

of renaming would be the possibility of such experiments. The measurement of meaning is not new, though there are new tools for it such as Osgood's semantic differential, and many others which are still in the experimental stage, such as the information theoretic approach being used at the White Institute. If one grants the definition of meaning implied in these instruments, there is no reason why defect in aspects of connotative meaning cannot be measured in pathological and control populations, testing Dr. Artiss's hypothesis. Work to date using these new instruments and more rigorous experimental techniques has indicated that many of the classical notions regarding schizophrenic language are not as general as was thought, but that important differences from normal communication can indeed be demonstrated.

Reported by Fiona Graham, M.D.

September 25, 1964. "The Causes for the Patient's Change in Analytic Treatment." Erich Fromm, Ph.D.

Dr. Fromm cited Freud's "Analysis Terminable and Interminable" as a most insightful discussion of the factors leading to analytic cure. Freudian theory states essentially that neurosis represents a conflict between instincts and ego, and hence that taming of the instincts and strengthening of the ego, with consequent disappearance of symptoms, represents cure. Prognosis for cure is best if trauma has played an important role in producing the neurosis, if the instincts are not too strong, constitutionally in relation to the ego, and if the ego has not been too greatly altered as a result of defensive operations. Dr. Fromm criticized this view of neurosis and its cure, suggesting that the battle is not between the rush of the instincts and the damming power of the ego, but between archaic passions or love of death (necrophilia) and other passions, namely love of life (biophilia). In evaluating a patient's

chances for cure, he distinguished between light, benign neuroses and malignant neuroses. The former, which have a good prognosis, are characterized by the presence of severe effects due to trauma and the absence of severe damage to the nucleus of the character. Trauma, to have appreciable effects, must have been massive; much of what is commonly attributed to the "traumatic" effects of significant figures, should be ascribed to underestimated constitutional factors. The prognosis is not good for malignant neuroses, characterized by narcissism, attachment to the mother, damage to the nucleus of the character, and necrophilia. In benign neuroses resistances are easily dropped, in malignant ones they are deeply rooted.

The kernel of cure in the method of analysis, according to Dr. Fromm, lies not in strengthening the ego, but in the patient's confrontation of the archaic, irrational part of himself and its contrast with his adult, rational power. Thus, two tracks are followed simultaneously in analysis—the "child" and the "adult" one. In classical analysis the patient is infantilized and never confronts himself since he is only the child; in rational conversations he does not confront himself, because he never experiences the child. Dr. Fromm pointed out other factors affecting the evaluation of the probability of cure: To what extent are constitutional factors operative, particularly the patient's vitality and love of life vs. death? Has the patient reached the bottom of suffering? Does he have some notion what he wants life to be, or is he simply unhappy? Does therapy represent chiefly narcissistic gratification in talking about himself? Can he distinguish between banality and reality? With what degree of neurosis can he get by in his present life situation? Is he willing and able to make the sacrifices and take the risks of active participation in analysis? Dr. Fromm concluded by discussing the curative role of the therapist. In an atmosphere of reality and truth, with an absence of sham, deception, and sentimentality, the patient is enabled to experience something different from the world of banalities. The therapist should be able to experience in himself what the patient is talking about and should view the

patient compassionately as the hero of his own drama.

Dr. Lawrence Epstein devoted his discussion to answering criticisms sometimes directed at Dr. Fromm. He maintained that Dr. Fromm is realistic, rather than pessimistically cynical, that he stresses rational authority and human values, rather than indulging in authoritarian moralizing, and that patients are not lost through confrontation.

Dr. Harry Bone bypassed his essential points of agreement with Dr. Fromm and focussed on their points of difference. He took issue with the sharp distinction between benign and malignant neuroses, suggesting, rather, that there was a continuum and that both positive and negative forces were present, to varying degrees, in all people. He questioned whether synthesis automatically followed the patient's shock at awareness of another part of himself. Dr. Bone pointed out the advisability of considering constellations and counterbalances of factors effecting change, not simply their magnitude. It is important to see how "good" the neurosis is, on the theory that the same forces used in building the neurosis could potentially be used creatively in analysis, and that perhaps extreme destructiveness held potentiality for extreme creativeness. He believes that it is not enough for a patient to confront himself, but that he must also have a real aim in therapy. The ultimate aim of therapy is not to strengthen the good and eradicate the bad, but rather for the patient to attain a fusion between his "bad" infantile self and his "good" adult self. The struggle is between being himself and not being himself. Lastly, Dr. Bone questioned Dr. Fromm's insistence on his debt to Freud, suggesting that Dr. Fromm has changed Freudian theory and that new wines require new wine skins.

Dr. Fromm agreed that benign and malignant neuroses form a continuum and that cure depends not simply on momentary shock but on the will to get somewhere. He disagreed that his views were sufficiently different from Freud's to warrant a new system with new definitions of terms.

Reported by Elaine R. Grimm, Ph.D.

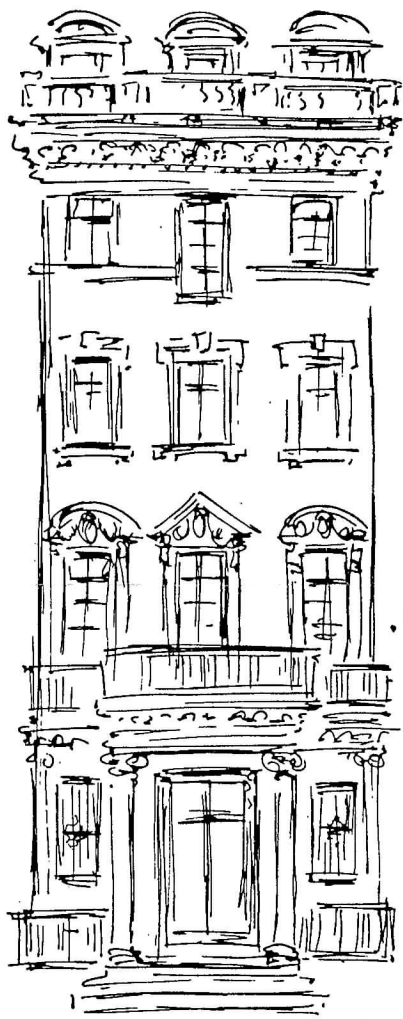
NEWSLETTER

WILLIAM ALANSON WHITE INSTITUTE OF PSYCHIATRY, PSYCHOANALYSIS & PSYCHOLOGY

and the WILLIAM ALANSON WHITE PSYCHOANALYTIC SOCIETY

20 West 74th Street, New York, New York • Vol. 12, No. 4, November, 1964

HOME SWEET HOME



The William Alanson White Institute has moved into its new headquarters, The Clara Thompson Building, at 20 West 74th Street.

The first annual symposium for the press will be held on Wednesday, October 28th, for about 30 of the leading writers especially interested in the subject of mental health.

The individual briefings will include the following:

- I. **Demonstration Training Session of a White Institute Student**— actual case being discussed between an "analyst in training" and his supervisor, Dr. Geneva E. Goodrich.
- II. **Psycholinguistics** — computer analysis of clinical interviews. Dr. Joseph Jaffe.
- III. **College Dropout Clinic** — an outgrowth of our low cost psychoanalytic clinic for adolescents. Dr. Edgar A. Levenson.
- IV. **Training of Other Social Scientists in Psychoanalytic Techniques** — a program which resulted from the White Institute philosophy of welcoming other

social scientists to study at the Institute. Dr. Esther Haar.

Open House parties are scheduled for Sunday, November 8th and Sunday, November 15th. Invitations were sent to all friends of the Institute — half invited for the 8th and half for the 15th. The lists were split willy-nilly with no particular pattern for who were invited to attend on each date.

The planning committee consists of Mrs. Charles H. Duell, Dr. Helen W. Edey, Mrs. Frank Taylor, and Dr. Ilona Vass.

The building is in good condition and has met with the approval of most. It is going to take time to get it into final shape. The space requirements and assignments will probably have to be changed from time to time. As the need for space changes, there will be modifications. In addition to which, the first six months in new quarters for any Institution have been compared by Ed Burchard to the shake-down cruises of new ships. The administration asks your cooperation in writing your comments and criticism and giving them to Helen Lewis.

LAETUS DIES NATALIS!

Our journal, "Contemporary Psychoanalysis" will emerge from the brows of Editors Spiegel and Deutscher in rather impressive form, early in December. This assertion is documented readily by a listing of the contents of the first issue: "Schizophrenia and the Psychotherapeutic Field" by D. Will; a "Symposium on the Psychoanalyst's Motivation to Help" by Rose Spiegel, R. Crowley, R. May and Alberta Szalita; "Humanism and Psychoanalysis" by E. Fromm; "The Rise of Creativity from Primary to Tertiary Process" by S. Arieti; and "Clara Thompson — a Biographical Note" by M. Green. Impressive, too, is the fact that even before publication more than fifty subscriptions have been received from outside the White Society.