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EDITORIAL POLICY

The purpose of the Editorial Board is to publish a quarterly bulletin that will reflect a high level of scientific discourse in the field of psychoanalysis. While particular emphasis will be directed toward the psychoanalytic situation in Los Angeles, contributions from other national and international sources will be welcomed and encouraged. The editors will consider papers dealing with theoretical and applied psychoanalysis, reviews of psychoanalytically relevant books, reports of scientific meetings, essay reviews, brief communications and letters. Materials can be accepted for publication only on condition that they are contributed solely to the Bulletin.

All opinions expressed in the Bulletin are those of the authors and do not necessarily reflect those of the Los Angeles Psychoanalytic Society and Institute or its officers. All manuscripts, letters and business communications relating to the Bulletin should be sent to the Editor, Los Angeles Psychoanalytic Bulletin, 2014 Sawtelle Boulevard, Los Angeles, California 90025. Manuscripts should be typewritten, double-spaced on 8½ x 11 paper.

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INTERVIEW WITH:
CHRISTOPH HEINICKE, Ph.D.

Dr. Heinicke had prepared for the interview by typing out a statement about research. He did not make use of it directly, but his careful thinking is evident here, especially in the early portions. When I asked more personal questions, he ranged across an amazing progression of experience, from Berlin in the '30's to Harvard in the '50's, the Hampstead Clinic and beyond. He conveyed the flavor of an early moral struggle in the midst of upheaval and then the immense excitement of his odyssey, not failing to pay tribute to the various figures who have encouraged and educated him along the way. A fully committed psychoanalyst, he has positioned himself to look in all directions for whatever findings bear upon human psychic development, and thus to remain unparochial as thinker and researcher. He is Professor, Department of Biobehavioral Science and Psychiatry at UCLA.

INTERVIEWER

In the early 1960's there was a good deal of enthusiasm for psychoanalysis in the UCLA Department of Psychiatry. It didn't stand in the way of intense interest in other areas either, and everybody seemed to get along. How is it now?

DR. HEINICKE

Various forms of behaviorism and psychopharmacology are particularly influential. There is a dynamic framework as well, however. For example, I'm responsible for teaching a sequence called "Parent and Child Psychotherapy," in which we cover both theoretical and clinical areas of work with parents and children in the psychoanalytic framework. Mort Shane teaches the summer quarter, I teach the fall, Tom Mintz teaches the winter quarter, and Dick Friedman the spring quarter. In addition to those three major kinds of emphases, many other points of view are taught as well, such as a cognitive behavioral approach and hypnosis. In other words it's a very eclectic place and purposely so.

INTERVIEWER

It sounds as if the psychoanalytic way of thinking has been demoted from leading organizer of thought to one among many, so to speak.

DR. HEINICKE

That's probably true. As one of the child psychiatry fellows who likes my seminar and likes me as a person said: "How do you walk down the halls as a psychoanalyst?" I've thought about that question a good deal. The absolute starting point for myself in regard to psychoanalysis is the recognition of the subjective validity of the experience that I have as an analyst and that I think my patient has; that there is an unfolding of an emotional process which leads to a deepening of understanding. It leads to the resolution of certain intrapsychic conflicts that have been poorly resolved. And, as a consequence, it helps the patient to adapt better to the environment and to achieve a greater autonomy. This can be phrased in many different ways. I would stress the thing which I think all analysts can agree upon, namely the subjective and emotional validity of the experience right there in the room, for analyst and patient alike. I try to teach this to the students who are working with me. And they have asked for a theoretical framework with which to capture that experience.

As I see it, starting with Freud, there have been a variety of different systems of constructs that have been used to talk about this experience. We can go from the ego/id/superego structure to something like individuation/separation or, more recently, self/other experiences. The reformulation of such constructs enhances our understanding. The problem that arises if one stays only within that system is this: how do you resolve the very obvious differences between the construct systems? How do you decide that one should replace the other? What happens, as I see it, is that the more articulate members of our societies make the formulations and gather adherents and then you get a school of thought. People like Mahler and Kohut and Winnicott have made truly brilliant contributions. But it still leaves you, ultimately, thinking how to resolve the differences, how to find a way of continuing to advance the theory. I have no doubt, however, that this level of the subjective experience of analysis by analysts and patient and its obvious beneficial effects will continue to be the backbone of the movement of psychoanalysis. And it will continue to be talked about and articulated in a variety of construct systems. However, again, the difficulty for me is how to resolve differences. How does one ensure the growth of the movement?

When I first began as a student of child analysis at the Hampstead Clinic in London in 1953, I was quickly confronted with the "A" Group (the adherents of Melanie Klein), the "B" Group (the followers of Anna Freud), and the middle group. While studying at the Hampstead, I worked at the Tavistock Clinic as Dr. John Bowlby's research psychologist and was exposed to the work of Melanie Klein. Soon, of course, I became aware of other psychoanalytic thinkers both through lectures and reading, especially people like Winnicott, who was part of the middle group. I began to wonder how people could get so fervent and how one would ultimately view their differences.

This is all prefatory, in a way, to saying that I do feel that one has to bring psychoanalysis more into the research realm. The bio-behavioral and social kinds of research are tremendously important these days and psychoanalysis must engage them in some way. Again I want to stress that I don't see this as an "either/or". It's an addition that has not been sufficiently pursued and encouraged by the current psychoanalytic movement. It is possible to frame a set of research hypotheses to ask specific questions, which are then addressed through the gathering of certain kinds of data.

INTERVIEWER

Psychoanalytic data?

DR. HEINICKE

Yes, but data that, at some point, are not completely dependent on the report of a single individual. This is where I very positively join the milieu here in the Department at UCLA. It is important to consider how certain kinds of information can be simultaneously observed, or checked for their reliability. The first person who really confronted me with that very ardently was Merton Gill. And he has, in fact, tried to translate that philosophy of research into actuality.

Obviously, this is very complex. But to give an example: if one is interested in the effectiveness of psychoanalysis, then one can develop certain indices of outcome. These would have to be as sophisticated as those that were developed in the Menninger project by the Wallerstein group. One could set up a project which assesses the initial diagnostic status of the patient. One could collect data on the experience of the analyst, the theoretical orientation of the analyst, and so forth. At certain significant points, especially at the beginning, end, and follow-up, one could design the study in such a way that one is not completely dependent on one person to make the evaluation. Or even on one method. For example, in our clinic we do have several analysts see the clinic patient. This is a kind of model of reliability which is actually being used to ensure that it is a good analytic case, that it fits the training needs.

INTERVIEWER

You could have a prediction scheme, I suppose.

DR. HEINICKE

You could, yes, and Arnold Pfeiffer has shown that follow-up work with patients is very meaningful.

INTERVIEWER

May I interject something at this point? I know that you were a graduate student in the Department of Social Relations at Harvard, and that you were therefore exposed to the four points of view of the Department of Social

Relations, which would have preceded your exposure to the multiple viewpoints you encountered during your training in London.

DR. HEINICKE

Absolutely, but there is a very essential difference in terms of what I'm trying to argue for. In the Department of Social Relations you had different parts of social science. You had clinical psychology, social psychology, sociology, and anthropology. But every one of those disciplines was based on a scientific model with a theoretical framework, with development proceeding by means of the essential process of posing certain hypotheses and developing certain tests and measures to explore these hypotheses. The experience in London was very different. I was, again, exposed to certain conflicts of ideas. But for the most part they were argued about without the backing of well-developed biobehavioral science. And this gets back to the point I'm trying to make: that it's crucial for psychoanalysts to at least be open to and informed about the extensive research efforts that bear on their field. I would particularly point to the contribution of psychopharmacology and behavioral psychology in the treatment of depression and anxiety states. There's a tremendous explosion of research and findings in these areas. I would like to see young analysts involved in bridging the psychoanalytic clinical experience with these research efforts.

INTERVIEWER

What is your impression of the general state of interest and education in these matters among practicing analysts?

DR. HEINICKE

My impression, and what I hear from others, is that there isn't a sufficient knowledge either of research or theoretical developments. Perhaps even more important is that in the treatment of certain patients there is some evidence of neglect. Certain patients are allowed to regress further than is really useful, and there isn't enough exploration of the interface of psychoanalysis or psychotherapy and psychopharmacology with these patients. Some of them could greatly benefit from the use of drugs in addition to therapy or analysis.

INTERVIEWER

This may bear upon some of the issues which George Kalman raised in the interview published in our last issue. You are saying that analysts should be interested in, and actively foster research work that would introduce objectifiable data. Kalman suggested we get into the community and address ourselves to the many social issues that confront us on all levels of society. Both pleas suggest an acute awareness that there is a stasis in the ordinary office, as it were, where people have been rebreathing their own air for far too long. And if you agree, why do you suppose that is?

DR. HEINICKE

I'm sure there are many reasons. First, to address your question in terms of almost any research activity, there is a lack of training, and that in turn may be a function of a lack of interest, or, quite frankly, a preference for working clinically with the patient. That's understandable. Some people who want to do research may, when confronted with an opportunity, even with guidance, not find it sufficiently rewarding for the amount of work that is necessary. There's just no question that certain aspects of the research endeavor are almost tedious. They are certainly very time consuming and for the hours you put in, you do not get paid much. People have a right to run their own lives and so I've seen people who start out with some research interest, and even if assisted quite generously, ultimately prefer to work in that world I tried to describe in the beginning. Yet broadening the research base and the research connection of psychoanalysis should have the absolutely highest priority for keeping our profession and our body of knowledge moving, instead of giving the impression that it's not going anywhere. We should want to have the brightest students and we should want to influence departments of psychiatry and psychology. We really can't afford to overlook those bright, non-medically trained people who also want to get into analytic training. We have the research candidacy program for that reason. And I'm aware that there's been a lot of talk and controversy about training clinical psychologists. My own feeling is that there are good arguments pro and con. But if you take what I'm saying seriously, then you would be more interested in bringing a few well-qualified, non-medical people into our training programs. And this should not be limited to established researchers. We should make a judgement about some young people, medical or non-medical, who seem to have a budding research interest. At the moment, they almost have to be what in the university world we call a principle investigator. That's a difficult status to achieve.

INTERVIEWER

Freud's idea was, of course, that psychoanalysis is a research tool, among other things. You are saying that we should introduce people who could contribute to this level of discourse at an earlier stage of their careers than we presently do. This would benefit psychoanalysis, the wider scientific community, and humanity at large. Let me ask you this. Do you believe that there is a kind of discouragement in the air about the possibility of communicating in a way that is truly fruitful, that will lead to the discovery of the new and unexpected? With research as you describe it, there's always the data to come back to. You are tethered to reality by the data, the only reliable counterweight to the flight of the imagination. This stands in opposition to the enthusiasm that seems to accompany certain new theoretical points of view, which seize the available imaginations and take off. The latent hunger for something to be enthusiastic about suddenly finds an outlet, and the pursuit of empirical data, that stony path toward objectivity, is neglected through the emotional detour of the group.

DR. HEINICKE

It is clearly possible to get the sense of surprise and exploration through sharing analytic material, but what I'm interested in as well is a process by which a broad series of questions and hypotheses are generated, followed by the gathering of relevant, meaningful data. If I then come out with a finding that goes against the hypothesis, that to me is as exciting as having it confirmed. There is then a sense of accountability and a sense of discovery, and, yes, I do miss that and I'm trying myself to generate it wherever possible.

INTERVIEWER

The scientific experiment puts a frame around the action, and enables you to tell whether something you observe is new or old. This could be compared to the situation where shared enthusiasm among adherents has a way of escalating into near hysteria, unconnected to the reality of something comparable to the scientific experiment. Successful cases reported by acolytes hardly compare to the necessarily long winnowing-out process, or data from experiments. Perhaps the zeitgeist of religious revival has affected us sceptical analysts as well. Perhaps there is an urge to be born again, to walk with a beatific smile.

DR. HEINICKE

Now you're really grasping what I'm trying to talk about. And while I would not want to discourage new formulations, they do ultimately have to be tested in some crucible of the public domain. It cannot be just the beliefs of certain adherents. Now I would argue equally strongly that any meaningful research must start with a theoretical framework, must start with some central questions which guide the formulation of hypotheses which lead to the gathering of certain kinds of data. But the point is that the data, then, tells you whether you asked the right questions, whether you formulated the right hypotheses.

Let me illustrate that for a moment. One of the most exciting bridges that I think is possible is between developmental psychology, which is really exploding in its research output, and research psychoanalysis, of which one of the most interesting workers is Daniel Stern. He has written about relating concepts of self to what we know about the perceptual apparatus and experience of the infant. He shows how they need to be revised and formulated in a way which is consistent with the body of knowledge which has been gathered by developmental psychologists. What he does is to place the knowledge of child development and constructs derived from Kohutian theory into the affective context of the mother-infant transaction. I am also interested in ways in which a similar enthusiasm and sense of surprise can be encouraged through research done by psychoanalysts or researchers who know about psychoanalysis. For example, I have studied a process called "task orientation," which is the child's ability to attend to a task, such as his

or her listening to a book being read by the nursery school teacher. How do we understand variations in the children's abilities to attend to a task? Initially we thought in terms of the mastery motivation. We set about formulating a set of hypotheses as to what might influence that. We thought that the "good-enough" relationship to the mother might lead to the kind of internalization of self and object representations that would allow the focusing on an outside task. And while we found some evidence for that, in the process of formulation and reformulation, we refined the concept into different components, including one called "sustained attention." We were increasingly informed by other researchers that this might have a genetic basis. We set about exploring whether models based on that general hypothesis were better predictors of sustained attention than those focused more on the social/emotional relationship. And we found that the mother's pre-birth IQ and by reference the genetic pool in the child, was in fact heavily related to the capacity for sustained attention at two years of age. Here is an example where we begin with well-informed psychoanalytic theories (which we are using in relation to other criteria; for example, they work very well in predicting the expectation of being cared for, a kind of trust variable), but learned, and were excited by the fact, that the mother's and father's IQ were predicting that sustained attention. We then learned from twin studies that there is considerable evidence for potential genetic sources of this variable. It's that kind of interface and integration of both well-founded and useful analytic principles with the growing body of child development research, including especially the importance of genetic sources that I personally find exciting. I think, similarly, that someone like Daniel Stern finds it very exciting to bring these two parts of his world together in his research. That's what I would like to see more of.

Just to continue a bit about my own research experience. We tried to differentiate the sense of "positive self" and the sense of "separate self," as evidenced by the child from six months on. We tried to talk about, and elaborated the criteria for judging from behavior and the father/mother/infant relationship, which children seemed to have a sense of being an agent of action. Moreover, quite apart from whether the child feels separate, or feels like his own agent, and gives the impression of being aware of the other, the child can feel and exude a basic positivity about the self or, instead, a negative set of affects are connected with that feeling of self. And we found that different antecedents were associated with the variations in development of the sense of positive self and the sense of separate self. For example, children who were high on positive self, as judged by various raters, based on intensive home observation and testing, tended also to be judged as having a good sense of trust, an expectation of being cared for. Moreover, they typically had parents who were very responsive to their various needs. Not unexpectedly, the sense of separate self seemed to be much more determined by whether the parent in fact encouraged the sense

of separateness. I am not saying that you can look at these data in complete isolation. You can't. But if you're interested in what is primarily determining these developments, these are the initial findings.

INTERVIEWER

What you are discussing seems to be an addition to the Mahler work on symbiosis and individuation, with the use of the word "self," which is so loaded with affective charge in today's theoretical world.

DR. HEINICKE

It is an illustration of who you approach complex theories based on clinical phenomena. You take a piece, and, in a sense, redefine it in terms of the realm in which you are working, and the questions you are asking, which in this case are normal development questions.

INTERVIEWER

How is your work as a psychoanalyst affected by all this? You've had a great deal of training, a great deal of exposure to various groups. I believe you could be characterized as a mainstream analyst, not part of any special coterie. For example, is your work as an analyst affected by the study of Kohut's ideas?

DR. HEINICKE

Yes, I would say so, in the sense that I try to keep informed about these new ideas, and do see the clinical experience at times very much from that point of view. Very often, I feel that the constructs that Mahler has given us are very useful in a specific piece of work with a patient. There are many times when I find a Kleinian idea is extremely relevant in certain phases of treatment and types of patients. So I would say that while not being as well informed as the proponents of these various schools, I have tried to listen and take in what to me are the most valuable parts of what is being said.

INTERVIEWER

Presumably you are integrating pieces of diverse theories. I don't know whether you could call the result an overriding psychoanalytic theory or an overriding conception of a patient's life. We are not forced to make all the different divergent theories into one internally consistent cohesive theory. But with a patient in front of us, we do have a cohesive life to arrive at, so to speak. This is the work that goes on in the mind of the analyst, the integrating of diverse bits and pieces into something that is really coherent and understandable in the long run.

DR. HEINICKE

My guiding feeling is that I'm trying to understand and help that particular person, which is a process in which I am as involved as the patient. I try to understand every aspect of that experience and that provides the starting

point for bringing to bear certain fundamental aspects of the treatment framework. Within that, I can use whatever ideas, constructs, or feeling experiences that help me to understand that particular patient at that particular time. I am sure that as with any analyst, there are certain concepts to articulate the experience that I rely on more frequently than others. But I really try to let the patient tell me, and then our process tell me, first where we are at, and then to use various concepts to articulate what I think is happening.

INTERVIEWER

How did you happen to become a psychoanalyst?

DR. HEINICKE

I'll start with the more conscious aspects of this. All of us have our early childhood determinants in the choice of our profession. But I would say that it was in fact one of those wonderful research surprises that got me so powerfully interested in the psychoanalytic experience. I was a research assistant to Dr. Freed Bales, who was a sociologist, and an international scholar of small group processes. I was actually one of his first research assistant. We were making observations of Harvard undergraduates, using his social process categories. While doing this, I noticed the affect levels, the tensions among these young freshmen, and it struck me that we were missing the most important part of that small group experience. That was the first awareness that the study of social psychology, as important as it is, was really not of sufficient interest to me. Then I started studying with Robert Sears, Patricia Sears, Eleanor Maccoby, and John and Beatrice Whiting. We were exploring the antecedents and correlates, the variations, in five and six-year old behavior. My specific topic was the exploration of the antecedents and correlates of guilt and shame in five and six-year old children. In formulating this project and looking at it, I was very heavily influenced by John Whiting, who later became Chairman of the Department of Anthropology. He had been analyzed, and had done training analysis at Yale, and was then heavily into the theory of superego, oedipus complex, castration anxiety. I developed some measures and used others, of evidence for resolved or unresolved castration anxiety in the normal development of the five and six year old. These turned out to be extremely useful conceptualizations (i.e. the translation of whether the child had resolved the oedipus complex or not) for differentiating all kinds of other indices of function. I guess I was the person on the project who took these ideas the furthest. There was a delightful moment when I presented the data. It was surprising and people were really excited. Robert Sears, who had done a lot of reviews of the objective basis of psychoanalysis in the 40's, was pounding on the table and saying: "My God, there's something to this castration anxiety after all." The work was eventually published in a book called *Patterns of Child-Rearing*, by Sears, Maccoby, and Levin. The excitement must have reverberated with the various dynamics within myself. At that

rather crucial point in my development, Anna Freud came to Harvard. She was coming to commemorate her father's visit to Clark University, and Robert Sears and she and some others were on a panel. I was asked to be a host and to drive her around. I remember taking her to the Radcliffe dormitory where she stayed. I listened to her lecture to the Harvard undergraduates and to our own group. Grete Bibring was her constant companion. Again, it was very exciting. Then she and I talked about my research interests and she suggested that I go over and learn more about psychoanalysis and gain experience that would help my research. I think, again, to answer your question about how I became a psychoanalyst, that I realized that I wouldn't be satisfied until I had had the clinical analytic experience that the people I was listening to were talking about. It had a tremendous draw and excitement for me. It was a hard choice to make because I was offered some very fine positions in the best universities in this country, and instead I went on a fellowship to London - back to Europe, certainly that was also part of my interest in this. Very important was the sense of excitement that I was gathering not only from Anna Freud but from all the people in Boston. I also had the good fortune, very shortly after that, to meet John Bowlby. I was aware of his World Health Organization report and his studies on separation and, again, I had the experience of that excitement. He was bridging to the research world, which made it even more interesting, because I certainly started from a research position first.

INTERVIEWER

Could you say something about the earlier part of your life?

DR. HEINICKE

I think that if we go back to your observation that I seem to be often in situations where I am integrating different bodies of knowledge, certainly that could have a very personal determinant which I would prefer not to discuss in detail. But both within my family, and then my external world, I have been challenged to bring things together. What is important is a wish to bring interesting worlds together and a certain sense of wanting to take on a challenge. To leave the comfortable world of academia in this country and go to the London Hampstead Clinic knowing I would get no official qualification, no certificate, nothing except an experience, took a certain amount of "Let's try it." And that, I think, does come in part out of models in my family. We were living in Nazi Germany the first ten years of my life and I saw the courage with which members of my family were willing to risk standing up to the Nazis, and specifically my minister, who baptized me, Martin Niemoller, who was the main Protestant leader who dared to defy Hitler. If you go to the local Wiesenthal Center, he is quoted on the walls of the building. Then I had to personally move from what is the inevitable indoctrination in patriotism towards a country, which was Germany, and even, I realized later, the glorification of the military might of the German Army, and integrate that with very clear feelings about the nature of the

prosecution and persecution that I was seeing with my own eyes. All this then I took to a brand new country which fortunately was such a breath of fresh air we couldn't believe it. That again, however, would be an experience both to integrate and accept as a challenge; to be willing to risk trying something a little different. At the time that I was moving toward psychoanalysis, while it was by no means that unusual or different, it was unusual for a non-medical person to attempt to get the training.

INTERVIEWER

You must have gone to the Hampstead at its inception.

DR. HEINICKE

Yes. The Hampstead had just started. I was one of the first students and, as you probably know, I was one of the first research candidates in this country. I enjoy the challenge of pursuing certain things that I have a conviction about. Not that I am so courageous, but I think that certainly would be a part answer to the question of why I would pursue something that wasn't completely comfortable. Having had both the uprooting experience, and also ultimately a good experience, both within my family as we reintegrated, and reintegrated in a new country, I guess I was encouraged to try to go after the new yet again. Another thing is that psychoanalysis was well-known to my family. The main advisor in my upbringing was a psychoanalyst. This was in Berlin. I think this was relevant to the interest in ideas. Most of the members of my family were professionals: physician, philosopher, etc. It was fairly academic, and there was an expectation that we would pursue something in this area. The most well-known member of our family was a philosopher who ultimately came to this country, and actually led our family over here. He was a specialist in ancient Greece. As a model for a young man in America, he was one of the 23 non-signers of the loyalty oath which was required in McCarthy times by the University of California at Berkeley. Erik Erikson was another non-signer. You and I can remember that era, the tremendous horror of it, and what a revolution was required to correct it. There were many powerful experiences which I was privileged to have, but also had to integrate. I think most people who were privileged to study with Anna Freud, as I was, experienced her as a very powerful person. And before her, in my childhood, there was another person, representing another powerful experience, Martin Niemoller.

INTERVIEWER

How important those early models can be in turning one in a particular direction!

DR. HEINICKE

In this connection, another person who helped to further my continuing interest in bringing together the psychoanalytic clinical experience with the whole sociobiobehavioral research world was Robert Sears, who did

eventually do a didactic training in San Francisco. He constantly assisted me with the struggle to bring these different experiences together, and deeply encouraged me to go to England to broaden my training. And then John Bowlby was a very important model. He has had a tremendous commitment to exploring both within the clinical realm and in the research realm, new ways of looking at things. We had, and still do have, disagreements, but I will always be indebted to him for the encouragement to really ask the questions, to look at new data, to expand.

INTERVIEWER

Do you have any general idea of why people become psychoanalysts?

DR. HEINICKE

I haven't really thought about that much.

INTERVIEWER

You suggest from your own experience the idea of pulling a lot of things together, the challenge of integration.

DR. HEINICKE

I would certainly say that the need to explore in a very meaningful emotional context would be important to me. That is, a really highly developed need to be involved in an affective experience while at the same time exploring its boundaries. Now what particular childhood experiences or personality characteristics determine it I'm not very clear about.

INTERVIEWER

When I first broached the idea of an interview to you, you told me that you had learned much about doing analysis from struggle in your own adult life. I couldn't agree more that people in a position to do something for other people can be enriched in their effort by adversity.

DR. HEINICKE

The personal element adds a whole new dimension. To take a simple example, if a parent comes to me and talks about their experience in trying to teach something to one of their children, the fact that I've been through this many times and have seen myself fumble in imposing too many subtle expectations, allows me to pick that up much faster and with much more feeling than the analyst/parent who has not seen how he over-expected and over-pushed, without giving that young person the freedom he needed.

INTERVIEWER

There are certain experiences that differentiate our capacities as analysts. Of course we don't emerge with equal skills from training, and, equally obviously, we change all the time as we move on through what life has in store for us. These are, I suppose, platitudes.

DR. HEINICKE

As you inevitably encounter moments of deep distress within your own immediate family or friends, you have to deal with helplessness, with a real emotional commitment to somehow working it through. I mean on a 24-hour basis that is very different from doing 50 minutes with a patient or even working on a ward. Then you can really empathize with the helplessness which is so much a part of every patient's life. You know how they feel, and can convey that through a sense of empathy and joint experience without even so much as saying it. At the same time, I have found very comforting and very sustaining emotionally that it is just when you're in such a process with a patient who is very upset, very disturbed, that you both join him at that level but keep your analytic stance moving both towards the patient, and very much towards yourself. And obviously the many hundreds who have experienced this will say: "Well, what else do you need to know? What else do you need to do? There it is." And I would agree up to that point, of having that same valid subjective experience. I guess I've been saying to you that it is important to try to bring that to other domains of experience and observation if we're going to continue the forward movement and the excitement of the field.

--- F. Robert Rodman, M.D.

A FANFARE FOR AMADEUS

A theme and variations on Peter Shaffer's movie

Lance Lee

We cannot see everything. No one may know another absolutely. We are always dealing with partial discoveries and constructions. What is a patient to make of his therapist, an audience of a play's discovering and constructing that audience's reaction, a character of his author? There is less a gap between the creation of a historically based dramatic character and a patient's past than meets the eye, particularly if one thinks of Freud's late paper "Construction in Analysis" where he says

Quite often we do not succeed in bringing the patient to recollect what has been repressed. Instead of that, if the analysis is carried out correctly, we produce in him an assured conviction of the truth of the reconstruction which achieves the same therapeutic result as a recaptured memory.

An analyst may insist, as Freud's daughter did, though children do not always represent their parents as those expected, that the analytic process is one of discovery. An author may admit freely to both construction and discovery, but the patient and, in our imagination, the historical personage who is wrapped in the same enigma of the past as the patient's childhood, may ask the analyst and author equally: "Is what you say a discovery of me or a construction of yours?" Or is it impossible to say?

Peter Shaffer's *Amadeus* exemplifies the dilemmas of construction and/or discovery as they apply to Mozart. Was Mozart a permanent adolescent, as Shaffer portrays him? A man subject to suggestive manipulation, paranoia, and finally to a lethal, oedipal fantasy manipulated by his rival, the older Salieri, a father-figure to him and a man he surpassed and left behind, like Mozart's actual father? Mozart's biographer Alfred Einstein tends to confirm this picture of Mozart's "inability to behave sensibly and realistically in this world," but how are we to gauge the truth of Einstein/Shaffer?

Yes, we could reconstruct a behavior and a chronological sequence of tragedy from the records of one kind or another. But Mozart began as a child prodigy controlled and directed by his father. He was trotted around the

courts of Europe to perform by his father. He was composing before he was a teenager. He was aswamp with music in his circumstances and his genes, led from drawingroom to drawingroom, amazing the still gilded aristocratic world while other boys rough-housed with each other or played games in the squares. What reality did Mozart know but acclaim and music and the reduction of all other demands to secondary status to his talents?

When he breaks away from his father and becomes, for a time, the toast of Vienna, unable "to behave sensibly and realistically", was he behaving in a way both sensible and realistic to his talent and in a way wholly consistent with the way he had been trained by his father? Or was there anything unlikely in his behaving wildly after finally being released from his father's control? Remember, he dies at 35. By today's standards, he has hardly grown up. It is true he flouts, when free, the virtues of sobriety, commonsense, responsible consistency, but do these virtues sum up reality? Even the proper way to behave? Did his flouting of them mean he was ineffective, that he left himself no means to leave anything behind by which he could be remembered? It may be Shaffer/Einstein miss the mark. Who is to say what is true, here? Such a view of Mozart's immaturity is equally a reconstruction as a fact which drives us against a blunter fact: we don't know what the truth, here, is, with certainty.

Take up the related portrayal of a genius in *Amadeus*. Is Shaffer's notion of the immaturity of personality of genius a crude sublimation version of Freud at his worst? Or another repeat of the cliched 19th century notion, romantic and dubious, of a man of genius as an Ahab in the library trying to spear a masterpiece with his pen, a masterpiece made accessible by a 'limp' in the mind? Creative genius has a way of remaining a mystery for all our explanatory attempts, our reductions of experience to some set of principles intended to illumine. The variety, beauty and profundity of Mozart the artist has little in common with someone neither sensible nor realistic.

Shaffer could as easily have implied the Jungian alternative regarding creativity, that it is a mental structure as capable of absorbing psychic power (Jung's libido) to itself as any other inherent mental structure, a force and a construct on a par with sex. Mozart's immaturity would only represent the fact that much of his psychic energy was wrapped up in his creative complex, leaving little over to be used elsewhere in the personality. This doesn't explain the mystery any better than other notions, but only applies a new set of labels for an event like sex less to be understood than enjoyed. We might as well say with Emerson "To believe your own thought, to believe that what is true for you in your private heart is true for all men,— that is genius" and remind ourselves that the action of creative genius depends on a stupendous act of faith (perhaps neither sensible nor realistic) that constitutes the artist as one with one's own god at the moment of creation. Yet this only states the mystery in another way. Construction? Delusion? Discovery? Or creation— of truth?

This raises the central question: truth. . . Does it matter whether we are dealing with discovery or construction when either is efficacious for its purpose? What is truth? Is it as William James would have it?

The truth of an idea is not a stagnant property inherent in it. Truth *happens* to an idea. It *becomes* true, is *made* true by events. Its verity *is* in fact an event, a process: the process namely of its verifying itself, its *verification*. Its validity is the process of its *validation*. (Italics James')

or

. . . if the analysis is carried out correctly, we produce in him an assured conviction of the truth. . .

The truth may not be simply what works, but most certainly it is something that does work. Or, it may be, something that we choose to make work. If Shaffer wants to portray Mozart as gauche, an arrested personality capable of sublimity and transcendence over very 'all-too-human' characteristics, or if an analyst and patient agree on a particular version of an event in the past, which has therapeutic effectiveness on a par with Shaffer's dramatic effectiveness— which means in both cases that you believe it— does it make any earthly difference whether either is true so long as the one serves to bring us before the mystery of Mozart's accomplishments and, hence, our own potential as fellow humans, and the other before the mystery of our roots and, hence, our own actuality?

What is absolute truth that we should lust for it so ardently? The parallel between Freud and Plato is strikingly appropriate here. Both believed that the truth of ourselves was not something to be gained by adding fresh, external knowledge, but by recovering what we already knew about ourselves.

. . . when a man has recalled a single piece of knowledge— *learned* it, in ordinary language— there is no reason why he should not find out all the rest, if he keeps a stout heart and does not grow weary of the search, for seeking and learning are in fact nothing but recollection. (MENO 81 d: italics Plato's)

Both believed in an ultimate transformation of man by his self-knowledge, Freud in his celebrated vision of all that is id becoming ego, Plato in his concept of human idealization through exclusive identification with the "Good"— a state as purged of uncontrollable passion and self-ignorance as Freud's visionary goal. The Freudian is only a late renewal of this Platonic dream.

Equally, both men felt a profound ambiguity towards artists, Plato intending to banish them from his ideal Republic, Freud alternating between awe and the perception of artists as dealing with reality at second hand (sublimated hand), which is precisely Plato's complaint, and as using their achievements to satisfy exhibitionistic and sexual desires.

No human being more flouts these attempts at purification, at sense, at reality, and at the idealization of experience than the man of artistic genius, whether the flamboyant Mozart or the seemingly more solid Tolstoy embedded in his family and personal warfare. Moreover, such a man is uncompromising in portraying man in a bewilderingly complex way, and presents the same appearance of light and shadow in himself within the context of his achievement. He reminds us that the human spirit recoils from the falseness inherent in even the most glittering of idealizations. Freud had the wisdom to see, if reluctantly, in "Analysis Terminable And Interminable" regarding analysis itself that

One has the impression that one ought not to be surprised if it should turn out in the end that the difference between a person who has not been analyzed and the behavior of a person after he has been analyzed is not so thorough-going as we aim at making it and as we expect and maintain it to be.

There is a natural reluctance to admit the complexity that makes us appreciate the poverty of our knowledge. There is a much greater effort to reduce that complexity to a set of principles, as Freud appreciated. But he does not imply the effort should not be made: it is the mark of his genius to feel the reverse, that knowledge be striven for even as we doubt the value of what we gain. Knowledge advances less by the single experiment that takes it a step further than by all those experiments before whose failures or incomplete successes finally point the way to a new insight. But that insight gained is a light that as it illuminates the dark a little more shows only how that is even more extensive than we had dreamed before.

This is why Shaffer's Mozart is effective: if this is not the way Mozart was, certainly he should have been so! For to confront us with the untidy fact of genius, no choices could have been better calculated than those that present Mozart as superstitious, foolish, and petulant. We should respect here, too, the fact that Shaffer is operating within a tradition. His Mozart begins with Pushkin's Mozart in a dramatic poem called "Mozart And Salieri." There Mozart is "unworthy" of himself, and generates the same envy and enmity as he does, much expanded, in Shaffer's version. We are dealing with a myth in the making here, yet another kind of truth. . .

The truth, it may be, is relative to its purposes. Our yearning for something absolute may be the stuff from which visions like Plato and Freud's perennially engender, and against which artistry, by forcing human nature before us in its contradictions, engenders a counter vision, perennially providing us relief. It is good to remember what we are as well as what we have been or might become.

Shaffer's movie is different from the consulting room, in any event, in two crucial respects: *all* of us will have to pay to see *Amadeus*, and it is theatrically brilliant and great fun. Go see it.

BOOK REVIEW

Father and Child: Developmental and Clinical Perspectives

Edited by Stanley H. Cath, Alan R. Gurwitt, John Munder Ross

Reviewed by Melvin R. Lansky, M.D.

For a discipline that placed tremendous emphasis on the oedipal father and reactions to him from its very inception, psychoanalysis has made surprisingly little contribution to the study of fathers and fathering until quite recently. There have, of course, been some exceptions: Loewald drew attention to the positive aspects of the little boy's relationship to his father. More recently, Abelin pointed out the importance of attachment to the father in the separation-individuation process between infant and mother. Ross has made important contributions, underscoring pregnancy wishes in males and the ambivalence of fathers toward male children — the Laius complex.

Study of the father is important for our understanding of psychopathology in a wide variety of clinical situations. Many of our patients in clinical practice have clearly deficient or absent relationships with fathers. The relationship with father is often a good indicator of the quality of the relationship with mother: a good relationship with father usually presupposes a mother who can tolerate or promote such a relationship. A poor relationship with father often points to a mother who would have seen a better relationship as betrayal and desertion.

The problem of studying fathers also invites us to think about expanding the two sources of information that have been felt to be psychoanalytically acceptable, the associative method and direct observation of development which usually means direct observation of a parent and child. Patients' associations to father are tinted by fantasies about maleness and authority. The oedipus *complex* refers not to a stage in development, but to a *complex* of associations about father, and in the transference, the analyst. This method begins with a view of father not as he is, but as the view of him is a product of distortions about father as castrator, authority, and frustrator. Associations of fathers themselves are powerfully affected by defensive needs, that is the patient's avoidance of a view of himself in ways that overwhelm him with shame. There is a tendency, even in the sophisticated psychoanalytic literature, to overlook how ashamed men with emotional disturbance are of their shortcomings and deficits in the paternal role. This is so whether the patient be schizophrenic, borderline, or neurotic. Distortions due to transference, of course, amplify these impediments to the use of the associative method as a fruitful research tool in studying the problem of fathering, and being fathered.

From observational studies, either direct observation or from films and tapes, a good deal has been learned about some aspects of mothering. There is a good deal less on fathers, although some studies have appeared showing direct interactions between father and child. The method of direct observation is conducive to capturing experience-close behavioral features of dyads, especially mothering, and insofar as what is to be studied is behavioral and dyadic, with father also. But it is not so clear what data comprise "fathering" or where these data arise. If, for example, a child is told by mother, "Wait till Daddy gets home! I'm going to tell him how wonderful (or terrible) you were!" Is that being fathered? Yes. But the data that comprise such "fathering" are complex as are their sources. They include: aspects of father's behavior, but not those immediately on the scene; mother's framing of the situation; aspects of the marriage; and of course, the internal workings in the infant's mind, which include ideals, desires, projections and fantasies. Even in this simple example, it is clear that the external events from which the paternal imago arises are not observable in the same dyadic experience-close behavioral way that mothering is often felt to be. The study of fathers, then, has had to proceed past some constraints of the oversimplified views of the associative and observational methods prevalent in psychoanalytic literature.

The book is an anthology of 36 chapters by 39 authors and an afterword by E. James Anthony. It is arranged in five parts. The first part, History and Review, has two excellent review chapters by John Munder Ross; a chapter on Freud's self-analysis, by George Mahl; and on early father-infant relationships, by Linda Gunsberg. Part II, Early Phases of Development, contains ten chapters, all of them strong, on the newborn's impact on the father, the father-infant relationship, on the dyadic-phallic phase, on mother's role, pre-oedipal relationships, father-deprived children, the father in gender identity, the oedipal era, paternal attitudes, and father-daughter relationships. A number of chapters in this section break new ground: a fine chapter by Richard Atkins discusses the importance of mother's role in the formation of the paternal imago. James Herzog delineates the specific difficulties in modulating aggressive drives and fantasies in father-deprived young children. Section III deals with later phases of development: middle childhood, latency, adolescence, prospective fatherhood, mid-life, grandfatherhood, and death. This section contains an excellent chapter by Alan Gurwitt on analytic treatment of a prospective father, probably the first such report in the literature emphasizing the paternal role. There is a good chapter by Colarusso and Nemiroff on mid-life crisis in fathers, and an excellent one by Stanley Cath on grandfatherhood. Section IV, Cultural and Historical Variations, covers religious, literary and cultural aspects of fathering including a chapter on creation and fathering in *Genesis*. Section V is concerned with clinical problems and applications, which include topics of divorce, abusive fathers, incest, fathers of homosexual sons, domination and submissive patterns, early loss of a father, the fostering of paternal identity and involving fathers in treatment.

The treatment began with five months of face to face interviews. Then, on the couch, Mrs. R. experienced a sense of deprivation, very much missing the face to face contact with her analyst. Dr. Ornstein's silences became a deliberate withholding for her, which she likened to her experience with her mother, whom she saw as totally unresponsive. She felt she had never been able to please her mother, feeling special only to her father, especially when she turned to him after her twin brothers were born. Dr. Ornstein outlined the traditional formulation that might be applied to her patient: that the birth of the twin boys plus her father's ministrations could have promoted in this patient infantile sexual fantasies, such as oral impregnation and anal birth, accounting for the eating disturbances and constipation which Mrs. R. had suffered when she was five, after the birth of the twins. Moreover, the tom-boyishness that the patient attributed to herself during her early latency might be conceptualized, according to the traditional view, as an outgrowth of oedipal conflicts and an infantile neurosis. She might then search for a woman to love her and to forgive her for her incestuous wishes toward her father. But, says Anna Ornstein, is this patient's search instead a result of an actual failure of the selfobject mother to appropriately mirror the femininity of the little girl at the time she actively turned toward her father? In addition, was mother's failure to mirror the child specifically related to the oedipal phase of development, or did the parents fail to respond to the girl's feminine exhibitionism all along, so that the patient entered the oedipal phase ill prepared to deal with its positive and negative passions?

The most significant interchange between patient and analyst included in the six months of treatment that Dr. Ornstein reviewed concerned an exchange between them which was initiated by the patient's statement that she was not comfortable with her body around women (in contrast to her feelings about herself around men). Around women, she felt masculine. The analyst responded, "You have a persistent hope that a woman will find your whole body beautiful, and that only a woman's reaction to your body could make a difference in the way you feel about yourself." Dr. Ornstein also connected this with the loss of visual feedback the patient had suffered when she went from the more satisfying face to face interviews to the more depriving situation of the couch.

Dr. Ornstein concluded her paper with the information that over the course of a four year analysis her patient was able to improve to the point that she could have a child and felt consistently feminine. Dr. Ornstein then speculated about the differences between identification, a mainstream psychoanalytic concept, and transmuting internalization, a self psychological concept, an issue that related to her understanding of the therapeutic change that occurred in the patient.

In Sheldon Roth's paper, he illustrated a case where a negative oedipal homosexual transference of a female patient with a male analyst must be

displaced from the person of the analyst to important others outside the analytic situation, and that this displacement, when well understood and analyzed, can be mutative. His patient, Mrs. Brown, presented for analysis with recurrent depressions, diffuse anxiety, an ongoing sense of failure despite increasing professional success, and a stagnated love affair. Two years into the analysis, previously characterized by a father transference, the patient, who was planning to go on vacation, became anxious and unable to remain in her hour without needing to interrupt it by going to the bathroom to urinate. She associated to her mother's depression when the patient was three, when father, instead of mother, would take her to the bathroom in the middle of the night. Though she wanted her mother to take her instead, she would, when carried by her father, squeeze her legs around her father's neck, which she experienced as erotic. The patient and analyst came to understand that for her, sleeping through the night had meant she had no need for her mother, while getting through the hour without urinating meant no need for her analyst. This experience signalled a shift from paternal to maternal longings in the transference.

In her following hour, Mrs. Brown reported a dream of picking up two women hitchhikers, and subsequently sleeping with and being masturbated by one of them. Associations led to her remembering how by masturbating against a teddy bear, she wore it out. The analyst interpreted her fear of wearing him out as well. The nature of her relationship to her lover, with whom the affair was stagnating, then became understood: he, too, had teddy bear like qualities. Through her analysis, her lover became more sexually exciting to her as she came to understand the maternal teddy bear homosexual significance of her longing for her mother. This understanding had a transmuting effect and was gleaned not only from the transference, but from the extra-transference relationship with her lover.

Mrs. Brown worked through competitive feelings toward her sister, who was more loved and admired by her mother as a perfect, clean, and neat little girl. This theme was not expressed in the transference but instead emerged in relation to women who had lesbian significance for her. Roth states his position that homoerotic negative oedipal transferences are worked out extratransferentially, and that it is rare that a non-psychotic patient will experience the male analyst as truly feminine.

In summary, Roth attempts to demonstrate through his patient Mrs. Brown the thesis that the pregenital experience of mother is the most prevalent form of direct transference to the male analyst on the part of his female patient, and that this experience of pregenital transference is the groundspring for basic trust in the analytic relationship. Furthermore, aggressive issues surrounding mother from either the preoedipal or oedipal phase are experienced in the transference directly. He feels that the more libidinal issues toward the mother can and will be played out only in displacement, stimulated by the regressive aspect of the therapy.

Phillis Tyson, through her case presentation of Mr. D., attempted to demonstrate the opposite; that is, that erotic transferences and paternal transferences of male patients to female analysts are developed, sustained, and ameliorative within the transference. The patient, a 31 year old unmarried man, described himself as lacking self confidence, feeling inadequate and outclassed professionally and personally. He was particularly concerned with his inability to establish lasting relationships with women.

The most salient feature of this patient's childhood was his father's becoming ill and requiring hospitalization when he was seven, never to work again. His mother changed from being a barely good enough mother to one who was quite rageful and attacking. The patient developed chronic learning disabilities, and his father, who had unusually high expectations for him, berated him for his poor performance. He identified with his father's handicaps by developing a limp, but his efforts to please him and become his narcissistic object failed.

In analysis, Mr. D. felt criticized in a way that was linked to his father. In addition, he revealed a sense of lack of masculinity and of sexual inadequacy. He saw his mother as fearful that he would grow up to be a man. She called his penis a "dirty little thing", hated men, and only loved him when he was dependent. His father, on the other hand, wanted him to be the image of John Wayne, and feared instead he would become a gelding. In the transference, through association to dreams, it was revealed that he wished his analyst to be like his father, protecting him from dangerous women, and giving him a penis that worked. At other times he saw his analyst as a woman who he was incapable of attracting, as women want too much. As the analysis progressed, all potential attitudes toward both men and women were worked out in relation to the person of the analyst, without the analyst's gender seeming to limit the range of choices. There was no apparent need for this patient to displace onto other important figures in his life libidinal and aggressive desires that were generated from the analytic situation. Tyson speculates that as her patient was unable to develop a confident sense of masculinity, or to assume a male gender role and comfortable relationships with a woman, she was possibly useful to him not only as a transference object, but as a new object as well. The reality of her gender helped to enable him eventually to trust her as a woman and to in this way develop a more comfortable sense of masculinity. Tyson feels, however, that the relationship to the father in the transference was the key to the patient's developmental progression, and that the reality of her gender did not matter in this regard. If anything, she felt, her being a woman made possible the paternal transference in that a male analyst might have caused him homosexual panic or the maintenance of rigid defenses against that panic. In any case he was able to see her as an idealized but feared homosexual object.

With this brief summary of three clinical presentations, we will proceed to our discussion as delivered in Oakland.

DISCUSSION - MILLS COLLEGE - September 22, 1984

Estelle Shane, Ph.D. & Morton Shane, M.D.

In considering the three excellent papers presented this afternoon, we were struck by the significance and centrality of modern views on gender development for an understanding of clinical work with men as well as women. We have heard the work of a female analyst with a female patient, a male analyst with a female patient, and a female analyst with a male patient. As we will attempt to demonstrate shortly, the significance of the gender of the analyst vis-a-vis the patient, and the transferences and countertransferences of the therapeutic pair, is *variously* understood by each of our presentors, but what is *common* among them is the description of an analytic patient whose pathology stems from a deficient and conflictual sense of gender. That is, Anna Ornstein's patient, Mrs. R., demonstrates gender confusion that to the modern ear announces a defect in core gender identity. She fears she is homosexual, and despairs over her masculine looks, by which she means her shoulders, nose, chin, and her broad-based gait. She feels masculine in the company of women, which feeling is not dissipated by the obvious sexual response she can elicit in men, nor by her husband's devoted interest. She is convinced she has no right to have children, due to her emotional disturbance. Devastated since childhood by the birth of her twin brothers when she was four, Mrs. R. blames her mother, and her mother's attitudes, for this profound reaction. Mrs. R.'s mother felt it was hell to be a woman, and allowed her child to get fat when, as a little girl, she turned to food for comfort. Although there is evidence of unresolved oedipal conflicts and wishes for *all* that her brothers possessed, including their closeness, superior capacity to delight mother, to excite love, attention and admiration in others, as well as for coveting their genitals, it is convincing that this patient's most intense and pervasive longing is for her mother's love and admiration. She is certain that only a woman's affirmation of her as a female can cure her of her terrible doubts about herself. While the symptoms she developed as a child were reactive to the event of her twin brothers' births, she obviously must have been predisposed and vulnerable to have experienced their arrival as such a trauma. Difficulties with her marine corps mother, who apparently had serious gender troubles of her own, must have dated from the patient's birth.

Sheldon Roth's patient, Mrs. Brown, also demonstrates gender difficulties. She reveals a sense of her body as defective, smelly, and untouchable. She sees herself as too much, wearing others out with her excessive demands expressed through masturbation. She had admired and envied her younger sister, her mother's favorite, the pretty, clean image of idealized perfect femininity. In contrast she felt dirty and deeply inferior. Mrs. Brown's conviction that her mother had not hugged or even touched her certainly contributed to the sense of her core gender self as being disgusting, stinking, and destructive. Roth feels that an important aspect of the analytic work he

The more modern view of female development stresses primary femininity which incorporates an acceptance by the little girl of a core body image developed well before the oedipal phase. From the work of Galenson and Roiphe, we know that the normally developing girl is engaged in exploring and defining herself, including her sexuality, in terms of what she has, just as in the case of the boy. By the time the child is 2½ to 3½, he or she is well aware of the genitals and interested in anatomical differences. The awareness of such anatomical differences is important for both sexes in delineating individuality, but the inevitable, though transient, penis envy or castration anxiety does *not* persist in normal development unless it is involved in unresolved conflicts related to feelings of being unloved and unaccepted. The central issue in gender identity disturbances has its core in preoedipal development. All three cases described today demonstrate most clearly such difficulties, both in the transference and in the genetic past.

To turn to the question of the significance of gender in the development of transference and countertransference, both Tyson and Roth refer to this point in their presentations, taking somewhat divergent positions. As a matter of fact, it would seem that a different point of view is demonstrated in all three papers, which we will elaborate. But first, to inject a skeptical note, we might refer to research conducted by Person, Person, and Newmark, who report only the most meager evidence that gender is a factor that makes a difference at all in the therapy of patients. They conclude that "gender is a very broad kind of variable and that psychotherapy is a very individualized kind of procedure". Actually, in one sense, both Roth and Tyson come close to stating this, Roth saying that there may be a basic truth to the classical analytic viewpoint that the sex of the analyst is not of prime importance, and Tyson holding that all manner of transferences may be generated and worked through with an analyst regardless of the sex of either analyst or patient. She feels the central influence in transference development is the psychic reality of the patient, what *meaning* the patient assigns to the gender of the analyst. But despite apparent similarities, Roth and Tyson do differ on the question of the significance of gender, and these differences may have wide implications.

To begin with, Roth takes the position, similar to Karme's (1984) and to many others, that *sustained* homosexual, oedipal, cross gender transferences do not evolve, but mainly develop extra-analytically, displaced from the person of the analyst. His patient, Mrs. Brown, worked through her intense homosexual conflicts extra-analytically, either *directly* with her mother and sister, in *displacement* with her female colleagues, or through *fantasies* and *dreams*. Roth believes both that the analysis stimulates such homosexual desires and conflicts, and that a resolution of the negative oedipal constellation is essential for a full development of the female patient's sense of womanliness and equality with the mother, yet he feels that it is impossible for a woman patient who is not seriously disturbed in terms of reality testing to perceive him as a sexual woman possessing

breasts and a vagina for more than fleeting moments. His solution to this dilemma is to postulate and affirm that extra-transference interpretations are mutative. This is similar to Blum's position. In 1971, Blum stated that in terms of the transference "the analyst may not have equal valence for all transferences, nor can all conflicts be expressed in a particular transference neurosis". He indicated that transference is influenced by many variables in the therapist including the therapist's gender. Twelve years later Blum adds what seems to be a corollary position, stating strongly that extra-transference interpretations are mutative; "that although transference [is] the *main* road, it is not the *only* road, to mutative interpretations".

Tyson, on the other hand, courageously attempts to demonstrate with her patient, Mr. D., that it is indeed possible for a cross gender patient to develop a sustained, homosexual, oedipal transference. She does not have to invoke, therefore, the mutative effect of extra-transference interpretations, though she may be in agreement with that position. If one were to hold to Gill's and Gray's more extreme view that the only mutative interpretation is one that is centered on the transference, we would either have to conclude, along with Tyson, that in a thorough analysis, all transference potentials are realizable toward a given analyst or, on the other hand, we would have to take the position that for a large number of patients the gender of the analyst is of crucial importance for achieving a thorough analytic result. This latter view calls to mind Ornstein's case: It would seem as if her patient, Mrs. R., knew what she needed; she had what the Ornsteins have called elsewhere a curative fantasy, in her case an expectation that through the love of a woman who could find her body beautiful, she could feel better about herself and have her femininity affirmed. Her fantasy must have entered into her choice of a woman analyst. She didn't want just any woman; she certainly didn't want a woman who would be like a man; a man's admiration would not undo the narcissistic damage to her core gender identity or core gender self. In fact, she told Dr. Ornstein that she was worried about turning Dr. Ornstein into a man, and if that happened, the analysis could not work. The patient clung to the reality of Ornstein's female gender and femininity, much as Roth insists that patients tend to do. One cannot but postulate that Mrs. R. chose Dr. Ornstein for what she saw as her unique qualities: a woman who does not run from being a woman and who does not hate or feel sorry for others who are women. We believe it required more than interpretation to help this patient; it required the subtle affirmation of her femininity by a woman who could do so with conviction. We wonder, then, if Ornstein would not take the position that Mrs. R. was treated more effectively by a woman than she might have been by a man, and that Mrs. R. sensed what her needs were, and chose her analyst accordingly. We believe that the patient, when able, consciously or unconsciously makes a choice as to the qualities sought in an analyst, and that gender is one such important quality, for some patients crucial, for others not. We believe also that while it is true that the analyst is available to the patient for

all potential transference configurations, as is demonstrated with particular cogency in Tyson's case, where the patient had strong transference and developmental need for *both* genders and not only on a preoedipal level, some configurations are simply more central to the patient's pathology than others, and here Ornstein's case is especially convincing. Finally, we believe that extra-transference interpretations *are* mutative, and extra-transference experience, when adequately understood and interpreted, can move an analysis along quite adequately, as was demonstrated so well by Roth. What can we conclude about the relationship between the therapist's gender and the patient's need for transference omnipotentiality? We would say that in a well conducted analysis all transference potentials are available; but that a sustained erotic homosexual transference in a cross gender analysis, while possible, must strain the credulity of the patient, and is most likely to be sought for and experienced extra-transference. Such extra-transference events can be either central or merely supplemental to this aspect of the analysis. Ideally, a good fit between the patient's transference and especially new-object developmental needs should be sought when considering the gender of the analyst. In this regard, we think the potential patient might be the best judge, though the reasons for that judgment are mainly unconscious, and the individual's preference should be respected.

The clinical papers we have heard provide us not only with a variety of gender situations, but also present contrasting theories of development and analytic approach. While this will be the focus of tomorrow's panel, we would like to say a few words on the topic now as it is germane to the papers presented. We have already mentioned the criticism of Freud as being phallogocentric, viewing development mainly in terms of the boy, with the girl reduced to counterpart. But we have been struck by the fact that there is a masculine bias in Freudian thinking that goes far beyond his perceiving all of development primarily within a masculine framework. The mainstream psychoanalytic focus on autonomy as a goal for emotional health, for example, also happens to be a quality that is most associated with maleness, particularly by men themselves. Freud had the genius and courage to believe that if he discovered in himself a particular tendency or fantasy, however shocking or unacceptable, the discovery must be true for most others, as well. We can hardly be surprised, therefore, that he accepted his masculine perception of the world as *the* perception. After all, gender differences are subtle and have been slow in coming to light. It is both interesting and important, then, that Kohut, along with others (e.g. Winnicott, Modell) corrected for some of this masculine bias in psychoanalysis, utilizing a sensibility that was, apparently, different from Freud's. For example, Kohut questions autonomy as a legitimate *goal* of development, referring to it as a bias of the western world. For him healthy development involves the attainment of mature inter-relatedness, and not a capacity to stand relatively separate and independent from one's environment, as is postulated in mainstream psychoanalysis. This is the essence of Kohut's self-selfobject

relatedness, crucial for him not only to healthy development but also to an understanding of the analytic venture. In this regard, there have been many reports in the psychological literature noting the general difference between how males and females react in figure/ground studies. Generally males perceive the figure, and females perceive the ground. Related to this, men see themselves as independent competitive strivers, while women see themselves as inter-related within a social context. Many other investigators note that women are more sensitive and empathetic than men. Relating these findings to psychoanalysis, it should be noted that up until the recent present, the patient has been seen as the focus, the figure, in the analytic situation, with the analytic situation, including the analyst, serving as ground, not primarily focused upon. To use Modell's terms, we had operated with a one-person psychology instead of a two-person psychology. One can conceptualize this one-person psychology, in which the individual is viewed as separable from his surroundings, as a masculine bias. There have been compelling and persuasive reasons for widening our perceptions to include the analyst in our view, to focus on empathy, and to see the analytic situation as interactive and intersubjective. Kohut and the self-psychologists have been consistent in their advocacy of this position. Both the stress on interrelatedness and the need to take the context into consideration are important and necessary correctives to the more singular focus on the intrapsychic conflict. We can agree with Kohut that the emphasis on autonomy is a bias, but, not of the western *world*, as he says, but rather a bias of the western *male*. Moreover, we would insist that just as in the figure/ground dichotomy, one view is no more correct or unbiased than the other, and in fact a balance and equilibrium must be reached between them to maintain as rich and complete a vision of the psychoanalytic situation as possible. We think in terms of *relative* autonomy, and of *relative* dependence on selfobjects to maintain self structure. Moreover, despite obvious differences, the similarity of the bipolar self to the tripartite model seems apparent to us, with goals and ambitions roughly comparable to the id, ideals and standards roughly comparable to the superego, and skills and talents roughly comparable to the ego. What is added in the bipolar model is a structure-supporting selfobject attached to each sector of the tripartite/bipolar self. The addition is both clarifying and helpful, but we see it as neither a replacement nor a contradiction to modern ego psychology. For example, Loewald sees no id without the mother, and the superego is never a closed completely autonomous structure from the point of view of us developmentalists. The same might be said for the capacities of the ego, that its structure, *too*, is dependent for support upon the environment — Mahler's subphase of "on the way to object constancy" does after all last a lifetime. What we can say is that the self psychologist has *expanded* the psychoanalytic view of the human being as an open system interrelated with the environment.

We will close this discussion with another conceptual difference with Dr. Ornstein, and it is to the same point. She makes a distinction between

structure building by transmuting internalization and structure building by identification. The former, she tells us, is a result of appropriate empathic selfobject responses tailored to the child's uniqueness: whereas in the latter, which is related to imitation, the characteristics of an important person are taken in and become part of the child. She puts it *simply*, as she says, by stating that in transmuting internalization, significant people are able to come over to the child's side, whereas in identification, the child is forced to come over to the side of the caretaker. Ornstein views this latter as a pathological trend leading to a false self.

In this interesting distinction between transmuting internalization and identification, we are reminded of Piaget's description of how the child learns. He refers to the parallel processes of assimilation and accommodation. In assimilation, the child alters his perceptions of the environment so that they fit comfortably within his own already established schemata; whereas in accommodation, the child alters his own structures to allow them to encompass external perceptions. Piaget describes assimilation as *play*, and accommodation as *imitation on the way toward representation and object permanence*. The similarities with Ornstein's categories of internalization are obvious, but Piaget adds a further concept which balances the two processes. He says the child can never rest with only assimilation or accommodation, but must forever seek a balance between the two, which balance he calls equilibrium. In other words, both processes are postulated as necessary for adequate and healthy cognitive development. We feel that in the development of an adequate and healthy self, there must be a balance. The caretaker must go over to the child's side, but also, the child must be capable, without a serious compromise of his own self structure, of going over to the caretaker's side. The question Ornstein raises when she speaks of identification versus transmuting internalization is whether her patient changed by altering herself to fit the model of Dr. Ornstein, or whether Dr. Ornstein was so able to meet her needs for mirroring and idealizing that the patient's feminine self was strengthened without her having to model herself on anyone else. We would conjecture that the achievement of a newly strengthened and vigorous cohesive gender self could not be entirely unrelated to the person of Anna Ornstein, and that this patient will remain, and remain indelibly, somewhat like her analyst, Dr. Ornstein, while remaining at the same time mainly and uniquely herself.

SCIENTIFIC MEETING REPORT

"New Directions in Psychoanalysis" by Michael Franz Basch, M.D.

Reported by David James Fisher, Ph.D.

On March 30, 1984, Michael Franz Basch presented his paper, "New Directions in Psychoanalysis," before an overflow crowd at the Cedars-Sinai Medical Center. The occasion was the Franz Alexander Memorial Lecture sponsored by the Southern California Psychoanalytic Society and Institute. The author of *Doing Psychotherapy* (1980) opened with some ceremonial remarks about Alexander and then quickly launched into the substance of his talk.

Basch offered a highly condensed history of psychoanalysis. All new directions in psychoanalysis had to explore the unmined potential in Freud's writings. Current psychoanalytic investigations could be inspired by Freud's genius while moving beyond the limitations which Freud himself envisaged for psychoanalytic theory and practice. He pointed to Kohut, among contemporary psychoanalytic thinkers, who revised, amended, and altered psychoanalytic concepts allowing them to be applied in a broader clinical horizon. According to Basch, Kohut remained within a psychoanalytic framework by addressing clinical issues from a point of view of psychoanalysis simultaneously as a healing art and a scientific endeavor. Kohut, like Freud, developed his theoretical stance by immersing himself empathically in his patients' productions. For Kohut a science is defined not by its empirical verifiability, predictability, or falsifiability, but rather in terms of how data is gathered and interpreted.

Psychoanalysis, Basch asserted, should limit its researches to the psychological field. He totally dismissed the biological hypotheses of classical psychoanalysis and offered a critique of the energy model. Instinctual drives, he claimed, can not be scientifically studied, neither proven nor disproven. The highpoint of Freud's epistemological achievement occurred in 1886; it emerged after working with Charcot at the Saltpetriere in Paris when he discovered that neurotic problems had psychological causes. Consequently, they required a psychological form of understanding and a psychological solution. What was gained in this epistemological breakthrough was nonetheless lost in terms of scientific theory. Psychoanalysts following Freud tended to confuse the brain with the mind, isolating psychoanalytic research from the mainstream of scientific investigations of the brain. Psychoanalysis historically took a wrong turn by positing that psychological conflict had a biological root.

To extricate psychoanalysis from these binds, Kohut emphasized that the psychoanalyst ought to rely on empathic forms of understanding. Empathic understanding is not equivalent to the gratification of a patient's wishes, nor is it an original or innovative way of listening. Compassionate psychoanalysts have always known about, always used empathy as a listening device, as a way of putting themselves into the heart, skin, body, and head of another. The best method of gathering information and of working within a transference field is to enter another's self through the affective component. Basch argued that classical psychoanalysis, beginning with Freud, had a reductionistic view of affect, a tendency to attribute all expressions of feelings to variations on conflict around sexual or aggressive issues.

Kohut's primary assumption about the human subject is that he is not born an asocial being. Rather than being driven by untamed and possibly untamable instinctual drives the subject searches for appropriate validating responses from other human beings throughout life. The selfobject theory of development posits self-esteem as the crucial barometer of integrity and viability for the self. Purposefulness in human interaction derives from the desire to have the subject's self-esteem mean something to another through an affect laden communication.

Basch criticized Freud for viewing the infant as a helpless and stimulus avoiding creature. Kohut corrected this error by picturing the infant as goal directed, stimulus hungry, problem solving, capable of mastery and significant exchanges from birth. Kohut's point of view seems consistent with recent literature on infant observation. The infant's greatest pleasure consists in making things happen. Early indications of anxiety and depression emerge only when the infant fails to make contact and achieve communicative closure. Instead of regarding defensive mechanisms as ways of warding off dangerous, exciting, or unacceptable wishes, the infant develops defensive patterns in his attempt to make affective contact with significant figures in early childhood. These failures to make contact are exacerbated by the infant's helplessness and dependence on his mother, or on a maternal guardian.

The selfobject theory of development is directly applicable in the psychoanalytic situation. Basch emphasized the analyst's need to immerse himself in the patient's psychic reality, the importance of the analyst resonating to the patient's affective messages. Before responding with an explanation or an interpretation, the analyst must understand the patient's subjective experience.

Kohut's view of selfobject development appears to be corroborated by recent work in developmental psychology. The bipolar self containing the dual poles of ambition and ideals seems particularly apt in explaining transference relationships arising in the analytic setting. According to Basch, ambition and ideals are connected by a tension arc of talent and skills.

Basch, however, cautioned psychoanalysts to distinguish between clinical data and an explanatory theory; he held that psychoanalysts needed to go outside of psychoanalysis for a more powerful theory of the self.

For Basch, it is information theory which best serves to explain how to process and organize the clinical data. The self, he argues, is a supraordinate system governing human behavior, helping the subject decide on a program of action. Information can be defined as anything that makes a difference and that reduces mental uncertainty. Communication on the affective level is most crucial, particularly that information acquired before the human subject learns language. The self is a code based on a hierarchy of affective experiences which lays down laws for subsequent behavior. Deciphering these codes in analysis means developing a sensitivity to a patient's specific messages within the transference. Defensive constraints are laid down in early life based on a lack of fit between the self and his selfobjects, or because of an empathic failure on the part of selfobjects in early life. Change in psychoanalytic therapy occurs as a result of shifting the way the subject responds to messages, and through the building of structure making these responses less arrested, restricted, and conflicted.

Basch suggested that current psychoanalysis lacks an adequate theoretical framework. Many of Freud's discoveries do not tally with recent brain research, particularly that on left and right hemispheres and on the corpus callosum, which connects the two halves of the brain. Analytic transferences, following Kohut's view of selfobjects, allow the analyst to play metaphorically the corpus callosum, that is, to mediate between those parts of the self which the patient has failed to synchronize. In the process, the patient will begin to build the structures that failed to take root in his early childhood.

Basch concluded on a positive note by predicting that psychoanalysis was on the verge of expanding its clinical efficacy in the sense of its widening clinical scope and in its prospects for offering patients meaningful and durable change. He also asserted that contemporary psychoanalysis ought to contribute to a basic psychology of motivation for human behavior. At the same time, psychoanalysis ought to eschew its attempt to build a rigorous and totalizing general psychology.

Discussant Joseph Natterson called into question the pluralism of Basch's conceptual framework. Despite his references to cybernetics, developmental psychology, and Sylvan Tomkins' affect theory, Basch was really arguing for Kohut's theory as a supraordinate paradigm. In short, beneath the rhetorical pluralism Basch was saying that Kohut represented the best single direction for contemporary psychoanalysis. In a departure from his own recent paper, "The Significance of Kohut," (*Humanities in Society*, 1981), itself a balanced and nuanced overview of Kohut's contribution, Natterson agreed that Kohut provided a scientific base for *one* new direction, namely self psychology. Natterson rejected the putative

theoretical hegemony of self psychology implied in Basch's paper. For him, Kohut's work has both its creative range and its clear limitations. It is helpful in looking at the early period of child development, a period marked perhaps by pre-conflictual identifications, and where parents have a significant empathic responsibility. It is also extremely helpful in alerting the analyst to intersubjectivity within the transference-countertransference field, especially in reminding the analyst of his own subjectivity in the analytic process. It is dubious, however, to discount entirely the presence of psychic conflict and the unconscious aspects of sexual desire, aggression, and guilt, even if one does not fully agree with Freud's early energy model.

Natterson offered a brief but provocative critique of Kohut based on the contributions of Freud, Erikson, Marcuse, and Drannos. All theories based on exclusively empirical approaches suffered from near-sightedness. Because Kohut derived much of his theory from clinical work, his conceptual apparatus is necessarily limited, necessarily lacking in perspective. Responding to the polemical side of Basch's paper and to his misrepresentation of Freud's metapsychology and his theory of technique, Natterson offered a view of classical psychoanalytic theory as if it were a quarry, not a monolithic edifice. Psychoanalysis, Natterson insisted, ought to maintain its subversive and moral perspective. Self psychology, following Kohut, is inadequate as a theory not simply because it focuses too narrowly on clinical data, but also because it distances itself from the subversive and still pertinent ethical and theoretical formulations of classical psychoanalysis.

Basch preferred not to respond to the content of Natterson's remarks, emphasizing the similarities in their views. He stated that self psychology did have an appreciation of psychic conflict, but he did not elaborate it. Discussion from the floor was limited due to the size of the audience and considerations of time. There was an inconsequential exchange on whether or not psychoanalysis was a hermeneutics. Very few of the spectators at this talk, this reporter included, left feeling that they had heard a seminal paper. Moreover, Basch's speaking style, perhaps best described as monotone, was not effective in stimulating a large audience.

LETTER TO THE EDITOR

August 11, 1984

Dear Dr. Wilson:

The interview of Dr. George Kalman by Dr. Robert Rodman published in the July 1984 issue of the *Bulletin* is a service to the membership of the LAPSI because we can all now understand what Dr. Kalman has been trying to tell us for some years. I am personally aware of many efforts by the Board of Directors during the past few years to have Dr. Kalman explain his concerns in some form to the membership. The Board offered to send out a letter written by Dr. Kalman; he spoke at a dinner business meeting in June 1983; a letter was sent to the membership offering a special meeting for those interested in discussing Dr. Kalman's ideas, etc. There was a genuine desire for Dr. Kalman to have the opportunity to express his concerns, especially since the Board could not understand the specifics of his complaints from the statements he did make at meetings or personally to Board members.

Through the published interview, guided by Dr. Rodman's excellent questions and comments, we can now understand and evaluate the complaints and the suggested solutions offered by Dr. Kalman, on their merits. This format solved the problem in communication which had been frustrating the Board's desire to have Dr. Kalman express his concerns. The interview has been of service to the LAPSI and you are to be commended for your decision to publish this story.

I have enjoyed the many interviews that have appeared in the *Bulletin*, and your expressed interest in also including some of our members who have different or unusual views is an excellent policy that helps the membership understand the many diverse people that make up the LAPSI.

Sincerely,

Arthur Malin

Arthur Malin, M.D.
Beverly Hills, California