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Los Angeles Psychoanalytic Society/Institute



BULLETIN

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" The fateful question for the human species seems to me to be whether and to what extent their cultural development will succeed in hastening the disturbance of their communal life by the instinct of aggression and self-destruction. It may be that in this respect precisely the present time deserves a special interest. Men have gained control over the forces of nature to such an extent that with their help they would have no difficulty exterminating one another to the last man. They know this, and hence comes a large part of their current unrest, their unhappiness and their mood of anxiety."

Freud, S.

Civilization and its Discontents - 1930

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The Staff of the Bulletin welcomes Allan Compton, M.D., to its ranks with this issue. As reporter of clinical meetings, he has already proven an invaluable adjunct.



Foremost among the myriad obstacles which impede the process of a psychoanalysis should be the non-participation or complete absence of the patient. Nevertheless, from Leonardo to Wilson, and Shakespeare to Conrad, ever-increasing numbers of post-humous and in absentia analyses are being conducted these days.

Mindful of the controversies stirred, yet diplomatic in his commitment to neither side, your editor submits the following mixture of fact and fancy, with admonition that all conclusions drawn belong to the reader:

It is a matter of record that the structural configuration of atoms in organic molecules, for years constituted a tantalizing puzzle. Compounds such as Methane (CH₄) or Propane (C₃H₈) could be conceptualized, but no unifying theory could reconcile with them a picture for Benzene (C₆H₆),.... until the latter day Archimedes, Fredrich August Kekule von Stradonitz (1839-1906), locked his horns with the dilemma.

Redoubtable and resolute, he took the riddle to bed with him, —and to bath, —he lived with it through lunch, dinner, and breakfast, —in the laboratory, and at home, to such an extent that one wonders, justifiably, whether he had time for any of the more pedestrian pursuits: his family, his friends, his recreation, his procreation — which is precisely the point, alas, at which written records falter, and only analytic speculations supervene.

Did he in morbid preoccupation suppress his libidinal urges to the extent that they emerged in symbolic representations? Did they fashion his dramatic and now famous dream? — We do not know with certainty, though it is documented that the chemist slept, and in his slumber envisioned, —(his personal "EUREKA")— a snake(!) which wriggled and writhed, then in unabashed manner closed its jaws, — a u t o - e r o t i c a l l y and s a d o - m a s o c h i s t i c a l l y, —upon its own tail, forming a ring. SNAKE and RING! Classic symbols, classic dream! . . . with which reverie was spawned the Benzene ring, the genesis of Organic Chemistry, —with Kekule its father.

Res ipsa loquitur, or non liquet?

SLS



LETTERS TO THE EDITOR

Dear Sumner:

I just want to tell you how much I enjoyed the first edition of the Bulletin. I thought it was excellent.

The amount of thought and work and organization that you put into it was very evident. I am very pleased.

Sincerely,
Arthur Ourieff, M.D., President,
Los Angeles Psychoanalytic Society
and Institute

Dear Sumner:

I wish to make use of your kind invitation to submit "Letters to the Editor" of our Los Angeles Psychoanalytic Society and Institute Bulletin. As the members and candidates know, the Reiss-Davis Child Study Center is living through a serious crisis; and, following the general trend of social pressures on the mental health field, will have to cope with drastic

reductions in staff and service. But we shall maintain the quality of our work and as a psychoanalytic clinic. The Bulletin of the Reiss-Davis Clinic reflects our efforts and is to be a living link with the professional and especially the psychoanalytic community. We urgently need your subscriptions and we promise a vital and interesting journal, an expression of our clinical and training endeavors, our research, and our application of psychoanalysis to pre-school and school education. We will be grateful for your support.

Sincerely,
Rudolph Ekstein, Ph.D., Editor,
Bulletin of the Reiss-Davis Clinic

HISTORY SECTION

THE SANTA BARBARA SOCIALIZATION INSTITUTE

by Albert Kandelin, M.D.

Old files are among the raw materials for historical prospecting, much of it dull, unrewarding, and without redeeming value. Occasionally, one comes across a gem lode, sparkling and gleaming with great riches and delights. Such a file reposes in our Society records, the contribution of Charles W. Tidd in 1965. He had received it in 1949 from Karl Menninger with the notation "some of this may be worth saving in the Los Angeles Society's Archives." To have let this material come to Los Angeles, this incident certainly must have occurred long before the Menningers employed professional historical librarians.

In a neat and succinct way these papers relate the history of the Santa Barbara Socialization Institute; a sub-title could be "How Psychoanalysis almost came to Santa Barbara," another chapter in the history of analysis in California. The file consists of an exchange of letters of the period 1940-1942 and refers to events unfolding a drama of high hopes and noble aspirations played against a

backdrop of confusion, frustration, and even scandal. I hope I can relate the story through these old letters, and in a meaningful enough way to teach us something of the state of analysis in California thirty years ago:

Judge Atwell Westwick of the Superior Court of Santa Barbara County is the leading character; the story begins with a letter written by him to Karl Menninger, July 23, 1940. It is a long and detailed outline of a plan to establish in Santa Barbara a facility for the treatment of criminal offenders. Menninger was solicited for the use of his name, to be added to others on an Advisory Board comprising prominent persons of national repute. Westwick emphasizes his enthusiasm for the method of analysis and its application to the treatment and rehabilitation of criminals, making references to successes already achieved by some preliminary efforts. A non-profit corporation had been established complete with a board of trustees, a psychologist, and a local psychiatrist among them; the psychiatrist was Dr. Gilbert V. Hamilton, who was also to serve as director of the Institute (without pay). Child delinquents were to have a place in the scheme of things inasmuch as Westwick's judicial domain included the Juvenile Court. The Prospectus, woefully weak in the matter of financing, rather grandly proposed treatment gratis. Westwick bemoans the difficulty in obtaining public funds. In his position as Judge, he had been in the practice of ordering psychiatric and psychological examinations of some of his offender clientele, "over the strenuous objections of the County Supervisors; they take the position I am throwing money away, that I am as crazy as the people I seek to help." He had the authority to draw upon county funds for these examinations but lived in fear of retaliation by the County Supervisors who could cut his Juvenile and Superior Court budgets to even up the score. His position was that he had a fairly good diagnostic operation; by proposing an Institute, he would add a treatment facility. The whole action was to be integrated into the structure of the Probation Department of his Court, one of whose probation officers was described as having had a complete "analysis" plus experience in

"analyzing" some of the offenders. He proposed a program of training more therapists and used the word "analyzing" interchangeably with "training." Also proposed were a research program, a preventive program for children, and the ultimate extension, the offering of therapy to the non-criminal citizenry. . . .all of which was to be run by the Institute, a charitable corporation!

Menninger's reply was cool and reserved, yet prompt and courteous. It offered to discuss Westwick's plans with him, in person, during a forthcoming visit to California. He raised the question of Simmel's involvement, asking why Westwick had made no mention of him, a leading California analyst located in near by Los Angeles. In fact, Westwick and Simmel were already well-acquainted, and Simmel had even treated one of Westwick's probationers. Possibly Simmel didn't know of the ultimate scope of Westwick's broad plans although he must have had some notion of the Judge's ambitions. In any event the Judge took Menninger's hint and wrote promptly to Simmel in about the same terms and detail and likewise soliciting him for the Advisory Board. Simmel replied promptly with a letter voicing his good wishes for the success of the venture and referred to a long time interest in criminology. "The establishment of such an Institute, not only for the study of criminals, but also for their treatment and cure, has been a part of my dreams for the past twenty years." However he deferred consent to use his name until discussion with Menninger had clarified certain issues, principally whether analytic training was involved in Westwick's plans, and how the American Psychoanalytic Association would view such matters. (At this date California had no chartered analytic society and jurisdiction resided in Topeka and in Menninger's hands.) In spite of his reservations in this way Simmel showed his high regard for Westwick, and also a typical Simmel zeal for the application of analysis and analytic methods for the study and treatment of criminals.

Menninger traveled to California September 1940 and on the 20th addressed the Los Angeles Study Group on the subject "Sublimation:" the

meeting was at the Park Wilshire Hotel with Simmel presiding as the group's president with about seventy people in attendance (from Study Group records, Charles W. Tidd, Secretary). Sometime during this visit to Los Angeles Menninger and Westwick had their conference and after conversing, Menninger definitely refused to consent to the use of his name to the Advisory Board to endorse the program. Clearly Westwick was offended; he complained to several, among whom was Dr. Glen Myers of Los Angeles and Santa Barbara. Myers, a prominent California psychiatrist friendly with analysis and analysts, was also the operator of the Compton Sanitarium. Myers knew Menninger and attempted to intercede. In a long letter he describes Westwick's injured feelings and suggests that some efforts be made to understand and help the judge with his plan. Myers felt a Los Angeles analyst could be appointed to advise and guide Westwick; he felt the judge was unique, with far-sighted and progressive views, and that the opportunity for good should not escape. In his several long letters Myers makes an impassioned plea advocating the cause of the Judge, pleading as the protagonist of justice, progress, and social enlightenment: "I think that a judge of the superior court who is enthusiastically understanding that many of his subjects need emotional adjustment rather than judicial action by rule should have aid from those persons who are expert in the treatment of emotional maladjustment."

Menninger's meeting with Westwick had been at lunch at Simmel's home in Los Angeles and had included a three hour conference to give consideration to the Santa Barbara plan. In his equally long, detailed, and passionate replies to Myers he made defense of his rejection of the Judge's ambitious plan. "I know it is a disappointment to him to find that he cannot put his plans into operation in such an immediate and simple way he had expected, and I agree with you that it is too bad to curb the spirit of so earnest and idealistic a person. . .the Judge has the idea that psychiatry is all psychoanalysis and that all psychiatric treatment is psychoanalysis. This is a serious mistake. Psychoanalysis is subsidiary and subordinate to psychiatry and what

the Judge should work for is a psychiatric clinic and not an organization of psychoanalysts or pseudo-psychoanalyzed laymen ambitious to do clinical work." He went on to condemn the training of laymen in analysis, which for the time being ended the matter for Menninger, except that he was to relent to some extent after a change in circumstances.

The confusion raised by the Santa Barbara proposal may surprise a modern reader of this file; yet on second thought, it is not so surprising considering how new analysis was to Western America. The Topeka Society was founded in 1938, with none further west until the founding of California's first in 1942, the San Francisco Psychoanalytic Society. A Separate society for Los Angeles was still further in the future and would wait until 1946. In its established eastern centers analysis had the advantage of more mature organization with greater clarity of definitions and jurisdictions. The issue of lay analysis entered the Santa Barbara confusion; it was not until 1938 that the American Psychoanalytic Association ruled against the further training of laymen, and even then the position of many lay practitioners remained indeterminate.

A final phase of our story opened at the end of 1940 with the arrival of Hugo Staub in America, and shortly thereafter in California. First trained in the law, he later turned to analysis and had analytic training at the Berlin Institute in the twenties. Along with Franz Alexander he developed an interest in the analytic study of criminals, and together they published a comprehensive book on the subject which appeared in 1929. It was republished in 1957. Along with so many others he fled in the mid-thirties from the Nazi scourge, first to France, later to England. It was in England that he worked four years at a project named the "Institute for Criminal Psychology," according to a letter to Menninger written by Simmel, who certainly had know Staub in Berlin. Simmel was impressed by the man's career and qualifications and in this he was soon joined by Westwick. It was Simmel's referral which led to Staub's appointment to the post of Director of the Santa Barbara psychiatrist. Staub's

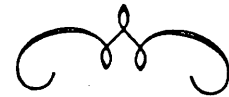
appearance must have seemed an act of providence. He appeared a natural for the job on the basis of his experience and considerable qualification. In the letter to Menninger of December 2, 1940, Simmel describes Staub's career, his qualifications, and some of the details of his escape from Europe. It ends, "I hope you will share my opinion that Staub will be an asset to the psychoanalytic movement in California, particularly in connection with the development of psychoanalysis as applied to criminology."

A few days later Staub wrote Menninger the following quotes: "On my arrival in Los Angeles I saw the mess awaiting me from the correspondence you had in the matter of this Institute. . . I could not say you were so wrong in your judgement. . . we succeeded finally in cleaning up the mess. . . since yesterday I am the Director. . . I intend to comply strictly to the regulations set up by the American Psychoanalytic Association in the question of training of psychoanalytic therapists. . . Naturally I want to give this Institute a psychoanalytic color, and I think the work we can do here will be of value for psychoanalysis in California as well. I hope therefore you will give me your consent to enter the Advisory Board as soon as possible." As a personal touch he reminded Dr. Menninger of meeting him in Europe "in happier days" and sent his regrets for not stopping in Topeka when he crossed the continent to Los Angeles. His trip had been as a passenger in someone else's motor car (for the sum of \$21) and the driver refused to detour via Kansas.

All seemed rosy with everybody pleased and even Menninger reassured; he sent congratulations and good wishes, content with Staub's assurance of no analytic training contrary to the standards of the National Association. In January 1941 Simmel and Menninger each gave consent to the use of their names on the Institute Advisory Board. Each was content that irregular analytic training would not come to Santa Barbara and that the activities there, whether therapeutic or research, would not violate established regulations.

Alas within a short time the bubble burst and in a letter August 7, 1941, to Menninger, Simmel states, "I am sorry to say that psychoanalytic criminology

in Santa Barbara which seemed so hopeful, has ceased to exist." Our file fails to give details, but hearsay mentions a scandal and Staub's abrupt departure for New York. Ask David Brunswick for details. It was October 1942, when Simmel acknowledged a cable from Lawrence Kubie in New York informing of Staub's death there, and in his note he asked for the particulars of what happened to the man. Kubie's response closes our files; in his reply he describes Staub's terminal illness, a brief one of two weeks' duration ending with massive brain hemorrhage into an acutely developing tumor.



CLINICAL VIGNETTES

Dr. Brunswick submits the following vintage vignette, recalling how he responded to the urging of his then teen-age daughter who tired of trying to explain to her classmates how her father earned his living:

AN INTRODUCTION TO PSYCHOLOGY AND PSYCHOANALYSIS FOR THE EIGHTH GRADE

by David Brunswick, Ph.D.

I am very happy to talk to the eighth grade Science Class and I hope I shall speak understandably about things which will interest you. The title of my talk is "An Introduction to Psychology and Psychoanalysis."

My daughter, Elizabeth, has told me that you have studied in your science course various subjects all the way from Astronomy to Anatomy, and from what I have observed of her studies I get the impression that you know by now what sort of thing science is and how it goes about studying and investigating our world.

An English poet once wrote "The proper study of mankind is man," by which he meant, I think, that the most important subject for us to investigate is the human being — and not only his anatomy and the workings of the body,

but how his mind operates, how he feels happy or sad, and why he behaves as he does and how to cause him to behave in ways more satisfactory to himself and others. How important this is you can see from just one example: The problem of why there are wars is a problem of the behavior of human beings, of some few human beings, and then of human beings in large numbers; and you certainly have seen what an important problem war is. Some other important problems of psychology are why some families are very unhappy and divorces occur, why there are mental illnesses and how to cure them, and maybe most important of all, how best to bring up children in our families and teach them in our schools so that they will grow up to be happy and efficient.

Psychology began as the study of the mind or soul, for the Greek word *psyche* means just that; mind or soul. And it developed into the study of the human being as a thinking, feeling and acting individual.

In the last half of the nineteenth century, psychologists were interested mostly in the subjects of sensations — seeing, hearing, touching, tasting — the details of these sensations and how they come about through the action of the sense organs, mainly the eye, the ear and the various sense organs in the skin (for touch, heat, cold and pain.) You see, they were already depending upon anatomy and physiology — how the body works, but their emphasis was on consciousness, awareness, sensations, feelings. Another important subject that interested them was the study and measurement of intelligence, and the present day rather practical field of mental measurements, or mental tests, got its start in the intelligence tests of those early days.

However, in the first part of our twentieth century a group of psychologists turned away from the study of sensations to what they considered immensely more important in human beings: the behavior, the actions of the individual; and the forces and machinery inside and outside of himself that produce those actions. Their work and their theories depended a lot on what was known about the physiology of behavior, that is, how the sense organs, the brain, the nerves and the muscles act together to produce and

control a person's actions. The instincts and the emotions, learning and training were of great importance to this group of behavior psychologists. Examples of instincts are the feeding instinct, the sexual instinct, instincts of defense and attack; examples of emotions are fear, anger and love. You can see that those are important motive powers in human behavior.

Now, in the last decade of the nineteenth century, from about 1890 on, a man in Vienna, Austria, was beginning his work, which has had a very deep influence on the science of psychology and on many of its applications to human affairs. This man was Sigmund Freud, and his discoveries are summed up under the name *psychoanalysis*. Freud was a physician who had chosen as his field of work neurology and psychiatry — the curing of diseases of the nervous system and mental illnesses. Freud soon turned his attention entirely to the mental illnesses, because he was really a great scientist and the mysteriousness of the mental illnesses, was a challenge to his curiosity. In one of these mental illnesses, called hysteria, apparently physical symptoms such as paralysis or severe pains had no physical causes that doctors could ever find. The symptoms of this disease could be influenced through hypnotism, which is a psychological procedure, not a physical one, though the causes of the illness were not known. So Freud assumed that the causes must be psychological, in the mental life or the life history of the individual, and set out to investigate such causes.

He had got a strong hint from another Vienna physician who had discovered that a certain patient with hysteria could, when hypnotized, remember some painful experiences of her past life which in her normal waking state she had completely forgotten; and those forgotten painful experiences were clearly connected with the nature of the symptoms and the time at which they began. Freud continued to investigate hysteria, and also other mental illnesses, at first by means of hypnotism and later by means of another method which I shall mention soon. In many cases such forgotten painful experiences were uncovered and brought back to full memory, and best

of all, when this was done thoroughly enough, the illness was cured. So Freud fortunately found that the method of investigation turned out also to be the method of cure.

He soon discarded hypnotism as a method, because he found it unreliable for several reasons, and he invented a new method which is called the method of *free association*. The patient remained in the normal waking state and Freud urged and persuaded him to tell to the physician every thought and feeling that went through the patient's mind. This method worked: gradually the thoughts become deeper and the forgotten painful memories finally emerge. It takes lots longer than the cure through hypnotism, but it works in a far greater number of cases and produces more permanent cures. Hypnotism and similar methods are being revived nowadays as aids in the curing of mental illnesses, especially in soldiers who have had nervous or emotional breakdowns in terribly severe combat conditions.

Let us look now at Freud's most important contribution to psychology, the discovery of the *unconscious mind* or the *unconscious* as it is called in psychoanalysis. Where was the patient's memory of the painful experience before hypnotism enabled her to remember it? It was somewhere in her mind, but she was not able to bring it to consciousness until hypnotism enabled her to. Freud said it was in her unconscious or the unconscious part of her mind. That does not mean that what you don't happen to be thinking of this minute but can easily bring to mind, is in your unconscious mind, but only what you cannot bring to mind. A good example is shown when sometimes you try to think of a word or a name and you cannot remember it. It has been temporarily pushed into the unconscious, it has been *repressed*, as psychoanalysis calls it.

So an individual's unconscious mind contains all the memories, desires, wishes and emotions which he has had to repress during his lifetime because they were painful and incompatible with his civilized life and with his association with other civilized people whom he loves and respects. What is found in the unconscious are primitive, uncivilized angers, hates, loves and fears,

and memories of experiences connected with those primitive emotions and instincts. Every individual has an unconscious, not only those who are afflicted with mental or nervous or emotional illnesses. The unconscious minds of different people do not differ from each other much in the nature of what is in them. They differ in the kind of fuss they kick up in producing mental illnesses, and also in the kind of valuable results they produce. For not only mental illness but great achievements of civilization are profoundly influenced by the unconscious part of the mind — great music, art and literature, great science, great inventions.

Let me finish with two suggestions to you concerning psychoanalysis and the unconscious mind.

First, do not worry about your unconscious mind. It is as natural and healthy a part of your mind as your stomach, liver, heart and lungs are of your body.

Secondly, don't be prejudiced against psychoanalysis and the unconscious, but keep your minds open to further information about them in your future education. Freud's discoveries were great and revolutionary ones, and have aroused opposition and prejudice as all such discoveries have done, for example the discovery of the great astronomers that the earth is not in the center of the universe and Darwin's discovery that man is the product of evolution from the lower animals.

Thank you for listening. I have enjoyed telling you a little about psychology and psychoanalysis, and if you have some questions, I'll be glad to try to answer them.



One of our Group is treating a young actress. She has been excessively modest all of her life. Even as a youngster, her pretty cheeks turned crimson on introductions to strangers...which contre-temps she resolved by the formation of a cute little symptom, — appropriate to childhood, but hardly suited to later life, ...How so? — Well, to hide her burning face, she would raise her skirt before it!

Another analyst quotes a father who claims that as he lay dozing on the divan on a Saturday afternoon, his youngest kept tugging at him to get some help with a problem. Dad kept dozing, and tot kept trying, until in final desperation the child pried open one of the sleepy eyes and called into it,

"Dad, hey, Dad; are you in there?"

...Possibly the same little one who "cracked up" as he heard the "facts of life" replete with explanations of birds, bees, eggs, and SEEDS, and an awkward circumlocution of how they got planted.

"What's so funny?" asked parent, only to be told, between giggles, "I just wondered if Dad planted them with his shovel!"

BOOK REVIEWS

THE TECHNIQUE AND PRACTICE OF PSYCHOANALYSIS

Ralph Greenson, M.D. —

Generally, the reader of books on psychoanalytic technique must cultivate that "willful suspension of disbelief" demanded of poets and their audiences. One must be prepared to see the deft interpretation piercing the formidable resistance and presiding over its dissolution. The way is then paved by the unfolding transferences, and their concomitant defense-forms, for an approach to the nuclear roots of the conflict revealed in all their five-fold metapsychological glory. The whole drama is bathed in a light of unnatural and compelling clarity, much like a medieval pageant. Or sometimes, dipping into works on technique with an existentialist tinge, one feels the two hearts throbbing as one ("we were in touch with the humanity of each other"), characteristic of treatises which told of the transition from courtly to romantic love.

One leaves such books thoroughly cowed and/or grimly determined. "How

could I have been so stupid, unanalytic, unperceptive, etc? The next hour will be different."

Dr. Greenson has presented us with a book without "Kitsch." He invites belief, in the clinical and therapeutic reality of his account, rather than forcing us to set aside our own experience. A remarkable and continuing feature of the book is the case material, fragments of hours, which demonstrate his technical and practical recommendations clearly. One may agree, disagree, quibble, admire, or have any other sort of reaction to the way Dr. Greenson interprets (or chooses not to interpret) at a particular point in the session, but one knows precisely what one is reacting to. Fuzz and wool are not to be found in this work. Uncertainties are bracingly stated, confusions soberly set forth. In addition, the case illustrations are cross-indexed so that one may trace the progress of a case.

The style is unobtrusive and conversational, the tone moderate and never doctrinaire or preachy. Yet, Dr. Greenson's opinions are unequivocal and succinct. Again, one can disagree vigorously with some of these judgments but one's disagreements gain focus from their adversary.

This is a book about technique — and it is also technical; replete with a useful bibliography, shot through with erudition and constructed on the clearly-made-visible historical foundations of psychoanalysis. It is surprising to find so systematic and technical a work so enthralling.

The historical reviews — of free association, resistance, transference — are careful and condensed; invaluable for candidates seeking a perspective after viewing closely the development of the theory of psychoanalytic technique.

Clinical nuggets abound — and to each his own. Mine were on identification as a transference reaction, a gem of fine description and dissection (pp 244 — 247); lucid differentiation on p. 260 of reliving, acting out, and symptomatic action; negative transference (p 233); and on page 240 "what is most difficult (to analyze) in man is the primitive hatred of mother; and in woman, the primitive love of mother."

Were we to ignore the style, the command of the literature, and the clinical sure-footedness of this book, we would still know its authorship by three hallmarks, now typical of Dr. Greenson.

1) Psychoanalysis is a treatment, a therapy differing from other psychotherapies, but nonetheless a therapy aimed at relieving distress and actuated, in part, by a therapeutic intent on the part of the therapist and the patient. This attitude, shared most articulately by Leo Stone, does not negate the analytic stance of attempting to understand the patient in all his psychic compartments, but instead, positions and focuses this series of understandings.

2) The working alliance – its development, aberrations, and vicissitudes – is produced by the joining of analyst and patient in common therapeutic intent, marred and added to by transference and countertransference reactions, and serving sometimes as spur to the treatment, sometimes as rein (e.g. when used as a resistance to more regressive transference phenomena). Dr. Greenson would appear to value two basic rules: (a) The Basic Rule, and (b) Pursue the changes and deformations of the working alliance.

3) The real relationship between patient and analyst cannot be set aside in the analysis of the transferences and the scrutiny of the working alliance. One could speculate that in some other forms of therapy – e.g. hypnosis, shamanism, directive therapy – the attempt is made to deny magically that there is a real relationship. In still other forms of therapy, a self-conscious effort leads to the assertion that there are only real relationships – Encounter groups, some forms of Gestalt therapy, etc.

What psychoanalysis requires of the analyst, the patient, and the analytic setting is eloquently set forth in Chapter 4. What we as students and practitioners of psychoanalysis require of a book on technique has been more than amply met by Dr. Greenson.

Gerald Aronson, M.D.



SEX AND GENDER: ON THE DEVELOPMENT OF MASCULINITY AND FEMINITY

by Robert J. Stoller, M.D.

Though Dr. Stoller presents his book as a study in sex and gender, its greater contribution is the light it throws on the all-important phenomenon of identity formation. He has depicted again, and convincingly, the crucial and formative importance of the mother-child relationship in development.

The material he has employed is fascinating enough in itself – biologic and genetic anomalies and transsexuals. Actual case material will impel his analytic readers to give consideration to non-conflictual infantile imprinting as an important feature in character formation and identity.

He draws our attention to an area of very early infantile development which has far-reaching implications for our metapsychological formulations and for our clinical judgments as to susceptibility to therapeutic response.

Dr. Stoller has described for us first hand experiences with a variety of psychological experiments where nature manipulated the variables. The material is unique, and so different from that which we see in the course of our practices that it excites interest even in those of us jaded by presentations so often monotonous and repetitious.

His studies have borne fruit in his spelling out a probable dynamic for transsexualism which defines and illuminates it more clearly than the usual views: i.e., that such persons are essentially homosexuals "in drag" or bizarre psychotics.

Important light is thrown onto "normal" male-female development. Dr. Stoller's thesis holds that females experience the easier developmental path. Females need not eschew the maternal identity which is earliest offered them. It is the male who must establish and hold an identity different from that of the influential mother. In consequence, he is probably much more vulnerable, and more prone to employ the familiar defensive attitudes about maleness to keep his identity intact. The very same vulnerability to being drawn back into the mother may well account for the preponderance of certain

symptomatology in males including their susceptibility to transsexualism.

In very clear exposition, Dr. Stoller presents clinical application of what he has learned in terms of the danger of attempting to change gender identities in infants after the age of two (where genital abnormalities at birth had caused a misassignment of sex.) His experiences make him feel it unlikely that certain characterologic entities are susceptible to change once they are well established.

Dr. Stoller gives consideration to the metapsychological implications of the mother's capacity to "imprint" her child insofar as it applies to the repetition – compulsion and the death instinct. He postulates an explanation as to the factors that drive these individuals other than that they are compelled to repeat a trauma or are driven to ignore reality in favor of pursuing their own destruction.

Dr. Stoller has made a tactical error. His book is so readable and his language so devoid of jargon, that many of us, accustomed to being impressed by the obscure, may err in pronouncing this original and significant contribution to be insufficiently weighty.

Robert Zaitlin, M.D.



REPORTS OF SCIENTIFIC MEETINGS

Panel Discussion:

AGGRESSION IN PERVERSION

Date: November 25, 1969

Panel: Robert Stoller, M.D.; Maurice Walsh, M.D.; Judd Marmor, M.D. (by invitation.)

Reporter: Allan Compton, M.D.

Dr. Walsh offered the following statement: "The aggressive instinctual drive, on the basis of metapsychological considerations, must be given full partnership with the libidinal instinctual drive. The role of the aggressive drive in neuroses, psychoses, and perversions must be restudied and redefined. The existence of aggressive perversions must be recognized and their importance in the production of criminality and recurrent mass homicide be further studied." Dr. Walsh cited his special experience relevant to the problem of "aggressive perversions:" Military, interviewing Nazi leaders, interviewing South American dictators, and the analysis of a physicist who prepared the Hiroshima bomb. He cited a number of dynamic and developmental factors relevant to the idea of perversion of the aggressive drive; for example, there are world destruction fantasies more organized than those of psychotics, which are acted out.

Dr. Marmor: "All sexual deviations (I deplore the archaic usage of the word 'perversions') have in common some anxiety or inhibition in the achievement of satisfactory heterosexual relations. My concept of aggression in the sexual deviations is that it is reactive, not primary, and must be understood in terms of the interpersonal dynamics that are involved in the sexual transaction, and in the impaired self-image of the deviant. These are rooted, of course, in the early life history of these individuals." Sexual deviance is a culturally defined phenomenon. What Freud called the polymorphous perverse sexuality of children is the natural sexuality of the human animal before it is channelled into socially acceptable forms, defined as normal by society. Perversions reflect value systems as much as any inherent

psychopathology. If sex is forbidden, prurient, dirty, and sinful, aggression must be employed to obtain it, and sex cannot be loving and tender. The association of aggression and perversion can be explained without recourse to an aggressive drive.

Dr. Stoller: Using the perversion transvestitism as a model, a sample of transvestite pornography is presented and then clinical data from the childhood of a transvestite. The childhood material functions as the latent material behind the manifest fantasy (the pornography.) The data show that the hostility is an essential component of the perversion and not only a secondary effect. The essential role of hostility in transvestitism is not idiosyncratic but paradigmatic for the perversions. Dr. Stoller read excerpts and showed slides from a sample of transvestite pornography. He emphasized that the elements of the sample are monotonously repeated in all transvestite pornography. A masculine man is overcome by hostile, phallic women; his masculinity is debased but never destroyed. A man is never turned into a woman in transvestite pornography.

Dr. Leon Wallace began the discussion by asking Dr. Walsh to define the idea of aggressive perversion in a clinical context. Dr. Walsh offered that persons who react with a regression to infantile aggression are aggressive perverts. Ego syntonicity, related to superego defect, is a necessary component. The physicist reported no doubts concerning the bomb or its use, and clearly enjoyed the idea of using it against human beings. He seemed not to believe that other people could suffer pain. Criminals who killed people — a massive aggressive discharge — also seemed not to believe they could hurt people by killing them.

Dr. Albert Mason felt that the emphasis of Drs. Marmor and Stoller was on what was done to the child. He had been impressed in the treatment of four or five homosexuals by their normal, middle class background. Their history was characterized by an aggressive relation to the mother from the earliest time. Dr. Mason's cat recently had six kittens. Five of them mewed plaintively when the mother appeared; the sixth hissed and appeared

to snarl. He became the runt of the litter. "Clearly there was something persecutory going on there." A patient previously in analysis with another analyst had a spiteful sadistic reaction to anything he had not heard in the previous analysis. It snowed and he was delighted with the snow; he tasted it, then wrote his initials in urine. This indicated "the breast, horror of the woman's body and the persecutors it contained." Dr. Mason thus emphasized intrapsychic factors in perversions, especially innate aggressiveness. Dr. Stoller said that he agreed with the importance of intrapsychic factors. How else could one explain the development from the early experiences, for example, to the manifest perversion? Dr. Marmor felt that what we observe as "intrapsychic" is the result of a transactional relationship between biological constitution and interpersonal experience.

Dr. Leo Rangell presented several propositions to indicate his view of perversions. (1) An important and common fallacy is that elements which are associatively connected are causally connected, necessarily. (2) In every case of perversion there are: (a) an inhibition or anxiety about the (female) genital; (b) hypertrophy of pleasure in some aspect of forepleasure. These two are necessary and sufficient to produce a perversion. Perversion and augmented aggression often develop in parallel, but are not necessarily linked excepting in sado-masochistic perversions. Whether the aggression is instinctual or reactive is not germane here. Dr. Stoller disagreed about the lack of necessary link with aggression, citing the significance of rape or robbery in voyeurism. Dr. Walsh also disagreed with Dr. Rangell on that point.

Dr. Frederick Hacker (Southern California Psychoanalytic Society) felt that the fundamental issue of evaluation of the concept of aggression had been stunted. Whether aggression is innate or responsive is a conceptualization, not an observation, but is not academic: the different conceptualizations lead to different programs for dealing with it. Also the polarization of life and death instincts cannot be equated with the polarity good-bad. Discussions often seem to fall prey to a demonization of aggression.

TOWARDS THE UNDERSTANDING OF THE UNCONSCIOUS MOTIVATION OF WAR

Dr. Arnaldo Rascovsky, Argentine Psychoanalytic Society (by invitation)
Presented: January 15, 1970
Reporter: Allan Compton, M.D.

There are unconscious determinants of war which have not been recognized in psychoanalysis. These determinants may be approached by following the vicissitudes of the death instinct. One of these vicissitudes is the impulse to filicide, to destroy one's own children. The observational data explained by this hypothesis are: (1) war is a regular and constant phenomenon of society; (2) the essential ingredient of war is that the old send the young to be killed. The specific aggressive vicissitude under consideration — the filicidal impulse — is manifested in a variety of ways besides war: the direct murder of a child by its parents is not uncommon; physical violence towards children, direct and symbolic threats of mutilation, castration or death are very common. There are numerous mythological and biblical instances of filicide, for example, the practice of killing the first born child. There are close parallels between the origin and development of culture and the institutionalization of filicide.

Dr. Samuel Futterman wondered about the relationship of filicide to fratricide and noted the difference between a "father" and a "fathering person." Dr. Rascovsky felt that fratricide is always provoked by the attitude of the parents. In the fathering relationship there is a predominance of love over aggression.

Dr. Leon Wallace noted the neglect in the paper of the factor of overdetermination. He reported some details from the analysis of a man who hated his second son. Identification with the aggressor, Oedipal rivalry, sibling rivalry, and defenses against narcissistic injuries and homosexual trends were all involved. Dr. Rascovsky said he only intended to emphasize the relation of war and filicidal impulses.

Dr. David Brunswick said it is methodologically incorrect to proceed from a basis in mythology to psychoanalytic theory. He also

preferred the ideas of the filicidal impulse as reactive to the paricidal impulse, on the basis that what came first had to be in childhood. Dr. Rascovsky gave his reasons for assuming the reverse. Even in the Oedipus myth the sending of the son to be killed was the first event.

Dr. Robert Dorn raised questions concerning the problems of war and filicidal actions. What are the factors which lead to the expression in action of these fantasies? What distinguishes the person who comes for treatment because of aggressive impulses towards his children and the person who actually kills his child? Cultural factors also encourage war and hold it in great esteem. Patriotism, idealism and loyalty are ego attitudes, the study of which should reveal other determinants of actions. Dr. Rascovsky said that the denial of the filicidal impulse is basic in the acting out.

Dr. Allan Compton asked if the filicidal fantasy is seen as a vicissitude of aggression in the adult or as present also in the child. The answer was in the child as well.

Dr. Leo Rangell emphasized the role of filicide as one of the unconscious determinants of war. The paper does not attempt to answer the broader question, "What are the unconscious motivations of war?" They are myriad. People go to war because of parricidal impulses, for narcissistic reasons, to escape Oedipal conflicts, and so on.

REFLECTIONS ON ISSUES IN PSYCHOANALYSIS — 1970

by: Leo Rangell, M.D.

Presented at a Joint meeting with the Southern California Psychoanalytic Society, January 29, 1970

Reported by Allan Compton, M.D.

Following introductions honoring him upon his election as President of the International Psycho-Analytical Association, Dr. Rangell began by briefly illustrating the vast diversity of problems with which he has been greeted in his new position. He cited the relevance of his experience with the

American Psychoanalytic Association, and stated that in the field of psychoanalysis, concern for scientific principles has been kept foremost in organizational matters.

Dualism is the point of view which is the organizing principle of his remarks. Dualism was central in all steps of Freud's thinking; for example, in both of Freud's dualistic instinct theories, and in the id-ego interaction as well. Dualism, which is intrinsic in the content of psychoanalysis, in our work with patients, also illuminates problems about analysis as well. For example, in relation to the perennial biology-environment controversy, the fact is that both are essential. The elimination of one element of a duality is often the root of a controversy. Several splits in psychoanalysis have resulted from placing marked emphasis on the environmental side: Horney, Rado and Kardiner, Sullivan, and the object relations school all have tended to minimize or eliminate the role played by instincts.

The elimination of instinct theory has two immediate results: 1) a great many empirical observations cannot be explained; 2) a foundation of the whole psychoanalytic structure is removed, which necessitates adopting interpersonal rather than intrapsychic explanations. Hartmann has called such steps theory by reductionism or pars pro toto. One part of psychoanalytic theory is accepted, made to cover everything, and used as a criticism of the rest of psychoanalytic theory. One example is reality therapy.

Another example is Carl Rogers' borrowing of an aspect of our technic — — — non-directiveness — — — and attempting to make it cover the whole field of psychotherapy. Dr. Rangell has pointed out to behavior therapists in the past that psychoanalysis also conditions and deconditions, but to the specific unconscious etiologic agents, not to surface elements. Each of these partial borrowings becomes more popular than psychoanalysis: answers are given above the level of defenses. Among the results of the popularity of the borrowings is a downgrading of or an opposition to understanding, in effect an intellectual backlash against an advance.

Some of the feelings related to the

backlash are shared overtly or covertly within psychoanalysis. Three examples, subjects of repetitive debates, are to be found in the areas of application, technic, and theory. The order in which these are discussed is intended to suggest a second basic viewpoint of Dr. Rangell's: the necessity to move from a macroscopic to a microscopic view. This is as essential in understanding the problems of psychoanalysis as it is in working with a patient in the analytic hour.

APPLIED PSYCHOANALYSIS. It is often heard that analysts should spend less of their time working with individuals, that individual analysis is not relevant today; more time should be spent in wider application. The emphasis again is on the external and environmental. Analysis has, in fact, always been intensely applied — in education, child rearing, psychiatry, and brief psychotherapy. The danger is not the failure of analyzers to apply, but more the failure of appliers to analyze. A trend is: more active therapy; opposition to one-to-one therapy in favor of groups; larger community interests and accompanying theoretical changes, for example, to an existential theory of anxiety. "I believe in both ends and the spectrum in between." Understanding "the human core" is uniquely the contribution of the psychoanalyst. Moreover, the applications, and particularly methods of application, need further and continuous scientific study.

TECHNIC. Here the real challenge is again for a stance between polar alternatives. The center of analytic technic is the analytic attitude: to observe and understand without contaminating the psychic interior — "The 'Viewpoint' of the Psychoanalyst." This is in effect the screen or mirror idea, which is currently made into a joke by setting it in opposition to a humanistic attitude. The mirror idea is not at all the opposite of being kind and understanding; the mirror or screen is not intended to be a sole or sufficient condition for psychoanalysis: the screen requires a human being around it. But being human alone is not enough and is not the contribution of psychoanalysis. Treatment does not take place by loving

or caring for the patient. The opportunity to project himself on the screen and to be understood by the analyst is the unique contribution of psychoanalysis. This is the "real" psychoanalytic relationship, upon which transference distortions take place. What results, is a corrective emotional experience, not in Alexander's sense, but the emotional experience which comes from insight. The ability to achieve an objective attitude blended with a therapeutic alliance is the central and most difficult goal of psychoanalytic training, and a factor upon which the future of psychoanalysis hinges. Central to our goal is the ability to maintain a relentless, incorruptible pursuit of the truth. This is incompatible with concurrent group, marital, or family therapy, with handling a patient's business transactions, or with chatty after-hour relationships. Where the analytic attitude is present, throughout the psychoanalytic world, it unites us more than theoretical issues divide us. It is also a question whether this attitude can be maintained for an analytic lifetime; it can wear out, become tired or corrupted. Several current attitudes, clichés or myths are notable in these connections: Contempt or anger at the scientific attitude; the association of the scientific attitude with political conservatism; descriptions of the scientific attitude as "rigid" or "classical", i.e., not for modern times! Better words might be rigorous, vigilant, and incorruptible. Inaccurate and unfactual statements about the American and International Associations have led to similar unfortunate attitudes and even to the formation of rival psychoanalytic organizations. There is no objection to flexibility and eclecticism, provided that psychoanalysis is included.

THEORETICAL. The main formulation here is the necessity to view the field of observation accurately and in its entirety. An analogy is the needle of an instrument gauge which, when it is stuck, needs to be tapped to register properly and swing over the entire arc. To get stuck on the first year of life, or on instinctual forces only, or on aggression only, is similarly misleading. The same would be true if the needle stuck on the Oedipal phase.

Adolescence, marriage, pregnancy, and parenthood are all developmental phases, for example. The role of envy is seen forcefully and in many places within the total psychoanalytic theory. It is a mistake to extract it and make it into a whole system. The Oedipus Complex has been shown to have a powerful role in group phenomena, including those of psychoanalytic societies. It seems desirable to add to these concepts rather than to replace them.

We need all of these concepts. Any explanation which eliminates the Oedipus and castration complexes eliminates psychoanalysis. Psychoanalytic research should continue to be directed at the human core as well as at application. The issues will not be decided by popularity.

In the International Association it is possible to see all of these problems at different levels of developing groups of analysts. The fate and future of psychoanalysis will depend on the extent to which it remains a scientific instrument for the study of human behavior and is not overcome by the forces of human behavior which it tries to study. Although there are many pitfalls and unfortunate situations, there are also tremendous forces of stimulation and creativity resulting from interchanges between individuals and groups of analysts.

SEXUAL PERVERSION AND THE FEAR OF ENGULFMENT Charles W. Socarides, M.D., Association for Psychoanalytic Medicine, New York, by invitation. Presented: March 5, 1970
Reporter: Allan Compton, M.D.

Protean perverse symptomatology of a patient plagued by profound fears of being engulfed by his mother is the basis of this report. The patient's productions were unusual in that they included motoric and verbal expressions of a vividly primitive nature — barking, growling, and screaming. Tape recorded excerpts were provided. The nuclear conflicts were preoedipal in origin and concerned ego survival. Dr. Norman Atkins began the discussion with an appreciation of the honest clinical material which enabled the audience to

form its own judgments. He noted that the situation in the Oedipal phase from which regression took place was not mentioned. There was a good deal of evidence of Oedipal conflict regressively stated, including primal scene and castration anxiety. The barking, for instance is indicative of fusion with the preoedipal mother to the defensive search for a relationship with a man, which involved fusing with the man. Dr. Socarides elaborated on the regressive (barking) episodes. These only began in the analysis. When they began the patient experienced a sense of relief. They usually stopped by the end of the session. At first the patient both desired and feared them; later he would become exhausted and wish they would stop. His mother did deliver a child at home when he was about four; there were Oedipal components.

Dr. Albert Mason felt that the patient was in a state of projective identification, in which the mother's body is invaded and the patient then becomes confused with the mother. There was also identification with the analyst in the transference. What produces this state? Is separation anxiety causing fusion? Is it primary envy? Was there jealousy in the transference? Or excessive persecutory anxiety? Perhaps the explosive phenomena were encouraged by the analyst's interest in them, and also represented invasion of the mother by noise. Dr. Socarides felt that we do not know what produces this type of identification. We can only say that there was inability properly to traverse the separation-individuation phase, perhaps due to some influence of the mother, and resulting in an increase in the primary feminine identification. The inability to separate seemed to be the cause of the problem in this patient, whose behavior could not be explained at an Oedipal level. The Kleinian concepts add another theoretical framework to describe the same phenomenon. The patient did improve: the sounds stopped; the multiple perverse fantasies stopped; he married, has two children, and has remained well for ten years. Dr. Socarides presented further material which demonstrated the formation of body ego through incorporation of the analyst.

Dr. Richard Green took up the issue

of transsexualism with which Dr. Socarides had ended his paper. He cited Stoller's work to show the possibility of strict definition of the condition and surgical follow-up studies to indicate favorable results in properly selected cases. Dr. Socarides sees "transsexuals" as examples of the extreme end development of primary feminine identification, and essentially an iatrogenic condition.

Dr. Leon Wallace discussed analytic technic with patients of the type described. The patient fears annihilation in loneliness and isolation, reaches for contact and fears engulfment. It is necessary to titrate analytic activity to keep the level of anxiety bearable on both sides. If this can be done, the patient can develop some sense of safety and security in the analytic situation and make use of it. The patient reported was also in need of sensory stimuli to maintain a feeling of reality, and his barks and screams may have been related to this need. Dr. Richard Alexander noted the omnipotent quality in the patient's belief that he could invade his mother and be his mother. There was also prominent anal material which was not emphasized. Dr. Socarides replied that the patient offered rich material which could be approached from many viewpoints.

ON COMPULSIVE EATING

Dr. H.A. Thorner

(British Psycho-Analytical Society, by invitation).

Presented: March 19, 1970

Reporter: Allan Compton, M.D.

The psychological problem of overeating was discussed on the basis of clinical material obtained from three women patients. Over-eating is described as a symptom of a general disturbance in which object relations and the body-image are involved. These patients hate their bodies which are felt to be hideous and they show paranoid and depressive features. There are several forms of overeating, including consumption of big meals and constant nibbling of food. The patients described belong in the latter group. Overeating is seen as a defense against insecurity due to an early anxiety situation. They seem compelled to test the source of food and gain some security when they find

it is not exhausted. This does not last and another attempt at testing is repeatedly made.

Dr. Richard Alexander began the discussion by suggesting that alternative interpretations of the material might be of interest. He noted the absence of material related to "manic-defenses", which are usually prominent in persons who overeat. He offered an alternative interpretation of the garbage dream: this was manic food which cannot be used to good advantage. He also mentioned a slim, attractive patient who feels she is extremely ugly, especially on Mondays. Over the weekends she eats salty food and drinks quantities of water; on Mondays she feels puffy. Thus she has identified herself with the breast, but a false breast.

Dr. Albert Mason asked for clarification about the idea of the mother who does not give the right quality to the child. Putting food in the mouth of a crying child generally stops the crying.

It is not so clear that that is what the child needed at the time. Clearly the child attacks the breast; a common form of attack is to dehumanize it: patients who tell the analyst, for example, that he is an inhuman computer. "There is the patient who makes you inhuman and doesn't get satisfaction, then there is the mother is inhuman and doesn't give satisfaction." Dr. Mason also mentioned that in the three years he has been in Los Angeles many of his old friends from London have been here as guest lecturers: Drs. Rosenfeld, Bion, Segal, Joseph and now Dr. Thorner. The Los Angeles Society is unique in North America in giving this viewpoint a platform.

Dr. Thorner responded that clinical material is open to many interpretations, but that he didn't see manic reactions in the particular patient. In relation to Dr. Mason's question he felt there is always some failure on both sides in the mother (breast) infant relationship.



ABSTRACTS

The following abstracts of publications were prepared by the authors for appearance in the Bulletin in keeping with our policy of bringing before the society current scientific efforts of its membership.

PSYCHOTHERAPY OF A MALE HOMOSEXUAL

Abstract: *Psychoanalytic Review*, V56—No.3—1969.

by Leon Wallace M.D.

This is the clinical report of a pt. treated by "intensive psychotherapy" a few years before I began psychoanalytic training. The unusual degree of symptomatic success prompted me to review the treatment from the perspective of psychoanalysis. The patient was a 32-year old male homosexual who began treatment because of severe depression associated with suicidal impulses, and dissociative phenomena that frightened him. His exclusive love objects from the time of early adolescence, were men, and he had never before consciously manifested any interest in women for sexual purposes. After nine months of psychotherapy at three visits per week, he apparently renounced homosexuality and married a woman. I accidentally met his wife, about seven years later, and discovered that he was still married, and that they had one child.

The patient first "discovered" that his search for a homosexual object was related to his feeling frustrated in his childhood wish to be loved by his father. Shortly after that, he recognized that his —heretofore unrecognized—hatred of his mother was mobilized when he began a relationship with a woman, and interfered with the progression of the relationship. There followed a gradual development of a masculine identity during which he worked through some of the narcissistic fantasies expressed in the homosexuality. Heterosexuality became satisfying as well as preferable to homosexual experiences. He ran away from treatment when he was ready to get married.

Certain similarities of the structural aspects of the patient's personality to

that of the schizophrenic group were suggested, implying that his homosexual activity constituted a defense against the threat of psychic dissolution that is present in relatively compensated schizophrenics. The homosexual encounters failed in their defensive function because the experiences in turn jeopardized his ego boundaries.

There was sufficient strengthening of ego functions as a result of the treatment, so that the patient was able to achieve a relatively successful heterosexual defense against the primitive conflicts.

Since transference was not systematically investigated and interpreted, the treatment should not be termed psychoanalysis, even though he achieved considerable insight into significant factors in his unconscious. The patient was advised at the beginning of the treatment that it would be better if he abstained from homosexual activity for the purposes of treatment, and that the goal of the treatment would be to achieve a heterosexual adjustment. Later, when he wanted to attempt a panicky flight into marriage, I warned him of the consequences and urged him to postpone the decision, which he did. When he spontaneously expressed feelings about me, they were dealt with on a current level, without interpreting the past that was expressed. This was also done in the dream work. Still, the patient spontaneously recalled emotionally charged memories of repressed material from his childhood that contributed to his development.

I don't know whether the patient could have tolerated the regressive experiences of even a carefully conducted psychoanalysis. Possibly so; however, I could not offer it to him at the time.

COMMENTS ON PSYCHOANALYTIC BIOGRAPHY WITH SPECIAL REFERENCE TO FREUD'S INTEREST IN WOODROW WILSON

Abstract: *Psychoanalytic Review*, 1969 — 56:402—414

by Joshua A. Hoffs, M.D.

The paper considers psychoanalytic biography to fall within the area of applied psychoanalysis. Typically it involves a psychological study of an individual in which the data analyzed is obtained from public material such as writings, speeches, creative productions, public behavior, etc. The subject of the study is not a patient and therefore, ethical factors and interpretive criteria differ from those in the clinical situation.

The book, *Thomas Woodrow Wilson, A Psychological Study*, by Freud and Bullitt, is reviewed, as are all references to Wilson made by Freud in the Standard Edition. Freud's relationships to Bullitt and to Wilson are also analyzed using the Jones biography as the primary source of material. It is concluded that the book probably does represent Freud's views on Wilson, but that the entire text was written by Bullitt, except for the Introduction which was undoubtedly written by Freud.

