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## DIALOGUE



# Listening in Psychoanalysis

*ROY SCHAFER*

Analysands continuously give signs of feeling ambivalent toward their analysts and their being in analysis at all. Some of them repress the negative side of this ambivalence; others, trying to avoid their positive feelings of love, gratitude, or desire, project the negative feelings onto their analysts and then feel unwanted, despised, or hated. I will be focusing on ambivalence in the psychoanalytic situation and relationship as a way to respond to Charon's essay.

It seems that, in their ambivalence, analysands hope simultaneously to get rid of their problems and to hang on to them. Taking the negative, they fear to try for change; in keeping with their life-historical stories, they feel hopeless about ever finding someone who will listen to them in a way that is reliably empathetic rather than self-interested, exploitative, or rejecting. When Rita Charon refers to the health worker's making room within the self for the patient's story, she is, among other things, pointing to empathetic listening for ambivalence. The analyst, too, is required to listen in this way. There is no better way to develop an atmosphere of trust and safety; that is, one in which an analysand might muster hope, dare to try to turn inward, and accept and ultimately acknowledge openly another person's help in working toward a better life than she or he has been living.

Being alert and responsive to ambivalence, analysts do not take at face value what they hear from analysands (or from their students); rather, they listen for the chorus of mixed voices relaying the analysand's life stories and present experiences. In one respect, they listen in line with what Paul Ricoeur has referred to as "the hermeneutics of suspicion." Here, suspicion implies not hostile surveillance but

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rather the analyst's taking nothing for granted, thereby keeping open the door to further meaning. There is always reason to expect narrative revisions that supply more meaning, sometimes contradictory meaning, and therefore more understanding than initially seems possible or expectable.

My account of listening in psychoanalysis differs from Rita's in that it does not center on medical situations. Psychoanalysis is not a medical subspecialty. There is no sound basis in theory or the history of practice for thinking otherwise. I am among those who regard psychoanalysis as a thoroughly hermeneutic discipline. I will be trying to show that, while analysts are attentive to the central role of the body in psychosocial development and human relationships, they do most of their work through the analysis of discourse.

### LISTENING IS INTERPRETING

Contemporary critical thought, rooted in ancient philosophy and its subsequent development, encourages accounts of listening in which no distinction is drawn between listening and interpreting. We are to take it as axiomatic that listening is itself an interpretive action. We construct meaning while engaged with the flow of events before us and also with that within us. How we do so depends on our anticipations and the established contexts we bring into play or construct anew as we listen and react. Lacking context and anticipations, we would be deluged with meaningless sensory experience.

The situations in which human beings develop anticipations and contexts are necessarily social. Human survival depends on an adaptive and adaptation-enhancing surround. Consequently, the meanings we construct will be of the kind that, under normal conditions, can be more or less successfully passed back and forth in dialogue. Thus, the social, dialogic embeddedness of meaning is guaranteed.

Discursive development also depends on the distinctively human capacity to reflect, that is, to engage in discourse with oneself or with other figures in our internal worlds—those partial or complete, conscious or unconscious images of others with whom, upon introspection at critical moments, we remain in verbal and non-verbal communication. These figures look after us and keep after us; we rely on their help and comfort, and we fear their destructiveness, often submitting to their restrictions and demands for self-punishments, as by failing or having avoidable accidents. Having this capacity, we can, when puzzled, surprised, or otherwise unsettled, rethink, recenter, and revise our anticipations and contexts. For example, upon reflection, what was initially heard—that is, interpreted—as criticism or defiance might be reinterpreted as friendly comment laced with irony. This further internal discourse, this kind of reflection, may be redescribed as self-interpretation.

To carry this argument further, I propose that it is useful to characterize listening as constructing more or less developed *narratives* or *stories*. These stories will conform to the expectations and contexts that we, as listeners, have learned to provide or, using what is already available, have invented for present purposes. Meaning is actualized through narration, through stories about the self, others, relationships,

the state of one's local world in the past, present and predicted future, the wide world, imaginary worlds, and so on. These narrative actions do not *follow* the action of listening, they *are* listening. When there is reason to do so, we might choose to retell the first story we hear or read, but that should not be taken as the first story; in fact, we are telling a second story. It follows that when analysts interpret, they are retelling the stories told by their analysands.

*Story* implicitly recognizes that it is always possible to develop and communicate meaning in more than one way. This variability does not put understanding and communication at risk. If it did, we would be reduced to constant obsessional rumination over whether others or we ourselves have got each meaning right in what was said or heard.

This narrative turn does not observe the convention that requires stories to include a clear-cut beginning, middle, and end (if, after reflecting on the matter, one still believes these phases of storytelling are ever clear-cut. Isn't the beginning already somewhere in the middle of another context, now in invisible brackets, and if so, isn't "once upon a time" an implicitly arbitrary choice of time?). In my usage, *story* requires only that whatever is told can be told another way and still deliver the desired narrative. Even granting that each variation establishes and conveys some change of implication and consequence and so cannot yield exactly the same account, social practice shows that the same basic story can be told in more than one way ("I was silent;" "I said nothing;" "I didn't speak up.>"). The problem faced by the speaker or writer is rhetorical: how to tell the story.

I mentioned the narrativity of historical knowing and writing. Hayden White is perhaps the best known contemporary pioneer of this development. Historians take it for granted that their histories are narratives. On that basis, they approach other historians not as passive imbibers and vehicles of unchangeable accounts of "the facts"; rather, they approach them in the manner of close readers of genre, rhetoric, valorizations, omission, and so on. For them the "historical facts" don't speak for themselves, not even in chronicles, which, owing to their selectivity, can be read as special kinds of stories that tell what's happening or has happened. Meanings are mute until historians speak for the facts. In keeping with their circumstances, talents, and values, they construct their historical facts as best they can. In making them *historical* facts, they become storytellers. They don't tell stories *about* the facts; like the interpreting analyst, they retell other stories. Although, again like analysts, they are guided by the sound principles of their profession, they do not strive for narrative uniformity. So we find in published histories of the same events and persons. Oddly, though, they do often seem to exempt their accounts of historical narrative from narratological critique, or to implicitly leave that job for others. Nevertheless, this state of affairs does not discredit the narrativist historians, for there is no other way to go. And for the reader, it is always a matter of taking it from whom it comes and when, why, and in which context. In turn, that "taking it" also varies more or less from one reader to the next, depending in part on the anticipations and context they bring to the silent dialogue of reading history.

My reason for suggesting that psychoanalysts are in much the same position as historians is that so much of their work consists of developing specialized *retellings*

of the details that make up the life historical stories told by their analysands. Presented as historical facts, many of these details are initially particularly vague, inconsistent, and exaggerated or minimized in importance or, if not one of these, rendered important through omission, as when no mention is made of significant loss, injury, or other trauma. Ernst Kris has introduced the idea of the family myth to emphasize that, during the psychoanalytic process, it is not unusual to establish the erasure or transformation of segments of family history that feature child abuse, radical change of circumstances, parental breakdowns, and other sources of shame and guilt.

Taking these generalizations as guidelines, I have tried elsewhere to show in some detail that insights and interpretations fill in the gaps and alterations in analysands' life-historical narratives and that they do so in a way that centers on conflict, defense, compromise, invention, and other moves. The details are transformed into *psychoanalytic facts* (Schafer 1992).

Earlier I indicated that each analytic listener does this job in her or his own way, depending on preferred anticipations and interpretive contexts. Much of this variation can be traced to the existence of different schools of psychoanalytic theory and practice. This means that competent adherents of these different schools may be considered to be trying to develop *a*—not *the*—life-historical account of each analysand's problems that colleagues will consider valid. Its validity is system-specific. So long as each retelling is tied to a relatively systematic body of assumptions and related methods, one that is, by usual standards, reasonably coherent, comprehensive, and consistent with some version of common sense; so long as there are standards of quality accepted by the members of the analytic narrator's school of thought; and so long as the analyst consistently takes into account all that has been told and shown non-verbally, there is little danger that this pluralist account of listening will lead into soft relativism: the relativism that ultimately sponsors an "anything goes" mentality.

Some narrative variation is attributable to the personality of the analyst-as-reteller and some to the partial control exerted by the kinds of clinical stories being told by the analysand. Thus, *context*, *meaning*, and *significance* are functions of the narrative commitments—the affiliations, interests, aims, and values—of *both* parties engaged in each analytic dialogue.

### LISTENING ENABLED BY PSYCHOANALYTIC ANTICIPATIONS AND CONTEXTS

To say that psychoanalysts' listening is dominated by a specialized set of anticipations and contexts is to acknowledge that they meet their analysands with *preferred storylines*. Although rooted in ordinary language, these storylines are kept ready at hand to tell and retell the analysand's stories in terms of conflicting desires and their emotional, cognitive, and sometimes physical origins and consequences. These revised stories reformulate painful or destructive symptoms, startling dreams, maladaptive behavior problems, and other such common human afflictions and incomprehensible or not readily or fully understandable experiences.

Ideally, the preferred storylines remain faithful to the principles of interpretation of fantasy, conflict, and compromise the analysts have been taught. Not only have the analysts incorporated these principles during their analytic training, they have reinforced them by reflecting on their best and worst experiences in practice and by engaging in dialogue with colleagues. However, the application of the analyst's preferred storylines will also be influenced to some degree by the individual analyst's personal preferences for only certain ways of thinking and feeling about emotional problems. These personal preferences will have been shaped by the analytic listener's conflicts, values, developmentally based sensitivities and anxieties, identifications with teachers, and so on. However, the influence of this personal factor is usually significantly limited by the analyst's having been, to begin with, carefully selected for training and then analyzed, instructed, and supervised extensively. This influence will also be limited by the analyst's desire to work carefully and effectively in order to meet personal and professional ideals and to win the respect and support of colleagues; however, some of these ideals will be maintained unconsciously and might then be tinged with grandiosity, leading to some of the differences regarding standards that enter into professional discussions. Under optimal conditions, analysts continuously try to take their own biases into account. They reflect on their distinctive modes of response so that, whenever its content and intensity are unusual and situation-specific, they are prepared to limit their influence on interpretations, perhaps even refraining from interpreting until the personal dust has settled.

Psychoanalysts use their preferred storylines preconsciously or semi-automatically as principles of selective attention and organization while listening. In this way, they prepare the individualized versions of their storylines that culminate in interventions; that is, their verbalized analytic retellings—their interpretations or, sometimes, interpretation-oriented questions. As analyses progress, the emotional potential of these individualized interventions usually increases. In their effects, though not usually in their expressiveness, interventions can become more exciting, disturbing, thrilling, painful, confusing, relieving, comforting, and ultimately, if things go well, stabilizing and enhancing. Ultimately, analysts can apply the insights conveyed by these interventions inside and outside their analytic sessions and, independently, during sessions, during separations, and after completing their course of analysis. In the thick of the analytic process, however, and as mentioned before, they nevertheless continue to react ambivalently to interventions—their own as well as their analysts'—both wanting to move forward, in whatever way that is defined in the dialogue, and dreading the impact of change. Consequently, they regularly resist being influenced: arguing against interpretations, dismissing them, or transforming their meaning in a way that sabotages them. So it goes from the beginning of analysis to its end, though usually with decreasing force and persistence.

Also to be noted about analytic listening is that neither the analysts nor their analysts ever truly start from scratch. Both are always listening from a position somewhere in the middle of things. Neither is a blank page on which the analysis is to be written. They are already positioned in a host of contexts and prepared with

volumes of anticipations, so that as much as they extend the borders of these contexts back in time and ahead into thinkable futures, and however they try to make them more inclusive, they never get free of their initial situatedness. Both participants are limited in their range and flexibility. Moreover, the revised narratives they develop in the course of their work slowly set some limits on the kinds of stories or revisions yet to be retold and elaborated. Basic themes settle into place; great variation is less to be expected. Unlike Hollywood, there is no “over the rainbow,” no terminal surprise that produces an *aha!* experience, and in sound practice no blissful hugs and kisses that celebrate a cure.

*Cure* is anyway a word that gets in the way of analysis, for it makes no sense to claim that analysis cures a “life,” a “self,” or a set of metanarratives that are meant to be passed off as an essential identity. What analysis can do is greatly facilitate beneficial change, by which I mean change that reduces suffering, irrational inhibition, and destructiveness to oneself and others, and in the process opens up pleasure possibilities and frees creativity. To begin with and for a long time, the typical analysand’s pleasure possibilities and creativity are far more limited by conflict, dread, and inhibition than she or he can bear to recognize.

### RETELLING THE LIFE STORY

As analysts listen, they and, increasingly, their analysands revise significant storylines. New details keep coming to light. Details already known are reconceived. Themes change. New themes are added while others lose their pride of place. As this hermeneutic, revisionist dialogue goes on, both participants change. They ask new questions; identify new sorts of evidence; weigh pieces of evidence differently; and develop new criteria for the adequacy of answers, that is, of the meanings newly created, rediscovered, or revised.

This process of revised understanding and increased intelligibility is not likely to be effective if it remains purely intellectual; it requires emotional intensity and variety in the moment and, best of all, in the context of the analytic relationship. The feelings of both participants change qualitatively and quantitatively as the self-stories keep changing. Defensiveness—especially but not exclusively the analysand’s—may never be totally eliminated, and it can fluctuate in intensity as one or another unconscious fantasy is taken up and the participants feel more or less safe or comfortable with what is felt then and there and what is anticipated. Over time, sometimes considerable time, the patient remains defensive but not as much as before, still clings to personal myths but not as much as before, and is more willing to take emotional chances in the analytic relationship. The analyst’s emergence as a reliably nonjudgmental, clear-headed though not infallible listener-narrator enables the analysand to develop into a more reality-oriented, less censoring or censorious narrator of self-stories. The self is felt to be not so alone and unheard in a threatening or indifferent external world and an unbearably grim—ruined, empty, savage, joyless—internal world.

## SELF AS PROCESS

In this context, one thinks of the self as a story or set of stories (see Schafer 1992). As I said earlier, my narration of psychoanalysis emphasizes its parallels with telling or writing history in that it is not a matter of getting the facts and then interpreting them. Even the initial recital of symptoms and goals in therapy is open to change as interpretations and insights develop. In the process, the analysand's self-story-as-patient changes. That set of self stories is anyway best regarded as being in process, though some analysts tend to tell it as all process, all a creature of context, while others tell it, as Freud did and as I do, as process with a hard, structured core that continuously generates similar contexts both for constructing meaning and for devising innumerable ways of blindly repeating old, infantile problems in this specialized clinical context. Some of these problems seem to be based on actual traumatic events, some only imagined but recalled as actual, but all of them elaborated and fixed in unconscious fantasies appropriate to specific cognitive, emotional, psychosexual, and psychosocial stages of personal development. Seemingly the most important of all are the early stages in which bodily experiences in relation to caregivers seem to be the templates for establishing meaning and focusing feelings.

Because defensively guarded repetitions are modified by effective interpretations or analytic retellings, new modes of contextualization become available in the dialogue. As a result, changes, some of them dramatic, take place in what the analysand has initially presented (in the right words but with inadequate understanding) as "the story of my life." One might say that a new and progressively more complex language game is being played and that new worlds of experience, past, present, and future, are being co-constructed. Psychic change now implies greater unity, stability, and verisimilitude in the patient's narratives of the self. The meaning of being a patient has changed radically.

## CONTEXT AND MEANING

I return now to the concept of context. Contexts are not given. It oversimplifies meaning to say that a fact must be understood in *its* context. With regard to context, facts are promiscuous. Nothing limits the simultaneous availability and replaceability of other contexts in which to situate what we casually call one and the same fact, be it a nonverbal event or a communication. During analysis the same detail might be recontextualized repeatedly; for instance, an oppositional attitude might be taken at one time as a defensive stance, then as having once been adaptive, then as a struggle against sentimentality, then as a sign of anxiety over being shamed, later on as an attempt to be manly or grown up, and so on. Ideally, each of the many voices in the internal world will be given its chance to be heard.

In his determination to meet the deterministic standards of his day, Freud referred to analytic evidence as *overdetermined*, but, according to the hermeneutic account being developed here, he could only have been referring to the reappearance of the same detail in different contexts and with greater or lesser differences in mean-



ing. To be fair, however, Freud did occasionally show that he also conceived of his method in a rather more hermeneutic way (see Freud); it's just that in his time and professional situation, he could not think further in this direction. Some analysts cling to Freud's now-obsolete scientific conceptualizations, but fortunately their numbers seem to be dwindling.

I've dwelled on listening long enough, though not nearly adequately, to fully argue for my recommended version of analytic listening, and I have done so because that's where the storytelling peculiar to psychoanalysis begins. With this much as background, I move on to further comments on Rita Charon's story of the place and creative use of story in the field of health care.

## DISCUSSION

Rita and I, each in our own way, emphasize attention, representation and affiliation. However, she renders them as a serial affair whereas I would argue that they operate all at once. They are the context for meaning making and storytelling. In my story about stories, I would emphasize most of all that, from the first and in the same empathetic action, we are attending to stories, we are representing stories, and we are affiliating ourselves with, though not subordinating, ourselves to, their tellers. Initially, these stories may be fragmented, rudimentary, not quite unpacked, and so remain wide open to various elaborations and revisions. They are best regarded as stories in process. Both participants are continuously constructing and reconstructing narratives. In human communication, stories are all we have, and psychoanalytic stories imply co-construction between a real and imagined teller and a real and imagined listener.

Another major point of partial congruence in our narratives concerns the metaphor for analytic listening. With reference to the Preface of *The Wings of the Dove*, Rita draws on Henry James' image of the listening self as a great empty cup that the enabling listener offers the potential storyteller. That metaphor reminds me of another book that has already been repeatedly discussed in connection with psychoanalytic listening: Hawthorne's *The Scarlet Letter* with its marvelous account of Chillingworth's eliciting from Dimsdale his confession of sexual sin. Still, as an analyst, I have trouble with that *empty* cup. An empty cup does not act; it contains what is put into it. It is static. As I think of it now, a self cannot empty itself; that is a story one tells about the listener's empathetic receptivity.

Analysts have tried to deal with this "empty cup" phenomenon by invoking the words *container* and *containment*. Those words, too, have a static ring, but analysts have used them to refer to their activity; specifically, their hearing more in the analysands' stories than they (the analysands) can tolerate knowing and their not then hastening to say what they hear. This they do in recognition that they must, as they say, contain that part of each analysand's self until a context has been developed in which an interpretation can be made and the analysand has a good chance of claiming or reclaiming that unrecognized or disowned part of the self.

By their containing, analysts are enabled, as they say, to metabolize the story they've heard so that, at an appropriate time and with tact, they can transmit it back

to the analysand in a version that is potentially bearable, assimilable, and useful. An example would be the analysand's projection of a sneering attitude into the analyst, an attitude that, due to fears of rejection, she or he is not ready to acknowledge as a manifestation of unconscious arrogance. The analyst might then approach this threatening topic at a propitious moment by saying, for instance, that the analysand is anxious about seeming to feel superior or being thought to feel that way, particularly by the analyst. The analyst as active container, as someone who re-visions and retells in due time and with sensitivity, facilitates further development of the story that must be told for the treatment to progress.

For a fuller example, I turn not to a more detailed note on an analysand, which would risk violating confidentiality, but to a play: Shakespeare's *Macbeth* and specifically to the emotionally painful scene in which Ross tells Macduff, in the presence of his co-warrior Malcolm, that the enemy has slaughtered his entire household—wife, children, servants, all.

You will recall that Macduff is shaken to the core. It seems he cannot wrap his mind around this terrible news. He repeats himself in various ways, returning again and again to his children: "All my pretty ones? All?" Malcolm wisely urges him to express his grief, warning him that were he to keep his grief to himself, it would break his heart. (Clinicians are familiar with that form of self-damage in grieving patients.) But Malcolm spoils his counsel by making it plain that he wants Macduff to express his grief in the immediate action of seeking vengeance: "Dispute it like a man," he adds. Whereupon Macduff, obviously a man of deeper feeling than Malcolm—a fuller human being, I would say—puts Malcolm off, saying, "But I must also feel it as a man;/ I cannot but remember such things were,/ that were most precious to me. Did Heaven look on/ And would not take their part?" and he goes on, filling out his story, reviewing what he has lost and how deeply he feels it. I would say that Shakespeare meant us to see Macduff struggling to contain the sad news and work it over in his mind. For him, this was a time to truly grieve, not yet a time for vengeance. War and vengeance would have to wait. *The manly thing was to turn inward and live with his grief, not to pretend to master it at once.* Psychoanalysts aim to promote this kind of self-knowing and self-caring, they consider it an advance in psychic development and it is the kind of advance that is accompanied by a freeing of the readiness to love.

All of which has a lot to do with Rita's use of medical stories: her getting patients, health workers, and students to write out their soul-shaking stories, to share these stories with others, to give words to, and then better words for, their shock, their compassion, their grief, and their hopes. They construct and reconstruct narratives that, like fixatives, give each awful medical experience a stable and bearable reality that it might not ever otherwise attain. And by providing a context even if only implicitly, in which creativity is inevitably required and encouraged, Rita enables that relaxation of controls and defenses that opens consciousness to the richness of unconscious imagery and to condensations, metaphors, and other poetic linkages—just what we find in her examples. In my terms, her use of story *in her context* is training in, as well as assistance in, containment and psychical metabolism. Getting what has seemed inexpressible or unbearable to be remembered in storied words is

Rita's bold way of working with her various subjects; it is also a crucial aspect of what psychoanalysts call *working through*.

This said, I feel compelled as a psychoanalyst—a hermeneuticist of suspicion—to add that I would think the medical stories do not tell enough of the story. In response to defensive needs and patients' inevitable idealizing or suspicious transferences to physicians, it is likely that the stories will not do full justice to horror, guilt, depression, blame, and shame; much will remain hidden from view. With regard to one of Rita's examples, for instance, I believe there might be too much flowery reassurance in both the communications to the patient and the story written later—*too much* because sometimes reassurance, like Malcolm's wanting to rush off to battle, blocks the full grief or other misery that, left unvoiced, might still break someone's heart. And so the analyst capable of containment might continue her or his watchful waiting, feeling not yet ready to commit to the probably incomplete, perhaps overwhelming story of the moment.

But the context of psychoanalysis is not that of working with medical patients and their caregivers. With this caution about the incomplete story, and with recognition of this difference in situations, anticipations, contexts, methods, and aims, I want finally to emphasize this: that analysts can be regarded as maintaining common cause with medical storytellers. We are doing our best to help others—and to some extent ourselves as well—to live with unavoidable suffering, and in her cases as well as mine, suffering that might be in part or whole self-inflicted.

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