

## REVIEW MEETINGS

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psychoanalytic tradition has leaned away from belief in a person's capacity to change. Analysts speak of regression and the repetition compulsion. Yet, at one time analysis represented a revolutionary movement. It has now become a new tradition. It represents the conservative, she said.

**Dr. Menaker** pursued the idea of change. A river of psycho-social evolution is the force which creates the possibility of change. She questioned, "What is the life force?" and, "How is movement initiated?"

The move from traditional to transitional creates a state of adaptive tension. Psycho-social man strives to overcome tension. Conflict is a social motor for change. She called this an evolutionary viewpoint.

Pointing to **Freud's**, "GROUP PSYCHOLOGY AND THE ANALYSIS OF THE EGO," she commented about its stress on the idea of social influence and social framework as giving the illusion of stability.

But, **Dr. Menaker** continued, now is a time of turmoil. The individual is overwhelmed by the transitional nature of changing values. People are having problems with definition of role.

In society today, there is a rapid transition in child rearing, marriage and relationships between man and woman. These changes have many causes. They trigger both progress and problems.

**Dr. Menaker** said that when we analyze only the intrapsychic, we neglect the psycho-social dimension.

Today, in psychoanalysis, we have shifted from the Psychology of Conflict to the Psychology of Adaptation and the Developmental approach. In particular, **Dr. Menaker** referred to the studies of early childhood by **Escalona** and **Mahler**.

She also spoke of the sociological changes since World War Two, a convulsive transition which has brought new tasks and changed values. We have a new code of interpersonal relations in family and sex mores. Where we were once under-expressive, now, we are over-expressive. We have new patients with new problems. We have new insight, much subtler understanding, modified approaches.

We deal now with Narcissism and Borderline pathology where once we dealt more with Neurosis.

All of this has not escaped the psychoanalytic community.

**Dr. Menaker** called our attention to a recent paper by **Anna Freud** which discusses the state of psychoanalysis. In this discussion, she cites one paper by **Rangell** setting forth the classical view and another by **Andre Green** in which he speaks of treatment of the Borderline and the psychotic. These are people suffering from a Basic Fault, from damage to normal development of the ego. Such treatment is meant to be reparative, requires a closeness between the analyst and the patient that deals with pre-verbal issues. This is a treatment that calls for technical modifications.

**Dr. Menaker** said that the work of **Ferenczi** holds a greater significance today to the widespread need of our time.

She asked, "What is Psychoanalysis?" and wondered what were its conceptual limitations.

**Dr. Menaker** said that in analysis, the one-to-one relationship is the hallmark of the method. She pointed out that the method of therapy is not the same as the method of investigation. In therapy ultimately the question is what is the therapy-

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## PERSPECTIVES ON TECHNIQUE

By GERALD J. GARGIULO

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Psychoanalysts of the mid-twentieth century have inherited, it seems to this writer, something of a confused identity. We hover in our work, as **Theodor Reik** reminded us, between art and science. As I have mentioned before, we attempt to bring to our patients a disciplined subjectivity, a theoretically informed humanism in order to be helpful guides but not shamans in the underworld of the unconscious. The therapeutic setting in which we work, in its best moments, facilitates growth; yet we are not teachers of content so much as initiators in a process. To accomplish this process, **Freud's** theories of the mind and of technique are enormously helpful. To the extent that analysis is an art, we rely on a relaxed receptivity to our informed pre-conscious; to the extent that it is a science, we attempt to master theory and codify technique. Yet it is particularly in the area of technique that there is a danger, I believe, of an ideological commitment to **Freud**, rather than a mature, scientific commitment to learning.

**Erik Erikson** has written of the adolescent's beneficial need to commit himself to a cause beyond himself, to define himself by a commitment to a social group or philosophy as a way of stabilizing and strengthening his capacity for loyalty. But this stage of ideological commitment, as we all know, becomes destructive if it is not integrated eventually within the adult's experience of the world. Ideology is marked by an adherence to a set of beliefs and consequent rules which become normative for self-definition; it is usually intolerant of alternative theories since what is threatened is one's "place" in the world. Ideological commitment promises its followers "answers" and implicit in this is the belief that a "right way" can be found, all of which serves to alleviate personal anxiety while also being used unconsciously as a judgment on those who do not believe and practice the "right way." It is not until we human beings attain wisdom, it seems, that we tolerate our ignorance while still recognizing our self-worth. Ideology is dangerously close to paranoia, since basically paranoia, as **Winnicott** reminds us, is the need for the presence of a system of thought by which to define oneself. It is also markedly akin, we might note, to Western religious systems.

If we turn our attention to adult scientific commitment, we can speak of its major characteristics as the following: a demythologizing of the world in terms of any personal salvation system and a consequent rigorous commitment to a *process of exploration* rather than to a *content of explanation*; an appreciation of a relativism that comes not from the arbitrariness of subjectivity—it's right if it works for me—but, rather, from an understanding that the goal of strenuous study is the liberating awareness of our own ignorance and of the role of "context" for all knowledge. With a scientific attitude we might say that, having imposed serious and thought-out safeguards, we expect to make significant errors as we search for what is valid. If we can no longer live with the awareness of our ignorance, we have probably forgotten how to play in the world and most assuredly have compromised any truth we may possess. **Freud** would not have stumbled on the significant truths which he did were he not capable of playfully entertaining alternative explanations to the accepted ones for the phenomena of dreams and symptoms which confronted him.

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## REVIEW'S MORNING MEETINGS

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cused specifically on the concept of defense and its relation to developmental arrests. In developmental arrests there is a failure of ego development and of self-object differentiation, both of which result from a failure of the child's environment which produces a lack of internalization. The use of defenses, on the other hand, presupposes structuralization of the psyche; they are employed to ward off anxiety resulting from structural conflict. **Stolorow**, then, viewed the defenses as part of ego development in relation to the structuralization of the representational world. However, he pointed out that there is a developmental line for a defensive process, that is, there are pre-stages of the defenses. It is this double view of defense—as an element of psychic conflict and as having a pre-stage—that **Stolorow** then proceeded to explore in terms of projection, incorporation and splitting.

Turning to projection, he pointed out that when it is used defensively contents are excluded from the self-representation and located in the object-representation to alleviate structural conflict. For example, a narcissistic patient may view the analyst with contempt instead of experiencing his own self-contempt. However, the pre-stage of this defense appears differently. In mirror and twin transferences the patient may experience a sadistic fantasy as part of both the self-representation and the object-representation. Nothing is warded off; rather, the patient is attempting to maintain a similarity between himself and the other. It is important to distinguish these two different clinical situations; for in the first case the analyst, according to **Stolorow**, should interpret what is being warded off, while in the second case he should focus on the self-object confusion which results from a developmental arrest.

Incorporation is used defensively to ward off the painful affect of loss of the object by relocating the contents of the object-representation into the self-representation. **Stolorow** gave as an example a patient who fantasied that a penis protruded through her vaginal lips. In order to ward off the instinctual conflict provoked by her father's death when she was four years old, she incorporated a valued aspect of him which both kept him alive and controlled her ambivalence. **Stolorow** illustrated the pre-stage of this defense with a patient who experienced her friends as embodiments of ideal aspects of her parents. Increasing her self-esteem through contact with these friends, she thus evidenced a lack of self-object differentiation which appeared in a wide variety of situations and which was not conflict specific. Clinically, then, the analyst should in the first case analyze the defensive function of warding off a danger, while he should in the second case focus on the need for merger.

Splitting as a defense is the keeping apart of conflicting images to avoid anxiety, and this can only occur after an integration of the psyche into a whole. The need to protect the object presupposes the integration of the object image. Defensive splitting is characterized by the attachment of all-good images on one object and, simultaneously, of all-bad images on another, separate object. As an example, **Stolorow** presented a patient who encapsulated an image of her older lover as vigorous and healthy in order to ward off her conflict over ambivalence which related to her mother's death. The pre-stage of defensive splitting, however, lies in an ego which is develop-

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## PERSPECTIVES ON TECHNIQUE

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All of this commentary is a preamble to a therapeutic intervention of a rather short duration; before relating it, I ask the reader to indulge me one more caveat. Translators are traitors, as the saying goes, and case histories, in what they leave unsaid, seem more akin to historical fiction than chronological fact.

The patient is a thirty-two year old executive working for a major firm. He came to treatment three and a half years ago after having seen another therapist for about a year. Some of the presenting problems were surface difficulties with his wife and the persistence of low self-esteem. For a major part of the therapy the patient has been seen on a three-time-a-week basis. The patient functions very well on the job, has minimal anxiety and relatively little reality distortion. What became clear, as the therapy progressed, was that when the patient wasn't deprecating himself—a repetition of what his mother had done to him—he felt empty and alone, with the absolute conviction that he could not make contact, from his insides, to the outside world, although he progressively functioned in that outside world very well. Over the course of treatment the patient changed jobs for the better, achieved a better relationship with his wife, and became a father.

The patient was initially able to respond to interpretations indicating how he kept his parents, particularly his mother, alive by the self-castigating monologue he carried on within himself. As noted, although other aspects of his situation improved, implying his capacity to more aggressively take charge of his life, this self-deprecation was hardly affected; although its content, as alluded to above, as well as its various functions were discussed and interpreted. We might note here that it took the patient three years before he was able to speak about being able to trust me, namely, that I would not mock him and that I had his welfare in mind. This was possible for him, in my judgment, because of the presence of a benign and caring maternal grandfather the first six years of his life.

Recently, during his session, the patient started to enumerate again a self-deprecatory litany which only he knew about himself—all of which centered on his phoniness and emptiness inside. I knew he understood the dynamics involved, and also that he found himself powerless to change. This time, instead of any interpretation or clarification, I spontaneously told the patient that he had to stop speaking that way in the sessions, that I would not permit him to speak about himself in this manner. I told him it was painful for me to hear him speak so, and I would simply no longer allow it! This was said slowly and with a quiet sense of conviction, and after I had spoken the patient was quiet for a while.

There were no dramatic changes in the patient's demeanor, but within approximately two weeks after this session he recounted that on his way home he had found himself feeling empty and useless but was able to stop himself with some dim awareness that he did not have to do this to himself. Shortly after this experience there was a two-week break between sessions. When the patient returned, he recounted that he had felt warmly when thinking about therapy, feeling that he had a friend he could talk to. He said this without his usual added commentary that he was just saying words because he was phony inside.

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mentally incapable of integration of images. This is manifested clinically by the rapid alternation of all-good and all-bad images on the *same* object. Thus, in the borderline the inability to integrate is not linked to a specific conflict which is warded off; rather, it pervades broad areas of functioning. Again, this distinction between the defense and its pre-stage has technical implications. **Stolorow** suggested that the analyst interpret the defensive function, while in dealing with the pre-stage, confront the patient with the inconsistencies.

Following the presentation, discussant **Herbert Streean**, after reviewing the history of the concept of defense, noted that **Stolorow's** formulations could be used counter-transferentially by the analyst to defend against his own impotence and rage. He stated further that murderous rage in preoedipal patients should be explored and that this exploration, with its tolerance by the analyst, will lead to differentiation of self- and object-representations.

## PSYCHOANALYSIS AND DRAMA

By HELEN HELLMAN

The participants in the panel on PSYCHOANALYSIS AND DRAMA were respectively **Dr. Donald M. Kaplan**, Associate Clinical Professor of the NYU Postdoctoral Program in Psychology; **Professor Stephen Aron** of the Drama Department of the Juilliard School; and **Dr. Alan Roland**, Member of the Faculty of NPAP.

**Dr. Kaplan** is a psychoanalyst who has been "knocking around the theater" for many years. Dedicating his discussion of how psychoanalysis is relevant to new theater to **Dr. Benjamin Nelson**, he referred also to his contact with **Richard Schechner**, an innovative director during the 'sixties. He outlined briefly his understanding of the intentions of "new theater," which he saw as "defying the complacencies of human relations." He mentioned the "happenings" of the 1960's, the Living Theater production of *The Connection*, and other works which attempted to disarm and alter notions of traditional theater. In differentiating between "real life" and theater, he cited baseball as an example of real life. **Schechner** insisted baseball was theater. Discussing gesture and performance, he mentioned that baseball players rarely suffer stagefright, while a theatrical performer's difficult task was fairly often disrupted by "drive arousal." He equated performance with poise, which was unlike usual behavior repertoire.

Considering the script, he defined it as a prescription for actions which do not exist and saw the script as a "transitional object," according to **Winnicott**. He compared the script to the deinstinctualized object and suggested that when the performance is ended, the transitional object is relegated to limbo.

**Dr. Kaplan** knocked around many interesting ideas in his discussion, but gave the impression that new theater and happenings began with **Schechner** and the 'sixties. Actually new theatrical forms evolved in attempts to shatter traditional theater as early as the 'twenties, with surrealist provocations in France, and spectacular innovations in dance and drama all over Europe.

**Professor Steve Aron**, of the Drama Faculty of Juilliard,

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Every case is enormously complicated and this one is no exception. I know that there is still a great deal of work to be done. Yet my direct prohibition of his associations when they lead to his self-deprecatory pattern is, I believe, a critical turning point in the treatment. I am aware of explanations in terms of my possible use of the positive transference as well as the theories of a more positive introject displacing a more primitive bad introject. In actuality, I think that my response on this occasion awoke in the patient the emotional memory of a loving grandfather, and it was because he one again experienced feelings of protectedness that he could allow himself to feel warm and real again inside.

The point of this short vignette might be summarized, if it need be at all, by saying that we must not only encourage free association when needed, but also stop it when it is unproductive. We should, for example, use the couch if it promises to be productive or not use it if it seems counter-indicated. We do not usually provide coffee or tea for patients except in those cases or on those occasions when it is called for. We should vigorously keep to the treatment time we have established, except when it must be extended or perhaps shortened. Obviously the list is endless. The issue is that no technical rule means anything outside of the context of a particular patient and a particular treatment plan. A scientific approach means we constantly test and try and sometimes make errors—and attempt to correct those errors. Ideology, for all its promise of correctness, is really belligerent ignorance. Such an attitude is not particularly helpful for the enormous task of learning which we analysts still have ahead of us.

## NPAP, INTERNATIONALLY

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Theoretic interest has similarly shifted towards more concern with the pre-oedipal period of object-relations which preoccupied some British analysts years before the Americans saw the light.

A most recent kind of awareness stems from LSD (S. Grof), **LeBoyer's** "gentle birthing," and from the more abreactive therapies (Reichian, gestalt, & Primal). Unfortunately, Toronto psychoanalysts do not seem alive to these newer developments. In this newer purview, some therapists are becoming more concerned with the somatopsychic life consequences of birth and pre-birth conditions. The zeitgeist is beginning to re-illuminate the earlier concerns of **O. Rank** and **M. Ribble**. In addition, recent research on obstetric pain-elimination (drugs) suggests that the relief of mothers has been disastrous for the foetus. Finally, a potentially crucial period of mother-child bonding during the very first postnatal hours has been described by **M. Klaus** and his associates (Cleveland, U.S.A.).

The implications for theory and practice may be very far-reaching. For example, the 'good' and 'bad' mother model may be necessary but far from sufficient in our analysis of neurosis. We may have to seriously consider the role of obstetric savagery, pharmacological irresponsibility, and the bonding disruption caused by maternity ward practice. **Dr. Klaus** shows how potentially good mothers become bad mothers when current

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