

Retrospect and Prospect

FROM THE MID-1950'S TO THE LATE 1980'S

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Abstract. This paper recalls and reviews the author's experience as Acting Chairman of the Department of Psychiatry, Hebrew University-Hadassah Medical School during 1955-56. Note is made of the dangers of losing the powerful humanistic tradition of Israel and Judaism under the impact of biological advances in psychiatry and of technology in general.

Introduction

It was a happy coincidence that I was given the opportunity to contribute to the fiftieth anniversary of the Israel Psychoanalytic Society and to the Boston Psychoanalytic Institute which also celebrates its fiftieth year in 1983. There is a certain historical significance in this. The Boston Psychoanalytic Society was founded in 1930 by a group of native Americans some of whom had recently returned from Vienna where they had studied psychoanalysis with Freud or with other of the Viennese analysts. The Boston Psychoanalytic Institute was organized three years later with the migration of Hanns Sachs and Franz Alexander. Shortly thereafter the flow of other refugees began with the arrival of Felix and Helene Deutsch. The influx of the German and Austrian Jewish refugee psychoanalysts provided enormous impetus for the growth and flowering of analysis in Boston. So, too, in then Palestine did the arrival from Europe of Max Eitingon and Moshe Wulff infuse new growth and substance into what had previously been a very loosely organized group of analysts and others interested

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in the new science. As psychoanalysts rapidly departed from the European continent, the United States and Palestine (later Israel) became important centers for the continuing study and treatment of the mind of man.

It is fitting to note that humanism, a vital essence of Judaism both religiously and secularly, would find its counterpart in the discoveries of Freud and in the conspicuous number of Jewish adherents who have nurtured its continuing growth and importance. Dedication to the sensitivities and needs of others flourishes only where there is freedom and respect for the rights of others. Jewish Palestine and then Israel would be certain to meet the requirements for the continuing study and practice and application of psychoanalysis.

Teaching Dynamic Psychiatry – Personal Recollections

In being invited to participate in this Festschrift, I felt that the most pertinent contribution I could make would be to relate something of my own experience directly with psychiatry, less directly with psychoanalysis, during the years 1955–56 when I was Professor and Acting Chairman of the Department of Psychiatry, Hebrew University–Hadassah Medical School. The Department, the first in a medical school in Israel, was established in the preceding year with Dr. Milton Rosenbaum, then of Cincinnati, as Professor and Chairman. Thus, the first two chairmen were psychoanalysts. That this was so follows a logical sequence of Jewish history and of then current events. Psychoanalysis in the 1950's was at the height of its popularity for the right reasons as well as for the wrong reasons. Right because a world of understanding of the functioning of the human mind, of understanding something of its triumphs and miseries, of their genetic origins and current manifestations had moved quickly from the confines of the analyst's private office and from psychoanalytic journals into almost every aspect of modern life. General psychiatry found itself appropriating psychoanalytic principles as did writers and educators. Before long these had become so much part of ordinary discourse that their origins as belonging to the body of basic psychoanalytic knowledge would be forgotten. The wrong reasons were that more was promised than could be delivered.

In Israel and in Judaism there had always existed a longstanding fertile medium for the infusion of psychoanalysis into medicine. That this infusion has been slowed of more recent years will be remarked upon later. In coming to Israel to continue the work of the Department at Hadassah, I was aware that, in respect to our profession, Israel was indeed different from other nations. No other new nation, to my knowledge, struggling to establish itself, devoted attention to the psychological and emotional needs of its people. These needs were invariably far down on the list of priorities. However, it was not entirely so in Israel. Already there had long been established private and public mental

hospitals and clinics and a significant portion of the activities of the Ministry of Health were assigned to the maintenance and building of mental health facilities. The founders of Israel, religious and secular Zionists, brought with them the awareness that 'sickness of the soul' could be as painful and as malignant as sickness of the body. Whether fortified by religious or by secular humanist considerations, there was no quibbling as to the need to provide for its people in all their parts, body and soul.

A frequent question posed to me upon my return to the United States was what I felt to be the incidence of emotional disorders in Israel. Hidden in the question was something more. American Jews attributed to the Israelis almost mythical qualities of superior spirit and attitudes and behaviors that meant also that Israelis were not subject to the frailties and vicissitudes of ordinary mortals. My reply was usually to the effect that the incidence of such disorders in Israel was probably the same as in any western oriented progressive state where there existed a reasonably well established structure for case finding; that the incidence rose in direct proportion to the presence of such facilities. In many so-called developing countries of the world, the absence of psychiatric facilities simply leads to the failure to discover and treat those who needed it. By the same token, failure to exercise genuine concern for the well-being of all its people was the hallmark, and continues to be, of nations lacking the historical, religiously grounded, secularly manifest obligation to those who are sick in body and in spirit.

We now painfully know that it was not only Jews of the Diaspora who nurtured excessively extravagant fantasies about the moral and spiritual superiority of Israelis (and therefore of all Jews). Apart from the numbers of non-Jews who seized the occasion to exercise a persistent latent but virulent anti-semitism, the response of the non-Jewish world to the war in Lebanon and the massacre that followed does seem to include a back-handed recognition that Israel is expected to be a light among the nations. The displacement is evident; it is as though the non-Jewish world were saying that Israel (and all Jews since a separation of the two is never really made) has no business being as corrupt and as inhuman as it itself is so that they hate what they see in us as a displacement from what resides in them. A very long history of concern, of caring and of responsibility has made us a conscience stricken people in a world in which corruption of the superego has become even more flagrant. We are captives of our own history and religion. If that is the meaning of being the chosen people, perhaps it is just as well.

Nothing is perfect and conditions in both psychiatry and in psychoanalysis as I noted them after my arrival in Israel left much to be desired. The influence of psychoanalysis in the medical school was almost non-existent. A few senior

analysts labored diligently albeit silently in supervising and teaching in (what I believe was) the first organized training program for psychiatry residents in Israel. The psychiatric community was fairly large but consisted mostly of European colleagues whose orientation was, if not anti-analytic, surely not at all analytic. Many patients were treated by neurologists or by neuro-psychiatrists whose theoretical positions in respect to modes of treatment were at best nebulous. I felt that perhaps I could be of most use by devoting my energies to the psychiatry residents in our training program, to the medical students and to the various mental health organizations in and around Jerusalem. These involved mostly younger people who might be more open to the ideas of psychoanalytic psychology. The future would belong to them and it would be they who would become the next generation of psychoanalysts. The residents were an eager, conscientious group who, in the light of the limited teaching offered to them as medical students, possessed very little information about psychoanalytic psychology. This was manifest not only in their early case presentations but also in one particularly revealing repeated experience.

As one might expect, our case load comprised all the many different kinds of Jews from many countries. Those from the western world were more familiar to them whereas those from Yemen, Kurdistan, Iraq and North Africa presented a very different kind of face to them. As a result, behavior and attitudes and feelings that were not immediately understood were apt to be described as 'primitive'. It became clear that 'primitive' was pejorative, even condescending but most important it meant that the resident did not understand the patient. I would prefer to believe that such use of the term did not signify real prejudice toward a group considered to be inferior and somewhat to be despised. In the course of many presentations, discussion, and in individual supervision I believe that our resident group came to know that behavior or expressions that were strange and perhaps initially incomprehensible were indications for the psychiatrist to assume the obligation to learn from the patient the meaning of the behavior; that the same sighs and rages exist in the unconscious of all of us but that their expression may be altered by the culture in which the strange patients lived their lives.

In October 1955, I began a training program in group psychotherapy for members of the Department and for professionals in the Lasker Child Guidance Clinic. The aim was not only to teach a particular therapeutic method but also to be able to engage more patients in treatment in the face of serious deficits in the numbers of trained therapists available to meet the growing demand for treatment. To understand group dynamics and the techniques of group therapy, the members of the group met weekly for over six months. During this time all interactions among members of the group were subjected to analysis so that they

could learn through participation about the major dynamic elements in a group; for example, the special anxieties aroused by closeness, competition for group leadership, sibling rivalries, positive and negative transference to the group leader, resistance, group associations and the like.

In addition to medical student clerkships, I presented a series of weekly lectures over a period of three and a half months to the fourth year medical students. This was an opportunity to explore with them the unconscious factors starting with growth and development and proceeding through to the various categories of neurotic and psychotic disorders. Much was made of the conscious and unconscious expectations of doctors of their patients as well as conscious and unconscious expectations of patients of their doctors. These also served to illustrate the presence and meaning of transference as well as of counter-transference.

At the request of the editor of the medical student newspaper, I wrote a brief paper on 'Sigmund Freud and the world of medicine'. The major thesis spoke to the significance of Freud's discoveries in respect to mental functioning in general and of unconscious mental life in particular; how it opened vast understanding into the wishes and fears of patients sick from any cause; the social implications of illness; the meaning of the illness to the patient, to the family and to the interrelationships affecting patient, family and doctor. It was important for them as physicians to know how Freud provided the tools for understanding the symbolization of organs and organ systems and their influence in determining the responses of patients to their illness.

In preparing for my work in Israel, it seemed to me that a fruitful personal research project would be to analyze a young adult male and a young adult female born and raised on a kibbutz of left-wing affiliation, assuming that such an institution provides child rearing radically different from the conventional. I realized that analysts of this kind coming to me either as patients or volunteers would be considered as exceptional. Since the study of exceptional throws light on the nature of the less exceptional, I felt that whatever I might learn might have some relevance in further studies of kibbutz children. It took me much longer than I had anticipated to find subjects for my study. As a result, I was able to gain one patient, a young woman, only after considerable delay so that I was able to see her but for 45—one hour sessions in psychotherapy. The patient's dreams, fantasies and associations were explored and a reasonably detailed and clear picture of her conscious and unconscious function was achieved. The final diagnosis was that of an hysterical character disorder with a moderately intense underlying chronic depression. The study of this patient was presented at a panel at the annual meeting of The American Orthopsychiatric Association in Chicago in March 1957. Dr. David Rapaport was the discussant

in a lively meeting on the nature of the growth and development of children born and raised on a kibbutz.

The Daughter of the Kibbutz

Briefly, the patient in her mid-twenties, single, was born and raised on a kibbutz of left-wing socialist orientation. Her parents had enjoyed professional status in their countries of origin so that coming to Palestine to become farmers spoke to the extent of their ideological dedication. Her parents were of the original founding group of the kibbutz and the patient was among the first of the babies born there. She had two younger male siblings. Her appearance, manner of dress, and demonstrative behavior quickly bespoke a dramatic, seductive quality. As long as she could remember, her parents had indoctrinated her about the needs of the group, sacrifices for the group, building a better world and full equality of the sexes. At the same time, she described dramatically, and with great loathing, the system of living in the children's house where one could never get away by oneself, where it was impossible to know anyone be it teacher, house-mother or anyone else whom one did not already know 24 hours a day. She felt like a tiny automaton with a 'huge eye' always watching her to make sure that she lived up to the expectations of the kibbutz and, as a result, never felt that she belonged to herself. With great feeling she spoke of how she had rebelled because she wanted for herself at least what her parents had had for themselves when they were her age, i.e. individuality. Because of her 'illness', she had been known, on the kibbutz, to be *meshugah* (crazy). Overt manifestations of illness had begun at age 16 with the onset of 'attacks' which consisted of recurrent headaches, dizzy spells, inability to breathe, profuse sweating, contractures of her hands and strange sensations in her stomach along with drawing sensations in her face. Comprehensive medical examinations were all negative.

When I saw her, she had already tried her hand at several occupations and had failed. She had seen an analyst for two years and was declared hopeless. A neurologist had convinced the kibbutz to allow her to remain in Jerusalem where she was attending the University and failing in her courses. She felt that she was unable to enjoy anything for herself because of terrible guilt provoked by her feeling that she was doing nothing to build a better world. Sexually quite free, she nevertheless felt unable to feel close to any one individual of either sex. She always did feel more comfortable in groups. She reminded me of a little girl, tremendously attached to whatever the kibbutz represented in a remarkably ambivalent, hostile-dependent manner. Thus, all lines on the kibbutz appeared to converge in the direction of her parents.

She recalled a number of significant traumata: Age 6 and a big, dark *metapelet* (house-mother) who frightened her. The fear of the *metapelet* revolved around an incident with a spider in the children's house and her horror of spiders: the deep feeling of emptiness as though she belonged nowhere along with a sense of dirtiness and unworthiness. At age 9 and she demanded to sleep with her parents because of night terrors which were recurrent and had to do with snakes under her bed or Arabs waiting outside the children's house to shoot her. She envied her mother's beauty and always wished to be a male. The only real experience of love was for her younger brother who was then 12 years old and still wet the bed, had headaches and dizzy spells. Her mother had told her about menses but she always regarded menstruation as disgusting, dirty and painful. She revealed unconscious oral fantasies in regard to biting men; she 'invaded' men with her mouth. Her vagina was

regarded as a wound. She explained to me that in colloquial Hebrew there was no word for penis or for vagina, that both were referred to with the expression '*ever min*' meaning sexual limb. She could only express the feeling of helplessness and weakness using a Hebrew expression that meant something is missing; an expression which if used by a man means impotence.

Her dreams were full of sexual aggression, terror and of being unwanted with strong overtones suggesting resignation to her fate. The major themes of her dreams consisted in primal scenes with associations about the Arabs coming after her, her profound desire to win her father's interest and affection with him being interested in someone else, the feeling of emptiness with associations about wishing for a baby or its equivalent, a penis-baby, and her inability to work stemming from the fantasy that work means strength, having a penis.

As she improved in the course of treatment, she began to wear some frilly feminine attire instead of her usual slacks and sweater. When she appeared wearing a soft, flouncy dress and somewhat fashionable shoes, she behaved like an adolescent wearing her first party dress. As positive transference intensified, the shell of sophistication, hardness and cynicism dissolved and disclosed a shy, embarrassed, awkward girl who would play with her hands, flush readily and who was unable to look at me directly. Thus she appeared as an embarrassed girl who stood rather helplessly in the face of her own impulses. Her envy of her mother was always apparent and her feelings of being neglected and abandoned by her father were equally clear.

Everything in this case is very familiar to analysts. Her defenses of denial and repression were outstanding; depression, inhibition and the described attacks were her major symptoms and the unresolved oedipal conflict with its ambivalence in respect to sexual role and identity is clear. What was most interesting, of course, was that she was the product of a totally different concept and method of child rearing: different and yet the outcome is a familiar one. What also emerged from this brief study was the split that existed between her role in her kibbutz group and the perceptions of her inner self. As patients are apt to do, during the course of treatment, she talked to certain people on her kibbutz about aspects of her life there and she was surprised to learn that she had been one of the most popular girls there, always happy and very much pursued by all boys. In my own considerable experience with groups in group psychotherapy, it has been a common finding that many people, particularly those in whom intellectuality plays an important role, have learned certain acceptable social ways to which they feel forced to subscribe, ways which they carry off very well but which actually provide very little inner gratification. Their last scene of failure will be the social scene. To be part of a dedicated group, such as the kibbutz, may mean that the inner person and his inner strivings are still the same but that the group pressures are enormously powerful in promoting and motivating behavior that must be consonant with the group expectations and norms. The only way out is through illness whether physical or emotional. It

would appear that human beings can tolerate only so much of group life with its intensity and its demands for total self-sacrifice before reaction will set in. The reaction may not be so severe as in the case I have described; more often it is much more subtle and will involve unconscious sabotage of group goals.

An interesting question is why, of all the children in this particular family, it was this one — the first born and only daughter — who broke away from the kibbutz? Throughout the treatment, she emphasized how much was expected of her and how little she had achieved. She had not only let down her parents but the kibbutz as well. How could such a fate befall two of the original founders of the kibbutz? I can only suggest that perhaps the sacrifices of her parents had been so heavy and unending as to reveal and communicate their own ambivalence to their first born child. Despite the fact that the patient had failed them and the kibbutz, despite the fact that the patient had become a completely dependent burden for the kibbutz to bear, despite what should have been keen disappointment for the parents, I could find nothing to suggest anything but a consistent sympathetic and compassionate attitude on their part.

One may ask why I have gone into such detail about such a seeming ordinary analytic case. In part, my aim is to share with you something of what I was able to learn as an analyst and psychiatrist about psychological problems in what was for me a very different environment from my own. Further, Israel was then a very young state and intensive studies of the fascinating different segments of Israeli life had barely begun. The numbers of professionals sufficiently well trained to undertake significant studies was very much limited and while the need for well-trained personnel may still exist, the professional picture is far more favorable today than it was then. Additionally, I was very much impressed with the lengths to which the patient's kibbutz was prepared to go to ease her life. While such concern might be attributed to the ideological stance of the kibbutz, I prefer to believe that a greater part of the concern came from what I perceived to be a national concern for the well being of its people transcending political, religious and ethnic considerations. *Rachmonis* (compassion) was an important precept in the Israelis' way of life. Is this true today? I really ask this as a question without pretending that I possess an answer. I ask it because I do wonder whether psychiatry in Israel, with its inevitable effect on psychoanalysis, is moving on the same path that is current in the United States.

The Years Ahead

Biological psychiatry and the increasing sophistication in the use of medication to affect psychological symptoms is in the mainstream. In general, it is granted that these are palliative, in many instances, very effective, and usually

case reports suggest that 'supportive psychotherapy' is also indicated. This latter suggestion most often simply gives lip service to the awareness that drugs may dampen the intensity of one's inner life but do not alter inner life. There is no question that in severe depressions and in psychotic disorders drugs offer enormous relief in many cases. Above and beyond the neurochemical discoveries that bring forth new and more effective medications looms the more significant trend of what we know now as the age of technology. In the United States, the technology explosion is casting untold hundreds of thousands upon a human scrap heap. These are people without technological skills and who will never have them. Their suffering goes wholly unnoticed. When Time magazine chooses a computer as its man of the year, it behooves us to take notice. There is already considerable agitation about the remarkable technological advances in medicine overtaking consideration of the person who is the patient. Psychoanalytic psychiatry and psychoanalysis are rapidly becoming the lonely strongholds of support for the dignity and compassion that human beings need and deserve.

Israel's future appears to be linked appropriately to its capacity to develop and support a high technological economic base. To do less could be disastrous. However, as psychoanalysts, should we not also direct our attention to studying and determining to what extent such a national goal may directly undermine those very considerations which make, and should always make, Israel different from other nations. Shall we psychoanalysts and psychiatrists wither upon the limb and allow imaging machines and drugs to supplant religious, Zionist and humanist ideals of moral and compassionate concern for the individual in us and among us? Are psychoanalysts sufficiently involved in training centers and in public treatment facilities where they can stand as bulwarks against the inhuman tide of pills and technology; can they see that these have their appropriate places in treatment but are dangerous in the insidious corrosion of human values that accompanies them?

The first fifty years of psychoanalysis in Israel (and in the United States) have been rich and productive in their effects on the community at large. The years ahead appear very grim unless we move actively and remain active in those public areas where our influence can be felt. In Israel, this is even more important than in the United States because Israel has been founded on a millennia old tradition of the sanctity of each individual life. If that is allowed to be corrupted, then what of value is left? As an American Jew perhaps I, too, have undue fantasies about what Israel should be. But if not Israel who shall it be who will grimly preserve the value of the individual. Freud, the avowed Jew, could not help but discover a science that preserved the integrity of the individual. Psychoanalysis and psychoanalysts have faithfully pursued that same

goal. At present, we in the United States are struggling against a growing tide of technology which although it contains a remarkable core for improving human existence, threatens instead to invalidate the individual. Psychoanalysis in Israel and its influence on psychiatry in Israel must seize the opportunity to build further on the powerful secular and religious and political humanism which is the intrinsic strength of Israel.

Some Thoughts about Insight and Psychoanalysis

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Abstract. The relationship of insight to change in psychoanalysis has usually been taken essentially for granted though actually it has been and continues to be highly problematic along a variety of dimensions. Certain naggingly stubborn still unresolved questions in this regard are explored: 1) the mechanism of insight (how it works to achieve, or to reflect, change), 2) the role of insight as against the role of the vicissitudes of the analytic relationship as determinants of change, and 3) the issue of insight without change, or, alternately, of change without insight. The limitations of continuing clinical-theoretical conceptual clarification in resolving such persistent issues are indicated and the possibilities for advance through systematic empirical psychoanalytic research are proposed.

This paper gives a brief review of the relevant literature, and raises some questions about the place of insight in the psychoanalytic process leading to change. These are questions that have been with me in essentially this same form, for more than 25 years since I, and a group of collaborators together, fashioned a long-range longitudinal study of change in psychoanalysis and psychotherapy, The Psychotherapy Research Project of The Menninger Foundation. This is in spite of the fact that these considerations have been more complexly and subtly stated in our literature with the growth of our analytic knowledge of the sicker patients and of the earlier developmental processes that has accrued over this quarter century time span.

Let me first set up two contrapuntal perspectives. On the one hand, ever since the concept of insight — borrowed from descriptive psychiatry and given dynamic meaning within psychoanalysis — was elaborated for us, its centrality to the psychoanalytic purpose has been assumed to be so obvious as to be able

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