

Individual and Family Therapy

RECENT PSYCHOANALYTIC VIEWS



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RECENT PSYCHOANALYTIC VIEWS

The failure to focus upon the family setting in which the child's personality develops and which profoundly influences his intrapsychic life has seriously limited psychoanalytic theory and its application to therapy.

— Theodore Lidz, *Hamlet's Enemy*

Despite being in practice a most radical and intense treatment of the individual, psychoanalysis as a theory includes as comprehensive an appreciation of the role of the family in personality development as has yet been formulated. As noted in chapter 5, Freud and his followers for complex reasons, minimized their contact with family members. Nonetheless there has been a tendency, over the past three decades or so, toward greater inclusion of directly observable familial factors in psychoanalytic writings. In recent years, for example, Lidz and his associates (1965) have studied the family members of schizophrenics while others have pioneered the treatment of the family itself from a psychoanalytic point of view. Of the eighty-seven books listed in Haley and Glick's annotated bibliography of the family therapy and research literature (1971) published between 1950-1970, thirteen were written by psychoanalysts and/or included some integration with psychoanalytic thinking. Most recently Steirlin (1977) published a compilation of his work under the title "Psychoanalysis and Family Therapy." While this indicates a fair amount of overlapping interest in the field, we are still far from any systematic integration of family observations and psychoanalytic theory.¹ Glick and Haley's bibliography also illustrates the recent logarithmic growth and interest in family therapy generally. Eleven of the above eighty-seven books were published in the 1950s, while the remaining seventy-six were published in the 1960s. The present decade has already eclipsed the previous one.

There is one book that deserves special comment because of its suggestive title and early publication date. Flugel's *Psychoanalytic Study of the Family* (1921) is a recapitulation of the psychoanalytic theory of that time looked at from the vantage point of the family as the crucible of personality formation. Its fourteenth chapter concerns the attitudes of parents to children and the reciprocity of neurotic interaction between parents and children. Another early psychoanalytic book, the title of which also points to the crucial importance of "the family" was Anna Freud's and Dorothy Burlingham's *Children Without Families* (1944). Faced during the Second World War with history's natural experiment of large numbers of homeless children, Miss Freud and her collaborators were able to

apply and extend the psychoanalytic ideas of the day to the observations and care of those orphaned children and infants. Their studies ushered in the next phase of development of psychoanalytic theory, that being the study of child development through naturalistic observation as well as through the new settings of child analysis and child guidance clinics. While the title of their book implies the importance of the family, the focus of interest was the mother-infant relationship. A year later, in fact, the annual *Psychoanalytic Study of the Child* was to join the official psychoanalytic journals in publishing much of the further developments in psychoanalytic theory.

The task of outlining the relevant psychoanalytic literature that pertains to family processes is a formidable and unwieldy one in as much as the bulk of psychoanalytic writings are indirectly, if not directly, about family life. In fact, many papers based on classical psychoanalytic methodology are nonetheless filled with insights into family interaction. To simplify the task, I have chosen to begin with the thirty or so volumes of the *Psychoanalytic Study of the Child* using the recently published *Abstracts and Index to Volumes 1-25* (1975). I chose those titles that indicated that the focus of interest was the "interface of intrapsychic and interpersonal forces" and especially those studies utilizing the direct observation of family interaction. I have organized this survey into groupings based upon the life cycle as well as certain other topical considerations as follows:

A. Life Cycle

1. Mother-infant relationship
2. Parent-child relationship and parenthood
3. The adolescent and his family
4. The marriage relationship
5. The later years

B. Issues of therapeutic intervention

C. Metapsychology

Obviously some of these headings are minimally represented in *The Psychoanalytic Study of the*

Child, and I have added various relevant psychoanalytic papers without, however, doing an exhaustive literature search. The *Chicago Psychoanalytic Literature Index* was a major source of references. Following this brief survey of psychoanalytic writings on the family, I shall review the contributions to an integration of psychoanalysis and family process made by those family therapists who began their work with an analytic orientation. Partly because of the unreceptivity of psychoanalysis to these pioneering practitioners and partly because they began to explore the family as a “system,” free of the assumptions of psychoanalysis, their work was not generally published in the psychoanalytic journals. Their work will be discussed separately though the division is somewhat arbitrary.

PSYCHOANALYTIC WRITINGS AND THE FAMILY

A-1. Mother-Infant Relationship

As mentioned in the introductory comments the psychoanalytic interest in child development arose in the post-World War II years and found a home for its findings in the *Psychoanalytic Study of the Child*. It might have been more accurate to describe much of the material published in this annual as psychoanalytic studies of the mother and child. The title of the annual, in fact, sums up its individual orientation despite the increasing use of observations of dyadic behavior. In these postwar years Rene Spitz, Anna Freud and her coworkers, Ernst Kris, Albert Solnit, Samuel Ritvo and colleagues at the Yale Child Study Center, and Margaret Mahler and her associates have significantly added to our understanding of early child development. Mahler, after describing the infantile psychoses in two decades of research, mapped out the separation-individuation process, thereby beginning to flesh out Freud’s schematic psychosexual stages of development. The recent observational studies of Roiphe and Galenson (1972) (also Galenson and Roiphe 1971, 1976) further extend and refine our understanding of these psychosexual stages.

Mahler’s work has now been elegantly summarized in *The Psychological Birth of the Human Infant* (Mahler, Pine and Bergmann 1975). While insisting that they were studying the development of intrapsychic structures, the authors were, of course, utilizing observable data. They thus address head on one of the knottiest problem: in psychoanalytic theory, that is, how to correlate the external world with the internal world. Not surprisingly the substance of their work was the study of that phase of individual

development when psychological separateness, inner from outer, differentiation of self from other, begins. In their introduction the authors note the need to infer intrapsychic phenomena from observable data.

It was clear from the outset that the central phenomenon under study, the intrapsychic process of separation and individuation, was not susceptible to direct observation; but cues to intrapsychic process could come from observation of mother-child interaction [p. 23]

The fact that these inferences about intrapsychic processes also involved the preverbal period of development was especially a departure from traditional psychoanalytic methodology. The authors note that their “constructions” of this preverbal period have parallels to the “reconstructions” that take place in classical psychoanalytic work, while also emphasizing the shift from the auditory psychoanalytic instrument to a greater reliance upon visual cues.

Observation of interaction, especially of the mother and her child, depend on the viewing of motor, kinesthetic, and gestural phenomena of the entire body. This is so, as they point out, “because the motor and kinesthetic pathways are the principal expressive, defensive and discharge pathways available to the infant” (1975, p. 15).

This has relevance to those interested in the application of psychoanalytic theory to family therapy for visual observation of family interaction also takes on greater importance in relation to verbal productions. The disparity, for example, between the words of a family and its actions, has frequently been noted by many observers of families as one of those aspects of communication suggestive of family disturbance.

Also of relevance to and overlapping with family processes is the paramount importance infant research places on adaptation and object relations. Freud had prepared the way for these developments many years before in *The Ego and the Id* (1923) when he shifted from the topographical model of the unconscious, preconscious and conscious to the structural division of the mind into the three agencies of id, superego, and ego. The structural model with its emphasis on the ego as a mediator between the inner and the outer world brought the question of both adaptation (of the ego and the environmental matrix) and object relations (the ego's relation to important others) into the purview of psychoanalysis. Mahler and her associates point out the greater relative importance of the adaptational point of view in early

infancy than, for example, the “dynamic point of view.” The dynamic view with its emphasis on impulse and defense assumes that more structuralization of the personality has taken place.

The relevance of this observation for family-related work should be mentioned here, for it is because of developmental deficits in separation-individuation with its consequent maladaptation in object relations that so many families seek help these days. Families with interpersonal disturbances now seek help at least as frequently as individuals with more internalized neurotic conflicts and symptoms.

This is a most important factor in the present crisis of psychoanalysis. Since the Second World War psychoanalytic theory held a promise far beyond its capacity to fulfill. Almost all psychotherapy in the U.S. was dependent on this compelling body of thought, the thrust of which was the importance of intrapsychic forces and their individual treatment. Making the unconscious conflicts conscious, altering the intersystemic conflicts of ego, superego, and id by interpretations within the one-to-one therapeutic relationship was the predominant paradigmatic model. It, of course, assumed a degree of internalized conflict “relatively” independent of the environment, that applies to all too few patients. We have already noted in the previous chapter how Freud had taken on only patients *sui juris*, that is, patients relatively independent of others in the conduct of their lives. This necessarily addresses itself to the complex question of analyzability and underlines the internal strain of a prevalent and compelling theory that could be practically applied to so few cases. This contradiction has been handled awkwardly and empirically by introducing, in child guidance clinics, some form of ancillary treatment for the parents, usually the mother. Also, since 1950, the greater therapeutic engagement of the family of adults and children gave rise to the family therapy movement (see chapter 2).

It is through these “inventions” arising out of the necessity of widening the scope of observation and treatment that psychoanalytic theory can continue to unfold. The family therapy movement has described the powerful, collusive, interdependent, systemlike forces at work in family interaction, which so often interfered with the analyzability or individual treatment of so many patients. This enmeshment (Minuchin 1974), or undifferentiation (Bowen 1966) are often interactional manifestations of the inadequate intrapsychic individuation and separation that has been the focus of Mahler’s research. One might see the classical analytic method as a heroic attempt to help individuals free themselves from these enmeshments by treating them in isolation from their family. The continuation and extension of

problems in separation and individuation make the adaptational point of view of great importance *throughout* the life cycle, as well as the increasingly important dynamic point of view. The continuing importance of “adaptation” throughout the life cycle is especially underlined by the title of Lidz’s *The Family and Human Adaptation* (1963). (See especially Pine 1979 in this context.)

The extensive literature on the very early years has almost exclusively focused on the mother-infant relationship. As a result of greater direct observation of the mother-infant relationship a far more complex, subtle, and sophisticated picture of the interplay of the developing child’s constitution or temperament and its environment has emerged. The earlier schematic formulation of the drive-based psychosexual stages of development have now been integrated with the more recent work on self-object differentiation and developmental ego psychology, making the controversy between the drive-versus-object-relations schools of psychoanalysis seem artificial.

And what of the father? The relative exclusion of the father from both research and treatment settings is quite striking and reflects a wider sociocultural exclusion of the father from the child rearing role (see Mitscherlich 1970). Industrialization with its separation of the work sphere from the home left the mother more exclusively with her offspring. Paradoxically this “modern development” is a reversion to the arrangement of the pre-agricultural hunting and gathering societies. While it is true that the mother’s biological nurturing role crosses cultures and historical epochs, the extreme separation of mother and father in child rearing is a function of the differentiation of modern society, especially fueled by industrialization. A certain value bias overemphasizing and rationalizing the importance of the mother-infant relationship has played a part in psychoanalytic contributions. An example of such a bias is the Goldstein, Freud, and Solnit book, *Beyond the Best Interests of the Child* (1973). This book, which has had a considerable impact upon the courts, has advocated the maintenance of continuity of care for children in divorce suits usually supporting the claims of mothers in custody conflicts. Only recently have adherents of arrangements such as joint custody brought to light the bias of these writers, reminding us that up until this century custody of children, almost always (and usually unjustly) was given by the weight of cultural forces to the father (Roman and Haddad 1978). Fraiberg’s recent contribution, *Every Child’s Birthright* (1977), has similarly been criticized for presenting a cultural bias as scientifically valid propositions.

The study of the mother-infant relationship naturally generated data that by design did not note the role of the father. Only recently has the role of the father in the separation-individuation process begun to be described (Abelin 1971, 1975; Burlingham 1973), though his importance in the very early years has, as Abelin noted, been periodically acknowledged (Loewald 1951, Mahler and Gosliner 1955). Abelin, one of Mahler's associates, has included observations of the earliest role of the father in the separation-individuation process, again demonstrating the importance of the questions (hypotheses) formulated in determining the methodology used to generate data. In this way theory building and data gathering continually influence one another, at times expanding a science and at times through overly rigid boundaries stultifying it. In this way theory, as paradigmatic (i.e., organizing), often limits and holds back scientific advances. This insight is the core of Kuhn's now oft-cited *The Structure of Scientific Revolutions* (1962).

As Abelin describes the early triangulation in the child's development, he is careful to emphasize that the developmental unfolding of this complex inner structuralization is quite sensitive to the influence of parental attitudes. "It is often difficult to distinguish between the contribution made by the child and that made by the parents to the mutual relationship: we are always dealing with circular processes." (1975, p. 295). (See also Bibring et al. 1961, Boyer 1956, Jackson, E. et al. 1950, 1952, Jacobs 1949, Jessner et al. 1955, Pine and Furer 1963, Ritvo and Solnit 1958, Robertson 1962, Rubinfine 1962, Sandler et al. 1957, Spitz 1945, 1946, Greenacre 1960, Sperling 1949, 1950.) We now turn more specifically to the question of the relationship of an individual's biological endowment and his home environment

A-2. The Parent-Child Relationship and Parenthood

The role of the environment (external reality) remains a most problematic one in psychoanalytic theory. I do not mean to imply either here or in other parts of this book that when I speak of psychoanalytic theory it represents a single, agreed-upon body of thought. There are within psychoanalysis quite divergent and changing views and significant differences of emphasis. In the present context Freud himself, as noted in the last chapter, radically reversed himself on the role of the family in the etiology of psychoneuroses when he gave up his seduction theory and discovered the role of infantile sexuality (see chapter 5). Many psychoanalysts may thus feel that what is stated here applies

to an earlier phase of psychoanalysis while others argue that the observational data reviewed here have little relevance to the practice of classical psychoanalytic technique. While the environment, especially the child's early environment, has a centrally important place in psychoanalytic theory and therapy, there is simultaneously a tendency to de-emphasize it, especially the direct study of it. When Rene Spitz, for example, carried out his researches in early development, he seemed to apologize for departing from the "usual psychoanalytic methods" (1950, p. 73). There are many examples of the dislike of "environmentalism" in psychoanalytic writings. Friend (1976), in the introduction to his recent review of the role of family life in child development, worried about the problem of how psychoanalysts might influence civilization "and at the same time not be thought of as environmentalists" (p. 373). I shall illustrate with one other example because it touches upon our earlier discussion of *Hamlet* (chapter 1). Eissler's comments regarding the environment of Hamlet are characteristic of this tendency:

In analyzing these environmental factors, I may have given the impression that I regard Hamlet's plight as merely the reflection of his father's ambivalence. *Such a trend of thought is now current in many quarters*; it holds that the psychopathology that is observed in an individual is merely a reflection of the psychopathology of his environment, or a reaction to the unwisdom of his elders. [1971, p. 71, italics mine]

While a psychoanalytic case report is inconceivable without a summary of the patient's early environment (the genetic point of view), psychoanalytic writers insist on not placing too much emphasis upon it. Why is this so?

One reason is the wish to conserve the central discoveries of psychoanalysis, that being of the role played by unconscious forces and by infantile sexuality. These discoveries, which emphasize innate and internal forces, corrected a simpler earlier view of humans as but blank slates upon which the environment is imprinted. These discoveries also added a dimension to the study of man at a level quite different from what today is represented by the psychological, sociological, and anthropological frames of reference. These latter disciplines tend toward an "environmentalism" from which psychoanalysis correctly wishes to distinguish and differentiate itself.

Secondly, the day-to-day practice of psychoanalysis naturally focuses on the patient's inner psychic reality and how he frequently misinterprets and distorts external reality. The analyst and patient are constantly examining how external reality is used for neurotic needs rather than focusing on that reality per se. External reality plays a major role in the early development of psychic structure, which, in turn,

comes to reshape reality in its own way. Reality in psychoanalytic theory thus recedes in relative etiological importance as the individual moves from infancy to adulthood. In addition, attempts to intervene in a patient's external reality have generally been viewed as manipulative and thus at odds with the central goal of psychoanalysis, the greater autonomous mastery by the ego of both his internal conflicts and external realities. In fact, a favorable outcome in analytic therapy depends in part upon the degree to which the patient assumes responsibility for his/her life. This includes the integration of the drives and a minimization of the tendency to see one's troubles as externally determined. This result is facilitated by the analytic situation. The nondirectiveness of the analyst facilitates the expression of the patient's transference, fantasies, and drives, the analysis and working through of which becomes the vehicle of change. Winnicott (1960) stated this rather extremely in a paper minimizing the role of childhood trauma in the psychoanalytic setting.

In psychoanalysis as we know it there is no trauma that is outside the individual's omnipotence. Changes come in an analysis when the traumatic factors enter the psychoanalytic material in the patient's own way, and within the patient's omnipotence, [p. 585]

This is another, somewhat extreme example of how even traumatic factors are deemphasized in the service of the analytic work. I am not in agreement with this view and find that it is helpful to a patient to know whether certain events in childhood did or did not occur. This should not interfere with the further analysis of why these traumas were repressed or rendered ambiguous. In any case it is when external reality continues to be "traumatic" or noxious in the present life of a patient that psychoanalysis is often contraindicated and other modalities recommended. Anna Freud (1968) reviewed this question in her paper on the indications and contraindication for child analysis, and her comments apply as well to adult patients. She noted that analysis is most clearly indicated where the patient's turmoil is a product of his inner world. When the threat, the attacker, or the seducer are real people or where the pathogenic influences are embodied in the parents, the chance for successful analysis is reduced (*Abstracts and Index*, p. 113). This question will be more fully discussed in the subsequent part on therapeutic intervention, but in this context I would add that Anna Freud's distinction while heuristically useful is not always easy to apply clinically.

For the neurotic, inner conflicts are usually enacted and reenacted through the repetition compulsion. He unconsciously chooses significant others to make his external reality painful all over

again.

The problem clinically is that so often the patient's inner turmoil is then masked by a difficult external reality albeit of his own unconscious choosing. Such patients do not usually present themselves to the psychoanalyst but do frequently end in the family therapist's office. My experience in such situations has led me to do conjoint family therapy where these externalizing tendencies can be more directly confronted and the individual patient or patients then prepared for more intensive individual treatment.

E.J. Anthony and T. Benedek, the editors of an excellent collection, *Parenthood: Its Psychology and Psychopathology* (1970), offered a third explanation for psychoanalysts' failure to study the developmental situation from the parents' point of view. They noted the general tendency in man to take himself for granted and to study those who are "different and at a distance.... Child development has thus been carefully described whereas the psychology of parenthood has remained a grossly neglected topic of description and investigation" (p. xix).

Fourth, there is in psychoanalytic theory an implicit philosophical position that I would call pessimistic determinism. It places human nature with its universal and biologically rooted preoedipal and oedipal drives at the heart of man's perennial difficulties and suffering. This trend was recently restated by Kovel (1970) who so convincingly demonstrated the interweaving of these darker instinctual strands into the fabric of some of our pathological social and cultural institutions, in this instance, the institution of racism. What Kovel accomplished is an appreciation of the interplay of human nature and human institutions that transcends the sterile nature/nurture controversies that persist in the literature. We, in fact, wonder at the persistence of this nature/ nurture dichotomy in the behavioral sciences. Is it an extension of and intrusion into scientific work of the introjective, projective and splitting mechanisms of the separation-individuation phase of development. The world and self in the infant's blurry eyes are either good or bad and thus hopefully within the sphere of the infant's omnipotent control. Some of the early attempts at reality testing in the separation-individuation phase of development are thus seen to persist not only in the world of our dreams and of our artistic productions but also in our "scientific" reality testing as well. This "splitting" tendency of seeing human nature as good or evil, the environment as beneficent or menacing, of man as master of, the slave of, or in harmony with nature, are matters of

“basic value orientations.” F. Kluckhohn (1953) first systematically studied how all cultures express and reflect such generalized views, giving its members a sense of their relationship to the world. The scientific community, while striving to be value-free, is nonetheless a subculture that cannot fully free itself from such value orientations. The scientific enterprise is itself an orientation that, for the most part, seeks to facilitate man’s mastery over the environment and to be sure has profoundly altered, through its application, what we know of the preindustrial world.

Fifth and last, psychoanalysis, as a medically based, scientific psychology has also sought a relatively value-free and nonblaming position in regard to human behavior. In the medical and behavioral sciences etiology inevitably gets associated with blame. Cigarettes are blamed for lung cancer, maternal deprivation is blamed for depression. One influential example of this tendency was the introduction of the concept of the schizophrenogenic mother (Fromm-Reichman 1948). While capturing a partial clinical truth, the concept pointed a causal finger, thus doing a disservice to the mothers of individuals with this multidetermined disturbance (see chapter 4).

All these considerations contribute to the tendency for psychoanalysis to minimize the role of parental influences (nurture) in comparison with innate drive aspects (nature). Having discussed the hazards of describing interaction free of “environmentalism,” we will now note some of the papers that overlap with the previous part on the important role of the mother-infant relationship, but begin to focus on parenting in general.

The view of “the psychological birth of the infant” as evolving out of a symbiotic state with the maternal object indicates the criticalness of the maternal role. The study of the mother-infant dyad has clarified a species-specific individuation process. As is necessary, however, when one intensively studies a particular process, other aspects tend to fade into the background. The absence of research on the role of the father, already mentioned in the last part, can be restated again. What is the impact upon the mother-infant dyad of the quality and intensity of the marital relationship? Clinically one observes, later in the life cycle, the continued symbiotic bond of a mother and her schizophrenic offspring reinforced by a severe marital disturbance as well as, for example, the father’s often vicarious and primitive identification with the patient (see chapter 4).

The unfolding of the separation-individuation process is not limited to the interplay of the mother's personality and the child's endowment. Little understood, for example, is the impact of the internal and external pressures mothers feel in regard to combining careers with motherhood. Few women, or men for that matter, are unaffected by these changing cultural expectations. A culture as rapidly changing as ours creates an unstable environmental matrix that at this point has an immeasurable impact upon the psychological birth of the human infant.

As we move from the more species-specific psychophysiological separation-individuation process to the wider sociopsychological parenting process, the role of the father takes on a more prominent aspect. In the previous chapter we already noted how Freud had referred far more frequently to fathers and fatherhood than to motherhood. This reflected his greater interest in the child's oedipal stage of development than the preoedipal stages.

So in this part we have the classic paper by Johnson and Szurek (1952) on the transmission of unconscious impulses and conflicts from one generation to the next, Rangell's paper (1955) on how parents often work through their oedipal conflicts through their children, and Neubauer's paper (1960) on the oedipal development of the one-parent child. Weissman's paper (1963) on the effects of preoedipal paternal attitudes on development and character is especially interesting. In this paper he describes in detail two patients he treated in psychoanalysis in whom repetitive, pathological, preoedipal, father-son play had obvious and profound impacts upon later character formation. What is especially intriguing in the present context was the relatively rare occurrence of the analyst's observation of the very same childhood interplay *in his office*. The following q is only an aside in this interesting paper, but it nicely illustrates the continuation into adulthood of pathological object relations first established in early childhood *observed in the analyst's office*.

I once had the opportunity of seeing this interplay between the father and son in my office. Since L was not working, the father paid for the analysis. The father occasionally asked to see me, ostensibly to discuss the patient's progress, but actually in a determination to interfere with the analysis and to find out what he himself could do to cure the patient. On one such occasion the patient told me that he wished to be present ... At the meeting the patient began treating his father as if he were a child. He showed solicitude for his father's health, and examined his hands and scrutinized his face as if he could find signs of illness. The father was totally submissive, as if the young man's behavior were entirely proper and meaningful. But as the conference developed, the father became increasingly arrogant, obstinate, and finally reduced his son to a state of immobility and silence. The design of the pre-oedipal play was enacted once more. [Weissman 1963, pp. 122-123]

Because of the nature of the psychoanalytic situation such direct observations of family interaction rarely occurs. As soon as the consulting door is opened to relatives, the panoply of familial interaction that Freud felt contaminated the surgical psychoanalytic field, gives rise to the raw data of family psychiatry. It is again a matter of goals and a point of view. The psychoanalyst tries to help the patient free himself through the dyadic analytic treatment from such neurotic entanglements, while the family therapist working with the interactional system tries to free each of the participants caught in such ongoing neurotic interaction. The question of which modality is appropriate to which clinical situation is a most relevant one and will be taken up in section B, on intervention.

The role of the father in child development is most intriguingly introduced by the famous case of Schreber. While Freud's analysis (1911) gave new insights into the role of regression, restitutive processes, and narcissism in psychosis, (i.e., what goes on internally in the psychotic), Niederland (1959), half a century later, brought to light the extraordinary writings of Schreber's father, which were to shed further light on this classic case. The fact that the father of the most famous psychotic patient in the history of psychiatry turned out to be a nineteenth century pedagogue, whose influence over child-rearing practices in Germany is comparable to Spock's in our era, is filled with irony. Niederland unearthed those writings that Freud apparently chose to ignore and noted the uncanny correspondence of Schreber's delusions and his father's child rearing methods. Schatzman (1973) further elaborated on the implications of Niederland's discovery into a more interpersonal view of psychosis. Would Freud's brilliant insights into the inner workings of the mind have been blunted by the knowledge that Niederland discovered? This again touches upon a major theme running through this book. Human behavior is of an order of complexity that its study can only resemble that of the proverbial blind men and the elephant, except that in our behavioral sciences we blind men are now studying ourselves. In the study of ourselves the psychoanalytic method has served as a major route to the understanding of the unconscious, videotapes and films of family interaction allow for the elucidation of interpersonal patterns often out of our awareness, while biochemical assays of urine and blood trace the hormonal correlates of our affective states, and the list of ways we have of seeing ourselves goes on and on. We are far from integrating these differing levels and must continue to pursue them somewhat independently of one another. There are times, however, when these levels can begin to be correlated with one another. The interface between psychoanalytic theory and family processes is one of these potentially fruitful

areas.

While child development has been the major preoccupation of psychoanalysis, T. Benedek (1959) not too long ago wrote an unusual article on parenthood as a phase of development itself worth studying. The idea of that paper, now expanded in a book edited by Anthony and Benedek (1970), brings together a most comprehensive set of psychoanalytic writings on the subject of parenthood. It shows a refreshing appreciation of the interpersonal world of parent and child that does not lose sight of the continuing intrapsychic developments of both the parent and child. (See also Buxbaum 1964, Coleman et al. 1953, Cavenar and Butts 1978, Friedlander 1949, Mead 1957, Parens 1975, Olden 1953.)

A-3. The Adolescent and His Family: The Second Individuation Process

In chapter 3 we noted that the most critical and irreversible stage of the family life cycle was the arrival of the first child. The infant within four months then enters its most critical phase, that of the separation-individuation process, an intrapsychic process that, as Mahler has stated, “reverberates throughout the life cycle. It is never finished” (1975, p. 3). The second most critical stage of the family life cycle is the launching of its children. The earlier critical phase, with its task of giving physical and psychological birth to a child, now is reactivated as the family must again give birth, physically, psychologically, and also sociologically to a young adult. Blos, who contributed extensively to our understanding of the intrapsychic processes in adolescence, was obviously influenced by the work of Mahler when he called adolescence the “second individuation process,” requiring the “shedding of family dependencies, the loosening of infantile object ties in order to become a member of the adult world” (1967, p. 163).

While intensive observational studies of infants have enriched our psychoanalytic understanding of the first individuation process, until quite recently and for reasons noted in the previous section, there have been no direct observations of this second individuation process. Stierlin (1974) as well as R.L. Shapiro and his colleagues, J. Zinner (1972, 1974), E.R. Shapiro (1975) and D.A. Berkowitz (1974) began studying and treating borderline adolescents and their families at the NIMH in the late 1950s and 1960s. While there is great similarity between Stierlin’s observations and those of Shapiro and his colleagues, the latter has worked more directly within the framework of psychoanalytic theory, and their

conceptualizations dovetail rather nicely with the work of Mahler, as well as the recent writings of Kohut (1971) and Kernberg (1975) on the borderline and narcissistic disorders. More than any other writers they have documented and begun to conceptualize the interweaving of intrapsychic and interpersonal processes. Their contribution is presently the most sophisticated and subtle attempt to integrate individual psychology and family processes. Because they carried out their work with families of borderline patients where there has been inadequate separation-individuation, they naturally observed more primitive levels of object relations along with more primitive individual mechanisms of defense. The defensive maneuver that is most regularly described in their observations was that of projective identification.

The classical mechanisms of defense reviewed by A. Freud (1936), for the most part naturally derive from the intrapsychic orientation of psychoanalytic drive theory. Defenses, by definition, defend against unacceptable unconscious impulses, affects, wishes, or fantasies. They protect the ego against instinctual demands and for the most part are intrapsychic in their operation, though they all have some interpersonal consequences. One defense mechanism, that of projection, as A. Freud notes, “disturbs our human relations (as) when we project our own jealousy and attribute to other people our own aggressive acts” (p. 133). She goes on to describe a complex variation of this defense, “altruistic surrender,” which permits a person to find *in others* a “proxy in the outside world to serve as a repository for the self’s own wishes” (p. 136). In this way gratification of a projected impulse is achieved. As drive theory becomes more integrated with object-relations theory, the concept of defense needs expansion to include its interpersonal ramifications. Perhaps it would be more accurate to speak of such ego activities as serving (1) defensive functions for the individual and (2) equilibrating, adaptive, or maladaptive functions for a family or group. To illustrate: a severely obsessive-compulsive twenty-four-year-old who for his previous ten years spent four to five hours daily in the bathroom carrying out rituals, was referred to me by his individual therapist, together with his family, who would encourage him to come out of the bathroom when “he was ready.” The severity of his defenses of isolation, undoing, and obsessional thinking served as a repository for the parents’ own obsessive-compulsive trends, as well as protecting them from an underlying separation anxiety that would emerge if their son gave up this bathroom fixation and could separate and individuate from the family. For a good part of the year the family would arrive thirty to forty minutes late for their sessions, despite the understanding that I would see whoever

would arrive on time. The parents were also thus further able to sustain a sadomasochistic marital relation by whipping one another with the blame for their son's difficulty. One can only imagine the unconscious rage being defended against and enacted within this family by this young man's "defenses against his instinctual demands" and the parents' compliance with his demands. Such behavior, sometimes called *acting out*, is especially prominent in more pathological families and usually serves preoedipal aims originating in the preverbal period of development. Just as a child in the rapprochement crisis may defend against further separation by regressive clinging and other manipulations of significant others, families of borderline patients also defend against further differentiation and separation by a host of interpersonal maneuvers. They, for example, limit self-object differentiation by a defensive delineation of the other that tries to deny the realistic parts of the other. This process first described by Melanie Klein (1946) as projective identification has been further reviewed and discussed by Jaffe (1968) and Robbins (1976). Shapiro and his colleagues frequently found this mode of "defensive" perception and behavior in the families they studied (Zinner 1972). The first paragraph of Zinner's paper defines the mechanism and its pivotal theoretical significance.

Projective identification is an activity of the ego, which among its effects, modifies perception of the object and, in a reciprocal fashion, alters the image of the self. These conjoined changes in perception influence and may, in fact, govern behavior of the self toward the object. Thus, projective identification provides an important conceptual bridge between an individual and interpersonal psychology, since our awareness of the mechanism permits us to understand specific interaction *among* persons in terms of specific dynamic conflicts occurring within individuals. [p. 573]

It is indeed a germinal concept, which describes a form of narcissistic interaction that Freud described so eloquently but did not conceptualize in his paper on narcissism (see chapter 5). It has certain relevance for all types of group behavior (see also Freud's *Group Psychology and the Analysis of the Ego* 1921). What is needed is a greater clarification of the distinctions between normal and pathological forms of projective identification. Shapiro et al. (1972) puts the question this way:

Depending upon the nature of the interaction of these factors, projective identification can endow a relationship with salutary empathic qualities or to the contrary, generate binding attributions to which the child remains a creature of parental defensive economy, [p. 526]

A-4. The Marital Relationship

When George Bernard Shaw, over fifty years ago, was invited to contribute an essay on marriage for

The Book of Marriage (1926) edited by Keyserling, he replied, "No man dare write the truth about marriage while his wife lives. Unless, that is, he hates her, like Strindberg; and I don't. I shall read the volume with interest knowing that it will consist chiefly of evasions; but I will not contribute to it" (p. iii). While Shaw had much to say on the subject of marriage, he was reluctant to tackle the subject head on. Psychoanalysts, while dealing daily with issues of marital relations, seem to have shared with Shaw the reluctance of writing directly about the subject. We have touched upon the psychoanalytic literature on the mother-infant relationship, the parent-child relationship, and the family's relation to the adolescent and turn now to the quite sparse psychoanalytic literature on the marital relationship. The few (Horney 1928, Dicks 1953, Stein 1956) who have addressed the subject have all commented on the absence of any systematic study of the problems of marriage. A perusal of the *Index of the Psychoanalytic Study of the Child Vol. 1-25* (1975) reveals no substantive reference either to the marital relationship or to the interplay of the marriage relationship and child development. T. Lidz (1957, 1963) has been the only writer to consistently emphasize the importance of marital relations to child development. The contributions to this area by family therapists who have a psychoanalytic orientation will be discussed later.

Horney (1928) took as a point of departure a question raised by Keyserling (1926) in the book, just mentioned, to which Shaw refused to contribute. To the question of what impelled human beings into marriage in spite of the presence of matrimonial unhappiness throughout the ages, Horney, from the vantage point of psychoanalysis, replied that it was "clearly neither more nor less than the expectation that we shall find in it the fulfillment of all the old desires arising out of the oedipus situation in childhood" (p. 319). The inevitably frequent disillusionments, disappointments, and guilt arising out of the persistence of these unconscious oedipal wishes "gives rise to the problem of monogamy." In addition to the other channels of libidinal gratification such as sublimation, regressive cathexis of former objects, and the outlet through children, there is the impulse to seek after fresh objects" (p. 323). It is no doubt the strength of this impulse that led society through its religious institutions to try to enforce the monogamous ideal.

Horney goes on to point out the preoedipal instinctual contributions to the desire for monogamy, which in turn often creates further difficulties. The derivative of the oral phase takes "the form of the desire to incorporate the object in order to have sole possession of it" (p. 32). To this is added the anal-

sadistic demand for possession. She concludes this most unusual paper with a characteristic psychoanalytic tone of scientific detachment and humility. She notes that the opposing monogamous and polygamous instincts arising as they do out of childhood conflicts are essentially *not* resolvable by any general principle. "We must leave it to the moralist," she writes, "to decide what is then the right course." Psychoanalytic insight, however, is seen as an aid in the face of such matrimonial conflicts.

The discovery of the unconscious sources which feed them may so weaken not only the ideal of monogamy but also the polygamous tendencies, that it may be possible for the conflicts to be fought out. And the knowledge we have acquired helps us in yet another way: when we see the conflicts in the married life of two people we often involuntarily tend to think that the only solution is that they should separate. The deeper the understanding of the inevitability of these and other conflicts in every marriage, the more profound will be our conviction that our attitude towards such unchecked personal impressions must be one of complete reserve and the greater will be our ability to control them in reality, [p. 331]

Stein's paper (1956) on "The Marital Bond," a more modest but quite interesting contribution, noted a frequent unconscious male fantasy of the marital bond that includes the wife as an intrapsychic representation of the man's phallus. Stein does not mention the description of Eve's creation in *Genesis*, but her birth out of Adam's rib may be an early mythic example of this unconscious fantasy. Her unconscious essentiality to the male's sense of bodily integrity serves to further our sense of the earliest beginnings of the conflicts between male and female. Also the female arising out of Adam's rib is reflective of her dependence upon man in a patriarchally organized society from biblical times until the modern era. The perennial conflicts of the sexes are further illustrated in this creation myth as Adam and Eve avoid the responsibility for the newfound knowledge of sexuality by blaming others when confronted with their eating the forbidden fruit. Adam blames Eve who in turn blames the serpent. Homey had already hinted that other unconscious meanings of the marital bond may include oral incorporation and sadomasochistic fantasies. Further study of such fantasies would contribute to a better appreciation of the intrapsychic contributions to marital disharmony.

Because of the complementary enactment of such unconscious fantasies in marital relations, psychoanalytic treatments often reached impasses. Oberndorf (1938) and Mittelman (1944, 1948) experimented with the analytic treatment of both spouses to manage such difficulties. This innovation did not become an accepted analytic practice for obvious reasons. Rogers (1965) many years later again attempted a concurrent psychotherapy of a spouse, which he called a parameter of classical analytic treatment. The unfolding of an analytic process would surely and necessarily be complicated by the

analyst also seeing the spouse. To their credit, however, we can see that they were trying to resolve impasses resulting from complementary neuroses. They were thus the first clinicians to describe the interlocking neurotic relationships that over the years have come to be seen by family therapists as collusive family systems. The works of Oberndorf and Mittleman are cited again and again by analytically oriented family therapists as the forerunners of this new modality. The problem of the resistances to classical analytic therapy resulting from such “external object relations” has been best described theoretically by Giovacchini (1958, 3961). He feels that these resistances can be interpreted analytically while frequently also requiring referral of the spouse to another analyst.

Today more and more patients present specifically with marital problems manifesting the kind of pathological “mutual adaptations” described by Giovacchini. Often there is initially little motivation for individual psychoanalytic treatment, as the distress is experienced as the relationship and psychoanalysis may be contraindicated or impractical for other reasons. Conjoint therapy helps to focus directly upon the neurotic interaction, thus helping to bring some resolution or at least clarification of the presenting problem. At times the differentiation of each partner’s neurotic contribution to the difficulty establishes motivation for more intensive psychoanalytic therapy (see chapter 9).

Influenced by the development of object-relations theory in England, H.V. Dicks (1953, 1963, 1967) began his studies of marriage from an analytic framework. He began to describe the multifaceted ways in which marital relations were affected by experiences in each spouse’s family of origin. He also noted the collusive process involving projective identification that we discussed in the previous part on adolescence. (See also Rosenbaum and Alger 1967, Sager 1966, 1976, Skynner 1976, Zinner 1974, Martin 1976, Flugel 1920, and Willi 1976.)

A-5. The Later Years (the Third Separation-Individuation Process?)

As noted in chapter 3, the elderly in our society are in a most precarious position. The demands of the modern family life cycle tend to separate the nuclear family from the elderly. The first separation-individuation process, which gives “psychological birth” to the infant, is followed by the second separation-individuation process of adolescence, which gives birth in a sociological sense. The adolescent leaves his family of origin to ultimately form a new family of procreation. Following marriage

and child rearing, the individual is again faced with separations, but the prospect this third time is often isolating decline rather than “a new start in life.”

Partly for the above reasons but mainly because psychoanalytic treatment usually comes to be a lengthy process of intrapsychic restructuring of the personality, the problems of the aged were not commonly addressed in the psychoanalytic literature. Freud set the tone by a pessimistic view, feeling that the aged have less psychological elasticity. Abraham (1919) tried to counter this pessimism with the report of some successful analytic interventions with older patients. Kaufman (1940) made some relevant observations about the tendency of persons in the “climacterium” to enact important earlier conflicts with their own parents in relationships with their children. How insistently many grandparents are in terror of depending upon their children in their later years. They are often reworking the dependency conflicts of their own childhood. He saw a revival of conflicts similar to those of puberty with the tendency to reverse the generations. In the same article he also called attention to the role of society’s positive and negative “transferential” attitudes toward the aged and foresaw a time when psychoanalytic research would have a place in the investigation of the problems of aging. This prophecy found fulfillment in two volumes arising out of symposia sponsored by the Boston Society for Gerontologic Psychiatry. (See Zinberg and Kaufman 1963, Berezin and Cath 1965.)

These two volumes present an unprecedented application of psychoanalytic thinking to the aging process together with an openness to nonanalytic methodology that is rare in this literature survey. It could be that when faced with clinical problems where psychoanalytic treatment is rarely a realistic consideration, psychoanalysts could approach the crisis-ridden process of aging (with its losses and depletions) and recognize that a host of alternate modalities are required to support the failing defenses of the elderly. (See also Butler and Lewis 1973, Meerloo 1955, and Bibring 1966.)

B. Issues of Therapeutic Intervention

In the last chapter we reviewed Freud’s early experimentation with hypnosis (1893) in the treatment of a woman with a postpartum illness (also see chapter 8). She was still living with her parents and unable to feed her newborn infant; Freud gave her a hypnotic suggestion to cry out at her mother for not having fed her properly. This intuitive, ‘interpersonal intervention given under hypnosis led Freud

to go deeper and ask what lay beneath such symptoms and interpersonal disturbances. The psychoanalytic revolution was here in embryonic form. In a few short years the discoveries of the unconscious and infantile sexuality were to form the foundation of a new psychological theory that has left its stamp upon Western thought as well as upon the field of psychiatry. What is remarkable and paradoxical is that psychoanalysis, which so illuminated and widened our view of the nature of man and influenced so many other disciplines of thought and activity, has as a treatment modality been of such limited general value.

This is in part because (1) in Freud's own words, psychoanalysis promises no more than "the substitution of ordinary unhappiness for neurotic misery," (2) the training of competent psychoanalysts involves an unusual amount of time and money, thus precluding the training of large numbers of analysts (the length of training being similar to that of a neurosurgeon), (3) the number of patients treatable by classical psychoanalysis is limited by a host of considerations related to the capacity to verbalize, the presence of significant motivation, adequate financial resources, as well as the presence of largely internalized neurotic conflict, and (4) psychoanalysis has in recent years lost its dominant influence in American psychiatry. This is partly because of its inability to fulfill the hope placed in it as well as the recent return to prominence of biological psychiatry fueled by the awareness that any national health insurance may pay only for the more medically based emotional disturbances.

As has already been noted in the previous parts, many children, adolescents, and adults are often enmeshed in complementary pathological relations that prove to be obstacles for individually oriented therapists whose hard work with patients was being undone by such external resistances to change in the patient's behavior. Some observers were noting the impact of changes in a patient upon the family's equilibrium. V. Rosen (Eisenstein 1956), for example, speculated upon the impact upon family members of a relative being in psychoanalytic treatment.

While the neurotic interaction of family members led Oberndorf and Mittelman, as we have mentioned, to treat each spouse, child psychiatrists and analysts struggled with what to do about the frequently encountered disturbed parent-child relationship. The round-the-clock daily involvement of parents and their children created a host of technical problems for therapists who hoped to treat internalized conflicts in the traditional one-to-one therapeutic relationship. Empirically a child was

usually treated by a primary therapist, while the mother, and rarely the father, were treated separately either by advisory child guidance or a simultaneous psychotherapy or analysis. The collaboration of their therapists then led to a series of clinical papers describing the extraordinary interplay of unconscious elements in parent and child and how regularly the child could only progress in his treatment if the unconscious forces in the parent were addressed (Levy 1960, Heilman et al. 1960, Kolansky et al. 1966, Johnson et al. 1942, Elies 1962, Fries 1946, Sperling 1950). The question of whether it was better for one or two therapists to see the mother and child was discussed by Burlingham (1951). She leaned toward the same therapist seeing both mother and child. Complementary neurotic conflicts were thus repeatedly described, but psychoanalytic theory had not yet changed to incorporate these observations in developing further parameters of treatment. A related development that reflected the recognition of the parent's significant role in child development were attempts to treat the child via the parent, a model actually suggested by Freud's treatment (1909) of little Hans via his father (Ruben 1946, Fries 1946, Bonnard 1950, Furman 1957).

An approach that seemed a combination of these was the inclusion of the mother in the child's treatment (Schwartz 1950). One observation, which has been rarely explored in the psychoanalytic literature, had to do with the conflicts of loyalty felt by a child going to an individual therapist (see Boszormenyi-Nagy 1973 for a fuller discussion of this problem).

A. Freud (1968) finally reviewed, after twenty years or so of clinical experience, the question of the indications and contraindications for child analysis. She concluded that only children with well-internalized conflicts would benefit optimally. But the many children whose difficulties are not neurotically self-inflicted but "caused and maintained by active, ongoing influences lodged in the environment... are in need of therapeutic help, but the type of help is not clearly indicated, nor the therapist's role in the process clearly circumscribed" (*Abstracts and Index*, p. 113).

This summary statement reflects the glaring absence of a theory of psychoanalytic psychotherapy for children despite the presence of a most comprehensive theory of child development. C. Kramer (1968) is a child psychiatrist and analyst who began to extend psychoanalytic theory and technique by working with families when classical psychoanalysis was not appropriate. A. Ornstein (1976) has also recently addressed this issue in a most thoughtful and informed way. Sensitive to the great theoretical

differences between child- and family-focused treatment, she utilizes the insights of each of these modes of treatment and moves toward an integration in the treatment of children of intrapsychic and interpersonal factors. She argues for “the conceptualization of the totality of the treatment as a single process, regardless of who is in treatment” (p. 28). She then proposes a somewhat simplified beginning model that takes into account the family as a whole, its members’ intrapsychic as well as interpersonal aspects.

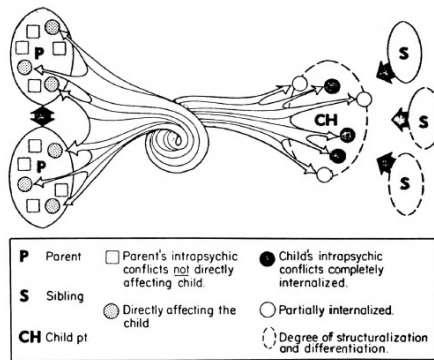


Fig. 1.

From: Ornstein, A., *Comprehensive Psychiatry*, 1976

The model is a simple one but the first such attempt by a child analyst to include the family-as-a-system concept into any theory of the psychoanalytic therapy with children. While there is no adequate theory of the psychoanalytic therapy of the child, there is also no theory of the psychoanalytic therapy of the family. Some isolated papers have addressed the question of transference and countertransference in family therapy (Sager 1967) and the problem of interpretation (Titchener 1966), but a comprehensive theory of psychoanalytically oriented family therapy remains a challenge for the future. (See also Bird and Martin 1956, Mosse 1954, Pine 1976.)

C. Metapsychology

The revolution in psychology brought about by Freud’s discovery of the unconscious required a

metapsychology (meaning literally “beyond psychology”). The assumption of an unconscious necessitated a level of explanation other than existed in the prevailing psychology of the day. Metapsychology came to represent a higher level of abstraction in the continuum from clinical observation to theory. It has served as an orienting and systematizing framework around which clinical data and lower level psychoanalytic propositions could be organized.

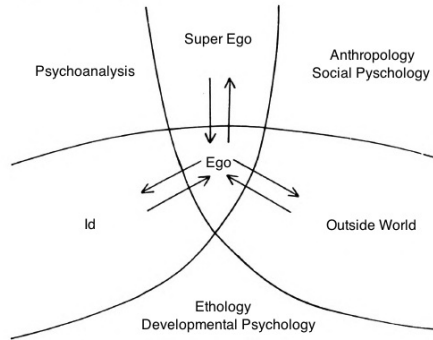
Inasmuch as psychoanalysis has utilized data for the most part generated by the classical psychoanalytic method, metapsychology has naturally emphasized intrapsychic processes. Psychoanalysts have perennially been struggling with how much data derived from other methods falls within the boundaries of psychoanalysis. This is again raised in the most recent critical assessment of the future of psychoanalysis (Miller 1975), where the question of what is central to psychoanalysis and what peripheral was asked. This is a legitimate question, one reflecting the dilemma that psychoanalysis continues to face, namely, how it relates to the other behavioral sciences. The importance of interdisciplinary approaches are encouraged with the usual caveat that the “central,” “core,” pure gold of analysis not be alloyed or diluted.

The relatively recent, increasing psychoanalytic attention paid to the individual *and his relation to the outside world* was set in motion by Freud’s introduction of the structural model in 1923. The newer tripartite division of the personality into ego, id, and superego facilitated the study of the ego’s adaptation to the external world (see Hartmann 1958) as well as the role of external influences in the development of both the ego and the superego.

A nodal point in the development of psychoanalytic metapsychology was Waelder’s “The Principle of Multiple Function” (1930). In that seminal paper Waelder noted that the problems faced by the ego reflect conflicts between itself and the following other agencies: the superego, the id, the compulsion to repeat, *and* the outside world. Inasmuch as the compulsion to repeat participates with the ego and the id, I have excluded it from the following diagram, which illustrates Waelder’s model. It was his point that any attempted solution of a conflict (e.g., between the ego and the superego) must inevitably and simultaneously attempt solutions of other sets of problems as well.

First, this schematic drawing illustrates psychoanalysis’s emphasis on the individual in placing the

ego, influenced by and acting upon the other agencies, *at the center of the model*. It is, in a sense, an early but skewed version of what has come in recent years to be called general systems theory (though here with an egocentric focus).



The drawing also illustrates the necessary narrowing of focus of the varying behavioral sciences in their specialized approaches to the study of man. Each of the behavioral sciences must exclude certain variables in order to more fully develop their disciplines. Psychoanalysis thus deemphasizes external reality while most social scientists pay less attention to the biological bases of behavior, and developmental psychologists, ethologists, and biologically oriented psychiatrists tend to ignore the superego in their observations.

This model did permit psychoanalysis to widen its scope of observation, giving rise to an ego psychology, which such theorists as Hartmann (1958), hoped would achieve a level of generality so as to subsume the other behavioral sciences. This expansion did facilitate the further evolution of psychoanalytic metapsychology through research in child development, which in turn facilitated its integration with object relations theory. Jacobson's *The Self and the Object World* (1964), for example, illustrates the greater incorporation of the external world in psychoanalytic theory, while retaining the basic emphasis on intrapsychic structure. A further integration of direct observations of family interaction beside that of mother-infant interaction remains problematical and quite rudimentary. Some papers that point in this direction are mentioned below.

When Freud first introduced the concept of *primary gain*, he was contrasting this new idea with the already existing, somewhat moralistic concept of *secondary gain*. Whereas secondary gain consisted in those benefits accruing to a person from the outside world as a result of falling ill, primary gain was a manifestation of the direct discharge of internal (i.e., primary) drives in symptom formation. Freud's early discussion of these concepts (Freud 1905, p. 43) recognized their greater complexity, but it was not until Katz's metapsychological review and discussion (1963) that these terms, which attempt to separate internal from external factors, could be clarified. Based upon later psychoanalytic theory Katz concluded that these concepts were ultimately inseparable. The reinforcement of symptomatology in a patient by significant others can now be better conceptualized as a result of more recent studies in narcissistic object ties and in terms of such interpersonal defenses as "the evocation of a proxy" (Wangh 1962). Wangh enlarged upon a defensive process first described by A. Freud as "altruistic surrender" (mentioned earlier in this chapter in the discussion of adolescence). In this process "another person may be used by the ego for defensive purposes" (Wangh 1962, p. 453). An obvious corollary question, though rarely asked, is what is the psychology of this "other person" who allows himself to be so used. This process was elegantly demonstrated by Johnson and Szurek (1952), who showed how a child can be encouraged to act out unconscious impulses of a parent while simultaneously expressing his own impulses. Bird (1957) elaborated on the interpersonal aspects of such acting out as well as the problems of its management in the psychoanalytic situation. Altman (1957) noted the role of the oral drive in the varied participants of such *mutual* acting out. Pollock (1964) pulled together many of these strands in a paper that described various symbioticlike behaviors in nonpsychotic individuals. This led him to postulate a hierarchy of symbiotic relationships occurring "at all developmental levels" (p. 25). The above writers for the most part utilized data obtained from the context of individual therapy. Zinner and Shapiro (1972), on the other hand, as well as Brodey (1965) and Stierlin (1973, 1976), further elaborated on these processes based upon *actual observations* of family interaction. Bruch (1970) applied such conceptual refinements to her studies of eating disorders by noting the importance of the interplay of interpersonal experience and "instinct." All of the above studies rely heavily upon the often misunderstood concepts of projection and externalization. Novick and Kelly (1970) have attempted to clarify the differences between these related concepts and have indicated the prevalence and role of these mechanisms in the interpersonal field of many disturbed families.

As already stated, these papers are but a rudimentary start in integrating interpersonal observations with psychoanalytic metapsychology. The application of psychoanalytic theory to the treatment of couples and families has thus been quite limited. We turn now to the few family therapists who have attempted this integration. (See also Benedek 1970, Muir 1975, Lomas 1961, Friedman 1975, Pine 1979, and Ross and Dunn, in press.)

FAMILY THERAPY AND PSYCHOANALYTIC THEORY

The previous part of the chapter reviewed the observations about marriage and the family made by psychoanalysts whose primary professional commitment is to classical psychoanalysis. We will now deal with those clinicians who began doing family therapy with a psychoanalytic orientation. As mentioned earlier this division is somewhat arbitrary but does reflect the political reality involving these manifestly disparate modalities. Most clinicians by virtue of training and temperament, as well as their organizational loyalties, favor either one modality or the other, thereby sustaining and contributing to an unfortunate polarity. The unreceptivity of psychoanalysis and, for quite some time, of general psychiatry, to the innovation of family therapy has contributed to this polarization as it led a number of family therapists (Bowen, Minuchin, Jackson, Watzlawick, Haley, Whitaker) to develop approaches that were antithetical to the psychoanalytic point of view as well as being critical of the medical model generally. Their work is taken up in chapter eight. Their approaches have also been included in the course described in the next chapter. The reader interested in the family systems/psychoanalysis controversy and in comparing these different approaches will find the reviews of Beels and Ferber (1969) and First (1975) of interest.

There are noteworthy exceptions to this tendency toward polarization. Spiegel's writings (1971), for example, reflect an eclecticism that combines his psychoanalytic training with his years of research and teaching in Harvard's Department of Social Relations. He can be so intellectually evenhanded, in part, because he presently practices neither psychoanalysis nor family therapy, but has come to be more interested in the role of wider social and cultural forces in human behavior.

Martin's *A Marital Therapy Manual* (1976) also reflects an amalgamation of family therapy principles and psychoanalysis. He is a clinician with whom I share a conviction that individual therapy

and family therapy are modalities that are applicable to different clinical situations and thus are not incompatible.

Nathan Ackerman is most often credited with having originated the field of family therapy. His early papers on families and family diagnosis appeared about the same time as T.S. Eliot anticipated family therapy in *The Cocktail Party* (see chapter 2).

His verbatim case reports (1967) together with films of his work demonstrate his uncanny intuition into family dynamics. His appreciation of the role of oedipal and preoedipal forces indicate his debt to psychoanalysis, though his interviewing style was anything but analytic. He was especially gifted at noting the significant nonverbal behavior in a family, thus gaining faster access to a family's core relationship disturbances. The warmth he conveyed to the family served as a kind of anesthesia for the rapid, almost surgical uncovering of painful family conflicts. His aggressive and charismatic personality, so often seen in pioneers, offended many of his colleagues while endearing him to his followers. However one views his therapeutic style there is no denying that more than anyone he helped turn the attention of the mental health professions to the family unit. His writings, unfortunately, did not advance our theoretical understanding.

In the mid-1950s V. Eisenstein edited a somewhat uneven yet fascinating collection of essays under the title *Neurotic Interaction in Marriage* (1956), containing contributions by both psychoanalysts and family therapists. Many of the germinal ideas expressed in these pages were rarely followed up. There is for instance an article with speculations by V. Rosen on the possible impact on a family of the psychoanalysis of one of its members. Family systems therapists have subsequently emphasized the impact upon the equilibrium of a family of any effective psychotherapeutic intervention. This has still not been systematically studied. When a young adult patient of mine in psychoanalytic treatment began making significant changes in his life situation, his father reported a dream to him in which my patient came into the marital bed and displaced his father. Needless to say the patient's working through of his oedipal conflict in his analysis stirred the residual corresponding conflict in his father.

The Eisenstein volume, together with the results of the scientific meeting of the Academy of Psychoanalysis in 1958, published in Volume II of the *Science and Psychoanalysis* annual (edited by

Masserman 1959), reflects the early restless experiments with altering the classical method to handle those cases that were doing poorly primarily because of the interferences of family pathology. Articles included in this volume are by Grotjahn, Ackerman, Jackson, Lidz, and Spiegel. There is an awareness of family homeostatic resistances to change in any of its members. So, as mentioned earlier, some analysts tried to analyze both marital partners (Oberndorf 1938, Mittelman 1948, and Thomas 1956). Martin and Bird (1953) developed a “stereoscopic” technique in which separate therapists treating family members would consult with one another periodically. Grotjahn reviewed these developments and described his own efforts to overcome insurmountable resistances by bringing spouses for consultations in a group therapy setting. He was thereby attempting to interrupt what he called the marriage neuroses to make the identified partner more amenable to traditional treatment. These clinicians noted the tendency of so many of these patients (who today would probably be diagnosed as borderline or narcissistic) to use the defenses of projection and acting out. It is to the credit of these clinicians that they recognized the need to alter their treatment method when their treatments failed to effect meaningful change. In reading these volumes, one senses the strain that such modifications created in these clinicians’ professional lives as they struggled with what they viewed as the orthodoxy of classical psychoanalysis.

We noted in chapter 5 that Freud was also quite aware of the surrounding family pathology of so many patients. He did have the opportunity, however, of treating patients on the healthier end of the spectrum who were more differentiated from their families. It has been my experience that where acting out, projection, externalization, and poor self-object differentiation exists, conjoint family therapy is often the logical place to begin. If this is successful, patients can then, when indicated and where there is sufficient motivation, be referred for further individual therapy (See chapter 9). One senses in reading these early papers of the 1950s that the practitioners were encountering new data but were not sure how to conceptualize their findings. Largely they defined themselves in contrast to the prevailing individual approaches, especially the psychoanalytic approach.

Ehrenwald (1963) wrote in the same vein as Grotjahn (1960), referring repeatedly to family neuroses. These clinicians could not easily apply the standard concepts of psychoanalytic theory to the observations they were making. Ehrenwald introduced the concept of psychosocial defense to complement the standard psychoanalytic defenses. It was an awkward and somewhat clumsy attempt to

develop new concepts. With an interest in epidemiology Ehrenwald would use a word such as *contagion* as an organizing concept to explain the clustering of certain types of pathology in families. His book, in fact, includes his extensive contacts over many years with four generations of the same family.

In 1965 Boszormenyi-Nagy and Framo edited their now classic *Intensive Family Therapy*, which pulled together the work of the most substantial contributors to this new field. As stated in their preface, the volume “represented nearly every major family worker who operates in a psychoanalytically-oriented manner based on psychodynamic principles with the goal of deep reconstructive change both in the family group and its individual members.”

In particular, Nagy attempted the most ambitious integration of ego psychology, object relations theory and family therapy that was attempted up to that time and for that matter to the present. I shall quote here but one paragraph from his chapter, titled “A Theory of Relationships: Experience and Transaction,” that illustrates his way of seeing the complex interaction of intrapsychic and transactional forces:

The family therapist will tend to be equally interested in the relational or transactional aspects of any impulse discharge and in its possible intrapsychic ramifications. A daughter's vicarious acting out of her mother's repressed impulses is a good example here. Viewed in isolation, the prudish mother could be regarded as a person using the “intrapsychic” defense of “reactive character formation” against her overtly unacceptable impulses, and the overt transactional system of acting out seems to consist in this instance of the acting-out daughter and a man. Yet, identification between mother and daughter may make them joint subjects of an impulse, which is transacted toward the man as its object. Self-Other delineation takes on an implicit plural Self character here, based on the covert motivational fusion of mother and daughter. A dialectical or transactional orientation to psychopathology would tend to focus on the dynamic factors that prevented a Self-Other distinction between this mother and daughter, rather than on the intrapsychic motivational roots of the particular impulse responsible for the daughter's acting out. [p. 40]

Since the publication of this book there have been negligible advances toward a psychoanalytically oriented family therapy. One notable exception is H.V. Dicks, one of those practitioners who is also less easily classified in the present dichotomous way. He is therefore also mentioned earlier in the discussion of the marriage relationship. His attempt to integrate the object relations school of Fairbairn and Guntrip with conjoint family therapy (1967) was a significant advance. Sager (1976) and Skynner (1976) have each recently written books on marital and family therapy that retain an appreciation of the role unconscious and intrapsychic forces play in family disturbances. But there have been no studies comparable to Mahler's work on the mother-infant relationship, R. Shapiro's and his group's on the

family of the adolescent, or Benedek's writings on parenthood. In-depth psychoanalytic studies of the marital relationship are virtually nonexistent. At a time when the divorce rate is approaching 40-50 percent, such a study has as important a place as the study of hysteria seventy-five years ago.

In this and the previous chapter the contributions by psychoanalysts and analytically oriented family therapists to an understanding of marriage and the family were noted. The contributions of the systems-oriented practitioners represent a larger segment of the family therapy literature. The next chapter describes a didactic and eclectic course, designed by C.C. Beels and myself, that introduces the family therapy trainee to the vast and often confusing general literature of this burgeoning field.

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Notes

- 1 Meissner's excellent beginning attempt, (1978) utilizing the analytic concept of transference, came to my attention after this chapter was completed.