Central ego

of dream formation; it was ‘censorship’ that resulted in the transformation of latent dream thoughts into their disguised representation via the ‘manifest dream’ (see separate entry). Freud’s (1900a, 1915d, 1917b, 1923b) evolving view of ‘censorship’ includes the following five observations: (1) it is an ongoing activity, (2) it exists between the systems Conscious and Preconscious and between systems Preconscious and Unconscious, (3) it is not only responsible for the disguised material in dreams but also for the resistance to dream recall and interpretation, (4) its placement between systems Conscious and Preconscious is more permeable than its placement between the systems Preconscious and Unconscious, and (5) it is the function of superego; however, Freud (1923b) later attributed ‘censorship’ to the ego. His ideas were extended by other analysts, especially Joseph Sandler and Anne-Marie Sandler (1983) who, in describing their ‘three box model of the mind’ (see separate entry), delineated two subtypes of ‘censorship’.

Central ego: see ‘Fairbairn’s description of endopsychic structure’.

Central phobic position: term originated by André Green (2000) to highlight that, in certain patients, there is a peculiar and frequent loss of the capacity for free association and psychological mindedness due to profound inner anxiety. These patients show vagueness of communication and blurring of discourse. They frequently put free association aside and resort to literalness and even somatization. Green postulates that this disturbance is based upon a ‘central phobic position’ characterized by (1) communicative failures in the form of inability to listen to oneself and the analyst, and difficulty in connecting the dots together even in the material that has been verbalized, (2) the keeping apart of various traumatic constellations by the means of associative avoidance, (3) arousal of profound anxiety at the prospect of bringing these ‘encysted’ (p. 436) traumatic memories and related associations into contact with each other, (4) a dimly experienced catastrophic threat from the superego’s attack and from the fear of ego’s disorganization, and (5) the counter-transference experience that the analysand is confused and the analyst himself is becoming confused. The ‘central phobic position’ is most evident in clinical work in patients who are generally more troubled and might be considered ‘borderline’.

Change of function: term originated by Heinz Hartmann (1939) for the fact that often a behaviour starts for one purpose and in a given context, but subsequently acquires a different purpose and context. What once was a means to realize an object-related fantasy might turn into a goal itself. The habit of smoking cigarettes is an example pur excellence. Not infrequently acquired as a sign of adolescent rebellion, phallic exhibitionism, or identification with a public figure or parent who smokes, the habit gradually loses connection with its origins and becomes an automatism that is largely driven by the craving for nicotine.

Character: the reasonably and enduring predictable pattern of an individual’s psychosocial functioning. Understood psychodynamically, character is the person’s usual mode of reconciling intrapsychic wishes, developmental needs, moral prohibitions, and demands of external reality. Character traits, like neurotic symptoms, are compromised formations between these forces. But character traits are more stable than symptoms and are experienced more as part of one’s self. How a person’s developing character is affected by his or her parents depends upon the stage of development at which crucial situations involving trauma and conflict arise. It also depends upon whether the child adopts the parents’ affirming or prohibiting attitudes and whether he or she seeks to disidentify with them. Inborn affectomotor potentialities (‘temperament’) also help determine whether conflicts are solved by reality-adjusted, well-integrated and flexible behaviour, or by pathological and inflexible means. Francis Baudry (1995) has provided the most comprehensive synthesis, so far, of the psychoanalytic literature on the topic of character and the reader will benefit from a perusal of it (see also Baudry, 1989).

Character armour: term introduced by Wilhelm Reich (1933) to underscore that rigid character traits often manifest through bodily stance and thus create a defensive wall, as it were, around the deeper psychic structure. Such ‘character armour’ includes the way people breathe, stand, walk, and move, with all such musculo-skeletal attributes serving the purpose of instinctual discharge and ego defence.

Character integrity: Mardi Horowitz’ s (2002) term for the ‘intrapsychic pattern of organizing, harmonizing, and using beliefs, motives, and values that concern self and others’ (p. 554). ‘Character integrity’ effects how the individual responds to instinctual urges, reality dictates, and internalized moral pressures. As a structure, it is both enduring and subject to slowly accruing change.
Depressive character

material, see Harvey Rich (1985) and Vamik Volkan (1985) and for a comprehensive review of these models, see the impressive monograph by Myer Mendelson (1974).

**Depressive character:** though descriptions of a personality type associated with vulnerability to depression had existed for a long time within both descriptive psychiatry (Kraepelin, 1921; Bleuler, 1911; Kretschmer, 1925) and psychoanalysis (Abraham, 1924b; Glover, 1925; Reich, 1933), the term ‘depressive character’ itself made its appearance only in the 1950s. Frieda Goldman-Eisler (1953) described the ‘depressive character’ as having a profoundly pessimistic outlook on life, a passive–receptive attitude, intense feelings of insecurity coupled with a need for the assurance of getting a guaranteed livelihood, and a tendency towards periods of depression and withdrawal. Some years later, Bernhard Berliner (1966) published what is arguably the first paper with the term ‘depressive character’ in its title; Eli Marcovitz (1966) wrote an accompanying discussion in the same issue of the journal. Together, they portrayed individuals with such character as having unhappy childhoods infiltrated with ‘moral masochism’ (see separate entry). Often their parents were depressed themselves. The child ‘absorbed’ suffering and sadness and found such adaptation as the only way to survive. His pain became libidinized and took the place of absent or inadequate nursing and cuddling. A constitutionally stronger than usual oral and skin eroticism, which had characterized such a child to begin with, became intensified owing to early deprivations of loving care. Hurt at the hands of parents gave rise to rage, which contributed to the ferocity of the superego formed under such circumstances.

**Depressive position:** Melanie Klein’s (1940) term for the psychic stance in which all aggression is not projected outwards. This development occurs around 4–6 months of age, and is a consequence of the infant’s integrating his or her fragmented perceptions of the mother and bringing together the ‘good’ and ‘bad’ mother representations. This gives rise to the replacement of ‘part objects’ by a ‘whole object’ (see separate entries). The ‘all good’ internal object is lost forever, and this gives rise to painful phantasies and exquisite sorrow. The child begins to see that he also has been destructive and that others have not always been ‘bad’. He begins to recognize having received goodness and having caused hurt to others. Capacity for concern now arises, and so does the tendency towards reparation and genuine love. Clearly, such capacities are achieved only gradually by the child. Humility and gratitude are the major attitudinal consequences of the ‘depressive position’. The achievement of this position is not a once-and-for-all event, and bearing the emotions associated with it is hardly easy. The temptation to drop them in favour of ‘manic defence’ (see separate entry) is great. Vulnerability to regression into ‘paranoid position’ (see separate entry) also remains throughout life. Therefore, the mental functioning at the level of ‘depressive position’ needs vigilance and safeguarding. Hanna Segal (1956) added that, in some extremely ill individuals, the rudiments of ‘depressive position’ are experienced only by the therapist in whom they have been deposited by the use of ‘projective identification’ (see separate entry). The reader would benefit by looking up Robert Hinselwood’s (1989) thorough exposition of ‘depressive position’.

**Depth-psychology:** designation ostensibly originated by Eugene Bleuler (Moore & Fine, 1990) to distinguish psychoanalysis from other psychological approaches to the study of the human mind. The expression ‘depth-psychology’ became overextended to include a diverse set of theories about the complexity of human mental functioning and thus lost its value. However, Stanley Greenspan and Stuart Shanker (2005) have recently resurrected this term, offering a straightforward definition for it: ‘Depth psychology concerns itself with levels of the mind that influence mental health and mental illness but are often not manifested directly in surface behaviors and in non-clinical settings’ (p. 335). Their explication of the term leaves no doubt that they are employing the term synonymously with psychoanalysis. Bleuler would have been delighted!

**Depth-rendering interventions:** Salman Akhtar’s (1998) designation for analytic interventions that impart the knowledge to the patient that multiple meanings co-exist in his or her communication, though at differing levels of abstraction, awareness, and importance. By doing so, ‘depth-rendering interventions’ give the various aspects of the patient’s material a figure–ground relationship with each other. To use a phrase of Julia Kristeva’s (1987), such interventions aim at ‘layering of significance’ (p. 6).

**Derealization:** psychiatric term for the subjective experience that the outer world is somehow unreal. The experience, occurring alone or in combination with ‘depersonalization’ (see separate entry), reflects a defensive denial of external reality (Arlow, 1966). It is frequently seen in early
Second adolescence

improve upon and refine one’s life work on the one hand and to give up the hope of having a perfectly rounded end product on the other. One simply keeps ‘sculpting’, chiselling away on one’s blemishes, and yet one is not loath to accept one’s imperfections. Unlike the creativity of youth, which was more passionate and instinctive, the creativity of midlife is thoughtful and disciplined. This applies to creativity in the artistic and scientific sense as well as to creativity of day to day life.

Second adolescence: see ‘Second adolescences and fourth individuations’.

Second adolescences and fourth individuations: extending Margaret Mahler’s (1958, 1967, 1972) childhood ‘separation-individuation’ paradigm, as well as its application to adolescence under the title of ‘second individuation’ (Blos, 1967) and parenthood under the title of ‘third individuation’ (Colarusso, 1990), John Munder Ross (1996), proposed the concept, a bit playfully, one suspects, of ‘second adolescences and fourth individuations’. According to Ross, this happens in men who have ben married for a long time and have gradually developed a deferential, paternal transference towards their wives. Death of their fathers and/or the adolescence of their children often precipitates the process. Encountering such losses, these middle-aged men ‘plunge into last-ditch efforts, consciously defiant and even deliberately regressive, at “second adolescences” and “fourth individuations”’. However destructive may be the results or primitively misguided the whole enterprise at times, the agendas involved have a progressive impetus behind them, namely some final stab at finding something new in a state of renewed abandon and at becoming even more of an individual’ (pp.113–114). In a discussion of Ross’s ideas, Lawrence Blum (1996) notes that preoedipal maternal injunctions, incorporated in the superego, might also contribute to men’s so-called ‘paternal transference’ to their wives.

Second censorship: see ‘Three-box model of the mind’.

Second individuation process of adolescence: described by Peter Blos, Sr (1967), this process refers to the emotional disengagement from the internalized object relations with one’s parents during adolescence. While psychological separateness during childhood depends upon a secure internalization of the parental homeostatic functions, acquisition of such separateness during adolescence requires a reverse process. This, coupled with the characteristic drive upsurge of this period, results in certain ego instability. Progressive and regressive trends alternate, at times with disturbing rapidity. Regressive trends cause clinging to earlier modes of self-expression. Progressive trends, both defensive and autonomous, herald new self-configurations. On the one hand, there is persistent disengagement from the earlier parental dictates internalized in the form of superego; on the other, there is an equally tenacious reliance upon the values of the peer group. Trial indentifications and role experimentations within the latter context gradually broaden adolescent autonomy and impart a greater sense of inner solidity, constancy, and abstract morality.

Second organizer of the psyche: see ‘Organizers of the psyche’.

Second symbiosis: Leo Madow’s (1997) term for the psychologically anticipated experience of death in old age. He states that ‘as we age, we slowly move psychologically towards a symbiotic state, passing in reverse through modified forms of rapprochement and practicing subphases culminating in an observable and well circumscribed event—death . . . This second symbiotic phase might repel us despite its promise of soothing our life-long hurts, because it represents giving up the autonomy we have struggled to achieve throughout our lives’ (pp. 166, 167). Madow’s notion is an extrapolation of Margaret Mahler and colleagues’ (1975) ‘symbiotic phase’ of early infancy to the other end of life. Madow also asks the provocative question, ‘could this second symbiosis be the psychological equivalent of Freud’s death instinct?’ (p. 166), and turns Freud’s (1920g, p. 8) dark remark that ‘the aim of all life is death’ into the more optimistic statement that ‘the aim of all life is a return to symbiosis’ (p. 166). The unmistakable confluence here of psychoanalysis and Hindu mysticism, especially the teaching of Vedanta, opens new pathways for psychoanalytic theorizing.

Secondary autonomy: see ‘Autonomous functions of the ego’.

Secondary elaboration: Austin Silber’s (1973) addition to the concept of ‘secondary revision’ (see separate entry); this consists of embellishment of dream contents, increased involvement with its images, and a certain quality of aggressiveness which works as a resistance. ‘Secondary elaboration’ tends to rupture therapeutic alliance.

Secondary gain: see ‘Primary and secondary gains’.