

SELF PSYCHOLOGY AND WOMEN'S SELF ESTEEM

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SELF PSYCHOLOGY
and
WOMEN'S SELF ESTEEM

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by
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INSTITUTE FOR CLINICAL SOCIAL WORK

We hereby approve the Project Demonstrating Excellence

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AND
WOMEN'S SELF-ESTEEM

by

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Tanya Joy Moradians
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THIS PROJECT IS DEDICATED TO MY FAMILY

To the Memory
of My Father: Eli Encheff
To My Mother : Janet Encheff
To My Sister : Irene Ohanian
To My Nieces : Nancy and Priscilla Ohanian
To My Nephews : Mark and Dean Ohanian
To My Great Nephew: Kenneth Ohanian

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ABSTRACT

This study is an examination of the implicit and explicit values of two psychoanalytic theories -- drive theory and self psychology -- as they apply to the issue of self-esteem in women discussed in the literature.

Traditional drive theory, with its emphasis on the Oedipus complex, the drives, and the ubiquitous female penis envy, is coming to seem irrelevant in theory and therapy. Drive theory proposes that the loss of the female's self-esteem occurs when she sees the male's penis and wants one. This leads to feelings of inferiority and self-denigration.

This author employs the Kohutian psychoanalytic theory when posing the question: Can self psychology augment an understanding of women's self-esteem? The purpose of this study is to examine the psychoanalytic literature as it applies to women's self-esteem and to explore the theory of self psychology as a psychoanalytic framework that views the development of healthy self-esteem when applied to women..

The author examines the concept of the Oedipus complex as analyzed by Roy Schafer, who describes the "evolutionary value system" implied in it. According to drive theory, the hierarchical psychosexual stages lead to genital procreation after the resolution of the Oedipus complex. Woman's "nature" and development is based on her biology. In drive theory, the successful resolution of the Oedipus complex for the woman is the acceptance of her "constitutional makeup" which includes masochism and passivity, as well as her capacity to bear children.

Subsequent drive theorists, although moving away from the strictly biological description of women, continue to accept the Oedipus complex and its implied evolutionary value system as the central conflict to address in treatment. They hold that the Oedipus complex is the pinnacle

of human development, and that the woman's primary function is procreation. Because of this value system, drive theory tends to foster in the clinician an expectation of a therapy outcome that would now be viewed as sexist.

Self psychology is a non-biological theory that does not view women merely in terms of their sexuality. It assumes an inherent predisposition in the child to activity. Penis envy is viewed as a fragmentation of the female's self due to repeated unempathic failures of the parents. With the two concepts of selfobject relations and transmuting internalization, self psychology describes healthy narcissism as it develops in the child and in the treatment process.

By viewing psychoanalytic theory via woman's development, a clearer focus on analytic theory and values is seen. Along with Kohut, this author now questions the theory that there is a single line of development which leads from narcissism to object love - from pre-oedipal to oedipal development. The author suggests that the application of the self psychology theory in treatment of women alters the therapeutic climate and effectively fosters the woman's development of healthy self-esteem.

The author speculates that for many contemporary women taught to derive a sense of self-esteem through others, the mirroring transference with the clinician as the selfobject will be especially important in the treatment process. A number of case histories are presented demonstrating the use of the mirroring selfobject transference in treatment of women with low self-esteem. The cases illustrate the success of the Kohut model.

This study raises questions about the significance of the Oedipus complex in psychoanalytic theory. Further, the author questions whether or not the issue of women's "nature" should be viewed as one of the central topics for discussion in the current debate between drive theorists and self psychologists.

INTRODUCTION

That is all I had to say about femininity. It is certainly incomplete and fragmentary and does not always sound friendly. But do not forget that I have been describing women in so far as their nature is determined by their sexual function. It is true that influence extends very far; but we do not overlook the fact that an individual woman may be a human being in other respects as well. If you want to know more about femininity, enquire from your own experiences of life, or turn to the poets, or wait until science can give you deeper and more coherent information.

Sigmund Freud (1)

"What do women want?" Freud asked. He went on to say that he had never answered the question despite thirty years of research into the female mind(2).

In the recent past, the psychological and social sciences have been asked to establish a body of modern knowledge about women in answer to this and other related questions. In an area as personally and professionally weighted as this one, there is considerable resistance.

An additional question is raised by modern women: is psychoanalytic psychotherapy relevant to women today--either as therapy or as theory on the nature of women?

Some present-day therapists, although professing a liberal attitude, betray the old prejudices. Bettlheim stated, "We must start with the realization that, as much as women want to be good scientists or engineers, they want first and foremost to be womanly companions of men and to be mothers."(3) Rheingold writes: "Women are the fountainhead of nurturance. . . . When women grow up without dread of their biological functions and without subversion by feminist doctrine and therefore enter upon motherhood with a sense of fulfillment and altruistic sentiment, we shall attain the goal of a good life and a secure world in which to live it."(4)

The wide feminist dissemination of the view that most therapy is "anti-female" (5) is likely to result in fewer women perceiving psychoanalytic psychotherapy as an available resource for solving personal problems. However, many women today are seeking to enlarge their vision of life. One impact of the Women's Liberation Movement has been an increased awareness of women's choices. This movement can be traced back to the early 1960s, with the publication of Betty Friedan's book, The Feminine Mystique (1963). Major objectives of the movement have been breaking down sex-typing of jobs, opening opportunities for women, fighting the practice of lower pay for women doing the same work as men, and encouraging women to work outside the home.

Perhaps the many recent changes can be summarized by saying that women in large numbers are seeking to expand their horizons. They are openly questioning the meaning and consequences of their activities and accepting the challenge that personal growth can bring to their lives and to the lives of others. This search for self-definition is engaging women in new sets of decisions, entailing even greater responsibilities than those they have traditionally shouldered.

According to Freud, woman has a lasting feeling of inferiority and low self-esteem because she has no penis. This discovery by the female child is said to have a decisive influence on her character. For the rest of her life she feels that something is terribly wrong with her and she never regains her self-esteem.

Freud expressed a note of complete pessimism in his paper, 'Analysis Terminable and Interminable,' published in English in 1937, which says the following:

"The feminine wish for a penis. . .is the source of acute attacks of depression. . .because. . .they (women) feel analysis will avail them nothing. We can only agree when we discover that their strongest motive in coming in for treatment was the hope that they might somehow still obtain a male organ. "

If it is accepted that what women are demanding from analysis and psychoanalytic psychotherapy is the physical male organ, then the pessimism is warranted. Another way of regarding this, however, is that women are really demanding some way of experiencing a sense of self-esteem and value.

The women observed by psychotherapists are living in a particular culture--the Western culture--which is a patriarchal culture in a state of transition. It is impossible to separate from the total picture something which one can safely call biological woman. It is agreed that she exists and that she has reactions to her particular organic makeup, but it is increasingly clear that woman cannot be viewed solely by the constraints of her biology.

The assumption of woman's secondary status in society was part of the Victorian attitude and until recently was accepted by both sexes as a biological fact. Women today still have difficulty in freeing themselves from an idea which was a part of their life training. Thus even when a woman has become consciously convinced of her value, she still has to contend with the unconscious effects of training, the continued discrimination against her and the traumatic experiences which keep alive the underlying belief that she occupies a secondary place in society.

Not many years ago a woman's decision to follow a profession and develop her own career was considered even by some psychotherapists to be evidence of a "masculinity complex." When she went outside the home and into the work force, it was not seen as actualizing her capabilities and realizing her talents.

The belief persisted that all work outside the home, especially if it called for the exercise of leadership, was masculine, and any woman attempting it was trying to be a man.

In adaptation to the changes that have been and are occurring, women began to change the personality traits acquired from their former cultural setting. The freedom which economic independence brought to women had an influence in developing characteristics hitherto found only in men. It seems clear, however, that such changes are not in the direction of masculinity. It is mistaken to confuse the picture of the independent woman with that of an essentially pathological character structure.

It is useful to address the question, what factors have contributed toward today's independent woman? The changes in women's participation in various roles is discussed by Frieze et al. in Women and Sex Roles (1978). They attribute these changes to three interrelated factors: changes in the age populations of our society, changes in the economy affecting labor-force participation, and changes in values.

By the beginning of World War II, it had become acceptable for women to work. By the end of World War II and thereafter, women have increasingly participated in the work force for economic as well as for self-actualizing reasons. Societal attitudes toward the traditional roles of women have been undergoing great changes. Specifically, there have been changes in beliefs about the value of the family, the manner in which child care can best be implemented, the role of marriage in life today, and the possibility of self-expression through work. Along with these changes in attitudes have come changes in role participation, with women participating in more diverse roles. Today's women has taken on the so-called masculine traits of

decisiveness and leadership, which have caused her to struggle with the cultural training that ascribed to her the traits of gentleness and submissiveness.

It is crucial that psychoanalytic psychotherapy become relevant to the woman of today. It is striking to realize that in the psychoanalytic writings on the psychology of women, the greatest amount of material is on their sexuality. This finding is a comment in itself.

This dissertation will explore the reason for this phenomenon and investigate the values and assumptions of the classical psychoanalytic theory. The author believes that the question of woman's nature is too narrowly seen by classical theorists as being biologically determined, thus perpetuating sexism in psychoanalytic theory. An exploration of the self psychology theory and its non-biological framework will be made to determine the values of this theory and how they influence the perceptions of women's nature.

The values of these two theories will provide the central focus for this dissertation in seeking the answer to the old question posed in psychoanalytic literature about the basis for women's low self-esteem.

The research question is the following: Can self psychology augment an understanding of women's self-esteem? This question leads to the following sub-questions:

- 1) What do Freud and his followers say about the development of women's self-esteem?
- 2) What does Kohut's self psychology say about the development of self-esteem?
- 3) What is the impact of each theory on treatment?

PURPOSE

This study examines the thinking about women in the psychoanalytic

literature from Freud onward, and will show how this thinking reinforced and abetted existent cultural forces, in molding the personality of women. The psychoanalytic theory of self psychology will be explored as it pertains to the development of healthy self-esteem and offers a new view of self-esteem when it is applied to women.

SIGNIFICANCE OF STUDY

The low self-esteem of women has been a challenging problem in psychoanalytic writings since Freud's time. This study will offer a different way of conceptualizing the problem of women's low self-esteem through the psychoanalytic literature from Freud through Kohut. It will review the literature, focusing on Freud's developmental theory and Kohut's theory of self psychology as they address themselves to the development of self-esteem. This study will further explore how Kohut's theory contributes to another way of viewing low self-esteem in women and sensitizes the therapist in the work with women patients. The non-biological framework of self psychology offers the clinician an increased understanding of the need for mirroring as described by Kohut in the treatment process with the female patient as well as a different way of looking at the achievement of her potentials and thus of her heightened self-esteem.

This study has relevance to Clinical Social Workers who perform psychotherapy with women patients. Further, since a majority of Clinical Social Workers are women, it behooves them to examine the use of both their female and professional selves.

LIMITATIONS OF THE STUDY

1. This study will talk about Western culture only, although some of the material may be applicable to other cultures.

2. This study will be limited to a time frame beginning from the early 1900's to present day.

3. This study will not be talking directly about men. Although men frequently experience low self-esteem, men will be discussed only as they highlight or contrast those points made about women.

4. This study will examine the development of self-esteem in women through clinical examples of women in therapy although much of what is said here will be applicable to women in general.

5. This will be a comparative study of classical theory and self psychology theories only as they pertain to women's self-esteem.

6. This study will not talk about women who are diagnosed as psychotic, although some of the material may be applicable to them as well.

OPERATIONAL DEFINITIONS

Self-esteem: For the most part self-esteem is used synonymously with narcissism--that is the capacity to feel joy, pride and enthusiasm about one's self. Self-esteem is achieved via "stable balance between one's goals and ambitions. . .that permits the actualization of one's potential, one's skills and talents. . ." (Palombo, 1979)

Narcissistic vulnerability: A psychological state of reduced self-esteem or self-regard.

Narcissistic injury: An injury to one's narcissism--or self. This injury will be viewed as a separate psychological phenomenon to which people are susceptible to during times of anxiety, stress, and loss regardless of the personality structure.

Patriarchy: A form of social organization in which the father or the eldest male is recognized as the head of the family, with descent and kinship traced through the male line.

Patriarchal woman: Those women who rely predominantly on the affirmative responses of others for their feeling of value and self-esteem. In a patriarchal society where social organization puts the male in the control of economic decisions, these women are in an economically and socially dependent position. Their main source of self-esteem derives from the social prominence of their husbands and the accomplishments of their children.

THEORETICAL FRAMEWORK

The dominant conceptualizations will be based on Freud's psychoanalytic theory of female sexuality and on Kohut's theory of self psychology. A review of the literature of these two theories will be made as they address themselves to the concept of self-esteem, and especially to women's self-esteem. Additionally, the concepts and ideas of Roy Schafer will be used from which to study the analytic literature.

METHODOLOGY

The relevant psychoanalytic literature will be reviewed, analyzed and synthesized in an attempt to answer the Research Question, and according to the Purpose of the Study. An attempt will be made to answer the proposed question through a combination of what appears in the literature, experiential data via deductive reasoning, and reflective thinking on clinical experiences. In instances where hard, empirical data do not exist, the freedom to be speculative will be taken and so noted.

REVIEW OF THE LITERATURE

A review of the literature revealed virtually no sources relating specifically to the application of self psychology to women. Therefore, works were examined dealing with the following related areas: 1) Freud and his theory of female sexuality, 2) self psychology and the development of self-esteem, and 3) the impact of these two theoretical frameworks on treatment.

CHAPTER I

FREUD'S THEORY OF FEMALE SEXUALITY

Sigmund Freud (1856-1939) was a product of the 19th century, a period featuring the dignity of the individual and the primacy of reason. The methodology of the scientific outlook had produced significant advances in the natural sciences. Western man was reacting to Darwin's concept of evolution and was soon to be confronted with Freud's ideas about the unconscious.

Freud was born in Freiberg, Moravia, a province of Austria. He was brought up in a traditionally Jewish household, where man was lord and master and woman a lesser being. The importance of this patriarchy must have been further confirmed by the obvious favoritism Freud's mother showed toward him. Somewhat later, the decaying Austro-Hungarian empire and a Catholic Vienna undoubtedly made an impression on him, as did the repressive mores of the Victorian era. A male in this milieu, Freud evolved a male-oriented psychology, which he based on unchangeable anatomic factors--"anatomy is destiny."

"Psychoanalysis," said Freud, "is a branch of science. . ."(6) Facts were the data of scientific experimentation. Facts could be observed, measured, and objectified. They could be repeated in experiments with predictable outcomes. These experiments would test hypotheses that, when verified, could be referred to as laws.

Nineteenth-century science concerned itself with isolated closed systems based on the notion of strict determinism. In the psychoanalytic treatment situation influenced by this system of thinking, the psychoanalyst and the environment in which the patient lived were considered fixed coordinates. The patient was regarded as the only variable in Freud's experimental investigative structure and, consistent with the methodologies of the natural sciences, was treated as an isolated object.

Freud's theory of sexuality as a complex unity involved a definition of sexuality. Prior to Freud, sex was considered one of the "instincts," and, as with the instincts of animals, implied a pre-adaptation to reality. Freud humanized the so-called sexual instincts and referred to them as the libido, which he defined as the energy of the sexual drive. Sexuality was felt to be the primary function of the living organism which, Freud believed, extended beyond the individual and concerned itself with relation to the species.

Freud postulated that strong sexual instincts existed in childhood as well as in later life. Sexuality was traced along a set of developmental stages characterized by a focus on an area of the body. It began with the infant's oral phase of development when psychic energies are concentrated on the area of the mouth and the activity of suckling. In the anal phase, the central concern is the anus and the elimination and retention of feces. Freud postulated the phallic stage as beginning at the age of four, when boys and girls diverge in their development. The sexual fantasies for the boy have to do with the penis, for the girl, the clitoris. After passing through the phallic stage, both sexes enter a latency stage which lasts until the time of puberty. During latency, the child is said to have no central erogenous focus, and sexuality is believed to be largely repressed. Finally, with the genital stage, both girls and boys are oriented toward heterosexual intercourse.

Freud considered his theories to be rudimentary and tentative, and stated that he would modify them as he obtained new data. His theories did, in fact, continue to evolve throughout his lifetime. Nonetheless, many of Freud's speculations about women remain tenets of psychoanalytic theory today, despite the controversy about the theory.

FEMALE SEXUALITY - AN OVERVIEW

The question of the path to "normal" womanhood, as to "normal" manhood subsumes the crucial subject of female sexuality.

In Freud's "Three Essays on the Theory of Sexuality" (1905) and his article, "The Infantile Genital Organization of the Libido" (1923), the groundwork was laid for his views on female sexuality. Freud states his assumption that all human beings have the male form of genital: for the boy, the penis; for the girl, the clitoris. In Freud's view the clitoris is a small penis and the sexuality of the little girl is of a masculine character. The vagina has no role. He thus postulates the existence of sexual monism during this phase.

At about the age of four, the boy realizes that girls have no penis. He sees it as castration and fears that the same thing will happen to him. The little girl realizes that something is missing, thinks she has been castrated, and wishes she were a boy. When the boy recognizes a difference between men and women, he does not see the difference as a sexual one. Only one genital organ is known: that of the male. The observation that females do not have a penis frequently leads the boy to despise them, to be disgusted with them, or even to become homosexual.

Freud postulates the existence of the castration complex in both sexes and of penis envy in girls. Until then, the little girl is believed to be a little man. From that time until puberty all she has is a castrated penis. She is not aware of the existence of her vagina.

In Freud's article, "The Dissolution of the Oedipus Complex" (1924), the castration complex and the Oedipus complex were welded together. The structuring of the Oedipus complex is emphasized and Freud maintains that

true genitality only occurs at puberty. The dissolution of the boy's Oedipal conflict is instigated by the castration complex. The male child fears he will lose his penis if he masturbates and attributes this threat to his mother. Since the sexual excitement that leads him to masturbation is linked with his Oedipal desires, the threat of castration is associated with them. The sight of the female genital gives reality to the fear of castration. The male child has to face a conflict between his desires toward the mother and his narcissistic interest in his penis. Normally, the narcissistic interest prevails.

The little girl's castration complex is brought into being by the sight of the boy's penis; this makes her feel inferior, and she compensates for her deficiency by penis envy.

After a woman has become aware of the wound to her narcissism, she develops, like a scar, a sense of inferiority. When she has passed beyond her first attempt at explaining her lack of a penis as being a punishment personal to herself and has realized that that sexual character is a universal one, she begins to share the contempt felt by men for a sex which is the lesser in so important a respect, and, at least in holding that opinion, insists on being a man. (7)

This process is at the source of both the castration and the masculinity complex. The female's narcissistic wound leads to inferiority feelings. At first she thinks that she has been punished; then, realizing that her condition is that of all women, she wishes to become a man.

Unlike the boy who gives up his Oedipal desires, the girl's castration complex makes her turn toward her father in an attempt to replace with a child the penis she lacks. The desire to have a child by the father, as a substitute for the penis, is the dynamic factor in the Oedipus complex. Apparently, the girl child turns away from the father because this desire is not fulfilled.

Castration, and its different meaning for the two sexes, is the crucial concept in Freudian theory that leads to the self-depreciation of the girl child and problems in the theory of female sexuality. Accepting castration means acknowledging the lack of the phallus, and abandoning the inferior clitoris as a source of sexual satisfaction. With her self-love already shattered by her "lack," her hostility to the mother, who is also discovered to be castrated, can make her turn away from women and womanhood altogether.

The child invariably regards castration in the first instance as a misfortune peculiar to herself; only later does she realize that it extends to certain grown ups. When she comes to understand the general nature of this characteristic, it follows that femaleness--and with it, of course, her mother--suffers a great depreciation in her eyes. (p. 233) (8)

The Oedipus complex for the girl does not end abruptly. Since she is already castrated, she does not have the fear of castration. In the boy the castration complex results in the introjection of parental authority which forms the basis of the superego. For him, objects are incorporated into the ego where they form the basis of the superego. In the normal or ideal case, the Oedipal complex ceases to exist--even in the unconscious. The superego is its heir. This whole process occurs because of the narcissistic cathexis of the penis.

Although Freud acknowledges the existence of a superego in girls, he believes it is formed with difficulty.

In the absence of fear of castration the chief motive is lacking which leads boys to surmount the Oedipus complex. Girls remain in it for an indeterminate length of time, they demolish it late and, even so, incompletely. In these circumstances the formulation of the super-ego must suffer; it cannot attain the strength and independence which give it its cultural significance, and feminists are not pleased when we point out to them the effects of this factor upon the average feminine character. (p. 129) (9)

The girl's superego is much less strong. In the girl the motive for the destruction of the Oedipus complex is missing because castration has already occurred. Therefore, it slowly disappears or becomes repressed or even persists during the woman's entire life time.

Character-traits which critics of every epoch have brought up against women--that they show less sense of justice than men, that they are less ready to submit to the great exigencies of life, that they are more often influenced in their judgments by feelings of affection or hostility--all these would be accounted for by the formation of their superego. . . ' (p. 257) (10)

According to Freud, the little girl whose castration is a fact, does not fear it, as does the boy for whom this fear is the main motive of the dissolution of his Oedipus complex. For a long time, possibly forever, she remains fixated to the Oedipus situation and does not develop a powerful and independent superego.

The fact that women must be regarded as having little sense of justice is no doubt related to the predominance of envy in their mental life; for the demand for justice is a modification of envy and lays down the condition subject to which one can put envy aside. We also regard women as weaker in their social interests and as having less capacity for sublimating their instincts than men. (p. 134) (11)

To summarize the boy's development, it can be said that for him the sight of the female genital is the basis of the castration complex and its consequences--the destruction of the Oedipus complex, the decathexis of the mother, and the creation of the superego. The boy's Oedipus complex is easily understood; the mother is the object of his desires while he is nursing, as well as during the following stages of his development, although there is at one point a tender identification with the father, without any feeling of rivalry with regard to mother. One residue of man's castration

complex is his depreciation of women as castrated beings. The girl, on the other hand, acknowledges her castration and man's superiority, but protests against this state of affairs.

She acknowledges the fact of her castration, and with it, too, the superiority of the male and her own inferiority; but she rebels against this unwelcome state of affairs. (p. 229) (12)

She has the choice between giving up her sexuality, claiming a penis, or accepting her femininity.

. . . Three lines of development open up. The first leads to a general revulsion from sexuality. The little girl, frightened by the comparison with boys, grows dissatisfied with her clitoris, and gives up her phallic activity and with it her sexuality in general as well as a good part of her masculinity in other fields. The second line leads her to cling with defiant self-assertiveness to her threatened masculinity. To an incredibly late age she clings to the hope of getting a penis some time. That hope becomes her life's aim; and the phantasy of being a man in spite of everything often persists as a formative factor over long periods. This 'masculinity complex' in women can also result in a manifest homosexual choice of object. Only if her development follows the third, very circuitous, path does she reach the final normal female attitude, in which she takes her father as her object and so finds her way to the feminine form of the Oedipus complex. Thus in women the Oedipus complex is the end-result of a fairly lengthy development. It is not destroyed, but created, by the influence of castration. . . (p. 230) (13)

The discovery of her castration makes the girl give up clitoral masturbation. This leads her toward passivity and a relationship with her father. At first the desire for the father is linked with penis envy, that is, with the desire to have a penis. In adult life, penis envy is fulfilled by the birth of a child, especially a son.

Thus, Freud believed that many feminine characteristics are due to woman's "original sexual inferiority," her "genital deficiency," and the

need to overcome these facts and to hide them. She is fully satisfied only when she has a son, thus compensating for her penis envy and her feeling of inferiority.

In his lecture on "Femininity" (1932), Freud discusses the problem of bisexuality. Although in earlier works, he had equated "activity-passivity" with "masculinity-femininity," he here states that "masculine" and "feminine" are names applied to behavior according to anatomy and convention and that it would be an error to equate femininity with passivity. Instead, he considers psychological femininity as giving preference to passive aims. He goes on to point out that social customs force women into passive situations. Although he acknowledges that the matter of female passivity is still obscure, he goes on:

The suppression of women's aggressiveness which is prescribed for them constitutionally, and imposed on them socially favours the development of powerful masochistic impulses, which succeed, as we know, in binding erotically the destructive trends which have been diverted inwards. Thus masochism, as people say, is truly feminine. (p. 116) (14)

In his article, "Female Sexuality" (1931), Freud concerns himself with the importance of the pre-Oedipal phase in the girl: when and why does she give up the fixation to the mother? (change of object), and how does she pass from the clitoris to the vagina? (change of organ).

Prior to the father attachment there is a strong attachment to the mother. Freud states in this article that the existence of the pre-Oedipal phase in women is more important than he had previously supposed it to be. He states:

It would seem as though we must retract the universality of the thesis that the Oedipus complex is the nucleus of neurosis. . .we can take account of our new findings by

saying that the female reaches the normal, positive Oedipus situation only after she has surmounted a period before it . . . (p. 226)

There is no parallel between the female and male Oedipus complex. The girl's fixation to the mother is difficult to understand according to Freud's theory, where it is viewed as a mysterious fixation which seems to be repressed.

Freud goes on, however, to state that women change their sex organ at the same time as they change their object and thus prepare to become feminine.

Along with the abandonment of clitoridal masturbation a certain amount of activity is renounced. Passivity now has the upper hand, and the girl's turning to her father is accomplished principally with the help of passive instinctual impulses. You can see that a wave of development like this, which clears the phallic activity out of the way, smooths the ground for femininity. . . The wish with which the girl turns to her father is no doubt originally the wish for the penis which her mother has refused her and which she now expects from her father. (p. 128) (15)

After the phallic stage the girl experiences intense hatred toward her mother, and this induces the change of object. The leading factor in this hatred is the castration complex. The girl reproaches the mother for not having given her a penis.

However this may be, at the end of this first phase of attachment to the mother, there emerges, as the girl's strongest motive for turning away from her, the reproach that her mother did not give her a proper penis--that is to say, brought her into the world as a female. (p. 234) (16)

Thus, in Freud's view, penis envy persists throughout the girl's entire life along with self depreciation and depreciation of other females.

SUMMARY

Freud felt that everyone passed through a series of developmental stages, each of which was characterized by a focus upon a different area of the body.

This focus had sexual connotations; psychic energy during each stage was oriented toward gratification associated with the specific body area.

According to Freudian theory, there are no sex differences in these areas until approximately age four. Boys and girls are little men. The vagina is not known to either sex.

In the oral stage, children are focused primarily on the mouth and lips and the bottle or the mother's breast. In the anal stage, the central concern is the anus and the elimination and retention of feces. During these two stages both sexes regard their mother as the primary love object.

In the phallic stage, at about four years of age, the sexes diverge in their development. The boy's feelings of love for his mother become more sexual and he becomes jealous of his father. He fears the jealousy of his father toward him and fears castration by him. Castration would be the worst punishment. His castration anxiety is increased when he observes that girls lack external genitals. He assumes they have been castrated and that he, too, could lose his valued organ. Since girls lack a penis, the boy assumes they are inferior to him.

Mainly as a result of his castration anxiety, the boy represses his desire for his mother and his fear and hostility toward his father. The boy replaces his feelings of rivalry toward his father with identification with him. During this process he assumes the values of his father; they form what Freud labeled as the superego. This identification is the normal resolution of the Oedipal complex.

Resolution of the phallic stage begins for the girl when, in comparing herself to boys, she discovers that she lacks a penis. Freud believed that girls, upon discovering this difference, feel "mortified by the comparison

with the boy's far superior equipment" (1933, p. 126), feel debased in value as girls (ibid, p. 126), and feel a sense of great depreciation as a female. (1931b, p. 233).

The girl's first reaction to this discovery is to deny that she does not have a penis. Eventually, however, she must face the fact that not only does she lack a penis, but that she shares this fate with her mother and all other females. She blames her mother for bringing her into the world as a female. The lack of the penis causes the girl to devalue her mother, as well as all females. The girl, then, begins to regard men with profound envy, and joins all males in disdaining women.

The girl's penis envy motivates her to change the object of her love from mother to father and to change her sex organ from clitoris to vagina. Her shift of love to her father derives from her desire to possess his penis. She also comes to equate penis and child and takes her father as a love object in order to have a child by him, which symbolically represents attaining a penis. The penis-wish is transformed into a wish for a baby, which leads to love and desire for the man as bearer of the penis and provider of the baby.

Since the clitoris is viewed as masculine, it is necessary that the girl shift to vaginal sexuality if mature femininity is to develop. She gives up clitoral activity because of the severe narcissistic wound of not possessing a penis.

For the girl, the discovery of her "castration" initiates her Oedipus complex. Girls remain in the grip of Oedipal conflicts for an indeterminate length of time, perhaps never fully escaping them. Because the girl acknowledges the fact of her castration, and does not fear castration by the father as do boys, she lacks the motive for the formation of a strong superego. In Freud's view she remains forever morally and ethically undeveloped compared with men.

Although girls are never completely resigned to their femininity, Freud believed that women gain some satisfaction from the birth of their first child. The birth of a son, especially, is most gratifying, for it provides the woman with a real penis, beyond the symbolic one.

A woman responds to the Oedipal stage in one of three ways: 1) she may renounce sexuality in general; 2) she may develop the "normal" feminine attitude, with all eroticism concentrated in the vagina; or 3) she may cling to her clitoral "masculine" sexuality in obstinate self-assertion. Abnormal resolution of these phallic stage conflicts can lead to masculine identification and homosexuality, or to overly strong penis envy and masculine behavior.

After passing through the phallic stage and Oedipal conflict, both sexes enter the latency stage which lasts until the time of puberty. During this time, about which Freud wrote comparatively little, the child has no central erogenous focus and sexuality is largely repressed.

Finally, with the genital stage, both girls and boys are oriented toward heterosexual intercourse. This means that the girl's erotic focus is the vagina while for the boy it remains the penis. For both sexes, though, the interest is with intercourse rather than masturbation.

Female sexuality, by Freudian theory, is a series of lacks: the lack of a vagina, lack of a penis, lack of an intrinsic feminine sexuality, and lack of an adequate erotic object. By being forced to give up the clitoris, she lacks a superego and the capacity for sublimation, lacks regard for her mother and other women, and lacks basic self-esteem.

This picture of woman as being wanting and incomplete is elaborated upon by the following theorists. Their views represent an ongoing controversy about the castration complex which represents the analytic basis for woman's lack of self-esteem.

FREUD'S FOLLOWER

HELENE DEUTSCH

Although Freud came to question his initial assumption that "masculine" is identical to "active" and that "feminine" is identical to "passive" (17), Deutsch held that woman's passivity was largely responsible for the nature of feminine personality (18). She took into account some of the contradictions found in Nature among other species as well as a primitive tribe reported by anthropologist Margaret Mead, where women played the active, aggressive role, but stated that these are exceptions to the rule, and passivity of the female is typical.

Like Freud, she assumed that woman's female nature was a biological given based on the evolutionary concept of survival of the species. With that assumption, she took a wealth of clinical material about women's problems and concluded that the core of female nature was essentially passive and masochistic.

She states the following in her book, The Psychology of Women, Vol. 1 (1945):

In young girls' dreams the mighty hairy human-animal figure often appears not as a seducer, but as a savior from sexual dangers. This metamorphosis of the seducer into a savior reveals the wish-fulfilling character of the girl's dreams and her masochistic longings, which reproduce the situation of the primitive conquered woman.

Deutsch felt that the woman's desire for physical contact had a thoroughly passive character in keeping with the differentiation of the sexes in general. She felt that this passive behavior was repeated in the functions of the sexual cells: the ovum was relatively motionless and passively expectant--the spermatozoid was active and mobile. Sexual behavior in human continued this differentiation between the masculine-active and the feminine-passive.

Deutsch pointed out that neurotic conflicts were based on the factors that directly oppose the drives of sexuality and thus create conflicts. In her view, the reproductive function would have to undergo radical transformation before new paths were opened for feminine activity. She acknowledged that although the central attribute of femininity was passivity, this passivity was a relative concept that included many active tendencies. It was when woman attempted to deny her passivity that it proved unsuccessful for her and, led to dissatisfaction with her constitution. This brought about the undesirable "masculinity complex" in the woman.

Deutsch goes on to explain that passivity and masochism are intimately connected because they are both the products of the feminine constitution. Masochism is the reversal of instincts so that energies directed toward the outer world are turned inward. Aggression turned against one's own ego would lead to self-destruction. However, Deutsch explains that this process is transformed for the woman by binding the destructive tendencies into erotic behavior turned inward.

In this way, Deutsch continued to search for the biological laws of behavior. Like Freud, she viewed the clitoris as biologically inferior to the penis. What was termed "normal" feminine development was inhibited activity that underwent a turn toward passivity.

SUMMARY

Masochism was viewed by both Freud and Deutsch as a truly feminine trait originating in passivity, where active forces and their accompanying aggressions are turned inward. Deutsch refers to pleasure in sexualized suffering and to pleasure in mental, interpersonal suffering. Although she does not state the connection, it is implied that the former suffering causes the latter. Here

she is talking about biological determinism. Masochistic women renounce themselves in favor of others (Deutsch, p. 193) and wish to be humiliated and deserted (Deutsch, p. 196); they seek pain and suffering (Deutsch, p. 241). The masochism of sexualized suffering appears not only in fantasy life but in woman's reproductive functions, in both defloration and childbirth. In order to be adjusted to reality the woman must want the mixture of pleasure and pain (Deutsch, p. 276). In this way, Deutsch attempts to establish sexualized suffering for women and to transpose it into interpersonal suffering.

Although the biological basis of her theory is unproved, the superstructure that Deutsch built upon it is generally valid. The qualities she describes are found in many women. To understand the background of the readiness for penis envy and the shakiness of self-esteem, one must examine pregenital mental development. In attributing the important psychologic changes of this time to an unknown biological mechanism, Deutsch and Freud do not look to pregenital development for other possible antecedents. Both start from the assumption of biological determinism and attempt to base psychological development upon this assumption.

DEPARTURES FROM FREUD

KLEIN
HORNEY
JONES

Melanie Klein

Melanie Klein was born in Vienna in 1882. She specialized in the analysis of children and adults but focused on infant anxieties in child development, developing a theory of an infant Oedipal phase which followed Freud's psychosexual developmental line.

In an article on "Early Stages of the Oedipus Conflict" (1928-1975), she describes the girl's anxiety situation. Using the Freudian theory of passivity and penis envy as a point of departure, she follows the psychosexual development and postulates the existence of an Oedipal phase in infancy. She states that the girl mainly fears attack to the inside of her body. After the first frustrations of the oral phase the little girl turns away from the breast. At the same time genital impulses toward the paternal penis come into play. Klein thus theorized that the girl infant's passage from the cathexis of the frustrating breast to that of the penis represents the nucleus of an early Oedipal conflict.

In the girl. . .the receptive aim is carried over from the oral to the genital position: she changes her libido-position, but retains its aim, which has already led to disappointment in relation to her mother. In this way receptivity for the penis is produced in the girl who then turns to the father as her love-object. (p. 186) (1928-1975) (19)

Klein's theory states that the father's penis is seen as belonging to the mother, who keeps it inside her body. The little girl therefore wishes to attack her mother sadistically in order to steal the penis for herself. She fears that retribution of the mother will destroy her own internal organs.

Klein, like Freud, believed that the castration complex led the girl to hate the mother for not having given her a penis. Klein elaborated on this theory by stating that it was not so much that the girl wanted the penis for herself (as Freud said), but that the oral desire for the penis was the prototype of the later genital, vaginal desire for the penis.

Because of her receptive female instinctual impulses, the little girl longs to incorporate and keep the father's penis, or the Oedipal object. The penis has the meaning of omnipotent power and is thought to be capable of

satisfying all the maternal oral frustrations. The penis also has the meaning of being the object of intense aggression because of the frustration it causes the little girl. This aggression, projected onto the penis, makes it seem cruel and dangerous. The incorporation or introjection of both these meanings makes the girl's superego stronger and more severe than the boy's. Later, the woman's ambivalent feelings about the penis cause her to use intercourse as a way of reassuring her against anxiety around the introjected "bad penis." Taking in the good penis through intercourse, she alleviates the anxiety of the introjection. (p. 194) (1928-1975)

Female object-choice depends upon the way in which the infantile fears have been structured. The woman may choose a "good penis" to alleviate her bodily fears. In this way she lays the foundation for lasting and satisfactory love relationships. (p. 194) (1928-1975). If she chooses a "bad penis," the woman may seek out in reality a sadistic penis to destroy her bad introjects.

The girl's position with regard to her objects and the receptive function of the female genital organ cause the introjection of the superego to be very important in the girl's development. Her lack of an active penis serves to make her submissive to her superego. Whereas the boy cathects his own penis with narcissistic omnipotence, the girl does the same with the introjected penis. In this same article, Klein states the following in regards to the girl's superego:

Freud has said that the girl's super-ego develops on different lines from that of the boy. We constantly find confirmation of the fact that jealousy plays a greater part in women's lives than in men's, because it is reinforced by deflected envy of the male on account of the penis. On the other hand, however, women especially possess a great capacity, which is

not based merely on an over-compensation, for disregarding their own wishes and devoting themselves with self-sacrifice to ethical and social tasks. (p. 195) (1925-1975).

Klein states that the dread of destruction of the female's internal organs creates a sense of guilt which she sees as being the chief cause of the repression of the female's feelings of "pride and joy in the feminine role." (ibid, p. 195).

Thus, Klein postulates the little girl's Oedipus complex as established at the oral phase by a displacement from the mother's breast to the father's penis. Fears about the inside of her body lead her to fear her own femininity. Penis envy is secondary. Oral and vaginal feminine receptivity are primary. The female superego is more severe than the male superego, and the profound dread of destruction of her internal organs is seen as the reason for her equally pronounced sense of poor self-esteem.

Karen Horney

Horney's earliest concerns were with Freud's psychosexual development in girls.

In her article, "The Dread of the Vagina," (1933), Horney discusses Freud's theory of the phallic stage and states that she believes the girl has a "lively sense of specific character of her own sexual role" from the onset. (p. 161) (1933-1973). (20) She believed the female child is a woman from the start, and not just from puberty, as Freud thought.

Horney questions not the girl's change of organ from the clitoris to vagina but rather, how it comes about that the vagina fails to respond to emotional and local stimuli later in coitus? She answers this question by stating that the woman denies her vagina because of the fear of destruction of her internal organs and the anxiety surrounding this fear.

According to Horney, the girl fears injury to the inside of her body and represses her vaginal impulses. She transfers them to her external sexual organ, the clitoris, for the purpose of defense. Horney states there is no such thing as primary penis envy, as Freud assumed, for in her opinion the girl was aware of her vagina from the start and therefore has a primary feminine identity. She thus questions Freud's assumption of sexual monism until puberty. Secondary penis envy exists, she states, as a defense against fear of damage to her internal organs.

In her article, "The Dread of Woman," (1932), (21) Horney talks about the woman's lack of self respect caused by men's disparagement of women which she calls "the most important and the most ominous of cultural consequences." (p. 146). She feels that men have a definite psychic trend toward disparaging women. The view that women are infantile and emotional creatures, incapable of responsibility and independence, "is the work of the masculine tendency to lower women's self-respect." (ibid.) She thus attributes women's feelings of inferiority and problems of self-esteem to cultural causes, not biological or anatomical ones.

Horney agreed that one could observe the picture Freud described as the Oedipus complex but she did not see it as biologically determined and therefore ubiquitous. Nor did Horney view the later reactions of adults as repetitions or manifestations of infantile incestuous attachments. She believed that early relationships in their totality mold the character of an individual. She felt that Freud was hampered by his instinctually based theoretical system. She saw neurosis as due to the experiencing of culturally determined difficulties through the medium of childhood experiences which the neurotic was not able to solve or solved only at great cost to her personality.

Ernest Jones

In his article, "The Early Development of Female Sexuality," (1927), Jones emphasizes the prejudices of analysts about female sexuality. He states the following:

There is a healthy suspicion growing that men analysts have been led to adopt an unduly phallo-centric view of the problems in question, the importance of the female organs being correspondingly underestimated. (p. 459).
(22)

Jones postulates that the fear of losing the penis is important. However, he feels that the basic fear of both sexes is "aphanisis" or complete loss of sexuality. He goes on to describe his belief that Oedipal wishes are sufficient to produce that fear. The fear finds different expression in each sex. In the woman, the fears tend to be projected into the future and are more intense than those of men. The fears of both men and women are thought by Jones to conceal the real fear of a total destruction of sexual desire (aphanisis). Losing the penis is only one expression of this fundamental fear. Women express their fear of the future by depending more on men for their sexual satisfaction than men depend on women. Their fear of aphanisis is more often expressed through "separation-anxiety." Jones states,

Whereas with the male this is typically conceived of in the active form of castration, with the female the primary fear would appear to be that of separation.
(p. 463). (ibid.)

According to Jones, the child creates his own superego in order to project onto the external world the reason for his deficiency. Either deficiency or frustration alone is sufficient to give rise to guilt and to the formation of the superego in both sexes. Further, Jones states that the guilt and with it the superego always attack those wishes that are destined not to be gratified. (p. 463).

In Jones' view the girl's superego, like that of the man, is derived from reactions to the father. He states the following:

"It is well known that the morality of the world is essentially a male creation, and--what is more curious-- that the moral ideals of women are mainly copied from those of men." (ibid, p.462).

Although Jones alludes to women's feelings of deprivation or frustration as coming from the "human environment" (p. 463) he states that going into this subject would take him away from the theme of guilt and the dread of aphanisis that always goes with it. Guilt and the building up of the superego become the defenses against privation or frustration. The libido must find expression somewhere and he postulates that there are only two ways for the girl to travel:

"The girl must choose. . .between sacrificing her erotic attachment to her father and sacrificing her femininity, i.e., her anal identification with her mother. Either the object must be exchanged for another one or the wish must be; it is impossible to retain both. . .Either the father or the vagina must be renounced." (ibid, p.466)

In the change of object, the girl has a "positive vaginal attitude" and a similar attitude toward coitus. (p. 466). In the other choice, the wish for the father, the girl identifies with the father and retains a bond with him that then leads to a penis complex. Faced with aphanisis, girls must either renounce their sex or their incest. Oedipal disappointment may revive the girl's desire to have a penis of her own and Jones thinks that penis envy is a regressive defense against the wish for the penis in intercourse with the Oedipal father. Guilt and formation of the superego are the most important defenses against the Oedipal frustration which produces the fear of aphanisis.

In his paper on "The Phallic Phase" (1932) (23) Jones describes two views held at that time about female sexuality: according to one, the girl's sexuality is essentially male to start with and "she is driven into femaleness

by failure of the male attitude (disappointment in the clitoris.)" (p. 17). According to the other view, the girl's sexuality is essentially female to start with and she is driven toward phallic maleness by failure of the female attitude. Although Jones recognizes that these two views are oversimplified, he attempts to diminish their contrast and the differences between them.

Both views admit to early bisexuality and to the co-existence of active and passive aims which tend to become associated with particular genital areas. Both views agree that penis envy together with anxiety factors drive the girl from femaleness into phallic maleness. Both views agree that the girl desires a penis and blames the mother for its absence. But Jones agrees with Freud that the girl's earliest attachment to the mother is elusive.

Jones questions the assumption of phallic monism that Freud postulates. He agrees with Klein and Horney that vaginal excitation exists prior to the phallic phase; thus the vagina is known to the girl before the phallic phase. He states,

"Actual vagina masturbation is often considered by physicians to be commoner than clitoris masturbation in the first four or five years of life." (ibid, p. 20)

Jones emphasizes that Freud uses the term regression because of the conviction of the identity between clitoris and penis. If one does not believe that penis and clitoris are identical--which Horney does not--then it is not a regression but a new neurotic structure. Jones believes, like Klein, that the girl, disappointed by the breast, imagines an object more satisfying and penis-like. This phantasy would become the starting point of her attachment to her father. He further agrees with Klein that the girl's phallic desires are associated with sadistic wishes toward the mother's body and fears of

the mother's retribution against the inside of her body.

Jones, unlike Freud, sees the phallic phase as a neurotic compromise, much as Horney does. Unlike Freud, he believes that the girl is more feminine than masculine from the start and more concerned with the inside of her body than the outside.

The search for a penis follows frustration at the breast and is in relation to the part-object, penis. Jones believes the vagina exists and has meaning to the girl-child prior to the phallic phase or puberty. Penis envy is seen as a fundamental feminine wish to incorporate the father's penis, first orally and then through the vagina. Jones believes the desire for a child is not, as Freud held, a compensation for the lack of a penis, but a basic feminine wish.

Jones and Klein believe that the phallic phase is a defense against an Oedipus complex already existing, so that their views about its dissolution differ from Freud's. The girl resents the mother not only because she did not give the girl a penis, but also because she has kept the father's penis for herself. Jones does not accept Freud's theory that the little girl is a little man.

SUMMARY

The concept of the castration complex and with it penis envy determined the entire mental development of the girl as well as the depreciated view of herself, according to Freud and Deutsch.

The debate that existed during the time of Freud, which became focused between the psychoanalytic societies of Vienna and London, ranged mainly about the existence and significance of the castration complex.

The psychoanalytic literature reveals that according to Freud, penis

envy stems from genital inferiority of the female sex as a consequence of the female child's traumatic observation of sexual differences.

The writings of Klein, Jones, and Horney state that objective anatomical differences do not account for the idealization of male genitals. According to them, the little girl is a woman from the start; whereas, Freud stated that the little girl is a little man until puberty. These authors believe that the little girl is more feminine than masculine from the start and more concerned with the inside of her body than the outside. For them, repression of vaginal impulses results from narcissistic anxieties concerned with attacks against the inside of the body. Therefore, the erotic cathexis is transferred to the clitoris, a safer, external sexual organ.

This additional way of conceptualizing the role that anatomical realities play in symptomatic penis envy suggests that it is not the actual or perceived superiority of the penis which leads the girl to envy it, but rather the anxiety-provoking nature of her own genitals that predisposes her toward penis envy. The vagueness, confusion, and anxiety that the little girl experiences about her genitals may predispose her to the fantasy that her intrapsychic life would be more manageable if she possessed male genitals in place of her own.

The conceptual differences between Freud, Deutsch, and the others are subtle but important. The first viewpoint assumes that the critical determinant in penis envy is the actual or perceived superiority of the penis in the little girl's mind. The second viewpoint assumes that the girl's envy of the penis is a reaction to anxiety about her own genitals (fear of penetration or intrusion). Klein, Jones, and Horney see envy of male genitals as a secondary or defensive elaboration rather than as a bedrock experience.

Freud's interpretative work would focus on the patient's wish to be a boy/man and to have male genitals. Those theorists who depart slightly from Freud would focus on the patient's wish to be a girl/woman and to have a full appreciation of her own genitals, while acknowledging at the same time that she is unable to do this because of anxieties and conflicts. Interpretations of the first kind exacerbate the patient's devaluation of femininity.

Horney went further than the other theorists to say that women's dissatisfactions were the result of social attitudes and pressures, not of biology.

Because Freud's theory of personality and his concept of motivation are based largely on the fate of instinctual drives, he considered these as constants. He overlooked the fact that in human psychology the forms of their expression and the effect of these forms on the development and nature of personality are dictated largely by social and cultural factors.

Horney takes the view that a female child is a woman from the start, not only from puberty, and that departures from the normal development of femininity are influenced by social factors. This is the first important inclusion of the social framework as a determinant in the development of the feminine personality.

It is striking that psychoanalysts, whether in agreement or disagreement with Freud, looked for an explanation of the development of female personality (and of the male as well) in exclusively sexual terms, disregarding the larger perspectives of historical and social factors.

CRITIQUE

Roy Schafer in his article, "Problems in Freud's Psychology of Women," (1974) summarizes the theoretical generalizations made by Freud concerning women's sexual development. Some of his ideas and concepts are presented in the following paragraphs.

According to Schafer, Freud described what his patients told him.

However, in formulating his theory on female development, Freud operated out of a patriarchal value system that ascribed certain roles to men and women. (24)

Underlying Freud's theory of female sexuality was a confusion between observations and values. The clinical data described by Freud were undoubtedly accurate, but only a patriarchal value system could have led to Freud's statement about women's relative inferiority to men evidenced in genital deficiency, weak superego, and feelings of inferiority about herself.

Freud characterized women as being less moral than men. To Freud, men's moral standards seemed to be less easily swayed by emotional appeals and subjective impressions than those of women. Hysterical proclivities were more commonly encountered in women and obsessive proclivities found in men. Schafer points out that although there are different aspects of morality between obsessives and hysterics (isolation of affect, for example), Freud was imposing a patriarchal value judgment in positing that obsessives (men) were more moral than hysterics (women).

Freud also felt that the predominant danger in the lives of women is loss of love, whereas with men, the danger is castration. Freud theorized that since castration anxiety is a more narcissistically detached concern than fear of loss of love (since it was more removed from the problems of love relationships) it thus provided a more impersonal foundation for moral activity. In Freud's theory of the formation of the superego, castration anxiety is the chief incentive for the renunciations and identifications that constitute the influential superego organization. Freud theorized that girls, having already been castrated, lack the incentive to become moral. The girl seeks to restore her self-esteem in being loved by men and receiving babies from them.

Freud's attention was focused on the girl's castration which created a desire for father's actual penis; this then became symbolically translated to desiring a baby given her by the penis.

Freud concluded that women crave to be loved, invaded, and impregnated and that they bend their morality in order to fulfill these cravings.

Schafer points out that Freud many times used the terms "superego" and "moral code" interchangeably. He considers that superego is not morality; superego is fierce, irrational, and mostly an unconscious vindictiveness against oneself. Schafer emphasizes that when talking about the obsessive and hysterical personalities Freud is talking about modes of functioning. He states that Freud confused modes of functioning with amounts. In this way, Freud took for granted a value system of "more-less" or "better-worse" when talking about women's relative mental incompetence. Freud thus built in a patriarchal bias involving taken-for-granted models of masculine and feminine roles in our society.

Freud's view of female development was that being female is second best and second-rate--second best in the experience of the girl and woman (who sees herself as depreciated), and second-rate in the judgment of people who belong to a patriarchal culture (as others see her).

Freud uses the term "inferior" in terms of genital deficiency and talks about the woman's self depreciation and the overall depreciation of her sex.

Freudian propositions about psychosexual development are being challenged from all sides and the entire psychoanalytic community is being widely discredited as the child and now the servant of a male-dominated social order. Schafer cautions that deprecating criticisms of penis envy as being put forth by "neurotic females" is reductionism and intellectual isolation.

Freud's basic assumptions and even his mode of thought are still very much a part of modern psychoanalysis and psychotherapy. Although Freud modified many of his ideas, his views on the psychology of women prevail today. Although Freud attempted to change some of his thinking about female sexuality by pointing out the major and continuing influence of the girl's active preoedipal attachment to her mother, he reverted to his simpler patriarchal viewpoint of women as being second-best to men.

Schafer emphatically states that Freud adhered to a biological, evolutionary model in developing his theory of female sexuality. This model required the assumption that human beings were destined to be links in the chain of survival. Such an assumption implied that genital sexuality was the epitome of psychosexual development in the so-called natural order of things. Sexual behavior that did not lead to procreative activity was considered perverse, defective, or unnatural. Thus, Freud's theory of female sexuality pictures the woman as one who has obtained a love object, who has accepted her passivity, and who has transformed her wish for a penis into a wish for a baby. She is described as being passive and masochistic, with a weaker superego than her male counterpart.

There is a strong evolutionary value system implicit in Freud's line of reasoning, which hypothesizes that nature has a procreative plan and that those who defy it are unnatural. In recognizing this value system, it is clear that psychosexual outcomes other than reproductive genitality are called illnesses and arrests in development from the standpoint of the practices common to most members of a society. There is no established relation between these value systems and psychoanalytic insights, though there may be between these value systems and religion or existential choices. Illnesses may be defined in terms of value systems, but this should then be

stated so that the position is clear. Schafer points out that psychoanalysts, in following Freud, tend to regard and name these early phases "the pre-genital" and "pre-oedipal phases," betraying the bias and limitation of traditional thinking.

The understanding of sexual development and sexual attitudes must be predicated on the proposition that human sexuality is indeed psychosexuality. The concept of psychosexuality excludes a sexuality of blind instincts ending in the propagation of the species. Psychosexuality means mental sexuality, that is, a sexuality of meanings and personal relationships that have developed and been organized around real and imagined experiences and situations in a social world. Freud persevered with the biological evolutionary model and value system and disregarded the social learning and social pressures that contribute to the fulfillment of male/female roles.

Freud thus tried to account for women's personality characteristics and problems mainly in terms of the phallic phase. Freud put the phallus, oedipal fantasies, castration anxiety, and procreation in the center of his developmental theory. He focused on the girl's catastrophic response to her discovering she had no penis and did not explore the background for the complex array of feelings, wishes, and fantasies of which penis envy may be only a part.

The collapse of the girl's self-esteem in the context of the castration fantasy is held to be a decisive and permanent influence on the woman's entire mental development. In this way, Freud guaranteed the continuation of the species. He also guaranteed the patriarchal social order. His view of women as passive, submissive, and masochistic prevented his paying attention to the questions whether and to what extent girls are continuously being seduced and coerced by a society committed to guaranteeing that outcome.

DISCUSSION

The relationship between anatomy and reproduction as well as anatomy and mind continues to prevail amongst those authors since Freud who accepted the psychosexual development and the evolutionary values inherent in this hierarchical construct.

Thus, while Klein and Jones as well as many contemporary authors disclaim the anatomical superiority of the phallus and the concept of the castration complex, they continue to concern themselves with that part of Freud's theory that has to do with the girl's change of object.

While stating that the girl has a primary feminine identity which is thus a departure from Freud, these authors, nonetheless, continue to struggle with how the girl turns from her mother and to her father. They see this as essential to her becoming a mature woman committed to an adult heterosexual object and thus ensuring the survival of the species. Schafer states that the acceptance of Freud's libido theory and the psychosexual line of development by these authors includes acceptance of the evolutionary value system implied in it that puts women's central function as being one of procreation. In so doing, these theorists make the assumption that there exists a self-fulfilling instinctual drive toward propagation of the species. However, such a drive cannot be isolated or studied and, therefore, cannot be built into a psychoanalytic theory, as Freud did. The assumption that learning could account for the human's movement toward procreativity is equally valid.

It would seem that members of a society who wanted to guarantee the child's procreative wishes and psychosexual development would prepare the children to continue a pattern in much the same way that Freud inadvertently did. Freud analyzed Victorian values imparted to women of that time. These

values were of an authoritarian patriarchy which prescribed the roles of wifehood and motherhood. Woman was in the sphere of reproduction and this was the place of women in patriarchal culture. Indeed, the fact that this particular reproductive function of women became the central focus for Freudian theory served to induce conformity to specific social mores. Freud's psychology of women takes place within an analysis of patriarchy. Freud opposed any symmetry in the cultural formation of men and women.

Thus, Freud's theory of the Oedipus complex was a teleological one. His theory, in effect, guaranteed the procreative outcome he thought was inherently purposeful in human nature.

It would appear that psychoanalytic explanations can no longer presuppose any natural or pre-established culmination of human psychosexual development.

From the foregoing discussion, it seems clear that people and especially women, do not necessarily find their full development and satisfaction in biological function, unless they choose to do so. Until recently, this choice has not been available to women.

Because Freud and his followers were members of an authoritarian social milieu, they reflected and accepted the institutionalized role of women in their time. Their contemporary followers deny women full participation in human life by continuing to embrace a value system inherently confirming her sex role. They have and are contributing to the coercive institutionalization of male and female roles which have little to do with sexual identity or human growth.

Although many contemporary Freudian followers acknowledge that the biological function of women is only one function, they continue to uphold and support the belief that it is her primary one. This belief goes contrary

to present-day woman's search for greater personal effectiveness and larger inner sense of well-being.

Other values come into question in addition to the evolutionary one just discussed when the concept of psychosexual stages of development is applied to women.

The concepts of separation and individuation leading to a sense of autonomy do not seem totally applicable to the psychic and social development of all women. One central feature is that women stay with, build on, and develop affiliations. Affiliation for many women is valued as highly as, or more highly than, self-enhancement. It seems safe to say that for men as well as women, individual development proceeds only by means of affiliation.

While men and boys are encouraged to move out of this state of existence, women are encouraged to remain in this state and eventually to transfer their attachment to a male figure. The suggestion is that the parameters of the female's development are not the same as the male's and that the same terms do not apply.

The word, "autonomy" carries the implication for women that one should be able to give up affiliations in order to become a separate and self-directed individual. Many women are quite validly seeking a fuller ability to encompass relationships to others, along with the fullest development of the Self.

Clearly a new model for childhood is required, one which incorporates the idea of the development of some accurate sense of effective individuality as part of a process of interacting equally with others.

The organization of one's life around serving others is a central factor for women. Women have been led to feel that they can integrate and use all their attributes if they use them for others, but not for themselves. They

have developed the sense that their lives should be constantly attuned to the wishes, desires, and needs of others. Women's psychic structures are organized around the principle that they exist to serve other people's needs-- first men, and later, children. It is as if women feel they have no needs of their own. Attending to one's own interests and desires is not seen as compatible with this central function. Yet, more women are combining self-development with service to others, thereby aligning their ambitions with their own special value system.

To observe that women believe they must serve others may seem a commonplace. It is often overlooked that most women cannot allow themselves to feel their life activities are for themselves. It also runs counter to current views on psychological "health." Often clinicians observing this phenomenon may view the woman as serving herself through serving others. However, women are constantly compelled to find ways of translating their own wishes into a means of serving others and they work at this all their lives. Many women thus pride themselves on how people need them, and in the past for many women this became the only source of self-esteem.

Serving others is one way of describing the fundamental form in which women's ties to others are structured. A woman's conditioning is contrary to finding out what she wants. If women were free to explore their own thoughts and feelings, even if it means displeasing others, perhaps more information could be obtained that would allow the woman the quality of self determination desired. Displeasing others becomes difficult because often the other is the person in whom her emotional attachment is invested. If it is the male counterpart, then many times her whole economic livelihood and social status are involved.

It is only when the woman can move beyond the thought of pleasing another and conforming to expectations and desires outside herself, that then she can begin to know herself. For women as a group, pleasing oneself has been a rare experience.

Women have had their own nature defined for them by others who determined what was needed from women. These "definitions" are far removed from what women may decide they want to be. Certainly they do not reflect what women seek to become as self-determining, self-governing individuals.

It is oppressive for women to be dependent economically, politically, socially, and psychologically. However, the opposite, or "independent," may not be desirable either--as men have defined it. A desirable goal might be feeling effective and free along with feeling intense connections with other people.

The lack of value placed on a woman and the assignment to her of inferior roles throughout the ages in many cultures has resulted in a denigrated self-image passed on from parents to daughter. A mother who does not love herself in the sense of affirming her womanliness cannot fully love her daughter. Nor can the girl's father impart a feeling of value toward her if he considers her to be second best. Thus, for the daughter, the limitations and frustrations of her individual history are reinforced by the attitudes of society.

The struggle is against the internalization of the mother's devalued self-image and the father's male-dominant view of her. Such self-hate is the basis for low self-esteem and for depression. The struggle is one for self-esteem, a struggle to break the chain of socially inherited feelings of inferiority. The struggle for self-esteem cannot be resolved exclusively

through the assumption of roles more valued to society than the domestic one. It involves a fundamental working through of unconscious and conscious attitudes of ambitions and goals.

To that end, this author now turns to the introduction of self psychology as a psychoanalytic theory that offers women the opportunity to enhance the sense of well-being and feeling of self-esteem.

CHAPTER II

AN INTRODUCTION TO SELF PSYCHOLOGY

Heinz Kohut was born in 1914 in Austria and received his medical degree from the University of Vienna. He remained in Vienna until the age of 26 when he fled during World War II. He was trained in neurology and psychiatry at the University of Chicago, where he is a Professor Lecturer in Psychoanalysis and serves as teacher and training analyst. His contributions to psychoanalysis have clarified such basic concepts and theories as the role of introspection and empathy. His developmental theory of Narcissism has gradually expanded to become the psychoanalytic psychology of the self. A major theoretical contribution in 1959 introduced an operational definition of psychoanalysis, giving particular importance to introspection and empathy. For the past decade his investigations have focused on the Self.

Kohut believes that the classical psychoanalytic conceptualization of human nature does not fully explain the spectrum of psychopathology. His theory attempts to broaden and deepen our understanding of the psychological field by focusing on emotional states. He believes that people are changing, as the world they live in is changing. Expansion and change of theory are necessary if psychotherapy is to remain the leading force in our attempts to understand ourselves.

Kohut has written with some concern about the increased mechanization and depersonalization of modern-day life. Many patients seeking psychotherapy suffer from a deep disturbance of self-esteem, manifested by feelings of emptiness, lack of initiative, and various social and sexual problems. The essence of this ill-recognized syndrome, which Kohut calls Narcissistic Personality Disturbance, is a defect in the sense of inner cohesion and continuity: an incomplete consolidation of the Self.

These patients establish a specific relationship to the psychotherapist. They attempt to use him as a mirror, in which to discover themselves and to be reflected in his admiration. Or they admire the therapist and experience themselves as part of him, feeling strong and good so long as this experience can be maintained.

Until recently classical psychoanalysts regarded such practice as an undesirable retreat from the therapeutic task of reaching realism and maturity. Kohut's theory allows for the revival of unfulfilled childhood needs and provides an opportunity for patients to obtain insight into the nature of their psychological imbalance and to gain mastery and control over it. Patients are thus enabled to take two crucial developmental steps they had been unable to take in childhood: they convert their archaic grandiosity into healthy self-esteem, and they transmute external idealized omnipotent figures of their childhood into a set of internal guiding values and ideals.

Kohut's first major contribution was a paper entitled, "Introspection, Empathy, and Psychoanalysis" in 1959. In that paper, he states that our inner world of thoughts, wishes, feelings and fantasies has no existence in physical space and yet is entirely real. We can observe these phenomena as they occur in time through introspection and through empathy (i.e., vicarious introspection). Kohut gives the following definitions in this paper:

We speak of physical phenomena when the essential ingredient of our observational methods includes our senses, we speak of psychological phenomena when the essential ingredient of our observation is introspection and empathy. 1959 (1978) (p. 206).

This was a major departure from earlier theory and led Kohut in his book, Restoration of the Self (1977) (25) to redefine the essence of psychoanalysis as "the scientific observer's protracted empathic immersion into the observed,

for the purpose of data-gathering and explanation." (p. 302). He elaborates that "psychoanalysis is a psychology of complex mental states which, with the aid of the persevering empathic-introspective immersion of the observer into the inner life of man, gathers its data in order to explain them. It is the only one among the sciences of man that explains what it has first understood." (ibid)

KEY CONCEPTS OF SELF PSYCHOLOGY

Narcissism

Kohut postulates that narcissism in human life has a different line of development from that postulated by Freud in his theory of object love. (Kohut, 1970, 1978 p. 556) (26). This is in contrast with classical psychoanalytic theory which holds that narcissism normally becomes object love. In this view, any human relationship that does not result in object love is thought to be pre-oedipal and regressive. Kohut views drives as being the products of the disintegration of the Self, and avoids psychoanalytic biologizing. While Kohut states that he is expanding Freudian theory, he often appears to be replacing it. It will be noted that in the book Restoration of the Self and writings since then, Kohut's ideas are presented in the language of self psychology in contrast to his earlier productions, which used the psychoanalytic terminology of drive and the structural model. He speaks of narcissism "as a self-contained set of psychic functions rather than as a regressive product." (Ornstein, 1978 p. 618) (ibid.)

Kohut further proposes that narcissism has two developmental lines. He explains: In normal growth, one line leads from the grandiose self to a person's lifelong realistic ambitions and self-esteem. The second line of narcissism leads to attainable ideals, and self-regulatory mechanisms. The

two lines of development lead to transformations of the Self and to socially approved acquisitions. These acquisitions constitute the mature Self, with its capacity for wisdom, humor, creativity, empathy, and the ability to contemplate its own death.

Ornstein in his introduction to the book, The Search for the Self (1978) states "the new territory of narcissism. . .will gradually expand into the area more properly designated as the psychoanalytic psychology of the self." (p. 50) Currently, self psychology refers to the expansion of psychoanalytic ideas of Kohut's original studies on narcissism.

The Self

The Self is defined as the totality of one's subjective experiences and includes all that has happened. Parts of the Self may be conscious, part unconscious, and part pre-conscious. In a paper entitled "Discussion: Levin" 1969 (1978) Kohut states the following:

The Self is a depth psychological concept that can be metapsychologically defined: genetically by tracing the relationship between the present self and its archaic precursor. . .i. e., the interplay of the mature self, which is integrated in the adult personality, with primitive self-configurations, which are not. (p. 579, *ibid.*)

Kohut places the Self firmly at the core of the personality as a constellation with its own center of initiative. (Ornstein, 1978 p. 100) (*ibid.*) The Self not only encompasses the structure of the psyche--it is also a part of it.

Selfobject

Selfobjects are objects experienced as part of the Self and perform some function which keeps the Self from fragmenting. The original selfobjects of an individual are his parents. Kohut differentiates selfobjects from true objects. The latter are felt and seen as independent from the Self.

There are two kinds of selfobject functions; the mirroring selfobject who responds to and confirms the child's innate sense of vigor, greatness and perfection; and the idealizable selfobject to whom the child can look and with whom he can merge as an image of calmness, infallibility, and omnipotence. (Kohut and Wolf, 1978 p. 414) (27)

In an article entitled, "Narcissism as Resistance and Driving Force" 1970 (1978) Kohut defines selfobjects as those that "are experienced either as part of the self or as merged with the self or as standing in the service of the self, i.e., as utilized for the maintenance of the stability and cohesion of the self." (p. 554) (28)

In psychotherapeutic treatment, the therapist is seen as a selfobject who substitutes for the defect in the psychic structure of the patient. The slowly proceeding working-through of the needs for mirroring and for idealizable selfobjects which are reactivated in the form of a narcissistic transference brings about the gradual healing of the defects in the self of the patient. Through this process, the patient is able to internalize the needed psychic structure.

In elaborating on the above, Kohut states:

The genesis of the disorder can, for instance, be the insufficient mirroring of the child's self by the mother (her lack of empathy for her child's need for mirroring through the gleam in the mother's eye). The child's self can therefore not establish itself securely (the child does not build up an inner sense of self-confidence; it continues to need external affirmation). (ibid p. 557)

Selfobject relations occur on all developmental levels, and in psychological health as well as illness.

The original selfobjects are the parents. The infant receives continuous monitoring by the selfobject of its needs. The mother uses her empathy to

do for the child what needs to be done. In this way the selfobject performs the function of tension regulation for the infant as well as becoming the intermediary between the environment and the child.

Defects in the Self occur mainly as a result of empathy failures of the original selfobjects, the parents. Kohut clarifies that the child does not need perfect, continuous empathic responses. The occasional failure of the selfobject is not detrimental. But the selfobject's chronic incapacity to respond appropriately is disastrous for the child's developing self.

Bipolar Self

Two basic psychological functions make up an independent Self: the healthy self-assertiveness gained from the mirroring selfobject, and healthy admiration for the idealized selfobject. When these functions are not responded to by either the mirroring and/or idealized selfobjects, the drive experiences occur as disintegration products.

In Restoration of the Self Kohut states the following:

When the child's self-assertive presence is not responded to by the mirroring selfobject, his healthy exhibitionism . . . will be given up, and isolated sexualized exhibitionistic preoccupations concerning single symbols of greatness (. . . feces, phallus) will take over. And similarly, when the child's search for the idealized omnipotent self-object with whose power he wants to merge fails, . . . then again, the child's healthy and happy wide-eyed admiration will cease, the broad psychological configuration will break up, and . . . preoccupations with isolated symbols of the adult's power (the penis, the breast) will take over. (p. 172)

Kohut states that in patriarchally organized societies, the gender differentiation is greater than in those societies not organized in this way. In them he then assigns the mirroring line of development to the mother and the idealizing line of development to the father.

However, because of the bipolar nature of the Self, the child has two chances to acquire a consolidated Self. In Restoration of the Self Kohut states:

... a failure experienced at the first way station can be remedied by a success at the second one. Briefly, we can say that if the mother had failed to establish a firmly cohesive nuclear Self in the child, the father may yet succeed in doing so; if the exhibitionistic component of the nuclear Self (the child's self-esteem insofar as it related to his ambitions) cannot become consolidated, then its voyeuristic component (the child's self-esteem insofar as it is related to the child's ideals) may yet give it enduring form and structure. (p. 186)

Kohut continues by introducing the concept of "tension gradient" which he defines as the flow of actual psychological activity that establishes itself between the two poles of the self. It indicates the presence of an action-promoting condition that arises between a person's ambitions and his ideals. (ibid p. 180) This "tension arc"--this flow of psychological activity--is composed of the nuclear Self's talents and skills which enables the individual's ambitions to be transformed into idealized goals.

Deficits in the Self will occur when the child's self-assertive presence is not responded to by the mirroring selfobject--or similarly when the child's search for the idealized omnipotent selfobject with whose power he wants to merge, fails. Kohut states:

The deepest analysis of either one of these two clinical manifestations does not, however, lead to a bedrock of drives, but to narcissistic injury and depression. (ibid p. 173)

Transmuting Internalization

The concept of transmuting internalization is crucial to Kohut's theory and treatment and explains the concept of the formation of psychic structures. Its importance is related to the fact that it designates at once a develop-

mental and a therapeutic process. As a developmental process, which may be derailed genetically, it never ceases to operate although structure building is phase-appropriately at its peak during early life.

Therapeutically, the same process of structure building may be re-opened in a psychotherapeutic process, where the mobilization of a regression and the selfobject transferences provide the matrix for the acquisition of new psychic structures through belated transmuting internalizations. (Ornstein 1978 p. 63)

This concept explains the formation of psychic structures within the individual. The acquisition of permanent psychic structures during development as well as during psychotherapy occurs through transmuting internalization. This process is a slow, gradual--but phase-appropriate--letting go of the functions of the archaic selfobjects (the mirroring selfobject and the idealized selfobject). These functions then become internalized. This leads to the attainment of psychic structures which now perform functions that the objects had to perform for the child. (Kohut 1971 p. 50) (29)

Transmuting internalization is the process that takes place in psychotherapeutic treatment and allows for the healing of self-pathology.

In normal, optimal development, the child experiences disappointments that are phase-appropriate and small-scale--optimal frustration--that bring about bit-by-bit internalization. The external idealized power is transformed into internal ideals and idealized goals. This process results in the child's increasingly being able to live up to his own goals and ideals and to become less and less dependent on the approval of external idealized figures for the maintenance of self-esteem and self-direction.

Faulty parental responses to the child's need for the parents' strength, on the other hand, lead to the insufficient development of this pole of the

self and to fixations on the idealized parent imago, i.e., to the need to find others who can serve as external ideals, just as in early childhood when this need was normal and phase-appropriate.

This process allows the child to take in small particles of the functions of selfobjects, and to transmute them into its own self. It is the bit-by-bit, "broken up" (rather than in toto identified with), depersonalized and thus transmuted image of the selfobject and its various functions that is then transformed into psychic structures.

SELF PSYCHOLOGY

An Overview of Normal Development

Kohut deals with the self, a much more experience-near conceptualization than the abstract terms of ego, superego, id of classical theory. He is talking about the experiential Self that is close to feeling states.

Kohut's scheme has not been developed through observations of children. Rather, his outline of normal development is based on empathically projecting onto the child what the adult feels through introspection. Kohut's scheme was developed through observations of regressions of adults who briefly returned to early states of development during psychoanalytic treatment. Kohut states that further observation will be necessary to confirm or disprove his postulations.

A child develops a cohesive Self by proceeding through several phases of maturation. Some functions if not first performed for the child by others cannot be learned by the child on his own. The child is unable to instinctively conjure up those functions unless some one first has done them for him. It is not enough for the parent to be a need-satisfier; in order for the child to develop a healthier self, there must be an empathic bond between child

and parent that allows the parent to slowly, bit-by-bit, turn over to the child those phase-appropriate psychological functions once performed for him.

The selfobject or parent first does for the child what the child cannot do for himself. Then, as transmuting internalization occurs, there is a progressive withdrawal on the part of the parent which permits the child to exercise those functions for himself.

Kohut postulates an archaic Self in the newborn infant, which also has the potential for healthy pride and assertiveness. The archaic Self has no content of its own except in the minds of the infant's parents. It represents those wishes and longings that the parents bring to the child to fulfill. They project onto the child all those things that they hope will develop in him. In the very fact that the child is given a name, there is anticipation. The earliest Self arises out of an interchange between the infant's qualities and the selective responses of the parents (selfobjects). Certain potentialities of the infant are encouraged and others are discouraged.

As a result of this process, a core Self, the "Nuclear Self," is established during the early years of life. The Nuclear Self contains components from the Idealized Self and the Grandiose Self and has the potential and the capacity for self regulation.

The infant is unaware of the parents' role. He is aware of pleasure and lack of pleasure. He is aware of homeostasis--of stability and of disruptions in that stability that lead to increase or decrease of tension. These feeling states of the child need parental monitoring. The tension states experienced by the child must be regulated by the parents. It is their responsibility as the selfobject to assure a reasonable homeostasis with the child. The parent functions as a tension regulator by monitoring

the needs of the child through empathy, and by performing this function, helps the child to become capable of internalizing the tension regulating mechanisms.

In addition to the function of tension regulation structures that are internalized, there comes from the idealization of the parent the acquisition of ideals. These ideals are the residue of a set of values. If there has not been a premature disappointment in this idealization, the older child will emulate the parents and try to acquire those characteristics that seem admirable to him. Gradually, and over a long period, the child begins to assemble a set of values that are above those of everybody else--that is, his own ideals.

Kohut states that the internalization of the experience of selfobjects is not one which a person outgrows. The need for connectedness is always there but acquires a more socially acceptable form that allows people to retain a sense of communion by joining groups that uphold those ideals. It is a less urgent need, less intense and less personal, but it is nonetheless a connectedness. Ideals become the representative of the self-object to which people continue to be attached throughout life.

According to Kohut's view of the bi-polar Self, ideals are an important aspect of everyone. Ambitions, which are transformations of the person's grandiosity, are also major components, and lead to the achievement of ideals.

During early infancy the child is presumed to be merged with the caretaker in a kind of experience, that enables him to maintain a state of bliss. It is more than tension regulation, more than the absence of pain, more than the experience of feeling good. The child's focus is on himself and the positive experience, the blissful emotional state he is experiencing. From an adult

perspective, the child is responding in a self-centered, grandiose way, oblivious to anything outside himself, as though the environment were designed to provide for him.

As the child leaves infancy, the phase of "twinsip" develops, during which time the child develops some cognition of another person. However, his main focus is still on himself. He acts and feels as if he is the center of the universe. He demands and commands. He explains all others' behavior in terms of his own experiences; that is, everybody is a twin.

The child's grandiosity is tinged with enthusiasm. The experience appears to be one of joy and pleasure. The child performs as if being applauded. The child is discharging his exhibitionism in a way that gains him positive recognition. In later life the desire for recognition is a remnant of this grandiosity.

The twinsip phase of the grandiose Self of the child is not only self-centered, but contains the belief that others think exactly as he does.

As the child continues to grow, he slowly relinquishes some of his self-centered grandiosity but continues to need praise and affirmation in order to feel good about himself and not feel cut off, lonely, and injured. This is called the mirroring phase of development. The parents as selfobjects acknowledge the child's need to be exhibitionistic so that the child can experience the self-confidence and self-assurance that comes from having been admired, having been considered significant and important. If the mirroring from the parents has been appropriate and bit-by-bit, the child feels ambitious and self confident. The integration of talents and capacities, along with praise and recognition leads to a realistic sense of self-esteem.

Ideals and ambitions must be joined to reality to bring about a realistic sense of self-esteem. The balance between ambitions and ideals leads to healthy self-esteem.

SELF PSYCHOLOGY

As It Applied To Women's Self-Esteem

Kohut does not assume biological determinism nor an evolutionary value system of preservation of the species. Unlike Freud and his followers he does not deal with constitutional givens nor try to formulate psychosexual development. Since his theory is not phallogentric it offers opportunities for the individual of either sex, especially the girl, to develop self-esteem.

Self psychology assumes that humans are born with assertiveness or "biological predisposition to activity." (30) The biological given for self psychology is not the raging, destructive baby. It is, rather, the assertive baby, whose aggressions are a constituent of the firmness with which he makes the demands through his selfobjects. (31) Rage is not viewed as primary, but the healthy, securely-expressed assertiveness of the baby announcing his wants is viewed as innate. "The baby does not develop confidence, he reestablishes it." (p. 119 *ibid.*)

Self psychology asserts that the science of complex mental states is psychology and not biology; whereas, classical theory views the primacy of the drive and the taming of that drive as being the central focus for clinical attention. When the human's untamed, uncivilized sexual and aggressive drives are seen as the bedrock of human nature, then drive-taming and domestication of these drives become the tasks of the clinician. (32)

This assumption of human nature pervades the value system of the classical theory and sets it apart from self psychology. In this author's view, the

difference in value systems of the two theories accounts for the observations by the clinician and the significance given that data in the picture of women. The Oedipus Complex no longer occupies a central position in the self psychology framework. Viewed from the historical perspective of psychoanalytic theory about women's development, the question arises: if the concept of the Oedipus Complex has applicability to clinical data, what is its significance?

The Oedipus Complex with its perception of a child crumbling under the impact of castration fear--or fixated on penis envy--is unlikely to be a primary maturational necessity. Rather, it is seen as only the frequent result of frequently occurring failures from the side of narcissistically disturbed parents. The parental selfobjects' failures to be empathic with the whole self of the child has disintegrating results. This incapacity of the selfobjects to respond to the whole self of the child results in fragmentation and isolated drive experiences. The whole self of the oedipal child whose primary affectionate and competitive assertiveness is not responded to by the selfobjects begins to break apart with isolated sexualized preoccupation with what has been, heretofore, termed penis envy.

Kohut strongly implies that penis envy becomes a symbol for the power that becomes isolated and fixated upon by the girl child when her search for the merger with the idealized omnipotent selfobject fails. He gives the following explanation from his book Restoration of the Self:

When the child's search for the idealized omnipotent selfobject with whose power he wants to merge fails, owing to either its weakness or its refusal to permit a merger with its greatness and power, then again, the child's healthy and happy wide-eyed admiration will cease, the broad psychological configuration will break up, and isolated sexualized voyeuristic preoccupations with isolated symbols of the adult's power (the penis, the breast) will take over. (p. 172)

In Kohut's article, "The Self in History" 1974 (1978) (33), he states that classical analysis would have explained the absence of a penis in the little girl as being of crucial importance in psychic development leading to such a severe wound in self-esteem that later self-confidence remains low and idealizability therefore lessened. He goes on to state that in his view the narcissistic injury that is connected with the absence of the penis in little girls occurs only in relation to a series of deeper narcissistic wounds. He states that a child is much more significantly influenced by the empathic attitude of the grownups around her than by the givens of organic equipment. In this article he states:

A mother's and father's admiration of a little girl as a little girl, in her sweetness, in her future bearing of children, in whatever potentials of her femininity she displays, will provide her ultimately when she becomes a woman with the same degree of security and idealizability that the man has--if he was accepted by his admiring and happy and glad parents when he was a little boy, even though his penis was small. The importance of the matrix of empathy in which we grow up cannot be overestimated." (p. 777)

In his article, "On Female Sexuality" 1975 (1978), he states that it is not recognition of the girl's lack of a penis that is the cause of serious disturbances of self-esteem in women. Rather, it is the recurrent depressive sense of not being up to par, of being castrated that "grows on a soil of broader and deeper narcissistic deprivations." (p. 791) (ibid.)

Kohut's primary focus is on the "pre-oedipal" development of the child and with the child's interactions with the parents. In so doing, Kohut focuses on a particular kind of learning that takes place as the child grows and interacts with the parents. This learning of the child is that of slow and phase-appropriate learning of certain functions from the parent(s) who

share an empathic bond with the child. In turn the parents gradually impart those major functions of self mirroring and self idealizing. Through the empathic attunement with the child's needs, the parents gradually and over a period of time withdraw those functions as the child increasingly performs them for herself.

The "bedrock" of psychological experience is the presence of responsive selfobjects without which the normal woman and human cannot survive. It is the self-selfobject matrix that becomes the primary configuration in this theory. Unempathic responses or the absence of selfobjects may cause the woman's Self to fragment and to become preoccupied with disintegrative products, one of which is penis envy. The expression of the ill-defined yet intense and pervasive anxiety that accompanies a break in the empathic tie results in fragmentation, loss of initiative, a sense of meaninglessness, and a drop in self-esteem.

The nucleus of the woman's anxiety is related to the fact that her Self is undergoing an ominous change. The intensity of the drive is not the central pathology, but its result. Her preoccupations with penis envy have been generated as the result of her attempt to give a circumscribed content to a deeper, unnamable dread experienced when a person feels herself disintegrating and becoming enfeebled.

The deepest level to be reached is not the drive, but the threat to the organization of the Self, the experience of the absence of the life-sustaining matrix of empathic responsiveness of the selfobject.

In his book, Restoration of the Self, (1977) Kohut provides the reader with a case vignette of Miss V. who came to him after a previous analysis during which the investigation of penis envy had played a major role.

Miss V's low self-esteem and feelings of discouragement and hopelessness had been interpreted in that analysis with Freud's formulation as an inability to accept her femaleness. The analyst felt that Miss V. was still yearning to acquire a penis and that her hopelessness and low self-esteem were a result of her inability to reach that goal.

Kohut states that Miss V. relates a dream to him "that she was standing over a toilet urinating and, vaguely, that someone was watching her." (p. 220) She had had similar dreams with her former analyst who had interpreted them as a wish to have a penis and to urinate standing up like a boy. Based on Miss V's associations and Kohut's knowledge about her personality and childhood, he commented to her that her dream and her associations to it seemed to portray feelings about her experience with the former analyst, and some crucial issues of her childhood. Because of his knowledge of Miss V's past, he went on to tell her that he did not feel her dream was primarily about sexual matters, but rather an attempt to extricate herself from her relation with her bizarre and emotionally shallow mother and to turn to her emotionally more responsive and down-to-earth father. Kohut relates that the associations elicited by his remarks brought unexpected confirmatory memories from Miss V.

Kohut states that Miss V's essential wish in the analysis was not primarily one of obtaining a penis-baby from an oedipal father, but rather to gain his support in order to overcome her mother's influence. Her primary wish was to gain her father's support for direct and strong contact with the world. She wanted from her father those psychological structures that would allow her to be joyful and alive in sexual and nonsexual areas of experience.

While the girl child's sexuality is not ignored by self psychology, this theory does not see that aspect as the primary one. Rather, penis envy is

seen as a phenomenon secondary to disturbances in the self-selfobject unit. Its meaning becomes understandable only when seen from the point of view of human need for selfobjects throughout the whole of life.

In Kohut's paper "A Note on Female Sexuality," (1978), he states:

"If. . .the self is poorly coherent because it was deprived of the mirroring acceptance of its totality and of the opportunity to merge with an accepting idealized self-other, than the injury to phallic exhibitionism will lead to a significant (depressive) lowering of self-esteem, and, in turn, to (paranoid) chronic rage and destructiveness. And in the obverse; if there is empathic mirroring acceptance of the little girl's self, if she can merge with the idealized admired parental image, then the recognition of the sexual difference will cause no permanent harm, will not lead to a lasting disturbance of narcissistic equilibrium." (p. 791) (ibid)

The difference in therapeutic climate in Kohut's handling of Miss V. compared with that of Miss V's former analyst is determined by the values held by each. The two theories represented in this vignette reflect these different values.

The classical theorist's assumption that there is a single line of development leading from narcissism to object love colors the outlook of the therapist in his formulations of the therapeutic aims especially for the female patient. There is an implied morality that normal development is characterized by the transformation of narcissism into object love. This morality is based on the premise that nature has its procreative plan and that those who defy it are suffering from some degree of pathology. The classical theory, in effect, acts to guarantee the procreative outcome assumed to be inherently purposeful in human nature. The Oedipus Complex is the central conflict of the classical theory, and thus the central focus of the clinician who follows this theory.

The unbridgeable difference between classical theory and self psychology is the basic outlook regarding the nature of humans and the significance of a person's unfolding life.

Classical theory holds that aggressive tendencies including the tendency to kill are deeply rooted in the biological make-up. Aggression must be considered a drive. Further, classical theory sees sexuality as a basic drive for humans and woman's intrinsic qualities as being based on that drive. Humans are viewed as aggressive, unsuccessful in taming the destructive impulses. The task of the clinician is to focus on these drives and to tame them. Self psychology sees aggression as a disintegrative product of the Self when there is a disruption in the self-selfobject relationship. The focus for the Kohutian clinician is the exploration of events that triggered the threatening dissolution of the Self and the primary psychological self-selfobject matrix.

Self psychology aims at an aspect of people different from classical theory. The assumption in this theory is that the Self is the center of independent initiative--a psychological organization held together by a Self whose nuclear program (determining its potential destiny) attempts to fulfill itself in the course of life. From the view of the psychology of the Self, the focus for human development is not biological drives, nor the Oedipus Complex, but the continued firming of the developing Self. The goal of therapy is to allow the patient to become sufficiently empathic with herself and to recognize the genetic context in which the rage arose and in which the guilt had been reinforced.

By focusing on the woman's fixation of penis envy, the classical therapist is focusing on the disintegrative parts of a female's self and inadvertently repeating the unempathic mistakes of her genetic selfobjects.

In Restoration of the Self (1977), Kohut states the following:

"I do not believe that the castration threat (the male's repudiation of passivity vis-avis another male; the female's repudiation of her femininity) is the bedrock beyond which analysis cannot penetrate. The bedrock is a threat that to my mind is more serious than the threat to physical survival and to the penis and to male dominance: If the selfobjects' selective responses have not laid down the usual nuclear self in the boy or girl, but have led to the acquisition of nuclear ambitions and ideals that are not characterized by the primacy of phallic-exhibitionistic physical survival and triumphant active dominance, then even death and martyred passivity can be tolerated with a glow of fulfillment. And in the reverse, survival and social dominance can be bought at the price of the abandonment of the core of the self and lead, despite seeming victory, to a sense of meaninglessness and despair." (p. 117)

The expressed aggression through a woman's fixation on penis envy reflects the early developmental level at which the original self-selfobject experience occurred. Instead of internalizing the psychological increments of self-selfobject experiences in the form of a new psychic structure, the girl child substitutes a reliance on a physiological symbol.

This symbol serves only as a functional substitute for the missing psychic internalization. The Self functions of the child remain sexualized and physiological. When this occurs, the capacity for Self management has increased as she takes on an appendage not her own, and there is a greater grasp of the child's own ego, but at the price of unconscious fixation on disintegrative mechanisms. Penis envy, depression and low self-esteem are revivals of reactions to empathy failure from the side of the selfobjects of childhood.

Self psychology takes human behavior out of the realm of biology and defines the "bedrock" of human experience as the cohesive infantile self--maintained as part of a self-selfobject configuration with the parenting

figures. The assumption here is that the threat of destruction of this cohesive, infantile self, once achieved, is the earliest and ultimate danger faced by humans. It is a more fundamental fear than castration anxiety, separation anxiety or guilt. Traumatic states, if massive enough, and catastrophic over-stimulation may produce an experience of such magnitude that it temporarily destroys the cohesive stability of the earliest Self. If the cohesive Self is missing, then there is no human psychology as such. There is left only stimulus-response transactions that are most likely genetically prepatterned and more akin to the assumptions of classical theory.

Drive theory is reductionistic as a theory of female behavior because it tries to define human behavior in terms of instinctual and psychoeconomic concepts that refer to the discharge or reduction of tension occurring in heterosexual genital love. This theory holds that the bedrock of human drives is uncivilized rage and sexuality. Drive theory focuses on disintegration products from a fragmenting Self. For women in therapy, drive theory reinforces the unempathic responses from her past and keep her in a continuous state of fragmentation.

Self psychology, however, shifts the emphasis from a preoccupation with the pathological toward a focus on the potentially healthy adaptive aspects of personality by stressing that the narcissistic sector of the personality has adaptive value. In so doing, self psychology found that it was no longer necessary to view narcissism as predominantly pathological.

With this theory, there is a decisive shift away from the pathological. The Self is in the center of the personality and the degree of fulfillment of the basic program of the nuclear Self becomes the measure. The goal of self psychology is the replacement of deficits in the patient's Self structure

by appropriate self-selfobject relationships. Narcissistic rage in response to narcissistic injuries becomes a secondary manifestation--a breakdown product of healthy aggression, rather than an untamed primitive drive.

The self-selfobject configuration becomes the unit for further exploration by the self psychologist, as the Self traverses the life cycle and unfolds.

The assumption that the Self can live only in a matrix of selfobjects and that selfobject support brings a sequential improvement of functioning, leads to further questions of the value system of psychoanalytic theory. No longer is there a "maturational morality" in the Self's developmental life history, starting from the position of helplessness, dependence, and shameful clinging to a position of power, independence, and proud autonomy.

The presence of a milieu of responsive selfobjects is a necessary precondition of psychological life. The normal human being is psychologically constituted to survive in this milieu. If this selfobject matrix is absent during any point during a human's lifetime, the Self will be endangered, may lose its cohesion and its ability to be assertive and creative.

Heretofore, classical theory and its derivatives held that a hierarchy of values existed in the psychosexual development of humans, both in the individual's own history as well as in the history of civilization. The moral-developmental ideal was that an individual progressed from the infant's helpless, dependent position into the ideal position of independence and autonomy, taming the drives and asserting intelligence on the way.

We now question the moral tenet that the move from dependence to independence, from narcissism to object love, is the move toward health and maturity. A shift in attitude in the clinical setting occurs as a concurrent shift in relativistic values takes place.

Clinicians who hold to classical theory and derivatives thereof, make the assumption that human life moves forward from a position of helplessness, dependence, and shameful clinging to a position of power, independence, and proud autonomy. Furthermore, they hold that any expression of those undesirable features that persist into adulthood are expressions of infantilism or psychic immaturity due to the failure to move forward in development or to a frightened return to weakness, dependence, and clinging attitudes. There is a hidden value system that is in accordance with Judeo-Christian and Western society.

As seen by the psychoanalytic self psychologist, the varieties of normal development do not rest on a "separation of self and object." In this theory, the focus is not the achievement of the separation of the Self from its selfobjects but, on the contrary, the reentering into the course of the line of development of self-selfobject relationships at the point where it had been traumatically interrupted in early life.

This author questions whether girls are encouraged to phase-appropriately experience the level of autonomy considered normal for boys, as stated in classical theory. While men and boys are encouraged to move out of dependency, many women are encouraged to remain in this state and eventually to transfer their attachment to a male figure. The suggestion here is that the parameters of the female's development are not the same as the male's and that the same terms do not apply. Further, the female parameters are more closely aligned to the views of theoretical tenets of self psychology.

Whereas many boys are encouraged to develop an attitude of curiosity, exploration, and following their own bent, many girls are systematically taught that it is desirable to please others and conform to the expectations of others.

Many women come from the position in which their own nature was defined for them by the needs of others. As a consequence of society's value, serving others has become a central part of fundamental form in which many women's ties are structured. Under society's values, the organization of one's life around serving others is a central factor for women and their psychic structures are organized around the principle that they exist to serve other people's needs--first men, and later, children. Consequently, these women experience an intense need to attach themselves to powerful figures in order to feel alive and that their life has meaning. For these women, pride in themselves is equivalent to how much people need them, and this becomes their only source of self-esteem. Furthermore, a central feature for many women is that they must develop in a context of attachment and affiliation. Affiliation becomes as highly valued as self-enhancement.

It may seem a commonplace observation that many women have come to believe they must serve others. It is not often noticed that most women cannot tolerate or allow themselves to feel life activities for themselves. It also runs counter the view of traditional society and classical theory on psychological "health" independence and autonomy have been given great value in our culture, and attachment to others has been viewed as a regressed state of affairs.

For many women, the traditional view of autonomy carries the implication that one should be able to give up affiliations in order to become a separate, self-directed and solitary individual. The woman now in transition is struggling toward finding the ability to encompass relationships to others, along with the fullest development of herself.

This dilemma is reflected, for example, in the language of Mahler's separation--individuation theory. Kohut comments on the confusion which

arises in trying to apply biology to psychological formulations. In the book Advances in Self Psychology, edited by Arnold Goldberg (1980), Kohut comments that Mahler's term "symbiosis" means that two biological units are viable only if they live together. Although Mahler uses the term in her findings, her studies focus on the sociological-interaction, transactional terms. While the meaning of the term "symbiosis," placed clearly within an interactional framework, is unambiguous, the meaning of the term "individuation" is not. On the one hand, as a move away from symbiosis, it contains the assumption that living together is no longer necessary for survival and that separateness has been achieved by both. On the other hand, however, the term "separateness" carries a psychological rather than a biological meaning: the formerly dependent unit is not claimed to have become independent in the sense of separate biological or social survival. The independence to which the term refers is an inner feeling state, and a significant inconsistency has crept in. The dilemma is one for those observers who formulate these statements out of conflicting commitments to biology and psychology and who implicitly subscribe to a set of values. These values are on a continuum which begins with a clinging dependency (or "bad") to the other end (self sufficiency or "good").

Self psychology, as a psychoanalytic theory, does not view the essence of human development as a move from dependence to independence, from merger to autonomy, or even as a move from no-self to Self. Human rage and greed are seen as phenomena secondary to disturbances of the self-selfobject unit. Accordingly, the focus of attention for self psychology is not merely the move from symbiotic existence to individuality, as if this phenomenon represents a primary configuration. From the vantage point of self psychology, this phenomenon is secondary, its meaning and significance becoming understandable

only when seen from the point of view of the human's abiding need for selfobjects throughout the span of life.

In accordance with this theory of self psychology, it becomes apparent that for both men and women, individual development proceeds only by means of affiliation throughout life. Self psychology offers an outlook on human development especially that of woman, that incorporates the idea of the development of an accurate sense of effective individuality as part of a process of interacting equally with others. Combining self-development with service to others seems an impossible task. However for many women it is an attempt to balance their particular values with their individual ambitions leading to a feeling of self worth and self-esteem.

The self-selfobject matrix which is the bedrock of human experience for the self psychologist offers the opportunity, especially for woman, to view her connectedness and affiliations with others as a normal and necessary experience out of which further growth proceeds. At the same time, her search for greater Self regulation and Self governing internal structures does not preclude her association with important others.

Whereas in the classical theory, attachment and loss were viewed as the crucial issues in internalization for the personality, self psychology's concept of transmuting internalization allows the woman to take in those functions of self-mirroring and self-idealization from her human milieu and yet remain associated in a more complete way with significant others.

As Marian Tolpin states in Advances in Self Psychology (1980), "Kohut's baby is not dependent, clinging, or weak, but independent, assertive, strong-- it is psychologically complete so long as it breathes the psychological oxygen provided by contact with empathically responsive selfobjects and, in

this respect, it is no different from the adult who is complete, independent, and strong only as long as he feels responded to." (p. 481)

CHAPTER III

THE IMPACT OF THEORY ON TREATMENT

Classical theory offers to the woman patient the values of a patriarchal society that saw womens' primary function to be reproduction. This central function, although in accord with the values of patriarchal society, is now rapidly changing, calling for a psychoanalytic theory that offers a broader perspective on human growth potential, especially the growth potential of women. The patriarchal society, and with it, classical theory, offered women a type of self-esteem that was derived through the social prominence of her husband as well as the accomplishments of her children.

Classical theory, with its emphasis on the single line of development leading in psychosexual stages, to object love, may have inadvertently reinforced womens' need for self-esteem through their husbands and children. This theory with its implied values in treatment, reinforced womens' tendency to externalize their need for self-esteem through others. It thus kept many women in a state of merged attachment to those idealized others who defined her value by society's criteria.

Because classical theory is psycho-biological, it views women narrowly in terms of biological-sexual function. In so doing, classical theory and its derivatives limit the growth potentials of today's woman. By focusing on the Oedipus complex which classical theory believes to be the central human conflict, the clinician inadvertently focuses on those aspects of a woman dealing with her sexuality and keeping her total Self in a state of fragmentation.

Self psychology offers the opportunity for growth to both men and women. It is particularly suitable for today's woman because it does not assume a

biological determinism. It is relatively value-free and no longer sees the central function of women as being reproduction.

Further, the "bedrock" psychological experiences of the self-selfobject matrix coincide with women's affiliative tendencies. Whatever the reason for this affiliative proclivity in women, it enables them to form a selfobject tie in the transference. Self psychology offers treatment that is most suitable for women because of their affiliative tendency and allows for the bit-by-bit transmuting internalization of the self-esteem once externalized onto others.

This author recognizes that many analytic theorists have paid increasing attention to "pre-oedipal" issues: for example, the oral, anal phases talked about by the Kleinians. Other theorists, such as Searles and Giovacchini, who work with relatively disturbed people, also concentrate on "pre-oedipal" issues. However, this author feels that adherence to drive theory, with the tenet of a single line of development from narcissism to object love, and the primacy of the drive, leads these analysts to accept all the values of drive theory. If drives and drive taming are basic, then the task of the clinician becomes the gradual domestication of the drives. Further, these theorists hold a pejorative view of narcissism and regard it as a path toward transformation to object love. Thus, the implicit values held by drive theorists inevitably have a bearing on their clinical work, especially with women. Drive theorists of necessity must focus on the aggressive and sexual drives of the woman and continue to view the Oedipus complex and genital love as the pinnacle of psychosexual development. The theory fosters the clinical focus on sexuality of women. In this

author's opinion, the emphasis in the theory on drives perpetrates the state of fragmentation in the woman in treatment--as only one aspect of her psyche is dealt with.

The focus on the self-selfobject matrix allows both the theoretician and the clinician to address those very important "early," "pre-oedipal" relationships, and provides for further exploration of the components that exist in the mother-daughter relationship.

This author speculates that for many contemporary women taught to derive a sense of self-esteem through others, the mirroring transference with the clinician in the selfobject relationship will be especially important in the treatment process. This type of woman, whose core Self has not been mirrored in its totality by her parents or by her society, can be helped to transmutingly internalize the functions of self-confirmation and self-approval leading to a greater sense of self-esteem and self-value.

It is interesting to note that aside from the case of Miss V., reviewed earlier in this paper, all of the cases of women discussed in the literature of self psychology formed a predominantly mirroring-type selfobject transference. In this author's own relatively brief application of the self psychology framework in her clinical experience this also has been the situation.

The case presentations on the following pages represent summaries from the literature as well as the author's own professional experiences utilizing self psychology's self-selfobject transference in the treatment process with women.

CASE OF MRS. A.

Mrs. A. is a self-referred 32 year old woman separated from her husband. She had a one-year old son, and came in because of intense feelings of anxiety and depression. Mrs. A. was seen once a week for two years.

In appearance, Mrs. A. is of medium height, moderately overweight, with long blonde hair, and blue eyes. She dresses casually in slacks and blouse. Mrs. A. had a Bachelors' degree in Political Science and had worked as a writer until the birth of her child. She had been married for five years but problems developed in the marriage after the birth of her child. She had recently moved with her child back to her parents' home.

Mrs. A.'s parents were both professional people. She was the youngest of three children, and had two older brothers. She described her mother as a "matter-of-fact," very definite type of person who "knew what was best" for Mrs. A. In contrast to her mother, her father was described as being a passive person who was "just there" and about whom Mrs. A. had no strong feelings.

Mrs. A.'s stated reason for seeking help was her great anger toward her spouse from whom she felt she received little emotional or practical help. She felt angry, inadequate, confused, and deprived.

In manner, Mrs. A. was nervous, talking rapidly and shifting herself uneasily in her chair. Initially, she expressed anger toward me for not having returned several calls she had made to me within a specified time period and also complained about the time of the appointment. She had previously been in therapy with three other therapists whom she felt had frustrated and disappointed her and she began at once to have the same problems with me. She acknowledged that she looked for support and reassurance from people and angrily stated she never got it.

Mrs. A. remained sarcastic and derogatory with me, devaluing anything I might say to her, complaining that I was not reassuring and did not offer advice. Mrs. A. complained that despite feeling helpless, deprived, ungiven-to, wanting more, she seemed unable to receive.

In spite of Mrs. A.'s chronic sense of injury and her intense need for reassurance, I did not feel that she was infantile or borderline. Initially, I saw Mrs. A. as having a strong ego, evidenced by her college degree, her ability to obtain and hold down a demanding job as a writer, and her marriage relationship of five years duration. During this time, I had begun reading Kohut, and eventually I began to see Mrs. A. as a Narcissistic Personality Disorder.

One year into my work with Mrs. A., she began telling me that she was thinking about changing therapists again, feeling that I was so unyielding that there was nothing to be gained by staying in therapy with me.

In light of Kohut's description of the mirror transference, I began seeing Mrs. A.'s complaints and demands for reassurance as stemming from a distortion in her view of herself which resulted in her inability to provide the mirroring confirmation essential for her self-esteem and enjoyment of herself.

I acknowledged to her that something was amiss in the way I had been hearing her protests and that my responses to her seemed not to be helpful. I told her that I thought it had more to do with me than with her, and went on to say I thought I had disappointed her in much the same way as her parents. With noticeable relief Mrs. A. confirmed this. She continued by comparing the disappointments with me to her many past disappointments. In particular, she felt that her mother had never accepted her for herself but only for the functions approved by her mother. I asked if she thought I had expected her to behave "a certain way" in the therapy sessions. She answered affirmatively, and the sessions continued.

She had moved back to her parents' home after her marital separation.

and in her sessions she continued telling me of the disturbing nature of her past and current relationships with her mother.

Her mother was a child psychologist whose main message to Mrs. A. was that if she could "understand" the reasons for her feelings, her feelings would "go away." That is, if Mrs. A. could only find sufficient reason for her anger and disappointment, she wouldn't feel that way any longer. Mrs. A. compared my way of "interpreting" her rage early in treatment with the message that had been drilled into her all her life by her mother. This left her feeling drained, criticized, and enraged.

In retrospect, I began to see how I had perpetuated in the selfobject transference what her mother had done to Mrs. A. I had made statements about her feelings such as, "It seems to me you tend to idealize your mother and then become greatly angered when she doesn't live up to your expectations." This sounded like an explanation, a reason for her feeling and therefore should be enough for her not to have those feelings. My interpretations, in other words, were seen as reasons given to her for her not to feel, and were experienced as criticisms of her feelings. This felt criticism then brought about her anger with me. I began to see that my interventions were, indeed, explanations given to her.

I shifted my way of listening to Mrs. A. and began recognizing with her what it was she wanted--namely, understanding, recognition, approval, and admiration for her activities in her own way and at her own pace.

Because I was finally able to listen empathically and to understand her complaints as originating in the selfobject transference, her demands for reassurance lessened.

There emerged the theme of her feeling that she had to meet the demands and expectations of others and that this had a historical significance. Her

need to be seen of value for who she was and what she felt had consistently gone unmirrored. She was painfully disappointed by her parents' lack of response to her normal childhood wishes and needs. She began to understand that whatever responses she received from her mother were given out of her mother's need to give rather than Mrs. A.'s need to receive. As time went on, I began to hear how Mrs. A.'s feelings had never been mirrored, recognized, nor valued, and I could then understand with her the meaning of her rage.

Her need for her own tension regulation developed bit-by-bit each time she felt disappointed with me or thought I was in some way disappointed with her.

CASE OF MRS. C.

Mrs. C. is a self-referred 30 year old separated woman with two young children. She came in for depression and apathy. I saw her once a week for a period of eight months.

In appearance, Mrs. C. is a petite, unusually attractive woman neatly and tastefully dressed in casual but fashionable clothes. She was hesitant in manner, and timid in her speech. She was reserved, serious, poised and controlled in speech and behavior. She seemed more comfortable talking about how to cope with her older son whom she felt was depressed and uncommunicative with her. She and I spent some time talking about this ten year old and his reaction to his father's imprisonment. Although the imprisonment had occurred two years ago, the family had not seen Mr. C. until two weeks ago when they went to visit him. It was at this time that Mrs. C.'s oldest son became quiet and sad.

Eventually, Mrs. C. became more comfortable talking about herself directly and told me that her husband of eleven years had been involved with some unlawful business dealings for which he was arrested and imprisoned.

Mrs. C. expressed confusion and ambivalence about whether or not to divorce her spouse. Her husband (thirteen years her senior) represented excitement, fun, and playfulness. He was also described as being the dominant one in the marriage, making decisions about where the family would live and how money was to be spent. Mrs. C. found herself having to take over the financial responsibilities that he had carried until his arrest. This she did by eliciting help from her parents.

The dilemma for Mrs. C. was not knowing what her "real" feelings were for her husband and for her life, finding herself in a state of indecision about whether or not to allow him back in the home upon his eventual release from prison. Further, she was unaware of what her feelings were about many things.

Mrs. C. was the youngest of three siblings. Her parents never expressed their feelings either to themselves or to their children. Although considered by her family and friends to be "pretty" she felt she had to maintain that image to her friends and family and not break out of that mold with any expression of fear or confusion, revealing what she thought would be "unpretty" feelings. In retrospect, she said she never had anyone to talk to or to confide in and usually did what was expected of her. She had made several attempts to talk with an older sister about her current situation only to be met with much advice-giving and derogatory comments about Mrs. C.'s naivete.

Mrs. C. became increasingly aware of an underlying lifelong assumption and belief that what was expected and became her goal in life was to attract a man, get married, have children, and live as wife and mother the rest of life. This, she felt, had been her comfortable existence up until the shocking awareness two years ago of how her husband had earned a living.

Mrs. C. would often ask during her sessions whether her feelings were "normal" and would wonder whether she had a right to have these feelings. My initial work with her was to listen with her to the tremendous disappointment of her plight and to confirm her right to experience hurt and disappointed feelings.

Over a period of time, I began exploring with Mrs. C. her need to validate her internal reality by seeking reassurance about the normalcy of her feelings and the "rightness" of her thoughts. At one point, she related to me a feeling of strangeness about herself--alone, different--a very pretty, but isolated woman. She likened her questioning of me (and even her coming to the therapy sessions) to that of coming home from school and telling her mother what had happened to her that day. Her mother would just sit and listen--as though from another world. Mrs. C. felt somehow detached and strange as though she was expected to be a pretty object to be seen but not heard. By asking for my reassurance and recognition of her feelings, she felt more "real" and in touch with her own internal reality. She slowly began to feel that her own initiative was the problem, as it never occurred to her to do things for herself. She had assumed that others knew better than she; therefore, she should do what was expected by others.

As time went on, Mrs. C. became increasingly aware of how she had never really learned to be in touch with her feelings. For once in her life she felt that someone understood her, that she was beginning to understand herself, and that the communication with her ten year old son, in particular, was much better. Further, her ambitions to become an artist started unfolding as she considered her life with or without her spouse.

CASE OF MRS. R.*

Mrs. R. was a 33 year old married woman who sought psychoanalysis for a chronic depressive mood, and a sense of dissatisfaction with herself both physically and intellectually. She also suffered from a mild agoraphobia. She felt inadequate as a mother, inferior to most other women, and helplessly timid.

Mrs. R. was a gently pretty, shy-mannered woman who appeared younger than her actual age. She dressed attractively and spoke in a soft voice. She was bright, had had little difficulty in school, but became increasingly shy and anxious.

Mrs. R. was the middle child of three with a brother seven years older and a sister three years younger. She was born in an upper middle-class family and raised in an area where she developed a love of the beauties of nature. Her father was a mining engineer who was quite attached to the patient and hoped that she would marry a socially prominent, well-to-do man, live in a nearby community, become a contented housewife. Her mother is described as a housewife who was involved in organizational work. She preferred Mrs. R.'s younger sister who conformed to mother's "perfectionistic" demands for social conformity.

Following graduation from college, Mrs. R. worked for about a year until she met and married her present husband who was reasonably acceptable to her parents. After the birth of her first child, there was a recurrence of a chronic, low level depression, a sense of empty dread and dissatisfaction with herself and her life and a feeling of uncertainty about everything she did.

*(This is a summary of the case of Mrs. R, found in the book edited by A. Goldberg, The Psychology of the Self-A Casebook (1978). This case is entitled, "Commentary on the Analysis of a Hysterical Personality." For the richness and fullness of details of this case, the reader is directed to the above reference.)

Mrs. R. sought psychoanalysis, which was characterized by an idealizing, sexualized transference which Mrs. R. thought, in retrospect, was like an adolescent, erotized infatuation with a sophisticated, protective older man who would "fulfill" her and was always available to her. A move away from the city in which her analyst resided necessitated the end of that analysis.

The current analyst felt that Mrs. R. required a selfobject relationship with an idealized man to maintain a feeling of inner stability and self-value. An early shift to a mirror transference in a merging form dominated most of the analytic work.

Mrs. R.'s development had been severely disturbed by her mother's concealed pathology and by her sister's birth. The latter event shifted an already relatively unempathic mother's attentions further away. Mrs. R. then turned to her father with feelings that combined mirroring wishes with idealizing needs. The erotization of her transference to the previous analyst as well as to other men was in part in consequence of the earlier inadequate modification of both these narcissistic lines. These transferences had become admixed with early drive impulses manifested as transference sexualizations. These erotizations gave the patient's pathology the manifest characteristics of a hysterical personality disorder. The patient's difficulties did not simply stem from an oedipal struggle but rather seemed to arise from a chronic sense of deep injury and deprivation, a consequent sense of deficiency of normal self-regard and self-value, and an inadequate set of reasonable internalized goals. Lacking these, she relied on fantasies and magical supplies (responses) from idealized and mirroring others and on conscious and unconscious grandiose conceptions of herself which were highly vulnerable and easily shattered. The easy collapse of these

left her with a re-exposed, chronic sense of deficiency and a deeply buried and inhibited feeling of rage. An external selfobject seemed to be her primary source of gratification.

Mrs. R. thought her intense wish for ever-present responsiveness and reassurance was somehow related to her mother's self-absorbed chronic anxiety and her constant concern about the dangers in the world. She began to think that mother was getting things for her that she, mother, couldn't get or hadn't gotten for herself, that mother was doing it for herself and not in response to the patient's needs. The analyst's comment was that all that can be hard on a child, and without a store of such comforting experiences, later frustration is more difficult to bear. Further, that somehow she also was encouraged to, or was interfered with getting things on her own. That was complicated by her chronic low-level energy--a kind of depressive lethargy. The patient thought this latter idea was a revelation--that one had to feel good about oneself in order to feel able to work or that one has to work to get what one wants. Instead of working, she had had fantasies when she felt deprived. The fantasies relieved her depression but she didn't have to work to get results.

Mrs. R. turned from the hoped for response from mother to her own body or to fantasied responses from idealized men like father who would appreciate her and whose vigorous strength would also invigorate and fill her. These fantasies and dreams were part way down the road to the profound intensity of her need for emotional nourishment from the selfobject other. It was a staggering blow when she recognized over a period of time that she was neither an extension of her grandiosely unique mother nor the darling of her idealized father.

Mrs. R.'s needed transference image was that of an idealized, omnipotent, and mirroring parent who would appreciate and be deeply concerned with her desperate need for a positive admiring response and soothing reassurance. Anything less was inadequate for her.

Mrs. R. became sure enough of herself to start her own business. This enterprise acted in part as an organizing framework for her inherent abilities, her ambitiousness and wish to be a person in her own right. However, the threat of losing a needed bond with the analyst-mother alternated with her growing, healthy, independent behavior. Gradually a feeling of growing energies emerged from beneath the repressive barrier of her personality disorganization.

Negative transference reactions and a return to the merger grandiosity with the analyst-mother alternated with increasingly firm steps to healthy grandiose development. This back-and-forth went on for a long time and was a core therapeutic experience. Gradually she recognized that she was different from mother, that she need not be subservient to her or be exactly like her in order to maintain the covert bond she had previously required. This was a tie she had tried to deny by blatantly being different, or had attempted to maintain by suppressing her developing, independent self. By slavishly conforming to her mother's standards, she sought to remain a harmonious extension of her. In exchange for that loyalty she could remain a harmonious extension of her. In exchange for that loyalty she could expect a modicum of her mother's soothing, responsive, even sensitive presence.

Mrs. R. began to sense the reliable emergence of her nuclear grandiose Self which led to increasing self-maintenance of her self-esteem without the outside support responses on which she had always relied.

Mrs. R. had not been given enough of a sense of being loved, or of affirmation of the value of her Self in her developing years by her self-absorbed mother. Later her more responsive father was infantilizing and ultimately disappointing.

By termination of therapy, she had been able to a great extent to give up the split-off narcissistic merger with her conditionally approving but limiting and unreliable mother and her idealized sexualized relation to her more reliable father and to father substitutes.

With the analyst's more reliable responsiveness, and verbalized acknowledgment and conceptualization of her needs and wishes, Mrs. R. was helped to strengthen her deprived and shaky Self and to remobilize her previously inadequately responded-to or ignored (repressed) primary Self. She acquired a relatively stable sense of core value by way of consistent, overall positive, unshrinking, unretaliative responses by the analyst to her longings, her depression and her rage. The total response was not the love she had always hoped for, but it was close enough to enable the development maintenance of a resilient vital psychic life: self-love, in its best sense, was found reliably within herself.

CASE OF MRS..APPLE*

Mrs. Apple was an intelligent, well-informed, pert, attractive, pleasant-mannered woman of 31 years. She was neatly dressed in becoming

*(This is a summary of the case of Mrs. Apple, found in the book edited by A. Goldberg, The Psychology of the Self - A Casebook (1978). This case is entitled, "The Consolidation of a Cohesive Self." For the richness and fullness of details of this case, the reader is directed to the above reference.)

clothes and wore her hair in a casual style that suited her well. Her main complaint was depression as well as recurrent ulcerative colitis, a condition which she thought had been cured six years ago. With the reappearance of her physical problem, she began to feel tense and depressed. In spite of her main complaint of depression, Mrs. Apple was lively, energetic, and vigorous in manner.

Mrs. Apple had been happily married for ten years and was the mother of two sons, ages 7 and 5. Her husband was a professor of chemistry. Both partners enjoyed the academic community in which they lived and in which they took an active part.

Mrs. Apple described her younger son, Tommy, as being a source of concern. His aggressive, hyperactive behavior made her constantly enraged with him. She identified this child with her own elder brother who was subject to violent rages and conflicts with their parents. Mrs. Apple described her elder son, Johnny, as being just the opposite to his younger brother. Johnny was intellectually gifted and compliant.

Mrs. Apple was born in an upper class family. She has a brother three years older than she. Her father died in Mrs. Apple's young adulthood. He had been a doctor--someone she admired and wanted to be like. She finished college in microbiology, then considered a man's field. She said she had always wanted to be a boy, and further, to be a doctor like her father. After taking pre-med courses, she decided she couldn't be a doctor just to be like her father. She met her husband in her junior year and married him after she finished college and he received his Ph.D. She worked in microbiology until her first child was born. She recounted many achievements during her college years, holding down class offices, working for the school newspaper, and being active in various clubs.

Mrs. Apple's stated goals in analysis were her desires to understand herself better so that she could better manage her son, Tommy, and her mother. She also wanted to deal with the psychological cause of her ulcerative colitis.

Mrs. Apple was initially accepted for analysis of an oedipal problem complicated by a significant preoedipal regression. Interpretations to this patient frequently elicited explosive rage reactions and passionate protests. The patient went into a serious depression accompanied by open outrage at the disappointing analyst and at her mother and others who frustrated what she considered her legitimate desires for love and acceptance.

Mrs. Apple felt she was suffering from a deficiency in the ability to approve of herself and she regarded the acquisition of this missing "self approval" to be the task of analysis.

The analyst agreed with her regarding this deficit but viewed the feelings of deficiency as originating in a repressed oedipal and preoedipal conflict. The analyst felt these accusations against Mrs. Apple's mother screened jealous, competitive, and destructive impulses toward an ambivalently loved-hated and looked-up-to childhood rival for the father she loved so much. It seemed to the analyst that other accusations were aimed at the preoedipal mother who spurned her love and deprived her of the equipment bestowed on the favored brother. The patient began to behave like a woman scorned and misunderstood..

In view of Kohut's descriptions of the mirror transference, the analyst began to see in a different way the impasse in the treatment and the patient's transference. Mrs. Apple's complaints for love arose from a deficit in her inner psychological structure. Mrs. Apple's mother, suffering from a severe distortion of her own body image and chronic need to bolster her own image,

was unable to provide the mirroring confirmation essential for the child's healthy self-regard and enjoyment of herself.

When the analyst, now able to listen and hear the clamor as a legitimate one arising from childhood insufficiency, became the responsive mirroring selfobject to Mrs. Apple, there began and later concluded the consolidation of the "self approval" structure that Mrs. Apple had sought from analysis.

It was important for Mrs. Apple to know that the analyst understood the nature of the specific narcissistic injury she experienced in order that the transference and working alliance could develop. The analyst began to understand that by not understanding Mrs. Apple's endless accounts of narcissistic injuries by a mother who thought only of her own needs, she was unwittingly inflicting the same injuries. (Accounts in detail of Mrs. Apple's reports are included in the original report.) The analyst later became aware of how these details became vehicles of the subtle form of emotional deprivation being experienced again in the analysis. The patient's reactivated childhood demands to be seen and heard on her own terms instead of her mother's were continually being stimulated, frustrated, and rebuffed. It was this situation that resulted in the traumatic state that disrupted her cohesion and hope.

Mrs. Apple continued to elaborate on variations of the theme of her mother's not answering her question about babies, mother's accusing behavior when she once told her she kissed her date goodnight. She decided then she would never ask her mother anything. But when she asked the analyst about her analytic philosophy, the analyst drew a connection between Mrs. Apple's resolve not to ask her mother anything and asking a direct question of the analyst. The analyst asked Mrs. Apple what it was she wanted to know and

answered directly to the question, going on further to state that it was understandable that she wanted to know in view of her schooling herself in not confiding, yet entrusting the analyst and revealing herself to her.

Although Mrs. Apple recounted many of her current achievements, talents and successes, she felt no sense of pride or pleasure in them or herself. Lacking an internalized sense of pleasure in herself, she felt miserable and unsuccessful.

The same theme emerged repeatedly: her mother did not respond to her and her accomplishments and achievements with spontaneous recognition, admiration, and shared pleasure. Instead, she boasted about her daughter in order to enhance herself. In so doing, she perpetuated her own narcissistic disorder by depriving her child of the phase-appropriate mirroring experiences that promote normal self-esteem. Just as Mrs. Apple had turned to her mother, she turned hopefully and expectantly to the analyst for mirroring responses which would support her vigor and self-assurance. When the response was not forthcoming, she felt fragmented, desolate, and on her own again, enraged and hopeless. The analyst acknowledged to Mrs. Apple, that, like her mother, she had been emotionally out of touch with her and had been slow to sufficiently grasp what Mrs. Apple had tried so hard to get across. At this point, she became more vigorous and forthright in renewed demands instead of sounding shrill and accusing.

The analyst continued by acknowledging to Mrs. Apple that evidently she had heard many of the interpretations as though they were emphasizing the analyst's own importance and thoughts, when Mrs. Apple needed to feel, since childhood, that the accent was on her and what she thought. Also acknowledged was Mrs. Apple's turning to the analyst as a mother in the hope of eliciting the response she considered her due. What she wanted was to

be admired, appreciated, and enjoyed as the whole girl who had value in and of herself, not in comparison to her brother or to her mother. Just as she turned to display herself "in all her glory" she was met with a casually administered rebuff and withdrawal. It was precisely this situation of feeling "set up" and then dropped that led, first to her insistent demands, and then to the rage and hopelessness of her depression. Mrs. Apple wept as she confirmed the interpretation by recalling the numerous experiences with her mother that made her feel so devastated and fragmented.

Provided with the emotional reconstruction of the origins of her bossy insistence that she was right and of her coercive and domineering demands, Mrs. Apple herself took the next step in the analytic work. She recognized now that her insistence that she could not "identify as a woman" and that she wanted to be a boy fit the context of the chronically frustrated longings for approval. It was not that she was "totally disinterested in feminine activities" as she had proclaimed. These activities were always "contaminated" by feelings engendered in her as her mother "demonstrated" how she baked, cleaned, decorated, without an emotional investment in her child's needs.

The process of learning to live with herself was incomplete, continuing to be self-critical and complaining of others when feeling unresponded to. However, to a great extent, she felt she was providing herself with her own response. She was feeling increasingly different about herself, as she felt she was responded to in a way she had always wanted her mother to respond.

As a consequence of her need for the positive relationship with her father, she turned to him and depreciated her mother, including her role as father's wife. When her father died she strangely felt sorry for her mother for being alone.

With this developing capacity to empathize with her mother, a deepening working-through process dealt again with all the themes of the analysis: fixation on the perfect Self as a consequence of the mother's traumatic failures in empathy and the father's failures to assist her. Accompanying this minute process of working through the narcissistic disorder and its oedipal overtones, the patient's periods of depression, anxiety, feeling overburdened and alone recurred in a modulated form.

Toward the end of the analysis, Mrs. Apple felt that the thing she had wanted most from her mother was acceptance as she was. She felt that what had "released" her had been her own acceptance that she had to let her mother be herself.

THEORETICAL FRAMEWORK AND EXPECTATIONS OF TREATMENT

The concept of mental health that the clinician holds, in turn, shapes the goals that are thought the patient can reach, influences the assessment of the progress that the patients are making and the point at which the clinician considers the patient ready for termination.

The principal tenets of classical theory can become the carriers of those values which, subtly but effectively, lead the clinician toward a specific value-laden stance with the patient.

The classical conception of woman and her psychosexual development will determine the climate that prevails in classical therapy. It is impressed upon the woman patient and determines the goals that the patient strives to reach.

Thus, in the case of Mrs. Apple, there is the theme of envying her brother (an expression of penis envy) and of feelings of inadequacy and inferiority due to a lack of an adequate sex organ. Further, there is

evidence of rage toward the phallic mother who deprived her of a penis.

Using the framework of self psychology, the analyst was able to perceive these manifestations differently. The patient was perceived not as jealous and enraged because her brother had a penis and she had none. Rather, she was enraged because her mother wanted her as well as her brother to be an extension of herself (e.g., not a "phallic extension," which is another classical concept). As seen by this new framework the problem was the faulty empathic merger between mother and daughter in which the Self has its origins. The patient expressed her feelings of emotional deprivation and tried to explain these feelings through her mother's comparisons to her brother in which Mrs. Apple was found sadly wanting. Nor was the primary goal to get the penis-baby from her father. Rather, she wanted father to save her from the narcissistic entanglement with her mother.

Mrs. Apple's feeling of fragmentation and her expression of penis-envy-like material were now associated with the breakup of the cohesiveness of the Self. The intensity of revived childhood needs had to be seen and affirmed in order to feel all of a piece and not fragmented. This became the goal of her analysis.

This is also true in the case of Mrs. R. For this patient, whose needs for gratification and stabilization of her Self were so intense, her father's quality of maleness played a double role: being a male with the special value of maleness to a female, and being a selfobject person whose mirroring of her and whose availability for narcissistic idealization could help her to solidify her own positive sense of her Self. Sexuality became fused with self-integration and could do away with feelings of disorganization and depressive despair. Her dependency on the response of selfobjects to maintain

her sense of well-being and self-esteem is the mode called penis envy in classical formulations of hysterical oedipal pathology. Mrs. R.'s sexual fantasies arose at times of deprivation when her Self cohesion was threatened. The fantasies became reorganizers of her cohesiveness by virtue of the primary intensity of their eroticism. Through the sexual tone with which her mind and body were suffused, her fragmenting Self was reconsolidated. The sexualized experience became a temporary force that unified her Self. For Mrs. R., "penis envy" had become one specific form among others that served to temporarily restore the solidity of her core Self.

The major therapeutic efforts of the analysis clearly did not follow the classical model of interpretation of oedipal and preoedipal configurations. Rather, the therapeutic work focused on raising to consciousness affects about the intense rage with her mother for her indifference, with her father for his having "failed" her by not living up to her idealization of him. The analyst helped her to mobilize and recognize those primary affective states and her injured core Self by persisting in the face of the outrage of her narcissistically wounded self-esteem. She then began to gratify herself more surely and to become a more securely functioning Self without having to rely to such degree on the mirroring by or merger with idealized "others," or having to retreat from the inevitable failure in those relationships into isolation and self-absorption.

These newly developed sectors of her selfobject and self-experience could then be more consistently relied on to maintain a sense of essential self-esteem.

In the case of Mrs. C., who was seen once a week for several months, this clinician saw her as a woman who viewed her Self as feeling whole only when she was mirrored by or merged with an idealized other. In my brief work with her, there was the tentative beginning of self-confidence as she

became increasingly aware of her own feelings and correspondingly accepting of those feelings as being normal and natural and thus a part of her accepting Self.

The deficit for Mrs. C. was seen as the lack of an internal self-accepting, self-validating structure which seemed a result of a developmental difficulty in gaining empathic recognition of her thoughts and feelings. There was a quality about Mrs. C. of being affectless or lifeless. She expressed no warmth and had a tendency to wait until I said something to her or to ask questions about herself--whether or not she had done the "right" thing in this or that situation--and whether her feelings were "normal." Eventually, we were able to explore her need to query me and she became more comfortable in the sessions and developing a greater sense of her Self in addition to what she felt was an approving sameness on my part.

I saw Mrs. C. as being similar to that group of patients talked about by Kohut in his book Restoration of the Self (1977) whom he describes as follows:

They were afflicted by a vague sense of not being real (often in the form of their inability to experience emotions), and they experienced an intense (yet conflictual) need to attach themselves to powerful figures in their surroundings in order to feel that their life had meaning, indeed, to feel alive. (p. 146)

Kohut goes on to state that the working-through process

begins. . .with the mobilization of archaic needs for mirroring and for merger. . .and that as this process continues, the ideas of archaic greatness and wishes for merger with omnipotent objects become transformed into healthy self-esteem and devotion to ideals. (ibid.)

Mrs. C.'s desire to be confirmed and validated was a necessary part of gaining a sense of her own reality which later led to her beginning sense of her own initiative.

The case of Mrs. A. is one in which this clinician had been using drive theory during the first several months of work. Observations and interpretations designed to clarify Mrs. A.'s intense anger with her husband, her mother, and me were of no avail in my work with her. In retrospect, this clinician's focus on only one aspect of Mrs. A.'s Self served to keep her in a state of fragmentation and elicited further explosive rage reactions and passionate protests. What I eventually learned was that Mrs. A. needed not fragmentation-producing interpretations concerning her specific emotional contents of her mind, but interpretations leading to her increased awareness of her persisting need for cohesion-enhancing responses to her total Self. It was this childhood need for such responses that was revived in the self-object transference; and it was this need that required interpretation.

CHAPTER IV

SUMMARY AND IMPLICATIONS

This paper is a study of the implicit and explicit values of two psychoanalytic theories--drive theory and self psychology--as they apply to the issue of self-esteem in women discussed in the literature.

Freud saw woman's "nature" and development as based on her biology. Biology became destiny for the woman, whose main function was that of procreator of the species. Through her acceptance of her "constitutional makeup" which included masochism and passivity, she became the vehicle for the bearing of children. The Oedipus complex in this theory is ubiquitous, with the woman's ultimate functions and roles those of wife and mother.

Subsequent drive theorists, although moving away from the strictly biological description of women, continue to accept the Oedipus complex and its implied evolutionary value system as the central conflict to address in treatment. They hold that the psychosexual stages are epigenetic, that the Oedipus complex is the pinnacle of human development, and that woman's primary function is procreation. Because of this value system, drive theory tends to foster in the clinician an expectation of a therapy outcome that would now be viewed as sexist.

Drive conflict theory subjects the woman patient to the "double bind" that society has created: on the one hand, drive theory may view women as not having developed far enough toward autonomy compared to her male counterpart; on the other hand, she is coerced and encouraged to remain in the parent-child dyad which fosters her isolation and dependency.

Self psychology is a non-biological theory that does not view woman merely in terms of her sexuality. With the two concepts of selfobject

relations and transmuting internalization, self psychology fosters "healthy" narcissism along with the maintenance of the human (male and female) need for life-long self-selfobject relations. This theory appears to offer a more optimistic prospect for all patients, especially women.

In this author's opinion the centrality of the Oedipus complex in drive theory may cause serious problems for women in treatment. Many women are seeking to escape the sexist view that marriage and motherhood are the most desirable aspirations for all women.

The degree of importance given to the concept of the Oedipus complex becomes crucial to the views of drive theorists and self psychologists on human growth and mental health.

. . . One says rightly that the Oedipus complex is the nuclear concept of the neuroses, that it represents the essential part in the content of the neuroses. It is the culminating point of infantile sexuality, which through its after-effects decisively influences the sexuality of the adult. (Freud, S. Three Contributions to the Theory of Sex, 4th ed., translated by A.A. Brill. Nervous and Mental Disease Publishing Company, 1930).

Classical drive theory or conflict psychology holds that adult neurosis is always based on a preceding infantile neurosis. The infantile neurosis is universal. Thus, in this theory, the Oedipus complex is a regularly occurring "normal" development. Drive conflict theory thus conceives of health and human growth as emerging from pathology, i.e., out of the resolution of infantile Oedipal conflicts.

Self psychology sees the potential for health and adaptation in any given empathic self-selfobject relationship. The relationship between the rudimentary Self and its selfobjects is the earliest embodiment of the wholeness which the Self strives to attain. In this context, the vicissitudes

of the Oedipus complex are not roadblocks to be overcome, but opportunities for the further development of a creative productive-self.

The biological forces impinging on the girl child and woman during the "Oedipus complex" may create feeling states of love, hate, rivalry, competition, and jealousy. It is these feeling states of the woman's Self that become the focus and main concern of the self psychologist. The empathic responses of the selfobjects during this phase of development offer the opportunity for the more or less firmly cohesive Self to experience love, hate and other feeling states. This consolidates, strengthens and enriches the Self's content.

The theory and practice of self psychology frees women from a biologic energy theory that is being called into question by modern theorists. It allows us to think beyond the somatic processes and sexual nature of women and helps to focus attention on the interactional affective processes, experienced in terms of the Self. This conceptualization provides a theoretical framework that better describes the intrapsychic experience of women and the interpersonal interaction in development as well as in maturity. The following are questions for further study:

1. If an oedipal girl were responded to with acceptance and joy in her expressions of assertiveness and competitive feats, would her Self be as likely to fragment into isolated fixations upon penis envy?
2. Is it possible that the traditional conceptions of the oedipus complex of classical theory are in fact manifestations of a pathological development of the Self?
3. Could it be that we have considered the dramatic desires and anxieties of the oedipal child as normal events when, in fact, they are reactions to

empathy failures from the selfobject environment of the oedipal phase? Further, is it the child whose affectionate and competitive assertiveness is not responded to that is then dominated by unassimilated lust and hostility?

4. Does the psychology of the Self add a new dimension to our view of the experiences of the oedipal child in permitting us to take into account the support or the lack of support of the selfobjects during this period?

5. Do the conceptualizations of self psychology cast doubt on the essential correctness of the oedipal reconstructions themselves?

The separation-individuation of the drive theorists focuses on treatment with women that views turning away from the mother as being a desirable goal. Implied in this goal is the assumption that by turning away from the mother, the girl child is allowed to move toward her father and begin her socialization toward the roles of wifhood and motherhood. It is the change of object that these theorists hold to be important which inhibits further investigation into the mother-daughter relationship in the treatment process.

Self psychology does not see the varieties of normal development as resting on separation of self and object. On the contrary, self psychology emphasizes the reentering onto a line of development of selfobject relationships at the point where it had been traumatically interrupted in early life. In self psychology, narcissism is not a precursor of object love. Narcissism has its own line of development.

Drive theory sees separation-individuation as normal, necessary, and desirable. Self psychology holds separation of the Self from the object as being indicative of psychopathology. Self psychology does recognize the qualitative emotional states of the internalization of psychic functions as the child phase appropriately relinquishes those functions in the selfobject matrix. Self psychology also recognizes the lifelong need for selfobjects.

These values have important consequences in theory and in the treatment of women. Drive theory reflects back to the woman the "double bind" in which women are caught. Drive theory tends to idealize the mother-infant dyad and views it as a biological necessity for the infant's development. This idealization tends to encourage women to stay in a "regressed," dependent state as she relates to her small child and its needs. This idealization serves to encourage women to stay in a "dependent" state--or at least to prolong it. Variants from this ideal state are viewed as unnatural. On the other hand, women are encouraged and coerced by society to be caretakers of others while on the other hand, they are chastised for being "dependent" and not autonomous.

This dilemma raises further questions for study:

1. Does drive theory tend to foster a view that more women than men are "dependent" (i.e., needing others "too much") or immature (not having developed past a certain stage of separation and individuation, or not having attained autonomy)?
2. Are women more likely than men to be merged for a longer period of time with their mothers because they are of the same gender as the primary caretaker? If so, is this considered "healthy" or "unhealthy" by either drive theory or self psychology theory? If not, what might further investigations of the mother-daughter relationship find?
3. Do men have fewer selfobject relationships than women because they have been led to believe that "autonomy" is desirable? Do they have a different self capacity for selfobject relationships? If so does it have something to do with autonomy as desirable?
4. Should the question of women's "nature" be one of the central issues in current theory formulation and is it already one of the central issues in the current controversy between drive theorists and self psychologists?

IMPLICATIONS FOR CLINICAL SOCIAL WORKERS

Theory and clinical work are closely interwoven. By and large clinical social workers are involved with the performance of psychotherapy and do not concern themselves with a full exploration of the theories and the values implied in those theories.

It is important for clinical social workers to become aware of the implicit and explicit values in theories. Such values become integrated into the system of thought held by the clinician. This system of thought determines what the clinician believes mental health to be, shapes the goals held out for the patient to reach, and influences the clinician's assessment of patient progress as well as the point of termination.

Most clinical social workers have been trained in classical theory and its derivatives of object relations and ego psychology. It is of paramount importance for clinical social workers to be cognizant of the values of classical-drive theory that affect the practice of psychotherapy, especially with women patients suffering from poor self-esteem.

Classical theory and its derivatives point to the phallic phase--the absence of a visible genital in the little girl--as leading to a severe wound in self-esteem. The girl child and later the woman's self-confidence consequently remains low and idealizability is lessened. The principles and derivatives of this theory carry values which subtly but effectively lead the clinician toward a specific value stance with the patient. The primacy of the drive and drive taming, and the single line of development from narcissism to object love are such tents.

The clinical social worker must be aware that theoretical tenets become vehicles for implied values that affect the clinical practice with women

patients. In accepting drive theory, the clinician accepts the basic assumption of biological determinism. The theory holds that the drives determine the psychological life of the woman patient; this is the basic controversy about woman's nature.

The clinical application of the Oedipus complex serves to perpetuate a sexist view of women in psychoanalytic-psychotherapeutic practice. Clinicians who hold to drive theory contribute to the institutionalization of male and female roles.

Although many clinical social workers acknowledge that the biological is only one function of women, they continue to uphold and support the belief that it is primary. This belief becomes transmitted to the woman patient and can conflict with her search for greater personal effectiveness and greater sense of well-being.

It is crucial that psychoanalytic psychotherapy become relevant to the woman of today. Self psychology with its emphasis on the Self as an independent center of initiative, offers a psychoanalytic theory that enables both women and men to achieve a sense of self-esteem.

It is the impression of this author that there is a trend for women patients to turn to women clinicians. Although it is unclear why this is happening, clinical social workers, the majority of whom are women must look into their own values and beliefs about women including themselves. Such an inquiry should include the values and beliefs about the profession of clinical social work itself. These inquiries would lead to the following further questions for study:

1. Does the philosophy of drive theory with its implicit sexism serve to perpetuate the myth of the medical model in the social work field?

2. Do female clinical social workers feel they are idealizable?
3. Is there a readiness for the mirroring transference to occur between a female patient and female therapist?
4. What are the countertransference issues of a female therapist with a female patient?
5. Is the patient ever seen by the therapist as a selfobject?

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