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Los Angeles Psychoanalytic Society/Institute



BULLETIN

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ROBERT HANS JOKL, M.D.

... In both his professional and personal life he was a man of character, integrity, and genuine modesty. He was good, gentle, compassionate, and had a keen social conscience. His reading was extensive and varied and he was acquainted with the best of the world's literature. He loved and knew about animals and plants as well as music and art. He aged gracefully and, rather than living in the past, continued to observe with zest the contemporary scene. Sparing of words, he expressed himself simply, succinctly, and forcefully if the occasion required, always accurately striking at the heart of the matter at hand. He was an accomplished mountain climber and he traveled extensively.

By his character and psychoanalytic eminence he set an example worthy of emulation, which is of particular importance in this time of crisis in medical psychology. His influence will continue to serve as an example to his many analysands and colleagues and to younger psychoanalysts. He will be missed by all who had the privilege of knowing him.

Maurice N. Walsh, M.D.

[Excerpted from the original which is to appear in *The International Journal of Psychoanalysis*]



ditor: Sumner L. Shapiro, M.D.
taff: Stanley H. Block, M.D.
Harvey D. Lomas, M.D.
Richard Wonka, M.D.

IN MEMORIAM:
ROBERT HANS JOKL, M.D.
1890-1975

Robert Hans Jokl was born in the Czechoslovakian part of the old Austro-Hungarian Empire. After studying biology, psychology, and medicine in Prague, he received his medical degree in 1915 during the first World War. After his first appointment at the Carl Ferdinand University, he became an exchange assistant at Professor Bleuler's Clinic in Zurich, training in neurology and psychiatry, but having all interrupted through wartime service and one year of captivity in Italy.

Bleuler had advised him to visit Professor Freud; he did so in 1919 and Freud accepted him for analysis and training. Among his other teachers were Bernfeld, Federn, and Reichmann. He was an active member of the Vienna Psychoanalytic Society, admitted as one of the pioneer members of the original group in 1921, having read to the society his thesis on "The Psycho-genesis of Writer's Cramp." His first publication was in the *International Journal of Psychoanalysis* (1922). Among his psychiatry teachers he counted Wagner-Jauregg and Poetzl.

During all these years up to 1938 he actively participated in the psychoanalytic movement, a close associate of Freud. He served on the Executive Committee of the Vienna Society, once as secretary and once as vice-president. In 1923 he started to teach, the Institute in Vienna not yet having actually been formed. Many well-known analysts were analyzed and trained by him.

In the summer of 1938 after the invasion of the Austrian Republic, he and his wife, Magda, went to France, hoping to continue on their journey to England and to rejoin Freud. But World War II stopped them, and they were obliged to stay in France until the liberation in 1944.

His possessions in Vienna, including book manuscripts, minutes of the Society — all were lost. But he did return to Vienna in 1946 in order to help Aichhorn and other colleagues to reconstruct the Vienna Psychoanalytic Society and Institute. He then accepted an offer to come to the Topeka Psychoanalytic Institute as training analyst. In 1948 he joined the Education Committee there. After a number of years he moved to Los Angeles and became a member of the Los Angeles Psychoanalytic Society as well as training analyst of our Institute.

I recall him most clearly from the days in Topeka. I had been able to come to the States before the war and saw him now repeating, with great courage and determination, the problems of adjustment in America, a struggle to translate European experience into American experience, to work in a new language, for him the third. Occasionally, some of us from the Old World sat together, and I recall most his erudition, his being immersed in European culture, and his masterful use of our common native tongue. We would recite old poetry, German literature acquired in high school, and he outdid us all. He spoke occasionally of the history of the Psychoanalytic Movement, so much a part of his life . . . how I wish that the younger colleagues in our community could have had an opportunity to meet him, to talk informally with him, and to accom-

pany him on his way from Bleuler to the Viennese psychiatrists and to Freud, —[the opportunity] to learn about his participation in the Psychoanalytic Movement, [about] the struggle to build it up once more after the Second World War, and to share with him some of his insights about psychoanalytic institutions, —[to hear] his different suggestions to mobilize the initiative of young people so that research, an active work with new ideas, would become a part of their own lives as psychoanalysts. I wish we could translate his early German publications, such as the one concerning the resistance against psychoanalysis published in 1930. Some of them were filled with humor. In Topeka he also wrote a paper concerning sublimation in classical psychoanalysis, published in *The Bulletin of the Menninger Clinic* in 1950. He came with great expectations to the West Coast; I should wish that some of what he had collected in the meantime, had written about in tentative drafts, might be made available.

He was for many of us the bridge to the past. It is to people like him that we owe the insight that no successful bridge to the future in psychoanalysis can exist unless there is also a bridge to the past. In the years of physical decline he was supported by Magda, his dedicated and loving wife, herself an expert in early education. Among the surviving family members is a nephew who now studies psychiatry and psychoanalysis, inspired by his uncle, our teacher, Robert Hans Jokl.

Rudolf Ekstein, Ph.D.



EDITORIAL

*When to the sessions of sweet silent thought
I summon up remembrance of things past,
I sigh the lack of many a thing I sought,
And with old woes now wail my dear time's waste;
Then can I drown an eye, unused to flow,
For precious friends hid in death's dateless night,
And weep afresh love's long since cancell'd woe,
And moan the expense of many a vanished sight;
Then can I grieve at grievances foregone,
And heavily from woe to woe tell o'er
The sad account of fore-bemoaned moan,
Which I now pay as if not paid before.
But if the while I think on thee, dear friend,
All losses are restored and sorrows end.*

[Shakespeare, Sonnet XXX]

Hanna Fenichel, Ph.D. died Oct. 12, 1975. The news of her death was circulated in a terse communiqué which stated that we had lost thereby "one of our earliest and most venerated members." In November, a memorial service was held. Unable to attend personally, I procured the eulogy notes. These, with the permission of the speakers, I have liberally edited, condensed, and excerpted, and now borrow from, to homage an outstanding woman . . . whom I had known initially, a long, long, time ago, as supervising analyst.

Strikingly, their reminiscences, I felt, as I familiarized myself with them, concentrated upon simple, homey examples characterizing their colleague. Such was no accident, I'm sure . . . and, stimulated by the anecdotes I read I, found that I could rather easily add a quaint vignette or two to document the charm and style of my erst teacher . . . but . . . instead, I opted to apply nostalgia otherwheres . . . because, just scant weeks after Hanna's, came the death of yet another venerable figure from our group, Robert H. Jokl, M.D.

He had been my training analyst. . . . and I wondered if I'd find a way to give our younger readership some feeling for the vintage of his life, as it came through to me, and as the data warrant. To do so I asked Rudolf Ekstein, Ph.D. to supply us with the biographic "Memoriam" which precedes. To it let me add a wistful memory, or brace of them, to say my own farewell to my mentor, who never may, alive, have realized the impact and the sustained, pervasive influence he had in shaping my philosophy. . . . I recall our initial contact: Dr.

okl had been ill. He was pale and rawn, and seemed quite ancient ven then. I felt his warmth. I liked im instantly.

The "chemistry" was right! . . . nough that subsequently I asked if e would be my analyst . . . how- ver he looked so worn and fragile at I feared (without as yet nerve ough to voice this thought) he'd ot survive the five, six, seven, eight ears of work I'd allocated to that b.

. . . and how later, as I lay upon e bed of nails (and knew I had to peak such out), I quailed to voice y fear *lest he should die* . . . with e half-baked, — abandoned!

Know what? He laughed a little. HEN HE ANALYSED MY /ORDS! . . . and he survived! espite my magic . . . then, with that tern yet gentle pedagogy I should arn to love, he muttered some- ing out of Schiller, or his darling, oethe . . . something bearing upon e and how it intertwines with rized experience. . .

Another day he taught me how Descartes ("Cartesius," he called im) had rendered his ideas on eath, alluding with impeccable ogic to the fact that we should un- over its mysterious secret only hen a man returned to tell of it, nd not before. . .

and how it seemed to that hilosopher incongruous that men ould fear their passage back into blivion any more than they imented the eternity they spent ithin it prior to their birth!

He had a way of subtly point- ing one to treasure troves of wisdom nd of lore . . . small wonder that Dr. Ekstein refers to his being immersed in . . . culture." . . .

At Dr. Fenichel's memorial,

Rocco L. Motto, M.D. detailed his thirty year acquaintance with her in the climate of his first attempts at child treatment in our group. Charmingly he shared with listeners precious anecdotes so typical of Hanna's style, — her way of doing things:

"As I pursued my interest in children," he said . . .

"I was invited to attend staff conferences that were led either by Hanna or her close friend and colleague, Margrit Munk. I learned of the evening conferences for staff and nursery school trainees . . . and later when Shirley Garber became Director of the School for Nursery Years she asked me to serve as moderator of them. I recall a supervisory session with Hanna in which I anxiously expressed my concerns about being able to function in such a rôle. I protested, 'Hanna, *what* if they should ask me something I don't know — or I can't answer?' After drawing on her ever-present cigarette, exhaling and coughing [that deep, racking cough that became so well-known to us as students, colleagues, and friends], Hanna replied, 'A teacher doesn't *always* know — or *need* to know all the answers. In such situations it helps to restate the question, or ask the student to restate it. That allows for several possibilities. Either you find some answer occurring to you, or the student has already modified the question to some extent and you find you are able to respond to those modifications. Best of all is to turn the question back to the group to see what they think about it and then from their various responses you have a wide range of discussion that becomes possible.' I never forgot that advice, that bit of teaching of hers, and years later when she was present in one of the conferences I

was moderating it was as though she did not recall having so advised me because she complimented me on the ease and the skill with which I had conducted it."

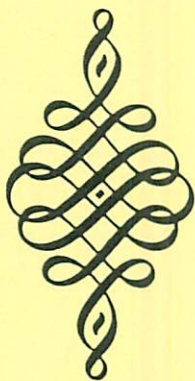
He recounted how, when he solicited her advice and counsel about the offer to head Reiss-Davis, "she answered in her quick, brusque style, 'Why not? I think it would be a great opportunity for psychoanalysis, and you would do well. I'll help all I can. I'll come to lead a staff case conference or anything you want me to do.' . . . and she did. . . and continued to do so each week for the next 15 years [until] she began to reduce her work and her teaching commitments."

. . . and how, in writing, recently, an historical narrative about the developments there, he "relived those early, exciting, stimulating experiences with her" . . . and recalled "one anecdote from the story of a 12-year old boy whose symptoms and behavior would fill chapters of texts on childhood psychopathology. He had many tics and grimaces, nightmares and sleep disturbances, short attention span, explosive temper outbursts, few friends, was a poor student, had several runaways (and more). [His] history indicated that he had been in 10 foster homes in [those] 12 years of life . . . As the discussion moved toward decisions for treatment . . . Hanna said, 'I think there is a much higher priority than individual psychotherapy for him. God! Who could have developed any differently after being uprooted 10 times in 12 years! I think we ought to find him a good stable home and allow him to know *that* for a while before we start him in psychotherapy!' Such was her concern with the practical, emotional needs of the patient."

. . . and her reaction to the first

itz films they viewed together. 'Roc,— I could never be that kind a researcher. I could not stand , observing and collecting data file that infant is crying so pathetically. No — I could never do that; I reach down and grab the infant and comfort it.' ”

. . . and finally, how during the passing moments of her life, on a Sunday, he had decided to chance a visit, only to be greeted by Hanna's nurse who said, "Hanna has been in sound sleep most of the day, but you have time to wait she may wake shortly." . . . In the office where Hanna saw her patients . . . the nurse asked me many questions about Hanna and then said, 'I have done many . . . assignments with her patients, but this experience is most unusual. . . . By this time in the life of the older patient there is a small circle of friends and family to . . . visit. Here, however . . . only an hour passes without a phone call or a visit from someone old and not so old! Many young children come to the door to ask if Hanna is OK, and can they come in! She must be a wonderful person who have developed such a large circle of friends of all ages.' I could only say 'Yes — she is.' And to you I say 'I am most grateful to have been one of them!'"



Shirley Garber, M.A. lauded Hanna for how she "shone as a teacher . . . set a style and tone uniquely her own . . . and was most definitely a presence . . . yet, people called her 'Hanna,' not 'Doctor.' Phrases like, 'Hanna says' or 'Hanna thinks' or 'when I was a student here, she did (thus and so)' were frequently heard. . . ."

and how "she was comfortable as Chairman of the School for Nursery Years, though she did not like to conduct meetings, and relinquished that job thankfully as soon as she could. She was convinced that she could not speak well; I never understood why. Her voice was so full of life. . . ."

"I remember, during my first year here, being full of half-baked educational theories, I automatically split up a pair of identical twins, placing them in different nursery school groups and enabling each thereby to 'grow independently,' as I thought. During the course of the year, she came to conduct a case study — and those twins were the subject for the evening. They weren't doing all that well. Within minutes . . . she asked (not the least accusingly) why I had separated them. After I answered, she taught me an invaluable lesson: 'You never alter a situation, my dear, until you have had a chance to study it,' — delivered gravely, seriously, and yet with kindness. I never forgot it!" . . .

And how ". . . Hanna loved children . . . she truly appreciated them. She was all attention when a child was in the gathering, and anecdotes about children — her young relatives and the children of friends — were always coming into the conversation. . . and how much she loved life itself — and working and being with young participants. . .

"When I was hospitalized right here at UCLA almost exactly fif-

LOST

*Desolate and lone
All night long on the lake
Where fog trails and mist creeps,
The whistle of a boat
Calls and cries unendingly,
Like some lost child
In tears and trouble
Hunting the harbor's breast
And the harbor's eyes.*

Carl Sandburg



teen years ago. Hanna came to see me one day about noontime, after her morning's teaching stint. At a staff cafeteria for the inevitable coffee, she found herself in a veritable United Nations of young adults! Surrounded by interns, nurses, students, kitchen workers, [and the like], from all parts of the globe, she had seen, and listened — and talked — and enjoyed it all with her usual zest. . . and her visit with me was full of those wonderful young people and [with remarks of] what fun it had been to be among them: 'Oh Shirley,' she said, 'this is how it should be! Not with laws . . . why don't we stop *talking* about THE BROTHERHOOD OF MAN and just *Do* it! . . . JUST DO IT!' And that is how I believe we will remember her: as a great lady, a great leader, a great teacher who — in every way — DID IT!"

. . . and how her close associate Lawrence Friedman, M.D. told of his visit to Hanna just a few days after the greatest single tragedy in her life, the sudden, unexpected, death of her husband, Otto. His purpose: to console her . . . despite his being "greatly disturbed, but with the intention and the belief that it would give her some comfort . . . and [how when he] left, an hour later, it was the other way around!"

Hanna had comforted him!

"That," said Dr. Friedman, "was Anna!"

He saw psychoanalysis as the most important part of her existence, yet by no means the only one, citing her devotion to music, art, education . . . in people in all walks of life . . . with friends everywhere, around the world, — a cosmopolitan!

. . . and how, "once Hanna became your friend, nothing could change that. She remained [one] forever, whether you saw her frequently or for many months not at all. You always knew that she was there and available any time you needed her. . .

"The houses she built were quite big, but her own place in them was always a small one for work and living. The rest was really for friends. She loved to give big parties . . . She spent weeks or months preparing for a Christmas festivity . . . months thinking of just the right present for friends and the innumerable children she loved. . .

"That's how Hanna was! . . . and how "a story Frances Deri told describes Hanna probably better than any other. . . when Hanna lived with Mrs. Deri, she just could not wake up in the morning. Francie tried everything, but neither alarm clock, nor shaking, nor [any] other drastic measure ever succeeded in . . . [rousing] Hanna . . . until Frances found the only method which . . . [would]. She approached her and in a soft voice called, 'Hanna, I need you,' and Hanna was up in a second!

And that was Hanna!"

"When she had surgery for cancer of the lung two years ago, she knew that her time had come. . . but, if you didn't know Hanna well, you'd [never guess that] . . . She continued her work and for a while, even her travel. It did not diminish her interests . . . still [catering to others].

"For about a year, she did quite well, but the severity of her illness could no longer be denied. The intensity of her pain sometimes became intolerable . . . the help

doctors could give was very little. For the last few months, the question was only how much more . . . before the end.

"[Yet her] indomitable will . . . did not give up.

"I was most unhappy when she was hospitalized a few months ago shortly before we left for our summer vacation. I don't know whether it was on her insistence, that of her friends, or the good judgment of her doctors that she was taken home where she belonged. I saw her the last time a few days before she died. She seemed peaceful . . . no longer suffering, and . . . no longer afraid. She died shortly after . . . in her little alcove, [her] 'nest,' as she called it, next to her workroom, surrounded by the hundreds of books and magazines [which] she and Otto collected, amidst all the knickknacks, the flowers, and the trees she loved so much. She died with the dignity . . . [which graced her] all her life, with the dignity to which everyone should be entitled.

And that was Hanna!"

*

*If after all that we have lived and thought,
All come to nought —
If there be nothing after Now,
And we be nothing anyhow,
And we know that — why live?
'Twere sure but weaklings' vain distress
To suffer dungeons where so many doors
Will open on the cold eternal shores
That look sheer down
To the dark tideless floods of Nothingness
Where all who know may drown.*

Edwin Arlington Robinson

S.L.S.



LETTERS TO THE EDITOR

Sumner:
Miss Davis's 25th anniversary
celebrated by a scientific
dinner held October 31-Novem-
ber 2, 1975 in the grand ballroom
of the Beverly Hilton Hotel, consist-
ing of the following topics: Research
in Child Psychiatry: The History of
Attitude, Children and Parents
Divorce, Diagnosis and Treatment
of the Psychotic Child, and Innova-
tive Ideas in the Training of Mental
Health Professionals.

Participants were: E. James
Stern, M.D., Jose Barchilon,
M.D., Bruno Bettelheim, Ph.D.,
Ira Bolgar, Ph.D., Marie Briehl,
M.D., Betty Cooper, M.S.W., Rudolf
Carmichael, Ph.D., Albert J. Solnit,
M.D., June Tuma, Ph.D., Judith
L. Weinstein, M.S.W., Robert Waller-
stein, M.D., and Miriam Williams,

Sincerely,
Rocco L. Motto, M.D.,
Director

Everyone,
My warmest personal thanks for
what you did to make the first week
of my stay memorable. Our guests left
with glowing feelings and a great
sense of appreciation for the . . .
spacious Hospitality Room
and the ingenious flower arrange-
ments, the graciousness of the hos-
pitality, the help in planning activities,
and for the tour ending up in the
Museum . . . the evening in the
Museum with hosts on the

buses, and throughout the muse-
um, the well-informed, "eager-to-
explain" Docents, the good food
and music. . . .

All created a great deal of good
will and closeness. I am sure you
know how much you contributed
to this.

Thanks again,
Kato van Leeuwen, M.D.
(Mrs. S.L. Pomer)

March 3, 1975

Sumner L. Shapiro M.D., Editor. . .
Dear Editor:

Here are some of my reflections
on . . .

. . . the [Institute] controversy
between Kleinians and Freudians: I
was unable to see why analysts
should be disputing bitterly about
what could be only matters of
opinion. What can one do in such a
case, but quietly define the nature
of one's differences?

[From the] minutes of all the
Institute meetings about the Site-
Review Committee, it seemed to
me that the deliberations came to
have the purpose of preserving the
institution of the training analyst
at all costs. Unfortunately, this
institution has always divided
psychoanalytic societies. It has
meant that there have always been
two classes of members. Those who
fail to become training analysts
have always been in a different
category, with less prestige. As
analysts, they have always been
regarded as in some way inferior. . .
[with] one result . . . that such
analysts have lacked the incentive
to enter fully into the activities of
the Society.

More serious is that the concept
of the training analyst is in itself
untenable. No person can analyze
another . . . whose future he con-
trols. The failure of training analyses
has just been well shown by the

nature of the behavior of some of
our members. The simple fact is
that the institution of the training
analyst should be abandoned.

A candidate should be free to
choose as his analyst any member
of the Society. It must be accepted
that this analyst will have no com-
munication with the teaching
committee. Even the time when the
candidate reports to the committee
for beginning supervised analyses
should be worked out between the
candidate and his analyst, rather
than being a matter for discussion
between the analyst and the com-
mittee.

It has always seemed strange to
me that we have been blind to what
is so obvious. I'm afraid I've been
forced to recognize that the insti-
tution of the training analyst has
been continued only because of the
prestige it brings. Even now we
seem to have reestablished a distinc-
tion between training analysts, and
analysts who only teach, again I
suppose to sharpen the distinction
between the training analyst and
the rest of us.

Sincerely,
Robert M. Newhouse, M.D.

June 25, 1975

Dear Mr. [sic!] Shapiro:

I am sending you another copy
of my letter of March 3, 1975.

I meant it as a "Letter to the
Editor." I was surprised you did
not publish it. I was rather pleased
with it. It seemed thoughtful and
quite well written.

I used to feel idealistic about
psychoanalysts. I suppose I'm going
to have to acknowledge that they
are in fact apt to be unfavorably
disposed toward opinions of an
unorthodox or personal nature.

Sincerely,
Robert M. Newhouse, M.D.

r Sumner:

he enclosed is a chapter contri-
ed to the official History of
hiatry in the Army in W.W. II,
re Air Force.

he companion chapter on Air
ce Psychiatry in the European
atre was written by Douglas
d, M.D., a psychoanalyst from
eland.

he chapter on the South and
. Pacific Air Forces describes
t problems we encountered and
t we did about them, with illus-
ive case histories.

You are at liberty to review the
pter or to reprint any portion of
s you see fit.

With best regards,

Maurice [N. Walsh, M.D.]

. Walsh's informative and inter-
ng material is called to reader-
o attention. Regrettably it does
lend itself to reproduction in
format. Ed.]



ven into our Empyrean the
ationary Hydra reaches. Hitherto
ce annually published, the
letin retreats a step or so, and
s itself to new austerities.
ditorial wisdom has opted for
tailing some the frequency of
ng to press. We'll print three
es now in place of four . . .
ead of tighter spacing. . . or smaller
. . . or coarser paper . . . or,
ven help us, less prolixity!

e the format!

/ other suggestions?

MONKEY SEE MONKEY DO

His problem: he left the priest-
hood to get married to a nun who
did the same. A really sweet young
man, if easily embarrassed, — and
a funny blend of depth with immat-
urity . . . small surprise he should
need guidance for his guilt and
awkwardness in his anticipated rôle.
. . . and just back from his "honey-
moon," bearded, long-locked, look-
ing paradoxically more like Jesus
now than he ever did before, he
squirmed a little on the couch, aware
of what would forth:

"Yeah, . . . well, here I am again
. . . and I suppose I've gotta tell you
all my thoughts — including how
things went. Do you remember how
real tight I was? I'm sure you do . .
and how hung up?

"I know the rules — O.K. here
goes: I was 'nauseous' about sex.
The 'missionary' part . . . well, I
could live with that, but all the
'foreplay' stuff . . . I wanted, like
you said, to be just 'natural,' do
what we pleased, but I was nervous
as a cat . . . I wanted, and I didn't,
both at once.

"We drove two thousand miles —
at least. That part was great. Moun-
tains, Carlsbad Caverns, — but every
time I tuned in to my thoughts it
all came back . . . the priesthood,
and the Church and how I made my
mind up and I was married now . . .
and had my rights . . . and I was
gonna' say that to *my wife*.

"We were driving east through
Utah on this really empty road
when I said 'Sweetheart, there's
something that we've gotta dis-
cuss . . . ' Know what? Right there,
I froze, solid. The words were ice
cubes in my throat.

"Well, she looked at me, those
sad big eyes and that pale face . . .
I would've bet she knew exactly
what I meant to say — instead, she

asked if I wanted her to light me a
cigarette.

"Some smoker! She tried to, but
a little patch of paper stuck to her
lip when she flipped it to me; it
bled . . . so she put it in the ash tray
in the dash — unlit.

"Gallant me! I kissed my finger
tip and put it on her 'boo-boo' and
told her to forget the smoke —
instead to slide across the seat and
cuddle up . . . and she was sleepy so
she put her head down in my lap
and she was gone . . .

"And while she dozed that way
my eyes kept sneaking peeks at her
— the contour of her body; I was
fascinated with the way her bosom
swelled and rose each time she
breathed and how her thighs were
pressed together and the place they
disappeared up in her skirt . . . and
then I stroked her hair . . . and I
kept muttering, '*my wife!*'

. . . but let me clue you how my
mind worked. She lay there like I
used to dream she would . . . and it
occurred to me . . . alone, — so
little traffic on the road, — that I
could . . . what a chance! Why I
could test if my odometer was
accurate! — I meant to ever since
I'd bought the car — just keep her
set on sixty and see if she would
cover one full mile in sixty seconds
flat! Was I a chicken? Bet your life!

"I got to thinking back to sex
and foreplay . . . well, that night we
would, for sure! I lit myself a cigar-
ette and smoked it and almost like
to prove my point I snuffed it out
by breaking it in half. Right in the
middle, do you know? It made two
pieces. One of them came up against
the other that my wife laid in the
tray . . . and when I saw the two of
them, my cigarette was like me
kneeling at her feet. A supplicant . . .
before his stately queen . . . her a
little bloodied but unstained . . .
the damp tip of mine against the
middle part of hers . . . you see?

“ . . . and that reminded me out her in the shower earlier that morning. What I should have done knocked and gone right in . . . do you know what the priesthood’s response? ‘Give me a child the first five years.’

“Later when we stopped to eat I had another smoke and so did she. This time I was careful how I lit my cigarette. I laid it there full length alongside hers . . . and gently, while she watched me, sort of curious what I would do, I squeezed the filter tips together and I blew a kiss to her. Know what? She shuddered like you see girls do!

“Back in the driver’s seat I had it worked out. I would tell her what I learned in therapy I’d learned ‘the facts of life’ – how you explained to me ‘mutual consent’ and how to do it at you both want – whatever works good . . . only when I started my speech the words were syrup, thick and slow.

“Sweetheart, – *we have got to talk!* You know I see an analyst . . . and then I blurted out the story you told me . . . about the man whose parents raised him so properly that later it would turn him

on just saying ‘bathroom words’ and how he got his wife to work him up by shouting ‘doggie doo’ and ‘kitty doo’ and ‘baby doo’ . . .

“And we both laughed and laughed when just right then a great big sign about a desert museum only fifty yards ahead!

“I didn’t really chicken out . . . I mean the both of us were looking for adventures . . . and we both love animals . . . and I could always pick it up where I left off, right after we came out . . .

“Know what? I never had to anyhow. Know why? Well, in this cage they had a monkey. Really cute, and smart and almost human, – tiny thing. He saw my wife’s sunglasses and he wanted them. He cooed and begged and he jumped up and down and stuck his scrawny little arm right out through the wire mesh to reach them. I said, ‘Honey go ahead – you put them in his hand. See what he does. It’s safe – there’s no way he can pull them through . . .’

“*She* did – know what *he* did? He dropped them to the ground and slid them underneath the bar inside the cage.

“Boy that was all! He let loose a laugh and swung up on his shelf and squatted on his tailbone and put them on and off; he really got worked up . . . I knew because his ‘thing’ came out, stood up, all red and swollen.

“And you know what he did then? He bent up double and he started rubbing it then licking it, his tongue right on his ‘thing.’

“Yeah! Well, I looked down at my wife and she looked back – the cigarettes, the shower, the story I’d just told her, all of them and now this monkey making one of me . . . and so I put my hand where hers was and I started in to speak but, well, she like beat me to it . . . and with a tiny shaky voice I heard her asking,

“Sweetheart, does my MONKEY SEE?”

“What else could I reply but ‘MONKEY DO!’ ”

S.L.S.

“The highest happiness of man as a thinking being is to have probed what is knowable and quietly to revere what is unknowable.”

—Goethe, (*Maxims and Reflections*, 1829).

“There is nothing too little for so little a creature as man. It is by studying little things that we attain the great art of having as little misery and as much happiness as possible.”

—Samuel Johnson, LL.D, 1791.

Editor: Sumner L. Shapiro, M.D.
Staff: Stanley H. Block, M.D.
Harvey D. Lomas, M.D.
Richard Wonka, M.D.

IN MEMORIAM:
ROBERT HANS JOKL, M.D.
1890-1975

Robert Hans Jokl was born in the Czechoslovakian part of the old Austro-Hungarian Empire. After studying biology, psychology, and medicine in Prague, he received his medical degree in 1915 during the First World War. After his first appointment at the Carl Ferdinand University, he became an exchange assistant at Professor Bleuler's Clinic in Zurich, training in neurology and psychiatry, but having all interrupted through wartime service and one year of captivity in Italy.

Bleuler had advised him to visit Professor Freud; he did so in 1919 and Freud accepted him for analysis and training. Among his other teachers were Bernfeld, Federn, and Hitschmann. He was an active member of the Vienna Psychoanalytic Society, admitted as one of the pioneer members of the original group in 1921, having read to the Society his thesis on "The Psychogenesis of Writer's Cramp." His first publication was in the *International Journal of Psychoanalysis* (1922). Among his psychiatry teachers he counted Wagner-Jauregg and Poetzl.

During all these years up to 1938 he actively participated in the psychoanalytic movement, a close associate of Freud. He served on the Executive Committee of the Vienna Society, once as secretary and once as vice-president. In 1923 he started to teach, the Institute in Vienna not yet having actually been formed. Many well-known analysts were analyzed and trained by him.

In the summer of 1938 after the invasion of the Austrian Republic, he and his wife, Magda, went to France, hoping to continue on their journey to England and to rejoin Freud. But World War II stopped them, and they were obliged to stay in France until the liberation in 1944.

His possessions in Vienna, including book manuscripts, minutes of the Society – all were lost. But he did return to Vienna in 1946 in order to help Aichhorn and other colleagues to reconstruct the Vienna Psychoanalytic Society and Institute. He then accepted an offer to come to the Topeka Psychoanalytic Institute as training analyst. In 1948 he joined the Education Committee there. After a number of years he moved to Los Angeles and became a member of the Los Angeles Psychoanalytic Society as well as training analyst of our Institute.

I recall him most clearly from the days in Topeka. I had been able to come to the States before the war and saw him now repeating, with great courage and determination, the problems of adjustment in America, a struggle to translate European experience into American experience, to work in a new language, for him the third. Occasionally, some of us from the Old World sat together, and I recall most his erudition, his being immersed in European culture, and his masterful use of our common native tongue. We would recite old poetry, German literature acquired in high school, and he outdid us all. He spoke occasionally of the history of the Psychoanalytic Movement, so much a part of his life . . . how I wish that the younger colleagues in our community could have had an opportunity to meet him, to talk informally with him, and to accom-

pany him on his way from Bleuler to the Viennese psychiatrists and to Freud, –[the opportunity] to learn about his participation in the Psychoanalytic Movement, [about] the struggle to build it up once more after the Second World War, and to share with him some of his insights about psychoanalytic institutions, –[to hear] his different suggestions to mobilize the initiative of young people so that research, an active work with new ideas, would become a part of their own lives as psychoanalysts. I wish we could translate his early German publications, such as the one concerning the resistance against psychoanalysis published in 1930. Some of them were filled with humor. In Topeka he also wrote a paper concerning sublimation in classical psychoanalysis, published in *The Bulletin of the Menninger Clinic* in 1950. He came with great expectations to the West Coast; I should wish that some of what he had collected in the meantime, had written about in tentative drafts, might be made available.

He was for many of us the bridge to the past. It is to people like him that we owe the insight that no successful bridge to the future in psychoanalysis can exist unless there is also a bridge to the past. In the years of physical decline he was supported by Magda, his dedicated and loving wife, herself an expert in early education. Among the surviving family members is a nephew who now studies psychiatry and psychoanalysis, inspired by his uncle, our teacher, Robert Hans Jokl.

Rudolf Ekstein, Ph.D.



EDITORIAL

*When to the sessions of sweet silent thought
I summon up remembrance of things past,
I sigh the lack of many a thing I sought,
And with old woes now wail my dear time's waste;
Then can I drown an eye, unused to flow,
For precious friends hid in death's dateless night,
And weep afresh love's long since cancell'd woe,
And moan the expense of many a vanished sight;
Then can I grieve at grievances foregone,
And heavily from woe to woe tell o'er
The sad account of fore-bemoaned moan,
Which I now pay as if not paid before.
But if the while I think on thee, dear friend,
All losses are restored and sorrows end.*

[Shakespeare, Sonnet XXX]

Hanna Fenichel, Ph.D. died Oct. 12, 1975. The news of her death was circulated in a terse communiqué which stated that we had lost thereby "one of our earliest and most venerated members."

In November, a memorial service was held. Unable to attend personally, I procured the eulogy notes. These, with the permission of the speakers, I have liberally edited, condensed, and excerpted, and now borrow from, to homage an outstanding woman . . . whom I had known initially, a long, long, time ago, as supervising analyst.

Strikingly, their reminiscences, I felt, as I familiarized myself with them, concentrated upon simple, homey examples characterizing their colleague. Such was no accident, I'm sure . . . and, stimulated by the anecdotes I read I, found that I could rather easily add a quaint vignette or two to document the charm and style of my erst teacher . . . but . . . instead, I opted to apply nostalgia otherwheres . . . because, just scant weeks after Hanna's, came the death of yet another venerable figure from our group, Robert H. Jokl, M.D.

He had been my training analyst. . . . and I wondered if I'd find a way to give our younger readership some feeling for the vintage of his life, as it came through to me, and as the data warrant. To do so I asked Rudolf Ekstein, Ph.D. to supply us with the biographic "Memoriam" which precedes. To it let me add a wistful memory, or brace of them, to say my own farewell to my mentor, who never may, alive, have realized the impact and the sustained, pervasive influence he had in shaping my philosophy. . .

I recall our initial contact: Dr.

Jokl had been ill. He was pale and drawn, and seemed quite ancient even then. I felt his warmth. I liked him instantly.

The “chemistry” was right! . . . enough that subsequently I asked if he would be my analyst . . . however he looked so worn and fragile that I feared (without as yet nerve enough to voice this thought) he’d not survive the five, six, seven, eight years of work I’d allocated to that job.

. . . and how later, as I lay upon the bed of nails (and knew I had to speak such out), I quailed to voice my fear *lest he should die* . . . with me half-baked, – abandoned!

Know what? He laughed a little. THEN HE ANALYSED MY WORDS! . . . and he survived! despite my magic . . . then, with that stern yet gentle pedagogy I should learn to love, he muttered something out of Schiller, or his darling, Goethe . . . something bearing upon age and how it intertwines with prized experience. . .

Another day he taught me how Descartes (“Cartesius,” he called him) had rendered his ideas on death, alluding with impeccable logic to the fact that we should uncover its mysterious secret only when a man returned to tell of it, and not before. . .

and how it seemed to that philosopher incongruous that men should fear their passage back into oblivion any more than they lamented the eternity they spent within it prior to their birth!

He had a way of subtly pointing one to treasure troves of wisdom and of lore . . . small wonder that Dr. Ekstein refers to his being “immersed in . . . culture.” . . .

At Dr. Fenichel’s memorial,

Rocco L. Motto, M.D. detailed his thirty year acquaintance with her in the climate of his first attempts at child treatment in our group. Charmingly he shared with listeners precious anecdotes so typical of Hanna’s style, – her way of doing things:

“As I pursued my interest in children,” he said . . .

“ I was invited to attend staff conferences that were led either by Hanna or her close friend and colleague, Margrit Munk. I learned of the evening conferences for staff and nursery school trainees . . . and later when Shirley Garber became Director of the School for Nursery Years she asked me to serve as moderator of them. I recall a supervisory session with Hanna in which I anxiously expressed my concerns about being able to function in such a rôle. I protested, ‘Hanna, *what* if they should ask me something I don’t know – or I can’t answer?’ After drawing on her ever-present cigarette, exhaling and coughing [that deep, racking cough that became so well-known to us as students, colleagues, and friends], Hanna replied, ‘A teacher doesn’t *always* know – or *need* to know all the answers. In such situations it helps to restate the question, or ask the student to restate it. That allows for several possibilities. Either you find some answer occurring to you, or the student has already modified the question to some extent and you find you are able to respond to those modifications. Best of all is to turn the question back to the group to see what they think about it and then from their various responses you have a wide range of discussion that becomes possible.’ I never forgot that advice, that bit of teaching of hers, and years later when she was present in one of the conferences I

was moderating it was as though she did not recall having so advised me because she complimented me on the ease and the skill with which I had conducted it.”

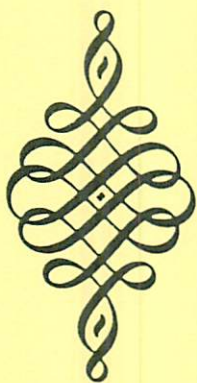
He recounted how, when he solicited her advice and counsel about the offer to head Reiss-Davis, “she answered in her quick, brusque style, ‘Why not? I think it would be a great opportunity for psychoanalysis, and you would do well. I’ll help all I can. I’ll come to lead a staff case conference or anything you want me to do.’ . . . and she did. . . and continued to do so each week for the next 15 years [until] she began to reduce her work and her teaching commitments.”

. . . and how, in writing, recently, an historical narrative about the developments there, he “relived those early, exciting, stimulating experiences with her” . . . and recalled “one anecdote from the story of a 12-year old boy whose symptoms and behavior would fill chapters of texts on childhood psychopathology. He had many tics and grimaces, nightmares and sleep disturbances, short attention span, explosive temper outbursts, few friends, was a poor student, had several runaways (and more). [His] history indicated that he had been in 10 foster homes in [those] 12 years of life . . . As the discussion moved toward decisions for treatment . . . Hanna said, ‘I think there is a much higher priority than individual psychotherapy for him. God! Who could have developed any differently after being uprooted 10 times in 12 years! I think we ought to find him a good stable home and allow him to know *that* for a while before we start him in psychotherapy!’ Such was her concern with the practical, emotional needs of the patient.”

. . . and her reaction to the first

Spitz films they viewed together. " 'Roc, - I could never be that kind of a researcher. I could not stand by, observing and collecting data while that infant is crying so pathetically. No - I could never do that; I'd reach down and grab the infant and comfort it.' "

. . . and finally, how during the closing moments of her life, on a Sunday, he had decided to chance a visit, only to be greeted by Hanna's nurse who said, " 'Hanna has been in a sound sleep most of the day, but if you have time to wait she may awake shortly.' . . . In the office where Hanna saw her patients . . . the nurse asked me many questions about Hanna and then said, 'I have had many . . . assignments with older patients, but this experience is most unusual. . . . By this time in the life of the older patient there is a small circle of friends and family who . . . visit. Here, however . . . rarely an hour passes without a phone call or a visit from someone - old and not so old! Many young children come to the door to ask if Hanna is OK, and can they come in! She must be a wonderful person to have developed such a large circle of friends of all ages.' I could only say 'Yes - she is.' And to you I say 'I am most grateful to have been one of them!'" "



Shirley Garber, M.A. lauded Hanna for how she "shone as a teacher . . . set a style and tone uniquely her own . . . and was most definitely a presence . . . yet, people called her 'Hanna,' not 'Doctor.' Phrases like, 'Hanna says' or 'Hanna thinks' or 'when I was a student here, she did (thus and so)' were frequently heard. . . ."

and how "she was comfortable as Chairman of the School for Nursery Years, though she did not like to conduct meetings, and relinquished that job thankfully as soon as she could. She was convinced that she could not speak well; I never understood why. Her voice was so full of life. . . ."

"I remember, during my first year here, being full of half-baked educational theories, I automatically split up a pair of identical twins, placing them in different nursery school groups and enabling each thereby to 'grow independently,' as I thought. During the course of the year, she came to conduct a case study - and those twins were the subject for the evening. They weren't doing all that well. Within minutes . . . she asked (not the least accusingly) why I had separated them. After I answered, she taught me an invaluable lesson: 'You never alter a situation, my dear, until you have had a chance to study it,' - delivered gravely, seriously, and yet with kindness. I never forgot it!" . . .

And how " . . . Hanna loved children . . . she truly appreciated them. She was all attention when a child was in the gathering, and anecdotes about children - her young relatives and the children of friends - were always coming into the conversation. . . and how much she loved life itself - and working and being with young participants. . .

"When I was hospitalized right here at UCLA almost exactly fif-

LOST

*Desolate and lone
All night long on the lake
Where fog trails and mist creeps,
The whistle of a boat
Calls and cries unendingly,
Like some lost child
In tears and trouble
Hunting the harbor's breast
And the harbor's eyes.*

Carl Sandburg



teen years ago. Hanna came to see me one day about noontime, after her morning's teaching stint. At a staff cafeteria for the inevitable coffee, she found herself in a veritable United Nations of young adults! Surrounded by interns, nurses, students, kitchen workers, [and the like], from all parts of the globe, she had seen, and listened - and talked - and enjoyed it all with her usual zest. . . and her visit with me was full of those wonderful young people and [with remarks of] what fun it had been to be among them: 'Oh Shirley,' she said, 'this is how it should be! Not with laws . . . why don't we stop *talking* about THE BROTHERHOOD OF MAN and just *Do* it! . . . JUST DO IT!' And that is how I believe we will remember her: as a great lady, a great leader, a great teacher who - in every way - DID IT!"

. . . and how her close associate Lawrence Friedman, M.D. told of his visit to Hanna just a few days after the greatest single tragedy in her life, the sudden, unexpected, death of her husband, Otto. His purpose: to console her . . . despite his being "greatly disturbed, but with the intention and the belief that it would give her some comfort . . . and [how when he] left, an hour later, it was the other way around!"

Hanna had comforted him!

"That," said Dr. Friedman, "was Hanna!"

He saw psychoanalysis as the most important part of her existence, yet by no means the only one, citing her devotion to music, art, education . . . in people in all walks of life . . . with friends everywhere, around the world, — a cosmopolitan!

. . . and how, "once Hanna became your friend, nothing could change that. She remained [one] forever, whether you saw her frequently or for many months not at all. You always knew that she was there and available any time you needed her. . .

"The houses she built were quite big, but her own place in them was always a small one for work and living. The rest was really for friends. She loved to give big parties . . . She spent weeks or months preparing for a Christmas festivity . . . months thinking of just the right present for friends and the innumerable children she loved. . .

"That's how Hanna was! . . . and how "a story Frances Deri told describes Hanna probably better than any other. . . when Hanna lived with Mrs. Deri, she just could not wake up in the morning. Francie tried everything, but neither alarm clock, nor shaking, nor [any] other drastic measure ever succeeded in . . . [rousing] Hanna . . . until Frances found the only method which . . . [would]. She approached her and in a soft voice called, 'Hanna, I need you,' and Hanna was up in a second!

And that was Hanna!

"When she had surgery for cancer of the lung two years ago, she knew that her time had come. . . but, if you didn't know Hanna well, you'd [never guess that] . . . She continued her work and for a while, even her travel. It did not diminish her interests . . . still [catering to others].

"For about a year, she did quite well, but the severity of her illness could no longer be denied. The intensity of her pain sometimes became intolerable . . . the help

doctors could give was very little. For the last few months, the question was only how much more . . . before the end.

"[Yet her] indomitable will . . . did not give up.

"I was most unhappy when she was hospitalized a few months ago shortly before we left for our summer vacation. I don't know whether it was on her insistence, that of her friends, or the good judgment of her doctors that she was taken home where she belonged. I saw her the last time a few days before she died. She seemed peaceful . . . no longer suffering, and . . . no longer afraid. She died shortly after . . . in her little alcove, [her] 'nest,' as she called it, next to her workroom, surrounded by the hundreds of books and magazines [which] she and Otto collected, amidst all the knickknacks, the flowers, and the trees she loved so much. She died with the dignity . . . [which graced her] all her life, with the dignity to which everyone should be entitled.

And that was Hanna!"

*

*If after all that we have lived and thought,
All come to nought —
If there be nothing after Now,
And we be nothing anyhow,
And we know that — why live?
'Twere sure but weaklings' vain distress
To suffer dungeons where so many doors
Will open on the cold eternal shores
That look sheer down
To the dark tideless floods of Nothingness
Where all who know may drown.*

Edwin Arlington Robinson

S.L.S.



LETTERS TO THE EDITOR

Dear Sumner:

Reiss-Davis's 25th anniversary year, [celebrated by] a scientific program held October 31-November 2, 1975 in the grand ballroom of the Beverly Hilton Hotel, consisted of the following topics: Research in Child Psychiatry: The History of an Attitude, Children and Parents of Divorce, Diagnosis and Treatment of the Psychotic Child, and Innovative Ideas in the Training of Mental Health Professionals.

Participants were: E. James Anthony, M.D., Jose Barchilon, M.D., Bruno Bettelheim, Ph.D., Hedda Bolgar, Ph.D., Marie Briehl, Shirley Cooper, M.S.W., Rudolf Ekstein, Ph.D., Albert J. Solnit, M.D., June Tuma, Ph.D., Judith Wallerstein, M.S.W., Robert Wallerstein, M.D., and Miriam Williams, M.D.

Sincerely,
Rocco L. Motto, M.D.,
Director

Dear Everyone,

My warmest personal thanks for all you did to make the first week of May memorable. Our guests left with glowing feelings and a great deal of appreciation for the . . . lovely, spacious Hospitality Room with the ingenious flower arrangements, the graciousness of the hostesses, the help in planning activities, and for the tour ending up in the Motto home . . . the evening in the Getty Museum with hosts on the

buses, and throughout the museum, the well-informed, "eager-to-explain" Docents, the good food and music. . . .

All created a great deal of good will and closeness. I am sure you know how much you contributed to this.

Thanks again,
Kato van Leeuwen, M.D.
(Mrs. S.L. Pomer)

March 3, 1975

Sumner L. Shapiro M.D., Editor. . .
Dear Editor:

Here are some of my reflections on . . .

. . . the [Institute] controversy between Kleinians and Freudians: I was unable to see why analysts should be disputing bitterly about what could be only matters of opinion. What can one do in such a case, but quietly define the nature of one's differences?

[From the] minutes of all the Institute meetings about the Site-Review Committee, it seemed to me that the deliberations came to have the purpose of preserving the institution of the training analyst at all costs. Unfortunately, this institution has always divided psychoanalytic societies. It has meant that there have always been two classes of members. Those who fail to become training analysts have always been in a different category, with less prestige. As analysts, they have always been regarded as in some way inferior. . . [with] one result . . . that such analysts have lacked the incentive to enter fully into the activities of the Society.

More serious is that the concept of the training analyst is in itself untenable. No person can analyze another . . . whose future he controls. The failure of training analyses has just been well shown by the

nature of the behavior of some of our members. The simple fact is that the institution of the training analyst should be abandoned.

A candidate should be free to choose as his analyst any member of the Society. It must be accepted that this analyst will have no communication with the teaching committee. Even the time when the candidate reports to the committee for beginning supervised analyses should be worked out between the candidate and his analyst, rather than being a matter for discussion between the analyst and the committee.

It has always seemed strange to me that we have been blind to what is so obvious. I'm afraid I've been forced to recognize that the institution of the training analyst has been continued only because of the prestige it brings. Even now we seem to have reestablished a distinction between training analysts, and analysts who only teach, again I suppose to sharpen the distinction between the training analyst and the rest of us.

Sincerely,
Robert M. Newhouse, M.D.

June 25, 1975

Dear Mr. [sic!] Shapiro:

I am sending you another copy of my letter of March 3, 1975.

I meant it as a "Letter to the Editor." I was surprised you did not publish it. I was rather pleased with it. It seemed thoughtful and quite well written.

I used to feel idealistic about psychoanalysts. I suppose I'm going to have to acknowledge that they are in fact apt to be unfavorably disposed toward opinions of an unorthodox or personal nature.

Sincerely,
Robert M. Newhouse, M.D.

Dear Sumner:

The enclosed is a chapter contributed to the official History of Psychiatry in the Army in W.W. II, in the Air Force.

The companion chapter on Air Force Psychiatry in the European Theatre was written by Douglas Bond, M.D., a psychoanalyst from Cleveland.

The chapter on the South and S.W. Pacific Air Forces describes what problems we encountered and what we did about them, with illustrative case histories.

You are at liberty to review the chapter or to reprint any portion of it as you see fit.

With best regards,
Maurice [N. Walsh, M.D.]

[Dr. Walsh's informative and interesting material is called to reader-ship attention. Regrettably it does not lend itself to reproduction in our format. Ed.]



Even into our Empyrean the Inflationary Hydra reaches. Hitherto twice annually published, the *Bulletin* retreats a step or so, and gears itself to new austerities.

Editorial wisdom has opted for curtailing some the frequency of going to press. We'll print three issues now in place of four . . . instead of tighter spacing. . . or smaller type . . . or coarser paper . . . or, Heaven help us, less prolixity!

Save the format!
Any other suggestions?

MONKEY SEE MONKEY DO

His problem: he left the priesthood to get married to a nun who did the same. A really sweet young man, if easily embarrassed, — and a funny blend of depth with immaturity . . . small surprise he should need guidance for his guilt and awkwardness in his anticipated rôle. . . . and just back from his "honey-moon," bearded, long-locked, looking paradoxically more like Jesus now than he ever did before, he squirmed a little on the couch, aware of what would forth:

"Yeah, . . . well, here I am again . . . and I suppose I've gotta tell you all my thoughts — including how things went. Do you remember how real tight I was? I'm sure you do . . . and how hung up?

"I know the rules — O.K. here goes: I was 'nauseous' about sex. The 'missionary' part . . . well, I could live with that, but all the 'foreplay' stuff . . . I wanted, like you said, to be just 'natural,' do what we pleased, but I was nervous as a cat . . . I wanted, and I didn't, both at once.

"We drove two thousand miles — at least. That part was great. Mountains, Carlsbad Caverns, — but every time I tuned in to my thoughts it all came back . . . the priesthood, and the Church and how I made my mind up and I was married now . . . and had my rights . . . and I was gonna' say that to *my wife*.

"We were driving east through Utah on this really empty road when I said 'Sweetheart, there's something that we've gotta discuss . . . ' Know what? Right there, I froze, solid. The words were ice cubes in my throat.

"Well, she looked at me, those sad big eyes and that pale face . . . I would've bet she knew exactly what I meant to say — instead, she

asked if I wanted her to light me a cigarette.

"Some smoker! She tried to, but a little patch of paper stuck to her lip when she flipped it to me; it bled . . . so she put it in the ash tray in the dash — unlit.

"Gallant me! I kissed my finger tip and put it on her 'boo-boo' and told her to forget the smoke — instead to slide across the seat and cuddle up . . . and she was sleepy so she put her head down in my lap and she was gone . . .

"And while she dozed that way my eyes kept sneaking peeks at her — the contour of her body; I was fascinated with the way her bosom swelled and rose each time she breathed and how her thighs were pressed together and the place they disappeared up in her skirt . . . and then I stroked her hair . . . and I kept muttering, '*my wife!*'

. . . but let me clue you how my mind worked. She lay there like I used to dream she would . . . and it occurred to me . . . alone, — so little traffic on the road, — that I could . . . what a chance! Why I could test if my odometer was accurate! — I meant to ever since I'd bought the car — just keep her set on sixty and see if she would cover one full mile in sixty seconds flat! Was I a chicken? Bet your life!

"I got to thinking back to sex and foreplay . . . well, that night we would, for sure! I lit myself a cigarette and smoked it and almost like to prove my point I snuffed it out by breaking it in half. Right in the middle, do you know? It made two pieces. One of them came up against the other that my wife laid in the tray . . . and when I saw the two of them, my cigarette was like me kneeling at her feet. A supplicant . . . before his stately queen . . . her a little bloodied but unstained . . . the damp tip of mine against the middle part of hers . . . you see?

“ . . . and that reminded me about her in the shower earlier that morning. What I should have done is knocked and gone right in . . . do you know what the priesthood’s like? ‘Give me a child the first five years.’

“Later when we stopped to eat I had another smoke and so did she. And this time I was careful how I put my cigarette. I laid it there full length alongside hers . . . and gently, while she watched me, sort of curious what I would do, I squeezed the filter tips together and I blew a kiss to her. Know what? She shuddered like you see girls do!

“Back in the driver’s seat I had it all worked out. I would tell her how in therapy I’d learned ‘the facts of life’ – how you explained to me ‘mutual consent’ and how to do what you both want – whatever feels good . . . only when I started in my speech the words were syrup, thick and slow.

“Sweetheart, – *we have got to talk!* You know I see an analyst . . . and then I blurted out the story you told me . . . about the man whose parents raised him so properly that later it would turn him

on just saying ‘bathroom words’ and how he got his wife to work him up by shouting ‘doggie doo’ and ‘kitty doo’ and ‘baby doo’ . . .

“And we both laughed and laughed when just right then a great big sign about a desert museum only fifty yards ahead!

“I didn’t really chicken out . . . I mean the both of us were looking for adventures . . . and we both love animals . . . and I could always pick it up where I left off, right after we came out . . .

“Know what? I never had to anyhow. Know why? Well, in this cage they had a monkey. Really cute, and smart and almost human, – tiny thing. He saw my wife’s sunglasses and he wanted them. He cooed and begged and he jumped up and down and stuck his scrawny little arm right out through the wire mesh to reach them. I said, ‘Honey go ahead – you put them in his hand. See what he does. It’s safe – there’s no way he can pull them through . . .’

“*She* did – know what *he* did? He dropped them to the ground and slid them underneath the bar inside the cage.

“Boy that was all! He let loose a laugh and swung up on his shelf and squatted on his tailbone and put them on and off; he really got worked up . . . I knew because his ‘thing’ came out, stood up, all red and swollen.

“And you know what he did then? He bent up double and he started rubbing it then licking it, his tongue right on his ‘thing.’

“Yeah! Well, I looked down at my wife and she looked back – the cigarettes, the shower, the story I’d just told her, all of them and now this monkey making one of me . . . and so I put my hand where hers was and I started in to speak but, well, she like beat me to it . . . and with a tiny shaky voice I heard her asking,

“Sweetheart, does my MONKEY SEE?”

“What else could I reply but ‘MONKEY DO!’ ”

S.L.S.

“The highest happiness of man as a thinking being is to have probed what is knowable and quietly to revere what is unknowable.”

—Goethe, (*Maxims and Reflections*, 1829).

“There is nothing too little for so little a creature as man. It is by studying little things that we attain the great art of having as little misery and as much happiness as possible.”

—Samuel Johnson, LL.D, 1791.

REPORTS OF SCIENTIFIC MEETINGS

DISTURBANCES OF THE EXPERIENCE OF TIME

Speaker: Jacob Arlow, M.D.
Date: January 13, 1975
Reporter: Harvey Lomas, M.D.

Following a brief introduction to his subject, Dr. Arlow paid tribute to that magnificent scientific achievement of mankind, the invention of objective (measurable) time. However, much more concerned here with subjective time, he pointed out how little we rely on our inner sense of it, our "inner clocks" and rhythms. Dr. Arlow approached the analysis of disturbances of the experience of time along the lines previously outlined in his paper on *deja-vu* phenomena, citing four aspects or components thereof:

1. Sense of self
2. Affective states
3. Unconscious fantasies
4. Ideas of death

His thesis: that the specific quality of the total experience of time disturbance is determined by specific unconscious fantasies.

Dr. Arlow proposed a developmental picture of time sense, time being experienced originally as a function of the interval between a need and the gratification of it. Rebellion against time is a prominent feature from two to five years of age, again related to delay in gratification, time being experienced concretely and animistically. The child wishes to be the omnipotent manipulator of time, yet, objective time ties the child constantly to reality. One learns painfully that events of the past are irreversibly unalterable, that there are both causality and a succession of events leading to the present, leaving us thus with a sense of the past. Dr.

Arlow felt that there was a connection between time and numbers, for he has seen cases in which a difficulty with numbers represented a displacement of disturbing feelings about time.

As it is related to a sense of self, time depends on the development of object constancy. An inconstant object lends itself to increased disturbance of a sense of time. Arlow has also discovered that the dimensions of time (past, present, and future) are distorted in such a way for example, as a past death wish's presenting itself as a vague fear of the future. Ideas about death play a significant rôle in disturbances of the experience of time. Control of time and punctuality are examples. They often relate to fears of death — of the end of time, the end of self-awareness.

Dr. Arlow presented detailed excerpts from two cases illustrating both disturbances of the experience of time and his analysis of them. Each case demonstrated a disturbing sense of timelessness, aspects of depersonalization, and derealization. Dr. Arlow learned that the experience of timelessness was that of a wish already fulfilled. He provided clinical evidence in support of his hypothesis that disturbances of a sense of time are special forms of affective experience determined by specific unconscious ideational content.

DISCUSSION

Ernest Masler, M.D. wondered if there were not alternative conclusions to be drawn from the patient's associations. For example, the repetition of a rigidly controlled, precise pattern, an automatism, such as playing classical music, may be related to a search for constancy, for timelessness. He presented some alternative interpretation but praised Dr. Arlow for his gentleness in offering, rather than in making

interpretations, as though from the mouth of the omnipotent analyst.

Norman Atkins, M.D. admired Arlow's work, particularly because it stems from clinical experience. He briefly reviewed a number of Arlow's contributions, citing his past visits to Los Angeles, and pointed out how particularly appropriate such a presentation is to us who work in "Hollywood," — the home of make believe. Here there are no aging, no dying. Ours is a haven for those seeking a new sense of self, uprooted from their nuclear families and traditions of the past. Los Angeles is a place where one can turn time back, the headquarters of plastic surgical repair, home of Forest Lawn and of the "here-and-now" experience.

Dr. Atkins chose the character of Peter Pan to illustrate his point: — Peter Pan, the boy who escaped the ravages of time, the exception. He discussed Pan's creator, who, as a boy of six, lost his younger brother. His mother, in her anguish, cried out continuously for her son. The author identified with his lost brother in the creation of the character Peter Pan.

We see Peter Pans in our practice, people perpetually young, who defy time and who deny Oedipal wishes or any connection with their mothers. In essence, they are dead already. Dr. Atkins also reminded us of Captain Hook who lived in fear of the crocodile who had swallowed the clock. Fortunately, he hears the tick and can escape, but what will he do when the clock stops and time runs out?

IN DEFENSE OF DENIAL

Speaker:

Herbert J. Schlesinger, Ph.D.

Date: February 20, 1975

Reporter: Harvey D. Lomas, M.D.

Dr. Schlesinger's purpose was to rehabilitate the concept of denial, to defend its place in normal development, to discuss and clarify its purpose and rôle as a defense mechanism, — this in spite of critical opposition tending to relegate denial to the psychoses and thus dismiss it from psychoanalytic consideration.

Patients employing denial were once considered borderline at best and ever poor candidates for psychoanalysis. Anna Freud, for example, saw a role for denial in childhood, but took a dismal view of its presence in the adult. Her father, Sigmund, and Federn, Hartmann, and others have found a place for it in normal development. Schlesinger briefly reviewed these various points of view.

Freud, in Chapter 7 of *The Interpretation of Dreams*, discusses denial as a turning away from a painful stimulus or memory, thus as the first step in instituting repression. Later in his paper on *Negation*, he describes the origin of denial in the early oral phase of development. A later use of denial, described by Spitz, refers to the child's "no," the striving for independence and autonomy.

A distinction can be drawn between repression, as the counter-cathexis against the memory, and denial, as the counter-cathexis against the percept. Denial can therefore be conceptualized as being in the service of distinguishing inner from external reality. Denial, hence, normally contributes to the development of a sense of self, to a sense of autonomy, and reality. Its defensive purpose is to "deny" the existence of a piece of psychic

reality and, in this sense, would be the purpose of *all* defenses. Schlesinger presented a case to illustrate the rôle of denial and an analytic approach to patients who employ it liberally.

Following Knight's understanding of the analyst's approach to borderline patients, Schlesinger gently dealt with the patient's denial and treated it often as if its presence were a matter of life or death. Denial was useful to the patient in adjusting his distance from the therapist. Problems around intimacy were very severe; at times it was important to bolster the defense. "The scab of denial can be removed when new skin has formed underneath."

Schlesinger noted that a 10 foot pole served to make contact as well as to push away, — a notion he credits to Ralph Greenson. While we do not ordinarily encourage imitation of or identification with the therapist, with such patients as described by Schlesinger, we note that each device serves an adaptive and structure-building function. The key, therefore, to the successful treatment of such patients is to allow them distance or space into which they may grow and develop.

To summarize, denial is the purpose of all defenses; it is an essential part of the development of the normal ego; its presence in the adult indicates a weak sense of identity (difficulties in identification), and can be approached psychoanalytically but gently.

DISCUSSION:

Gerald Aronson, M.D. labeled his discussion, "In Praise of Tact," for he recalled the patient described and assured us that only someone like Dr. Schlesinger, "tactful" and "gentle," could be so successful with him. He agreed with the speaker's attempt to re-examine denial and its rôle in normal development.

Citing examples such as the burning child dream, Aronson illustrated how non-acceptance of reality prepares the way for its acceptance. Furthermore, denial must play a role in delay of gratification in the development of secondary process reasoning. Every denial is accompanied by an affirmation. A confrontation of denial produces an affirmation, a dream, a theory, a lie, or some acting out. What is required of the therapist is patience, and then ability to use conscious denial. The resolution of denial problems is contained in the idea that "tact yearns for its own dissolution," or the desire to call a spade "a spade."

Ralph Greenson, M.D. considered Dr. Schlesinger's paper a major work. He agreed that denial makes life livable and enjoyable. What about denial of death? Or falling in love? Denial is not necessarily an all-or-none proposition. For example, one could profitably view negation as a compromise between denial and affirmation. Greenson went on to present some ideas from his work on screen memories, affects, and screen defenses. The patients described, hunger for good experiences, are charming, have rich inner lives, and are impressionable and gullible, and tend to exaggerate to the point of having a "touch of the swindler." They are impulsive depressives with an hysterical superstructure. They wish to remember and wish to forget at the same time. They act out and seek to be the analyst's favorite. Greenson noted that parents who lie to each other have children who deny.

Abraham Gottesman, M.D. underscored the importance of denial in childhood development.

Sam Spierling, M.D. referred us to his paper, "On Denial and the Essential Nature of Defense" (*International Journal of Psychoanalysis*,

1958), for he felt that Dr. Schlesinger, while demonstrating a sound technical approach to patients who use denial extensively, was guilty of theoretical and conceptual confusion. Mainly, Schlesinger confused conscious denial and its equivalents with the theoretic notion of denial — an unconscious, non-observable defense mechanism. Such conscious manifestations have adaptive consequences, but Sperling raises serious objections to attributing such to the unconscious mechanism of denial. Furthermore, Sperling argued that we cannot assign a purpose to denial, other than to divert the preemptory discharge of instinctual cathexis, and to do so, as Schlesinger has done, is to substitute a teleological explanation for a scientific one. As attractive as it may be, such leads only to confusion.



The deadline for contributions to the Jacques Brien Memorial Award Competition is Jan. 1, 1976. To be eligible, submissions must pertain to the field of psychoanalysis, be double-spaced, and distributed in triplicate. Louis Fielding, M.D. has agreed to serve as judge.

Annually, entrants have found cumbersome the length restrictions. Accordingly, no word limit is imposed; however, reproduction of the winning essay no longer can be promised, at least insofar as its original, unexpurgated form.

A STUDY OF PERVERSION: WORK IN PROGRESS

Speaker: Robert Stoller, M.D.
Date: April 17, 1975
Reporter: Harvey D. Lomas, M.D.

In the best tradition of clinical psychoanalytic research, Stoller presented his views on the subject of perversion. His plea: to consider his hypotheses in the light of clinical data, what specifically our patients tell, and to cling to such data and avoid theorizing.

Dr. Stoller argued for retaining the word "perversion" in our vocabulary because it accurately describes how patients feel about their sexual behavior. He prefers the word "aberration" to describe the general class of erotic behavior which differs from the culture's definition of normal. He prefers the word "variant," or "variation," to describe those aberrations which do not involve fantasies or acts harmful to others. Finally, he would reserve the word "perversion," for those erotic fantasies or acts which intend or result in harm to others.

Stoller believes that the data will support the view that "perversion" is a clinically useful descriptive term, that in every case of perversion there are an habitual fantasy of revenge, an act of risk-taking, and a feeling of triumph intended to overcome an actual childhood trauma which itself was aimed precisely at damaging the victim's genitals or gender. The perversion then is an attempt actively to master a passively experienced childhood trauma by turning it onto others, making it exciting, and creating a feeling of victory.

Stoller believes that the difference between a transsexual variation, and a transvestite perversion, is that in the former, the early sexual experience resulted in full gratification, while in the latter, there was

no such gratification. Precocious sexual excitation without gratification, without an adequate reaction leads to repression and habitual vengeful re-enactment. The perverse act represents the attempt of the patient to turn a severe psychic insult into a victory.

Stoller believes similar mechanisms operate in the neuroses. He wonders if we may call perversions "erotic neuroses."

From the fact that the incidence of perversion is greater in males, he speculated on the possibility that males are more hostile than females.

Dr. Stoller presented slides and clinical data to support his hypotheses. He hoped that it would not be difficult to differentiate a transsexual from a transvestite in terms of the effort to harm others. He noted that it took him many years to discern the hostility of the transvestite since it is not manifest easily. Dr. Stoller illustrated the transvestite's dilemma from his pornography. He showed us a slide of the cover of a porno magazine which portrayed a "normal male" overpowered by two phallic Amazon women who were about to do the most humiliating thing in the world: dress him in women's clothes. Of course, such stories have a happy ending. He described how patients with congenital hypogonadism simply cannot act in a masculine fashion; they are variants, not perverts.

From the case of a transvestite, he presented a vignette illustrating the actual childhood trauma of a 2½ year old boy's being forced to wear girl's clothes. He demonstrated how the risk-taking was important to prevent sexual boredom. If the danger was removed, there was no risk; there was no mystery; there was no perversion.

DISCUSSION:

Justin Call, M.D. traced Dr. Stoller's interest in human sexuality and his maintenance of a psychoanalytic perspective on the data. In particular, he was pleased with Stoller's search for the intrapsychic content of perverse acts. He had to agree that the perversions and neuroses had similar mechanisms. Preferring the time-tested danger/anxiety model to the notion of "risk taking," he did however agree that risk-taking of the adult is directly related to danger-avoidance of the child. Regarding the notion of an actual childhood trauma, Call had some reservations. He did not feel the issue was quite so simple. While agreeing that acting out dramatically memorializes earlier events, he is never quite sure, however, what actually did take place, and, as a child analyst, he would find it very difficult to decide just what events in a child's life would prove to be so crucial later on. Perhaps the perversions were outstanding examples, but Call had his doubts.

Robert Dorn, M.D. questioned the use of the term "neurosis," feeling that it bears little resemblance to the perversions. Neuroses are rather mature forms of difficulty; i.e., they are intrapsychic problems which are generally well-contained behaviorally. Perverse fantasies and acts are poorly contained; they are constantly lived out and are most likely representations of preverbal trauma.

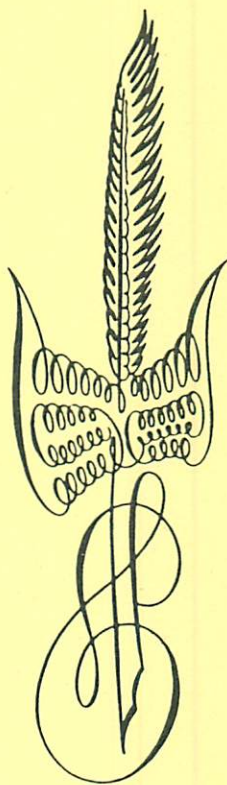
Gerald Nemeth, M.D. could not agree with Dr. Stoller's definition of perversion; he prefers to think of perversion as standing for anything other than heterosexual intercourse as an end in itself. He agrees there are benign and malignant varieties. Regarding the increased incidence of perversion in males, Nemeth

feels such is directly proportional to the problem of castration anxiety in men vs. women, and not related to differences in hostility. If we take as the starting point the significant meaning of castration to a man, then we are in a better position to understand hostility as defensive.

David Brunswick, Ph.D. would like to hear more about castration anxiety and more about perversion in women.

Mort Shane, M.D. was impressed with the notion of possible recoverable trauma, and shared with us a case of his in which there was good reason to believe actual similar trauma existed.

Joel West, M.D. was concerned that Stoller's definitions blur important distinctions between the neuroses and the perversions.



FREUD'S PROJECT REASSESSED

Speaker: Karl Pribram, M.D.
Date: May 19, 1975
Reporter: Harvey Lomas, M.D.

Dr. Karl Pribram drew from his new book, *Freud's Project Reassessed: Preface To Contemporary Cognitive Theory And Neuropsychology* co-authored by Merton Gill. After 15 years of grappling with the *Project*, he concludes that it is the most comprehensive neuropsychological model to date, subject to experimental testing of the various propositions contained therein. Furthermore, it is *the* metapsychology of psychoanalysis. Although allegedly disavowed by Freud, the 1895 *Project* unmistakably imprints his Collected Works.

Among other things, Freud anticipated the Neurone Doctrine of Sherrington. By dividing the nervous system into two units, structural and functional, by separating perception and memory, by postulating contact barriers, Freud also anticipated contemporary neurophysiology as well as information and cognitive theory. For example, the current excitement about Hebb's postulate, a post-synaptic event in learning (1948), was originally proposed by Freud in the *Project* in his postulate concerning association by simultaneity.

Pribram attempted to translate the 1895 model into contemporary information processing language. Using hunger as an example, he illustrated what Rapaport later called the drive organization of memory. The initial drive and its subsequent satisfaction become the memory of satisfaction, now the motive, and this memory is, according to Pribram and Freud, a facilitated pathway, or groove along which further experience is organized. Put another way, a wish is a

(learned) facilitated pathway. A memory trace is a facilitation. The blood sugar drops; the PSI system informs the cortex; the infant screams (feedback); the caretaker comes; satisfaction ensues; a memory trace is grooved. Freud divides the CNS into a PSI system of neurones, a nonperception system, the core or primordial brain, and an OMEGA – PHI system, a cortical – perceptive system.

Delay of discharge becomes a matter of the spread of excitation through the system (lateral cathexis). Contemporary research attributes such inhibition to the Frontal-Limbic system which now becomes the executive or ego.

Pribam illustrated a double feedback system to explain executive functioning and inhibition or delay. He then discussed Freud's postulate of certain key neurones, or those which secrete into the blood and have a higher threshold than others. If they once discharge, feedback is such as to cause a reverberating circuit, or vicious circle of neural activity. Thus, Freud anticipated neurotransmitter research, for example, moods and indolamine systems.

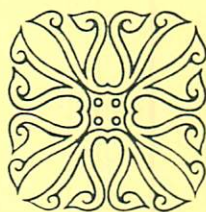
Pribam felt that Freud erred in ascribing consciousness to matters of quantitative factors. Freud anticipated the discovery of slow wave electrical activity (1950's). Furthermore, his concept of cathexis cannot easily be abandoned for it refers obviously to a quantity of neurochemical energy.

Even using information concepts does not avoid the notion of work and energy.

DISCUSSION:

Gerald Aronson, M.D., since completing his training, has believed Metapsychology to be "the Pentagon of psychoanalytic affairs." Yet, he has witnessed the crumbling of that edifice. Topographic concepts, structural concepts, energetic con-

cepts, and adaptive notions are, to varying degrees, in disrepute. While Metapsychology claims to be a universe of discourse, apart from them, its notions never were for him far removed from clinical theory. With the exception of the economic point of view, the level of discourse was never really shifted. The concept of psychic energy was always nonpsychological... Where, pray, does one go to learn about energy and metapsychology but to the *Project!* While many say there is no such thing as psychic energy, Pribam rescues the notion. Klein (George), Holt, Gill, and Schafer tell us that psychoanalysis is and should only be a psychology, but Freud and Pribam suggest it is something more, – a neuropsychology. Time and further research will tell. What interests Aronson is the effect of words. Briefly summarizing the historical antecedents to interpretations, Aronson concluded that words and speech enter the physical structure by forcing us to think (re-establishing the pre-conscious cathexis); then he raised the questions: What does modern neurophysiology tell us about PSI and PHI systems? . . . and, how does Dr. Pribam avoid the homunculus, the ghost-in-the-machine?



FREUDIAN AND KLEINIAN THEORY AND TECHNIQUE: SOME FEATURES AND PROBLEMS IN COMMON

Speaker: Roy Schafer, Ph.D.

Date: June 26, 1975

Reporter: Harvey Lomas, M.D.

Dr. Schafer stressed that we must develop rigorous criteria to evaluate our clinical and theoretical claims. Freudians and Kleinians alike must submit to them. Ultimately, we must return to our consultation rooms, for it is the clinical data collected there which hold us accountable.

This presentation is an outgrowth of seminars he conducted at the Western New England Psychoanalytic Institute. Its intention is to examine our preconceptions, to praise and criticize both viewpoints when necessary, and to elucidate aspects and problems of technique common to Freudian and Kleinian analysts. He divided his presentation into four broad areas:

I.

Recognition and Exoneration Of The Mother

The emphasis on pregenitality, the important rôle of the mother, and the analysis of maternal transference are significant contributions of Melanie Klein. Freud and his followers have overemphasized the rôle of the father. Even such Freudians as Kohut and Mahler who place great stress on the rôle of the mother, do so at the expense of communicating the primitive love/hate relations of the infant. Such words as "hatching" and "grandiosity" deinstinctualize the mother. It is to Mrs. Klein's credit that she reminds us of the primitive violence and sexuality of the child. Too often the Freudian mother is an "ego-mother;" the maternal transference is avoided or watered down in the training analyses, and super-

vision of male candidates may neglect early pre-genital antecedents to the Oedipal Complex. The result is a distorted emphasis on the magic of the penis. Such analyses and supervisions suffer in depth and dimension. There is a notorious and inconsistent recognition of the deep transference by Freudian analysts. On the other hand, Kleinian analysts are often so preoccupied with the Death Instinct and its derivatives that they overlook the rôle of the childhood father altogether. Schafer argues for a balance in both views.

The Kleinians are guilty of underestimating the importance of external reality and of the influence of actual past experience. It does make a difference whether a trauma actually occurred. Klein's postulated paranoid-schizoid position is a hell-of-its-own-making and to a lesser degree so is the depressive position. For the Kleinians, infants are hateful and frightened; the mother is exonerated. Klein neglects phase-specific learning.

To repeat, it does make a difference whether the mother is loving or whether the analyst is troubled. In Freudian theory there is no villain. Mothers and analysts alike have their own archaic transference problems, and each can work his or her way out. Freudians do take projective identification into account.

II.

To Whom Or What Are Interpretations Addressed?

Freudians and Kleinians seem to be at odds in answering this question. Using the patient's response as a guide, Freudians tend to work more cautiously emphasizing tact, timing, the observing ego, the working alliance. They tend to work from the surface downward. This is consistent with our understanding of the ego and defenses. Yet, we have all experienced our analysand's responding to interpretations in

very primitive ways. How important is the content of our interpretations? If the patient has a shattered ego, how can he appreciate our words and make use of them? For Freudians, the negative and energetic or archaic response to an interpretation is an indication of a threatened ego. For Kleinians, it may be entirely consistent with the content and confirmatory. Segal, for example, postulates an intact ego at some level no matter what the patient manifests. Unfortunately, she tells us too little about this assumption. While the Kleinians presume a higher stability and a deeper instability, it is unclear how this differs from Freud's notion of anxiety and defenses, or the simultaneous presence of primary and secondary processes.

Kleinian theory of the feeble ego needs to be restated. On the other hand, Freudian ego psychology is tautological and inadequate when it comes to explaining how an interpretation works. Interpretations are experienced in very primitive oral-sadistic ways. The active Kleinian analyst may give a better feed, — more reassurance.

III.

Structure And Content

Schafer criticized metapsychological theory as logically incoherent, thus dispensable. Kleinian theory seems more clinically relevant, internally consistent, thus invaluable! We do not analyze a defense by naming it, but by enumerating the unconscious fantasies. Could it be that the Kleinians are revealing the unconscious fantasies of ego functions? Although not yet systematic, the Kleinians have returned the analysis of ego functions to their primary process roots. Concepts such as ego autonomy, neutralization, etc. have become so remote from clinical experience as to be no longer useful. Schafer

credits Bion with pioneer work in this area. There is a continuous interchange between the Ucs fantasies and their Cs derivatives. On the other hand, Kleinians invite criticism in their overemphasis on content.

IV.

Vanishing Point In Reconstruction

As we move from the here and now into the past, our reconstructions and retrospective understanding become increasingly blurred. While Freudians obsess about a total life continuum, Kleinians carry it to absurd extremes. Developmental neurosciences cannot confirm Kleinian notions of innate ideas, cognition in the first months, etc. Yet Freudians, too, like talking about our beginnings. Why is it so hard to accept the notion of a vanishing point? Such debates are clearly not relevant to our clinical work and experience!

It is in the area of reconstruction that the Kleinians are open to most severe criticism. Mrs. Klein is guilty of retroprojection. She and her followers are not entitled to say that anything is going on in the mind of the infant. Kleinians seem here to have a special intolerance for ambiguity, — a desire for omniscience. We cannot interpret texts which have not yet been written.

V.

Conclusions (Brainwashing)

Kleinians have been criticized for treating the analysand as an archaic infant from whose infancy there is no escape. The Kleinian analyst is omnipotent. While it is true in Schafer's view that Kleinians invite this criticism, Freudian analysts also provide no exit. It is possible for a Freudian analyst to accept the notions of a paranoid/schizoid position and depressive position, yet never invoke an interpretation of it. For the Freudian, the Oedipal Com-

plex becomes nuclear in the neurosis. There is no escape for the patient. It is entirely conceivable that each analyst approaches the same nuclear complex in different ways, each equally effectively. There is no one true way to conceptualize or perform a psychoanalysis. There is no "immaculate perception" of the facts of the mind. Each viewpoint must be evaluated in terms of criteria of coherence, consistency, results, teachability, and applicability. It is a vain hope that one system will discredit the other. Each system has a set of rules and beliefs; each is guilty of trying to brainwash the other.

DISCUSSION

Roger Gould, M.D. praised Schafer's presentation as well as his other work on clarifying the language of psychoanalysis. Dr. Gould was puzzled however by Schafer's inconsistency, namely, his use of language which in other instances he would decry. Schafer shatters his own meaningless ego concept. Are we talking about objects or object-words? Can we reconstruct at all? Are we hearing from our patient one of many versions of his past? There is a solipsistic trend in Schafer's remarks. Gould was troubled by what appeared to be an argument going on within Schafer's work itself.

Bernard Brandchaft, M.D. argued for the notion of experiencing as opposed to theorizing. If one can successfully abandon the latter for the former, several new possibilities open up. The real analyst and the real analysis are one of experiencing not theorizing. Psychological blindness is our biggest problem.

Gerald Aronson, M.D. found Rapaport's evaluation of the survivability of our notions to be most helpful in establishing criteria by which we may determine a theory's worth. There are shortcomings in

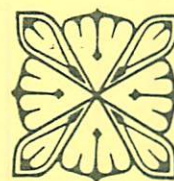
all theories. There are the theorist's fascination with his creation, his ardor, his borrowing, his lying, his therapeutic intent, and his narcissism. This paper is not as much about Freud vs. Klein as it is Freud, Klein, and Schafer vs. Hartmann, Mahler, and Kohut. It is "Crypto-Schaferian." Schafer puts the blood back into psychoanalysis. He revitalizes ego psychology.

Ralph Greenson, M.D. thanked Dr. Schafer for his important remarks, particularly his reminder that we must learn to be comfortable with ambiguity. We shall have to reflect over Schafer's remarks before deciding on their meaningfulness.

Richard Alexander, M.D. suggested that the presentation would have been enhanced by the notions of object-relations theory, particularly by a more thorough review of Bion. It seems permissible to treat the patient's reports about external reality, particularly persons, as aspects of his own personality, i.e., a split-off and projected part of himself. The external reality is not then ignored, but enhanced by increased awareness of the patient's inner world. Furthermore, it is not useful to divide Freudian and Kleinian analysts into genital and pregenital "camps." Such a simple dichotomy makes it impossible to appreciate the richness of both points of view and to develop criteria of evaluation of the worth of either. Finally, Dr. Alexander expressed his appreciation for Dr. Schafer's efforts to bridge what appears at times to be an unbridgeable gap.

Joel Shor, M.D. (in written remarks) reminded us of the struggle of analysts of the British Middle Group to bridge the gap between Freud and Klein. In particular, he suggested Balint's perceptive and sensitive handling of *The Basic*

Fault, preparing us for the limitations on our theoretical and therapeutic power. More specifically, Balint warns us of the danger of forcing interpretations on our patients at times when there is doubt. Shor was also reminded of Reik's *Surprise and the Psychoanalyst*, where Reik takes up issues of uncertainty, ambiguity, and helplessness.



SOME REMARKS ON THE ANALYSIS OF DREAMS AND OF NEUROTIC SYMPTOMS

Speaker: Charles Brenner, M.D.
Date: October 30, 1975
Reporter: Stanley H. Block, M.D.

As Dr. Brenner shared with us parts of a chapter from his new book on psychoanalytic technique, it soon became apparent why his *Elementary Textbook of Psychoanalysis* has sold more copies than any other book on psychoanalysis since Freud: clarity, comprehensiveness, and brevity!

Agreeing with his earlier work, Brenner felt that the topographic point of view was redundant, unnecessary, and even burdensome. He reiterated that a dream was a compromise-formation, like any other compromise, between the id, ego, and super-ego. He felt that dreams should no longer be considered "as phenomena of a special kind."

Switching to his clinical work on dreams, Brenner stated "the report

of any dream is actually a statement of the dreamer's first spontaneous associations to it." He felt that what was usually called the manifest content of a dream included both the manifest content and first associations.

Following an example of how he has worked with dreams, Brenner delved into the topic of symptom analysis, which he felt was neglected in psychoanalytic curricula. Neurotic symptoms, due to their persistence, offer ample opportunity to understand the underlying compromise-formation during the course of an analysis. It is not infrequent for Brenner to ask a patient to associate to a symptom. He stated that the appearance and disappearance of symptoms were due to a shift in the balance of the id, ego, and super ego derivatives.

In his most informative clinical examples, Brenner stressed the uniqueness of an individual's symptoms and their interconnection with other aspects of his mental life. The re-appearance of a symptom should always be related to a present day experience which has activated a childhood instinctual conflict.

Brenner concluded by emphasizing that there has been a tendency to devalue the analytic worth of symptoms, that many advantages accrue from the revised structural theory of dreams, and that the manifest content of a dream included the patient's first associations to his dream.

DISCUSSION:

Ralph R. Grenson, M.D. emphasized his opinion that dreams were not like other compromise-formations and quoted REM dream research which showed the biological uniqueness of dreams. He also felt that the topographic point of view has clinical usefulness. Dr. Grenson preferred to differentiate

between reactions to dreams, associations to dreams, and secondary revision. He underlined the importance of forgotten then later recalled elements of the manifest dream content. Dr. Grenson remarked that despite the stated differences, many similarities exist in his and Dr. Brenner's handling of the clinical material.

Allan Compton, M.D. stated his general agreement with Dr. Brenner's paper, then explained the framework from which he understood it. He talked of the importance of the structural theory in the shift over the years from content to defense analysis. He questioned whether the topographic and structural theories can be used side by side.

Edwin Kleinman, M.D. wondered whether symptom analysis was not included in psychoanalytic curricula under technique courses and talked about his technical handling of symptoms that occurred early in an analysis.

In Dr. Brenner's closing remarks he stressed that, in his opinion, the structural and topographic points of view should not be used side by side. He underlined that he still felt symptom analysis was neglected in the psychoanalytic curricula with which he was familiar.

REMINISCENCES: 1974-1975

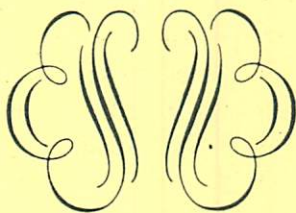
My year as President of the Los Angeles Psychoanalytic Society and Institute is now completed. During its last weeks I found myself reflecting . . .

Twenty three years ago when I selected this Society and Institute I had been a member of another one besides the International Psychoanalytic Association. Los Angeles became my *chosen*, my adopted home.

Why Los Angeles? Because I had been told that its Institute was dedicated to the basic tenets which differentiate psychoanalysis from the other psychotherapies, and because it welcomed *analysts* who *wanted to practice psychoanalysis*.

There is no question about the deep and abiding relationship which I developed with it. Within a year of settling, my very dreams contained references to members and to then current activities of our organization. But, as my day-to-day experiences grew, I became critical. Perhaps being "adopted" and "adopting" helped me to be more aware of flaws and inconsistencies in the workings of our group – and permitted me to see evidences of the marked ambivalences between Society members as they worked within the structure of our Society. Perhaps as an outsider coming in, I had fewer illusions, – less idealization and less disappointment. . .

Another factor fostering objectivity and enabling me to live closer to the "cutting edge" has been comfort with my own ambivalence. It is always easily accessible. I have never had to separate myself from a general medical orientation in order to have a clear self-image as a psychoanalyst with values and goals different from those which the classical medical stance encourages. I can enjoy both identities without



shading them into each other through a gray area, even though the two stances are totally at odds and contradictory.

Simply stated, Medicine heals by eliminating bad things, cutting out, purging, killing off, or stamping out. Analysis "heals" by accepting, living with, or becoming tolerant of the psychic equivalents of "disease" . . . which idea relates to my conviction that psychoanalysis is too important to be left solely to medical practitioners. Yes, it is a psychotherapy, but it is also more, and the Institute and Society should expect and offer more than technical expertise and guild solidarity, as they train a new generation of analysts. . .

But, to return to the original theme: Being President has permitted me an overview of the problems of our Society, nor do I find them new, even if current: As borne out by the Site Committee report, they can never be properly understood or resolved by dealing only with contemporary issues. Rather, such would require knowledgeable professionals who are comfortable with psychohistory, sociology, cultural anthropology, psychoanalysis, and organizational dynamics. Next we would need a careful review and study of *all* the factors, of *all* the participants, of the manifest and latent issues, and of the ensuing split into two analytic Societies and Institutes going back to the 1944-1952 period. For those "growing up" in the present atmosphere, I'd heartily recommend a review of Dr. Albert Kandelin's work, available in our Institute files, Dr. Samuel Eisenstein's contribution to the current issue of the *Bulletin of the Southern California Psychoanalytic Society and Institute*, and the proceedings of a recent workshop on the development of West Coast psychoanaly-

sis taped at the meeting of the American Psychoanalytic Association in Los Angeles in May, 1975.

Most of the current teachers and training analysts grew up in this very complicated period from 1952 to now. Their analyses, in my opinion, suffered from the dissensions of quarreling "parents." In most instances, external wranglings interfered with and complicated the resolution of individual personal problems. There were continuing externalizations of these problems and, through displacement, expressions into the everyday functioning of the Society and Institute.

The results were unfortunate. My hypotheses on this subject and recommendations are in print* and, in keeping with them, I found it gratifying over the past three years to have received support from the Board of Directors, from the Foundation for Research in Psychoanalysis and from many individual members and clinical associates. This support permitted a pilot study project to develop methods for implementing my suggestions and demonstrated that a desire for truth and a sense of trust continue to abide within most of us. However, that study also showed that we are in deep trouble.

Relationships are flawed. The larger the analytic Society and Institute have grown, the more easily we split into "friend" and "enemy," interpersonally and ideologically.

Let me point out one of the consequences in the most crucial area: There has been little opportunity, *if any*, accurately to assess the qualifications of individuals who are to carry out training analyses. The step from teacher to graduate analyst with the capacity clearly to delineate differences between analyzing patients and conducting training analyses, in our Society and Institute, has been carried out,

for the majority, by fiat,—without assessment. By this statement I do not wish to suggest that the current group of training analysts is incompetent. Quite the reverse! Probably we have as many competents as any other Society and Institute. I do however stress that the failure to be able to point to careful assessment has led to polarized conclusions which have been based on rumor and fantasy about the incompetence of "them" (others), and on the overstatement and belief in the competence of "us" (we). Such splitting into "good guys" and "bad guys," competents and incompetents, is well known to people who study racial prejudice, yet, as analysts, we refuse to acknowledge that *our* Analytic Society and Institute could be suffering from that! When do we substitute fact for fantasy?

In neither the Society nor Institute is there any area which is not, at the present time, riddled with rumors. "Fantasies," in the language of psychoanalysis would be more appropriate. These aggressivized and libidinized derivatives from within our individual psychic lives have found their way into all kinds of collectively-shared attitudes and beliefs about ourselves as cliques, groups, and as an organization . . . and such is highly undesirable! Hopes and dissatisfactions in an organization should be dealt with in a forthright fashion. We need meeting after meeting for enhanced communication.

Look at one very typical example: A week before our 1975 Annual Dinner Meeting, one member told another the rumor that only 22 people were attending. Allegedly he reported that "with pleasure," because of the intimation of very little support for the current Society, Institute Officers, and Board. The fact: At that very moment, in actuality 88(!) people

had already sent in their subscriptions and eventually 130 attended!

As in the past, again I recommend that we have a "committee on rumor" and that we call it by that name, not its "scientific" euphemism, a "Committee on Fantasy." I should like everyone who submits rumors to such a committee to realize that already we are beginning to deal with fantasies probably abiding in some form within us and destined to find their way into the everyday functionings of the organization . . .

One should not run for office in our Society and Institute without his being willing to accept, or "contain," and *live with* the positive (libidinal) and the negative (aggressivised) forces which are burdening it . . . and we should choose people with whom we feel we can live . . . and people capable of containing these forces within themselves. There are certain very definite requirements. Elected officers should be able to tolerate being chided, criticized, called "arbitrary," "dictatorial," and "Papal," and the like. They should be aware that praise, for "patience," "positiveness," and "willingness to hear out all sides," is a welcome support but, one which must not be taken as constant, for the very people who lavish praise, at one time, on another occasion will be angry for failure to endorse their positions . . . I can assure the officers that once they accept and fulfill their job requirements, they will find large and growing membership participation.

I find the members full of hope at the same time that they feel pessimistic. The pessimism is born out of deep suspicion and mistrust which have understandable historic roots. In organizational terms, they can be given proper consideration only by more, not less, dialogue,

increased time together, — not fewer and fewer meetings. Such group activity within the structure of the organization is an absolute essential for a reversal of our current state . . .

Analysis is a lonely profession. As individuals, repeatedly we must cope with isolation, feelings of being attacked, drained, and misunderstood. To protect himself appropriately, the analyst in full-time practice has an abundance of narcissistic defenses: he clings to a small circle of friends, or *côterie*, to the exclusion of others. . . . but, rather than recoil within it, he needs instead many opportunities to expand such boundaries to refute the constant rumors which infiltrate and "spoil" the relationships between psychoanalysts by contamination.

Let me be specific: To Robert Zaitlin, our President, I recommend that separate evenings be set aside for business meetings. They are an absolute necessity if group process is to be used in a healthy, working fashion. Hopefully the Board of Directors shall become increasingly responsive to the membership, but it is foolish to expect that it can lead before it can be seen as responsive in the current atmosphere. We need slower speed and more Society participation; such is essential for at least the next year or two.

To the Clinical Associates let me repeat that our problems today, are more than those connected with the Site Committee Report, and/or psychoanalytic training. However, we do have the overt problems and they *are real!* They must be considered by the Faculty, the Directors of Education, and each of you.

What are they? First and foremost, the deficiencies of Institute Training. There has been a great deal of hard work which has resulted in some correction of these deficien-

cies within the Training School and further improvement can be expected.

The second problem, still not resolved — the quarreling which yet goes on within the Society and the Faculty, — to the point that members are not even now free of intimidation. . . . neither those who instigate it, nor those against whom it is directed. As a group, we are still afraid to be outspoken about our beliefs, and it is time to call a halt to blaming others, — a time rather to face issues squarely.

To help myself in this task, I imagined being a clinical associate at this time, then asked myself what I should desire of a psychoanalytic training school. First and foremost, more complex issues to the side, I should want a training school to be solidly based, so that after graduation I could join the American Psychoanalytic if I wished to. Next, I should want to know a great deal about the current developments and ongoing hypotheses which are becoming a part of current "beliefs" shared by the majority of analysts. In the last part of my training, I should opt for exposure to the areas in which differences of opinion prevail. I should hope to hear dissenting views, yet be encouraged to keep "open" rather than prematurely "closed." I should consider it wrong to be graduated, yet in jeopardy regarding membership in the main-stream of American psychoanalysis.

To that end, I should suggest to my officers, that we clinical associates conduct a poll to inform the Faculty and Director of Education about our wishes as a group. The Faculty should ask the clinical associates to meet. These particular issues should be discussed. If there are individual and collective positions, they should be made known to the Faculty and taken under

serious consideration when plans are made for the Training School.

Such action would much shore up the need for conviction within the Faculty regarding the direction in which our Training School should go. In my opinion, indemnification against dissent is a spurious issue, provided we set up guidelines for fair consideration for all training analysts. Every training analyst at this time is under some cloud due to *failure* to have his work assessed. Peer review, in this sense, is long overdue, and its absence constitutes a basic shortcoming

within our group. It should be instituted as quickly as possible, once we have clear guidelines for due process and protection of the rights of each individual. . .

This is not an easy endeavor: Needed are real unification and dedication sorely lacking in us as a group. . . not the belief that *we* are "dedicated" while *everyone else* is not. It is time that tongue wagging be seen as the prattle of unanalysed character problems, and not as words of wisdom. We no longer can afford "gurus" and "oracles" and references to past beloved teachers

and masters whose names are used synonymously with "fonts" of universal wisdom. It is time to see such allusions rather as "fronts" which hide the real problems. It is time to get down to the daily difficult task of examining our qualifications, despite the anxieties which this step presents for each and every one.

Let's get on with it and build a truly mature organizational structure!

Robert M. Dorn, M.D.

[As adapted and revised for publication]

**Psychoanalytic Forum*

