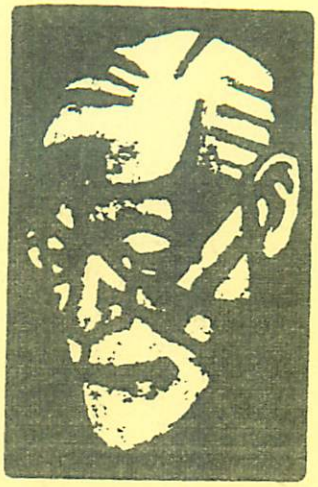
Los Angeles Psychoanalytic Society/Institute



BULLE N

VOLUME 6
NUMBER 11
FALL 1974

A STITCH IN TIME

A whole industry owes its livelihood to a dream that occurred to Elias Howe one night. His dreaming mind picked up his frustration at being unable to perfect the sewing machine. He dreamed that he had been captured by savages and dragged before a large assemblage. The king issued a royal ultimatum. If Howe did not produce a machine within twenty-four hours that could sew, he would die by the spear. As in life, Howe was unable to perform the frustrating task, and he saw the savages approaching to carry out the sentence. The spears slowly rose and then started to descend. Howe forgot his fear as he noticed that the spears all had eye-shaped holes in their tips. He awakened and realized that the eye of his sewing machine needle should be near the point, not at the top nor the middle. He rushed into his laboratory and fashioned a needle with a hole near the tip. It worked.

—Montague Ullman, Stanley Krippner, and Alan Vaughan

Dream Telepathy, 1973

EDITORIAL

The Professional Education Committee invites your participation, attendance, comments and interest in a forthcoming series of evenings devoted to *Brief Presentations.* We encourage you to gather your thoughts on that interesting case, dig out those few manuscript pages in the desk drawer, jot down a brief note on that interesting theoretical idea that emerged at lunch the other day and present them to your colleagues. . . .

An invitation to go hunting! In my mail! Imagine that! No, not to massacre a moose or stalk an elk. Safari psychoanalytic style and sponsored by our Institute. "Brief presentations," it requests. "Come one; come all" to twenty minute talks.

I wonder what to think of this idea . . . to court the muse . . . that's not too lightly done . . . mmm, mm . . . twenty minute talks . . .

Our turvy-topsy times find everything cut up and telescoped and squeezed into some mini-essence of an erstwhile shape: The jumbo Kleenex "sails" I used as headrests on my couch for years are "unavailable." The newer streamlined box is but a featherweight of what had been and euphemized "space-saver" now to camouflage it's shrunk.

. . . and psychotherapeutic hours, initially some 50/60 the Greenwich type, have likewise been pared down . . . omitting mention how a colleague from our group has set his metronome to less than half of that (if one gives credence to his text), God save the mark!

O tempora! O mores!

A graduate of Evelyn Woods absorbed the Harvard Classics while waiting at a street light. He stroked the margins of each page to pick up their vibrations. . . . Yet, *He could say he'd read them!*

Am I the last leaf on the tree exulting in slow reading? Anachronistic, obsolete, to like to wade through novels—to pause to harken to the waves, to smell the fragrant flowers—and worry as the hero does about impending sorrows? . . . and wallow in his heavy dreams, identifying wholly? . . .

. . . I'll bet the music studios which make our tapes and records would willingly experiment with ultrafast recordings . . . so those of us who take a break between our scheduled patients could race through full length concerts. For sure within the time it takes to quaff one's cup of coffee, a harried man could boast he'd heard the Brandenburg Concerti . . . or, riding to his office floor, all Haydn's Variations.

. . . which adumbrates still stranger realms — like stereo couch sessions, with tandem patients left and right, a-blending in our headphones . . . and analysts expertly trained to bursts of rapid talking

O tempora! O mores!

. . . and yet, to sober second thought, these terse verbigerations might warrant exploration . . . just maybe for the fun of it I'll make an expedition: within my vault I've got a file replete with charts and guide books. There's one called Never-never Land near Free Association.

It's drawn on shiny onion skin with spiderweb-like tracings whose gossamer reticulum invites high speculation. The major routes are clear enough. They circle Lake Psychosis whose face reflects a nearby peak that's labelled Babel Mountain. Within its woods I'd hope to find the necessary muses.

The one called Creativity is known to be elusive. Her sister Serendipity is even ten times moreso. Yclept "discovery-by-chance" she's favored just a handful, despite men's struggling long and hard with every lure to snare her . . . for paradoxic though it sounds *you* must *get caught* to trap her. . . . she'll sneak up on you unawares before you've sensed her presence . . .

Seem bizarre? Then go ask Archimedes . . . Elias Howe . . . or Alexander Fleming. . . .

So, let's start upon our mission. [*Exit speaker.*

One hour later, he reenters toting, shoulder-high, a gunny sack whose weight's a gentle burden, yet, he seems fulfilled as from it, seriatim, come tumbling out in disarray extinct iambic species, genus briefest presentations. Have a peek then render your own judgment.]

#1

Euclid hurled at men two problems: "Square the circle; trisect angles." Both remained a challenge to a host of brilliant minds—'til a young geometrician came to wrestle with the latter, in the hope that he might do as none before . . . but, his struggles grew obsessive: hours of futile daytime efforts spread to sleepless nights of failure as his weeks of research turned to months then years.

Filling baskets with waste papers in a frenzy of outpourings, he was warned by his physicians to "desist!" when, quite suddenly, he solved it, and with one wild, cry "Eureka!" he beheld he'd found a proof none could refute. With but compasses and straight edge he could cut up any sector in predictable and truly perfect thirds . . .

Fame and Fortune lay there waiting — but — our hero fell to pieces . . . like a restless Alexander without any world to conquer. His initial joy transmuted to despair.

Sure! He'd lost his "raison d'être," one fell swoop!

When he staggered to my office seeking psychiatric counsel, a variety of treatments could be tried, but, do you know how I

helped him? I should think it quite transparent —

I said, "Go get busy squaring circles!"

#2

A woman still enough a youngster to be involved in younger generation things, yet old enough to know Life's burdens too, under the press of them, began developing strange nervous symptoms: Her interest in the occult, once casual, distorted and intensified up to the point she thought herself a *witch* indeed! ... whereat on the suggestion of her family physician, she had herself committed to a hospital for those emotionally ill.

There, her doctor, ambitious for some therapeutic program, insisted that she take on duties which would offer some surcease. Might she care to wait the dining room? to serve the laundry? or the farm? No way? Well, like or lump it then he'd take it on himself and arbitrarily assign her to the Housekeeper next day.... One certain help for idle minds that dwelt on witchcraft was good Christian work and plenty of it. Have no doubt!

So, what passed? In the morning, mumbling curses, she reported to the majordomo. Would you guess? That foolish woman handed her a BROOM!

#3

The hospital directors were none too enthusiastic but finally they let a group of us use the OPD after hours as a psychiatric clinic. Accommodations, minimal at best, in places were less than that.

I shuddered that my shaky and suspicious clientele were asked to see me in the daytime proctology unit where as desk I used a knee chest table and from cabinets, sigmoidoscopes and proctoscopes appeared to glower as we talked.

At length, with diplomatic ploys and much misgiving, I asked the powers that be for any other room—as less traumatic ... the paranoid, I said did poorly with such hints of surgical attacks ...

Guess what! They transferred me to different quarters .... ophthalmology .... but on the wall, alas, an anatomic six foot chart .... a staring eye!*

#4

A psychiatrist I know, for years, has her practice in a prestigious but outdated office building lacking many of the modern conveniences. For example, she has to use a public lav. which serves the whole ground floor.

One time, the story goes, wanting to avoid the embarrassment of a confrontation with a patient whom she was expecting, she skipped up to the deck above.

Bad luck! There, big as life, emerging from the doorway of the first commode, her blushing patient who had got the same idea!

Hunting anyone?

SLS

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LETTERS TO THE EDITORS

Dear Sumner:

THE Bulletin, may wish to note that Dr. Rudolf Ekstein has been appointed a guest professor in the University of Vienna Medical School for the period October 1 through December 15, 1974. Under the sponsorship of the Austrian Government (Ministry of Science and Research) and also of the University, Dr. Ekstein will teach at the Institut für Tiefenpsychologie und Psychotherapie der University Wien. His topic will be "Adolescent Psychosis and Related Disorders." He will also lecture for The Freud Gesellschaft, for the School Administration of the City of Vienna, for the Social Work School of the University of Vienna, and for the Vienna Psychoanalytic Institute. The Ministry of Justice also plans to use him as a consultant on issues of divorce, adoption, custody, etc. During his stay in Europe, he will also lecture in other European cities and will continue his research studied in the field of childhood psychosis and related disorders.

Rocco L. Motto, M.D.

Dear Sumner:

I want to tell you something of the background and intent of the fall Public Lecture Series [as] information for the *Bulletin*.

The Community Education Committee of the Society/Institute elected to present this year's Public Lecture Series in cooperation with U.C.L.A. Extension. The intent is to reach a larger and more diversified audience, and one that has not been afforded much opportunity to hear psychoanalytic viewpoints on pertinent issues.

The staff of University Extension has been extremely helpful and cooperative in setting up the course, and as they assume the burden and expense of publicity, printing, mailings, and other arrangements, we are spared these problems which have caused much difficulty in the past. The course can be taken for one unit fo credit (Medicine X441).

If this lecture series is successful, the Committee will consider arranging a similar one in 1975.

Sincerely,
Dom (Rendinell)

Dear Sumner:

Here are a couple of limerick stanzas which I "composed" in the early 1960's under the following circumstances:

A younger member of the family needed psychoanalysis and asked me for a suitable referral. I sent her the names of one or two people and she tried to reach them, but they were on vacation.

It was summer, and I, too, was on vacation, in Europe. She wrote then to me, and asked: "Can anyone find an analyst in August?" adding "Oh!, that's a great first line for a limerick. Could you write one?"

And so I enclose herwith a two

verse one I wrote and sent her.

Probably it would be best, if you print it, to leave it anonymous.

With very best regards,

David (Brunswick)

Vacation Time
or The Last Analyst of Summer

Can anyone find an analyst in August?
No! He'll treat your appeal like so much sawdust.
Your begging and your tears
Will fall upon deaf ears;
And he'll go on his vacation with a raw crust.

But when the analysts return in the fall,
They'll gladly attend to one and all.
Refreshed by their vacations
In this and other nations,
Willingly they'll respond to the call.

Several inaccuracies and significant omissions characterized the *Brief History of Child Psychoanalysis in the Los Angeles Institute* [Bulletin, Summer 1974]. To right them, Miriam Williams M.D. has prepared the paragraphs which follow:

Child Analysis in our Institute began with the interest of two women analysts, Dr. Hanna Fenichel and Mrs. Margrit Munk. They participated in the establishment of the School for Nursery Years, later to become the Center for Early Education, founded 1939.

Dr. Fenichel and Mrs. Munk functioned in the school as advisors and teachers for many years. In 1949 Drs. Casady, Gottesman, Motto, Schechter, and Van Dam asked Dr. Fenichel to give courses emphasizing child development.

One year later, Margrete Ruben who had worked with Anna Freud in London, joined in the instruction. Her supportive personality and previous experience in training child analysts lent breadth and direction to the nascent group, and, led ultimately to the establishment of a formal Child Analytic Training Program, officially underway in 1952.

The Training Committee was established with the advent of Miriam Williams M.D. who had studied in London and had later taught and worked training analyses of child therapists at the Hempstead Clinic there.

Once begun, the Child Analysis Program expanded with the leadership of Mrs. Ruben, Dr. Fenichel and Miriam Williams M.D. Heiman Van Dam M.D. was appointed supervisor of it in 1959.

Despite little initial Institute support, on independent lines the Child Analytic Program continued its growth. The Committee organized a training program comprising courses, supervisions, regular and continuous case seminars, and increased interest led then to the founding of "The Study Group" which came into existence after the graduation of the first child analysts.

In 1959 Anna Freud came to Los Angeles. She devoted much time to exchanging ideas with child analysts and to discussing with them the papers they presented, expressing appreciation for the Program which she saw.

Subsequent to Margrete Ruben's resignation as chairperson of the Training Committee in 1960, Drs. Van Dam and Williams co-chaired the Committee over the ensuing next seven years. In the Site Visit Report of 1964 the program was highly praised.

When the structure of the Institute was reorganized in 1966, the Child Committee was asked to reduce chairpersonship appointments to two years. Drs. Dorn, Ekstein, Ourieff, and Shane were made supervisors, joining Margrete Ruben, and Drs. Van Dam and Williams.

Since 1967, chairpersons of the training committee have been Drs. Ourieff, Shane, and Friedman. Currently, Drs. Williams and Thomas Mintz jointly hold the chair.

Candidates of the Training Program participate in two years of theoretical seminars, and are required to have three supervised analyses, involving children of different ages. At the Child Psychoanalytic Study Group, which meets once a month, there are presentations from both local members and visiting analysts and it is anticipated that the Child Program will add new courses and enrich its offerings in a variety of ways.

From the Department
of Convoluted Parables

She admitted to a severe case of Narcissism, but added as an afterthought that the relationship was strictly platonic (!).

The months of August and September have been sad ones for many of us. In August Belle Kandelin passed away, and in September we lost Maria Rodman. I know all of you join me in sending our heart-felt sympathies to Al, Bob, and their families.

Al prepared a very touching letter and shared it with a few of their close friends. He has given me permission to share it with those of you who might care to read it. A copy will be at the institute office.

Robert Dorn, M.D.
President

Dear Sumner:

Would you reconsider the enclosed poems for the next issue of the Bulletin? It would be preferable to have at least three of them together, because the point about the multiplicity of states of mind involved in grief, implied by the plural word, "aspects", is otherwise undermined. Three seems to me to be the minimum to suggest it. I hope you agree and that there will be space.

Bob Rodman, M.D.

ASPECTS OF GRIEF

1. Home from Work

When I turned onto our street,
I could see you running with
The dog. The light
Shone. Your hair blazed
Against the green lawn. The dog
Jumped and seemed to stay
Above the ground.

The camera doesn't work.
I cannot stop you from moving;
I cannot let you move.
I would always arrive.
The scene would end.

2. Breakfast

Pancakes!
Cook them up and seal the sunday
Void; just mix
The mix with milk and eggs,
Drop the batter spoon by
Spoon, and soon
You'd never guess
We all were less
By one.

It flops.
They're wet or dry
And none just right;
He tried, but needs
Some time
To make his tricks
Convince.

3. The Ring

I will not yield to you,
Beyond that curving edge,
Hovering;
And I, within,
Scurry for our sake,
Try to accept our ring,
For myself and for them,
Against your wish
To play
As well

4. Your Picture

I'm imbued
With blue
And glisten
On the page,
Surrounded
By a maze
Of charcoal marks,
One figure on either side,
Blue too, and yellow, blonde,
Incomplete,
All three,
The two of them,
And me.
Distracted you.

REPORTS OF
SCIENTIFIC MEETINGS

STUDIES IN DEPRESSION

Speaker: B. Brandchaft, M.D.
Date: December 20, 1973
Reporter: Harvey Lomas, M.D.

Following in the footsteps of Freud, Klein, and Sandler among others, Dr. Brandchaft addressed himself to the most formidable obstacle to the successful conduct and completion of a psychoanalysis — the unconscious sense of guilt. Specifically, he focused our attention on the affective disorders in the light of contemporary psychoanalysis. We have not fully come to grips with the problem of guilt and, as long as we ignore its significant rôle in human affairs, analysts stand no better chance of influencing their patients than priests or shamans. Brandchaft's experience leads him to conclude that we are seeing an increased incidence of depressive illness in the context of a technological age despite its claim for substantially increasing human comfort and satisfaction. Paradoxically, we see more divorces, and more casualties following successes in politics, business, and (seemingly successful) analyses.

In *Civilization And Its Discontents,* and later in *The Future Of An Illusion,* Freud put forth the notion that instinctual renunciation is the price of civilization. The exploitation of the sense of guilt through coercion, for example, the prohibitions of religious institutions, constitutes a formidable force in that direction. One result is an increasing incidence of depressive illness.

Brandchaft, in keeping with Freud *(Mourning and Melancholia),* distinguishes between two forms of depression, normal and pathological. The former arises at the time when self-other differentiation occurs, when hallucinatory wish fulfillment fails to satisfy the infant's needs, and when the pleasure principle gives way to the reality principle. The resultant affective state, a depression of sorts, is a reaction to the awareness of helplessness. This depressive state is not inherently connected with the one produced by the sense of guilt, is episodic, and is a lifelong part of the human condition. Pathologic depression stems from the irrepressible sense of guilt, from the pathologic development of the superego.

As early as 1897, Freud wrote Fliess about children's hostile wishes toward their parents. These he considered an integral part of such neurotic complexes as obsessions and melancholia. In 1917, Freud wrote about self-punishment and further developed the concept of a part of the Ego concerned with self-criticism — the superego. Later he considered the unconscious sense of guilt in *Analysis Terminable and Interminable.* In 1960, Sandler reported on a seemingly widespread clinical and theoretical disinterest in problems of the superego.

In the clinical portion of his presentation Brandchaft identified aspects of superego pathology in virtually all patients who present themselves for analysis. Such pathology makes itself known in depressive states, i.e., in feelings of self-hatred, internal punishment, and a sense of an anti-instinctual force at large within oneself.

He presented two cases to illustrate the rôle and effects of pathologic superego development as it manifests itself in the transference. This pathologic structure is projected onto the person of the analyst. The ensuing analytic situation activates increasingly primitive aspects of the superego, allowing the analyst and patient to examine and re-experience the earliest object relations, now externalized. To such patients, indeed all patients, the psychoanalytic situation is transformed into a danger situation, the destructive projected superego being the central focus. The analysis proceeds like a criminal investigation with the analyst experienced as a hostile, dangerous, revengeful chief investigator. One may analyze the patient's symptoms from many diverse points of view, but in the end he is confronted with the stranglehold of a severe and pathologic superego on the patient's development, and on the progress of the analysis. The unconscious sense of guilt arising out of the earliest experiences interferes with the development of thought which in turn prevents individuation and autonomy from taking place. Analysis grinds to a halt. The unconscious sense of guilt, the often silent indicator of pathologic superego development, forces the patient to repeat experiences without learning from them, colors every object relation, initiates depressive states with every success, and prevents improvement. One looks forward to hearing more from Dr. Brandchaft on the technical handling of such a formidable obstacle to analytic work.

Discussion

Robert Rodman, M. D., expressed his appreciation for Dr. Brandchaft's presentation and praised the way his ideas fit our clinical experience, pulling together a wide range of seemingly unrelated phenomena. Without explicitly referring to the Freud-Klein controversy, Rodman gently reminded us of the need to respect conflicting

ideas and feelings, even if they are idiosyncratic and of seemingly limited scientific and clinical value. Rodman was particularly impressed with the notion that the negative therapeutic reaction is not limited to the analysis, but can be viewed as a more general experience of life itself. Patients suffering it are in need of an analysis which directs their attention to this most important problem.

THE BORDERLINE CHILDHOOD OF THE WOLFMAN

Speaker: Harold P. Blum, M.D.
Date: Feb. 21, 1974
Reporter: T.L. Schoenberger, M.D.

So much has been written about the Wolfman that by now one could expect him to be an analysand manqué. Dr. Blum showed that this is not so with his stimulating presentation in which he conceptualized the Wolfman's disturbance as a borderline personality from childhood on, with psychotic episodes in childhood, adolescence, and adulthood. He did not belabor the concept of borderline, considering it a hazy, but useful way of describing a personality with severe ego impairments at best and, at worst, with reversible psychotic episodes.

The Wolfman in his early years had displayed many signs of malignant development with disturbed object relations being regressively revealed when his obsessions were insufficient to bind the chaos of his drives. Freud had seen the Wolfman's crisis as a struggle against masturbation, homosexual longings and his dread of castration. His symptoms were viewed as a regressive retreat from phallic conflicts. Blum and recent studies of other authors, while not negating the earlier position would consider the case in light of over fifty years of advancing psychoanalytic knowledge. The Wolfman was primarily unable to approach his oedipal phase and achieve adequate resolution because his defect lay primarily in massive pre-oedipal trauma inflicted upon an infant with a possible genetic flaw as judged by the family history. The incomplete separation-individuation led to uneven development of the ego with the existence of primitive projective defenses and inability to resolve self-object fusion, while at the same time there were more advanced adaptive capabilities relatively free of conflict.

In Dr. Blum's paper the importance of primal scene trauma as a generator of the Wolfman's pathology is questioned. Of far greater significance was the Wolfman's identification with a hypochondriacal mother who was apparently never adequately involved in his care. His father, crippled by psychosis, was unable to provide a healthier alternative model for identification. The Wolfman's early years were not only filled with excessive stimulation of his sexual and aggressive drives, but they were lacking in stable loving figures who could help him tame them.

Discussion

Justin Call, M.D. was in general agreement with the formulations of Dr. Blum that the Wolfman's ego defect was probably the result of trauma during the separation-individuation phase, 18-24 months, as described by Mahler. He emphasized that there were adaptational aspects in the Wolfman's pathology including hallucinosis as an attempt at restitution.

Rudolf Ekstein, M.D. discussed the borderline personality in terms of the feelings of estrangement one has in crossing national borders. The borderline personality fluctuates back and forth between neurosis and psychosis while not at home in either country. He emphasized the Wolfman's constant need for maternal care and that those who provided it deserted him in their deaths: Freud, Mack-Brunswick, his wife, mother, and sister. His attachment to psychoanalysis is in the nature of a maternal transference and this alone has endured.

Ralph Greenson, M.D. declared bluntly that we must face the painful realization that Freud and Mack-Brunswick misunderstood the case. He was in basic agreement with Dr. Blum's ideas that the great importance of the primal scene and the decisiveness of the oedipus complex were up for question in this case whereas the early object relationships were crucial. He felt that Freud's setting a termination date led to a flight into health, an adaptation, but not a resolution. Dr. Greenson emphasized his belief that the real object relationship to Freud, Mack-Brunswick, and the Psychoanalytic Association sustained the Wolfman more than the analytic work. Dr. Greenson compared the Wolfman's object relationships to transitional objects in preference to Kohut's conceptions of narcissistic injury. He feels that the real relationship in treating borderline patients helps some patients get as well as they can.

Samuel Sperling, M.D. thought we should consider that the Wolfman's witnessing animal copulation could have reawakened the primal scene trauma of an earlier age and thereby have helped to fixate it. He also felt that the repetition of nightmares carrying over into the

waking state may increase the difficulty in mastery because it blurs the boundaries between the states of sleep and wakefulness. For the Wolfman to be seen threatened him with engulfment and annihilation. This was a large obstacle in the transference and it precluded self-revelation.

Jerome Karasic, M.D. pointed out that primary process thinking is still common in latency and not indicative of a grim prognosis. The Wolfman's early attachment to his tutor argues for a capacity for transference and hence a neurosis at this point in his life. Dr. Karasic did, however, essentially agree with Dr. Blum's presentation.

Dr. Blum concluded the evening with a story about the Wolfman as yet unpublished. When he was apprehended in the Russian sector without his papers, the Wolfman repeatedly identified himself to his interrogator as the Wolfman, thus both amusing and ultimately exasperating the commissar. When the Wolfman finally declared, "I am Freud's famous case, the Wolfman," the commissar concluded that he was deranged and ordered his release.

A FRESH LOOK AT PERVERSION

Speaker: Arnold Goldberg, M.D.
Date: March 21, 1974
Reporter: Harvey Lomas, M.D.

Dr. Goldberg began his presentation by briefly restating the views of the leading clinical psychoanalytic theoreticians toward perversions. He concluded that there is little or no agreement concerning the etiology and classification of them. He suggested that perhaps Heinz Kohut's notion of narcissistic personality development and the disorders thereof may shed new light on the subject. Then he presented some clinical material to illustrate his and Dr. Kohut's views.

They have come to feel that perverse behavior often is both an indication and a way of dealing with flaws in the ego, specifically its response to certain dangers, which dangers revive feelings connected with profound narcissistic injury. Postulating normal stages of development of the self (narcissistic developmental stages), Goldberg tried to demonstrate how stage-specific injuries lead to specific narcissistic disturbances. Perversions, in this light can be viewed as a sexualization of pathological narcissistic constellations. Perversions stem the tide of regression; they substitute for the earlier loss of the idealized self-object, the direct awareness of which would constitute a traumatic state — an intense experience of pain and helplessness. Kohut and Goldberg believe that the sexualization of affect is an attempt on the part of the ego to transform a passively experienced, traumatic, narcissistic injury into an active mastery of that painful experience.

CASE 1 was a 35-year old physician who periodically masturbated his comatose patients, himself in front of his children, and himself by having dogs lick his penis. Each time he reported on such perverse behavior he became mortified. This was his second analysis, the first having been successful insofar as it allowed him to achieve a marriage which for several years was seemingly satisfactory. His father, also a physician, was described as an inept drug addict who often had to be attended by the patient as a child. His mother he described as "distant."

The early analytic hours were dull and hollow. The transference concerned a desire on the patient's part to establish a connection with the analyst. There were many dreams with elaborate machine imagery, connecting wires, and the like, and when there was a break in the merger, separations for example, masturbation took place. His wish passively to be fed and cared for (as the passive member of a self-object unit) produced such shame and humiliation that he would often masturbate to orgasm without feeling.

CASE 2 was a 40-year old physician who would excite his female patients to perform fellatio on him and his male patients. His mother was described as cold and distant, his father as an alcoholic who died as did an older brother in the Korean War prior to the analysis. This patient suffered from an undiagnosed, chronic osteomyelitis in his humerus for several years until after 16 when he underwent totally successful surgery, prior to which he would sit awake at night, silently enduring the pain in his arm, convinced that neither of his parents would care to help him.

His first analysis approached his perversion as a superego defect and it was temporarily effective in stopping it, but unfortunately,reappearance occurred soon after the termination. The patient was fearful of returning to his former analyst feeling as though he had failed him, electing instead to suffer for several years with the perversion until his second analysis with Dr. Goldberg. In that treatment, the perversion was viewed as an interference, as an attempt to compensate for a feeling of weakness (narcissistic weakness). When the patient's son required surgery,

instead of anxiety and in lieu of recalling neglect and personal suffering, the patient initiated his perverse behavior. It clearly expressed his wish for help and comfort from his analyst.

Dr. Goldberg concluded by restating that the clinical material illustrates the usefulness of Kohut's narcissism notions in understanding perversions. During the ego's attempt to master dangers arising from external reality and from the id and superego, perverse behavior serves actively to master and ward off a traumatic state with the recollection and re-experiencing of a passive narcissistic injury with accompanying overwhelming feelings. Sexualization of affect aids in such mastery; indeed, such substitutes for the missing supplier of narcissistic gratification. In Kohut's view, objects substitute for structural difficulties, splitting occurs, and disavowal takes place.

Discussion

Robert Zaitlin, M.D. began his discussion with a bit of "perverse" humor, then raised "serious" objections to Dr. Goldberg's presentation quoting from Kaplan's *law of the instrument,* "Give a small boy a hammer, and he will find that everything he encounters needs pounding."* Dr. Zaitlin does not find the concept of narcissism quite so elucidating: indeed he finds *it* vague and, Kohut's notions, obscure and unnecessary. Perversions are symptoms, conflict resolutions, akin to all other symptoms, the distinguishing feature being sexual pleasure. Narcissism does not deserve its own line of development; it refers to a heterogeneous group of disorders and does not lend itself to precise description and explanation.

Dr. Zaitlin did, however, agree that one can profitably view the transsexual as wishing to return to an early mother-child union, yet need not necessarily invoke Kohut's scheme of narcissistic development — so doing may be a perversion of ideas.

Morris Beckwitt, M.D. began by advancing the more traditional views of perversion, criticizing Goldberg's and Kohut's lack of emphasis on the operative aggressive-destructive forces. He felt Dr. Goldberg failed to present sufficient material dealing with the early mother-child relationship. While discussing the clinical data in depth, Dr. Beckwitt called on his own experiences and vivid imagination to speculate on the presentation from several points of view, commenting on general insufficiency of material to prove anything about perversions.

Sam Sperling, M.D. disagreed with the prior discussants stating that it was perfectly correct, methodologically speaking, to isolate one aspect of psychic function for discussion purposes. He did not quite understand, if the defect takes place at the stage of self-object undifferentiation, and, if sexualization is a defense, how one conceives of the perversion in terms of sexual pleasure since it occurs so early in development.

Morton Shane, M.D. asked if perversions are linked to arrested development of self-cohesion and if self-cohesion (Kohut) is equivalent to Mahler's object constancy, how one can explain perversions which seem to occur beyond object constancy . . . then raised the question whether indeed they do.

Arnold Goldberg, M.D., acknowledged the importance of Dr. Shane's question, yet felt unable to answer it. Dr. Goldberg made clear that his ideas are in no way inconsistent with other more traditional psychoanalytic views. He and Kohut, as others, have found the perspective of narcissism to be a quite useful addition to the psychoanalyst's clinical armamentarium. Furthermore, he intended only that his clinical material illustrate how the perspective of narcissism sheds new light on the perversions, and added that sexualization has to do with difficulty in neutralization which can occur before the traumatic incident takes place.

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*Kaplan, A., *The Conduct of Inquiry,* 1964, Chandler Pub., San Francisco.

A PSYCHOANALYTIC PERSPECTIVE ON EDUCATION: DREAM REFLECTION AS A LEARNING TOOL

Speaker: Richard M. Jones, Ph.D.
Date: April 8, 1974
Reporter: Harvey Lomas, M.D.

Dr. Jones's presentation and Dr. Aronson's discussion contributed to an evening of unusually creative thinking, possibilities for collaboration, and cross-fertilization of ideas between an educator and a psychoanalyst.

Taking the dream as the starting point in our journey, the educator and the psychoanalyst as guides, we catch a rare glimpse of the limitless creative possibilities residing in us all, the magnificent capacity for invention, ingenuity, and synthesis that are distinctly human. The dream, which for Freud became the "royal road to the unconscious" in his study of the neurotic process, for Jones becomes the road to aesthetic reflection in his study of

the creative process in education. Dr. Jones, elsewhere introduced by George Klein as the man who knew more about dreaming than anyone else in the country, began by paying his respects to the late Lawrence Kubie. He was most responsible for leading our guest down the "road less traveled by!"

Kubie turned Jones's attention to the forgotten man of education. He interested Jones in psychoanalysis and its application to education. . . . Freud had pointed out that from the same unconscious conflict, the matrix of the primary process, is derived the neurosis, which is responsible for the creative process. This process, Jones feels, can be exploited for the purposes of education. Regression in the service of the ego (Kris), the lifting of repression for a special occasion (Freud), provides the basis for Jones's research.

In contrast to American education's obsession with right answers, Jones's argument is for equal consideration of interesting, idiosyncratic responses of personally valued as well as public meanings. There is place for metaphor, analogy, dreams, reveries, and imagination in education. Resistance to Jones's ideas comes from two directions. First, among educators is the deep-seated belief that objective, public knowledge is the only valid means and aim of education (right answers); subjective, private knowledge accordingly is viewed as an obstacle to it. Second, from psychoanalysts come methodological restraints, the interpretive approach to dreams; for example, "the only proper approach to interpretation of a dream . . ." For Jones, the dream is useful in the pursuit not only of inner knowledge (insight) but equally in the pursuit of outer (outsight).

The day residue often contains references to unanswered questions spun off from the pursuit of knowledge, from our reading for example. Many of Freud's sample dreams bear the stamp of his struggle with a scholarly issue. Jones attempts to engage the student-dreamer's inner life, his feelings and fantasies in the conduct of his outward-directed pursuit of knowledge.

Over the past twenty years Dr. Jones has been trying to develop and communicate a methodology of classroom instruction involving the unconscious mental processes of students and teachers alike in a creative approach to learning. Although he and his colleagues and students are most optimistic, he is not encouraged by the trends in contemporary education. Despite this he shared with us some of his work on dream reflection.

In great detail Jones described the workings of a dream reflection seminar. He demonstrated how a dream of his deepened and broadened his knowledge of Melville's **Moby Dick**, how such proved a playful and pleasurable experience, and how so-called aesthetic reflections compared and contrasted with more private and painful psychoanalytic reflections. He showed how under his guidance college students utilized their dreams to expand their educational horizons.

He read us his students' responses to Melville's novel, some of which excitingly were rivaled in depth and style by only Melville himself. Jones made clear that the occurrence of self knowledge (insight) is acceptable despite the purpose of his model's being only a means of amplifying public knowledge. In contrast to the psychoanalytic, interpretive approach to dreams where responsibility and authority for the interpretation is external, residing in the analyst, the dream reflection approach of education places responsibility exclusively in the dreamer's hands; he is the author of it, the creator so to speak, and is encouraged to play and create with it.

Discussion

Gerald Aronson, M.D., no stranger to Jones' ideas and methods, had previously collaborated in an advanced theory seminar in which theory formation and the dream work were compared. He described Jones as a researcher "cut from the cloth" of Rapaport, Klein, and Erickson (humbly not naming himself). These men have spent much time and effort relating man's inner world to external reality. They have described a sequence of ego states ranging from indifferent reality through ego interest to passionate involvement.

Jones brings his students to that state of "passionate involvement" wherein there is a combination of regressive mechanisms and group cohesion — a sense of gift giving and of narcissistic overevaluation. Free of shame, students experience a sense of joy at the discovery of life themes, both their own and that inherent in the subject, in resonance of sorts. Between the student (dreamer) and his scholarly subject matter is a concordance.

Perhaps there is a biological basis for this activity in the 90-minute REM Cycle. Does this cycle continue in waking life? The optimum time for a dream reflection seminar seems to be 60-90 minutes.

Dr. Aronson is worried about how long impassioned creativity lasts. There is after all a stronger reality, the enemy of passionate involvement. The stronger reality consists of the "shoulds" and "shouldn'ts" of parents and edu-

cators—the internal methodological restraints: "You're too young to know," "You're too old," "You should do it this way." — serving as familiar examples.

Arthur Ourieff, M.D., found the presentation refreshing. Dr. Jones seemed 20 years ahead of analysts ...reminding us of Bertram Lewin's dream screen, the representation of the nursing situation. Is it any wonder that adolescents and young adults, struggling as they are for separation, are nurtured educationally by the dream? Is it any wonder that they are captivated by the play on words, the playing with thoughts and ideas? Aren't those part of becoming one's own person? He wondered why there are not more analysts engaged at that level in university institutions.

The remarks of **Ralph Greenson, M.D.,** unable to attend the meeting and read by Dr. Kleinman were directed toward an aspect of technique — the writing down of dreams. Greenson no longer discourages this activity; rather, he feels it is important to compare the recalled dream with the written one, taking the omissions as a point of departure for further investigation.

MALE ANXIETY DURING DREAMS

Speaker: Anita Bell, M.D.
Date: April 11, 1974
Reporter: Harvey Lomas, M.D.

In 1957, Dr. Bell, while reporting clinical material on the subject, called attention to the paucity of psychoanalytic literature referring directly to the scrotal sac and its contents, the testes, in discussions of castration anxiety. Her original remarks and subsequent observations have met a great deal of resistance, including open ridicule and jokes. Undaunted, she continues to emphasize the importance of the scrotum and testes to castration anxiety, interpreting the resistance to acceptance of her ideas as indirect confirmation of their importance. Since most analysts are men, small wonder they find this subject sensitive.

Her present report cites research on sleeping males, later examined by structured interview, to demonstrate the connection between scrotal stimulation and psychic content during sleep and wakefulness. She was able, by means of electrodes, to measure smooth (scrotal) and striated (cremasteric) muscle stimulus responses, including dreams. She noted that Freud and Fisher both neglected to mention or to measure scrotal involvement during dreaming. There were correlations between scrotal stimuli and manifest dream contents, and an aversion to the scrotum in the experimental situation. Recurrent dream symbols such as ticks (insects), the number "2," jewels, wheels, etc., seemed connected to scrotal stimulation (for example, the presence of electrodes in the scrotum).

In Dr. Bell's opinion, there is in males an obvious concern over loss of scrotum, testes, and penis. Why did Freud not mention it? Why did Fisher measure only penile responses?

Dr. Bell presented Freud's dream of riding a horse in the context of his having had a most painful boil at the base of his scrotum. Freud felt that the dream portrayed his blatant denial of the groin pain allowing him thereby to sleep better....thus indirectly confirming Dr. Bell's thesis.

Dr. Bell also demonstrated how in the experimental situation one prominent effect of the presence of male technicians, was a tendency to produce in the subject a fear of homosexual assault.

In conclusion, Dr. Bell's research demonstrated the anxiety-provoking nature of scrotal and testicular manipulation, visual observation, and measurement of muscular response. Certain recurrent symbols in the manifest dream content easily could be connected with anxiety provoking experimental situations, particularly, the electrode measurement of scrotal muscular responses. Mutilation, injury and accidents were most prominent among them.

Discussion

Louis Gottschalk, M.D., commended Dr. Bell for her courageous research and stressed the importance of furthering it to include other physiological measurements to be compared to dream content.

Beverly Feinstein, M. D., reported on similar experiments in which a stressful demand situation influenced the subject's manifest dream content; these included the use of the tachistoscope, provocative films, and hypnotic suggestion. The last, as well as tones, flashes of light and such are quite commonly incorporated into the manifest dream of experimental subjects, rendering Dr. Bell's findings therefor not surprising.

Seymour Pastron, M.D., shared Dr. Bell's wonderment over the obvious need of males (including analysts) to deny vigorously their sense of scrotal and testicular vulnerability — a vulnerability learned much before puberty contrary to popular belief. Whereas the penis is the conveyor of pleasurable, male, narcissistic, exhibitionistic sensations, the testes, the essence of maleness ("balls"), are a painful reminder of the male's vul-

nerability and need for tenderness, something vigorously kept from consciousness by most men. One proof of said vulnerability lies in the practical torture methods used to obtain wartime secrets.

Dr. Bell, he felt, increased our awareness of the complex nature of castration anxiety and how men cannot deny her claim about the importance of the scrotum and testicles. She demonstrated how much in common men and women have—feelings of vulnerability and need for tenderness.

Elaine Pollit, M.D. confirmed Dr. Bell's findings and suggested further experiments with women subjects measuring labial responses, having encountered clinical examples of analogous labial anxiety in a woman patient.

THE INTERPRETIVE PROCESS IN THE ANALYSIS OF NARCISSISTIC PERSONALITY DISORDERS

Speaker: Paul Ornstein, M.D.
Date: May 16, 1974
Reporter: Harvey Lomas, M.D.

Introducing his paper, Dr. Ornstein paraphrased Kohut's differentiation of transference neuroses from narcissistic "transference configurations" as elaborated in Kohut's **The Analysis of the Self.** The classical position until now has been that primary disturbances in narcissism (developmental arrest) preclude object love, and render individuals unanalyzable without recourse to extra-psychoanalytic measures (parameters). Those patients who regress temporarily to narcissistic positions, to pre-Oedipal conflict situations, are analyzable, thus capable of object love.

Kohut suggests a reëxamination of the data for he has discovered some who suffer narcissistic personality disturbances yet are analyzable. They experience little or no difficulty with object love.

He argues thus for viewing narcissism as a separate driving force in personality development, i.e., development of the self, the disturbances of which manifest themselves, in analysis, as specific transference configurations. These archaic configurations, the grandiose self and the idealized parent imago, are in effect the remnants of developmental stages of the self, ideally culminating in the development of a mature cohesive self.

Ornstein likewise is convinced that these archaic configurations can be mobilized in the traditional psychoanalytic situation, and should be given our attention's center stage. Briefly reviewed, the transference configurations produced by the mobilization of the grandiose self are:

a. *merger transference* — the most primitive configuration in which the analyst is an embodiment of the patient's exhibitionistic grandiosity; the analyst has no separate existence or function other than to tend his patient's needs and wishes.

b. *twinship transference* — wherein the analyst is the patient's twin; they are alike.

c. *mirror transference* — the most mature form of the mobilized grandiose self in which the analyst is separate but necessary only to minister to the needs of the grandiose self.

What betrays the emergence of the therapeutically activated narcissistic transference configuration is the patient's response to the analyst's interpretations. Relatively small failures in his empathy result in dramatic responses by the person in his care. It is, however, the readiness to accept these grandiose claims and protests, in a word, (the analyst's empathic understanding) and the investigation of their cause that ultimately result in their undoing. The mirror transference restored, analysis goes on.

Common disruptions include the eruption of narcissistic rage, for example, revenge, prolonged or painful silence, or protests of cruel mistreatment even torture.

Dr. Ornstein then presented a clinical vignette: A 35 year old man who suffered from severe asthma and premature ejaculations, was in analysis 281 hours with Mrs. Ornstein before experiencing strong feelings about her. He noticed her blouse then had a fantasy that her breasts were exposed. There followed feelings of rage and a fantasy of tearing and clawing at her breasts. Next he spoke on an apparently unrelated topic. He wished she'd speak, but hoped she wouldn't and felt himself a little boy.

When Mrs. Ornstein did make a comment the patient experienced it as an intrusive humiliation; she had "spoiled everything." (She had tried to turn his attention back to the fantasy and strong feelings of rage.)

Further analysis, revealed that the patient was humiliated and ashamed when the analyst ended the hour, feeling she was saying, "Little boy, your time is up." Such profound reactions to interpretation or simple statement of the analyst are not uncommon with such patients; indeed, they may be pathognomonic of the establishment of an archaic narcissistic transference configuration which can and should be further investigated analytically, accepted, allowed to develop, and ultimately undone by the analyst's attitude of empathic understanding.

Discussion

Edward Feldman, M.D. understood that Drs. Ornstein and Kohut are drawing our attention to the use of the analyst as a part of the analysand's self. In essence, the analyst holds the patient together until he can do so himself. What he could not understand was Kohut's view that such patients do not suffer in their capacity to love others. He questioned therefore viewing narcissism as a separate line of development. Feldman did feel that much of Kohut's understanding of mirroring was useful in working with psychotic people. He also noted that clinical material presented in the narcissism study group did not confirm the views Kohut espoused.

Morton Shane, M.D. thanked Drs. Ornstein and Kohut for focusing our attention on disturbances in the early, preverbal mother-child relationship as reconstructed by adult analysis. Comparing Mahler's data, derived largely from infant observation, with Kohut's clinical observations, he noted that Kohut's postulated self-object fusion disturbances would have occured, according to Mahler, at the subphase of rapproachment, i.e., age 15-22 months. He also cited Brody's study of maternal attitudes wherein she was able to demonstrate their constancy.

Dr. Shane felt the clinical vignette demonstrated the patient's "recollection," through time, of an emotionally unavailable mother. He stressed the importance of allowing the transference to develop. He emphasized that 281 hours were needed for such fantasies and feelings to emerge. Too often analysts are impatient, often making premature interpretations. From his own practice he then presented an example in which he interfered with the evolution of the transference by suggesting a patient's over-admiration.

Shane stressed that Kohut's arguing for a separate developmental line for self gives us a new way to conceptualize and discuss common and difficult problems in the disturbance of the analyst-patient working alliance, and argued that there is a need for "educational" measures in virtually every analysis since analysis of the self is always involved.

Dr. Ornstein thanked the discussants then noted Kohut's distinction between narcissistic and borderline or psychotic patients: the latter require a supportive, directive, or educational approach, while the former do not. However, having little experience with the latter, he shied from elaboration on the questions raised.

Joel Shure, M.D. drew attention to the work of Michael Balint and wondered if there wasn't a more intimate connection to be made between it and that of Kohut. Balint theorizes that the inevitable failure of empathy leads to differentiation of ego from object, whereas the ultimate aim of all human experience is primary love or the "perfect fit." In contrast to Kohut, however, Balint used parameters with these patients but often failed.

Simon Horenstein, M.D. raised questions in ré the awkwardness in speaking of two types of libido and the ways in which one escapes analyzing the oedipal complex.

Bernard Hellinger, M.D. called attention to A. Eisnitz's study of mirror dreams in the 1960's and to Winnicott's "transitional object" in the light of the discussion. He wondered if analysis creates an illusion of safety....then thanked Dr. Ornstein for an acceptable and interesting view of the material, but stressed that there may be equally useful alternate interpretations of the data.

Joel West, M.D. wondered why the analyst need remain so inactive for so long since in his understanding the mirror transference is more or less irrepressible.

Dr. Ornstein again thanked the discussants for the many interesting questions, then stated that he has himself been pursuing some integration of Balint's and Kohut's work. He agrees with Dr. Shure that such should prove most profitable . . . so too that Kohut's discussion of libido is metaphorical, but inevitable for talking about the clinical material. Regarding the analysis of object-instinctual ties, he noted that the patient presented had had 6 prior years of analysis and had had his "Oedipus complex analyzed inside and out," but continued to suffer nonetheless. Dr. Ornstein agreed with Dr. Hellinger that there are other ways of construing material and that theoretical bias was involved. Finally, to Dr. West, Dr. Ornstein made clear his willingness for early attempts to help a patient understand the transference, despite its often serving no avail. He was urging a non-interference approach not a non-analytic one. Mirror transferences can be interfered with, suppressed, or repressed by the analyst's defensiveness and general non-acceptance of the rôle in which he is placed. Patients, for example, can easily be made to feel ashamed. Microscopic analysis of the interpretive process is an effective way to study and differentiate the narcissistic personality disturbances.

FEMALE SEXUALITY

Panel: Robert Stoller, M.D., (Moderator)
Miriam Williams, M.D.
Martha Kirkpatrick, M.D.
Ralph Greenson, M.D.
Date: June 13, 1974
Reporter: Harvey Lomas, M.D.

Robert Stoller, M.D. began by pointing out the need for an on-going discussion of female sexuality, perhaps on a yearly basis, especially in light of contemporary biological and clinical research. The time, he felt, is right for radical revision of Freud's view that women must adjust to their fate of not being men. Embryologic and histochemical researches indicate, contrary to old notions, that femaleness is the natural state of tissue and that anatomical changes leading to maleness come about secondarily through the addition of androgens. Moreover, whereas sex assignment develops on the basis of the appearance of the external genitalia at birth, Stoller, in his research, has discovered what he calls a core gender identity which depends on an early sense of conviction.

There are important questions which must be answered. Among others, what rôle do vaginal sensations play in the development of body ego? Freud left to his followers the further inquiry into the problem of female development since in terms of clinical experience he admitted to being at a disadvantage.

Miriam Williams, M.D. addressed herself to the subject of *Vaginal Sensations and Penis Envy,* presenting a brief history of Freud's view. He designated the clitoris as the leading erotogenic zone in little girls until age 4, when, out of discovery of the penis and intense envy of it, clitoral masturbation ceases and the vagina substitutes. Anna Freud's observations discovered such a shift before age 2. Greenacre presented data indicating that vaginal sensations are present from early childhood, disputing Freud's claim that little girls and boys share a similar development until the phallic stage. Observations by Galenson et al. show that little boys are more *knowledgeable* of their genitals, but that little girls *experience* vague vaginal sensations and engage in ambiguous exploration of their genitals. The self-representation is less definite in them, but there is a dim awareness of a cavity.

Being ill-equipped to deal with vaginal sensation physically, they feel much bewilderment and worry especially about their fantasies of filling the cavity with a penis, quite the contrary to penis envy. Specifically, Galenson found that general body exploration develops later in girls (10 months or more); by 15-17 months girls become increasingly focused and absorbed in manual clitoral and introital explorations, and experience great pleasure. When little girls do discover the sexual differences (penis), their reactions vary from mild annoyance to violent and disruptive rage accompanied by fantasies that they must have had a phallus and lost it, and to wishes for aggressively appropriating one. The little girl's reaction depends upon the quality of her relationship with her mother and the comforting availability of the father. Masturbation becomes less direct and less pleasurable as little girls, with a sense of phallic incompleteness, turn for example to dolls.

Such observations partially confirm Freud's views.

Ralph Greenson, M.D., focusing upon the orgasm in women first pointed out the abundance of ambiguity and obscurity about the general subject of sex from antiquity to the present, and from child to adulthood. Clinically speaking, scoptophilic and touching conflicts intrude into adult sexuality with great regularity. No other member of the animal kingdom has such inhibitions about sex. He asked why where are so few references to the orgasm, altogether, especially the female one. Why are we so unclear about the development of women? Could a factor be the idealization of them? The localization of orgasm is difficult to arrive at — the experiencing observer is not able to experience and observe simultaneously.

Martha Kirkpatrick, M.D. shared with us some of her experiences in teaching a seminar on the psychosexual development of women, but one in which the psychoanalytic model was described as male. If women are allowed to participate as equals in such discussion, the traditional psychoanalytic views of women fail to square with clinical experience. What about vaginal envy in transsexuals? What about womb and childbearing envy? Questions regarding activity vs. passivity, and degrees of superego development need be re-opened for investigation.

To demonstrate the myths and biases which play important rôles in contaminating observations and theory, Dr. Kirkpatrick then compared and contrasted the views of

the opposite sex held by participants in her seminar and concluded that the infantile misconceptions do interfere with the psychoanalytic investigation of the sexes.

Discussion

Dr. David Brunswick, in response to Dr. Stoller's criticism of Freud's male chauvinistic view of women, spoke of Freud's extra admiration of women whose sexual development is more complicated than that of men.

Ralph Greenson, M.D., responding to what he perceived as a patronizing view of women, disagreed with Dr. Brunswick, pointing out that development is equally difficult for men; after all, they have to change their object of identification.

Judd Marmor, M.D. raised the issue of socio-cultural attitudes and their significance in determining the meaning of penis envy. **Elaine Pollitt, M.D.** wondered about little girls who were not exposed to little boys, to which **Dr. Williams** responded that there are no such cases according to Galenson's study. **Gerald Nemeth, M.D.** wondered whether the disavowal of bearing children as it is reflected in the new attitudes of women is pathological. **Dr. Greenson** responded that such a wish is present in both men and women and is an indication of maturation. **John Lindon, M.D.** reported that he has encountered envy of pregnancy and of the life-giving mother who can bear children, and wondered if such is not a common experience for analysts.

RES IPSA LOQUITUR

To all outward appearances Barney was a tough guy. He had many requisites to be one: dead father, lots of younger brothers and sisters whom he helped to raise, and a history of street fights in an Eastern ghetto. He could have played a Runyon part without a script. . . .

Yet, to his tiny aged mother, big and beefy Barney had remained a baby boy.

When he talked about his "Momma," I pictured Mammy Yokum,—a feisty, little lady with a ring through Barney's nose and without compunction insofar as pulling. . . .

But, the essence of our story has to do with Mother's illness and the fact that Barney saw her as a clinging albatross.

"Oh Christ, my maw has got the 'flu' again, the damned old hag! That's bad enough, but why'd she catch it while she's here? Last year she bitched at me her whole vacation long. I never seen a gal who aches in all her ninety bones. I listen to her grouse, then tune her out.

"It's in one ear 'n' out the other 'Doc.' She plays her tape at least a million times. Besides, she's a phenomenon. She's indestructible and gonna outlive all of us for sure!"

. . . . . .

Barney had an ulcer. "Had had," I should say. A surgeon took a section of his stomach out and cut his vagus nerve with poor results and then, somewhat despairingly, decided Barney ought to get his "head shrunk." Oh that phrase! You'd think a guy would realize I'd heard it used before. . . . I hardly even smirked at it . . . or at his comic blurting out, "A sawbones cut my gizzards up 'n' says they's nothin' else to try so passed the buck to you . . . to get my *'head shrunk!'*

"He says you're real good 'n' you can fix me sure. Ya think my knob's too big?"

That prematurely balding head was spherical much like a basketball except its seams had tufts of hair,—and fleshy lips and black and busy beady eyes upset its symmetry. His mesomorphic frame suggested at a glance a man inclined to move with force, then think . . . not much an intellectual, yet, as he clichéd through his repertoire I felt a growing kindred with the guy despite his winking that he'd taken his degrees in "high schools of the streets" and "college of hard knocks."

My, My! Could I afford a feeble grin for *that* worn out routine? Well, what the Hell! A leopard has his spots! . . . but, it was time to see if from his jargonistic flood I could reel in some facts . . . and purse string his ideas: I started out to say, "Your Mother's here again and wants to stay a month . . . when you heard of her plans your ulcer acted up?"

" 'At's right, the rotten bitch! She's movin' in again. . . . Reminds me, how a buddy of mine once (just horsin' 'round o' course) says 'Barney, your old lady's such a pain I'll get a *contract* out for just a hundred bucks!' I turns round 'n' says, 'I'll pay ya *2 fast bills* and not a question asked,' . . . *just kiddin' round o' course!*

"You speak French 'Doc?' You 'parlee voo.' I'm gas from teeth to ass the minute she arrives, and I don't need no *'shrink'* to pull no loops through that. I hate her guts; it's plain . . . I wish she'd drop dead twice!"

Which, to our mutual surprise, with little latitude, was just what Mother did.

It happened in a blink as she complained of stabbing gripping

pains that clutched her round the breast, then turning purple blue, she gave a muffled cry, and died at Barney's feet.

But, dying these days simply isn't what it used to be. Remember when they held a mirror to your mouth or eased an eyelid back to see if you would blink? . . . or felt for pulse before those muted measured words, "I'm sorry, we've tried everything we could?"

Today computers call the shots. A squad of engineers comes by and hooks cadavers up to circuitry that keeps the heart a-throb while other apparatus breathes and pees and defecates for you until we need philosophers to tell us if a corpse remains in limbo or beyond.

That's what they did to Barney's Mom. They plugged her in the wall and made her oscillate 100 c.p.s., refreshed her tired blood, exchanged her stale air, which kept her motor on . . . (though hardly more than that) . . . until, aware she wouldn't "charge," the specialist-in-chief called Barney to one side.

With deeply furrowed brow he whispered in his ear, "It's been two weeks *like* this . . . without a sign of life . . . I'd like to turn her off . . . I mean to pull the plug . . . it's up to you I feel."

"How come it's up to me?"

"Well, you're the next of kin . . ."

"Sweet Creepin' Jesus man! That's sorta playin' God . . . I never liked her, true, but this is kinda 'gross.' You gotta let me think . . ."

The medic took his hands and held them in his own. He eyed him evenly and balanced his response: "Well, this much I can say,—if *my* dear Mother were just where you find yours now, *my* mind would be quite clear . . ."

"You're sayin', 'throw the switch?' "

"It could be heard that way."

"Look Doc, I gotta pace; gimme a half an hour. I'll walk around the joint—I won't be long. Just wait!"

So, Barney ambled off. He pushed through swinging doors to dark and empty wards, then rummaging around came on a service lift. He rode it to the roof. Once there he gazed about examining the sky, but still a man who moved and not philosophized he gave one massive heave, went down, and cut her power off.

"Would you believe me 'Doc?' I ain't had no remorse. No eensy weensy bit. Oh yeah, I know; it's later that it hits; an' I ain't got degrees in your Psychology, but shouldn't I feel some guilt? I mean, ya slice it like ya want, I did kill my own Ma . . . Here I am back to work 'n' all 'n' doin' really fine—my stomach's feelin' great!"

"That's good to hear," I said, "yet, it's too soon to tell. There may be after-shocks . . ."

"Naw, not with me!" he said. "Maybe with other guys. You might a' thought me too because I'm mush inside. It's true I squawked a lot, but underneath I guess I really loved the 'creep' . . . Yeh, once upon a time she took good care a' me . . . that's ancient history—I ain't got no regrets."

"You could be right," I mused. "Still, Barney, watch your step. You'll be at least a year digesting Mother's death. Acknowledge it or not, a guy gets just one Mom—her dying is a jolt! In some way it'll come . . . you'll dream, or shed a tear or maybe blow your stack at trivialities . . . You strike me as a guy who acts out more than feels . . . You may 'charade' her death . . . um . . . sort of play it out . . . one never knows . . . for sure."

"I ain't one for them games, 'charades' I mean, but 'Doc,' don't lose no sleep. I got things well in hand. ' . . . I ran the funeral. It went without a hitch.

"Except . . . I goofed one part—when I was onna way, my mind's in outer space, 'n' siftin' this 'n' that, rememberin' kid things—a red light on my dash starts flashin' out at me . . . it's somethin' onna blink . . . 'must be my battery!' I got no time to lose to make the funeral—so I pulls up real fast 'n' nabs a station man 'n' calls to him—'Hey Mac!' I need some help. Look here, the red light on my dash—keeps flashin' out at me, 'n' can you fix 'er fast? I'm buryin' my Ma!

"Nice kid—who knows? Maybe he lost *his* too. Well, he takes one long look 'n' wheels out all this junk with clips 'n' wires 'n' stuff 'n' plugs it inna wall, then underneath my hood, 'n' tells me 'start 'er up,' 'n' 'rev it will ya please'—'n' while I'm fidgetin' around – then lightning strikes my brain! a bulb lights up . . . up here . . . !

"A *flashin' lite!* Oh Christ! That's my emergency! *I'm ridin' with it on.* . . . For cryin' out! . . . it ain't my battery! . . . I don't need all this shit! . . . and here's the funny part; on time or runnin' late I really can't confess I blew it to this kid. I sit there watchin' him . . . with all them wires 'n' things. I just ain't got the heart to tell him what I done 'n' go and turn it off, to pull the goddam plugs. . . . I mean so I c'n drive away.

"Hey, Doc, you're laughin' Doc. Ya wanna share the joke?"

S.L.S.