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WILSON:

*Taking a retrospective view of your psychoanalytic career, I'm struck by two recurrent themes: change, and the leadership of groups. In analytic theory we are taught to observe and analyze these recurring elements. Certainly Freud drew our attention to this in *The Interpretation of Dreams*. Greenson wrote about the difficulty that analysts have with allowing new ideas to creep into their generally accepted theory in "The Origin and Fate of New Ideas." Yet you seem to have been able to go through at least two major shifts in your point of view. I'm referring to your moving from what would seem to have been a traditional Freudian training here in Los Angeles to that of the English Object Relations school, and more recently, to Self Psychology, as espoused by Kohut and his followers. Could you say something about this need or ability of yours to make such changes.*

BRANDCHAFT:

I think I would respond in this way. There are two aspects to this question. If you are talking about my need, and my going to make such changes, it involves a search into my own personality. That would constitute the first part of what I have to say, and I'll talk about that in a minute. The second aspect of my response to this question has more to do with my experience with psychoanalysis, and from that point of view, from the point of view of my experiences, and what I might have to say about the need and the ability to make such changes. So from the first point of view, that of my own personality, as nearly as I can sense it, the need to make changes arises from what I think is most basic in me: the desire to improve myself in whatever I do, which is still a primary motivation, and I think it will always be with me until the day I die. And I would say that my ability to make such changes, I think, has led to improvement in what I do and what I can contribute to people around me. The ability to do that, I think comes about because I have never for very long been stuck on primarily defending what I do. I have never for very long felt it as a priority that I demonstrate that I am right, to myself or to other people. And this, then, leads to a greater ability to observe closely the premises on which my work is based, to question them, to challenge them, and to observe how, in fact, they work in practice. Now insofar as the second part of the question, I think the need to make changes came about essentially because when I finished my training, and had been engaged in the practice of psychoanalysis for 4 or 5 years, I became aware that I was not satisfied with the application of what I had learned. I don't think I was any worse in that application or understanding than the people who had trained with me, although for a time I wondered whether the unsatisfactory nature of the results I was getting, was an indication that I hadn't familiarized myself sufficiently with what I was being taught, or perhaps arose from some pathologic trait within myself that would not let me be satisfied with anything, perhaps some need for perfection. Nonetheless, keeping these possibilities in the background, I was

still motivated to try to go further. In those days, some of us formed a small study group. Many of the most prominent people in our Society — most prominent and most competent people in our Society and Institute, those now in the leadership of the training of young candidates — were members of this small group. The purpose of the group was to increase our understanding of clinical phenomena and to familiarize ourselves with a wider theoretical background. The purpose of the group, I say, reflected what I think was a common and widespread feeling: that there was more to psychoanalysis than we had as yet been able to experience.

I think from that point, my own thoughts and ideas began to take shape and crystallize. Among the things I became aware of was a persistent feeling that the phenomena that I was observing in many of my patients went deeper and had begun earlier than the oedipal period, and could not be fully understood as regression from the oedipal period. I came to the conclusion fairly early — or entertained the conclusion — that the shortcomings in the results I was getting were not due to the inherent limitations of my patients, or of psychoanalysis. I began to question the encouragement that I had gotten from many different sources to view, and to get patients to view, outcomes which left them in some doubt as to whether as much had been done as could be done — I began to reject the encouragement that I was getting to look upon this as an indication of pathology, as an indication simply of a desire to hold on to psychoanalysis, or an interference with the ability to be satisfied, or an indication of the persistence through the analysis, of omnipotent goals. That, I think, was the way it began. It was from this that my need clinically to go further arose, and my ability to make such changes. I think this part of my own innate nature was encouraged by the analysis I had with Hanna Fenichel, who was extremely supportive of me in the analysis and subsequently, whenever I voiced some question about my own understanding of myself as she put it forward to me, or something that was being taught to me in my training in relation to my patients.

WILSON:

Did you get encouragement from her to go further, to look beyond the accepted theory?

BRANDCHAFT:

Yes, always.

WILSON:

I wanted to return for just a minute to one of the things you said in the beginning of your response. You said that you felt that your ability to change — that one thing connected with your ability to change — has been that you don't find yourself stuck or needing to defend a particular set of ideas for very long. Is it true that, when you say "for very long," does that mean that for a while there is a feeling of getting deeply into a particular

point of view, and defending it at least within your own self, before you began to feel the need to change based on what you're seeing clinically?

BRANDCHAFT:

Another thing that I felt, that I've carried with me from before I entered into psychoanalysis, or the study of the personality, is an awareness that if something seems to me to be important and valuable, I really have to get into it in order to test it to its fullest. I've never been one who, being enthused by an idea that I thought had value, could just stand at the periphery and look at it from a distance. If it appeals to me, I want to get into it to see what it has to offer and how solid it is. I would suppose that some would consider this a weakness, and alternatively, I could consider it as having enabled me to have experiences from early in life that I don't think I could have done without.

To give you a personal example — when I was 15 or 16 years old, the country was in the height of depression, and my interest turned, I don't think unnaturally, to considerations of poverty and the homeless. At that time, I wondered how the world was going to turn out, and what, if anything, could be done about the conditions which formed so much a part of our lives in those days, and of my own personal and family life. And I responded to this, together with a friend, by determining to look into what the conditions really were. We spent two summers, my 15th and 16th, on the road, riding freight trains, going to hobo jungles, sleeping in Salvation Army compounds and mission houses to see how people were living. We did it without any money in our pockets. I didn't have to do it, but it's one of the most valuable experiences of my whole life. I think this tendency to see what is going on, to get into something and to investigate it deeply is a part of my nature, and I think that accounts for the intensity of my various engagements in psychoanalysis. At the same time, I recognized that in order to do that for awhile, one has to see things from a particular point of view, and that the point of view is certainly limited because there are many different points of view. But until I can become familiar with what that point of view is, if it attracts me, if I can see beyond the objections that have been raised about it, and see something in it that is still valuable — until I can get into it in that way, and familiarize myself with it, I don't feel that I'm in a position to really evaluate it. That's why I say for never more than a time — that is the time interval that I am referring to in what I said before....

WILSON:

It's rather vague as to what exactly the time interval would be. It would be just as long as it takes to —

BRANDCHAFT:

To thoroughly familiarize myself with the point of view, and then to

observe what its weaknesses are, what its strengths are, how it can be improved, or what direction my own interests would take as a consequence of my own sense of continuity and what I seek for psychoanalysis as a whole.

WILSON:

You brought in your work with Hanna Fenichel as being helpful in encouraging you to look beyond the accepted view. I would suppose that she was quite a classical analyst, and yet apparently had a personal quality that allowed her to express, or get through to you, this feeling of encouragement beyond whatever her individual theory was. I wonder, didn't you also work with Dr. Bion in analysis for a time? I wonder, did he also possess this quality which facilitated your own tendencies to look beyond what is the accepted view?

BRANDCHAFT:

Yes, he did. I think I should explain that I became friendly with Dr. Bion some years before he came to Los Angeles. It was at Elaine's and my personal invitation that Bion first visited Los Angeles and then came to stay here. And we remained friends through the analysis, although my contacts with him outside the analysis, during the time I was in analysis with him, were very limited. I had been drawn to England by my own curiosity because of Winnicott's work and because of the work of Melanie Klein. What both had in common was that they focused on earlier periods of development. I had already become persuaded by my own work, particularly with severely disturbed patients, what we would now call borderline patients, that the essence of their arrested development lay in the events which occurred in the early years, up until the age of two. And I had an inadequate way of being able to understand it, and therefore to be able to treat it. So that was one of the considerations that led me to go to England to study the work of people in England who were at this time focusing on this period of life. A second consideration which drew me to England was my observation that many of these people appeared to, and in fact did, observe the direct interaction between patient and analyst very much more closely than I had been accustomed to seeing here in the United States, and reading about in the work with which I had hitherto become familiar. The closeness of observation derived from an important theoretical consideration which interested me and appealed to me, namely that conceptualization offered by Fairbairn that instincts are object-seeking, not pleasure-seeking. This in fact constituted a new focus at the time, a focus on the nature of object relations as primary. So by the time I met and then renewed acquaintances with Dr. Bion, I had become quite familiar with the writings and with the clinical work of a number of leading members of what was then called the British school and of the middle group in Great Britain, comprised of Winnicott and Balint. Now, what I want to say is that in my analysis with Dr. Bion, I heard very few interpretations that I could consider to be Kleinian.

WILSON:

Is there a way of characterizing the type of interpretations that Dr. Bion did seem to focus on?

BRANDCHAFT:

I think naturally I would focus on what made an impact on me, and I wouldn't represent that that constituted his intention or constituted the bulk of his work. But those interpretations which were repeated and, under different circumstances, that made a profound impression on me, were those in which he reiterated over and over again that there wasn't anybody in a better position to judge what was going on in myself than me: an invitation to consider his interpretations but not to accept them in preference to my own observations of myself.

WILSON:

So that's how he was in a sense contributing to your own openness, or your own ability to look beyond.

BRANDCHAFT:

Yes, right, That formed what has become a fundamental aspect of my work. So that when my patients began to reject interpretations, I was now much more able to consider that the rejections might not be coming from resistances to accepting the truth, or resistances arising out of oedipal rivalry or envy, but that the non-absorption, or rejection, of interpretations might be because what I was saying did not correspond to their experience and additionally because of the effect the interpretations themselves might be having on the patients, which I then undertook to investigate more closely.

WILSON:

I think this is really a very fascinating and extremely important theme, that is, what constitutes the evidence of psychoanalysis? It's important to consider how one can properly evaluate, let's say, what might actually be a resistance or the inability to assimilate an interpretation as "food for thought," and what constitutes an actual justifiable rejection on the part of the analysand of an interpretation. I think it's a very important subject.

BRANDCHAFT:

The most important, I think, from many points of view. And I would say no one is in a position to make such a judgment except after a thorough and sometimes prolonged investigation of the patient's subjective experience, by not automatically assuming that it is a resistance, and by then facilitating the patient's articulation of his own experience of it and what the meaning of that interpretation is to him, and why it has that meaning. Only in that way, in my opinion, is one in a position to say. Not by any theoretical preconception.

WILSON:

What, in your opinion, is the best way to get towards that understanding?

BRANDCHAFT:

I think it requires the establishment of a milieu in which the patient feels encouraged and is able, then, to freely articulate his own experiences, his own perceptions of the analyst, and the meaning of those, in a truly neutral environment. The assumption that the patient's experience constitutes a resistance or is simply a transference manifestation, is in my opinion, not a truly neutral environment. I think the most difficult thing in analytic work is the establishment of that kind of milieu, the most difficult thing in myself and in what I observe in the work of others. I've come to understand largely when the difficulty is within me, and when there arises, therefore, a necessity for me to rise beyond my own countertransference reactions to understand the free expression of a patient's experience of me. But that is a very, very large step, and it's one that can only be achieved, from my observation, very gradually. But I think the goal is extremely important.

WILSON:

I am reminded of the idea of the analyst's relationship to psychoanalysis as a whole, and particularly to analytic theory — I believe a subject which Dr. Rangell has written about recently as being important in this difficulty — that if the analyst has a kind of religious feeling about his theoretical underpinnings as often seems to be the case, it becomes very difficult to bring about this so-called neutral stance that you mentioned. I believe the way that analysis is taught, and perhaps the way the institution of analysis, or the analytic community, exists often promotes a kind of non-neutrality.

BRANDCHAFT:

Let me say about this that I am in absolute agreement with Dr. Rangell on this point. And I would say that, again from my experience, the most important factor is not the existence of religious attitudes on the part of psychoanalysts. They exist, whatever — they are part of an individual's makeup, whatever theoretical conceptions that analyst finds useful. They are used defensively by classical analysts, by Kleinian analysts, and by Self psychoanalytically informed psychoanalysts. This is basically a matter of personality and really requires an alteration in the character structure to a certain extent. Such an individual utilizes theoretical conceptions to prove his own worth, to demonstrate his own worth, and has his own worth challenged if the patient doesn't respond to his well-intended attempts to use the framework that he believes in. I think a much more important point is — and very much more widespread, ubiquitous, and one that something

can be done about without profound character reorganization — is this: the recognition that the analyst is part of the field in which the patient is experiencing the analysis. Serious problems arise to the extent that psychoanalysis and psychoanalysts have been operating on the basis of an assumption that the events that they are observing arise strictly from intrapsychic sources. In this, they are unaware, or relatively unaware, that the events that we are observing in psychoanalysis arise within a field, and that the analyst, like it or not, knowingly or not, is always a part of that field. What he does and what he doesn't do, what he says and what he doesn't say, how he operates constitutes one pole of that field. Psychoanalysis, from the point of view that I've come to envisage it, is a science of interacting, differently organized, subjective worlds, that of the patient intersecting with, sometimes harmonious with, sometimes disharmonious with, the subjectively organized and structured world that the analyst brings to his work with that particular patient. In analysis, the observer, the psychoanalyst, is always also the observed. All events that occur in an analysis are co-determined, and the greatest prospects for analytic investigation involve the possibility of the analyst being able to (what Piaget calls) de-center himself from the structures of his own subjectivity, to be able to understand how the patient, and why the patient, is reacting to, and assimilating, the analyst, and why, in the particular way in which he is.

WILSON:

Is this similar to what Dr. Merton Gill seems to be emphasizing these days, in the meticulous scrutiny and interpretation of the reactions to the analyst?

BRANDCHAFT:

I think this part of it is, as far as I know, fully compatible with Merton Gill's work. That is, the emphasis on the investigation of the patient's subjective experience, and the importance of that in the transference, is fully compatible.

WILSON:

Within this system, is there room for a more traditional conflict ego psychological defense analysis paradigm?

BRANDCHAFT:

I think that from this perspective, the understanding in depth of the patient's subjective experience and the way in which he unconsciously and repetitively organizes that experience in the analysis — from this perspective, there emerges a larger framework into which defense and drive theory and ego psychology have a place. But the emphasis, the perspective that is used on the phenomena that have hitherto been described — within the perspective, of drive and defense, and the ego psychological concepts — the perspective that is used is different, and I would say, broader. To

illustrate, we are well aware of the commonness and the behavioral significance of destructiveness, or rage, as it arises in a clinical setting or outside a clinical setting. For a very long time, I considered, as others, that the destructiveness and rage were fundamental, that they were bedrock, that they represented in their most serious clinical or extra-clinical forms, situations in which the developmental failure had been a failure of the taming of those drives by the ego, either pre-oedipally or oedipally. I considered for a long time that they represented, as well, a failure of neutralization. And from these points of view, the therapeutic task in analysis was to trace the destructiveness or rage as it appeared in the analysis, in the transference, to its genetic origins, to bring out and emphasize the extent to which old experiences were being revived in a new setting and involved distortions of that new setting; and that the task, then, was to bring it about that the patient would acquire the capability of taming his aggression and of expressing it in more adaptive ways. I also, for quite a while, viewed situations of this kind as indications of splitting, that the patient so involved had split his good and bad experiences of me, and for some reason was keeping them split. And from this perspective, the therapeutic task was to bring about by interpretation or confrontation the healing of the presumed split in which good and bad experiences of me as a new object could be integrated into a whole. But my perspective has changed. In my clinical experience, when I recognize that every case of rage or destructiveness comes on the heels of a specific experience with a specific person in which the experience has resulted in a severe injury or humiliation to the self — from that point of view, recognizing this, the task then becomes to investigate what the nature of the injury is, and what injuries in an encapsulated and encoded way are being repeated. And the therapeutic task becomes altered in the direction of attempting to bring about psychoanalytically a strengthening of the vulnerability that has been exposed and expressed through a destructive act or in a rageful behavior. So to summarize, or to use this as an example, the perspective that I put forward does not do away with any concept that has found expression in psychoanalytic experience previously. It simply puts it into a different perspective.

WILSON:

To complete a previous line that we were following, comparing the capacity of an analyst to allow new ideas to develop or to in one way or another encourage expansion of these ideas in the analysand: I want to mention that in the interview that Dr. Rodman did with Ivan McGuire (this Bulletin, Vol. I, Number 2), he pointed out that he felt that his analyst, Dr. Sterba, had provided him with such an opening type of experience, even though he himself was a rather classical analyst. What I was wondering was, do you think that there are personal qualities that certain analysts have, no matter what their theoretical orientation might be, that more aptly facilitate this type of development in their analysands?

BRANDCHAFT:

I do think so. And I think it's widespread. I don't think that psychoanalysis could have survived and done as well as it has without that human factor. In a sense, it really has to be so, because if psychoanalysis is strictly a matter of the discovery of what's already been discovered, and the demonstration of that in a patient, I don't think it would amount to very much. So I would say that I think that most of the curative effects and beneficial effects that have been achieved by psychoanalysis, or at any rate, many of them, have been dependent upon exactly this factor. And I think that psychoanalysts, whatever way they have come to organize their experiences into whatever conceptual framework, background, whether Kleinian, whether classical, whether Self Psychoanalytic, or whether none or a mixture of all of these — psychoanalysts of every persuasion have done this, in fact, have responded to their patients in the way in which Dr. McGuire described and the way in which I have described. Let me say that in this I think that analysts transcend the framework that they're using. But I do not see any reason why this effect itself cannot be conceptualized and included within the conceptual framework that analysts use, and I've tried to understand, first in myself, what is being responded to and why it's important, of signal importance, that it be responded to in me, and then to make use of this in my work with my patients. To be better able to integrate this phenomenon in theory and clinical practice is I think vital. I think to be able to do that involves a significant expansion of our theory and of our therapeutic effectiveness.

WILSON:

So you're saying this feeling of being encouraged to expand and to grow might actually be assimilated into a theoretical point of view.

BRANDCHAFT:

I think it has to be. I think it forms the background of what everybody does anyway. That is what everybody presumably wants to bring about, growth in their patient. But I think this goes back to the point that I made more abstractly before. It's not recognized the extent to which the analyst's behavior, position, emphasis, and so forth affects, discourages, or encourages growth in a patient. We're not — we haven't become sufficiently aware of the role that, in fact, the analyst many times, mostly unwittingly, plays in the encouragement of the patient in the direction of maximizing his own potential according to his own pattern, or the extent to which the analyst unwittingly interferes with that.

WILSON:

So the analyst can be going along feeling very, almost self-righteous about his activity, feeling that he is carrying out what he should be carrying out, and in fact being quite untherapeutic.

BRANDCHAFT:

Exactly. It was my observation of my own work with patients in this connection that it was, although I intended and hoped that it was therapeutic, was in many cases, and to a certain extent in all cases, untherapeutic — not always by any manner or means, and not entirely by any manner or means — but I was interested in those areas. I became interested in those areas where I came to observe that the therapeutic result that I had hoped for wasn't taking place, or was taking place in too restricted a way. And I began to focus on that, and what my part in that might be.

WILSON:

I wonder if this type of phenomena, that is, that as the results of these types of analyses become known through discussion, the printed word, and so forth, there might be a kind of social Darwinistic pressure that exists among the psychoanalytic community perhaps stimulating the development of new theories to take care of, or to help advance, psychoanalysis beyond where results seem to be not good enough. In other words, I am thinking about the development of, let's say, Kohut's point of view, as an example, the development of a Self Psychological point of view. Might this, or any other theory for that matter, be partly explained in this sort of broader perspective?

BRANDCHAFT:

I think so. I also think that the point of view that I now have, I am aware has undergone changes within itself, and I'm convinced that it will lead, and hope that it will lead, to a further expansion. The purpose of any theory, in whatever field it might be, is not only to explain more than has been explained before, but also to provide a setting in which its own shortcomings can be recognized and identified so that these can be explained so that a new theory will develop which can go farther than the existing theory. And I'm persuaded that that is what is happening in psychoanalysis, and I think it is vitalizing to psychoanalysis as a whole, however painful it may be to any individual at any particular time who has based his own feeling about himself, and the work that he does, concretely upon any theory. Psychoanalysis is, in my view, in its infancy. It's been said many, many times but it needs to be repeated because once we get into it, we're naturally aware of the advances that we've made, and we tend to lose perspective that this is only the merest beginning in a historical context of the understanding of the complexities in human behavior and human interactions.

WILSON:

I think that there often seems to be a feeling that if one goes beyond, let's say, Freud, or any other of the great psychoanalytic pioneers, one is somehow being disrespectful or doing violence to the person themselves, as

opposed to taking what they have provided as an origin or a backdrop and expanding on it.

BRANDCHAFT:

Well, that's to make a shroud of Freud, and I don't think anything could have been further from Freud's mind. But even if that were his intention, then it's incumbent upon the people who follow him to rise above it. Freud changed Freud many, many times. He went beyond Freud at every stage of the game. Why is that not a better model to follow than adherence to an ideal that is threatened with becoming static?

WILSON:

Dr. James McLaughlin in his address at the recent UCLA conference on Countertransference quoted Sir Isaac Newton as saying, "If I have seen farther than other men, it is because I have had the good fortune to stand on the shoulders of giants." I believe he was referring particularly to Archimedes. Who are the giants for you, and what do you see down the road for us as psychoanalysts at this point in time?

BRANDCHAFT:

I think the giants are many. Certainly Freud will, I think, always retain a place as the first and foremost founder of a new science. I don't think his position will ever be threatened. I think there are many people who have made significant contributions that I admire — I admire the ability of Melanie Klein to investigate more deeply into an early period of obscurity that Freud was unable to touch, and her courage in being able to state her findings openly in the face of great criticism. I admire Balint and Winnicott for their contributions. I admire, in our own circles, Ivan McGuire, a person who has remained himself and who personally had a significant influence on my own development. And many others. I don't think I could really give a complete list. Lastly, it has been my inestimable good fortune to be associated with Heinz Kohut in the last years of his life, from 1978 until he died in 1981, just three years. I didn't meet Kohut until I was well along in my own work, and found that it was taking a path that was congruent with Kohut's work. Once I became aware of that, I began to familiarize myself more completely with his work from his writings and from personal discussions with him. He has played an enormous part in my own latter day development. He has made it possible for me to continue to grow at a time when I've observed many people have remained where they were. I have a tremendous feeling of gratitude to him personally. I have expressed my gratitude to Dr. Bion and to Hanna Fenichel. I also want to include Herbert Rosenfeld, with whom I was friendly, have been, for many, many years, and who taught me a great deal about observing patient's reactions and transference more closely than I had before that imagined was possible.

WILSON:

Was there something about your work with Dr. Bion that led you into your moving towards your present direction?

BRANDCHAFT:

I don't think inherently in the work. I think inherently in myself certain elements were reinforced. That was part of its own design, if I could put it that way, that that should happen. And I don't think he fully identified, or brought together or explained, those elements that subsequently became clear to me as having been personally engaged. There were others that were not engaged that I have come to understand subsequently. So I don't want to misrepresent that Bion was doing Self Psychology or anything like that, although he had the empathy, the capacity for empathy, that I think is necessary, and by that I mean the ability to put himself into, to go beyond himself and put himself into the experience of another person — that is the mark of all good psychoanalysis.

WILSON:

So you're saying that you began to develop in a direction that might be termed more Self Psychological, prior to ever even reading anything about —

BRANDCHAFT:

That is correct.

WILSON:

You did this, as you mentioned, by observing the data, observing your clinical work, and deriving changes from what you felt to be inadequacies in what you were seeing.

BRANDCHAFT:

Yes. Particularly in observing instances of negative therapeutic reaction and what was called negative transference, observing those closely and abandoning the previous ideas slowly, loosening up the previous ideas, and then abandoning them to get patients' experiences. From this, then, I went further to try to understand what patients wanted from me, without prejudice. In other words, if they wanted to be approved of or to be affirmed or accepted, I tried to understand it from a different perspective than before, one which recognized a different focus as to why they were unable to admire me or to recognize my value to them. I began to look at it in a fresh way and to abandon whatever preconceptions I had before. And I became aware of what I said, or didn't say, that undermined their own feelings about themselves and reinforced the need to be accepted or admired.

WILSON:

Then you found this in Kohut's writings after the fact.

BRANDCHAFT:

Well, no I wouldn't say that. But I went this far, as I am telling you. But reading him and talking with him helped me consolidate what I was observing very, very greatly. To him, I owe specifically the awareness of specific transferences, early transferences, what then I saw as narcissistic transferences, and what he described as narcissistic transferences, but then selfobject transferences, that offered the possibility of analytic working through. He helped me to see indications of emerging primary transference configurations that could be the focus of the analytic procedures that I had studied all my life but had not been applied to these particular configurations.

WILSON:

How did you first meet Kobut?

BRANDCHAFT:

I first met him in Chicago in 1978 when I went there to attend a conference on Self Psychology. I was introduced to him, and I had already been teaching Self Psychology without any contact with him in Los Angeles for a number of years, in the Institute and in graduate courses. And he heard about the work that I was doing. Some people from Los Angeles had been in more direct contact with him. So he sort of knew me when we were introduced. He was already in ill health and had withdrawn somewhat from active day to day work, organizational work, or involvement in this work. The next year, a conference was held at UCLA, and I gave a paper on negative therapeutic reactions, and the application of Self Psychology to understanding the negative therapeutic reaction. This paper impressed him enormously, and we then discussed it together, and he told me how delighted he was that somebody — that it meant more to him that somebody who had had no contact with him was able to utilize his concepts so well, that it provided an independent verification for his work. When he was in Chicago, he felt that perhaps the people who were around him were too much influenced by his own personality in their work. So that, he said, was very gratifying for him. We became very good friends. I would go to Chicago and meet with him and talk, and we visited him in his summer home subsequently in Carmel. I got to know him quite well.

WILSON:

Let's change the subject just slightly. I want to turn for a moment to the other element of your own psychoanalytic history that I found striking, and that is your ability to be a leader of groups and movements. This seems to have been a prominent part of your position with the psychoanalytic society and with the Institute. I wondered if there is anything about your personal history that you could tell us that would help explain your proclivity for becoming a leader of groups or movements.

BRANDCHAFT:

I don't recognize in myself any primary drive to be a leader, although that may have existed at one time and has subsided. I think what has been more recognizable to me is the desire to be able to influence people, to play a part in improving their lives and/or subsequently as they have evolved, in enabling them to realize more of themselves and of their lives than might have been possible without my influence. I think this also comes from the earliest formative experiences embedded within me. I think I always thought that people that I came in contact with, and even others that I didn't know, were potentially greater than what they realized. And some of my disappointments, greatest disappointments, have been in connection with people I have been intimately connected with who have, I think, failed to realize the potential that I saw in them. My capacity to influence people, I think, has also existed from early times, and I have always tried, but I'm afraid not always succeeded, in taking this capacity, capability, seriously and responsibly. I think I have always expected people that I have influenced to pay attention to the principles and the ideals that underlie whatever concrete expression that leadership takes. I think I have failed frequently to make this explicit, and I think this has led to some disappointments in me that might have otherwise been avoided.

WILSON:

Can I put it in this form: when you become a leader, with a capacity to delve deeply into your concerns, as you have said that you always do, and reflect this, which often comes through as a sense of conviction and a sense of certainty, I believe you naturally collect a following who yearn for this, people who admire you, who look up to you. When you then change your mind, I believe there can be a tendency to feel left, abandoned, or even betrayed, on the part of those who are following you. I think this is an experience that is familiar to you. Is it painful, and how do you deal with it?

BRANDCHAFT:

It is painful to me. I consider my own development in psychoanalysis to be part of a continuous process. I think I have absorbed a great deal from what I was taught and that it is the foundation for what has followed. I feel that when I became interested and involved in that branch of psychoanalysis that is called an Object Relations perspective, that it was in response to certain inadequacies that I saw and that it really represented an advance over what I had known before. And I put forward that view, enthusiastically. I did not know at the time what would follow, although even then, I repeated over and over again that I felt that this stage was a phase, an important phase, of a continuing process of understanding. When I went further, as we've talked about here, I also believe that it was in response to an experience that I could not have anticipated before I had it. I have always

tried to explain to people who are interested, and who have followed me, what that basis of experience was, so they could have it themselves, so that they could see if in their own experience, it applied, and that in this way, we could keep alive, mutually, jointly, a bond that had been formed, and that could be maintained through whatever changes individually or together we might have. At the same time, I do recognize the profound experience I myself had, now twice, in the process of making change, and many times in minor degree. This is a profound and shaking experience. I became aware of the extent to which my own feeling about myself, my sense of myself, was tied to specific ways of looking at things. And I became aware that I would have to re-orient my sense of myself on some different basis than that, because when the way I looked at my patients and then the human personality in general — changed, when that was shaken by clinical experience and had to be altered, it involved either reinforcing what I had believed in before in order to shore up my own self, or signs and symptoms of some sort of shattering of what had previously existed. I, in looking into myself, recognized that I would have to get through that, and I did.

WILSON:

You mean the sense of shattering.

BRANDCHAFT:

Yes. And I feel strengthened by it. I think each person who sees the necessity of making a change has to go through it, does go through something of the same process. So I think that the relationships that you were drawing attention to here that involved my leadership are more complex. They involve not only others' disappointment, for which I am sorry — but I think they also involve some uncompleted work that needs to be done on the part of anyone who is inspired to lead or to follow that needs to be done individually. I want to say that the attraction to me or to anyone else as a leader, in my view, is not a pathological process. I think it involves a reinforcement of ideals, of certain ideals, that are represented by the leader, and that it offers the opportunity for the reinforcement of those ideals and for their being more effectively pursued through the tie and bond that is formed. Of course, it can remain — the process can be interrupted — or can be distorted if the bond to the leader is maintained to the detriment of the development of the individual or is maintained when the ideal is corrupted. But in and of itself, looking up to people we admire, whether it's Freud or whether it's Einstein, or whether it's Kohut or Roosevelt, or whoever it might be . . . looking up to someone is in and of itself simply an indication of an aspiration to a more ennobling state, not in and of itself pathological.

WILSON:

So if you take the risk of becoming a leader, who has the capacity to change his mind, then you also take the risk of becoming a pariah.

BRANDCHAFT:

Yes, I think in some ways, it's inevitable for a variety of reasons. If you raise people's expectations, you're also going to disappoint them.

WILSON:

And then you have to deal with all the breakdown products of disappointment.

BRANDCHAFT:

Yes. I don't mean to be callous about this —

WILSON:

In regard to the issues of certainty, you present material in a kind of elegant, precise synthesis that gives the impression that you have thought of all the angles, and this is it, the pure, distilled stuff. Do you actually feel this way?

BRANDCHAFT:

I've thought about as many angles as my mind can contemplate in the course of my career. I haven't turned anything down out of hand. So I do have my own sort of distillate. But I want to go to the last part of your question, and what my enthusiasm is based on. I know it may not come through that way, but I do assure you that it's true. I don't feel that I have the final answer. When I was enthusiastic about Object Relations theory and its implications, I didn't feel that it was the answer. I raised objections at various times to the theory, and questions about it. And I kept more questions in my mind all the time. My enthusiasm was based on my own experiences and my own feeling that it represented a decisive step forward. I still feel the same way. I have never been able to restrain my enthusiasm for anything that I think makes an advance. Perhaps it's because there are so many things that I have come across that I don't think are an advance. But in no case do I have the impression that there is anything close to the final answer. Similarly with regard to Self Psychology. I have expressed many questions about it. I think that the description of the constituents of Self is simplistic. I think that the description of parental functions into mirroring and idealizing is simplistic. I have many questions about the theory of transmuted internalization. But saying all that, I think that the advantage to be gained by being able to observe clinical phenomena from the point of view of a participating and experiencing self within a field of interacting subjectivities marks such a tremendous advance in the data we have been able to observe that the reservations I have, the questions that remain unanswered, don't impair my enthusiasm. Perhaps I am able to be enthusiastic over too little, but if so, that's the way it is. But as far as the final answer, I am happy if I am able to, in looking at these obscure areas, advance my understanding, and then the understanding of others, one step.

A journey to the moon has to begin with one step, and advance one step all the way, and I am very sure that if I live long enough, I will recognize the shortcomings in what I see now and be able to advance one step further. And if not, I am very sure that many of those that I am now engaged in teaching will be able to do so, and they have my best wishes.

WILSON:

So it seems that you are saying that people often mistake your sense of enthusiasm for a sense of certainty and closure on a particular topic.

BRANDCHAFT:

I think so. I think that's correct.

BOOK REVIEW

Prisoners of Childhood by Alice Miller

Reviewed by Jeffrey Trop, M.D.

Alice Miller's book consists of three chapters which are directed at elucidating the psychodynamics of narcissistic disorders. Alice Miller is a psychoanalyst in Switzerland and the case material and discussion represent her own insights and experiences with narcissistic patients. She feels that narcissistic disorders are caused by faulty and disruptive parent-child interactions which usually occur in the mother-child dyad. The central theme of these essays is that narcissistic mothers persistently pass on their disorders to their children. This occurs because children are required to compensate for the mothers' deficits by becoming compliant, well trained and well behaved in order to stabilize their mothers' poor self esteem. These behaviors are not authentic for the child and not derived out of the unfolding of his own potential but are derived from the threat of loss of love from the mother. Miller feels that children of narcissistic mothers will do anything to retain the love of their mothers and form "false selves" (Winnicott, 1960) in the process.

In particular, Miller stresses that these bright children use their intellectual accomplishments to compensate for their mothers' deficiency and lack of self esteem. The energy that is diverted into this success covers over and disguises the underlying feelings of emptiness and inner deadness which result from these pathological interactions. Thus many of these patients look externally as if they have made successful adaptations. However, they have never been allowed to develop their own potential separate from the wishes and desires of their mothers and live with their sense of emptiness until they have an opportunity to rediscover and recapture their spontaneity and aliveness through the psychoanalytic process. Miller states that these

patients almost always begin their analysis feeling that there is something bad or wrong about themselves and describe their parents in very loving and positive terms. The subsequent insights about their true feelings about their parents offer new opportunities to develop aspects of their own personalities which were never developed.

Miller describes in some detail two specific narcissistic disturbances, grandiosity and depression. She describes grandiosity as a defense against the more primary state of depression. She regards depression as a consequence of the pain of the loss of the self. She feels that both of these constellations are indications of narcissistic disturbances. The grandiose person feels himself to be the successful child who is satisfying the introjected mother's expectations. The depressive feels that he is continually falling short of the introjected mother's expectations.

Miller's message is presented fervently and comprehensively. I read this book, however, with mixed feelings and have several criticisms. Miller states at the outset that she intends to stay within the framework of classical psychoanalysis and implies that she has a traditional view of drive theory. However, the theoretical emphasis of her work does not seem compatible with drive theory, and implies that narcissistic symptomatology is derived from the mother-child interactions. The thrust of her essays argues that pathological relationships are the central basis of narcissistic disturbances and that deficits in self esteem are the inevitable outcome. She does not assign any primary role to intrapsychic conflict regarding drives. Thus, although Miller states that what she describes is consistent with traditional drive theory her clinical emphasis belies this. This inconsistency between her clinical material and theoretical stance is not addressed in the body of her work.

She also relies heavily on the concept of the compulsion to repeat as a characteristic of the psychodynamics of narcissistic disorders. She states that these patients frequently replicate the dynamics of old relationships in their life as adults because of the compulsion to repeat. The use of this term, however, is confusing as it traditionally refers to an aspect of the death instinct and, as stated before, her work does not emphasize the role of instincts in these disorders. The use of the term compulsion to repeat is jarring in the context of her clinical descriptions and she does not clarify at all if she is referring to a process which has an instinctual basis.

She also states that her basic assumptions are close to the work of D. W. Winnicott, Margaret Mahler, and Heinz Kohut. However, there are significant differences between the work of these authors and in particular between the work of Mahler and Kohut. Tolpin has written an article detailing some issues of difference between self psychological viewpoints and Mahler (Tolpin, 1980). Kohut also has written of some fundamental differences between assumptions regarding Mahler's work and self psychology (Kohut, 1978). Miller does not discuss these differences and

their implications. Thus, many theoretical issues remain confused in Miller's writing and this theoretical imprecision significantly detracts from her thesis. The tone that emerges reinforces a view that she simplifies phenomena which are more complex.

In a more specific clinical area, she does not emphasize the importance that other relationships may have for children in their development. Other relationships with adults and peers can have considerable impact on the child's development and this is not discussed. The role of the father is not noted except in passing, and this seems a significant omission. She does not discuss in any detail the impact that a supportive or healthy parent may have in mitigating the influence of a more disturbed parent. Miller emphasizes almost exclusively the child's relationship with a pathological mother.

Despite these criticisms, Miller's book is an important work which should be read by psychoanalysts. Miller's book has had a profound impact on many patients, as well as therapists. Several of my patients have read the book and feel very moved by it. In addition, therapists often feel that the book has played a pivotal role in opening up new vistas in their own work. It seems very important to understand this phenomenon and not dismiss it as either naive or secondary to lack of theoretical knowledge. Miller has a great sense of concern and compassion for her patients which comes through strongly. She clearly feels that an empathic perspective which emphasizes the importance of validating and accepting the subjective inner reality of her patients is the appropriate stance. She indeed does feel that patients are "prisoners of childhood" and makes herself consistently available as a psychoanalyst to sort out these issues with her patients. Miller establishes a framework and guideline for therapists to understand common clinical symptoms. Her message offers hope to patients that their own feelings of despair and emptiness are derivatives of interactions between parents and children and can be understood and mastered. This message has great appeal to patients and this book is powerful in its advocacy of this point of view.

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BOOK REVIEW

The Long Week-End by Wilfred Bion, M.D.

Reviewed by Richard Edelman, M.D.

The Long Week-end is Wilfred Bion's account of the first twenty-one years of his life. He had previously written an autobiographical fantasy in the form of a trilogy entitled *A Memoir of the Future*, a psychoanalytically oriented, yet disguised and contradictory work, subject to various interpretations. Unfortunately, he died suddenly of leukemia in November 1979, before he had a chance to complete what was to have been his definitive autobiography. Therefore, sad to say, we are deprived of a more literal account of his later life. Yet these trenchant early memories give us a profound glimpse into the soul and character of this brilliant, unique man whom so many remember with the fondest admiration.

The book is divided into three parts: eight childhood years in India, ten years of public school in England, and three years in the army during World War I. Written with his customary wry humor, the book makes for delightful reading. The text is enlivened by marvelous photographs of the author as an infant; a small child with mother, father and sister; member of the water polo and soccer teams; as a young officer; and as we knew him in his later years.

Bion was born in Muttra, India, in 1897. His parents came from a long line of missionaries and public servants, and were devout members of the Church of England. He loved India - "the blazing, intolerable sun, how wonderful it was. . . ." (was this perhaps a factor in his move to Los Angeles?) Writing in this section of the book from the perspective of a small child attempting to fathom the mysteries of the adult world, he lays bare the contradictions and perplexities of childhood. Bion faces, remembers, and feels these experiences with great intensity - his fears, his distortions, his rivalrous feelings for his sister. His account of early masturbation, discovered by his pious parents, who attempt to "cure" it, is both hilarious and evocative of our own similar remembrances. Most of us snuff out our memories with massive repression and a blanket of forgetfulness. Bion, in these vivid reminiscences, dares us to remember, or, as he so aptly puts it, "experience our experiences."

Bion's account of his years at an English public school includes more of the unflinching memories of those trying pubertal and adolescent years. With the constant suppression of sexuality at the school, he later claimed "a failure to understand the horrible and painful nature of frustration, its powerful contribution, with fear and guilt, to an absolute hatred and loathing of sexuality in any change or form. Furtiveness, guilt, frustration, in alternation or all together - such was my experience for many years, the most impressionable years of my life, the matrix from which passionate love supposedly will spring." About religion, he says, "As time went by, I also began to hate religion. I never thought that religion had any other function than the regulation of my and other people's sexual activities." Bion seems particularly adept at remembering his failures, embarrassments and ineptitudes, those things which most of us are best at forgetting. We can only surmise what enabled him to endure those years of cruelty embedded in the public school system, his isolation, and the thousands of miles of separation from home and family. We know from these chapters that he was sustained by an outstanding athletic ability, both in football (soccer) and swimming, and it's clear that the qualities of courage and leadership so characteristic of him were already beginning to emerge.

It is just these qualities of courage and leadership, along with his profound humility, that were tempered in the war years. He left school just before he was eighteen to become one of the first and youngest tank commanders of World War I. These 40-ton contraptions, used on the battlefield for the first time, drew tremendous enemy fire, and his was considered a most dangerous assignment. He served in some of the bloodiest battles in France, where he was awarded the D.S.O. and the Legion of Honor, and was recommended for the Victoria Cross, the highest award given by the British government, and the equivalent of our Congressional Medal of Honor. In characteristic fashion, he talked his superiors into reducing his award from the V.C. to the D.S.O. His account is presented with the typical self-effacement we came to know so well during his years in Los Angeles. "I felt my crew looked at me as if to say, 'What, you? Recommended for a V.C.?' I might with equal relevance have been recommended for a court-martial. It depended on the direction which one took when one ran away."

The qualities of courage, individuality, and unassailable integrity indeed served Bion admirably throughout the remainder of his life. They were certainly instrumental in his becoming one of the foremost thinkers and writers in psychoanalysis, where to be too deviant and original a thinker subjects one to bombardments comparable to facing some of the front line experiences he details so well in this autobiography. It is regrettable that we can have only the faintest hints as to what went into their development. Perhaps only one's analyst would be in a position to surmise the ingredients of character structure.

In a forward written by Bion's wife Francesca, she mentions that "he came out of the war demoralized, felt himself out of touch with the world outside, and had to start life over, building on unsure foundations. After demobilization, he went up to Oxford to read history, and we are left only to speculate as we try to understand his intellectual development during the remaining sixty years of his life. Mrs. Bion mentions that he was greatly influenced by his talks with philosopher H. J. Paton, and Wilfred Trotter, an outstanding surgeon and author. By 1924, it was clear that his interests lay in psychoanalysis, and others have detailed his development from then on. According to Mrs. Bion, his arrival in Los Angeles in 1968 released him from the confines of traditional psychoanalysis, and enabled him to entertain his "wild thoughts." Those thoughts and many earlier ones have been published in numerous papers and fourteen books. As Donald Meltzer once said, "One can hardly explore even the remotest Antarcicas of psychoanalytic thought without coming upon little flags implanted here and there, indicating that 'Bion was here.' " This truncated autobiography perhaps gives us some clues to the evolution of this intrepid explorer.

BOOK REVIEW

A Secret Symmetry: Sabina Spielrein Between Jung And Freud

Aldo Carotenuto, ed.

Reviewed by David James Fisher, Ph.D.

Exciting archival discoveries perplex and create fresh difficulties for the historian of psychoanalysis. He must immediately consider the issue of disclosure. He is forced to decide if the sources should be concealed, censored, stashed away, published partially, or published fully but with editorial annotations and scholarly paraphrenalia. Contemporary writers seem astonishingly eager to exhume the corpses of famous psychoanalysts. Audiences are curious to read the results of these disinterments, especially if the content proves to be scandalous or salacious. All too often, gifted pioneers of psychoanalysis are treated tactlessly and exhibitionistically, without the slightest regard for their struggles and lasting contribution. Time and distance normally permit one to scrutinize a life dispassionately, even with nuance, thereby allowing the public access to the facts, allowing them to draw their own conclusions. Recent studies in psychoanalytic scholarship, biography most egregiously, have trivialized the genre. Frequently, untrained authors present us with a wild and irresponsible autopsy of the mind. The autopsies have tended to be debunking and reductionistic, often gratuitously so. With their undue emphasis on the sensational, the irrelevant, the gossipy, and the polemical, these works have overwhelmed judicious attempts to appraise the life and significance of a given psychoanalyst or psychoanalytic school.

Documents, of course, do not speak for themselves. They often disguise their meanings. They must be situated, placed in an intellectual context, and understood in terms of the life history of the individual. Above all, the sources must be interpreted.

Aldo Carotenuto, a Jungian analyst and Professor of Psychology at the University of Rome, faced these choices in 1977, when he was presented with a fascinating batch of unpublished material discovered in Geneva at the Institute of Psychology. Carotenuto examined documents left behind by Sabina Spielrein, a forgotten and rather remarkable personality in the psychoanalytic movement. The Spielrein collection included as its center piece a forty-one page diary written from 1909 to 1912; framing the diary were triangular exchanges between Spielrein, Jung, and Freud; specifically, there were forty-six letters from Jung to Spielrein (which the Jung estate refused authorization to publish); twelve letters from Spielrein to Jung; twenty letters from Freud to Spielrein; and two letters (or drafts) from Spielrein to Freud.

In *A Secret Symmetry*, Carotenuto's strategy is to present the documents in superb translations and then to narrate Spielrein's life and times, weaving in her theoretical writings with a linear account of her psychoanalytic and cultural milieu. Carotenuto writes from the perspective of Analytic Psychology. While much of his exposition is valuable, I found his interpretative passages unconvincing, tendentious, and regrettably off target. When his language is not plainly presumptuous, it is often apologetic for Jung and his transparently indecent behavior. For me, the primary documents are more compelling than the accompanying essay.

The great discovery in this text is Spielrein herself. And what a magnificent person she was! On first encounter one is struck by her versatility and her ecumenical interests, her probing doubt and poignant self-doubt. I was impressed by her self-consciousness and self-reflexiveness, her capacity for continuous emotional and intellectual growth. This sensitive soul, with slightly mystical and neo-romantic tendencies, reflected on and transcended her own, quite deep-seated, psychological disturbances in an imaginative, altogether singular fashion. She was a vibrant personality who possessed a rare blend of artistic intuition, scientific rigor, and theoretical originality. Spielrein belongs to that generation of brilliant and willful women who were committed to psychoanalysis because psychoanalytic theory and practice sprang from the depths of their beings. Psychoanalysis became her life, her calling, her bridge to the past and to the future. Her scientific work complemented her scholarly investigations of folklore, mythology, the psychology of religion, music, art history, and that frontier region where language and psychoanalysis intersect. Her inventiveness, intellectual audacity, visceral devotion to research, psychological perspicaciousness, her capacity to survive a tumultuous ordeal and to generate fertile ideas, all seem so exceptional that she appears larger than life.

But she was not a character in a novel. Spielrein was born in 1885 in Rostov-on-Don, the eldest child and only surviving daughter in a family with four siblings. She came from the cultivated Russian Jewish bourgeoisie, a bourgeoisie which was educationally conscious and oriented toward Europe. Her grandfather and great-grandfather had been rabbis. Spielrein's early childhood was marked by painful, extended episodes of feces retention, often lasting two weeks. She recurrently fantasized about defecating on her father. In addition, she feared soiling herself. (Curiously, her name translates as "clean" "play" in German). Spielrein masturbated compulsively and expressed wildly ambivalent feelings for the people in her life. She was periodically depressed; her suicidal thoughts alternated with uncontrollable bouts of laughing, weeping, and screaming. In 1904, at age 20, her parents brought her to the Burgholzli mental hospital in Zurich, an institution renowned for its treatment of severe psychic disorders—pathology that we would classify today as borderline or psychotic. Her physician was Jung. Jung apparently treated her according to Freud's methods. He diagnosed her illness as severe hysteria, or as he put it to Freud, "psychotic

hysteria." (Bettelheim, in a recent essay in the *New York Review of Books*, argues that she was schizoid and probably experienced one or more schizophrenic episodes.) In 1905, Spielrein had recovered enough to enter the University of Zurich to study medicine. In 1911 she graduated as a doctor in medicine, with a specialty in psychiatry, after writing her thesis on "The Psychological Content of a Case of Schizophrenia."

In 1912, Spielrein published a seminal paper entitled "Destruction as a Cause of Coming into Being." Written in German, it appeared in the *Yearbook for Psychoanalysis and Psychopathological Research*; the paper was a daring inquiry into the death instinct, anticipating by eight years Freud's discussion of the same subject in *Beyond the Pleasure Principle*. Several of Spielrein's insights prefigure the findings of existential psychoanalysis in the 1930's and 1940's. She spent the period October, 1911, to November, 1912, in Vienna, where she became closely associated with Freud's circle and the Vienna Psychoanalytic Society. She also lived in Berlin for a time. In 1913 Spielrein married Dr. Paul Scheftel; while little is recorded about the marriage, we do know that her daughter, Renate, was born in September, 1913.

From 1914 until 1923, Spielrein became the proverbial wandering Jew, practicing psychoanalysis in Swiss cities such as Lausanne, Chateaux d'Oex, and Geneva. For eight months in 1921, she analyzed the great cognitive psychologist, Jean Piaget, in Geneva. Possibly under Piaget's influence, she published a 1922 paper called "Consideration of Various Stages of Linguistic Development: The Origins of the Childish Words Papa and Mama." Here she attempted to integrate semantic and perceptual approaches to the mind within a psychoanalytic conceptual frame. Passages from her papers reveal her incisive grasp of issues—the breast and the baby's activity of sucking at the mother's breast; the centrality of language in the psychoanalytic dialogue and the role of otherness in the unconscious—which Melanie Klein and Jacques Lacan would subsequently highlight in their theoretical projects. Spielrein was a forerunner, a powerful germinal thinker. In 1923 and clearly out of sympathy for the social experiment under way in the Soviet Union (in 1923 Lenin was still alive, though gravely ill; Stalin had not yet emerged as his successor, nor consolidated his power), Spielrein returned home to Rostov-on-Don. She did so with Freud's blessing. She became involved in the Russian psychoanalytic movement, participating in a research endeavor on psychoanalytic pedagogy. She helped to design a special home for infants and children combining psychoanalytic views of sexual education and early childhood development with a socialist environmentalism and a commitment to humanize the community. Her last paper, dated 1931, focused on children's drawings, comparing those executed with eyes open and those with eyes closed; the metaphor of seeing and non-seeing may indicate her frustration with the practical attempt to synthesize the ideas of Marx and Freud. In 1936 the Communist Party outlawed psychoanalysis in the Soviet Union. Spielrein, herself, probably perished in Stalin's purges in

1937. She left behind some 30 papers.

So much for the contours of her life.

Spielrein's diary and letters, however, reveal that the Jung/Spielrein connection exceeded the boundary and propriety of the patient-physician relationship. All the available evidence suggests a passionate love affair between the two, almost certainly one that was consummated sexually. Jung was Spielrein's first love. He came to represent not only that indispensable person who had "cured" her, but also her "savior," "rescuer," her personal charismatic hero. She collaborated with Jung in his early papers on association. They seemed to have many ideas in common. Jung confided to her his own dreams during her therapeutic sessions; he requested that she read his intimate journal, and invited her to meet his wife and children in the Jung family circle. Since Jung's letters remain unpublished, we can only guess at the motives of his heirs. Cover-up seems likely. We may never know. The love affair with Spielrein clearly threatened Jung's professional career. It decisively shifted Freud's perception of him.

While it is impossible to date the precise beginnings of the affair, we know that it became public knowledge in 1909. In all probability Emma Jung, Jung's wife, wrote to Spielrein's mother in Russia bringing the salient facts out in the open. Soon after Spielrein wrote Freud informing him of the matter, requesting his advice and intercession. Jung then wrote a self-serving and malicious letter to Spielrein's mother, rationalizing his behavior on the grounds that he was not paid a fee for his services. Payment, according to Jung's chop logic, and not some other code, moral or professional, is what guaranteed an analyst's integrity, restraint, and respect for his patient. Instead of taking responsibility for his breach of clinical ethics, Jung claimed that money was the real issue; and he urged Spielrein's mother to compensate him for his services. After reading this letter, and hearing Jung's corroboration of Spielrein's version, Freud revised his earlier opinions of both Spielrein and Jung, the latter his chosen successor. Freud stated that he had been "wrong" in automatically siding with Jung, "wrong" in misconstruing the facts to Spielrein's disadvantage, and pleased with Spielrein's maturity in resolving the disturbing intimacy with Jung.

Yet, Spielrein resolved her conflict with Jung in her own peculiar fashion. She stepped "between" Jung and Freud; that is, she became the self-appointed intermediary, attempting to conciliate the two systems, and promoting a rapprochement between the estranged thinkers after the split in 1913.

If words can describe Jung's behavior toward Spielrein, they are adjectives not verbs. Perhaps shabby, disrespectful, inexcusable, and dishonest fit. Jung, himself, admitted being a scoundrel and a knave. Spielrein called Jung a "No-good." She felt used and abused by him, desiring to "forgive him or murder him." On one occasion she smacked Jung in the face, while

threatening him with a knife. Carotenuto refers to Jung's behavior as a betrayal. He intimates that Jung may have been incapable of loving, that he had marked paranoid tendencies, and that he was opportunistically concerned with his professional reputation. Technically, he explains Jung's amorous involvement with his patient in terms of "psychotic counter-transference," alleging that the analyst's emotional reaction to Spielrein triggered some "psychotic nuclei" in the Zurich psychiatrist. In other passages, nonetheless, Carotenuto attributes Jung's errors to youth, inexperience, bad taste, exuberance, even his intuitive faculties. The account of Jung's irresistibility to women is circular: women found him "seductive" because of Jung's supposed "feminine" nature. By implication, Carotenuto persuades us to forgive Jung, to remain conscious of fifty years of solid and creative contributions, and to always remember Freud's immature blindspots; Carotenuto repeatedly compares the Spielrein affair with Freud's infatuation with cocaine. Comparisons are always invidious. Carotenuto's analogies, however, work against holding Jung accountable for his actions.

To vilify Jung with accusations of bad faith is one thing, to offer a critical analysis is quite another. The documents reveal that the Spielrein matter came to light at a crucial historical juncture when relations between Freud and Jung began to deteriorate. Without rehearsing the complex reasons for the Freud-Jung split, we need to be aware that personal and theoretical differences converged to produce the rupture.

We know that Freud's Jewishness, the so-called "Jewish question," always operated in Freud's relations with Jung. Jung appeared an excellent choice to succeed Freud because he was a respectable Gentile; that is, Freud felt that this son of a Protestant Swiss pastor would help bring psychoanalysis a measure of legitimacy in the Christian world and visibility in the psychiatric universe. Under Jung's guidance, Freud hoped, psychoanalysis would exit from its ghetto-like seclusion, overcome its taint of Jewishness, and hence become more widely diffused in medical and scientific circles. In short, resistance to the theory would not center around the Jewishness of the theory's founder and its chief practitioners.

After the rupture with Freud, Jung characterized psychoanalysis a "Jewish psychology." There is abundant, and I think irrefutable, evidence that Jung made anti-Jewish and pro-Nazi statements during the era of the Third Reich, asserting, for example, that the Jewish unconscious lacked the vitality, universalism, rootedness, and creative depths of the Germanic people. From 1934 to 1940, Jung served as editor of the National Socialist controlled *Zentralblatt für Psychotherapie*, writing inflammatory letters against the "corrosive" nature of the Jewish point of view in psychology and castigating Freud for his "soulless materialism." The Spielrein documents illustrate that Jung's anti-Semitism played a critical and dissolving role in the Freud-Jung relationship, long before Hitler entered the historical stage.

As a non-Jewish Jew who came into consciousness in anti-Semitic Vienna, Freud's Jewishness was an integral part of his subjective and professional identity. While not observing Jewish rites or believing in the theology, Freud never denied his Jewishness, never opted for strategies of assimilation, and never embraced any form of Jewish nationalism. Nor did he accept the anti-Semitic stereotypes of Jews that pervaded many stratas of Viennese society and culture, including the university. For him, Jewishness was a metaphor for pride, for thinking rigorously and independently. In brief, being Jewish allowed Freud to think against himself and to risk thinking against the scientific and moral biases of his contemporaries. He also associated Jewishness with a vague kind of "ethical" consciousness, a commitment to honesty in human relations, to candor in the practice of psychoanalysis. Jewishness, lastly, provided Freud with a limited sense of community and fraternity; despite his unpopularity and isolation, certain Jewish colleagues made him feel welcome, understood, at home.

During her liaison with Jung, Spielrein had a recurring fantasy of bearing Jung a son. She named the boy child Siegfried, picturing him to be some kind of Wagnerian hero, an Aryan conqueror. Siegfried would be the visible sign of the Jung-Spielrein union, the living symbol unifying the Aryan and Jewish souls. Siegfried also got into the latent content of Spielrein's dreams. From a Jungian slant, the dream could be interpreted to mean that the great Aryan-Semitic hero might effectuate a lasting bond between Jung's typologies, his interests in parapsychology, and the occult and Freud's libido theory and his more empirically based science.

Carotenuto quotes a fragment of a letter from Jung to Spielrein, dated September, 1911, in which Jung stiffly and didactically advises his pupil how to court Freud in order to win his favor. I find the advice mocking and contemptuous of Freud: "Approach him as a great master and rabbi, and all will be well." (p. 182). Spielrein took issue with several of Jung's anti-Jewish accusations in January, 1918. As a Russian Jew with a rabbinical heritage, Spielrein was aware of the rich Jewish mystical and messianic tradition. She pointed out to Jung that Jewish spiritual life had existed for centuries and that it still existed; she also replied to Jung's reproach, so prototypically anti-Semitic, that the Jews were historically responsible for the murder of Christ. In defense of Freud, she asserted that Freud did not reduce all of man's activity to primitive instinctual wishes; nor did Freud's theories denigrate man's higher cultural accomplishments, simply because he understood the roots of culture in the repression and sublimation of primitive urgings.

To be sure, Freud reacted more negatively to the Siegfried fantasy than did Jung. He instructed Spielrein to break her dependency on Jung by coming to Vienna and by entering into analysis with him. Even after her marriage, Spielrein remained pathologically attached to Jung, Freud thought. This suggested self-hatred on her part, a masochistic identification with her anti-

Semitic aggressor. When threatened or enraged, Freud, too, proved unable to resist the vocabulary of the chosen people: "My wish is for you to be cured completely. I must confess, after the event, that your fantasies about the birth of the Savior to a mixed union did not appeal to me at all. The Lord, in that anti-Semitic period, had him born from the superior Jewish race. But I know these are my prejudices." (pp. 116-117). Freud repeatedly refers to Jung, nastily, in the letters to Spielrein as her "Germanic hero." Part of his hatred for Jung was associated with Jung's Aryan posturings and his racial arrogance; he unsubtly invited Spielrein to make the same choice as he had made: "I imagine that you love Dr. J. so deeply still because you have not brought to light the hatred he merits."

Despite Freud's words, Spielrein clung to her poetic ideas about generating a Siegfried. Upon learning of Spielrein's pregnancy, Freud attempted to shatter her Wagnerian phantasm with irony: "I am, as you know, cured of the last shred of my predilection for the Aryan cause, and would like to take it that if the child turns out to be a boy he will develop into a stalwart Zionist." Only a fanatical Jewish nationalist, by implication, could combat a hostile anti-Semite. As a psychoanalyst and as a Jew, Freud was convinced that one had to recognize and ultimately to sever ties with one's anti-Jewish enemies. He located Jung in the latter camp, asserting that Jung belonged there characterologically; nor would he respond to scientific or logical reasoning. No wishful fantasy about a blond hero could re-recruit Jung to the psychoanalytic cause. Mixing bitterness, resignation, and realism, Freud did not mince his words to Spielrein: "We are and remain Jews. The others will only exploit us and will never understand or appreciate us."

After the birth of Spielrein's daughter, Freud's letter of congratulation mingled joy with anger: "Now we can think again about the blond Siegfried and perhaps smash the idol before his time comes." It is not implausible to read in Freud's last letter to Spielrein, dated 9 February 1923, supporting her move to Russia — "Lastly, you will be on home ground" — a tacit approval of her return to her Jewish origins. Just as returning to Russia may have represented her way of liberating herself from her idealization of Jung, so it may have been her subjective way of accepting her Eastern Jewish roots, culture, and environment.

The Spielrein correspondence is not the only place where Freud denounced Jung's anti-Semitism. He once accused Jung of "lies, brutality, and anti-Semitic condescension towards me." Except for those partisans of the Anti-Defamation League, it may seem a bit one-sided to accord so much importance to Jung's anti-Jewish opinions in his break with Freud. Spielrein, however, felt the issue to be quite central. Her stance "between" Freud and Jung, between "two stools," as Freud dubbed it, meant straddling different methods of theory, research, and clinical practice, but above all, divergent political and moral orientations.

Regarding splits, Freud took the position that in most instances reconciliations were unproductive. Adversaries had to be so designated, diluters had to be opposed, crude misinterpreters had to be jettisoned, or at least labeled popularizers or vulgarizers. Freud's originality as a thinker, his strength as the founder of an international movement, partially consisted in his ability to name things that stare us in the face. He assigned names that made these things visible, their meaning could then be deciphered. He was against mediators if they significantly altered what was unique, especially if they made dissimilar things the same.

Spielrein's creativity was as such a mediator. She attempted to fuse opposites, to discount specificity, and to obscure difference, in order to achieve a union of psychological theories and techniques of analysis. Spielrein's strivings for integration may have derived from her inability to accept endings, her incapacity to tolerate separation. Equally important, however, was her need for affirmation. To counter the destructiveness she encountered in life, to offset Jung's personal sadism toward her, to balance the cruel sexual attraction of the anti-Semitic Jung for the beautiful and brilliant Jewess, to reverse the violation of their clinical and professional relationship, she created mythical linkages, an ecumenical vision, which nullified contradictions. Instead of succumbing to her own destructive wishes, instead of floundering in the morass of Jung's deceit, she became fascinated by the symmetries between Jung and Freud, disregarded the asymmetries, inventing in the process a language of harmony and unity. Who knows if, in the long run, Spielrein's thrust toward wholeness may have born fruit?

REPORT OF LAPSI SCIENTIFIC MEETING

Presentation by Robert Stoller, M.D.

Review by Samuel Wilson, M.D.

Robert Stoller, international authority on gender identity and sexual pathology, presented the January scientific meeting at the Los Angeles Psychoanalytic Society. The large group in attendance was testimony to Dr. Stoller's popularity.

Dr. Stoller set the tone for his presentation by stating he would avoid technical jargon. While he did read a few brief excerpts from his paper, for the most part, Stoller was true to his word and presented a free-wheeling discussion with a backdrop of slides, at times startlingly graphic. Stoller gave generous credit to collaborator, Gilbert H. Herdt, Ph.D., the ethnographer who collected the data for the text.

Dr. Stoller's purpose was to substantiate the claim that sexual, or more specifically erotic, behavior depends on more than conditioning by pleasurable sexual experiences, especially during puberty. To do this, he turned to the evidence of direct observational data collected from an isolated stoneage culture living in the Eastern New Guinea highlands. It is a cold, damp, sparse land, at 5500 to 8000 feet, where protein must be hunted in the form of mice, possums, frogs, lizards, and fowl. Masculinity must be firmly entrenched if the Sambia are to survive the rigors of this inhospitable land. If malnutrition or disease do not kill them, their neighbors across the valley very well might.

To achieve this end, a ritualized pattern of childrearing, initiation, and taboo has evolved. Male children are kept almost exclusively with their mothers for the first seven to ten years of their lives. Then they are initiated into maleness via a three stage rite. In the first stage, the men of the village rage at the women for having been too close to the boys. They then kidnap the boys and put them through an ordeal of physical and verbal abuse. They are taught via the sacred flute to suck the penises of the bachelors of the village. Through the intake of semen, they will become true males and warriors. Femaleness is considered the natural state. In order to counteract this fact, as much semen as possible must be ingested by the boys. (Later, this can be augmented by taking in the milky sap from certain trees and nuts.) The second stage begins when puberty occurs. Now the boys become the ones whose penises are sucked by the new initiates. To fellate other males is taboo, as this would be losing valuable semen when it is not necessary. The final stage of achieving manhood occurs when the man marries and becomes for the most part exclusively heterosexual. There are also stringent taboos against types of female association after marriage.

Dr. Stoller's primary point was to illustrate that in the Sambia, sexual object choice and gender identity cannot be explained by using the tenets of learning theory, which assert that erotic behavior is solely a matter of conditioning experiences. Instead, it would appear that the meanings and unconscious fantasies connected with these events have a profound effect on the way in which desire comes to present itself. Stoller's presentation was a plea for the continued importance of the subjective in the understanding of the human condition.

There were two formal discussants of the presentation. The first, Louis Langness, Ph.D., anthropologist in the Department of Psychiatry at UCLA Medical School, focused on various aspects of child rearing practices in New Guinea. He emphasized the prevalence of semen cults throughout the tribes, and noted that their primary function was to promote the development of fierce warriors necessary for survival. He noted that in his own work, with the Bena tribe in New Guinea, it was very difficult to get them to kill. Perhaps these fierce initiation rites are necessary to produce the warriors needed for survival. (Analogous rituals might be Boot Camp and basic training in our society.) This, according to Langness, was the main function of the Sambia ritual.

Langness reminds us how two observers looking at the same data may see different things. He disagreed with Herdt's description of childrearing in the Sambia. Langness focused on the multiple motives, "unfeminine" aggressiveness of the women, and importance of boys' "gangs" as being important in shaping the gender identity of the young Sambia males.

Dr. Langness suggested that it might be "basic human nature" for males to desire females. He wondered if there is even a word for the concept of "homosexuality" in the Sambia language. Finally, Langness felt that while oedipal constructs would be necessary to explain sexually deviant behavior in the Sambia, they are not necessary to explain the pubertal rituals.

The next formal discussant was Maimon Leavitt, M.D., member of the senior faculty of the Los Angeles Psychoanalytic Institute. Dr. Leavitt, after praising Stoller's ever present scholarship and style, asked the seminal question: why is it that no conditioning to homoerotic behavior occurs during the long period of exclusivity of such activity? Leavitt mentioned the importance of conscious and unconscious meaning of an activity on its ultimate integration into one's character. He felt that the importance of identification has not been given enough weight in the genesis of gender identity. In this regard, he cited the importance of peer relationships on identity, and mentioned Harry Stack Sullivan's contribution on the importance of a "chum."

Dr. Leavitt brought up the interesting idea that perhaps the open encouragement of homoerotic activity at a given time in one's life might even be facilitative of a more comfortable heterosexuality later on. This, in

contrast to such naturally occurring cravings and fantasies having to be repressed, only to surface later via symptom formation. Finally, Dr. Leavitt emphasized the need for more in-depth data involving the fantasy life of the Sambia. In this, he was in agreement with Dr. Langness.

In his remarks in answer to the discussants, Dr. Stoller agreed that the Sambia ritual encompassed multiple functions. In response to the idea that Sambia women may not be truly "feminine," Stoller replied that he has come to believe that whatever any group considers as feminine, is feminine for them. He also feels that psychoanalysts do not place enough importance on the effect of peer relationships in the genesis of emotional development.

We have come to expect from Dr. Stoller research-based formulations of the utmost scientific rigor. His grounding in psychoanalytic theory is solid and respectful, but not idealized. He is never hesitant to take on the psychoanalytic establishment when he feels new discoveries make this logically necessary.

In this presentation, Stoller offered no new additions to psychoanalytic theory. In the larger version of the presented paper, he did engage in a more in-depth discussion of the factors which he feels are responsible for male gender identity, and heterosexual orientation. In brief, it is Stoller's belief that the early pleasurable "heterosexual" relationship that Sambia boys enjoy with their mothers protects them from the later taboos against women as producers of poisonous secretions, and against the homoerotic pull of years of performing fellatio on their elders. In fact, the Sambia boys are well through the Oedipal period, and into latency before the initiation begins. Stoller makes his point that the "meaning" of any behavior plays a vital role in its integration within the psyche.

The presentation, while answering some questions, poses others: What is man's nature? Will we some day discover innate releasing mechanisms that will add a dimension heretofore unknown? Is there a principle of social Darwinism present operating to preserve the community and social order? Finally, what is the interrelationship of psychoanalysis and learning theory?

In this latter instance, I feel that the Professional Education Committee might have enriched the proceeding by supplying a bona fide learning theorist as discussant, rather than the "straw man" that Dr. Stoller proposed to knock down.

The evening was stimulating and thought-provoking. We look forward to the sequel.

REPORT OF LAPSI SCIENTIFIC MEETING

Presentation by Arnold Rothstein, M.D.

Review by Leslie M. Kirschenbaum, M.D.

At the Scientific Meeting of April 21, 1983, the paper presented was "The Fear of Humiliation" by Arnold Rothstein, M.D. Dr. Rothstein, a psychoanalyst associated with the Association for Psychoanalytic Medicine (N.Y.), and author of a number of papers dealing with the subject of narcissism and issues of the self, is also the author of a book entitled *The Narcissistic Pursuit of Perfection*. He read his rather long paper almost in entirety. The paper was then discussed by Albert Mason, M.D., of our Society/Institute.

At the beginning of his paper, Dr. Rothstein stated that his purpose was to "present the fear of humiliation as a central affect-laden fantasy of certain narcissistic personality disorders." He defined narcissistic personality disorders as subjects who are "typified by their narcissistic defenses, i.e. by their quest to restore illusions of narcissistic perfection to their self representation as agent." He went on to say early in the paper that "narcissistic personality disorders live in terror of losing their sense of perfection, and certain subjects experience that loss as a humiliation." While acknowledging that the fear of humiliation "has many dimensions," in this paper he intends to explore one aspect of certain narcissistic patients' responses to that fear: "their fantasies in action deriving from an identification with a humiliating introject." "While the genesis of this character defense is overdetermined," Dr. Rothstein emphasizes development in the subject "in response to a particular kind of perception and experience of the parents. These subjects were repeatedly humiliated by their parents as little children. (Humiliation was more likely to occur when they failed to live up to their parents' narcissistically invested fantasies for them, or when their existence challenged their parents' other narcissistically invested pursuits.) In addition, they were exposed to their parents' more general penchant for humiliating those who failed them."

Dr. Rothstein then presents extensive material from the mid phase of the analysis of a 51 year old male analysand who had been in analysis for seven years. The analyst was about to be away for two weeks. The patient missed an hour and did not call. When he came to the next hour, Mr. C reported that he had been to a hotel room with a beautiful young woman and had sex with her. It was felt by Dr. Rothstein that the sexual encounter and missed hour constituted, in part, a reaction to the analyst's upcoming vacation. The patient had difficulty throughout the analysis being directly aware of feelings related to the analyst's absences.

It has been the patient's pattern to compulsively seek out and have sex with younger women. He took pleasure in looking at the young woman's genitals, as well as in humiliating them and being humiliated by them.

Previous work had helped him to significantly reduce his anxiety and to be more productive in his career, but this pattern still persisted and co-existed with a dissatisfaction with his wife and a "general lack of pleasure in his life."

Mr. C's "addictive" interest in young women had been understood, up to this point in the analysis, as related to a fixation on oedipal trauma, determined in part, by Mother's overvaluation of the patient and her seductiveness, and by abandonment by the father during the oedipal period. It had also been seen to represent an identification with the maternal grandfather, who had been something of a ladies' man. It was seen in structural terms as the acting out and gratification of an oedipally determined desire, along with submission to the now externalized superego transferred to the person of the analyst. Mr. C was defending against experiencing the fate of his father, who "had the door shut in his face" by the patient's mother, and behind that, re-experiencing his own fate of having the door shut in his face as a child. In spite of these insights, the pattern persisted.

Dr. Rothstein interpreted the patient's behavior in relation to the missed hour as involving a wish to humiliate both himself and the analyst. This interpretation of the issue of humiliation, in the transference, was apparently new. The interpretation was followed, both before the analyst's vacation and after, by memories of past experiences when the patient had felt humiliated. He remembered being "chastised for shitting in my pants," being tied to a tree as a young child, being forced to wear a bobby pin in his hair as a young child, and being yelled at by a gardener when he walked on the flowers. Sexual "highs" and feelings of humiliation were linked in the analysis. The idea of the patient's quest for perfection and his anxiety at experiencing any limitation in himself or the object were developed. The theme of his identification with the "oedipal mother," "the great humiliator," was interpreted by the analyst and related to the patient's need to humiliate a sexual partner. The fear of humiliation was brought into play in the form of father transference. The patient had seen his father as weak, shameful, and feared being like him. In the analysis, he wished for a loving, protective, and strong father, and when frustrated, needed to humiliate the analyst.

An important dream was related by the patient, involving his making love to a young woman, leaving her for a moment, then finding her making love with another man when he returned. When he called her a whore, she said, "That's who I am." Work with this dream led to deepened connections with the analysand's oedipal relationship to his mother. This led to a reconstruction by the analyst, in which he related the patient's fears of being humiliated by women's infidelity and betrayal, to his having been

humiliated by his mother as a child. This was a mother who he thought saw him as the most important one in her life, but who then found other lovers, shutting him out. The patient had felt a sense of smallness and imperfection of his body to a humiliating degree as a child. When he felt rejected and betrayed by his mother, he experienced a sense of smallness and weakness. This was a vulnerability that still affected him when he was aware of any imperfection in himself.

A theoretical discussion followed the presentation of the clinical material. Dr. Rothstein discussed the relationship between narcissistic character defenses and masochism. The emphasis was on the attempt in both masochism and narcissism to deal with the humiliating superego introjects, but in different ways.

The author linked the mechanism of identification with the humiliator with concepts developed by other authors: Anna Freud's concept of identification with the aggressor, Berliner's identification with the hater, and Sandler's identification with the introject, as well as Segal's identification with the doer.

In a central part of the theoretical discussion, Dr. Rothstein sought to place his own emphasis on the importance of the real humiliating parents, with active wishes to humiliate the child, in historical perspective, in relation to the changing theories of Sigmund Freud and to the contributions of Anna Freud. He mentioned Sigmund Freud's dissatisfaction with the actual seduction theory, and his concomitant discovery of infantile sexuality. This influenced him to develop a theoretical line that emphasized the wish for gratification and discharge, and inevitable conflict concerning those wishes. Freud suggested that "the content of the danger or fears is displaced from the economic situation onto the condition which determined that situation, i.e., the loss of the object." Freud de-emphasized the influence of a real object on developing structures, and suggested that "the loved person would not cease to love us, nor should we be threatened with castration, if we do not entertain certain feelings and intentions within us." He had pointed out at an earlier time that "there are in the first place, objects perceptions which make us scream because they cause 'pain'".

Anna Freud shifted the focus from the ego's response to the id to the ego's response to the external world, and formulated her "seminal concept" of "identification with the aggressor."

The author points out that "work with difficult character disorders and negative therapeutic reactions has contributed to a shift in emphasis that integrates the quality of the real parental objects' contribution to developing psychic structures. This work has increasingly stressed defensive identificatory processes in response to terrifying perceptions." The author feels it is important to take "an evolutionary rather than a revolutionary approach," and to point out similarities between contributors rather than

emphasizing differences. He described the work of Loewenstein, Berliner, and Segal, and related his own work to theirs.

The author rejected narcissistically invested explanations, and unifactoral approaches. He acknowledged, again, the importance of internal elaboration by each individual through the primary process of their experiences. However, he once again emphasized and expanded upon what seemed to be his basic point, the central part played in certain narcissistic personalities by real parents who enjoyed humiliating them. The mother could have been not only a humiliating but an overvaluing mother. The author stressed the importance of the father's role, particularly with the oedipal boy. Fathers who feel narcissistically depleted, not only are not able to give active support to the expression of oedipal strivings in their sons, but may actually interfere with, put down, and humiliate them. The author stated that "an attempt to hypothesize and reconstruct an ontogeny of the fear of humiliation transcends data that are truly analytic and calls upon psychoanalytically oriented observations of, and theories concerning, early development."

Dr. Mason, in his discussion, asked a number of important questions. "How can we know what kind of parent the patient really had?" The premise, in Dr. Rothstein's discussion, had been that an introjection of humiliating parents had taken place. "How is the introject formed?" Dr. Rothstein's emphasis is on the external cause. His emphasis would be on "misinterpretations, projection, and introjection." As evidence of the validity of this perspective, he points out that "the patient's view changes" during the course of analysis. He also directed attention to a situation where seven years of analysis had not been sufficient for the patient to separate past from present, the real humiliators of the past from the non-humiliators of the present, and implied that there must be forces at work to explain the lack of change.

Dr. Rothstein spoke again, identifying the similarities in his view and that of Dr. Mason. Both see projection, primary process, superego and fantasy. In talking of the differences, he said that use of the mechanism of projective identification "minimizes the real parents, which are necessary in reconstruction," and added that "the patient lives in a world of real objects, not just containers." He referred to Freud's statement in *Beyond the Pleasure Principle* that the original function of dreams is to bind traumatic memories, to master and convert the traumatic object to the gratifier.

A number of people made comments and raised questions, too many to mention individually. It seemed, from the comments, that people had found the paper to be exciting and stimulating. Several attitudes were expressed. Some found the paper to be "a breath of fresh air," perhaps referring to the discussion of oedipal themes in relation to narcissistic pathology. Others were interested, even fascinated, by the duration of narcissistic behavior and acting out in the analysis. Questions were raised whether anal omnipotent

issues, fear of intimacy, and needs to hold on and retain the analyst as an object might have played a part.

In this paper, Dr. Rothstein developed the relationship of oedipal and pre-oedipal themes to narcissistic character pathology. The theme of the fear of humiliation as an affect was related to preoedipal and oedipal trauma internalized in relation to a humiliating superego introject. This was convincingly developed and related to narcissistic character defenses. His development of the concept of parents with active needs and wishes to humiliate their children has a ring of truth and authenticity. This was particularly so in the case of fathers and oedipal aged sons. Justification from the analytic material, and the value of the construct of parents with a wish to humiliate the analysand, were at issue in the discussion between Drs. Rothstein and Mason.

In their dialogue, several cogent and central questions were raised or implied. Can we know what the analysand's parents were really like? Does the feeling of certainty that we know obscure the active, and perhaps destructive, processes of the creation of the parents by the patient? Does our certainty about the parents' real limitations cast the patient too much in the role of victim and help him to defend against his victimization of the parents? Does a certainty that we can arrive at a construct of what the parental intent really was interfere with an analytic process which must involve ambiguity and doubt?

On the other hand, might our refusal to know that the analysand might have had a parent who wished to humiliate him eliminate the possibility of a complete reconstruction, and deprive him of an ally in his search for separation and identity?

LETTERS TO THE EDITOR

12 July '83

Dear Dr. Wilson:

Many thanks for your courtesy of sending a copy of the L.A.P.A. Bulletin to me. I read both issues with great interest and specially liked the interviews of L.A. members. To report with courage and honesty on local levels first could rejuvenate our aging national psychoanalytic association.

With my best wishes and hoping to see future issues.

Yours,

Martin Grotjahn

Dr. Martin Grotjahn
Los Angeles, California

July 16, 1983

Dear Editor:

I'd like to thank Dr. Rodman for a very interesting interview with Dr. Mason. Dr. Rodman's interview enabled the reader to gain a historical view of the developments that have occurred in the psychoanalytic community during the past fifteen years. It was of great interest to me to have Dr. Mason clarify aspects of Kleinian theory and technique. This I feel adds greatly to my understanding of our work.

Thank you again.

Sincerely

Marc Shatz

Marc D. Shatz, Ph.D.
Los Angeles, California