

An unfinished didactic novel. Chapter 5: Hattutağ

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That night in Ankara I went to bed very worried, depressed, and alarmed. I wondered if I had misdiagnosed the situation with Claire by ultimately attributing her severe headache to psychological factors. I was very concerned about the increasing tensions in the group and worried about how to maintain group cohesion in the teeth of so much rage and lust that was beginning to show itself. The tour was turning out to be far more complicated than I had expected because of difficulties in human relations that kept interfering with my original plan. Tossing restlessly in the Ankara hotel room I dreamed of a monkey kept in a cage, and not well kept, and making a mess. Waking up, I thought this monkey represented my id and the fact that my choices were never quite right and my ambitions were never quite accomplished. I thought it represented my disappointment that I did poorly in my lecture in Ankara and in conducting this group — I have made a mess — although it was not all my fault. One of the problems of Turkish psychiatry is that the discipline, as is increasingly happening in the United States, is in a psychopharmacological world. Professor Kosturk should not have invited me! But I don't believe in blaming others for one's shortcomings.

In my anxiety I was the first one down to the hotel buffet breakfast. Claire soon appeared; it was obvious that her headache was gone and she was feeling whole again. We discussed her concerns over Richard's behavior and she requested permission to rest in the morning while Professor Kozturk lectured to us about our next destination, Hattutağ. Of course I agreed and she returned to her room. Soon everyone appeared except Richard; nobody seemed to know where he was. When Professor Kozturk arrived along with the psychiatric resident Ali, I felt it would be bad manners to keep him waiting while everybody searched for Richard so I asked him to begin his talk to the group.

I pointed out in introducing him that we were now about to move backwards in time and immerse in the history of some of the earliest civilizations identifiable in human history. The area that we were going to explore, central Anatolia, was already

founded in Neolithic times from 8000 to 4500 B.C. and was characterized by early agriculture. It was followed by what was called a Chalcolithic age about 4500 B.C., so called because copper started to be used as well as stone. The early Bronze age was next, around the third millennium B.C. At that time the people of Anatolia knew how to make bronze which they used for their weapons by mixing copper and tin. In this era they lived in settlements surrounded by defensive walls and had reached an advanced level of civilization. The Anatolian area became the culture and art center of the ancient Near East. Actually it was an important development in civilization as early as the upper Paleolithic age, during which Anatolia was densely populated. This began the creation of artistic objects that relate to man's intellectual life. Multicolored paintings, sketches and scenes in low reliefs made on cave walls, and various objects including statues have been discovered, as well as personal ornaments using fish bones, shells, and the bones and teeth of assorted animals.

Professor Kozturk now took over. "Hattuṣaṣ", he began, "is a city that dates from the Bronze Age and the time of a sophisticated culture of people called the Hatti. Around 1700 B.C. a mysterious people known as the Hittites appeared in Anatolia after crossing the Caucasus and from beyond the Black Sea. This people dominated the Hatti and established Hattuṣaṣ as their capital, building one of the major empires of early civilization."

Professor Kozturk continued, "The Hittites were actually of small physical stature, probably under five feet, and were very muscular and strongly built. Their society was divided into free people and serfs, ruled over by a sovereign and a high priest who became a god after death. They followed a polytheistic religion. Their gods bear striking similarities to the Greek gods. Sema plans to lead you on a tour of the ruins in Hattuṣaṣ." Ali interrupted, "Will we also go to Bogazkale, a few kilometers north of Hattuṣaṣ?", he asked, "and what about Yazilikaye, about two kilometers west of Bogazkale that served as the religious sanctuary or temple complex for the city of Hattuṣaṣ? In fact," added Ali, "The name Yazilikaye means 'rock with writing' because the natural rock walls here are covered with the carvings of Hittite artists dating from about 1300 B.C.."

"No," replied Professor Kozturk, "We do not have enough time in an afternoon to do this and anyway the main objects that were found in these sites are now in the Museum of Anatolian civilization in Ankara that you have already visited (see Chapter 2).

"To continue," said Professor Kozturk rather testily, "the old Hittite kingdom from about 1700 to 1500 B.C. was often diminished due to domestic power struggles, but during the second half of the second millennium B.C., in the time of King Suppiluliumas they regained their dominance and created an empire that became one of the most powerful states in the Near East, the others being Egypt and Babylon."

"But the site of Hattuṣaṣ, the capital city of the Hittite civilization, contains only ruins that consist mostly of reconstructed foundations and a few other things" complained Ali. But Sema said, "The site itself is strange, almost eerie, exciting for its ruggedness and high antiquity rather than for its extant buildings and reliefs. The entire road looping around the site is about five kilometers long and can be walked in about an hour plus time spent exploring the ruins."

Professor Kozturk was becoming a little irritated by these interruptions and he simply continued, "Hittite history has come to be conventionally divided into two periods: the Old Kingdom (c.1700-1500 B.C.) and the Empire (c.1400-1200 B.C.). It is with the Old Kingdom that we have the beginnings of written records. Furthermore, there is confusion about the term 'Hittite', which was never a name claimed for themselves by any Anatolian people. It is a Biblical name and was first loosely associated by historians of the nineteenth century with a pre-Christian people in Syria and Asia Minor. Gradually new sources of historical information about this enigmatic people became available. The search for 'Hittite' inscriptions and relief carvings of the sort that often accompanied them led to the discovery of the huge ruined city of Bögazköy and a rich array of sculptured reliefs in the neighboring rock sanctuary at Yazilikaya. It became possible from cuneiform tablets to identify the city of Hattuşat as the capital of the 'Land of Hatti'. For five centuries beginning in about 1700 B.C. this great nation occupied an increasingly large proportion of central Anatolia and for convenience its people still today are referred to by the old biblical term of "Hittite" to distinguish them from the native Hattians whose country they occupied and dominated. The mainstream of Hittite history ended abruptly in about 1200 B.C. in an upheaval which is only partially understood."

Sema added, "We have very little evidence about the psychological characteristics of the Hittites because time has deprived us of their most revealing monuments and buildings. All we have of their architecture are ground plans of stone temples and hints of sculpture in the round. Hardly a single example has survived, so you will see only the relief carvings on rock faces and wall slabs, with here and there some much-weathered portal figures. The rest of our knowledge of Hittite plastic art depends mainly on carvings in miniature, clay modeling, and the craft of metalsmiths."

The Hittites were a very military people," continued Professor Kozturk, ignoring the other comments, "There was a great weakness in their political system by which wealth was concentrated in a few great cities, leaving the rural districts impoverished. In my opinion it is impossible to escape the conclusion that the Hittites effectively managed to ruin central Anatolia and many of their near neighbors as well. Finally," he added, "the ending of the Hittite empire, however it did end, occurred around the time that is usually ascribed to the date of the Trojan war in 1200 B.C." This congruence I thought was especially interesting.

I thanked Professor Kozturk very much for taking the time to visit us from his busy schedule in order to lecture us a bit on what we were going to see. I told the group they had about an hour to get ready and soon they would find Ali the bus driver in front of the hotel waiting to transport them.

Then suddenly everything fell apart. We heard a precipitous screaming from Claire's room! Edward, Henry, and I went running there to see what happened. We found Richard had somehow gained entrance to the room, probably by bribing the hotel clerk, and pulled Claire naked out of the shower to force his affections and sexual desires on her. Edward pushed the screaming Claire out of the way and leaped onto Richard in an obvious attempt to choke him to death. Henry and I pulled him off and as we did so I experienced a crushing pain in the center of my chest and right elbow,

but I ignored it the best I could.

By this time the entire group had come to Claire's room to see what happened and, as Claire hurriedly pulled on her bathrobe although she was soaking wet, Richard fiercely turned on me!

"You!" he shouted, "are the cause of all this trouble. You never should have led this tour or any other tour. Everything you do ends up in a mess. How arrogant of you to think you can give lectures to our group and guide us around. What psychoanalytic institute trained you? Who do you think you are?!" Attempting to smooth his now rumpled Brooks Brothers suit, he became angrier and angrier as he raged at me.

"I don't think you even have the background or training to guide anybody to anything," he insisted. "From the beginning I have noticed that you have had your eye on one of the women here and you are no person to talk to me or chastise me about what I do. There is no reason for me to stay with this tour any longer and I am going to demand a return of my fees that were paid for it. I am leaving the tour now and returning to New York where I intend to broadcast to everyone I can what a pompous sciolist you are! If I had my way your reputation in the psychoanalytic and psychiatric community will be completely ruined; you have made an implacable enemy of me!"

Turning to Henry he screamed, "Take that monster Edward out of here!" and turning to Pearl, his wife, he said, "Let's go." Pearl, somewhat to my surprise, refused to go. She insisted, "Richard, you have no quarrel with Martin and you are the cause of your own difficulties. Training and supervising psychoanalyst or not, you had no business attempting to force your affections on Claire or barging into her shower like some character out of a Hitchcock murder mystery! I am staying with the tour and I think you are wrong. I think that you are attempting to blame others for your own impulsiveness."

"Have it your way," insisted Richard, "I will deal with you when we both get back to the United States. I am packing my suitcase and will pay the bus driver Ali an extra hundred U.S. dollars to drive me to Istanbul where I will catch a plane to New York." Turning once more to me he said, "When I finish with you your name will be mud in the whole psychiatric and psychoanalytic community, believe me." He added as an afterthought, "Was it really necessary Martin, to bring this German woman with us to Turkey? Don't you think we know what your intentions are toward her?" When Lisa heard this she did not wait for me to answer. She walked directly up to Richard and slapped him sharply in the face. Richard stalked out, threatening his revenge on us all.

After he stormed out, Claire began sobbing unconsolably. "What will become of my residency?" she wailed, "This man seems so destructive, so almost paranoid, that I am afraid he will ruin my career."

"What is the matter with him?" asked J.

Ali the resident said, "Martin, you have to get us together and talk to us about the kind of person Richard is. We need some understanding about what is going on."

I was already feeling a little better from the chest and elbow pain and thought I owed it to the group to at least give them some kind of formal discussion that would perhaps make sense of Richard's behavior for them. So, once more, we trooped wearily

back into the lobby meeting hall of the hotel.

On the way to the meeting hall I stopped in my room and took a couple of nitrostats; I was not in atrial fibrillation at the time but I needed some help with the angina, which did indeed subside shortly after I took this medication, leaving me only with the usual side effect I got from it, a splitting headache. I returned to the meeting hall where the disconsolate group had assembled and where they found some coffee and cookies provided by the sympathetic hotel management. The Turkish people are very hospitable, as I found repeatedly on this tour.

Professor Kozturk, however, began the meeting by announcing that he was leaving. "Martin," he said, "what kind of *mélange* have you brought to Turkey? I am insulted that we have had to witness such behavior on the part of a number of your colleagues here and I have decided that I want no further intercourse with you. You are on your own on this tour; you have paid Sema so she will remain with you as a guide but I do not wish to maintain our acquaintance any longer." Crestfallen, Ali his psychiatric resident asked, "May I stay and listen?" Professor Kozturk answered, "You may, but be wary of these people. They come from a different culture and they behave themselves in barbaric devious ways." With this kind of Augustinian admonition, the elderly professor, clearly offended by both the interruptions during his talk earlier and by all this chaos and embarrassment in the hotel, abruptly left us.

I gathered my wits together because I had made a commitment and owed an allegiance to the group to help them understand whatever I could about the roots of human psychological origins and the basic greed, lust, and aggression that has unchangingly characterized our species from Paleolithic times.

I began, "An extreme example of the exaggeration and loss of control of these basic human drives can be found in the study of what I have called the borderland patient, and that is what I want to talk to you about now rather than trying to make up a psychodynamic profile of Richard, who after all is not my patient and whom I do not know very well."

"Thank you," said his wife Pearl, "that is a very decent response seeing as how he spoke to you. It is good of you not to attempt retribution and lay that sort of thing on our sad group."

I explained, "The borderland patient, as I like to call that person, is sometimes labeled the borderline patient in DSM IV or the psychotic character by some authors. The borderland patient typically has a history of repeated attempts at therapy of various forms, and of interrupting his or her treatment occasionally by such behavior as sudden flight to another city or dramatic actions in which the patient ends up in a hospital emergency room. The actions may involve a suicide attempt, self-mutilation, appearance of sudden florid psychotic or paranoid symptoms (which may disappear in a few hours), very serious sounding threats to commit murder or suicide, drug or alcohol binges, bizarre pain requiring hospitalization for 'tests,' and sometimes even exploratory surgery. Their pain may be accompanied by vomiting, fever, and other symptoms suggesting organic pathology.

One unifying principle of the borderland group is the chaos of their lives. This chaos

can even be produced by simply slowly or suddenly doing nothing! Those around the patient correspondingly become aware that the whole structure of his or her or life is falling apart, and the most complex and excited reactions take place, often with the patient sitting calmly at the center of the storm. A dramatic portrayal of this situation appears in Kazan's (1967) novel, *The Arrangement*.

Chaos can be produced either by dramatic acting out, sudden emotional dyscontrol, addiction episodes, or by the appearance and fluctuation of a variety of puzzling neurotic and psychosomatic symptoms. Under stress, delusions and other psychotic symptoms may appear. At the same time these patients never break down and never show the classic schizophrenic picture for more than a short time even under the most trying conditions. For this reason they cannot be described logically as 'borderline schizophrenics' or 'ambulatory schizophrenics'. Also the variety of their symptoms and behavior patterns, ranging far beyond ordinary neurotic symptoms, rule out the old appellation 'pseudoneurotic schizophrenia.'

Arieti (1955) suggested the term "stormy personality," which covers some typical characteristics of this group. He writes:

In their attempts to gain parental approval and love, and to avoid disapproval, they try all types of attitudes, and all of them to an extreme degree. ...These patients often live in an atmosphere of catastrophe and doom. On the other hand they show an extreme resiliency, and seem able to recover strength, spirit and good humor easily.

These individuals are often overwhelmed by a sense of restlessness, boredom, and despair over the 'meaninglessness' of life. They verbalize about this at great length. Antoine Roquentin, the hero of Sartre's (1964) *Nausea* illustrates this oppressive sense of boredom and preoccupation with the meaninglessness of the world. The patients complain of a sense of detachment from people and the stream of life, portrayed with brilliance by Camus (1957) in *The Stranger*.

Beside the chaos of their lives and the refusal to lapse into chronic classic schizophrenia, certain other characteristics unify the group. Often a whole variety of substances, including barbiturates, marijuana, tranquilizers, amphetamines, and many other drugs and alcohol have been self-administered. The sources of these prescriptions are well-meaning and often co-dependent relatives, general physicians, medical specialists including psychiatrists, chiropractors, and dentists. At times these materials are 'stuffed in' in unbelievable quantities and at other times there is complete abstinence. Only a few of the patients in the series I studied experimented with intravenous injection of some of these substances as described by Kramer *et al* (1967).

The reason for the use of these substances seems based on the nature of the symptoms. These often appear to have a vague organic origin — for example all kinds of pains, twitchings, fatigue, and so forth, which were thoroughly investigated by their various therapists to no avail. Then some medication or medical regimen would be prescribed; the patient would follow it for a while without relief, then exaggerate it in quantity or simply add it to previously prescribed regimens and medications. The medicine cabinets of these patients often are a well-stocked pharmacy. In desperation some patients took one of everything in the medicine cabinet!

Sometimes this buildup of tensions, weird symptoms, and hyperingestion I (1966) have observed does not occur dramatically but gradually over the years, with an accumulation of complaints, symptoms, medications, and doctors. Careful history taking is necessary to reveal the pattern.

Furthermore, these patients usually impress their physicians as 'bad' or 'undesirable' patients, or are characterized by even less complimentary terms such as 'crocks.' They represent the diametric opposite of the classical 'good' patient. They appear late or not at all, fail to cancel, abuse the telephone, and sometimes fail to pay their bill. They often find the points of irritation that rub the therapist the most and then lean hard on these points. In doing so they stir up a conflict in the therapist who wants to be a kind, generous, and understanding physician exchanging mutual benevolent respect with his or her patients. Searles (1966) has discussed the very serious matter of the guilt stirred up in therapists as a consequence of their healing vocation being in conflict with their rage at such patients.

Many 'accidents' occur in the therapist's office; ashes are spilled on the rug, favorite pictures are brushed up against and knocked down, stuffing is nervously 'picked' out of chairs, ash trays and little statues are knocked off tables and broken, furniture is scratched and has food spilled on it, and so on. The neophyte therapist with his or her shiny new office fresh out in practice is the special victim of this. The older and more tired therapist can expect to be awakened at night or have many demands for extra sessions or changes of time if his or her schedule is crowded. There is always a 'good' reason.

Various attempts have been made to characterize and distinguish this group of patients from the psychodynamic point of view without much success or agreement. Kernberg (1967) made an exhaustive study of the characteristics of these patients and a careful comparison with other disorders. He prefers the term 'borderline personality organization' for this group, and calls attention to certain typical features. These are, for example, a lack of anxiety tolerance, lack of impulse control, and lack of developed sublimatory channels. It is most important to note that oral aggression plays a crucial role in the psychodynamics, and there is a premature development of oedipal conflicts as an attempt to escape from the oral rage, with a subsequent condensation of pregenital and genital conflicts. Experience from my (Chessick 1977) series of cases has confirmed these findings. In addition, Kernberg points out:

Any situation which would normally develop into a deeper interpersonal relationship reveals the incapacity of these patients to really feel or empathize with another person, the unrealistic distortion of other people, and the protective shallowness of their emotional relationship.

He is also aware of their 'pathology of internalized object relationships,' as he calls it, and 'intensification and pathological fixation of splitting processes' in the ego functions of these patients.

From the point of view of the therapist, clear-cut distinctions between 'character disorder,' 'borderline schizophrenia,' or borderland (borderline) patients are not so important as some understanding of the nature of the damage to the ego structure.

Blos (1962) notes,

In the treatment of these cases one has to go back to the pregenital phases: to oral dependency and oral aggression, and to the vicissitudes of 'basic trust.' Clinically we recognize the defectiveness of the synthetic function of the ego and the preambivalent aggression directed at object and self-representations in the persistent defectiveness of object constancy with ensuing affective and cognitive disturbances.

Borderland patients are really quite common; many of them do not enter psychotherapy but form a burden on the rest of the medical profession. Often in desperation they are finally referred to a psychiatrist. This results in a triple disappointment. The referring physician is disappointed because the patient does not get better and continues to harass him or her, the patient is disappointed because the psychiatrist's medicine does not help, and the psychiatrist is disappointed because he has a 'bad' patient on his or her hands and is angry at the referring physician for sending the patient — yet the psychiatrist is unable to express the anger because referral sources form the basis of private practice and are not to be offended. The psychiatrist is also, of course, angry at the patient, raising the guilt conflict mentioned above.

The psychiatrist is faced with the problem of mollifying the referral source by appearing to care for a 'bad' patient, and yet protecting himself or herself from the frustrations the patient continuously presents. Some interesting destructive solutions to this problem have come to my attention. These fall into three categories:

1. The psychiatrist accepts the referral and schedules the patient. After the initial interview has shown him or her what one is up against, the patient is seen thereafter either for very short periods — as short as five minutes in the case of one psychiatrist, but usually for 15 minutes to 30 minutes — or for very infrequent periods — once a month, for example — or both.

2. The psychiatrist fills the session with medical examination, discussion of quasi-organic pathology, prescription of drugs, follow-up of drug regimens, and adjustment for side effects.

3. The psychiatrist overidentifies with the patient and devotes amazing amounts of time and attention to rescuing efforts. Even a festive evening dinner for the psychiatrist with his or her family and friends can be spoiled; one psychiatrist of my acquaintance rushed home from a dinner party because he had promised a patient he would be home when the patient called that night at a 'critical' time when the patient was to confront some relatives. (The patient never called.)

Empathic perception of the restricted ego functions and of the deep inner emptiness of these patients as a consequence of severe damage to the mother-child symbiosis in the first year of life could enable the therapist to set limits and maintain an investigative attitude in spite of a bombardment of provocations. If the therapist is reasonable, has a healthy self-esteem, and is consistent and determined, therapy does get started, even though it sometimes appears impossible at first. The other essential ingredient to getting the patient into treatment is proper interpretation, again based on empathic perception. This is not hard at the beginning, as it usually centers around the patient's emptiness and loneliness.

The therapist must have the capacity for great patience and be alert to signs of his or her or own frustration and fatigue. A careful regulation of his or her own personal life is necessary, as these patients produce so much frustration, fatigue, and impatience that personal self-gratifying fantasies (or even behavior!) tend to break through and seriously interfere with the evenly hovering attention that empathy requires. It also helps if there is at least something the therapist can genuinely appreciate, like, or admire about the patient. This should not be too hard to find, assuming the therapist is basically healthy and likes people. At times one finds a thoroughly unlikeable patient; it is best not to begin work with them.

Furthermore, there must be a freedom of expression of emotion with the patient. The therapist cannot hide behind a professional mask but must be prepared to engage emotionally with the patient from the very beginning. This usually involves expressing anger at the patient that, if it is justifiable and expressed in a civilized way, can be quite helpful to the patient (and therapist), but also it can involve the expression of esteem and encouragement. As the intensity of the symbiosis heats up, enthusiasm and even professional affection are verbally expressed. For a symbiosis is what forms — the patient becomes ‘wrapped up’ in the therapist — and the healthy therapist is able to offer himself as a ‘real object.’

Tarachow (1963) speaks of this as the therapist intruding himself or herself into the life of the patient and staying there. He feels that when this takes place the therapist and patient have entered each other’s lives as ‘real, serving as infantile objects to each other.’ Thus the therapist uses himself or herself as a building block in the oft-times jerry-built structure of defenses the patient has erected.

Freud (1961) taught that the ego is a precipitate of abandoned object-cathexes. The introjects can assist or impede ego development and the early introjects have a crucial bearing on how the person handles problems and on his or her sense of identity. Giovacchini (1967) pointed out that the child initially internalizes from his or her parents not only values and limits as in superego formation, but styles and techniques required to solve the problems of routine living. When the child forms an introject of a parent he or she includes many elements of the relationship that involve methods of mastery. As Boyer and Giovacchini (1967) described it, the inquiring but anxiety-free, consistent, and calm attitude of the therapist is ‘introjected’ into the patient, enabling the development of an observing ego that can deal with malignant introjects.

However, introjection involves more than swallowing an ‘attitude’ — it involves in fantasy the swallowing of the whole or at least a part of a human being. Therefore, the basic deep feeling that the therapist has for the patient is swallowed in along with his or her attitude; if this feeling is primarily loving (it is always of course to some extent ambivalent) it will reinforce the therapeutic process vastly.

There must be a warm ‘deep inner attitude’ toward the patient, even though it is not openly expressed. The therapist should be willing to be of use not directly by doing things for the patient but through actively offering his or her own ego-techniques as models for introjection. This may even require directed questioning of the patient by the therapist to encourage the patient to focus on his or her techniques of dealing with certain problems and comparing these with the therapist’s approach. The therapist

should offer a healthier model through his or her limited and carefully chosen willingness to reveal his or her own personality and techniques of living. This warm inner attitude and healthier set of ego techniques are introjected as well as is the therapist's calm investigative attitude.

Nacht (1961) discussed the importance of the 'deep inner attitude' in the psychoanalyst. She wrote:

The analyst must limit himself to a certain way of being *present*, with an underlying, deeply-felt attitude compounded of acceptance, availability, and the sincere desire to help the patient. Only this deep positive attitude can completely reassure the subject; he may detect it in the words of the analyst, but it is certainly even more in the unspoken intangible quality of his presence revealing the real character of the counter-transference that the patient will be able to find the security which he needs so much. If he does not find it, the transference neurosis runs the risk of being melted into a permanently sado-masochistic relationship, and therefore becoming incurable.

This inner attitude cannot be phony. It can develop only if it is based on a successful symbiosis with the therapist's own parents or through a successful training analysis treatment experience of one's own. No amount of intelligence or education can make up for a lack of it.

With the above factors present, a symbiosis does develop, and the patient becomes 'locked' into treatment. This corresponds, however, only to the opening moves of a chess game. As complicated and difficult as the openings can be in chess, the true skill and artistry of the game comes in the middle of it. On the other hand, what happens in the middle game is directly based on what has taken place in the opening!

In the opening suggested above as a solution to the many problems posed for the therapist by the borderland patient at the start of the treatment, a therapeutic engagement is developed in the face of a myriad of disruptive factors, based on the development of what I (1966) first described as a 'locked-in symbiosis.' This symbiosis is a consequence of the healthy therapist offering a part of himself or herself as a 'real object' to the patient for the purposes of introjection. It is a symbiosis because the therapist must in some way be gratifying his or her own needs through this relationship. It is a locked-in symbiosis out of the desperate inner emptiness of the patient, who, once he or she can be encouraged to clamp down like a bull-dog on the therapist, will not let go if the object is a healthy one, even forgiving the therapist's occasional mistakes.

Clinical experience indicates that unless the therapist offers a 'real object' relationship to borderland patients, the therapy simply falls apart. The patient does not continue to come — he or she is too empty and too desperate at the beginning to do anything but feed, and is too overwhelmed by needs to be able to look at them except for short intervals during the therapy session. The opening of the therapy must lead either to a 'locked-in symbiosis' or to a breakup of the therapy, and we must look further into the middle phase of therapy to study the consequences later on of the 'locked-in symbiosis' in those therapies that have not broken up. Some authors seem to feel the consequence cannot be a basic change, and if any benefits occur they are based on the delusion of the therapist's omnipotence. Therapy based on delusions of

the therapist's omnipotence can not have a favorable outcome if the patient remains in therapy. Sooner or later this omnipotence can not be preserved even if the therapist tries deliberately to do so. The root of the 'locked-in-symbiosis' lies in the patient's *wish* for the therapist's omnipotence. It does not follow that therapy will break up if the therapist is realistically not omnipotent in the patient's eyes.

The consequence of the discovery by the patient that the therapist is not omnipotent is the development of an ambivalence toward the therapist. Hill (1955) speaks of the therapist's willingness to be of use to the patient as crucial to the outcome. This is analogous to Tarachow's concept discussed above, of 'intrusion' into the life of the patient and remaining there as an infantile object. The discovery that the therapist is not omnipotent leads to splitting, according to Hill, in which the patient blames himself or herself for the therapist's limitations *or* projects his or her hostility onto the therapist. What overcomes this apparent impasse or 'transference resistance' as Hill calls it, are the 'little bits of goodness' that the therapist has to offer the patient.

Being of use does *not* imply direct ministering to the patient's needs but does imply (a) reasonably correct interpretations based on genuine empathy for the patient; (b) a therapist with a relatively healthy superego and set of ego mechanisms for adaptation, freely offered to the patient for introjection, just as children introject these patterns from the parents as discussed above; and (c) a healthy and at least warm deep inner attitude toward people and toward the patient — especially characterized by tolerance and magnanimity — that must also be introjected by the patient. This is termed by Stone (1961) the 'physicianly vocation' and is very important. As Saul (1958) explains, 'The child lives on in the analyst as in everyone else; only one expects the child to be a little less fractious, unruly and disruptive in those whose profession it is to help others in life's journey.'

This apparently simple quotation is deeper than it appears, as the patient is also confronted with the therapist taking *him or her* as infantile object over many months or years of treatment. Whitaker and Malone (1953) have called this a ministering to the 'patient-vectors' in the therapist. The extent of such 'patient-vectors' in the therapist forms the true basic test of the soundness of the new introjects being offered and cannot be hidden over the years of intimate interpersonal interaction that constitute a psychotherapy. Nor can it be limited to certain specific 'parts' or 'attitudes' of the therapist.

The objection to *directly* ministering to the patient's needs comes from the fact that such behavior by the therapist is usually really ministering to patient-vectors in the therapist. It is not an appeal to the patient's ego function and does not result in ego-expansion, but rather this approach tends to reward the illness and prolong the stormy chaos of the patient's life. This chaos is based on the appeal for direct help with a concomitant need to fail the helper as the passive-aggressive expression of the rage aspect of the patient's ambivalence toward the helper. It ends in mutual disappointment and forms the most common series of events taking place between neophyte therapist and borderland patient.

I have had numerous experiences of 'bailing out' residents who became entangled with borderland patients in two most common ways — Ali, take note!! These entangle-

ments are (a) the resident attempts to deal with the anxiety produced in the resident by the stormy nature of a borderland patient by the taking a strictly interpretative approach and refusing to engage in any form of emotional or personal relationship or interaction with the patient. The resident comes in to the supervisor with numerous intellectualizations about 'dynamics' but without any evidence that he or she perceives and empathizes with the patient as a human being with feelings who could react negatively as we all would to the 'professional' very cold and sterile approach of the resident, and (b) the eager resident becomes entangled with the whole administrative bureaucracy of the clinics and the patient's family and employer in attempting to 'help' the patient directly — who repeatedly fails to follow through after all the resident's efforts. The best signal this is happening occurs when the resident shows open hostility or passive aggression (for example, not showing up for supervisory sessions) at the point when the supervisor suggests that such direct ministrations may not be so useful. Unless the resident can be made to see what is going on, the therapy breaks up, with the resident giving up after repeated failures by the patient.

Such experiences with neophyte therapists strengthen the conviction that detached calm interpretations alone cannot hold borderland patients in treatment. The therapist has to walk a tightrope I label the 'crucial dilemma' in the treatment of borderland patients. On the one hand, it is clear that direct ministering to patient's needs, such as caressing or feeding or giving gifts to the patient, constitutes a form of 'acting in' (Zelig 1957) and is undesirable except in the most minor and socially acceptable forms (such as allowing a kleenex to be borrowed, and so on), because it prevents ego expansion by fixing the patient on the omnipotence of the therapist. On the other hand, therapy without 'parameters' can not hold the patient in treatment. The crucial dilemma that the therapist always faces is where to draw the line.

Because of the psychodynamics of these borderland people, the therapist soon finds himself or herself facing this crucial dilemma regarding the choice from session to session between staying with a strict 'technique' of psychotherapy and following an 'inner attitude' which may even at times lead to temporary abandonment of previously learned techniques of psychotherapy. Improvement seems to occur steadily when the sessions are treated as human encounters with specific technique shoved in the background. Watching neophyte therapists it is easy to show that hiding behind rigid adherence to technique or rules of treatment is a defense against feeling the anxiety engendered in them by the massive pregenital strivings of borderland patients. Analogous to this is society's tendency to treat such people with rigid rules, for example, 'The army will make a man out of him.'

Dangers in allowing an intuitive approach to such patients are also present, in that the therapist must genuinely know himself or herself and not engage in countertransference acting out. These patients are eager to act out or 'act in' in the therapy, and they pose a threat to the neophyte from that point of view alone. As in the instance of Richard, they are capable of unpredictable, self-defeating impulsive behavior, and blame all their troubles on others.

The key factor in improvement is the therapist's empathic grasp of how the patient perceives and how he or she feels — and the therapist's ability to emotionally respond

to this without predominantly using the patient for his or her own needs. In a similar fashion, the therapist must be able to draw away and permit 'individuation' at the proper time. Careful study of case material shows that it is actually possible to keep a 'secondary process' check on what is going on and so to avoid a wild and disorganized therapy. The more thoroughly understood the patient is, the more accurately it is possible to know whether our emotional interaction with the patient is 'on the beam' from session to session. Improvement in the patients appears to be directly related to this emotional interaction and to the degree to which it is *consistently* genuine, 'on the beam,' and originates from a healthy and positive 'deep inner attitude' of the therapist.

So, dear members of our group, I have reviewed the problem of the borderland patient and the special difficulties he or she present to the therapist at the beginning of treatment. The most common erroneous responses to these difficulties are attempts to directly minister to the patient's needs or adopting too detached and analytic an approach. If one can successfully walk a tightrope between these two horns of the therapist's 'crucial dilemma' in the treatment of borderland patients, the patient is able to introject the warm inner attitude of the therapist toward him or her, develop better ego-adaptive techniques, and is provided with a calm investigative atmosphere in which to examine himself or herself. All of these constitute the tools to make a gradual modification in the basic malevolent introjects and thereby produce a genuine change in the patient in the direction of cure."

* * *

We did indeed tour the Hittite sites that afternoon but there was not all that much to be seen beside what had already been described by Professor Kozturk. It became apparent to me, as I stood among the eerie ruins of what was once one of the major flourishing civilizations of the world, how these civilizations come and go while the basic greed and lust and aggression in humans remains the same. It is as a result of these universal human strivings for power and desire for aggrandizement and sexual dominance that Spengler correctly described the phases of the various cultures and civilizations as always ending with a barren set of ruins. There was no reason in my mind to believe that the same would not happen even to my own civilization, the United States of America. It had happened to a relatively more powerful empire, the Roman Empire, as is well known, and here among the Hittite ruins was another example from what was once a great military power that dominated the entire area. All that remained here was residing in a museum or fading away as the wind eroded the rocks.

I rode back in the bus with J. and the others, and I really felt depressed. Of course a large part of this despair was a displacement from the narcissistic wounding I had endured from first Richard and then Professor Kozturk in public that morning, and to add to my difficulties I felt mild angina on and off and periods of atrial fibrillation. I was trying to ignore these sensations by thinking in more philosophical and universal terms, but all I came up with was a deep pessimism about the human future, quite similar to that expressed at various by Sigmund Freud.

As Hobsbawm (1994) put it in *The Age of Extremes: A History of the World 1914-1991*, "In short, the century ended in a global disorder whose nature was unclear, and

without an obvious mechanism for either ending it or keeping it under control. The reason for this impotence lay not only in the genuine profundity and complexity of the world's crisis, but also in the apparent failure of all programmes, old and new, for managing or improving the affairs of the human race" (pp. 562–563). I tried to distract myself from this gloom by talking to J. who, for a change, was sitting beside me. I thought to myself of the power of love and how requited love would at least give each of us a brief period of respite from the human condition. It occurred to me that exactly the same words used by Hobsbawm to describe the end of the twentieth century could have been used to describe the situation at the simultaneous disappearance of the Hittite empire and the fall of Troy in 1200 B.C..

J. was not particularly responsive to my efforts at expressing affection, as her husband was sitting close by and she did not wish to increase the suspicion of people who, as Richard pointed out, had already noticed my interest in her. My pursuit of J. seemed to be having worse and worse results, and I found myself overwhelmed with longing and desire that was unrequited. At the same time I could not shake the feeling that J. did care for me and was using all her will power to keep anything from happening, especially on this trip where my feelings for her were already apparent to others. I could not take my eyes off of her, she was so beautiful and desirable, like a princess. My heart literally ached for her.

So the long day ended for a disgruntled group, each individual going to their respective rooms and preparing for our next excursion. They were even wondering what I would announce the next morning, because Professor Kozturk was gone and it was up to me to decide what to visit next; the betting was on Ephesus, since the group knew of my great interest in Greek civilization and such a civilization was next in chronological order. That is to say, after 1200 B.C. in Turkey we enter the Iron age, the time of the first Greek colonies in Asia Minor and the great Persian empire. Artemisium at Ephesus was founded about 550 B.C., and this city was another high point in civilization, the home of the great philosopher Heraclitus. More work for Lisa, and many arrangements for her to make!

When I returned to my room, the gloom would not dispense itself. I felt isolated and alone and unsure of how to go on and what to do. My heart continued to beat rapidly and I felt mild angina. Finally I took a nitrostat and a milligram of Ativan and tried to relax and go to sleep. As I dozed off I had one of the most vivid dreams of my life. This is how I remember it:

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APPEARING ON COMPUTER SCREEN: *Instructions*: following data is to be printed out for final check and then to be permanently erased from memory bank.

TRANSMISSION I

From: Royal Astrophysicist on Planet *Phronesis* at Edge of Galaxy

To: Royal Philosopher on Planet *Noûs* in Center of Galaxy

To the Most Exalted Philosopher: Greetings!

We thought the following information would be of interest to you. Data from a minor planet we have named *Oikoumene* in a solar system revolving around an

insignificant star far off the center of a relatively small galaxy a mere one million light years away from us came in a century or so ago. It revealed that during a brief period a series of explosions had occurred on the planet, the final one rendering the entire planet radioactive to a lethal degree. We focused our most powerful ultraradio telescopes on *Oikoumene* and could discover nothing except a completely desolate landscape; however, long range microfocus nuclear magnetic resonance soundings of the surface of the planet indicated that some odd foreign material or artifacts were present in two relatively small places under the ground. Since we had no explanation for the series of explosions, we hoped a study of this foreign material would help us to understand what happened. So we sent one of our most advanced space ships through a time warp and landed on the barren saturnine planet briefly at the points where our soundings indicated buried artifacts.

This surprising material was found at Site A. close to the planet's equator, and at Site B., about half way around the planet from site A. and a considerable distance from the equator towards the north pole of the planet. The material at Site A. consisted of a series of many magnificently colored pictures painted on the walls of empty caverns in the ground. These caverns obviously represented some sort of burial tombs having a deep religious significance, since the walls were painted with meticulous care.

At Site B. a shattered trunk or case of some kind was found in a basement-like structure — all that remained of what before the explosion must have been a solid brick house. Apparently this basement was made of thick concrete and when the explosions desolated the planet the concrete fell on the trunk, preserving the contents. The Site B material consisted of long strips of some kind of tape wound around reels; there were about 30 or 40 of such long puzzling strips, each labeled "VHS Cassette".

We set our most advanced high speed Artificial Intelligence computers to work on analyzing these extragalactic archeological discoveries. It is clear that the material in the basement as well as the material in the tombs were carefully hidden, either due to their religious importance and/or to keep others from knowing about their presence.

Artificial Intelligence selected as by far the greatest probability that we are dealing with some sort of religion shared by the inhabitants of the two widely separated sites on this planet. Furthermore, an evolution of this religion occurred, beginning at Site A. — in which the contents have been dated to be about 5,000 *Oikoumene* years before the series of explosions — and evolving to that of Site B. — in which the contents have been dated by our advanced radioactive techniques to have been produced only a decade or two before the explosions.

Our extremely sophisticated computers, which can unravel almost any code and review billions of possibilities in very short periods, soon divulged the information contained in both of these records. Clearly the material at Site A. consisted of primitive visual records in static poses painted on walls of the caverns. Stereotyped ritualized behavior was portrayed over and over again in the paintings. These rituals contained a sequence of events depicting a situation or series of situations in the life of a central king-like figure, who seems to transform from a young individual into an old one and finally into a wandering stereotyped figure, sometimes on a boat in a river. Then this figure is confronted by another stereotyped repetitive figure painted

either with a white face or with a green face. This second figure sometimes holds a scale with a heart on one side and a feather as a balance on the other. Lurking near is a third unusual stereotyped figure, with the head of a jackal.

In addition there are large numbers of two types of insignificant creatures depicted; for simple purposes I will label them *Aner* and *Gune* — words taken from some kind of burial tablet fragment depicting similar figures accidentally found on the surface of the planet about 1,400 km to the north of Site A. The figure *Gune* is smaller and more rounded than the figure *Aner*, and clearly always has a subordinate role to *Aner*. I emphasize that the same ritual and sequence of events is repeated over and over again on the tomb paintings.

A surprising and dramatic discovery made by our computers was that the tapes found at Site B. were magnetized and, the code of the magnetization having been broken, yielded when properly transmitted across certain electron beams — a similar visual record! Here again were depicted a series of stereotyped events with no evidence that the individuals in the pictures had any unique mind; that is to say, both in the pictures from Site A. and Site B. there was a structured program of activity carried out without variation over and over again. Only the type of stereotyped activity and the level of sophistication employed in recording the visual images dramatically changed.

Study of this religion shows that the creatures depicted at each site carried out a ritual characteristic of that site, but with no apparent purpose that we could discern. The ritual at Site A., I have named “dismemberment,” because over and over in many scenes is portrayed the destruction by tearing apart or cutting off of various parts of individuals in one group of *Aner* types armed with spears and swords by another similar group — with limbs, heads, and bodies scattered all over the ground.

The second ritual I have labeled “insertion,” because in the Site B. pictures, the stereotyped ritual carried out over and over again is of the insertion by either an *Aner* or a *Gune* of a curious implement, which is then made to slide in and partly out with monotonous repetition into the head or body of another *Gune*. The *Aner* creatures seem to have this implement as part of their bodies while the *Gune* creatures use some sort of artificial prosthesis for this purpose.

Apparently these religions were extremely popular, because ground evidence around Site A. shows that thousands of people visited this site, and evidence of wear on the tapes from Site B shows that they had been transformed into pictures and apparently viewed innumerable times.

It is clear therefore that we have discovered the evolution of a very primitive set of stereotyped religious rituals on a planet with many mindless creatures who were divided into two groups separated in space and time — but each group contained all members more or less the same with no unique individuality or self or mind in evidence in any one creature.

What we cannot explain at this point are the repetitive explosions.

TRANSMISSION II

From: Royal Philosopher on Planet Noûs in Center of Galaxy

To: Royal Astrophysicist on Planet *Phronesis* at Edge of Galaxy

To the Royal Astrophysicist: Greetings! —

The universe is full of mindless creatures, comets, and asteroids, all of which endlessly follow predictable paths and are totally uninteresting. Why are you bothering me with trivial information about this irrelevant little planet?

TRANSMISSION III

From: Royal Astrophysicist on Planet *Phronesis* at Edge of Galaxy

To: Royal Philosopher on Planet *Noús* in Center of Galaxy

To the Most Royal Exalted Philosopher: Greetings!

It is true that these weird little creatures in the visual images appear mindless, have no empathy for each other, and display no unique individuality or autonomy. But we have discovered by further artificial intelligence computer studies that they had some form of primitive language expressed in the Site A. pictures! It was found that some small pictures on the sides and top and bottom of the large scenes depicted in the tombs in Site A. could, by our most advanced computer analyses, be found to express a message — which they do! The message seems to describe a sort of journey of people who have died and their judgment by a god who is depicted by the creature with the face sometimes green and sometimes white.

A fragment of the message taken from what they label *The Book of the Dead* shows a primitive imagination and the rudimentary beginning of mind and religious inspiration. It tells of KA, an imagined abstract individuality or personality of each creature that *was* unique for each one:

This abstract personality had an absolutely independent existence. It could move freely from place to place, separating itself from, or uniting itself to, the body at will, and also enjoying life with the gods in heaven.

The KA is a sort of phantasm, a double of the material substance of each creature — the latter presided over by the figure with the head of a jackal. —

What is more significant than this primitive beginning aspiration for an individual self is that the picture language tells us of a third ritual which seems to have been by far the predominant activity of these creatures during their life; I have named this “competition.” Apparently these creatures spent most of their life in the following manner — the *Aner* group always dominated the *Gune* group, but the *Aner* creatures fought continuously among themselves for what they considered to be valuable. Curiously what they thought valuable was 1) a silly yellow metal, 2) the power to order about innumerable other *Aner* creatures, and 3) some sort of “possession” of the largest possible number of *Gune* individuals. Thus, the central king-like figure depicted in the scenes at Site A. was the individual who had the most yellow metal, the most power to order about other creatures, and the most possessions in terms of some kind of ownership of many *Gune* creatures, the purpose of which we do not understand.

We have also subjected the material from Site B. to careful Artificial Intelligence analysis looking for themes and messages. We have found by watching the expressions on the faces of the two different types of creatures that each type reacts to this material in a different way. All the scenes show the feverish insertion of the curious

implement into one end or the other of the *Gune* creatures with very little preliminaries and no evidence of any feelings of any kind for each other; for some reason they always seem in a hurry to get at it. It is clear from our most advanced psychological studies of these creatures that both the *Aner* and *Gune* types are faking their reactions — pretending a pleasure they do not experience — and performing some kind of acrobatics which are not normal or natural to them. This discovery was a great triumph of our computer studies, a challenge to our Artificial Intelligence! Furthermore, *Gune* individuals pretend to love some kind of excretion, which comes from only the *Aner* implements from time to time and never — never — do they have genuine pleasure from the whole experience. What a curious religion!

The central figures in this series of Site B. pictures always perform the same stereotyped ritual and most of the pictures are simply close-ups of parts of their bodies, recorded under conditions that indicate very poor and primitive photographic knowledge. No plot could ever be uncovered from the behavior of these creatures, and there was no sense of character or individuality or anything resembling a self that could be found among them; the ritual shows a complete lack of empathic awareness in all the participants.

Furthermore, a study of the evolution of the religion in space and time from Site A. to Site B. seems to show a generally increasing degradation of the *Gune* type and a depreciation of them. These Site B. *Gune* creatures are seen as usually never wearing anything under their one superficial gown. They are depicted as often wanting to perform the ritual with anybody, always, *Gune* or *Aner*, no matter who it is; they seem infused and saturated and obsessed with one and only one type of behavior which appears to us to be boring and repetitious — and they are clearly only pretending to enjoy it.

These pictures show no style, no slow working up to anything, no intimacy, no mental capacities, and no empathic personal exchange of thoughts or feelings of the higher level that we have achieved in our galaxy. The Site B. images, in spite of their far higher level of scientific development in recording techniques, are crude and disappointing and have much less artistic value than the findings from Site A.; there is a certain unnaturalness about the whole thing and it appears to be an obsessive ritual at which these people work very hard with no genuine pleasure. Clearly the watching of this ritual had tremendous appeal to the *Aner* type, but a careful analysis of the *Gune* individuals shows that watching certain aspects of this ritual also at times appealed to them.

Artificial Intelligence has revealed a composite explanation of why the typical *Gune* creature would watch this monotonous and boring set of pictures: it seems to have to do with the few scenes depicting foreplay before insertion. These scenes are quite rare when the pictures are of *Gune* and *Aner* individuals together, as stated above; the most sensual, artistic, and arousing scenes are the ones involving *Gune* persons only — if they are done well.

Clearly these pictures were made primarily for *Aner* individuals, apparently produced to meet some need in them. The feelings or gratification of *Gune* individuals are rarely of any concern unless the subjects of the picture are both *Gune* creatures. Then there sometimes seems to be a sharing and tenderness not depicted in the other

scenes. That *Gune* creatures must like these foreplay pictures the best is deduced from the following: all the other series of Site B. pictures, and all the pictures at Site A., show some sort of mastery of *Aner* over *Gune* types, and often in addition those at Site B. contain some kind of physical and apparently verbal abuse directed toward one or more *Gune* persons.

We thought that philosophers would be interested in this information, because we seem to have discovered the evolution of a primitive religion practiced by creatures who appear to have had two ritualistic obsessions during their lives: dismemberment of other creatures and insertion of their implement into members of the other subgroup.

At the same time, the Site A. messages have indicated that when they were not practicing their religion — which they seem to have done as much as possible — the creatures at both sites spent their existence competing with each other for strange goals that make no sense but were apparently very important to them. Their rudimentary aspirations toward an independent, joyful, creative self seem to have disappeared over the course of their evolution, which represents a regressive development. Can you philosophers apply your wisdom and even more powerful Artificial Intelligence computers to this material to help us explain the explosions on this planet?

TRANSMISSION IV

From: Royal Philosopher on Planet *Noûs* in Center of Galaxy

To: Royal Astrophysicist on Planet *Phronesis* at Edge of Galaxy

To the Royal Astrophysicist, Greetings:

We have reapplied our more sophisticated computers to your original data about the series of explosions on *Oikoumene* and from this have derived the answer to your question. Over a period of about one hundred *Oikoumene* years before the final explosion, there were a series of small explosions each of which was increasingly powerful, although the final explosion was far more devastating to the entire planet. We have concluded from this that for some reason these mindless creatures began to “compete” to see who could make the most powerful explosion. At the end perhaps each composite side, (or perhaps the *Gune* group versus the *Aner* group?), set off the biggest explosion they could. These explosions set off a chain of uncontrollable nuclear reactions that devastated the planet and bathed it in radiation that prevented any further life to exist.

This confirms our previous impression that these creatures were mindless, since only mindless and preprogrammed creatures would blow themselves apart and destroy the planet on which they dwell so foolishly and completely. The history of *Oikoumene* is already over. Our file on this creature, both *Aner* and *Gune* types, will now be erased since we have conclusive proof that it does not represent an early form of mind, although we concede there was a beginning rudimentary aspiration in this direction. The *Oikoumene* events are a manifestation of *Thanatos*, simply another of the many predetermined degeneration and decay phenomena silently steered by *Thanatos* in the universe, at the basis of which is the ultimate proton decay — which our artificial intelligence computers tell us will bring all matter to an end in about twenty billion *Oikoumene* years. We regard the self-destruction of this creature as conclusive evidence that they had no autonomy, no individuality, no self, and no more uniqueness than any

of the thousands of little asteroids that revolve around that same insignificant star in that same minor solar system.

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