the object relations standpoint in which cheating might be viewed as behavior in the service of object or self-object ties ultimately linked to the sense of self-cohesion, (whereas in structural theory such behavior is viewed as the product of an intersystemic conflict). Finally we need an interdigitation of Rangell's observations about possible sociopathic interaction between the American people and the President with the existing body of literature concerning criminal behavior.

Before closing, I would like to commend Dr. Rangell for continuing his account of the Watergate era past the resignation of Nixon to the doorstep of Nixon's mirror image, Henry Kissinger. Ronald Reagan expressed the spell both men cast over much of the country in 1973 when he proclaimed that the Nixon-Kissinger peace efforts in the Middle East were "far more important than anything the Rodino Committee is going to produce... The government of the United States and the President are the only anchors holding world peace together..."

Dr. Rangell repeatedly hammers away at the myth of Kissinger, the peacemaker, and ferrets out facts which suggest that the timing of the 1972 Vietnam "peace" treaty was actually aimed at burying emerging Watergate testimony and was not, as thought, designed to appease the American public with a pre-election end to the war. He perceptively concludes:

The survival of Kissinger through the history of Watergate is in fact a phenomenon which needs to be explained. Involved in wiretaps, acknowledged architect of much of our foreign policy which collapsed, author of statements in contradiction of evidence, ensnared in indefensible testimony as 'inoperative' as much as Nixon's, Kissinger still manages to come out smiling, quipping, poised and in control.

There is much more in store for the reader than an expose of Kissinger in the final chapters of The Mind of Watergate. The moral rot in our society is relentlessly displayed, buttressing Rangell's thesis that the compromise of integrity is endemic in our society. The road after Nixon's fall picks up with Ford's pardon, proceeds through the Lockheed scandal which brought the fall of the Tanaka government, continues to the Gulf Oil Company-South Korean government chaos, through the toppling of the Royal House of the Netherlands, on to the fall of South Vietnam and the revelation of our secret commitments to Thieu, then on to the deceptions of the needless Mayaguez raid, leading finally to a dissection of C.I.A. illegalities, forming a climate which Rangell considers to be "the soil from which Watergate sprang."

Watergate is still a recent event which taken together with the war in Vietnam represents a step in the development of American civilization. It is too soon to determine whether that step is ultimately going to prove progressive or whether our civilization is headed for an evolutionary dead end. I hope that we have the adaptive capacity to avoid further repetitions of such acts, and to do so we must understand what happened. It is in that direction that Dr. Rangell has taken a significant step. I recommend The Mind of Watergate as both a unique, scholarly reference and as a poignantly gripping, well-paced chronicling of that era.

A REVIEW ESSAY BY JAY MARTIN, PH.D.

Joseph N. Natterson, The Dream in Clinical Practice, New York and London: Jason Aronson, 1980.

"In order to view the position of the dream in present-day psychoanalysis," Samuel Eisenstein writes in "The Dream in Psychoanalysis," "one has first to accept the view that there is now no general agreement about the role of the dream." Perhaps because of this, in the decade of the seventies attention to dreams has increased enormously. Leon Altman's The Dream in Psychoanalysis and Richard Jones's The New Psychology of Dreaming started the decade, and began to adapt the laboratory studies of dreams in sleep to psychoanalysis. In exactly the middle of the decade, in July of 1975, the 28th International Psychoanalytic Congress met in London and devoted a special session to "The Changing Use of Dreams in Psychoanalytic Practice." Harold Blum, M. Masud R. Khan, Marion Milner, Otto Kernberg and others who participated in that session tended to agree that the dream still held a special place in psychoanalysis, and could help to shed light on a great variety of clinical and metapsychological issues. The decade of the seventies closed with two important books on dreams: one theoretical, David Foulkes' A Grammar of Dreams; and the other clinical, Paul Sloane's Psychoanalytic Understanding of the Dream.

Appropriately, Joseph Natterson's The Dream in Clinical Practice begins a new decade. Consisting of twenty-eight essays written by thirty different authors especially for this volume, such a book as this is likely to give a whole new impetus to the study of dreams; to lead the way in a thoroughgoing assessment and reassessment of our clinical and theoretical understanding of dreams; and, finally, to make for a way of bringing the psychoanalytic understanding of the dream to bear upon and to enhance the practice of various other psychotherapies. These were, in fact, Natterson's explicit intentions. "Although the importance of working with dreams is increasingly appreciated in virtually all quarters," he writes in his Introduction, "the full potential of such work has yet to be realized. In correlating the multiple dimensions of dream utilization in modern psychotherapy, it has been my hope to effect a cross-fertilization of these diverse but interrelated points of view."

These objectives show in the organization which is comprehensive and representative, not encyclopedic and exhaustive. The essays are organized into four sections: I. Clinical Theory of Dreams; II. The Dream in the Various Pathological States; III. The Dream in Special Therapeutic Situations, and IV. The Dream in the Various Psychotherapeutic Modalities. The essays are written at a uniformly high level, and often strike out boldly in new directions.

Several of the authors are colleagues of Natterson's in the Southern California Psychoanalytic Institute. The first essay, in fact, is by Louis Breger, who has previously published important work on the effects of stress in dreams, and recently was graduated from the Institute. Writing on "The Manifest Dream and Its Latent Content," Breger goes directly to the central theories of dream interpretation, involving problems of the translation of visual to verbal signs in the construction of the dream report, of the transactions in dream reporting, dream analysis, and dream interpretation; and of the transactions occurring between analyst and patient in terms of their individual and shared perceptual-cognitive schemas, linguistic structures of grammar, and therapeutic interactions. Importantly, he insists: "It is not hidden content that is latent in a dream, but hidden meaning." Breger gives an actual case that exhibits the unravelling of sadomasochistic fantasies, emotions, and actions through the analysis of several key dreams. The case of "Emily Fox" is one of the most interesting sections of the book.

For sheerly intrinsic interest as an account of an extraordinary case of the treatment of a "multiple personality," very few cases in psychoanalytic literature could equal Stephen S. Marmer's discussion of his treatment of "Anna B," with her multiple splitting into four distinct beings, each with her own associations, neuroses, and concerns. Marmer outlines fifteen remarkable brief dreams, assigns each to one or another of the aspects of Anna B's personality through association and reconstruction, and looks at the adaptive styles, conflicts, or struggles expressed in each. This analysis is so careful and persuasive that Marmer is able, without a sense of disjunction, to move toward more general clinical recommendations concerning the psychoanalytic treatment of patients with dissociative symptoms and ego splits. In general, he helps us thereby to learn

clinical flexibility in interpreting both dreams and the transference.

Phobias have been the subject of a mass of psychoanalytic observation and writing. Sydney L. Pomer and Robert A. Shain, with great skill and perception, shifted the literature concerning phobic reactions to find those few works -- beginning with Freud's case of Little Hans -- in which dreams are importantly analyzed in the treatment of phobias. In the hands of Pomer and Shain, the dreams of phobic patients offer special opportunities for analysis. As they conclusively show, the dreams of phobic patients are often relatively undisguised; that is, not only the manifest contents but also the latent meanings are rather undistorted and offer, therefore, an unusually reliable guide to the nuclear conflicts and dynamics of the phobia. They give, as well, a useful warning to the analyst who is likely to be confronted, in the case of a phobic patient, with the denial of the importance of what is revealed in dreams. In reports on dreams connected with multiple phobias, claustrophobia, and agoraphobia, Pomer and Shain write with clarity and verve, making the dreams of these elusive patients a pleasure to read.

Technically, one of the most original and useful papers in the volume is "The Dream in Acting Out Disturbances," by Doryann Lebe. She begins with the incontrovertible premise: "...these acting out disturbances arise from problems in the preverbal phase of development. The patients have frequently been fixated at a preverbal level of development..." She then goes on to suggest how instructive it can be to investigate the behavior and actions following the dreams of patients, especially those with acting out disturbances. At the same time, she suggests, it is equally desirable -- and illuminating -- to observe her own actions following a patient's dream. Unusual behaviors that follow dreams may act out the manifest content or latent meaning of a dream and thus help the therapist to make contact with the preverbal level of unconscious and conscious states, a level that since it was never cathected to language would remain inaccessible to free associations of a merely verbal sort. Under these conditions, the behavior itself constitutes "an association, continuation, or resolution of the dreams," and is of aid in establishing a transference. The patient is dislodged from the outside world by turning his actions into transference behavior. Particularly useful is Lebe's discussion, personally illustrated, of countertransference acting out.

Frank M. Kline is the chief of the psychiatric service at the Veterans Administration Medical Center in Long Beach, and was formerly chief of outpatient psychotherapy at Los Angeles County/USC Medical Center. Particularly interested in the education and training of psychiatric residents, he makes insightful use of his experience in "The Dream in the Treatment of the Disadvantaged." Selecting from dreams which were reported to him during his supervision of psychiatry residents in a low-fee teaching clinic, he gives a series of ten brilliantly condensed illustrations of how a supervisor, if he is a sufficiently skilled interpreter, can help the student to learn to use dreams in order to: (1) evaluate a therapeutically useful psychotropic dosage; (2) get access to resistances, fantasies, transferences, and so forth; and (3) monitor rhythms in the therapeutic alliance, its increase or its deterioration. Kline gives a convincing exhibition that psychoanalysis has a very special mission to fulfill in the psychiatric clinic.

Robert E. Litman is the co-director of the Suicide Prevention Center in Los Angeles. In his essay, the role of the psychoanalyst in the problems of the treatment of the suicidal patient, the anticipation of the possibility of an approaching suicide attempt, and the possible prevention of suicide give us another special and unique slant on the varied clinical uses of psychoanalytic understanding. Litman writes with grace and dramatic skill, and so brings special vividness to his presentation of dreams associated with suicide -- dreams as solution to a life crisis; dreams involving eroticism and guilt; dreams as "appeals" for rescue from suicidal ideation. If Lebe's article on dreams and acting out is especially valuable because of the scarcity of earlier articles on the subject, Litman's article is also one of the very few articles connecting dreams with suicide. The subject itself is fraught with indeterminacy and is likely to be suppressed by the therapist himself. Yet, as Litman suggests, "suicidal situations as special problems during treatment can be expected to occur from time to time in every psychotherapist's practice."

In his essay "The Dream in Psychoanalysis," Samuel Eisenstein undertakes what must seem like an almost impossible task: to give a concise estimation of the psychoanalytic understanding of the dream. He carries this off, however, with a grace that conceals the difficulty of the job. His section on "Kohut, the Self, and the Dream" is especially interesting, particularly for the comments included in it on the "self state dream." Near the end of his essay Eisenstein makes a crucial (and useful) distinction: our understanding of the actual psychology of the dream has scarcely

changed in the last eighty years; but he adds, "if the unconscious and one of its major manifestations, the dream, have not changed much, perhaps the dreamer, and certainly the world he lives in, have changed." In this wise and witty concluding section, "Has the Unconscious Changed?", Eisenstein traces out the recent historical changes in the expression of erotic and aggressive drives, and makes some guesses about the consequences for dreams which he, like others, sees in terms of ego psychology.

Werner M. Mendel's "The Dream in Analysis of Existence" is especially interesting in the context of this book, for in it he discusses the theories of a school of psychotherapy which does not derive from a medical model. Called in Germany *Daseinsanalyse*, this mode of understanding aberrant behavior neither sees it as an illness nor regards intervention as treatment. "The analysis of existence," Mendel explains, developed from a philosophical foundation. The work of the German philosopher Franz Brentano (who was also a teacher of Freud's) was [at] the basis.... Later, between 1930 and 1960, Ludwig Binswanger, V.E. von Gestattel and Medard Boss refined philosophical phenomenology into therapeutic techniques of observation and intervention. Since much of the writing of practitioners of *Daseinsanalyse* is highly theoretical, as perhaps benefits its philosophical orientation, Mendel's essay is an especially welcome addition to the literature concerning "existence" therapy; for he gives us, first, a clear description of the seven categories of phenomena attended to in the *Daseinsanalyse* of dreaming and he offers two cases in which the dream, the transactional discussion of the dream with the patient, and the interpretation are all illustrated and discussed. Certainly, while Mendel does not develop the point, there is reason to believe that discussion of the "analysis of existence" in the context of psychoanalytic interpretation shows that interaction between these two schools of understanding the psyche may be mutually fecundative.

Martin Grotjahn's essay, "The Dream in Analytic Group Therapy," is written with the clarity of thought, capacity for generalization, and originality that always mark Grotjahn's work. As elsewhere in the volume, here too the subject of the essay opens new lines of thought and offers unique illustrations of clinical practice. Grotjahn gives "an hour of dreams" which took place in a group of eight members, four male and four female. To be sure, as he points out, only rarely does such an intense emphasis upon dreams occur in group psychotherapy; but that, of course, makes this particular account all the more heuristic, and it enables Grotjahn to make concise distinctions between

the transference neuroses in analysis and the "transference situation" in group therapy; between the reliance on extensive associations to the dream in individual analysis and the more rapid transactions of the group process; and between the intensity of individual analysis and the broad variety of interactions in group analysis. Grotjahn's concluding remarks on the connections between "Beautiful Dreams of Death" and "Ugly Dreams of Death," remind us of his life-long interest in the voice of the symbol: "The symbols of death are ugliness and beauty. Perhaps the secret of all beauty is to show that truth is ugly and sad -- but the [dream] symbol can make it beautiful."

Joseph M. Natterson's essay, "The Dream in Group Psychotherapy," is a fine counterpart and companion essay of Grotjahn's. Together, they suggest that we have just begun to explore the contributions that analysis can make to group therapy. Natterson, in particular, shows how the group itself "becomes a powerful influence in the evocation of the dream and the shaping of its manifest as well as its submerged form and structure." Group dynamics, in their intense interactional aspects, move the analysis along in ways that are different from, but every bit as powerful as the "reflective, intrapsychic tendencies of individual therapy." Natterson gives very striking examples of the "group dream" and discusses this phenomena in richly suggestive ways. Perhaps more than any other author in this volume, Natterson exhibits a grace of scholarship which gives his essay density and authority.

Natterson's talents for scholarship were of course, crucial to the organization of this volume, the subsequent selection of topics, the choice of participants, and the final compilation. In addition to the authors whose work have been discussed above, Natterson selected several other contributors who prepared interesting, and sometimes superb, articles. These include, especially, the chapters by Roy Whitman (on the "Curative Fantasy"), John S. Kafka (on "The Dream in Schizophrenia"), Arnold Namrow (on the dream in obsessive states), Charles W. Socarides (on the manifest dream in perversion), Claude T.H. Friedman (whose essay on "nightmares" is as witty as it is important), Robert Langs, and Marquis Earl Wallace.

The work of the editor is all too often hidden, of course, but a moment of reflection will suggest the kind of foresight, intelligence and patience that Natterson had to have to assemble this volume. If the 1970s was a decade in which the psychoanalytic understanding of the dream was deepened, the 1980s initiated by *The Dream in Clinical Practice*, are bound to witness the broadening effects of this remarkable and valuable volume.

RAISING COST CONSCIOUSNESS

S.L. Pomer, M.D.

Does treatment of mental health problems result in a reduction of the utilization of other general health services? This question has been a central insurance issue in assessing whether there is an unexpected spillover benefit from psychotherapy which would lower the costs of general medical care. Such savings would be a major argument for the expansion of health insurance coverage to include treatment of mental health conditions as well as alcoholism and drug abuse. Authoritative answers to this important question are now being sought.

A comprehensive review of twenty-five published studies of the effects of psychiatric therapies by Jones and Vische* found that subsequent medical care utilization was reduced as a consequence of psychotherapy in a range from five to eighty-five percent. Mental health studies included programs in West Germany, Pennsylvania, Maryland and Washington, D.C. For example, after psychoanalytic psychotherapy the medical hospitalization rate of 1,005 adult West Germans had markedly been reduced compared to the rate of the general population.

A careful and rigorous project involving federal employees is being headed by Herbert Schlesinger and Emily Mumford of the American Psychoanalytic Association. Their work attempts to evaluate the impact of privately provided psychotherapy on medical utilization in a fee-for-service system, as well as to assess the influence of medical diagnosis, the kind of therapy and the prior levels of utilization of medical care facilities.

*Jones, K.R. and Vischi, T.R., "Impact of alcohol, drug abuse and mental health treatment on medical care utilization." In Medical Care (Supplement) 17:12, 1979.

on his thinking. I must add that I adored all these qualities, and felt indeed that he was a "great" one. In later years, when meeting as peers, I still felt his mastery as a teacher, his uniqueness and originality above even the best of teachers, his wholly personal individual style, and his friendliness and generosity in appreciation of something you had written or said, something which gave you a lift indeed to go on in your own direction and in your own style, as he had done.

One always regrets that one did not use opportunities to make closer friendships, to learn more from him in this way. Our sons, he once told me, were classmates though their interests went in different directions, his in music, mine in scientific directions.

I was surprised and saddened to learn that his wife whom I had met, remained very ill for many years. Despite this, his work went on through many years in his typical speed.

He came to southern California on several occasions. These were highlights in our psychoanalytic education, sometimes lecturing to large audiences, sometimes to smaller intimate classes.

Always there was that inimitable small laughter that was part and parcel of his words, which it is unfortunate that the more prosaic in the audience did not quite catch.

I think now it was the wisdom of the philosopher and psychoanalyst who could sense, while working theoretically and clinically, with life and living people, the humor and the big and little jokes that we let life play upon us.

Marie H. Briebl

CC: Editor, Bulletin
Southern California Psychoanalytic
Institute and Society

INSTITUTE NEWS

EXTENSION DIVISION

My five year term as Director of the Extension Division ends as of October 31, 1980. I wish to express special thanks to Alva Lane, whose presence is everywhere in the institute, and who was of immense assistance in innumerable ways. Sam Eisenstein and Ruth Aaron, education committee chairpersons, and Herb Linden, Lennie Comess, and John Lindon, presidents of the institute, and Paul Click, previous extension division director, provided invaluable advice and guidance. Let me review the teachers and activities of the last few years.

1. Courses for Psychologists and Social Workers. Elliott Markoff has been coordinator since 1977 and Warren Procci will be our new coordinator. We had 114 students this spring. Teachers were Drs. Anshin, Blanc, B. Brickman, Carder, Daigle, Hochman, Masler, Turkel, Warick, Windler and Woodson. Since 1976, besides many of our current teachers, other course teachers were Drs. Hoppe, Kettler, Lustig, Mergener, Neff, Paul, Perlmutter, Preston and Rosenstein, along with Connie Litman and Suzanne Dworak-Peck.

2. Courses for Psychiatrists. Terry Taylor has been coordinator since 1979, and will continue. Bernie Sosner was our first coordinator (1978). Our teachers for this fall will be Drs. W. Jones, Malin, Gaines, Burgoyne, Paul, Brooks, Huff, McClure, Morrison, Panter, Shapiro and Sweet. Besides current teachers, past teachers have been Drs. Aaron, Cherkas, Dunn, Hoppe, Masler, Paul, L. Schwartz and Taylor.

3. Psychoanalysis and the Creative Process. Bud Friend, coordinator. There were 150 registrants for five films discussed by Drs. Aaron, Anshin, Gilberg, Perlmutter, J. Lindon, Schrut and Sweet. Bud will have a four to five film series this coming winter. Bill Holyoak was coordinator in 1977 and 1978 for "Psychoanalysis and Literature" (Drs. Hopgood, Loewenberg, Schrut, Tabachnick, Mrs. Evelyn Tabachnick) and "Psychoanalysis and Art" (Drs. Anshin, Grotjahn, Jones, Warick and Mrs. Elaine Warick).

4. Psychoanalysis and the Academic Community. Gary Chase and Warren Procci, coordinators. This ten session series was videotaped. Speakers on "Freud--His Life and Times" were Drs. B. Brickman, Ekstein, Eisenstein, Grotjahn, W. Jones, Linden, Lindon, Litman, Natterson and L. Schwartz. Our previous 1976-77 series summarizing theoretical and clinical issues offered Drs. Doran, Eisenstein and Gaines.

5. Cooperation with U.C.L.A. Extension. In 1979, Mrs. Barbara Kohn was coordinator for our first joint venture with U.C.L.A. on "Psychoanalysis and Literature" with Dr. Al Hutter as coordinator and Drs. Hopgood, Loewenberg, Martin, Schrut, and Norman and Evelyn Tabachnick. We had seventy-five registrants. Larry Warick is coordinator for a course on "Psychoanalysis and Art" for early 1981 with Drs. Anshin, Greenleigh and Warick with other participants to be announced. We shall no doubt have other projects.

6. Past programs on Psychoanalysis and Nursing have been run by Drs. Ciesla, Neff and Phelan.

7. Al Coodley is evolving a series of courses for attorneys.

All of our teachers and coordinators deserve your plaudits! Most of all, we need more volunteers to participate in planning and in teaching. My thanks to all for your help and support.

Roman N. Anshin, M.D.
Director

CLINIC NEWS

The Clinic's annual report for the fiscal year May 1, 1979 through April 30, 1980 summarized the TWENTY-FIFTH YEAR of its operation.

A new clinic director and clinic committee, appointed by the Institute Board of Trustees, took over the responsibilities of managing the affairs of the clinic in September 1979. A new procedure for evaluating applications was adopted and approved by the education committee. The group interview of applicants was replaced by individual interviews. The education committee has made it a requirement that all training analysts participate in the interviewing of clinic applicants on a rotating basis at no cost to the clinic. An effort is made to have the training analyst who might supervise the case if accepted conduct this interview. The other interview is conducted by a member active in the institute and/or having had previous clinic experience. One of the usual two interviews may be omitted for those applicant referrals by a training analyst, member or clinical associate who submits a written report and rating on the applicant. All self-referred applicants or those referred by a member who does not submit a written report and rating are required to have the two individual interviews. The clinic committee reviews the protocols and reports and makes a decision regarding acceptance, non-acceptance, or further action to determine the final decision. The clinic committee meets monthly in the evening. The new procedure has been working well and advantages to the new system are reflected in a better selection and satisfaction by the treating clinical associate and the supervising analyst.

The positive responses of the supervising analysts and members to the interviewing of clinic applicants have been impressive and gratifying. During the past fiscal year seventeen training analysts and sixteen members interviewed clinic applicants for a total of thirty-three individual interviews. Three applicants only had one interview because a written report and rating were submitted in lieu of the second interview.

A more flexible stance has been adopted in regard to fees and availability. It is no longer a requirement that patients pay a minimum \$10 fee per session. The maximum fee remains at \$25 per session. The fee range of those currently in treatment is \$2 to \$15.

Applicants are no longer screened out automatically if they cannot be available during the day during the week. The premise is that if the applicant is sufficiently motivated and a rapport is established between the patient and the clinical associate that the scheduling could be worked out.

All applicants who were not accepted were seen in a follow-up interview to discuss the decision, the basis for it, and the recommendation. Of the twenty-seven in this category, eight were referred back to the source of referral, twelve were referred to a clinical associate or member, two were referred to other clinics, and no referral was made for five.

The members of the clinic committee who served during the past year follow: Drs. Irving H. Berkovitz, Paul R. Cllick, Albert D. Hutter, Elliott L. Markoff, Stephen S. Marmer, and Samuel Miles representing the Clinical Associates' Organization.

Laila Karne, M.D.
Director

BOOK REVIEWS

Editor's Note. For your pleasure, and to keep current with his own prolific reading and writing, we present a number of Grotjahn gleanings.

Freud and His Self Analysis. Vol. 1, Downstate Psychoanalytic Institute, 25th Anniversary Series. Edited by Mark Kanzer, M.D. and Jules Glenn, M.D., New York: Jason Aronson, 1979.

This is the first of four planned volumes to celebrate the 25th anniversary of the Downstate Psychoanalytic Institute at Downstate Medical Center, as founded by Drs. Howard Potter and Sandor Lorand. Recently the Institute transferred its affiliations from Brooklyn to New York University Center in the Bellevue Psychiatric Hospital in Manhattan.

The book consists of an outstanding collection of essays, the majority of which have been published previously. The attentive reader will realize this but he will be glad to have this magnificent collection available in one volume.

Mark Kanzer writes about Freud and his demon, about Freud as the first conductor of an analytic group. He also spent a special chapter on the correspondence between Emma Jung and Freud. Kanzer's essay on Freud and his brothers demonstrates different identification and gives more insight into the mind of Freud. It is rounded out by a note on Freud's literary doubles.

Leonard Shengold's contributions are of the same high standards of scholarship, insight, combined with detailed knowledge of Freud's background and historical time. Shengold's chapter on Freud's ideas at the University, goes back to the 11th century, and is fascinating. Shengold uses the metaphor of a journey through "The Interpretation of Dreams" and goes on to insightful details of Freud's identification with the biblical Joseph. He continues with a colorful review of the Freud-Jung and Fliess correspondence. Shengold analyses Freud's parapraxis in relationship to Karl Abraham; he shows that Freud overlooked Karl Abraham's earlier investigation of Akhenaten.

There are numerous other chapters, all of which should be mentioned here, especially Max Schur's communication about so far unpublished Freud letters to Fliess, which explain the "Irma Dream" and the final solution of Freud's transference to Fliess.

It would be a mistake to limit the importance of this book to its historical documentation. In addition, these essays form a truly analytic book illustrating psychoanalysis in its concepts as developed first by Freud in his self analysis and continued from then on until today. All of the essays show analysis at work. The book is fascinating and an intensive training course in psychoanalytic theory and practice.

The joining of historical research with analytic methods in a mosaic of conscious and unconscious motivation, culminating in an analysis of Freud's creative greatness is so skillfully done that it reminds the reader of the beauty and harmony of some mosaics in Pompeii, Herculaneum or on the ceiling of the Hagia Sophia.

Martin Grotjahn, M.D.

Freud And His Friends. Vol. II, Downstate Psychoanalytic Institute. 25th Anniversary Series, Edited by Mark Kanzer, M.D., and Jules Glenn, M.D., New York: Jason Aronson, 1980.

It is a risky business to "redo" or to apply present-day concepts and techniques to the classical cases Freud analyzed in the very early times before neither analytic concepts nor techniques were established. However, neither techniques nor theories were the issue at that time and are not now in the focus of interest. The issue here is how Freud's genius was developing and unfolding, and how this process makes the case reports to what they are: great literature, timeless like Greek or Shakespearean dramas.

The main part of the book consists of five chapters each dealing with one of Freud's cases: Dora, Hans, The Wolfman, the Schreber Case, and the Rat-Man. The introduction is by Jules Glenn, and each chapter is summarized by one of the two editors; the concluding chapter is written mostly by Mark Kanzer.

In spite of the seven summaries, the book is difficult to review because of the wealth of observation, of historical information, of developing theory and technique, and finally, the fascinating way in which the entire material is integrated.

A quarter of a century of study and teaching at one of our great psychoanalytic institutes offers with these two volumes a model-setting masterpiece of a scientific record. Seminars on Freud's cases will never be the same if the instructor reads the way it was taught by the Downstate Institute.

Martin Grotjahn, M.D.

FROM A LETTER BY SIGMUND FREUD TO S.H. FOULKES

Martin Grotjahn, M.D.

S.H. Foulkes had graduated from psychoanalytic training in Vienna, and had become a member of the Vienna Psychoanalytic Society in the year 1930. Two years later he wrote to Freud, probably with the intention to facilitate his full membership in the German Psychoanalytic Society in Berlin. In his answer on May 1, 1932, Freud made the following remarkable statement, which Elizabeth T. Foulkes reported in Group Analysis, Vol. XIII, pp. 6, 7, April 1980:

Much of what you indicate critically in your letter is unfortunately well founded. To me it appears to be the greatest disappointment in analysis that it does not effect a greater change in the analysts themselves. No one has yet made it a subject of a study by what means analysts succeed in evading the influence of the analysis on their own person. Let us hope that there are other and stronger motives involved in holding together the membership than the common relationship to me which could not of course long outlast my experience.

For our German-speaking readers, I bring here the German original:

Vieles, was Sie in Ihrem Brief kritisch andeuten, ist leider gut begründet. Mir erscheint es als die grösste Enttäuschung an der Analyse, dass sie an den Analytikern selbst nicht grössere Veränderungen zustande bringt. Es hat noch niemand zum Gegenstand einer Untersuchung gemacht mit welchen Mitteln die Analytiker es zustande bringen, sich den Einflüssen der Analyse auf ihre eigene Person zu entziehen. Lassen Sie uns aber hoffen, dass für den Zusammenhalt der Mitglieder noch andere und stärkere Motive in Betracht kommen als die gemeinsame Beziehung zu mir, die ja meine Existenz nicht lange überdauern könnte.

This letter was written five years before Freud published his famous and quite pessimistic essay on "Psychoanalysis Terminal and Interminal." The letter occupied Foulkes still in 1961, ("Therapeutic Group Analysis" 1961), and was answered by him with a suggestion that analytic group therapy would help to make psychoanalysis more effective in the case of training, perhaps as a transition to the lifelong self-analysis of analysts. This idea was taken up later by Martin Grotjahn in his book The Art and Technique of Analytic Group Therapy, Jason Aronson, New York, 1977. Most recently, the idea was strongly endorsed by Leopold Bellak, M.D., Professor of Psychiatry, Albert Einstein College of Medicine, Bronx, New York, in his article, "Some limitations of dyadic-psychotherapy and the role of group modalities," (International Journal of Group Psychotherapy, Vol. XXX, January 1980, pp. 7-22).

The Annual of Psychoanalysis, Volume VI, 1978,
New York: International Universities Press,
489 pages.

This volume, an annual of the most recent edition, begins as usual with a section on psychoanalytic history. This chapter contains a careful look at the reception of psychoanalysis in the United States and a discussion of psychoanalytic theory and history. Another section focuses on contributions of psychoanalysis to a general science of man, examining the major contribution to religion and sociology.

There are discussions of Roy Schafer's "action language" for the contributions to the mind-body problem.

The volume concludes with several papers on applied analysis, including an examination of psychoanalysis and biography, a look at movies in the 70s and a reflection on childhood sibling loss and adult functioning.

The Annual is a publication of the Chicago Institute of Psychoanalysis but contains a majority of contributing authors by non-Chicagoans. The volume is devoted to Terese Benedek, who died on October 27, 1977 and who had worked with the institute since 1936.

Like so much of all psychoanalytic literature in books and journals the emphasis rests again heavily on theoretical issues. Even some clinical material, as for instance, about combat reaction in Israeli soldiers or aspects of multiple accidents or reports about the nisei are heavily wrapped in theoretical speculations. The essays on history ask pertinent questions, for instance, why was Sigmund Freud so antagonistic to America inspite of its importance for the acceptance of psychoanalysis? The essay however brings no new answers or new information.

Martin Grotjahn, M.D.

Susan Rako, M.D. and Harvey Mazon, M.D.,
(Eds.) Semrad: The Heart of a Therapist.
New York: Jason Aronson, 1980, 206 pages.

Drs. Rako and Mazon were students, colleagues and friends of Elvin Semrad. They knew him well and respected him and his scientific work, which was mostly in group psychotherapy. For years the words of his wisdom, philosophy and therapeutic attitude, though not scientifically formulated, were communicated to his students "from the heart." These sayings form this slim volume.

Aphorisms stimulate because of their brevity but frustrate because of the lack of detail and as a rule leave the reader discouraged after a while.

In this collection, however, the two editors succeed with tact, taste, devotion and careful selection to avoid the dangers of aphorism and bring the man of wisdom and therapy nearer, especially to those who used to know him. Semrad died at the age of sixty-seven, having been a member of the Boston Psychoanalytic Association and a Professor of Psychiatry at Harvard University.

Martin Grotjahn, M.D.

K.R. Eissler, Freud Und Wagner-Jauregg.
Locker Publisher, Vienna, 1979.

Kurt Eissler, who lives since 1938 in the United States, is known as the founder of the Freud Archives which he developed to the most important collection of documents about the life and work of Sigmund Freud. He is known also for the many books he wrote. He has now added this book which he wrote in his native German language, clarifying the culmination point of Freud's relationship to Wagner-Jauregg, the only psychiatrist even to win the Nobel Prize. Both men used to know each other from their service in the hospital and became, at least for all appearances, fraternal friends, addressing each other with the intimate "Du."

After the First World War, Wagner-Jauregg was investigated because of alleged cruel, inhuman and harmful electrical treatment of war neurotics. The expert opinion which Freud gave in writing has been published previously and often been reprinted. Kurt Eissler published here also the protocol of the oral testimony by Freud as an expert witness. This dialogue between judge, Wagner-Jauregg, Sigmund Freud, and one of the former patients - "Mr. K." - is dramatic and of great interest. Kurt Eissler even located, but he does not tell how that happened, the principal patient, "Mr. K.", who is living in New York; Eissler recorded this man's recollections and his case history in detail. This is no easy reading since the man's description of his days of hospitalization in total isolation on Wagner-Jauregg's ward reaches almost the horrors of a concentration camp.

Freud as expert witness was clear, calm, always a gentleman and colleague, careful in expression, unemotional and disciplined to the utmost. This protocol is published here for the first time and it is a remarkable document of psychiatric treatment during World War I. Freud considered, for instance, seventy-seven days of total isolation not necessarily as traumatic but only as most unpleasant. --Wagner-Jauregg was declared as not guilty of all charges.

Martin Grotjahn, M.D.

ANNOUNCEMENT

Dr. Silvano Arieti will be visiting Professor of Psychiatry at the University of California, Irvine, and the Long Beach Memorial Hospital during the week of October 20 to 26, 1980. On the evening of October 20th, he will be addressing the Southern California Psychoanalytic Society. On Saturday, October 25th, there will be an all-day conference on "Cognitive Processes in Psychopathology and in Psychotherapy" at the Center for Health Education, UCI-Memorial Hospital in Long Beach. In addition to Dr. Arieti, the principal speakers will be Dr. Mardi Horowitz of San Francisco, and Dr. David Shapiro, author of Neurotic Styles.

Alex L. Sweet, M.D.

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Some Recent Acquisitions

New Books

M. Masud R. Khan. Alienation in Perversions. Clinical and theoretical insights into distorted object relations and subsequent perversion formations.

Paul Pruyser, (Ed.) Diagnosis and the Difference It Makes. The positive aspects of diagnosis as discussed at a conference to celebrate the Menninger Foundation's 50th anniversary.

Annual of Psychoanalysis, Vol. 7. Relation between Kernberg and Kohut theories, unpublished letters of Abraham, Eitingon and Alexander plus much more.

L. Chertok and R. de Saussure. The Therapeutic Revolution: From Mesmer to Freud. The roots of psychoanalysis, from animal magnetism through hypnosis to the discovery of the transference. First published in France.

W.A. Console et al. The First Encounter. Tapes of five initial diagnostic interviews by a noted teacher and analyst from the Downstate Medical Center and Institute. Follow-up techniques and discussion of his methods.

Sigmund Freud: His Life in Pictures and Words. Freud's son, Ernst, daughter-in-law, Lucie, and scholar I. Grubrich-Simitis combined to produce a large and beautiful book of photographs of all the people who mattered to Freud, the places, the letters, everything.

K.C. Meiselman. Incest. Origins of the taboo, the causes, and the effects upon children and adults. A study of fifty-eight cases in psychotherapy.

L. Leavy. The Psychoanalytic Dialogue. Interpretation as the core of psychoanalysis, and its emergence through patient-analyst dialogue.

F.J. Sulloway. Freud: Biologist of the Mind, Beyond the Psychoanalytic Legend. Controversial book, purportedly showing Freud's historical debt to the often mistaken biological theorists of his day, and the effects of this thinking on his own theories.

From Dr. Leo Rangell.

Leo Rangell. The Mind of Watergate. Nixon and the American people as co-conspirators in the cover-up. Significance of public apathy and denial from the time of the crime through Nixon's re-election.

From Dr. Barry Panter.

James F. Masterson, (Ed.) Psychotherapy of the Borderline Adult. Techniques of Giovacchini, Searles, Kernberg and Masterson.

From Dr. J. Victor Monke.

D. Burnham et al. Schizophrenia and the Need-Fear Dilemma. A study of schizophrenics' interpersonal relations in a hospital, with insights into the object relations of these patients.

S. Arieti and J. Bemporad. Severe and Mild Depression. Psychodynamics and forms of psychotherapy for depressives in all age groups.

From Dr. Joseph Natterson.

Joseph Natterson, (Ed.) The Dream in Clinical Practice. Theories and uses of dreams as evidenced in patients of varying psychopathologies, in patients undergoing various forms of psychotherapy and in special therapeutic circumstances.

From Dr. Ernest Masler.

Books by F. Alexander, K. Lorenz, D. Rapaport, and others.

From Dr. John Lindon.

New tape. Program of Sigmund Gabe's Testimonial Dinner, April 1980.

From Dr. Peter Loewenberg.

Illustrated catalogue of Sigmund Freud Exhibition at Goethe-Institut in Munich 1972.

From Dr. Elliott Markoff.

G. Chrzanowski. Interpersonal Approach to Psychoanalysis. Reassessment of Harry Stack Sullivan's theory of psychiatry and its expansion to include changes in the concept of the self.

From the George Frumkes Memorial Book Fund.
Psychiatry and the Humanities, Volume 4.
The Literary Freud: Mechanisms of Defense
and the Poetic Will. Drives and defenses as
they affect the creativity of the poet, e.g.
Shaw, Crane, Wordsworth, Blake.

Sidney Smith, (Ed.) The Human Mind
Revisited. Festschrift in honor of Karl A.
Menninger. Original theoretical, scientific
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R.J. Lifton, The Broken Connection. The
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R. Plutchik and H. Kellerman, (Eds.)
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