

## Libidinal Types

Sigm. Freud

To cite this article: Sigm. Freud (1932) Libidinal Types, The Psychoanalytic Quarterly, 1:1, 3-6, DOI: [10.1080/21674086.1932.11925132](https://doi.org/10.1080/21674086.1932.11925132)

To link to this article: <https://doi.org/10.1080/21674086.1932.11925132>



Published online: 11 Dec 2017.



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## LIBIDINAL TYPES\*

BY SIGM. FREUD

It is clear that the variety of individual human beings making up the general picture of mankind is almost infinite. Whoever undertakes the justifiable task of differentiating separate types within this multitude, from the beginning is free to select the distinguishing characteristics and principles which shall determine this classification. Physical characteristics would no doubt serve this purpose quite as well as mental ones; the most valuable distinctions would be those promising a regular association of physical and mental characteristics.

It is dubious whether the present will allow us to define such efficient types as will some day be discovered on a basis as yet unknown to us. If we limit our effort to the outlining of psychological types only, we find that the various conditions of the libido have the first claim to serve as the basis for a classification. We have a right to expect that this classification will be more than a mere corollary from our knowledge or assumptions about the libido. It should also be recognizable in everyday experience, and should serve as a tool for clarifying our observations. We may freely grant that even in the psychic field these libidinal types need not be the only ones, and that one might establish a great number of other psychological types, by taking other characteristics as a starting point. But in any case, these types should not coincide with clinical pictures. On the contrary, they should include all the variations which, practically speaking, fall within the limits of the normal. Their extreme forms, however, might approximate clinical pictures, and in this way help fill in the supposed gap between the normal and the pathological.

Let us distinguish three main libidinal types, each according to the predominance of the investment of libido in the prov-

\* First appeared in the *Int. Ztschr. f. Psa.*, XVII, 1931. Authorized translation by Edith B. Jackson.

inces of the mental apparatus. It is not easy to name them. In accordance with our depth psychology I should like to designate them the *erotic* type, the *narcissistic* type and the *compulsive* type.

It is easy to characterize the *erotic* type. The erotic persons are those whose chief interest—the relatively largest amount of libido—is bestowed upon the love life. To love, and more particularly, to be loved is all important for them. They are mastered by the fear of losing love, and are therefore especially dependent on others who have love to deny them. Even in its pure form this type is quite frequent. Its variations depend on the amount of admixture with one of the other types and at the same time with more or less aggression. Socially and culturally this type represents the elementary claims of the id, to which the other psychic faculties (“*Instanzen*”) have become submissive.

The second type, the *compulsive* type, as I have called it, although this name sounds strange at first, is distinguished by the predominance of the super-ego which is differentiated from the ego under high tension. This type is mastered by the fear of conscience instead of by the fear of losing love, is, so to speak, inwardly rather than outwardly dependent, displays a high degree of self-reliance, and becomes the actual, for the most part, conservative pillar of civilization.

The third type, quite justifiably called *narcissistic*, is essentially negatively characterized. There is no tension between the ego and the super-ego. (From a consideration of this type alone we would scarcely have arrived at the definition of a super-ego.) There is no predominance of erotic needs. The chief interest is directed toward self-maintenance. The individuals are independent and little intimidated. A large amount of aggression which, moreover, is expressed in readiness for activity, is available to the ego. Loving is preferred to being loved. People of this type impress others as “personalities” and are peculiarly fitted to serve as support for others, to assume the rôle of leadership, to add new stimulus to cultural development, or to attack the existing order.

These pure types will not easily escape the suspicion of being derived from the libido theory. But when we consider the mixed types which occur so much more frequently, we feel that we are on the much more certain ground of experience. These new types, the *erotic-compulsive*, the *erotic-narcissistic*, and the *narcissistic-compulsive*, seem actually to permit of a satisfactory grouping of the individual psychic structures as we have come to know them through analysis. On closer acquaintance with these mixed types we find in them the delineations of character long since familiar to us. In the *erotic-compulsive* type the power of the instinctual life seems restrained by the influence of the super-ego. The simultaneous dependence on present day human objects and on the survivals of parents, teachers and individuals who served as models, reaches an extreme degree in this type. It is perhaps to the *erotic-narcissistic* type that we must concede the greatest frequency. It combines antitheses which may be mutually reduced by the combination; we may learn from this type, in comparison with the other two erotic types, that aggression and activity are in direct proportion to the predominance of narcissism. And finally, the *narcissistic-compulsive* type proves to be the most valuable variation for civilization, for it combines vigorous activity with outward independence and respect for the dictates of conscience, and reënforces the ego as opposed to the super-ego.

It might seem facetious to raise the question why no mention has been made of another mixed type, theoretically possible, namely, the *erotic-compulsive-narcissistic*. But the answer to this jest is serious; such a type would be no type at all, but the absolute norm, the ideal harmony. We thus become aware of the origin of the phenomenon of the type—one or two of the three chief investments of the libido have been favored to the advantage of the other(s).

One may also raise the question of the relation of these libidinal types to pathology, whether some of them are particularly liable to pass over into neurōsis, and if so, which types lead to what forms. The answer is that our definition

of these types throws no new light on the genesis of the neuroses. We know from experience that all of these types may exist without neurosis. The pure types with a definite preponderance of one of the mental faculties ("*Instanzen*") would seem to have the better chance of appearing as pure character forms, while one might expect the mixed types to offer a more favorable soil for neurotic conditions. But, I may add, no final decision should be made about these relationships without specially directed, careful investigations.

It is indeed easy to guess that the erotic types respond with hysteria in case of illness, and the compulsive types with obsessional neurosis, but this supposition shares in the uncertainty on which I have just laid stress. The narcissistic types, since they are exposed to rebuffs from the outer world by virtue of their general independence, have a special disposition to psychosis, and for the same reason are peculiarly susceptible to criminality.

It is well known that all the etiological factors in neurosis are not yet clearly recognized. The precipitating causes of neurosis are frustrations and inner conflicts, conflicts between the three great psychic faculties, conflicts in the libido economy which result from the bisexual disposition, and between the erotic and the aggressive components of instinct. Neurosis psychology is endeavoring to find out what it is that causes processes belonging to the normal psychic life to become pathological.

## The Sense of Smell in the Neuroses and Psychoses\*

A. A. Brill

To cite this article: A. A. Brill (1932) The Sense of Smell in the Neuroses and Psychoses\*, The Psychoanalytic Quarterly, 1:1, 7-42, DOI: [10.1080/21674086.1932.11925133](https://doi.org/10.1080/21674086.1932.11925133)

To link to this article: <https://doi.org/10.1080/21674086.1932.11925133>



Published online: 11 Dec 2017.



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## THE SENSE OF SMELL IN THE NEUROSES AND PSYCHOSES\*

BY A. A. BRILL (NEW YORK)

The sense of smell unlike the sense of sight plays a very small part in the life of civilized man. One frequently hears the expression "Yes, I see," or "I can't see," which shows the great part played by sight in our psychic operations and that seeing is equivalent to understanding; but one never hears an expression such as, "Yes, I smell it," unless the expression concretely refers to some odor. Modern man has little need of his sense of smell. The female sex, to be sure, makes use of artificial perfumes, but this procedure has apparently an entirely different purport. As a rule civilized man is not only independent of this sense, but dislikes any odors emanating from human beings. A man on the verge of proposing to a young lady was suddenly stopped by the odor of perfume which came from behind her ears. This is an extreme case, but it is well known that most people dislike any human odor and that men are especially sensitive to the so-called *odeur de la femme*. Indeed, most men dislike even delicate artificial perfumes in women, and the old Latin saying, "*Mulier tum bene olet, ubi nihil olet*," is equally true to-day. Like many other physicians I have seen many a marital disruption as a result of ozenas and halitoses. Havelock Ellis<sup>1</sup> who made a thorough compilation of the subject states: "Under the usual conditions of life in Europe personal odor has sunk into the background; this has been so equally under the conditions of classic, mediaeval, and modern life. Personal odor has been generally regarded as unaesthetic." Indeed,

\* Read in part before the American Psychoanalytic Association at the New York Academy of Medicine, December 30, 1930.

<sup>1</sup> Ellis, Havelock: *Sexual Selection in Man*, F. A. Davis Co., 1906, p. 76.

in 1875 Disraeli had a law passed in London which defined a bad smell as a "nuisance."<sup>1</sup>

However, olfaction has played a great part in the life of animals, primitives, and even semi-enlightened people. Thus, Koch-Grünberg states of the South American Jungle Indians that a slight trace which would escape the nose of the European, frequently only a marred odor, gives the Indian a clue as to what path to take. Frederick O'Brien speaking of the South Sea Islanders states: "Their noses were sources of sensuous enjoyment to them beyond my capability. They inhaled emanations from flowers too subtle to touch my olfactory nerves." Of the Möis of Indo-China, Captain Baudeson avers that they possess keen vision and a highly developed sense of smell, which bring to their notice objects which would remain unobserved by Europeans. And, Stefansson<sup>2</sup> says the same of the Eskimo: "For my experience is, that while in eyesight, hearing, and every other natural faculty he is about the same as the rest of us, he does seem to excel in the sense of smell."

Among semi-enlightened people like the desert Arabs the sense of smell still plays a great part. Thus, Musil<sup>3</sup> tells us that unlike Southern Europeans who fear the "evil eye," the Bedouins fear nothing as much as an "evil smell." And Doughty<sup>4</sup> in his classical work, states that the desert nomads "are very imaginative of all odours."

But even among more civilized peoples, Oriental, Southern European, and South American, the sense of smell plays an important part. The Western European is impressed by the numerous odors, in the main disagreeable, that assail his nostrils in Southern Europe and South America, where the better classes make much use of perfumes. Harry Franck<sup>5</sup>

<sup>1</sup> McKenzie, Dan: *Aromatics of the Soul*, p. 12.

<sup>2</sup> Stefansson, V.: *The Friendly Arctic*, p. 59.

<sup>3</sup> Musil: *Arabia Deserta*.

<sup>4</sup> Doughty, Chas. M.: *Wandering in Arabia*.

<sup>5</sup> Franck, Harry: *Vagabonding Down the Andes*, p. 162.

states: "On the street the passing of the women was usually marked by an all but overwhelming scent of the cheap and pungent perfumes to which all the 'decente' class, male or female, is addicted." There is no doubt that indulgence in the use of perfumes is largely a feminine outlet; no boudoir is complete without at least some sparkling perfume bottles, odoriferous creams and scented powders. The question that obtrudes itself is this: Do women use perfumes as a direct outlet, as a gratification for their own olfactory sense, as a disguise for their own natural odors, or perhaps as a direct stimulation to the outside world?

To answer these questions, one would have to delve into the biontic (individual) and phyletic (racial) development of the senses, a task quite impossible here. It may not be amiss, however, to mention a few fragmentary facts about the sense of smell in those animals which are related to mankind. In mammals, we find that the sense of smell is used both in the struggle for existence and in mating. Naturalists tell us that these animals chiefly depend upon the olfactory sense. Their universe is a universe of odors. Let us hear, for example, what the great naturalist, W. H. Hudson, has to say about the sense of smell in horses. He tells<sup>1</sup> of a common phenomenon observed in the pampas, namely, the sudden migration of the horses of a district to some distant place. "A slight breeze blowing from the more favored region, which may be forty or fifty miles away, or even farther, is enough to start them off. Yet, during the scorching days of midsummer, very little moisture or smell of grass can possibly reach them from such a distance." And in his most interesting work, *A Hind in Richmond Park*, he tells how the dog conducts himself when we take him for a walk: "Now, take him into a still wood, abounding in wild life, and make him lie down quietly at your feet and watch him. He knows that he must obey the irksome order, and

<sup>1</sup> Hudson, W. H.: *The Naturalist in La Plata*.

closes his eyes and pretends to be asleep; but he is awake, in a bath of emanations; you can see it in the perpetual twitching of the nose, and from the nose the suppressed excitement flies." Numerous examples can be cited to show that this keen sense of smell is observed not only in all mammalia, but also in birds, especially the vulture and crow, as well as in insects.

However, when we say that civilized man seems to make no use of his sense of smell, we naturally have in mind civilized adult persons. Children, like animals, make good use of their sense of smell. Of the numerous examples of the active sense of smell observed by me in children, I shall mention one: A little boy of about three was present when his mother received a box of candy from a friend. He displayed marked avidity for it, but his mother forbade his tasting it until after dinner, when he was to receive two pieces of chocolate. His mother and her visitor then left the room for about half an hour and on their return they found little Henry sitting on the floor surrounded by the contents of the box. When he was asked to account for his actions he avowed that he did not eat any of the candy—which was true—but that he had only smelled it. He had taken the paper off each piece, smelled it, and wrapped it up again.<sup>1</sup> The mother observed that he had the habit of smelling everything before tasting it. All children make good use of the sense of smell in early life; some of them, as we shall learn later, retain it even in adult life; most of them, however, lose it, so to speak, as they grow older.

One of my patients told me that as far back as he could remember he was always sensitive to odors, especially his mother's odor. During his early boyhood he had the habit of rushing to occupy the chair vacated by his mother because the odor she left there attracted him. But, as this case already leads us into the abnormal, which we do not care to take up

<sup>1</sup> Ferenczi reported many interesting observations of a similar nature. Cf. Chapter XIII of his *Contributions to Psycho-Analysis*, trans. by Ernest Jones.

yet, we shall simply repeat that whereas animals, primitives, and children still are markedly influenced and guided by the sense of smell, civilized mankind is gradually losing this sense, despite the fact that odors in the form of perfumes still continue to play a great part in the feminine life of even the most civilized people. One needs only to look at the numerous full page advertisements devoted to perfumes, odor-killing soaps, and mouth washes to become convinced of this.

Freud has taught us that the supposed wide gap between normal and abnormal manifestations hardly exists, that they gradually merge into one another, and that we must start with the abnormal manifestations in order to understand the normal ones. If we wish to follow this procedure and examine the pathological manifestations associated with olfaction we find but few references, scattered here and there. Havelock Ellis, who, as we mentioned above, collected the literature and discussed this subject at length, makes this interesting statement: "Many eminent alienists in various countries are of the opinion that there is a special tendency to the association of olfactory hallucinations with sexual manifestations",<sup>1</sup> and he quotes such authorities as Krafft-Ebing, Connolly Norman, G. H. Savage, Féré, and others to substantiate this. It is significant that all his authorities are of the 19th century, for if we pursue this subject to the present date, we soon discover that modern psychiatry occupies itself very little with the sense of smell. We can find abundant material relating to hysterical blindness, deafness, pains and aches, disturbances of locomotion, hallucinations of hearing, sight, and general sensations, but we look in vain for an account of psychic disturbances of olfaction. Text-books on mental diseases give little space to disturbances of the sense of smell. Thus, Church and Peterson state:<sup>2</sup>

<sup>1</sup> Ellis, Havelock: *l. c.*, p. 70.

<sup>2</sup> Church and Peterson: *Nervous and Mental Diseases*, p. 66.

"Hallucinations of smell are rare," and Bleuler,<sup>1</sup> who devotes only a few lines to hallucinations of smell, which he puts together with those of taste, states that they rarely appear alone; that one sometimes observes them in the later stages of manic paresis, in schizophrenic delusions in the form of disgusting poisonous substances like pitch and sulphur; and that smells "are very rarely hallucinated." In psychoanalytic literature one finds very little that refers to the sense of smell. The works of Ferenczi<sup>2</sup> and Jones<sup>3</sup> seem to be the only exceptions. But no neurosis or neurotic disturbances revolving directly around the sense of smell have I encountered in the literature. Long ago I reported a case of compulsion neurosis in which smell played a prominent part, and in my extensive clinical experience I recall only one patient who sought treatment at the clinic because she was suffering from peculiar and disagreeable odors which appeared suddenly at regular intervals.

In his very instructive paper on compulsion neuroses,<sup>4</sup> Freud mentioned the fact that his patient was a "*Riecher*," a smeller, who in childhood recognized people by their odor like a dog. He stated that he had seen similar olfactory manifestations in neurotics, and that olfaction-pleasure (*Riechlust*), which disappears in childhood, plays a part in the genesis of the neuroses. In his unassuming manner, he ends this paragraph with the following significant remarks: "In a general way I should like to raise the question whether the inevitable stunting of the sense of smell as a result of man's turning away from the earth and the organic repression of smell-pleasure produced by it, does not largely share in his predisposition to nervous diseases. It would thus furnish an explanation for the fact, that with the advance of

<sup>1</sup> Bleuler, E.: *Lehrb. d. Psychiatrie*, 3rd ed., p. 48.

<sup>2</sup> *l. c.*

<sup>3</sup> Jones, Ernest: *Papers on Applied Psycho-Analysis*, p. 312.

<sup>4</sup> Freud, S.: *Bemerkungen über einen Fall von Zwangsneurose*, Ges. Schr., VIII, p. 350. (1908).

civilization it is precisely the sexual life which must become the victim of repression. For we have long known what an intimate relation exists in the animal organization between the sexual impulse and the function of the olfactory organ." Freud implies here that the abandonment of smell-pleasure plays a part in the genesis of the neuroses, because of the erstwhile intimate association between the sex instinct and the sense of smell, and that with the advance of civilization when the sense of smell fell more and more into desuetude the sexual life of man, which was intimately connected with it, has perforce suffered in consequence.

A year later in 1909, we find the following footnote in the second edition of the *Three Contributions to the Theory of Sex*: "Psychoanalysis has filled up the gap in the understanding of fetichisms by showing that the selection of the fetich depends on a coprophilic smell-desire which has been lost through repression. Feet and hair are strong-smelling objects which are raised to fetiches after the sensation of smell now unpleasant, has been given up. Accordingly, only the filthy and ill-smelling foot is the sexual object in the perversion which corresponds to the foot fetichism." Twenty years later, in *Das Unbehagen in der Kultur*, Freud again speaks of the sense of smell and shows the great part it played in the evolution of the family.

A few years ago I was consulted by a blind man of 49, who showed a marked impairment of all his senses.<sup>1</sup> His sense of sight was almost absent,—he could distinguish light and vague outlines of big objects; his sense of hearing was poor,—practically absent in the right ear; his sense of taste he described as "vague, sufficient to distinguish between sweet and bitter, but not strong enough to find relish in any food." His sense of smell was entirely absent, according to the neurologists, because of a congenital atrophy of the olfactory nerve. The patient maintained that as a result of these

<sup>1</sup> A summary of this case was presented in my paper, *The Death Instinct*, before the N. Y. Ps. Society.

sensory deficiencies he never experienced any sensation of hunger even after abstaining from food completely for several days. When I questioned him about his *vita sexualis* he stated that the "sexual appetite never appeared in consciousness." Further investigation showed that no female ever played a part in his sex fantasies; only on two occasions did he dream of women—both were prostitutes who even in his dreams inspired him with disgust. But it soon became clear that the patient was a masochist of the flagellant type. His whole history showed that he was a pronounced passive algolagniac. He recalled, for example, that spanking by his father appealed to him as early as his third year. His sensory deficiencies, especially his poor environment (which cannot be described here), furnished a proper soil for the following fundamental trauma which occurred at five: A crowd of boys were playing court. He was selected to play the culprit, and was condemned to receive ten lashes for having stolen a diamond ring. Although he originally entered into the game voluntarily he conceived the punishment as very humiliating and never forgot the mortification which it caused him. He actually fancied himself a real culprit, and developed a feminine masochism,<sup>1</sup> a form he has maintained ever since. Without entering into the deeper mechanisms of this case, it does not seem illogical to conclude that the deficiency or absence of the senses of hearing, sight, taste, and smell must have played a great part in the predisposition to, and the development of this perversion. For, we must agree with Magnus Hirschfeld, who in his analysis of love states: "Das geliebte Objekt bildet für alle sensorischen Reizstellen des liebenden Subjekts die Ausgangsstelle wohlthuender Empfindungen. Da die ganze Körperoberfläche physiologisch ein Sinnesorgan ist, ausgestattet mit Milliarden Empfangsstationen von eigenartiger Empfindlichkeit, so gibt es kaum eine Partie unserer Peripherie, aus der nicht die sexuelle Reizung erfolgen könnte."<sup>2</sup> ("The beloved object is the source for

<sup>1</sup> Freud, S.: Ges. Schr. V, p. 376.

<sup>2</sup> *Vom Wesen der Liebe*, Jahrb. f. sexuelle Zwischenstufen, VIII: 7.

pleasing sensations in all the stimulable sense organs of the amorous subject. But, as the whole surface of the body is physiologically a sense organ, equipped with billions of receiving stations of peculiar sensitiveness, there is hardly a single part of our periphery from which sexual stimulation could not emanate.") It is quite obvious that normal sexual development must depend on the existence of an unimpaired sensorium. Perfect sight, hearing, taste, smell, and touch will surely be more conducive to thorough and quicker appreciation of the love object. One here recalls Freud's statement that in all sex abnormalities—perversions and inversions—there is an executive weakness of the *vita sexualis* to start with. In our case the patient's hearing and sight were markedly impaired; the former weakness showed itself in early childhood and increased with age, while his sense of sight was so poor from the beginning that he had to be educated in an institution for the blind. Last, but not least, his sense of taste and of smell were congenitally absent. Tactile sensation alone was intact. If anything, his sense of touch was somewhat enhanced. But if we attach much more importance to the absence of the sense of smell it is because of the assumed relationship, anatomical and physiological, between the nose and the genitals. Thus, Havelock Ellis after citing numerous authorities and cases states: "It is thus possible that defective sexual development tends to be associated with corresponding olfactory defects."<sup>1</sup> That such a relationship actually exists has been claimed by many observers of normal and abnormal life. Krafft-Ebing states:<sup>2</sup> "In beasts the influence of olfactory perception on the sexual sense is unmistakable." Among the many confirmations of his statement he mentions that Schiff extirpated the olfactory nerves in puppies, and found that as the animals grew up, the male was unable to recognize the female as such. On the other hand, Mantegazza removed the eyes of rabbits and found that this defect did not in any way interfere with pro-

<sup>1</sup> *l. c.*, p. 65.

<sup>2</sup> *Psychopathia Sexualis*, Login, N. Y., 1908, p. 31.

creation. Many other reliable observers have pointed out the marked association between the nose and sex. Some go so far as to maintain that the kiss owes its origin to the sense of smell, rather than to taste, which explains why most peoples inhabiting this globe do not resort to kissing in the Western sense, but to the so-called "nose greeting"<sup>1</sup> when they wish to express love. This mode of salutation in one form or another, that is, the application of nose to nose, or to the face or hand is practised throughout a large part of the Pacific and in the Far East. The Japanese movie censors still cut out all vehement kissing scenes from European movies. Only a few years ago the chief of police of Tokio removed a bronze production of Rodin's masterpiece, "The Kiss," from a loan exhibition sent to Tokio by the Paris Academy of Art, because as he put it, "Kissing is a loathsome habit." The intimate relation between olfaction and sex has been pointed out by Fliess and others. Fliess demonstrated the so-called "*Genitalstellen*" (genital spots) in the nose of women, which when cocainized controlled painful menstruation. And Hans Henning has called attention to the fact that there is a direct transition from the olfactory gyrus to the gyrus fornicatus. Without dilating further upon the relation between odor and sex, which would lead us too far afield, we repeat that it is not far-fetched to state that the need for flagellation, which expressed itself mostly in our patient's phantasies, was due to an erotization of his tactile sense, the only sense left him. There was no sense organ other than the tactile ones through which the libido could express itself in any adequate way, so his feminine masochism offered him the best or rather the only sexual outlet. On the psychosexual side, there was a definite mother fixation upon which was later imposed a very shocking trauma in the form of sexual assaults by an older, insane sister.

In two cases of compulsion neurosis where the most out-

<sup>1</sup> Scheuer, O. F.: *Handwörterbuch der Sexualwissenschaft*, Marcus and Weber, 1926, p. 423.

standing symptom was halitosis, I could directly trace the symptom to early pleasure in smell emanating from the mothers of the patients. In case A., the mother had suffered all her life from nasal and sinus disturbances from which she died when the patient was nine. This patient, a man of thirty-six, was extremely sensitive to human, especially female, odors. His sex potency depended entirely on the sense of smell,—if a woman had any odor recalling his mother the patient became impotent. After years of thought he finally developed the following scheme of sexual practise. He always carried along strong perfumes which he poured on the woman in question in order to disguise her own natural odor. But even with this ceremonial he could effect only a weak or inadequate outlet. Most of his outlet was of a peculiar auto-erotic nature. He rubbed his testicles and then smelled his hands, eventually attaining an ejaculation. Here the neurosis represented the negative of the perversion; instead of becoming a *renifleur*,<sup>1</sup> he was constantly afraid of affecting his environment through his malodorous breath, halitosis.

The other case of halitosis was in a passive homosexual, B., a man of thirty-nine, who in struggling against his inversion developed a number of schizoid-obsessive symptoms. As far back as he could recall he was able to tell people by odors, especially his cousin, a woman five years his senior, with whom he was brought up. He claimed to be able to tell her presence when she was "blocks away" by the odor she emanated. He assured me, however, that she was a perfectly normal, married woman who was not at all conspicuous in any environment through her odoriferous emanations. The only explanation for this phenomenon is the fact that he was with her throughout his early childhood. He also claimed that he could tell a menstruating woman by her odor. This patient showed a number of obsessive symptoms referable to oral, nasal and anal-sadistic impulses. Walking in the street,

<sup>1</sup> This term is used here in the broad sense of partial or complete gratification through the sense of smell.

he imagined that some man walking behind him might wish to perform paederasty with him; at times this phantasy was so strong that he had to turn around and look. Usually he realized that he only imagined his halitosis, but now and then he actually could smell his own "foul breath" and then had to take measures against it. Thus, ordinarily he disliked smoking, but when his halitosis obsessed him he smoked incessantly so as to saturate his breath with the odor of tobacco; he also used various mouth washes and aromatics. His attitude to life was that of a typical anal character. He was very squeamish about physical and psychical matters, very accurate and orderly. He had a habit of correcting himself, and often the analyst, whenever there was any semblance of a rhetorical barbarism in the conversation. He constantly hurled invectives at his colleagues of the dental profession for not practising aseptic dentistry. In addition to his major vocation he was also studying vocal music, played the cello, and hoped to become an opera tenor. In contrast to his outward cleanliness he very frequently used such expressions as "stench," "stink," "skunk," and "foul mouthed." When I asked him to tell me what joke appealed to him most he immediately began to laugh and recalled one on himself. A few years ago while speaking to some ladies about a young man and wishing to say "He is a smart fellow," he said instead "He is a 'fart smeller'." It was impossible to analyze him continuously, for something almost always happened to his finances and interrupted the analysis. In general, his sexuality was weak—in addition to the masturbation referred to, which rarely occurred, he had had homosexual experiences, but only on three occasions.

As a symptom of psychogenic origin, disturbances of smell appear quite frequently in many types of neuroses and psychoses. To be sure, most of the smell disturbances are of secondary importance to the patients. They usually put another symptom in the foreground, as will be shown by the following case reported in 1912: J. L. had a compulsion

neurosis of about twelve years' duration. The main symptom was apparently mysophobia with the defense reaction of handwashing. But should you read this case as I reported it, you would find this significant statement: "His phobia for odors was just as marked."<sup>1</sup> This patient, whose nasal cavity was considered normal, constantly smelled peculiar odors which he interpreted as poisons. In the characteristic compulsive manner he always investigated these smells and always discovered their poisonous sources; *e.g.*, that the floor of his room was cleaned with a chemical preparation containing carbolic acid. If a peculiar odor struck him on the street, he was sure to discover a paint shop or a drug store on the block, places which contained poisons. The following quotations from the history of his childhood are of special interest when considered in the light of my explanation of his neurosis: "He displayed a strong desire for coprophilic activities. He took an unusual interest in faeces and urine; he liked the odor of water-closets; and one of his favorite indulgences was to put his finger between his sweating toes and then smell them." (p. 194.) "The immediate onset of the symptoms was probably helped by the fact that for days before she died his mother's stools were of a very offensive odor." (p. 196.) Indeed from my original notes it appeared that this case might be re-written to bring out the leading part played by the sense of smell. This patient has remained well since his discharge, *but soon after his discharge he changed his vocation to that of a perfumer, and has been a successful dealer in perfumes ever since.*

A patient of mine, V., a young man twenty-seven years old, suffered from a mixed neurosis—anxiety and compulsions. He complained of many somato-psychic feelings in the head. He was constantly afraid that the fly of his trousers was open and went through a tic-like movement with his right arm—brushing sideways against the fly—to make sure that this

<sup>1</sup> Brill, A. A.: *Psychoanalysis, Its Theories and Practical Application*, ed. 3, W. B. Saunders, 1922, p. 193.

was not the case. He also occupied himself obsessively with his shoes. He imagined that one shoe was tighter than the other, which he could not endure. He repeatedly took off and put on his shoes, tied and untied them. These and other symptoms had existed for many years with greater or less severity. Among his somatic complaints there was chronic nasal catarrh which apparently did not yield to any treatment.

Investigation soon showed that from the age of about two this patient had been a shoe fetichist. At that age he was often pacified by playing with his mother's or with his nurse's shoes. It was impossible to discover how this practise arose. It surely started before the age of three, for it was demonstrated that even at this age the patient cried for shoes on being put to bed. Later, when he was older and could not obtain any at home, he usually found one in some rubbish heap. This practise ceased during the latency period to start again at puberty, and then continued until about two years before he came to me for treatment. There was a certain ceremonial or cycle about it which was definitely observed since the age of about fifteen. For months he would freely indulge in the perversion and then enter a state of mild depression during which he would give it up for a few months, to resume it again after a short interval. He recalled only one period of his life—from eighteen to twenty—during which he was quite free from this perversion. It is significant to note that during these two years he worked in a gas factory. This patient made a good recovery as far as the fetichism is concerned. He gave up the fetich and made a fair heterosexual adjustment. *But, after trying a number of vocations he accidentally became interested in a rose farm and has been a successful cultivator of flowers ever since.*

Prominent in this case is the fact that the hysterical and compulsive ideas were based altogether on the inability of the patient to indulge a component impulse of the sex instinct—the sense of smell which was accidentally or constitutionally brought into play in early life. The libidinal

attraction emanating from this sense was first gratified by the mother's shoes, which then were raised to the position of a fetich, and later, when this fetich had to be abandoned, as a result of conflict, the libido found its discharge through hysterical and compulsive symptoms, the latter of which represented the negative of the perversion.

Cases in which the sense of smell dominates the whole neurotic picture are surely rare, but wherever this exists other pregenital organizations are usually involved as well. Another patient of mine, a compulsive neurotic woman with schizophrenic trends, seemed to be dominated by the olfactory sense. She was in constant struggle with her family because she insisted on knowing when they defaecated, and as she had two older brothers and a younger sister she was kept quite busy. Her reason for this peculiar interest was her extreme sensitiveness to odors. She claimed that she was unable to use the bathroom until an hour after it had been used by any other member of her family. She insisted therefore on being informed whenever such an event occurred in order to know that she could enter one of the bathrooms without becoming "terribly upset by the odor." She was also sensitive to other odors. She once refused to eat because her father came into the dining room with an odor of ointment from an injured finger; the odor of bananas was especially obnoxious to her. She could detect the faintest odor, but was particularly sensitive to the smell of faeces.<sup>1</sup>

In the psychoses we sometimes find hallucinations of odors dominating the whole picture. I saw a schizoid-manic boy of eighteen, C., whose whole psychosis revolved around the delusion that a very disagreeable odor continually emanated from his rectum, and could be detected by everyone near him. He refused to go to the class room because he was sure that his classmates were repelled by this disagreeable odor

<sup>1</sup>It is of interest that her suicidal phantasies revolved exclusively on gas inhalation.

and kept away from him. This boy was burdened by heredity and his whole development was that of a pronounced schizoid personality. He had never progressed much beyond the pregenital levels, and his symptom was an outward projection of his anal-sadism. His whole "will to power" lay in his ability to influence his fellow beings through anal activities.

As I said above, very little has been written about the sense of smell in the psychoses, but whenever it is found as a symptom the patient usually conceives the odor as disagreeable, even if the odor happens to be sexually stimulating, as shown in the following case: D., a paranoid dementia praecox spinster, was annoyed by a "sensuous smoke" which came from her imaginary lover. She could smell it on the eighth floor of her apartment and perceived it as disagreeable because it excited her sexually.

A number of patients with dementia praecox who were faeces smearers, were observed by me. A young schizophrenic smeared faeces over everything. He would lock himself in the toilet and remain there for hours indulging in this disgusting activity. He explained his behavior by saying that he liked the odor of faeces, and as it was definitely established that he also masturbated while smearing in the toilet, it may be assumed that the smell of faeces acted as a direct sexual stimulant. In contrast to J. L. and V., the symptom represented here a perverse activity. By virtue of the schizophrenic process this patient was altogether indifferent to the outer world; he acted like a child before it develops the super-ego. He felt no disgust, and locked himself in the toilet simply because he knew that he would otherwise be prevented from indulging in his practises.

The rôle of the sense of smell may become particularly enhanced and sexualized, when as a result of an organic determinant the individual lacks the sense of sight, as will be shown in the following case:

I was consulted by a blind man of thirty-two, G., previously

analyzed for a short time by another physician. The patient was born almost blind and at the age of four his eyes were removed. He was brought up in an institution for the blind, and although he received only a high school education, gave the impression of a person much above the average in education and intelligence. He came for treatment because he was obsessed by the idea of killing someone in order to get a dead body. He liked very much the smells of perfumes, of grass, of flowers, and of soil, chiefly because these smells stimulated his appetite for dead bodies. This perverse craving began in early childhood, when he used to sneak away from the family and go into the cellar, where he would search for garbage, manure, and dead mice and rats. As he grew older, he preferred to play with little girls because his blindness handicapped him in his competition with boys. Early in boyhood he developed the habit of grasping little girls, kissing and hugging them. He soon knew that he wanted as much contact as possible. Hence, he selected those girls who were taller and stouter than himself, but as he frequently encountered a resistance to his advances, the thought occurred to him: "If they were dead, they could not object to my company and my behavior." He did not simply wish to kiss a girl; he followed a definite procedure,—"I would hold her tight, standing face to face. I would put my lips against hers, my nose against hers, and would breathe in when she breathed out and vice versa." At a very early age he had dreams of finding dead female bodies in the cellar. As he grew older, he had phantasies of fat tall women, either dying or dead, whom he could hug and kiss to his heart's content. His desire for hugging and kissing women became stronger and stronger in boyhood; he took every opportunity to hug his mother and sisters. They soon recognized or sensed that his behavior was abnormal. When they repulsed him he would say "If you were dead, I could kiss and hug you as much as I liked, and you could not refuse." When he matured and realized his monstrous desire for dead girls and

women, and the dangers that went with it, he displaced this desire to dead animals. His description of what a dead woman would offer him reads like a gourmet's idea of a Lucullan feast. He dilated upon all delicacies of decayed flesh, how to cure it to bring out the odor, etc.; but as the smell of a human body would attract too much attention and subsequent discovery, he finally decided to be satisfied with a dead horse. He at first knew no particular reason for selecting a horse; he thought "The bigger the animal, the more carrion; but where can one get a dead whale or elephant?" Moreover, the scream of the horse, like the scream of a woman, gives him a mixed feeling of fear and pleasure. For many years the horse played the most important part in his phantasies. His great phantasy was to have a secluded farm and a horse; he described how he would fatten the horse, give it indigestion, and finally kill it. The phantasies always revolve around a mare, which he imagines "mating with a stallion in order to get her pregnant and then kill her when she is about to foal." As the mare is a substitute for a woman, the following quotation is quite significant: "I often think what fun it would be to see a baby horse lying on the breast of the dead mare and trying to drink milk. Then the body bursts open and the foal has all it wants to drink. I have also thought the same thing of a dead woman and a baby on her breast." His dreams are full of such wishes; he shoots a mother bear after she gives birth to her cub while the latter lies on her breast drinking milk. In his waking state he has phantasies of drinking milk directly from a cow's udder, to which he vaguely associates that when about three years of age he fooled around with a cow's udders and was thrown down by the cow. One of his frequent phantasies is to get a farm, starve or kill all the animals, and then indulge himself in the manner described with the remains of dead bodies. If caught, he would ask that the court punish him by confining him with a dead body until he died from the effects of the odor.

Without going any further, we can say that this patient's great need was to be able to wallow in the slimy carrion of some dead female body. He was not only coprophilic, but also coprophagic; he often devoured horse manure and on occasion his own excrements. In trying to put his phantasies in operation he thought of wallowing in a manure heap, but as this was impractical, he thought of filling up the bath tub with dough and wallowing in it; but that, too, was not feasible and besides he thought it unsatisfactory. "I want the right kind of dirt, namely, carrion. Anything else would simply increase my desire for carrion." In his distress he once made a full confession to his mother and she decided to help him,—she proposed that he use a dead chicken and gave him one. "It was put in a box in the closet, and I hoped that it would soon decay and get the right odor. In order to hurry it, I mutilated the body and enjoyed the job very much! Wherever I went and whatever I did I had a lingering impression of the odor, which, while it pleased me, made me afraid that I would be discovered."

As to his sexual activities, the patient stated that he accidentally discovered masturbation at the age of twelve and found that it relieved him from the desire for carrion. He soon discovered, however, that masturbation was wrong, that it weakens, etc., and gave it up. He never had any desire for coitus; he could not grasp it at all emotionally. When his favorite sister discovered his horrible secret she got the idea that all he needed was sex and in order to cure him she offered herself to him. It was a failure. The same thing happened when both a doctor and a friend to whom he confessed his perversion induced him to try a prostitute. What he actually craved was not genitality, but gratification of the olfactory, gustatory, and tactile senses. Instead of the normal integration of the senses, through partial repression and subjugation of the rest to the primacy of the genital, the various senses here remained more or less on a childish level and functioned to a large degree independently, the sense of smell

predominating. The patient remained polymorphous perverse; he was largely dominated by his infantile sexuality. However, he did make a strong effort towards object love, as I could readily see. Clinically this patient could be designated as a case of necrophilia.<sup>1</sup>

The clinical material presented thus far, scanty as it may seem, shows that the sense of smell plays a part in neurotic disturbances. It tends to corroborate Freud's assumption that the sexual life of man, which was originally regulated largely by olfaction, became subject to deep repressions when the sense of smell fell into desuetude in consequence of man's turning away from the earth. And by studying these olfactory disturbances we may be able to explain biontically and phyletically what Freud demonstrated clinically, namely, the great rôle of sexuality in the neuroses and psychoses.

In case 1, the senses of sight, taste, and hearing were markedly impaired and the sense of smell altogether absent. One may, therefore, say that here the libido took the only path left to it and expressed itself through the primordial tactile sense, the skin. The patient developed a feminine type of masochism—his greatest wish was to be flagellated brutally. In our necrophilic, where the sense of sight was congenitally absent, the sense of smell, which functions strongly only in childhood, not only continued, but attained the same level as in animals and primitives. The sense of taste and hearing were also somewhat overdeveloped. The patient was very fond of music; he would play the piano for hours at a time, and was supposed to be very proficient and gifted. His libido, however, found its greatest expression through the olfactory and gustatory senses. His greatest desire was not only to wallow in slimy carrion, but also to enjoy its odors and taste. He phantasied himself altogether encased in a dead woman or in a huge dead animal so as to feel, smell, and taste the carrion until the end of his days. Both of these cases represented perversions, or a continuation of the infantile component impulses of sex into adult life,

<sup>1</sup> More specifically the patient was a *renifleur* and *necrolagniac*.

in contrast to the cases of A. and B., who suffered from neuroses, from failures of sex repression, that is, from the negatives of perversions. Here, although all the senses were seemingly intact, the sense of smell seemed to be constitutionally enhanced, the patients found it hard to repress and sublimate their olfactory sense, and subsequently there was a failure in repression with the resulting obsessive ideas centering on halitosis. In the case of C., the schizoid-manic boy, there was a constitutional enhancement of the sense of smell, subsequent repression, failure in repression, and outward projection. He imagined that all his classmates ran away from him because of the disagreeable odor which emanated from his anus. All of these cases remained more or less on pregenital levels. None of them went through the normal stages of psychosexual development, never attained object libido, and most of them suffered from compulsion neuroses.

Moreover, the manifestations of the enhanced activity of the sense of smell are not infrequently observed in less extreme cases than those described here. Its unconscious manifestations are now and then encountered as a sublimated activity. I have in mind two patients who occupied their free time with the manufacturing of perfumes. Both of them were professional writers who could not account for their interest in this activity. One of them became so proficient a perfumer that his products were pronounced excellent by his lady friends. Both of them were of the compulsive type of character, and always showed a very weak *vita sexualis*. Only one was accessible to a few months' analytic study. I ascertained that he was always a smeller. He began to make perfumes at the age of fifty-five, years after he abandoned all manifest sexual activity. The patient was a pronounced aesthete, a weak homosexual of the artist type. His empathic index was Oscar Wilde, but he was also a great admirer of Zola.<sup>1</sup>

<sup>1</sup> Brill, A. A.: *The Empathic Index in the Neuroses and Psychoses*, Medical Record, Jan. 24, 1920.

It is interesting to mention in this connection that like many distinguished literateurs both Wilde and Zola were interested in perfumes and odors. Oscar Wilde in *The Picture of Dorian Gray* gives the following account of the influence of odors on the emotions: "And so he would now study perfumes, and the secrets of their manufacture, distilling heavily scented oils, and burning odorous gums from the East. He saw that there was no mood of the mind that had not its counterpart in the sensuous life, and set himself to discover their true relations, wondering what there was in frankincense that made one mystical, and in ambergris that stirred one's passions, and in violets that woke the memory of dead romances, and in musk that troubled the brain, and in champak that stained the imagination; and seeking often to elaborate a real psychology of perfumes, and to estimate the several influences of sweet-smelling roots, and scented pollen-laden flowers, or aromatic balms, and of dark and fragrant woods, of spikenard that sickens, of hovenia that makes men mad, and of aloes that are said to be able to expel melancholy from the soul." Of Zola, Nordau states: "His consciousness is continually pursued by representations referring to ordure, abdominal functions, and everything connected with them."<sup>1</sup> The sense of smell is very predominant in Zola's work. He characterizes all his personages by their smell.<sup>2</sup> Many other celebrated writers show a similar interest in odors; Schiller, Poe, Baudelaire, Shelley, Tolstoi, and Nietzsche are noted examples.

In some works odor plays no predominant rôle, but now and then it crops up significantly. In Ben Jonson's "Drink to me only with thine eyes," we find the following lines:

"Since when it grows, and smells, I swear,  
Not of itself but thee."

<sup>1</sup> *Degeneration*, p. 499.

<sup>2</sup> Bernard, L.: *Les odeurs dans les romans de Zola*, Montpellier, 1899.

which refer to the fact that he sent Celia a rose wreath upon which she breathed, then returned.<sup>1</sup>

It is also well known that odors long buried in the unconscious may suddenly be brought to the surface by some association and in some cases may produce very disturbing effects. I recall a patient whose frequently recurring moods were often determined by odors. Thus, seeing a pink, the odor of it would come to his mind, and then recall depressing scenes of his early childhood which might then persist for hours or sometimes for days. The patient, a man of 45, was of the manic-depressive type, but his depressions were short, lasting from a few hours to a few days, and they differed materially from the typical depression of manic-depressive psychosis. The patient was not aware of the origin of his moody states until he was under analysis. The case of a woman of thirty-eight years may be mentioned whose hay-fever was entirely due to the unconscious recollection of odors.<sup>2</sup>

But the most sudden change of sexual behavior produced by odor in an otherwise normal man will be shown in the following case:

A successful lawyer became cool to his wife and as his behavior did not change she finally consulted their mutual friend, a judge, who recognized that he was dealing with a psychopathological situation. The patient was perfectly normal mentally, and had no complaints against his wife with whom he had lived well for about twenty years. Investigation showed that about two years previously while his family was in the country, he had been forced to remain in his office until late in order to finish up an important legal matter. While he was busily occupied, an elderly scrub woman entered and proceeded to clean the office. At first

<sup>1</sup> Mordell: *The Erotic Motive in Literature*, p. 151.

<sup>2</sup> Under the heading: "Paint Fumes Remind Curtis Why He Changed His Career," the *New York Times* reported how Vice-President Curtis suddenly recalled a disagreeable episode of his early life. *The New York Times*, October 3, 1931.

he paid no special attention to her, but presently as he observed her squatting on the floor and scrubbing, he became very excited,—“lost my mind,”—and assaulted her sexually. He maintained that despite the repulsion which she ordinarily inspired in him, she had a morbid fascination for him, so that he was compelled to see her at least once or twice a month. He therefore felt guilty towards his wife whom he really “loved and pitied” despite the fact that she no longer appealed to him erotically. Indeed, he felt that under the circumstances he had no right to approach her. Analysis showed that the patient had lost his mother at about the age of two, and then had been brought up by a faithful housekeeper, Bridget, who was the prototype of the scrub woman in question. Bridget evidently gave him more than the ordinary share of love and attention. He was with her all the time, eating and sleeping with her until he was five or six years old, when she suddenly died. However, these childhood associations were not responsible for the erotic situation—analysis showed that odor or odors provoked this overwhelming excitement. It was the stuffy humid air, the sour odor of perspiration, the musty odor of dirty water and wet floor—all of which were intimately associated with the memory image of his foster-mother. To be sure this patient was constitutionally “a smeller”.

In the nineties the Western World was aroused by the elopement of the American “Princess de Chimay” (née Clara Ward of Nebraska) with the gypsy fiddler, Rigo. According to Hagen she told a journalist that she was irresistibly attracted to this gypsy by his body odor.<sup>1</sup>

There are a number of historical characters famous for their sensitiveness to odors. According to Ludwig, Napoleon was very sensitive to odors and always masked unpleasant ones with large quantities of Cologne water. Mereschowskij quotes him as saying about Corsica: “I would recognize my

<sup>1</sup> Stoll, A.: *Das Geschlechtsleben in der Völkerpsychologie*.

land of birth with my eyes closed, solely and alone by its odor." The great Richelieu is said to have lived in an atmosphere laden with the heaviest perfumes in order to stimulate his sex function. Henry IV of France was more or less of a *renifleur*, as we see from his famous message to Gabrielle d'Estrées: "*J'arrive, ne vous lavez pas.*"

Occasionally one encounters sublimations or vocations which seem to be direct descendants of the sense of smell. The compulsive neurotics mentioned above who, after analysis, became respectively a perfumer and a florist illustrate this. I also know of an anal-erotic composer who refers to the odor of urine as the "delicious smell," who does not hesitate to break wind in the presence of friends, and who calls his compositions by such odoriferous names as *violets*, *lilies*, *lilacs*, *roses*, etc. Another patient, P., a married man of forty, treated successfully for depression with compulsions (mixed neurosis), visited me years after he was discharged, and showed me an invention he had made. The basic idea was to appeal simultaneously to the senses of smell and sight in the advertising of certain commodities. He opened what looked like an ordinary magazine containing full page advertisements and while I looked at the ad of "Sunkist Oranges" I saw not only the pictorial representation of oranges, but I also felt the scent of oranges. The patient had lost his father at the age of five and hardly remembered him, and his mother at the age of nine. The latter had been suffering for many years from some chronic disease, probably tuberculosis of the intestinal tract, during which time the environment was filled with disagreeable odors, medication, and deodorants. This patient was not what could be called a constitutional smeller, although he was quite sensitive to odors, and in his analysis there were dreams and associations of smell connected with his mother. His invention, as well as the vocations of the patients previously mentioned, represent the final adjustment of a disturbance of mother cathexis.

It is not far-fetched to state that these, so to speak, olfac-

tory occupations of J. L., V., and P. actually represented the last links of the earliest mother cathexis in which the sense of smell played a predominant part. Thus, J. L.'s neurosis came to the surface right after his mother had died of a cancer of the liver after a prolonged illness, during which the foul odors from his mother unconsciously recalled his early interest in filthy odors for which he had been repeatedly punished by his parents. When later, he had repressed this need for coprophilic odors, the patient became cleanly to the point of squeamishness in both the physical and the moral sense. Although his adjustment to life was quite good, he continually showed moral and religious conflicts. The repression of his component impulses was not complete and they gradually emerged following his mother's death, when he began to show his mysophobic symptoms. It is also significant that until he became a perfumer he had been much dissatisfied with his vocation, the wholesale drug business, which he had inherited from his father. Over and over again he would leave it but he always returned in order to please his mother. Within a few months after his analysis he disposed of it for good and took up perfumes. He had no idea why he selected this particular vocation; I consider it a normal adult adjustment to his mother on the basis of a constitutionally enhanced sense of smell, which was intimately associated with her.

V.'s shoe fetichism could be traced directly to his mother. Much in his case corroborates Freud's views on fetichism.<sup>1</sup> Here again we find a constitutional reinforcement of accidental factors. V. was the only child of a rather obese mother, who judging by the patient's associations, either suffered from bromidrosis or evinced something very much related to it. I never discussed his selection of the vocation of florist.

In the case of the "inventor" we again find a mother who

<sup>1</sup> Freud: *Fetischismus*, Ges. Schr., XI, p. 395.

for years emitted unpleasant odors. We can, therefore, assume that J. L., V., and P. unconsciously endeavored either to mask or to replace the unpleasant odors of their mother-cathexis by perfumes, flowers, and pleasant scents and sights, but that they all still adhered to the odoriferous mother. Whether the resulting *reniphilias* had their main origin in an innate constitution or were preponderantly determined by the environment is immaterial; we are only interested in the part played by the sense of smell in the individual's adjustment.

In summary we may say that although the sense of smell has been almost completely superseded and displaced by sight and touch, it surely continues to play a part, albeit an unconscious part, in the mental life of man. Naturalists and biologists have shown that smell plays an enormous part in mammalia, especially in carnivora and ungulata. It is also known that the sense of smell functions actively among primitive and semi-enlightened races, and last but not least in children. In the latter it gradually declines with age in its conscious form. Modern man has lived so long in a protected environment that he can easily dispense with a great part of his senses and especially with the sense of smell. There is no question that although the modern city man uses all his senses to a very limited extent, the senses, including smell, do not atrophy from disuse as some think, but always function, as it were, unconsciously. That they function even consciously when needed was amply demonstrated during the world war. Soldiers from various armies told me of incidents which demonstrated conclusively that when modern city men are forced back to the level of primitives and animals, as far as self-preservation is concerned, the acuity of their senses increases correspondingly. An officer of our army wanted me to explain how it was that he could tell that he was approaching a shell hole while driving without lights on pitch dark nights. He maintained that he could invariably do so. It was simple enough to

explain on the basis of a change of vibration due to a break of continuity in the road, which he readily grasped, but when it first happened to him he attributed it to Providence. His sense of hearing, sharpened by necessity, enabled him to perceive the slightest change of vibration. Another officer told me that he actually could smell the enemy, even when there were not many nearby. On one occasion he told his comrades that he smelled Germans and they laughed at him, but very soon some captives were actually brought in. When we read that the French claimed to recognize the *Boches* by their odor we attributed it to war hatred, but it was true none the less. A former German officer told me that the Germans had the same feeling about the French; and this was also true. The neglected sense of smell had to be mobilized in the war and it did its bit.

Nevertheless, there is no question that the sense of smell has been subjected to deeper repression than any other sense since man assumed an erect posture and turned away from the earth millions of years ago, and although it is dangerous to venture into the phyletic aspect of smell, it will do no harm to skirt the edge of it.

It was the object of this paper to show that olfaction plays a part in psychoneurotic diseases, and this being established, we also wished to know its relation to psychosexuality. Bionically and phyletically smell was always firmly associated with sex. For example, Ernst Haeckel<sup>1</sup> discussing the embryology of the mind states: "When the two cells meet as a result of copulation, or when they are brought into contact through artificial fertilization (in the fishes for instance) they attract each other and become firmly attached. The main cause of this cellular attraction is a chemical sensitive action of the protoplasm, allied to smell and taste, which we call 'erotic chemiotropism'; it may also be correctly (both in the chemical and in the romantic sense) termed 'cellular

<sup>1</sup> Haeckel, Ernst: *The Riddle of the Universe*, Harpers, 1901, p. 136.

affinity' or 'sexual cell-love'." Similar views were expressed by other observers. Iwan Bloch<sup>1</sup> quotes Steffens as saying that smell is the principal sense of the higher animals, and Kröner, that smell is the most essential element in the sex life of animals. Bloch, himself, maintains that the sense of smell is the most primordial elementary psychic phenomenon of love. Similar views are held by many other observers, and even a superficial glance at the love life of animals, primitive people, and Southern races will confirm these views. According to McKenzie the macrosmatic mammals whose vision is more or less restricted and whose muzzle is near the ground, are the most highly gifted. The dog, whose hunger and love instincts are altogether guided by smell, is a good example of this kind. Dan McKenzie, speaking of dogs, states: "He has the fondness for wallowing in the abominable until his coat is thoroughly impregnated, in order to give his human friends the olfactory pleasure he enjoys."<sup>2</sup> I have repeatedly observed this mode of behavior on the part of my own dog in the country. G., a perfectly intelligent blind man, felt the same about abominable odors, but unlike our *Veda*, who on such occasions acted as if intoxicated, wagging her tail, frisking, jumping, and barking, G. could only confess this feeling to his mother and the analyst. It does show, however, that a normal human being of today deprived of vision can regress to the level of macrosmatic animals and show a need for odoriferous gratifications in both hunger and sex. G.'s imagination of a wonderful meal was well decayed carrion, and whenever he had the opportunity for intimate contact with women he cared only for olfactory outlets. At five when his grandmother was in her last illness this little blind grandson,—her favorite, probably because he was so helpless,—expressed the wish to have her dead body after she died. Like vultures and other macrosmatic animals he undoubtedly perceived the *odor mortis* and like them was

<sup>1</sup> Bloch, Iwan: *Das Sexualleben unserer Zeit*.

<sup>2</sup> *l. c.*, p. 80.

attracted by it before death actually came.<sup>1</sup> On the other hand, the other blind patient, who lacked in addition also the senses of smell and taste, claimed never to have developed any "sex sense"; his libido followed the elementary path of the original indifferent epidermal cells, the tactile sense.

Nevertheless, as revolting as our necrophiliac's phantasies and behavior seem, we must not forget that our sportsmen prefer their game only after it begins to decay, when the feathers, so to speak, begin to fall out; and that the essentials of the most valuable perfumes are of very humble, one might even say, of disagreeable origin. Ambergris consists of undigested remnants of squids and octopuses found in the whale, others come from the sexual glands of the civet cat, musk-ox, musk-deer and beaver, and as Havelock Ellis has pointed out, even those perfumes which are made from flowers also have a sexual origin. Flowers represent, as it were, the mating period of plant life. It would thus seem that there is a certain ambivalence about olfaction. The sexual smell as such is perceived as offensive, but only when contemplated in cold blood. Nothing is not nice or disagreeable in a state of sex tension, or tumescence. Of the numerous complaints I have heard from men about disagreeable odors of women (wives and sweethearts) none came during the flush of love, when there was every reason to perceive odors. Moreover, one of my patients told me that any tumescence in him was always accompanied by bromidrosis, and another patient tells me that whenever he becomes emotional about any woman regardless of sex tension he perspires with a definite odor. Neither of these men experienced any difficulties with women. It is also noteworthy that no one dislikes his own aroma; it is only those of others that offend. The same *capryl* odors are thus now pleasant, or at least not offensive, judging by the amount of time cultured people spend in bath

<sup>1</sup> There is no question that the ubiquitous superstitions about death following the advent of some bird or animal are based entirely on the *odor mortis* which attracts these animals.

rooms, and now unpleasant. Odors have always been used to please and appease gods, as well as to drive away evil spirits. Jehovah was particularly fond of the sweet savours of burnt offerings—an odor which one would hardly relish nowadays. Last but not least, cultured humanity has a greater capacity to repress sexual smells than any other feelings. They are absolutely oblivious to them at the height of their existence, and they can recall them only with the greatest resistance. Odor probably unconsciously plays the same part in all love manifestations of civilized humanity as it does consciously among animals and primitives and many non-European races. Nevertheless, olfaction is endowed with greater affectivity than any of the other sensory activities despite their common origin. For all sense-organs are intimately related, in so far as they all originate from the indifferent cells of the epidermis. Slowly and gradually these cells acquired specific energy and adapted themselves to different stimuli, and became rod-cells, olfactory cells, cochlear cells, and gustatory cells. One might speculate that it is this common origin—separated of course by millions of years—which enables one sense organ to take over the libidinal activity of another, impaired or destroyed sense organ, as shown in our blind cases. But, despite this common origin and flexibility of the sense organs the sense of smell had been subjected to greater repression than all the other sense organs. *Sight, hearing, taste, and touch must also be repressed and sublimated, but their whole development concerns the biontic (individual) rather than phyletic evolution, and, in the sense of smell both the biontic and phyletic are involved.* When man assumed an erect posture and turned his nose away from the earth, smell fell more or less into disuse, which increased with the advance of primitive civilization, when the first sexual taboos were established. But, as the first taboos were primarily of an incestuous nature and smell was still an active sex function, primitive man was under special stress to curb this sense. This was especially the case

during rutting, which made itself felt first through the sense of smell. Here one can fully agree with Daly, who claims "The hypnotic sex-attractive *odour* given off by the female in 'heat' must have been one of man's greatest temptations to violate the incest taboo."<sup>1</sup>

At all events the repression of pleasure in smell began at the dawn of civilization with the beginning of sex control and has continued ever since. The beginning of sanitation was another though more recent cause for the repression of smell. Daly may be perfectly correct in assuming "odours of a subtle nature operating directly in the service of the function of reproduction which are to be differentiated from the coprophilic odours," but at present no differentiation is possible. "*Damnatus sumus nam inter urinas and facinas nascimur*" as the monks would have it.

I have referred to a patient who was prevented from carrying out a proposal of marriage by a faint odor of perfume which came from behind the ears of his beloved. Indeed, olfactory pleasure has been subjected to such deep repression for so long, that even when the repression fails and allows the odors to appear in consciousness, they do so without any retrogression of the repression, in the form of symptoms. I once differed with H. S. Sullivan, who stated that the prognosis of schizophrenias with olfactory hallucinations is invari-

<sup>1</sup> Daly and White: *Psychic Reactions to Olfactory Stimuli*, Brit. J. of Med. Psychol., X, Part 1. I do not, however, share the author's opinion that the sex-attractive smell was lost to man; I am convinced that although very deeply repressed, it is still quite active and occasionally comes to the surface. Nor do I agree with him in his attempt to discount Freud's suggestion; namely, that the repression of pleasure in smell may be due to man's turning away from the earth. Daly contends that in the earlier stages of our existence, before man's adoption of clothes, vision was in no way inhibited. Yes, I could imagine this visualization in the case of white-skinned cleanly females of to-day. But, we must not forget that at the time of Darwin's primordial man or thereabouts, the female of the species, if she did not walk on all fours, certainly looked quite differently. Vision undoubtedly played some part, but a very small part in comparison to smell. A bitch in heat attracts dogs from very far distances, as much as from ten or even more miles, I am reliably informed.

ably bad. Further investigation has taught me that Sullivan was correct. In the case of my three psychoneurotic patients, who, on recovering from their neuroses, chose odoriferous occupations, this point, the tenacity of the olfactory fixation, seems to be corroborated: they still had to occupy themselves with smells, even though their neurosis was cured. Doubtless an investigation of the psychology of those who have voluntarily selected such occupations as perfumer, florist, gas manufacturer, and the like, would disclose that these persons were either constitutional or neurotic "smellers."

Recently, in an article called *Scents that Make Dollars*,<sup>1</sup> Gare Hambidge, besides discussing the industrial importance of odors, makes an interesting contribution to the psychology of smell. Thus, we learn that two chief chemists and the perfume experts of one large perfume business can remember things smelled better than things seen. One of these men can follow the trail of a fox for a considerable distance. Their reason for choosing their particular vocation cannot be in doubt. We also learn that a questionnaire, submitted to several hundred men and women with the object of ranking forty-three odors in the order of their popularity, showed that *pine* was given first place by men, and second place by women. The odor of pine has, of course, a marked resemblance to that of turpentine. Ferenczi<sup>2</sup> has shown that these odors and those of gas and asphalt belong to the special sublimation path of anal-erotism. Children are extremely fond of them and it is significant that they are popularly supposed to be "healthy." Pine pillows and pine forests are thought to exert a beneficial effect on patients with tuberculosis. It is interesting to note that the word smell is akin to the Dutch, "*smeulen*," to smoulder, and according to Dan McKenzie, also to the German dialect word, "*smela*," which means *hell*, and which is in turn related to the Slavic word, "*smola*," pitch or resin, hence, pine. It is also interesting

<sup>1</sup> Hambidge, Gare: *Scents that Make Dollars*, World's Work, August, 1931.

<sup>2</sup> Ferenczi, *l. c.*, p. 274.

that the hallucinations of smell and taste which are invariably of disagreeable content frequently refer to pitch and sulphur. Pine and its odor must also have many phyletic associations to man. I am indebted to Dr. Ross McC. Chapman for a southern colloquialism which shows the distinct ambivalence connected with the odor of pine. Dr. Chapman was discussing the problems of adolescence with a southern physician of wide experience, when the latter remarked: "Many of us try out our first sexual experiences *on a piece of yellow pine*." Now, "yellow girls" is a common expression for mulatto women. The expression, "a piece of yellow pine," thus represents a condensation or fusion of a number of thoughts. Pine may here signify fire or heat, intimate associations of resinous wood, and refer to the sexual ardor, reputedly the attribute of yellow girls, or what is more probable, pine is here a contrast to the objectionable *odeur humaine* of the colored race. At all events the expression is overdetermined.

According to the questionnaire, garlic and perspiration were least popular. These two odors were ranked 42 and 43 by the men and women respectively. Garlic has indeed had a bad reputation for a very long time, even though it has been very popular with most, if not all, cooks and gourmets. It has been an article of diet from the earliest times and was highly revered by many races as a sacred vegetable. According to Pliny, garlic and onions were invoked as deities by the Egyptians at the taking of oaths.<sup>1</sup> We thus see that there is a distinct ambivalence in respect to garlic. Perspiration was considered the most unpopular odor by both sexes and there is no doubt that the average modern person dislikes this odor. But again, it is not at all perceived during tumescence,—it is only disagreeable to refined persons when they perceive it as an emanation from others. Investigation among this class of persons shows that this odor is disliked because it has a disagreeable sour smell, but also probably because it is invariably associated with people of the lower

<sup>1</sup> Bourke: *Scatologic Rites of All Nations*, p. 96.

strata. Perspiration brings to the surface the distinctive human odor and reminds us that we have to live in the midst of other human beings. Man is really not the social animal he is depicted to be. Above all he dislikes being reminded that he is supposed to be social and patiently tolerant of his neighbors' shortcomings. A cultured person must lower his voice, if he wishes to be polite, not stare, look, and if he accidentally pushes against someone, he must beg forgiveness. In brief, he must control all his emotions and be as unobtrusive as possible. But neither perspiration nor smell can be stifled, whether its source be a gentleman or no. When the human odors strike his nostrils, which is more likely to happen in the lower social spots, he naturally perceives it as offensive. In his own social gatherings, he is entirely oblivious to it.

That the *odeur humaine* is actually responsible for separating human beings is not in doubt. No less an observer than Somerset Maugham<sup>1</sup> is of this opinion. In a story called *Democracy* he tells of a very pompous and self-important Chinese aristocrat who came to an inn carried by coolies. Because things were not exactly to his liking he domineeringly berated the landlord and the servants, but shortly thereafter he changed completely, became friendly, chatted amicably and quietly with the coolies smoking his water-pipe, and seemed on an equal footing with them. Maugham considers this true democracy. "In the East man is man's equal in a sense you find neither in Europe nor in America. Position and wealth put a man in a relation of superiority to another that is purely adventitious, and they are no bar to sociability." Maugham speculates as to why this should be so in the despotic East, and why there is such a gap between the classes in the free democratic West. He finds the explanation in the sense of smell. It is this sense, he claims, which divides us from our fellow-beings. In the West "the working man is our master, inclined to rule us with an iron hand, but it cannot be denied that he stinks."

<sup>1</sup> Maugham, Somerset: *On a Chinese Screen*, Doran and Co., p. 140.

This is not to be wondered at, for the working man has no time for a bath, before going to the factory, and heavy work does not tend to sweetness. He does not change his linen more than he can help so as not to burden his wife with washing. Hence, he cannot be blamed for his odor. "The matutinal tub divides the classes more effectively than birth, wealth, or education." Maugham thinks it significant that those writers who have risen from the ranks of labor are apt to make the morning tub a symbol of class prejudice, "and one of the most distinguished writers of our day always marks the rascals of his entertaining stories by the fact that they take a bath every morning. Now, the Chinese live all their lives in the proximity of very nasty smells. They do not notice them. Their nostrils are blunted to the odors that assail the Europeans and so they can move on an equal footing with the tiller of the soil, the coolie and the artisan. I venture to think that the cesspool is more necessary to democracy than parliamentary institutions. The invention of the 'sanitary convenience' has destroyed the sense of equality in men. It is responsible for class hatred much more than the monopoly of capital in the hands of a few." "It is a tragic thought that the first man who pulled the plug of a water closet, with that negligent gesture rang the knell of democracy." A very keen observation which has more truth to it than fiction.

The Chinese is the only race which has been living by philosophy and true Christianity. The Chinese have had very few of our sex problems. They do not instil the European feeling of disgust into their little children through such remarks as "Oh, you dirty little boy!" or "You filthy little girl!", as is done to our little ones every time a diaper is opened. The Chinese just place the little one into a sort of bag filled with sand, which is changed from time to time, with a smile. The Chinese are surely in no way as neurotic as we are.

## Analysis and Structure of a Transient Hypomania

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To cite this article: Bertram D. Lewin (1932) Analysis and Structure of a Transient Hypomania, The Psychoanalytic Quarterly, 1:1, 43-58, DOI: [10.1080/21674086.1932.11925134](https://doi.org/10.1080/21674086.1932.11925134)

To link to this article: <https://doi.org/10.1080/21674086.1932.11925134>



Published online: 11 Dec 2017.



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# ANALYSIS AND STRUCTURE OF A TRANSIENT HYPOMANIA

BY BERTRAM D. LEWIN (NEW YORK)

## I

It was my good fortune to observe a definite hypomanic attack of seven days duration, which arose, developed and subsided during the analysis of a person with predominantly hysterical symptoms. The initial presenting symptoms of the hysteria were marked photophobia and sensitiveness to noises. The hypomanic attack occurred one month after she had been in analysis. To provide a background for the understanding of this episode I shall give a very brief account of the pertinent facts in her history.

The patient was an unmarried woman in the early thirties, reared in a puritanical home. Her father, a gentle ineffectual dreamer; her mother a rigid conventional person, with whom the patient had for a long while been on openly hostile terms; and a brother six years her junior, towards whom she was affectionate but "bossy," made up the household. Of her infantile sexual life, the important facts will appear in the discussion of her transient hypomania. Masturbation was never abandoned, and her pre-pubertal period and puberty were filled with overt sexual games and fantasies. The latter included rape and prostitution fantasies, frank fantasies of coitus with her brother, and a dream of overt sex relations with her father. In this dream, she and the father faced each other, kneeling, his penis touching her vulva. They remained perfectly immobile, and he urinated on her genital. This procedure corresponded to her theory of adult sexual intercourse. A game played with another little girl depicts a somewhat different theory of coitus. Each would alternately be the "man" or the "woman"; the "man" would expose the "woman." The day dream in common was, that they were

in a crowded public place such as a market square. The game ended by both parties urinating. The patient suggested that they suck each other's breasts, but the other child was not willing. Dreams of women with a penis and open envy of her brother's penis attest to her bi-sexual interest. At college she was unhappy, and an attack of photophobia, headaches, and "mucous colitis," associated with fears of syphilitic and tuberculous infection interrupted her studies and forced her to return home. The free sexual language of her fellow students had stimulated her sexual fantasies and "shocked" her. She deflorated herself at twenty with a candle, tearing the hymen slightly, and with the pain experienced an intense vaginal orgasm. True to her conception of adult intercourse, she kneeled and held perfectly still during the act.

Two years before her analysis her grandmother's death precipitated a depression, in which she accused herself "of all the things in grandmother I didn't like." Following this she felt peculiarly well and free and entered her first love affair.

Her choice was narcissistic according to the formula: I love what I should like to be. She identified herself intensely with her lover in his interests. The affair was very sensual and very stormy. It ended by her own unconscious but evident contrivance. Actually the precipitating event was an act of fellatio. While the penis was in her mouth she imagined that a baby must have the same sensation when its mouth is filled by a nipple; for a baby, the nipple must have the same relative proportion to the mouth as the penis had for her as an adult.<sup>1</sup>

By the time the transient hypomanic attack began the patient's initial symptoms had gradually disappeared. The attack was precipitated by a very definite incident. Arriving in my office a quarter of an hour earlier than usual she heard me conversing with a woman. That hour she lay morosely on the couch refusing to speak, rushing to the bathroom at the end of the hour where she vigorously washed her

<sup>1</sup> Compare this fantasy with the dream analyzed by Abraham, *Entwicklungsgeschichte der Libido*. Int. Ps. Verlag. 1924, page 56.

hands. The next day she told me that she had fantasied that I was having sexual relations with the woman, and that she had been sexually excited and angry. Her associations then dealt with persons being surprised in the act of coitus, attempts she had made to spy on her former lover and the mistress who succeeded her, and stories of analysts seducing patients.

Three days after the traumatic eavesdropping, she entered the room in marked good humor. She lay down, but was on her feet several times to get her handkerchief, close her purse, and the like. She pounded the pillow and re-arranged the cloth covering it. She spoke with push, allowed no interruption, and chuckled as she related apparently banal stories of how much she had enjoyed this or that conversation, and how well she had accomplished her tasks. The next day her push and restlessness continued, and she was chuckling now because of a funny dream. She had dreamt: "I was in church or at a class, and the preacher or teacher was reading from the Bible in French. It was responsive reading: first he read a line, then the congregation the next one, and so on. Then all except a Miss Z. quit reading." She commented, "I have to laugh when I think of this dream."

The *church* she disliked as a child, attended to please her mother, but had to be allowed to take her dolls and playthings with her. *French*: erotic literature, loose sex habits. Her photophobia at school had arisen while she was studying languages. *Reading the Bible in French*: sneaking in the erotic surreptitiously, something clandestine. *Preacher or teacher* suggest the analyst and indirectly her former lover. *Responsive reading* means something mutual that goes back and forth, the fitting of two parts to make sense. *Miss Z.* is a paranoid spinster who believes that a certain conspicuously proper physician is having affairs with his patients. *Miss Z.* has been spying on him. The patient is indignant over *Miss Z.*'s attitude. At this point she related a dream which had preceded the one given above: "I was hastily dressing to go to church where I had been asked to take the minister's place.

I had trouble packing my bag with an exhibit I was to show there." The *bag* was the one she had used on certain clandestine journeys with her lover.

The dreams were evidently precipitated by her analytic situation, as her associations show. In the first dream she surreptitiously gains sexual pleasure from what she hears (sexual sounds in a "foreign" language). The playthings and her packing indicate her masturbational impulses; the responsive reading is a coitus. Miss Z. is her repudiated "unconscious insight." She herself appears in a passive rôle as one of the responsive congregation. In the second dream she expresses her wish to take the place of the man.

An unavoidable absence of two days intervened. Returning, the patient continued euphoric and over-active for three more days. She related during these days how in adolescence she had joined a circle for religious discussion, and how at this circle she had felt an ecstatic striving for oneness with God, or for mystical unity with some higher entity, whether divine or mundane, such as the church. The proximity of attractive young men at the meetings may have been a factor in her sense of well-being. The fact that her lover was religious had been a big factor in her choice. During these three days her distractibility prevented any deep dream interpretation, but two dream fragments are worth citing for their superficial content. In one of these dreams she puts on a Jersey sweater, a man's sweater, but resembling one of her mother's. The neck is low, V shaped, and at the point of the V is a long pendant. Her associations dealt with adolescent fantasies in which she imagined the breasts uniting to form a penis. The dream seems to say that she wishes to have that on her chest which mother has, namely, breasts, but also a penis. In the other dream, at an art lecture where the men (analysts) are standing and the women (patients) are seated, a man urinates. Her association to this was to an art class in which someone vomited. Apparently this suggests a wish for coitus, depicted

as an act in which the man urinates into the woman's mouth. The vomiting may be a male act, since she equates it with male urination.

After these excited seven days, her behavior returned to its more normal level, but with this return, she complained that her old symptoms were back in full force. She found herself yelling at people, and conversely she found even ordinary conversation "ear-splitting." She was squinting and felt that people were looking at her. She wished that she were in some dark peaceful place, in fact, laughing a little, "the way Rank says everybody wants to be in the uterus." She then related a dream: "I had lost my big trunk traveling, and thought I had lost my jewels, but I found them in my little bag." Her associations showed that *traveling* stood for sexual pleasure; the *big trunk* (elephant's trunk, big nose) meant penis; the *bag*, used for clandestine sexual journeys, the vagina; and the *jewels*, virginity, the hymen, or the clitoris. From ideas concerning virginity she came to the equation: hymen=membrane=ear-drum or eye-lid. She accepted the interpretation of her pleasure in finding the clitoris, but when the interpretation of her ear and eye as passive organs were pointed out to her she felt nauseated, and began to think of foamy candy which had nauseated her when she was twelve, and of a boy who had played the flute.

Here she was told that her symptoms showed both passive and active sexual wishes: she split ears, and her ears were split; she squinted to keep from looking, and she felt she was looked at; she thought of candy in her mouth and of a flute in her admirer's. She was told that she must have been a witness to a coitus, and have wished to play both rôles.

She was silent a moment, then took up her associations. She had been told, she said, that when she was six weeks old a feather on her mother's hat had tickled her, and that she had "nearly had a fit"; and that when she was six months old her mother had played a game like "pat-a-cake," and that she

had imitated the movements with her hands. That is, her associations were confirmatory.<sup>1</sup> To interpret: when I was very little I was easily excited, and I tried to repeat motions I saw.

She then related a fantasy which she had had the previous evening while masturbating: First she had intercourse lying on her lover with his legs spread, then behind him with her vulva touching his anal region—this she explained is as near as she can approach being a man in coitus—and finally he was behind her with his penis introduced into her vagina. She described her subjective feelings during orgasm: "At orgasm I melted into the other person. It is hard to describe, but there is a certain oneness, a loss of my body in the other person, as if I were part of him without my individual identity, yet in him part of a larger whole. At other times I am the dominant individual and he the lost one, so that I become the perfect whole. It is something like aligning one's self in a great cause like Christianity or woman's suffrage, a complete loss of the self in them."<sup>2</sup> When he seemed to enter me I gained his attributes; for example, his aesthetic taste, which was better than mine. It seemed as if I had absorbed the beauty he made me aware of. It was a substitute for having it. For a man to take a woman's breast in his mouth at orgasm makes the sexual act mutual and simultaneous." Here she complained of headache and nausea.

So far it is apparent that the patient reacted to her eavesdropping on the analyst and the woman as if she had overheard sexual relations; and that her reaction was a transient hypomania in which she was acting out a coitus from the standpoint of both sexes, culminating in a fantasy of taking both rôles in the sex act at practically the same time. During

<sup>1</sup> I am aware of the "precocious baby" resistance, but the tell-tale number six will soon be explained.

<sup>2</sup> "God establishes himself in the interior of the soul in such a way, that when she returns to herself, it is wholly impossible for her to doubt that she has been in God, and God in her." Saint Teresa, quoted by William James, *Varieties of Religious Experience*. 1928 ed., p. 406.

the period following, the infantile situation of which this episode was a repetition became clear. Chance, which is so kind to neuroses and analyses, or perhaps only apparent chance, threw the patient into contact with a man a few years her junior, who had just recovered from a manic attack and been paroled from a hospital. She identified with this young man, would say, "I'm a manic too," took up the cudgels for him in his struggles with his mother, and produced little symptomatic acts in the analytic hour that were seen to be imitations of him. During this period she developed transitory itches at various regions of her body. It turned out that she identified this young man with her brother, who was born when she was six, when, as a neighbor said to her, "her nose was broken." She had slept up to the birth of her brother in a little bed in the parents' room. Now she was removed to the room adjoining. The little brother occupied her place near the parents, and it is interesting that along with the more usual penis envy and oral envy, her big grudge against the brother was visual and auditory; that is, he was able to hear and see more than she. The situations before and after her removal to the next room could be reconstructed. The itch was a reminiscence of an attack of measles in her fifth year, before the removal. The measles had been characterized by photophobia and itching, and she had scratched, been ashamed of scratching, and had hidden her hands under the covers. She remembered having warts at the age of three from "touching a nasty toad," she had been told. Sometime during this early period she had played with pictures called *legerdemain*. She remembered, very early, lying cramped in bed turned away from the parents, and she remembered, very early, her father opening a steam pipe and water flooding the floor. She remembered how at the age of one and a half she had straddled her grandfather's foot, playing "horsey," and her keen pleasure in this game. During this period of her analysis, the patient developed an interesting symptom: she began biting her finger. There seemed no doubt that

these memories referred to phallic masturbation in the parents' room, under the stimulus of parental behavior.

In the next room where she slept from six till fourteen, her symptoms really began. As early as the age of eight her vision was disturbed, so that notes blurred when she tried to play music. She could not sleep if there was the slightest ray of light in the room. Her auditory acuity dates back to this period, as does her theory of sexual relations in the standing or kneeling position with the participants completely immobile. The position is of course that of a man urinating. In this connection, it is to be noted that in the analysis, her eye and ear symptoms returned *after* the transient hypomania while she was working through her identification with the observing brother, just as they arose after she was removed from the parents' room. But the content of the hypomania itself represented the situation before the removal: stimulation and vicarious participation in the sexual act as if she were both parties at the same time—an identification with both parents in the sexual act.

## 2

Inevitably a theoretical discussion of a case of hypomania must begin with a study of the super-ego. In this patient the situation is apparent. She had what Sachs<sup>1</sup> has referred to as an incomplete super-ego; she was one of those women who have included a large amount of oral libido in the vaginal cathexis, and for whom coitus means not only a relation with an object but also a vaginal incorporation of the partner, who transitorily becomes "a super-ego." In her introspective account of coitus, the patient describes this rôle of the sexual partner very well. Interestingly enough she goes further and openly identifies attempts at mystical union with God, the church, or woman's suffrage with the sexual act, and these ideals with her sexual object. That she identifies her lover

<sup>1</sup> Sachs, Hanns: *Ueber einen Antrieb bei der Bildung des weiblichen Ueber-Ichs*. Int. Ztschr. f. Ps. XIV, 163. 1928.

not only with her super-ego but also with her mother's breast is clear from her fantasy during fellatio—that his penis was a mother's nipple and she a babe. We have, consequently, an equation of several terms: fusion with super-ego=fusion with ideals (God) in religious transport=fusion with man in coitus=fusion with mother's breast. That her religious experiences, her love affair, and her transient episode during the analysis were structurally fusions of ego and super-ego and "clinically" hypomanic states merely goes to corroborate Freud's<sup>1</sup> assertion that mania is a fusion (*Verschmelzung*) of the ego with its super-ego. The equation also thoroughly substantiates Radó's<sup>2</sup> commentary on Freud's statement, "in an accurate intrapsychic repetition of the union with the mother's breast at nursing."

Physical sexual relations with a super-ego figure to represent a mystical union have brought scandal upon many present day religious bodies, and they have figured largely in the so-called pathological religious cults of paranoid leaders.<sup>3</sup> The sexual act with "the dwellers in the castle," who represent the super-ego, is Franz Kafka's mystical symbolic way of representing the attainment of spiritual grace in his novel, *Das Schloss*. The patient's sense of erotic mystical unity was indeed in the best tradition of the female mystics; for example, the "orisons" of Saint Teresa. That the oral aspect of the union has not been recognized more often is rather surprising in view of a statement by William James,<sup>4</sup> which curiously enough he includes in an attempted *reductio ad absurdum* of the arguments for the sexual basis of religious experience. He says, "But then, why not equally call religion an aberration of the digestive function, and prove one's point by the worship of

<sup>1</sup> Freud, S.: *Massenpsychologie und Ich-Analyse*. 1921. Ges. Schr. VI.

<sup>2</sup> Radó, Sándor: *Das Problem der Melancholie*. Int. Ztschr. f. Ps. XII, 459. 1927.

<sup>3</sup> Rorschach, Hermann: *Zwei schweizerische Sektenstifter*. Imago XIII, 395. 1927.

<sup>4</sup> James, William: *Varieties of Religious Experience*. 1928 ed. Longmans. Page 11. Foot-note. The lectures were delivered in 1901 and 1902.

Bacchus and Ceres, or by the ecstatic feelings of some other saints about the Eucharist? . . . Language drawn from eating and drinking is probably as common in religious literature as is language drawn from the sexual life. We 'hunger and thirst' after righteousness; we 'find the Lord a sweet savor'; we 'taste and see that He is good.' 'Spiritual milk for American babes, drawn from the breasts of both testaments,' is a sub-title of the once famous New England Primer, and Christian devotional literature indeed quite floats in milk, thought of from the point of view, not of the mother, but of the greedy babe."

James wrote this argument some three years before the appearance of the *Drei Abhandlungen*, so in a way his objection to what we should call a genital theory of religious experience is not unfounded; but as fate and research would have it, in so far as he considered his argument from the "digestive function" a *reductio ad absurdum*, we can only say, psychoanalytically, not patristically, *credo quia absurdum!*

But to return to the patient. She spoke, in her hypomanic episode, now as if she were the incorporating party, now as if the incorporated. From this we see that her hypomanic ego included both elements of the combination, so that she could speak either as if she were the original ego or the super-ego. I refer to her description of coitus and orgasm in which she was both active and passive, incorporating and being incorporated, as an example. Her new ego was ego plus super-ego.

If a hypomanic state is structurally the same as an identification with both parties in coitus, is it possible to derive the formal, general, and characteristic elements of the neurosis from the elements present in the coitus observation, taking into account the "translation" necessitated by the double identification? Dora's nervous asthma<sup>1</sup> and the Wolfman's afternoon depression<sup>2</sup> could be traced back to two elements in coitus scenes; namely, the dyspnoea of Dora's father and

<sup>1</sup> Freud, S.: *Bruchstück einer Hysterie-Analyse*. Ges. Schr. VIII.

<sup>2</sup> Freud, S.: *Aus der Geschichte einer infantilen Neurose*. Ges. Schr. VIII.

the choice of an afternoon for coitus by the Wolfman's parents. That is to say, specific elements in a neurosis corresponded to specific or accidental elements in an observation of coitus. But can the grosser, more general features which are differentially diagnostic in psychiatric nosology be thus derived? This is problematic, but I am encouraged to make an attempt because of the material in my case, and because Abraham<sup>1</sup> proved that a coitus scene and the reaction to it was an infantile "*Vorbild einer melancholischen Depression*." As Abraham speaks of a primal mood disturbance (*Urverstimmung*) referring to a depressive mood, let me postulate a primal enjoyable excitement, an *Urerregung*, as seems plausible in my case, as well. I can only present what seem to be analogous elements in the coitus observation and in the hypomanic attack:

<i>Coitus Observation.</i>		<i>Hypomanic Attack.</i>
Two active participants.		Bi-sexual productions.
Motion of adults.	Immobility of child.	Motor over-activity.
Sounds from adults.		Talkativeness, noisiness.
Sexual excitement.		Sexual excitement.
Adults' orgasm.	Child's orgasmic equivalent.	"Expulsions" (Abraham)
A "celebration".		A celebration (Freud)
Stimulation of fantasy in child.		Flight of ideas.
"Violence" of adults.		Aggressive symptoms (?)

I am aware of the weakness inherent in analogical reasoning; yet Abraham's<sup>1</sup> observation that there is an increase in sexual desire and in sublimated activity following normal grief, an "acting out," so to speak, of the primal scene in a normal way, and his conclusion that this state is the normal analogue of mania, encourages me to hope that the comparison is not entirely superficial.

Here we encounter a very obvious question. Even if it is true that in this case a transient hypomania was a repetition of an infantile observation of coitus, need it be true that this

<sup>1</sup> Abraham, Karl: *Entwicklungsgeschichte der Libido*. Int. Ps. Verlag. 1924.

finding is of general validity? Naturally I can not answer this question for lack of sufficient data. However, I saw one young man for several hours during a short manic attack—I did not analyze him—and obtained the following impressions: His manic state had begun while he was under great pressure to start his overt sex life, either heterosexually or homosexually. In his illness, he spoke of having discovered the sexual significance of eating and the bi-sexual nature of the individual. He was enthusiastically listing his talents and capacities according to their origin from father or from mother, and emphasized their synthesis in him according to a formula he had discovered for bi-sexuality not unlike Weininger's.<sup>1</sup> Unfortunately this case could give only a superficial impression, but fortunately I am able to refer to two case reports of transient hypomanias in patients under analysis.

Nunberg<sup>2</sup> described a young man with a compulsion neurosis who had "Saturday depressions" preceded by Friday night hypomanic moods. They were reactions to the fact that his parents engaged in sexual relations regularly every Friday evening. Nunberg states: "Identifying with his mother and the Sabbath, he formed oral sexual fantasies, in which he not only desired the father, but identified with him also."

Brill,<sup>3</sup> also, has reported a transient hypomania which interrupted a compulsion neurosis. The patient had been under treatment for about a year. She became absorbed in the details of the Snyder-Gray murder case, in which a man named Gray and a woman named Snyder, his mistress, had murdered the woman's husband. "On the day they were executed," says Brill, "she was much depressed and cried. The next day she told me she was perfectly well. Her symptoms had disappeared . . . By living through and identifying with the

<sup>1</sup> Was the book of this young genius with its hostility to women and its preoccupation with the synthesis of bi-sexuality a "hypomanic" production?

<sup>2</sup> Nunberg, Hermann: *Schuldgefühl und Strafbedürfnis*. Int. Ztschr. f. Ps. XII, 348. 1926.

<sup>3</sup> Brill, A. A.: *The Application of Psychoanalysis to Psychiatry*. J. Ment. & Nerv. Dis. 68, 561. (December) 1928. And personal communication.

criminals . . .” she had been able to develop a transient hypomania. Dr. Brill had the kindness to discuss this case with me at greater length than the printed report, and agreed that the double identification with the two who “died together” was present, and he added that the patient resembled mine in her intense overt hostility to her mother.

So, I am able to say that at least two transient hypomanias have been studied in which double identifications were present, and which were reactions to an adult coitus, in Nunberg’s case a real one, in Brill’s case a symbolic one of a man and woman “dying together.” Cases reported by other writers have not been of assistance to me, for although they note bi-sexual productions, the specific points mentioned were not reported.

The next problem presented in the case I have been discussing is the nature of the new “hypomaniac” ego resulting from the fusion of the ego and super-ego. I have already shown that it contains sexualized identifications with the father and mother. There has, indeed, been a reversal of the process which leads to super-ego formation. It is possible to describe this in a formula almost directly contrary to Freud’s formulation of the origin of the super-ego<sup>1</sup> and say: the super-ego disappeared and the relationship with the first libidinal objects for the id, the parents, represented in the ego by identifications, was re-sexualized. But the nature of the new ego may best be ascertained by considering the typical mode of defense used by the patient; namely, *denial* (*Verneinung*). In the first dream during her hypomaniac attack, she put the interpretation of her behavior into the mouth of Miss Z., of whom she could say “She is paranoid. I can not believe her.” Similarly she rebutted unwelcome interpretations by saying, “That’s what you analysts think!” Or she would make the

<sup>1</sup>“Dies Ueber-Ich. . . ist dadurch entstanden, dass die ersten Objekte der libidinösen Regungen des Es, das Elternpaar, ins Ich introjiziert wurden, wobei die Beziehung zu ihnen desexualisiert wurde, eine Ablenkung von den direkten Sexualzielen erfuhr.” Ges. Schr. V, 383.

organic gesture of being nauseated. She was furious with her mother for harboring well-founded suspicions concerning her love affair; to the patient this maternal insight merely proved how "evil-minded" her mother was. She denied or repudiated painful critique from the environment or from her reality testing apparatus, and altered to this extent her contact with the real world. The patient's "hypomaniac" ego then was essentially a purified pleasure-ego (*purifiziertes Lust-Ich*) introjecting the sources of pleasure, and rejecting the sources of pain, saying, as Freud<sup>1</sup> puts it, "in the language of the earliest oral instincts: this I will eat, and this I will spit out." Insofar as the representations of the parents in the pre-maniac ego and super-ego were pleasurable they were accepted and incorporated, insofar as they were painful, they were expelled by the new "hypomaniac pleasure-ego."

During the hypomaniac episode the patient's sublimated activities were efficient, easy, and pleasant. Since the patient's work represented a sublimation of an aggressive bi-sexual trend, and her work inhibitions at other times represented hostility against the father and mother identifications in her, we may conclude that the sublimations were essentially manifestations of the more whole-hearted identification with the parents.

In summary, I shall give an abstract description of the personality structure as seen in this transient hypomaniac attack. The ego fused with the super-ego by an oral mechanism. The resultant "hypomaniac ego" was a purified pleasure-ego, ingesting the sources of pleasure, ejecting the sources of pain by denying. The new ego contained the parental identifications previously in the super-ego. These identifications were sexualized, and the sadism previously emanating from the super-ego, but now in the ego, was turned against the environment, partly in sublimations, partly in denial of parts of reality or the intrapsychic representatives of reality which might cause

<sup>1</sup> Freud, S.: *Die Verneinung*. Ges. Schr. XI. See also *Triebe und Triebsschicksale*. Ges. Schr. V.

pain. The content of the hypomanic attack was an identification with both parents in coitus.

The discussion of this paper at the November 24, 1931 meeting of the New York Psychoanalytic Society brought up several interesting points. These were (1) the immediate antecedents of the transient hypomania, particularly in regard to the presence or absence of signs of depression; (2) the actual time in infancy when the "primal excitement" occurred; and (3) related to this, the meaning of the euphoria.

Zilboorg and Feigenbaum were skeptical of the absence of an antecedent depression. Zilboorg particularly, appealing to Abraham's and Radó's work on this point, questioned whether depression had not been evident in some extra-analytic situation. Radó believed that the psychological equivalent of a depression was to be found in the anger and the hand-washing which immediately followed the traumatic analytic experience and that the hypomanic state constituted an attempt to escape from the more painful depressive state. Brill commented that in the case which he had studied hand-washing had definitely been a reaction against sadistic wishes involving the mother, and he believed the same interpretation was valid here. Unfortunately, the facts observed are not as unambiguous as might be desired, although my opinion coincides with Radó's and Brill's. The patient was distinctly in an angry mood; the hand-washing could not be analyzed at the time, and this was the only occasion during the eighteen months of analysis that there was any hand-washing. No signs of depression were observed, but the patient's silence may well have covered any traces present. It might be mentioned that although in Brill's case the hypomania was preceded by depression, in Nunberg's case the order seems to have been reversed.

Zilboorg, referring to the idea of an infantile "primal excitement", pointed out that this state would not be a direct contrast to the *Urverstimung* described by Abraham. This is true; the concept is analogous, not opposite. As I understand Abraham's case, the *Urverstimung* also was not an immediate reaction to the primal scene, but subsequent painful anticipations of its recurrence. The two theories advanced during the discussion of the primal excitement were: (1) that it occurred directly during the coitus observation, and (2) that it occurred after the removal to the next room. Brill and Hendrick supported the first point of view, basing their argument on the status of the ego during the original coitus observations. The ego was then presumably a "pleasure ego" unhampered by a super-ego, which indeed could not at the time have been very well developed. Brill added that from his experience he was inclined to think the "pleasure ego" organization very persistent in cyclothymics throughout life, so that the super-ego was always of the incomplete type. Radó advanced the theory that the patient's experiences in the parents' room had been painful, but that subsequently in the next room, she had identified with the observing brother, with the parents in coitus, with the fantasy "I am making a baby for myself just as the parents did", and that this was the primal excitement—an identification with the pregnant mother and the unborn child, the true basis for religious conceptions of *unio mystica*. Here the delusional

pleasure overweighed the pain. For Radó's idea is the fact that at the patient's first self-induced orgasm she thought "I must be having a baby"; and later in the analysis it became clear that she had "adopted" her brother and wished for a child; but definite associations which might connect the hypomania with ideas of pregnancy and intra-uterine existence were few and ambiguous. I think Radó's suggestion very plausible; the depressive-manic sequence begins with oral incorporation and ends with anal expulsion, and this "psychic metabolism" coincides with that of the fertilization-pregnancy-birth sequence in infantile thinking. The synthetic function of the ego may well utilize the same series of processes simultaneously for two purposes.

This leads us to the third question, also raised by Zilboorg, the meaning of the euphoria, which Radó interprets as a euphoria of pregnancy, a narcissistic pleasure in being pregnant. No other theory was offered. Zilboorg questioned the advisability of using the term "hypomania" in speaking of this episode; he preferred "euphoria", in order to avoid an implied acceptance of Kraepelinian nosology. Feigenbaum thought, "hypomanic reaction" would be the right term. My use of "hypomania" does not commit me to any nosology. I entirely agree with Zilboorg in considering "hypomania", "manic-depressive", etc., as reaction types of greater or less typical purity, in accordance with the well known views of Adolf Meyer.

# Animism and Religion

# Géza Róheim

**To cite this article:** Géza Róheim (1932) Animism and Religion, *The Psychoanalytic Quarterly*, 1:1, 59-112, DOI: 10.1080/21674086.1932.11925135

To link to this article: <https://doi.org/10.1080/21674086.1932.11925135>



Published online: 11 Dec 2017.



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# ANIMISM AND RELIGION

BY GÉZA RÓHEIM (BUDAPEST)

## 1. *Religion and Primitive Mankind.*

Anthropologists of the old school and civilized but unsophisticated observers of primitive life have frequently told us that savages have no religion. "According to Spitz and Martius, Bates and Wallace, some of the Brazilian Indians were entirely without religion. Burmeister confirms this statement and in the list of the principal tribes of the valley of the Amazons . . . the Chunchos are stated to have no religion whatever and we are told that the Curetus have no idea of a Supreme Being."<sup>1</sup> "The South American Indians of the Gran Chaco are said by the missionaries to have no religious or idolatrous belief or worship whatever, neither do they possess any idea of a God or of a Supreme Being. They make no distinction between right and wrong, and have, therefore, neither fear nor hope of any future punishment or reward, nor any mysterious terror of some supernatural power whom they might seek to assuage by sacrifices or superstitious rites."<sup>2</sup>

It would be easy but quite unnecessary to pile up quotations of a similar kind.<sup>3</sup> Why, indeed, do I mention these things? Has it not been proved often that these old travelers and missionaries simply did not know what they were writing about? We were often told by writers of the nineteenth century that the Australians have no religion, and yet we now have many volumes devoted entirely to descriptions of the totemic ceremonies or animistic beliefs of these people.

Still I can not let the matter rest here. There must be a

<sup>1</sup> Aveling: *Pre-Historic Times*, 1900, pp. 551, 552.

<sup>2</sup> *loc. cit.*

<sup>3</sup> The data not quoted from books are taken from my field material in 1929 (Central Australia), 1930 (Normanby Island), 1931 (Yuma Indians).

deeper reason besides Christian prejudice which makes the unsophisticated European say that savages, or at any rate some of the people whom for some mysterious reason we are pleased to call savages, have no religion. There is a more intrinsic reason, for when I was out in the field in Central Australia and Normanby Island, I could feel a difference myself. These people spend a lot of time with ceremonies, they know many myths, they believe in certain supernatural beings, but they certainly lack the religious temperament. There is little awe, reverence or religious fervour, and absolutely no sort of religious fanaticism in their lives. I shall try to make my meaning quite clear by giving some instances.

Sawaitoja is the greatest *barau* (sorcerer) of Sipupu and Boasitoroba, and some regard him as equal in magical power to such old men as Kauanamo of Majawa or Bulema of Kelo-logea. It took me some time to get the necessary information from him not because he regarded it as "sacred," but simply because he was really risking something for my sake. I might be of a talkative disposition and tell the others that he had confessed being a "barau," or I might be connected with the Government and this again would land him in jail. Finally, however, he told me that the *barau* before attacking a victim by incantations, sings a spell to shut the victim's mouth. This is the spell:

O *bwakubwaku* shell of Sawatupwa!  
Look at it!  
In the midst of the ocean  
It is shut, the mouth of the shell it is toothless.  
The mouths of people are toothless,  
The anus of the people is toothless,  
Their thoughts, their shouting,  
Their mind, their talk,  
The motion of their mind,  
The strength of their mind,  
Their heart is shrivelled up, is trembling.

His eyes shrivel up, they are dazzled.  
His eyes are dazzled;  
His heart is falling out;  
His voice comes back;  
His heart, the shouting comes back.  
His heart, the shouting comes down,  
His mind shouting, shouting up,  
His mind doing nothing,  
His mind I crush it,  
His voice I hide it,  
Your voice to the *bwakwaduduna*  
They take it down.  
Your voice to the sky  
It goes up.

The *bwakubwaku* is a shell that can only be opened with great difficulty. The person who is attacked by the guilty methods of the *barau* tries to open his mouth but the spell closes it. His will-power is broken, and when he does shout for help his voice comes back and it is only he himself who hears it.

Now these people have something like an ethical high-god in the person of *Jaboajne*. He lives in the sky, is the creator of mankind and is displeased in a vague sort of way if people do not behave. When a person feels that the *barau* is after him he shouts up to the sky, that is, to *Jaboajne*, for help. *Jaboajne* hears him and calls down: "Who is that being killed by the *barau*?" Only *Jaboajne* hears the voice that is calling for help and when *Jaboajne* calls the people to help the stricken person his voice is not heard by human beings. The spirits of the underworld, the inhabitants of the *kasa numu* (place underworld)<sup>1</sup> hear him and they shout up to mankind, "They are trying to kill somebody by magic. You take care." But nobody hears this and the victim must perish.

The ethical element or the "voice of conscience," represented

<sup>1</sup> Called *bwakwaduduna*—"Ground noise" in the spell.

in this case by Jaboajne, is present but it is not effective. These aspects of primitive religion are familiar to everyone who is familiar with religion in a civilized society. Yet it seems pretty evident that this is not the original religion of mankind. The idea of a benevolent and omnipotent father, of a great creator in the sky, who takes care of his children if they behave well and punishes them for sinful conduct, and the notion of a future world in which the good are rewarded and the wicked punished, have not been evolved by such people as the Central Australians and cannot be regarded as the only religion mankind has ever had. Even Freud in his book on the future of religion discusses religion from this point of view only. If this is religion, then animism and magic represent a different phase of psychic development. Not completely different, because we find plenty of animism in "civilized" communities, and religion in its monotheistic or ethical aspect is not absent among savages. But there is a quantitative difference in the relative importance of these two religions.

## 2. *Animism in Central Australia.*

What then is animism? A recent reviewer of a book of mine on the subject objects to my use of this time-honored technical term of anthropology. Probably he would prefer me to speak of "Itana"-ism in Central Australia or of "jarujaruaism" on Normanby Island. But it is difficult to see why I should not use a perfectly good expression which everybody understands. He also accuses me of committing the other *cardinal sin* of separating a child from its mother, and "ruthlessly tearing facts from their cultural context." But I can not help it, because if we are first to analyse every culture in which a ghost occurs we shall be ghosts ourselves before we can understand the nature of the nether world.

Animism is a synthesis of many unconscious trends. Yet we shall see that there is something in common both in the way these unconscious trends are woven into a complex pattern and in the images used to represent them. If we take

a bird's-eye view of animism we might distinguish the two fundamental trends in these beliefs as *life* and *death*, as *soul* and *ghost*, as the *kuruna* and the *ltana*.

According to the Pindupi and Yumu the *ngo*a (ghost) of a man is also like a man but when a man dies he is made *ramaringanyi* and changes into a ghost. He goes up and down between the place where he used to live and the grave. But after a time the *ngo*a of a kangaroo man becomes a kangaroo, that of an emu man is transformed into an emu, and they wander about under the guise of their totem animal till a wild dog kills them. Then they die again and this time it is final.

The Aranda have the same notion of a double death. The *ltana* or ghost is something quite different from the *kuruna* or soul. The *ltana* sometimes looks like a man but sometimes like a mere skeleton. The Ndaria group believes that the ghost goes to an island in the sea and there perishes altogether. But on the other hand the other Aranda, both the southern and eastern groups, say that the ghost goes back to the ancestral cave and joins the *nganchas*—the hidden doubles of the people. However even in this case Tnyetika would distinguish the ghosts from the doubles. The *ngancha* looks just like a real man but the *ltana* is red all over.

The *ngancha* or double is the source of life. The bull-roarer is whirled by the man's *ngancha* and the woman sees this in her dream. Then she falls in love with the man whose double is making love magic to win her. She follows the man and he marries her. Some time after this she will dream again. Again she sees the double of the man whirling the bull-roarer, but this time it means that a child emerges from the bull-roarer and enters the woman's womb.

Then again she may see the *kuruna* or soul in her dream whirling the bull-roarer. The result is the same. She falls in love and runs to the man; they have intercourse and she has a child.

Having got so far, I asked Tnyetika as to the difference

between these two dreams. None at all, he said, for in both cases the woman sees something that looks exactly like the real man. Mulda Wapiti and others would also say—the kurunas are the nganchas of the people. Tnyetika, of course, who was great in drawing distinctions, said that the kuruna was the double that went with the man while the ngancha was also a double, but a double emerging from the *arknanaua* where the *churungas* are. Others again would distinguish the two in connection with dreams. The kuruna leaves the body of the dreamer and experiences the things that happen in the dream while the ngancha sits beside the body and takes care that the dreamer does not suffer any harm. We cannot say that the kuruna and the ngancha are identical, and yet it would be impossible to say that they are different. At any rate they are frequently identified with each other by our informants and the ngancha is also identified with the ancestral spirit or *alchira*.

Then again there is the *ltana*, or ghost. Although one school of thought tends to the opinion that the ghost is annihilated, others bring it into a more or less intimate connection with the mythical ancestors and the ngancha as the source of life. The *ltana* joins the ngancha in the ancestral cave and both look like the real human being, only the *ltana* is red. Sometimes the *ltana* of the father will be on the lookout, and when he sees his son passing it will enter into him, make him mad and then put a *nankara* stone into his body.

According to the Choritcha Aranda, when all the mourning ceremonies have been carried out the *ultana* (ghost) leaves the grave and returns to the cave where it rejoins its *aram-baringa* (ngancha). After a time it acquires another *churunga* with which it becomes associated just as it had a *churunga* in the prenatal period. When the bones have crumbled away in the grave the ghost may be born again in human form by means of the *churunga*.<sup>1</sup> The same view was upheld by

<sup>1</sup> Spencer and Gillen: *The Native Tribes of Central Australia*, 1899, p. 513. ("Choritcha" is the name given by the Aranda to the Macdonnell Ranges and Alice Springs group).

Kutukutu, a Luritja of the Ngatatara group. When he dies, his ghost will go back to Wimbarcoo to the cave of his totem, and then it will again whirl the bull-roarer and return through the womb of another woman as a second Kutukutu.

We are really dealing with two categories of non-natural beings sometimes separated from each other in the minds of our informants and sometimes united in the same cycle of life. The "ngancha" group is spoken of under various names. One of these appellations is *iruntarinia*, "the people of the cold," because they are ignorant of the art of making fire. Another name for the *iruntarinia* is *alparinia*, "the people of the hole," because they live in a big hole in the ground. They are *mara* (good, beautiful, clever), and they walk about with a spear like human beings. They have *churungas* and are always on the look-out for women. If one of them gets hold of a woman he takes her into the cave and makes her lie down. Here we should expect the narrative to go on by describing the cohabitation of the spirit and the woman instead of which he says: "She lies down; the cave is full of *nankara* stones, and these stones go into the woman's body. She is now a *nankara* woman. When the rainfall is plentiful, that is, when everything breeds and sprouts in nature, the *alparinia* walk about on the earth."

This account was given by old Yirramba. It agrees therefore pretty closely with the data gained by Spencer and Gillen, whose informants were also mostly Aranda Choritcha.

"The *Iruntarinia* are especially given to wandering during the summer time as they do not like the cold of the winter nights; in fact during the latter period they spend most of their time in underground caves where are streams of running water and perpetual sunshine, the two great desiderata of the Arunta native, as the one implies a plentiful food supply and the other, a warmth of which he is himself fond, he naturally supposes that the spirits are so too. Each local group has its group of *Iruntarinia*, who are supposed to be associated with that special locality and its inhabitants, and of course

bear the name of the Alcheringa individuals with whom they are each one associated.”<sup>1</sup>

“It is a matter of tradition that now and again they have carried off women who have wandered too far away from their camp after dark; in fact it is not considered safe for a woman to go about too much alone, as there is always the danger of the Iruntarinia seizing her and carrying her away to be imprisoned in the depth of a cave.”<sup>2</sup>

“When a spirit individual goes into a woman there still remains the Arumburinga, which may be regarded as its double, and this may either dwell along with the Iruntarinias, of whom it is of course one, or may at pleasure follow the spirit which is within the woman or may attend the woman’s husband as he goes out hunting.”<sup>3</sup>

According to old Yirramba’s theology, the *arambaranga* (cf. Spencer’s *arumburinga*) are the *ngancha* of the western Aranda. The *arambaranga* comes from the ancestral rock to warn man of any impending danger. The *arambaranga* all come from the *ljaja*, the great northern sea, from which the mythical ancestors come, according to the beliefs of the western Aranda. This is tantamount to saying that the *arambaranga* is the same as the *alchiranga mitjina*. But he also says that the *arambaranga* is like the soul, the *kuruna*. After death the *ultana* (ghost) joins the *arambaranga*. The *alchera* or ancestor was a *kuruna* when he wandered on earth and the *mborka* (body) of this *kuruna* is the *arambaranga*. It is the *arambaranga* that stops at the rock while the *alchera* or *kuruna* enters the woman.

If the soul (*kuruna*), that is, the thing in us that leaves the body and wanders about in our dreams, is the same thing as the *ngancha* or double and this again is identical with the *alchera* or mythical ancestor and thus closely associated with the *churunga*; if, moreover, the *ngancha* or double is also

<sup>1</sup> Spencer and Gillen, *l. c.*, p. 513.

<sup>2</sup> Spencer and Gillen, *l. c.*, p. 517.

<sup>3</sup> Spencer and Gillen, *l. c.*, p. 514.

equal to the spirit people (variously called *iruntarinia*, *alparinia*, *arambaranga*) ; finally, if the *ltana* or ghost joins these spirit people and returns to life by incarnating itself in a woman, then obviously all these non-human beings may be differentiated from the same fundamental concept. I can now imagine that my anthropological reader, especially if he is one of the super-wise representatives of the modern school, will answer, "They may be, but how are you going to prove that they are?" To which I would answer: If a patient identifies two persons in analysis, those two persons have certainly something in common, a property or quality of which the patient may be conscious or may not be conscious. Or more dogmatically: we can only identify what is really identical, though of course the fact that we identify it, shows that it is also different. All we can do then is to offer a working hypothesis as to the common element in these concepts with different names. How can we justify these conjectures? By the facts they help to explain, by the clearer understanding at which we arrive through our initial assumption.

But there are also many links that connect the world of souls and ghosts with the demons. For one thing ghosts, doubles and demons all show a remarkable propensity for holes. The ghost is the inhabitant of the grave, the doubles live in the sacred totemic caves and the demons dwell in the natural holes on the surface of the earth or in subterranean caves. Limestone holes are favorite haunts of the demons. *Tatara* is the name usually given to the dwelling of the demons, but then Wapiti said a *tukurpa* (ancestor) comes in his dream and takes his *kuruna* (soul) to *Tatara* where all the *tukurpa* live. The *kulpi* (totemic cave) is *Tatara*. They make a *ltata* (*ununtu*) or they initiate the *nankara* men, and all this is called *alcheraringa*; i. e., belonging to the dream.

"The spirits (*iruntarinia*) kill and eat all manner of game but always uncooked, for they are not supposed to have any fires, and not seldom they steal game which has been wounded but not killed on the spot by men. For instance a kangaroo

which has been speared but not killed will perhaps run away out of sight of the hunter who tracks it up for some time and then loses all trace of it, and when this is so he knows that the iruntarinia have taken it. But Aldinga (Ngatatara) attributed the same function to the *nananana* or *bankalanga*. If a man has speared an emu or kangaroo and the animal disappears without leaving a track they say that the *nananana* or *bankalanga* have taken it.”<sup>1</sup>

It is rather difficult to know where analogies or similarities merge into identities in Aranda theology. The alchiranga mitjina had churungas but at the end of their wanderings they were also transformed into churungas. From this second churunga the ancestor emanates and is incarnated as a human being. However, both churungas are really exactly alike. When the alchiranga mitjina emanates from the churunga he is called a ngancha and yet in the same sentence the same informant will say the alchera (ancestor), the ngancha (double), and the *rella ndurpa* (real person) are three different people. The medicine man is made by the iruntarinia, and the iruntarinia are the ngancha who come out of the churunga. In dreams the soul (kuruna) visits the double (ngancha) or the alchera visits the man. But when the ngancha shows a ltata in the dream and the soul sees and learns this ltata we speak of a ngancha and not an iruntarinia. The being seen by the woman in the conception dream is always the ngancha.

### 3. *The Dreams of the Medicine Man.*

Analogies of this kind might be explained by assuming a superficial merging of the two cycles of beliefs. But if we investigate Central Australian religion from the woman's point of view the identity seems to be fundamental. Aliumba called certain beings who had frightened her *mamu ngurru kututu*, “demons place eternal,” and then proceeded to explain that what the men call ngancha the women call mamu or rather, “the eternal demons of the place.” While the demons in

<sup>1</sup> Spencer and Gillen, *l. c.*, pp. 516, 517.

general come from the mysterious western desert, these demons are permanent inhabitants of a locality, i. e., they do not go very far from the totemic cave. According to a woman's view of mankind the men are present in three editions: (1) real human beings, (2) mamu, (3) tukurpa. The mamu is *patu paluru nguampa*, like a man, and this is what the men call ngancha. The women call the doubles demons because they are always "chasing" them—a sentence that would be incomprehensible if we did not know the phallic nature of the demons.

But if the soul is the same thing as the double and the latter again is identical with the demon, then souls and demons must also meet at some point of their development.

In the case of the medicine man, himself sometimes called "half a demon" by his friends, it is impossible to distinguish the soul from the demon.

Urantukutu, a medicine man of the Yumu tribe, relates the following dream:

"The *marali* went out of my body in the shape of an eaglehawk. First it sat on a tree and then it killed and ate a little baby. It was raw. Then the *marali* went under the ground westward. Many men were lying on their backs in two rows. I put boughs between the two rows of men and then I vomited all the baby meat. The *nankara* men who were lying in rows got up and ate the vomit like dogs. They all got up and stood in a row. I was in the middle. They put *nankara* stones into my belly and my body. The stone looked like a *takula* (shell) but it was a stone. The men disappeared again under the boughs and I flew back to the same tree. The *marali* came back into my body and I was awake."

When he awoke he knew that he was a medicine man. The men who put the stones into his body looked like Mulda Wapiti, etc., which is just his way of saying that they were old men. But he also recognizes his father, uncle and grandfather among those who put the stone into his body. The peculiar thing about this stone—an individual deviation from the standard dream of the medicine man—is that it looks like a *takula*. This shell is worn by the men in the northern tribes just as others wear the pubic tassel. Moreover it is also connected with lightning, and lightning is the penis of the

water. Only a pregnant woman can find a takula in the lake, and Urantukutu first eats and then vomits his own son. A pregnant woman finds a takula and it is also a pregnant woman who vomits. Who has made the dreamer pregnant? Evidently the fathers, i. e., those who have put their penis (takula) into his body. Then we have a reversal of this situation, for the men incorporate something which has been (orally) ejected by the dreamer. This pregnancy phantasy is however bound up with the exit and return of the soul.

The western tribes call the marali a *kukurpa*. The *kukurpa* is always mentioned when the demons are enumerated and yet it is also regarded as the dream-soul of the medicine man. In the dream of Pukuti-wara, the far-famed chief and medicine man of the Pitchentara, we have a mine of information on dream-souls, demons and magic.

First dream: "My kurunpa (soul) was in the shape of a wamulu (eaglehawk-down) and the wind blew it to the west. The feather rolled over, disappeared in the sand, and went right in under the ground. Then the kurunpa looked like myself and came out of the ground on top of a high hill. Then I flew up to the *tjukal* (Milky Way). There was a camp there but no people in it. Paper was lying about the camp. There was a black hill there and the place was called Talarara (Hill Standing Up). This is where the souls always fly to when they go up to the sky.

"Then I flew to Mount Gillan near Alice Springs and there I saw a house. Then I flew northeast to an unknown country where all the creeks ran towards the northeast.

"There were camps there and I sat down. Where I put my feet two big rocks rolled down. The rocks were shining like fire. The rocks stopped. I flew away again up to *tjukal* into the *tjukal eri* (point of the *tjukal*). There was a lot of *ilin*<sup>1</sup> on the point. Then I flew south from the hill and I saw chips of mulga like those used for making a *mandagi* (bull-roarer). Then I went along the *tjukal eri* and I saw many frog *mamu* coming out of earth and looking at me. Then I came to another place. My own *wami* (snake) was frightened by the frog and it became a *waniga* on my head. The snake pressed my neck down; I could not see. But my *nankara* bone was on my neck and that held it up.

"I went south to Kurkno; there were many kurunpa people there. I saw their point marks; they were shining on the breast like gum.

"Then I flew north and I heard two *iti-iti* (*ratapa*, spirit-child). I looked and

<sup>1</sup>*lyanpa* (A). The little sticks soaked in blood and worn in the hair, cf. H. Basedow: *The Australian Aboriginal*, 1925, Plate IV.

I thought it was in a hollow tree. The two babies were twins and their mother stood beside the tree. I killed both children with my penis. First I stood up as if I were throwing my testicle and my testicle became like a stone, the children were frightened, and then my kalu (penis) killed them. I roasted them, using my forehead instead of a stick to hold them into the fire. I hid them in a hole in the hard ground so that nobody should take them away.

"To-night I will eat them. I shall find the place where I left them.

"Then I went on. My snake came right out and fell down. My soul was full of nankara stones, which were sticking right out like the spines of a porcupine.

"Then I chased the snake along, following the Milky Way; for all this happened at the point of the Milky Way.

"I went on always following the tjukal (Milky Way). The snake came back into my body and I flew back. I saw many white men's houses and there was light everywhere. I came down when it was beginning to get light on the Milky Way. I had been flying from one point of the Milky Way to the other.

"In the sky, earth I saw a mole in a good sand hill. At daylight when the point of the tjukal is above us I came back into my body. When I flew back I saw the fire I had made before I was transformed into a feather. The fire was covered with matati (pubic tassels)."

Pukuti-wara's dreams are somewhat different from those of others—and so is Pukuti-wara himself. The amount of non-repressed sexual elements is far greater, notwithstanding which they are also exceedingly rich in *magico-religious* symbolism. Penis and testicles are part of his stock in trade as a medicine man, for he has been initiated by having one testicle removed. His dreams are decidedly of a psychotic type and so is his personality. He stops in the middle of a narrative on the look-out for imaginary hostile attacks—a thing I have never seen another native do in broad daylight. He is stiff and rigid and has an angry scowl on his face. He will sit and brood without a word for a long time. He is proud of his dignity both as hereditary *atunari* of the Pitchentaras and as medicine man of no mean standing. The white settlers like him; they say he has never taken any of their cattle. He would not stoop to do something which might put him in the power of the white man and prefers to roam about in the arid country.

The woman with the two babies was like Dori. She is the wife of a native from the northern country who is now employed by a white man. She is here in the camp now, with

her husband. One of the children is like her son, the other looks like Pukuti-wara's own son Jankitji.

Now in the dream text he has called the two children twins. But if Dori is the mother of Jankitji then she is *ipso facto* Pukuti-wara's wife. Dori is one of the women of the "mother" type, for through her connection with a white man she is in the position to give him a little flower or something of that kind. Pukuti-wara is so deeply imbued with the beliefs and myths of his tribe that I think I am justified in using these in order to explain his dreams even if he did not mention them in this connection. Now there is one period in life at which a Central Australian native thinks that he might kill his own child with his penis. That is if he has *intercourse with the pregnant mother*.

Iti-iti like ratapa means an unborn child, a "spirit child" in the ancestral cave, an embryo in the womb and also a baby. But in this case he thinks he hears the voices from the inside of the earth and then they are in a hollow tree—that is he is really cohabiting with a pregnant woman, a mother, and killing his own children in the womb with his penis.

In connection with the snake we get some new data about various medical specialists. The snake is the mother of the nankara stones. Some medicine men have only the snake or only the bone or only the stone. Pukuti-wara has all three kinds. A man with a snake pulls it out with his finger. The man who has a bone inside uses only one finger the *tarka* (bone) finger. He thrusts it into the afflicted part, whereupon the bone comes out of the finger and pushes the pain out. The man who has the stone uses his mouth and sucks the trouble out of his patient. At any rate he calls his own snake a mother and part of his aerial flight consists of flying after this snake. What can the transformation of the snake into a waninga mean? We shall understand this after having gone through all the association material.

This side of the sky is the tjukal (Milky Way) lying there like a rainbow. But on the other side of the sky, the side

which we can not see from the earth, there is another tjukal. This tjukal is like a kuntanka and this is where he walks in his dream. *This is nice and smooth like the subincision hole.* If it is not like this but rough, the kurunpa cannot get back for it may get stuck there. Only a man's kurunpa who has one testicle can go up to the tjukal. When he goes under the earth he makes a hole with the penis. The penis gets very long and the soul goes out. When the kurunpa emerges from the testicle it also sucks the marrow out of the bones and puts a *kunti* (little club, *tjutinpa* or *kupulu* in Pitchentara) into the bone instead of the marrow.

A flood of light on a number of important points! The aerial flight of the medicine man symbolizes an *erection*, for it commences with the penis becoming very long and boring a hole in the earth. The dreamer thinks that the children are in the earth; thereby our interpretation is proved and the infanticide in the dream is revealed as a foeticide with the penis.

I cannot refrain from the temptation of quoting views I have expressed in a book I published some years ago. I came to the conclusion that the soul leaving the body is really a symbolic version of the seminal fluid ejaculated from the penis.<sup>1</sup> An erection is here the introduction to the aerial flight and the soul actually emerges from the testicle. A parallel phenomenon takes place with the bones; the marrow being the equivalent of the seminal fluid. Besides gaining a valuable clue regarding the symbolic meaning of the pointing bone, we are also beginning to understand one of the aspects of the *medicine man*; viz., the genitalization of his whole body. This explains another part of the dream; the dreamer's forehead figures as a spit for roasting the two children. The glans penis is called "forehead" and here we have the whole body as a symbol of the penis. Perhaps the two shining rocks can also be explained in this way. The rolling

<sup>1</sup> Róheim: *Animism, Magic and the Divine King*, 1930, p. 20.

rock would be the birth of a child, caused by the dreamer's "foot" and its shining quality might be derived from libidinal heat.

By this time I may say that I have written quite a lot about the churunga and from various points of view I have always arrived at the conclusion that it symbolizes the penis. In this dream the Milky Way is compared to a kuntanka and also to the subincision hole, thus showing again that the dream is an erection dream.

We are now compelled to go beyond the association material and to quote a group of myths which I intend to publish elsewhere. According to these myths the Milky Way is a woman and a young boy who are stuck together in coitus and appear on the sky as a kuntanka or waninga.

If the medicine man's flight is an erection and the goal of this flight a phenomenon in nature that represents the primal scene—the observation of parental coitus—the latent content of the dream is evidently the repressed masturbation phantasy of the child as witness of this primal scene. The snake in Pukuti-wara is transformed into a waninga because the waninga itself symbolizes the primal scene. His neck is held down by the same snake or waninga so that he can not see—that is, the contents of the primal scene phantasy cannot pass the threshold of consciousness. Regarding this phantasy itself, the two main trends may be described in the terms of the dream itself. The dreamer is chasing the snake; i. e., the mother. Or, the snake-mother is in the dreamer. When the child witnessed the primal scene he had an erection, wishing to bore his penis into the mother (earth) and to let his wamulu (sperm) go flying. But it must be a dangerous thing to enter the maternal vagina, for if the subincision hole (tjukal) is rough, the "soul" (penis) might get stuck and never return into the body. What does the Milky Way represent? A young man who after circumcision got stuck in a woman in coitus. That would mean a loss of the penis (soul). A nankara man can fly up to the tjukal for he is already semi-castrated at his initiation.

It is of course castration anxiety which conditions the opposite trend of phantasies. The snake-mother is in the dreamer, or rather he is in the snake-mother when the father approaches with his penis. These two phantasies both representing the past are condensed in one that stands nearer to the present tense. Having desired to kill the father in the act of coitus and also to be in the womb, when his penis approaches, these two phantasies are woven into one. The adult Pukuti-wara desires to kill his son (retribution anxiety) when the latter is in the mother's womb (identification with the son). In the dream the infantile and the adult repressed material appears in the guise of his profession; i. e., of the mythology of the nankara man.

The starting point of the dream is the present situation. They are now having an initiation ceremony in the presence of a white man. The situation is not completely new. He has been to Alice Springs and was received in a friendly manner by the missionary, Mr. Kramer. He remembers that they camped at Mount Gillan when they went to Alice Springs and they sang a *ngallunga* song there. They are doing the same thing at present. The place to the North East reminds him of Palm Paddock near the mission, a place he passed through on the same trip.

At the basis of the dream we have the infantile œdipus complex with the primal scene as correlated trauma. The latent content comprises all kinds of phantasies with more or less secondary elaboration based on this content. The whole complex is revived by the analogous latent content of the initiation ritual which is going on at present, and slightly colored by the presence of a white man. The latter factor is probably responsible for the appearance of Dori in the dream, as she is also associated with a white man.

An additional factor in the dream content is the sight of the pregnant mother, provoking feelings of rage against the brother in the womb, represented in the dream by the son. Many details however still remain unexplained, though we

can form a guess as to the meaning of some of them. The *nankara* bone which makes his neck stiff when he ought not to look probably means an erection. The fire from which he emerges and to which he returns is covered by the *matati*, which in real life is used for covering the penis. The *nankara* stones of which his body is full are testicle symbols, the fact that they are compared to the spines of a porcupine may perhaps be explained by the legendary connection of the porcupine with castration. The things seen at the *tjukal eri* are chips of the *mandagi*, or bull-roarer used for love magic. Why the *lyanpa* should be found at the same place we do not know; nor can we ascertain the significance of the frog *mamu*.

Second dream: "I dreamt of a woman who had only one leg, one arm, and one breast. She came to my camp from the west and sat with her back turned to me. We flew to the sky together and there we found another earth. There was a little fire smouldering there and she stood beside the fire. Then she *kurkararingu* (became a *kurkara*, i. e., desert oak-tree). I stood and also became a desert oak-tree. I was a shorter tree but very straight.

"Then we became human beings again and came down to this earth. We killed two *wanka* (*iwupa*)<sup>1</sup> and sucked out their marrow-fat. Then we came to a place called *Ili-piti* (fig-tree hole). Women were gathering figs there and we saw their tracks. We came to *Untiri* (open) on the *Pando* (Lake Amadeus) and frightened some *indorida* birds there (a kind of pigeon). Then we went to a place called *Winderapiti* (bandicoot hole). This is where they make bandicoots. We came to a place called *Ngatu-ngunanyi* ('crooked stand up'), a place where an emu ancestor stood up. Then we came to a cave called *Kunanpiri* (bird excrement). Near the cave there was a camp with very many children's bones. Their mothers had eaten them all, because they were very thin. Then we went to *Mulara* (nose place). There was a big crowd there making *ngallunga*. The *kunka mamu* (woman devil) led me and I followed her. We came to a *mamu* place with many bones, the *mamu* had eaten the souls. She told me that this was her place. This place was *Witapi-wara* (back-bone—long).<sup>2</sup> Then we came to *Wawilja* (fire-stick used for love magic). But it was not the place on earth called *wawilja*, it was a strange place. There were many *Kuna-tarka-tara* men there. ('Anus bone with': another name for the demon called *Karpirinyi*). They are the *mamu* who make the *nankara* man. They held me in their arms and then they threw me into the fire. They put fresh bones into my head and body and also *ulkurungu* (hot stones or fire). Then we came to the home of the *tunta mutu* (one leg) people. They were all like the woman who led me.

<sup>1</sup> A kind of caterpillar; the mythical ancestors are supposed to travel in this shape.

<sup>2</sup> Meaning the "back-bone" of a hill.

She took me to a big hole and said: 'See that!' The hole was full of the ngambu (testicles) they had taken out. They put one into my hand and said, 'That is yours!' Then I went with the tunta mutu people to a frog place. Many frogs were sitting there in a row. This is how we sat (drawing in sand):

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"Then the tunta mutus introduced the frogs and said: 'They are men, not frogs.' Then we came to a place called Watanguluny-guluny (frightened-frightened). There were many watanguluny-guluny mamus there, men with curly hair. They ran when they saw the tunta mutus. Some of the mamus were transformed into grass, others into sticks and others became kuntanka (kuntankaringu). These kuntanka were like mandagi. At night I went into the bush with the kunka mamu and I saw some of the mamu making marks on the kuntanka anangu.<sup>3</sup> They said this kuntanka was called *rupi-inpa*, this being their word for *reru-reru*.<sup>4</sup> Then I came back with the demon woman. The tunta mamu all became frogs and went into the earth. We came to a place called Warupi (kangaroo tail). All my friends were there. Then we came to Nankaril (spider's web) and saw the track of a *muruntu*.<sup>5</sup> We chased that muruntu, caught him and put him back into his hole again. Then we came to Aputuleri (turning round). An ancestor who was running after a kangaroo turned back at this place. We went to Ngataultul, this being the place where an ancestor had cut a damper into two halves (ngata=half). Then we came to Nuninta (tail standing up) where a wallaby ancestor had been standing with the tail pointing upwards. There was no water there, only the track of a wild hog who had been digging for water. Then we came to my camp. The woman became a whirlwind with a fire in the middle and disappeared."

There is an obvious parallelism in the dream episodes.

1. Pukuti-wara and the demon woman eat wanka. 2. Mothers eat their children; bones are lying about. 3. Demons eat souls; bones lying about. 4. The hole in the custody of the tunta mutu; testicles lying about.

The tunta mutu is a being who has only one of every organ that should be a pair, but so is Pukuti-wara himself; he has only one testicle. In the dream he wanders with the

<sup>1</sup> Frogs.

<sup>2</sup> Tunta mutu.

<sup>3</sup> Churunga mborka ("body churunga," the big ones).

<sup>4</sup> Reru-reru, the bull-roarer, used at initiation.

<sup>5</sup> Mythical serpent.

tunta mutu woman and then with the group of tunta mutu. In the case of a Pitchentara medicine man who has had one testicle cut out, castration anxiety has a very realistic basis. Hence the identification of the male with a woman who symbolizes the castration complex. The demon woman of the dream is like Kunpala, Pukuti-wara's sister. There is a series of *equivalent activities* in the dream. The wanka are one of the forms in which the ancestors travel when they are after a woman through whom they intend to be reborn. They suck the marrow out of the bones of the wanka, a thing that is always done in the case of children<sup>1</sup> but cannot possibly be done with a caterpillar. Hence wanka=child=soul=testicle. On the other hand, the destroyers are Pukuti-wara+sister="the mothers"=one foot demon=frog. The castrated male identifies himself with the dangerous mother of his infancy, whose cannibalistic practices were a matter of actual experience. Four out of eight children had been killed and eaten by Pukuti-wara and his wife. It is hardly likely that the custom should not have been observed in Pukuti-wara's infancy. Pukuti-wara is always castrating others and eating children's souls in his dreams and phantasies. Having been castrated himself, he has identified himself with the mother as castrator. The men who in the dream throw him on the fire and thrust long bones and hot stones into his head and body, that is, the demon initiators of the medicine man, would then be the representatives of the father imago. Their name itself suggests anal coitus (anus with bone), the bone symbolizing the penis.

The secondary nature of this layer of phantasy material is quite evident. Pukuti-wara has really lost one testicle; he is evidently trying to make up for the loss in the dream, for the tunta mutu show him the lost object. After the one foot and the frog demons, our wanderer meets the demons called "frightened," that is, the representatives of anxiety. He and

<sup>1</sup> I am referring to real cannibalism as á custom.

his demon sister then witness a sight which the child is not permitted to see: the making of a churunga or more exactly the making of the incisions into the "body" of the churunga.

In several dreams which I have analyzed "making a churunga" or the churunga itself was revealed as the representative of the primal scene. The dream we are considering contains innumerable references to mythology and has probably a series of overdetermining elements. We had no time to get all the myths, for each place has of course a myth of its own. So I asked him to choose and tell me one of the myths. He thereupon related the wild-cat myth of Kikin-kuru. The essential features of the story are the supernaturally large *double* penis of the wild-cat men, the conflict of the group and the Old Wildcat, and finally a coitus scene, in which the young wild-cats have intercourse and the old men sing as they look on.

We should therefore say that the primal scene of infancy with the correlated castration anxiety is again the latent content of the dream. In the great shock which constitutes the initiation of the medicine man this castration anxiety was abreacted and realized. He can do things that are beyond the powers of ordinary mortals, this is his boastful claim; for the worst he has already endured. Yet such a heavy loss can never be compensated for; in his dreams he is always trying to compensate it by castrating others, killing children and hunting for his own testicle. Even though he has only one testicle he will go to the hole where all testicles are in safe keeping (maternal womb). Perhaps the frog demon has in this connection the same significance as the frog has in European folklore; viz., that of the womb. Then we could understand Pukuti-wara's drawing; the semi-castrated males trying to enter the mother's womb.

Third dream: It is really difficult to know what is dream material and what is reality in this narrative. For one testicle is really missing. Perhaps the initiator actually hyp-

notizes the neophyte after having performed the operation and tells him that the testicle is now a second soul which kills babies and so on. All this may then recur in the dream.

"I was asleep and I saw a man's kurunpa come like a wala-uru (eaglehawk). It had wings but it had a penis like a man. It caught my soul with the penis and drew it out of my hair. My soul was hanging from the penis and the eaglehawk flew first west then to the east. He took me to a far away country. Then we flew south, north and again to the west. It was just before dawn and the eaglehawk man had made a big fire into which he threw my soul. Then my penis became all hot and he pulled the skin right off. He took me out of the fire again and took me to a camp. There were many nankara men there standing in a group. They were all bones like the spines of the porcupine. He threw me on top of these bones and all the bones entered my body.

"Then we went west and the eaglehawk man split me open. He took out the lungs, the liver, and left only the heart. Now I have only the heart. Then we went further west and I saw a little baby. It was a mamu. I saw the child and lifted my hand to throw the nankara stone. My testicles were hanging down and they flew out instead of nankara stones. A man came out of one of the ngambu and this kurunpa<sup>1</sup> stood behind me. This man had a very long kalu katiti (the two sides of the subincised penis) and he hit the mamu child dead with it. Then he gave it to me and I ate it. After that both kurunpa went into my body."

This dream is of great interest because it confirms our interpretation of the medicine man's initiation. The coitus interpretation of the exit of the soul and of the dream flight, the spines or bones that enter the dreamer's body as phallic symbols and the extraction of vital parts as castration becomes a certainty. We know that the dream has a real trauma, the testicle operation, as a starting point; we can therefore see the mechanisms through which it tries to get rid of the traumatic effects.

The principal weapon used by the ego in this critical situation is that of *libidinization*. He says that the eaglehawk man looked like himself; therefore the dream flight with the soul hanging on his own penis would be a masturbation phantasy. Compensation and projection appear on the scene; the testicle he has lost becomes an additional soul, a source of power and a means of killing children, i. e., genital

<sup>1</sup> Kurunpa=soul, but also=demon.

symbols. That the child really symbolizes the testicle and in a generalized way the whole genital is confirmed by the rest of the data: When he sleeps in a camp the *tjitji mamu* (baby demon) jumps out of his leg, and then it jumps on the foreheads of all the men who are lying in the camp. He sees him jumping out of his leg and coming back into it again. It is probably this mamu whom he credits with taking out the ngambu of all the people in the camp. This of course is only Pukuti-wara's dream, and that explains why they are not angry when he shows them the ngambu he has extracted. The trauma is reflected in the dream, for something goes out of his "leg"; the wish-fulfilment is that it returns again, while the connection of all this with the operation he has undergone is shown by his mamu extracting the testicles of others. This mamu is called *chichi ngangarpa* (child mad) and it urinates all over his face. That is why he has such a long beard; just as the urine flowed down. Urine comes from the penis-child, who is also responsible in some cases for conception, although the children born after it has gone into a woman are half demons. When he was initiated he had three kurunpas, now he has two for he has given one to another man. But he always gets new kurunpas from the children he eats, and the child demon that comes out of his leg is also one that he has eaten.

Fourth dream: "I dreamt that the earth heeaved up first from the west and then from the east. It was like a wall. Then it came from the south and from the north as if it would cover me. Besides me the spines of the porcupine were sticking out of the earth. The earth covered me till I was lying on the top of those spines. It rolled me over till I was on top of the spines. An eaglehawk kurunpa came and ate my kurunpa. It was a man with wings like an eaglehawk."

He was a small boy when he dreamt this. It was a long time before he was initiated as a medicine man. He used to go about with his father hunting kangaroos or with his mother digging for witchetty and ants in the earth.

The earth symbolizes the mother, as in dreams one and two. Now, we know that there is a typical situation of great trau-

matic importance in the life of these natives. It is the custom of the mother to lie on top of her son and the repressed memory of this situation is projected in the *alknarintja*, the woman who sits on the sleeper's penis and thus reverses the normal position of male and female. In the dream the spines of the porcupine, which figure so conspicuously in the symbolism of the *nankara* man, penetrate into the child's body from underneath. At the same time his soul is "eaten" by a male *kurunpa*, the significance of which we already know from the third dream.

This dream of his childhood reveals the importance of the inverted *œdipus* complex as the basis of the *nankara* sublimation. For both the eaglehawk and the spines of the porcupine are definitely parts of the *nankara* symbolism, and he either knew this as a child<sup>1</sup> and dreaming in this symbolism indicated the adequate form of sublimation, or he has added these features to the dream afterwards—because of the link that connects it in the unconscious with the art of the medicine man.

Let us first reconsider the general conclusions established on the basis of our *Pitchentara* material. First, testicle, soul and *nankara*-stone are one and the same thing. *Pukuti-wara* is eating souls, castrating others because he has lost a testicle, i. e., a soul. He has a big store of *nankara*-stones, i. e., inexhaustible magical strength—because he has lost a testicle. One day he brought me a new type of *churunga*. It was round and he told me that it was the "petrified" or rather "lithified" (it is wood) testicle of a kangaroo ancestor. By the way, I think this new type of *churungas* is a striking confirmation for my interpretation of *churungas* in general. For if the globe-shaped *churunga* is a testicle, the longitudinal one may be suspected to be a phallus.

Secondly, the dream flight of the soul is the dream representation of erection. But as this is the general primitive

<sup>1</sup> Father, mother, grandfather were all *nankaras*.

theory of the soul, viz., that it is a something which flies out of the body in a dream, my theory of the soul as a personification of the phallus cannot be entirely ignored. For the benefit of those who for reasons of their own cannot be convinced by psychoanalysis, I should like to add that a very cautious experimental psychologist of the old school has also established beyond a doubt that dreams of flight are dreams of erection.<sup>1</sup> In the dream the vibratory motion of the penis is represented as a general body sensation; when the penis is in erection the body rises in the air. The dream represents the penis by the body, just as in Aranda the penis has a "head" (para kapita=glans penis), "mouth" and "ears," and as my Pindupi informants would euphemistically use the word anangu (body) for kalu (penis).

However, the brutal simplicity of the Pitchentara data only shows that we have here an extremely primitive form of Central Australian culture. For old Yirramba told me as the supreme wisdom of esoteric lore that the *Tuanyiraka* was really the kuruna, the soul. *Tuanyiraka* is the name under which the bull-roarer is known to the uninitiated. The old men said that the word really meant atua (man) ngeera (like) eraka (he has become). The boy is circumcised and is now like a man. In the days when the ancestors wandered on earth, initiation used to be a very different thing. The inarlinga (Echidna) initiated the boys and his procedure was to cut off the boy's penis. Then Yirramba told me that *tuanyiraka* was the inarlinga. But if the inarlinga is *tuanyiraka* and *tuanyiraka* is the soul, this means that the fundamental thing in us is the anxiety of castration, and also that the soul as a concept is closely connected with the same anxiety. Furthermore we must not forget the use of the "*tuanyiraka*," of the actual bull-roarer, which is put into the hands of the boy by the elders. It is smeared with blood taken from the penis (subincision wound) and used as a love charm with

<sup>1</sup> M. Vold: *Ueber den Traum*, 1912, II, p. 797. In the case of women the same stimulus is provided by clitoris sensations.

which to overcome the resistance of all desirable females. The fundamental theme of the initiation ceremony is the castration complex. It is being dealt with unconsciously by two mechanisms: by partial abreaction, as the boy has been circumcised, and now by over-compensation, by handing him an indestructible penis. Many ways lead to Rome and many equations prove the one conclusion. The ngancha or double emanates from the churunga. But the first churunga was the one owned by Malpunga—it was his own penis. It is the churunga that penetrates into the woman when she conceives and the ngancha causes conception. Thus we clearly see the close connection between a phallic object and the concept of a double. Again and again I have been told by my informants that the kuruna and the ngancha are the same thing.

After death the soul is transformed into a ghost, a ltana. The ghost joins the doubles in the cave, acquires a new churunga and thus returns to life through the womb of a woman. A soul is a ghost, a ghost is a double and the doubles are eternally young; they are the sources of all life. For the ngancha are the iruntarinia, the beings who disappear with women into their subterranean abode. The ngancha are mamu; the doubles are demons, i. e., beings with a huge phallus.

#### 4. *Phallic personification.*

In my book on animism I have collected sufficient evidence to prove that the soul or double is derived from a personification of the principal pleasure-giving organ.

Like the ngancha, the Ka of the Egyptians remains eternally young.

*“La racine Ka est certainement une expression de la force génératrice avec un déterminatif approprié (phallus). Ka écrit le nom du taureau, qui symbolise la génération; au féminin Ka:t designe l'organe sexuel féminin.”*<sup>1</sup>

In the plural, kaou means food, nourishment, substance

<sup>1</sup> A. Moret: *Le et la civilisation égyptienne*, 1926, p. 416.

containing life. With the sign representing a human being who talks, Ka means thought, intelligence.<sup>1</sup> The Ka appears in the shape of a child or a dwarf, and the dwarfs held at the courts of Egyptian royalty were probably regarded as incarnations of the divine Ka.<sup>2</sup> The relation of the kings of Egypt to these dwarfs may have been similar to that of the Banyoro royalty to the boy who was appointed to drink the surplus of the king's milk. Should the boy fall sick during the term of his office he would be strangled, and should he have sexual relations with a woman he would be put to death. He had to be guarded against scratching his flesh or doing anything that might draw blood. To strike this boy was an offense punishable with death because the boy's life was bound up with that of the king, and anything that happened to him was liable to affect the king.<sup>3</sup> If we assume that this boy, like children in dreams really personifies the royal phallus and that this personification is due to anxiety, we can understand the taboos connected with this living external soul. In Egyptian mythology we have certain dwarfs called Khnumu. Earthenware images of these Khnumu or Khnemu are found in tombs, for they were supposed to help in reconstituting the bodies of the dead. Khnumu is one of the great original gods and his name signifies "the builder." The root *khnem* means "to join, to unite"; astronomically it signifies "conjunction."<sup>4</sup>

In Rome we have the *genius* identified by Varro with the soul. According to Wissowa "every man had a genius and every woman a *juno*." Genius and *juno* were in the same relation to each other as procreation and conception. Later on through an extension of the original meaning the genius means also strength, energy capacity for pleasure, the whole personality of a man, but originally it is simply the procreative

<sup>1</sup> Moret, *l. c.*

<sup>2</sup> Guimet: *Les âmes égyptiennes*, Rev. hist. de religion, LXVIII:18, 1913.

<sup>3</sup> Roscoe: *The Northern Bantu*, 1915, p. 9.

<sup>4</sup> Cf. Róheim: *Animism*, p. 19.

faculty.<sup>1</sup> *Genialis lectus* is the marriage bed above which the genius presides and never permits the family to lack offspring. *Geniales homines* are hospitable, friendly, genial people. Undoubtedly the genius embodied in a serpent signifies the libido or the libidinal aspects of personality, the *pleasure-ego*. If a man enjoys something he says: "*Nunc et amico meo prosperabo et genio meo multa bona faciam*" and the worst that could be said about a curmudgeon was "*genium festo vix suum aestimat*." Lovers call upon him, and the genius of the husband is invoked on the wedding night.<sup>2</sup> The etymology shows the basic concept underlying the word. It is related to *genere* like *pluvius* to *pluvere*, *ludius* to *ludere*, and should therefore be translated both as the "procreator" and as the being who endows others with the power to procreate,<sup>3</sup> just as in Australia it is the hidden double, the ngancha, who is the real father, the source of life. Then again we have, in the theory that simultaneously with every human being his genius is born, an exact counterpart to Central Australian views. According to the beliefs of the Pitchentara, Mularatara, Pindupi and Yumu two little iti-iti (children) emanate from the kuntanka. They play about together, throwing their little sticks at everything. When they see the father one of the children sits on his shoulder while the other continues to walk about. This second being is called paluru nguampa, i. e., him like. In speaking of my own double I should say "ngaiulu nguampa" (me like). The first child goes into the father's body, then into his penis, and from the penis it penetrates into the mother in the semen. Just as the child goes into the mother, the double goes back into the cave. As the child grows in the womb, the double grows in the cave and the two grow together. When the boy goes hunting his "nguampa" (likeness) goes with him but is invisible to all excepting the medicine man. If the boy dies, the nguampa goes to the father and from

<sup>1</sup> G. Wissowa: *Religion und Kultur der Römer*, 1902, p. 154.

<sup>2</sup> Róheim: *Animism*, p. 18.

<sup>3</sup> Roschers *Lexikon*, article *genius*, by Birt, I., p. 1614.

the father's penis back into the mother. The same human being is then born again and at the same time a new double splits off from the kuntanka. Should this child, however, also die then his double will join the double of one of his brothers, and the latter has two doubles who take care of him.

The genius is the tutelary of the marital bed, the spirit that helps the man to become a father<sup>1</sup>—like the double in Central Australia. The genius continues to exist after death as a ghost and the *manes* themselves are also called *genii*. The *ltana* joins the doubles in the cave, and there is also an intimate relation between the double and the soul of the living man.

When a man goes to sleep the *kurunpa* goes out of his body. But the *nguampa* (likeness) stops there to take care of the body because somebody might hurt the body, and then the soul could not return.

The *nguampa* has got other *kurunpas* in case of emergency; if one is lost it can always supply the body with another. The *nguampa* is like a *puli* (rock); it is full of *kurunpa*. If he gives one *kurunpa* away to the man who is under his protection he still keeps plenty. From Pukuti-wara's data we have already seen the parallelism or equivalence between soul, testicle and *nankara-stone*. If the double is a rock, the soul as a particle of it might well be called a stone, and the loss of the *nankara-stone* or of the soul evidently symbolizes castration.

But before we go on it might perhaps be as well to pause and consider: what is the evidence contained in our data, and what are the conclusions we derive from this evidence?

The phallic symbolism of the soul is a fact that can be demonstrated in many areas.<sup>2</sup> From this we infer the dynamic process behind this symbolism; viz., that the physical fact is the basis of the concept that the penis is personified as a minute human being or double.

This process is not a mere assumption of ours. It is a phe-

<sup>1</sup> Birt, *l. c.*, p. 1605.

<sup>2</sup> Of course it was very wicked of me to take the genius out of its "cultural context". I should have written a history of Roman civilization first.

nomenon we can often observe in clinical analysis. When the topic of castration anxiety becomes especially uncomfortable some patients react with a self-invented animism. A journalist aged about twenty-five had a phantasy about a small human being something like a ragamuffin, a rakish sort of person with a little cap. Then he spoke about the foreskin, about the difference between Jew and Gentile (he is a Protestant) and finally he recognized the little fellow of his phantasy as the penis. In the next phantasy he had, he was a sort of giant, a super-human but very rigid being with a huge iron rod that would open all locks and annihilate regiments of soldiers. He himself (that is, the giant) remained invulnerable. Another favorite phantasy of his was the dream-flight quite on animistic lines. The analysts all meet at night at a sort of witches' Sabbath, and while ordinary people ride on horses the analysts use their easy chairs. Or perhaps they use a hippopotamus (called a water-horse in Hungarian). Of course an analyst must have a larger penis than others, therefore he rides on a hippopotamus instead of a horse. The important thing is that these phantasies arise out of castration anxiety and disappear when the anxiety has been sufficiently analyzed. No better case could be given than that of Pukuti-wara himself, who has actually lost one testicle, and whose soul is always castrating others in its nocturnal escapades.

Analysts interested in children are familiar with the alarm experienced by the little boy at the discovery that his mother or sister is lacking in the organ which he cannot separate from the greatest pleasure he knows. The organ of pleasure is the symbol of life, and he evolves a theory according to which everything that is alive must have a penis. The boy sees a penis, this is, life, pleasure, where there is no penis; primitive mankind refuses to accept the inorganic and transforms it in his phantasy into a personified environment. Of course I do not claim that the phallic personification is the only element in the complex structure of ideas which we call animism. The narcissistic element in our nature, that is, self-love, is

responsible both for the interest we take in ourselves and for our unwillingness to believe in the ultimate annihilation of something which is so supremely valuable. Loving ourselves we are both subject and object, body and soul. After all, animism is a primitive philosophy, a theory; and any theory relating to our own selves must be based on the interest and the pleasure we take in ourselves. Another eminently narcissistic product of our psyche is the dream, and here again we find this tendency towards fission. The dreamer may be present once or twice or several times in his own dream. For instance a patient, a girl of twenty-eight, relates the following dream:

"An invisible person is dissecting a spider, and as he cuts the spider's legs off, the animal is full of blood in the middle. Then he puts the intestines of the spider into my nose."

The invisible person is the analyst, the spider is herself, or rather, her vagina and the topics we are about to "dissect," that is, to analyze, are her anal- and menstruation-complex. The mechanism of this dream is similar to that which we postulate for animism and which must be regarded as typically narcissistic: the reality-ego (*Real-Ich*) as subject looks at (i. e., loves) the pleasure obtained from her own person (pleasure-ego [*Lust-Ich*] genital organ).

##### 5. *Ghosts and the Super-Ego.*

The most important addition acquired by our psychic system in the course of our development is that of a super-ego. The super-ego is an adaptation to the first and most significant part of the environment which opposes the gratification of infantile desire. The boy cannot have the mother all for himself because another and more powerful rival usurps her love and attention. This obstacle in the environment is gradually introjected, i. e., becomes a part of ourselves. We are now likely, consciously and unconsciously, to tell ourselves that we must not, or cannot, or do not want to do the things which we really desire very much. This part of our personality facilitates the existence of society, as it is really a device for avoiding conflict with our fellow-men; but it is likely to make life less and less

bearable, for we have *internalized* our troubles. I can kill my neighbor or be killed by him and that ends the matter. But I cannot end the fight that is being waged in my own person unless it be by suicide. It is this endopsychic resistance directed against our own wishes which is perceived in the belief that happiness can never be durable. The gods punish those who are too happy,<sup>1</sup> and they do this because they themselves are projected representatives of the super-ego, the power we have erected in ourselves as a being of superior order. Both the Luritja-speaking tribes and the Aranda believe that too much of a good thing, especially of kangaroo, is likely to be followed by famine. This is called *etakama* (Aranda) or *kurpanyi* (Luritje) "to spoil something" and has been used in the Aranda Bible as "etakindja" to convey the meaning of "conscience." This shows good psychological insight, for both the Central Australian "spoiling" and the European conscience are connected with that power in us which spoils so many of our pleasures. This concept of *kurpanyi* is associated with animism, on the one hand, and with totemism, on the other, as both technical terms of anthropology are involved in the *ngancha* idea, especially, however, with the kangaroo which is also the *prominent totem* of the Luritja tribes. There are elaborate rules with regard to the preparation of the animal. When they have pulled the guts out they *tipintunanyi* (close the hole with a stick) and drink the fresh blood. Here my informant stops in his narrative and talks about the taste of blood. It tastes sweet like human blood. It is the custom for a man to let the other drink his blood when the latter feels weak; thus a son will give his blood to his father, an "okari" to the "kamuru,"<sup>2</sup> but *never a father to the son*. When they cut the animal's neck great care must be taken not to cut the Adam's apple (A. areldja, L. kirikiri). This would also *kurpanyi*, but it would *kurpanyi* the man who cuts up the animal and not the kangaroo. The man who

<sup>1</sup> The hybris of the Greeks.

<sup>2</sup> Nephew and uncle in the classificatory sense.

injured the kangaroo's Adam's apple might be cut up in a similar way or a dog might bite his Adam's apple off.

If a kangaroo man has been "spoiling" the kangaroo by killing too many kangaroos or by throwing the meat away his *waltara* appears and tells him, "Don't spoil it. Eat it all if you have killed it." He must smash the bones and the tail and not throw anything away. The *waltara* tells him, "Don't bite the tail; cut it with the stone when you eat it. This is *waltanku* (your own)." *Waltara* is a word that means both the totem and the totemic ancestor and finally also the double (totemic ancestor) as a protective genius. *Waltara* was translated into Aranda as *altja ikura*=own, his, his own. It is also the Luritja word for totem; they said, "*waltara*=*knaninja*." In order to convey the meaning "that is his totemic ancestor," they will say "Tukurpa (alchera, ancestor) *waltara* (*knaninja*, totem) *palumpa* (*ikura*, his)." Here we find the idea of "spoiling" associated with the totem and the double. The shadow, identified by so many races with the soul, has, as we might expect also something to do with the idea of "*kurpanyi*." It is usually regarded as a very good thing to see one's own shadow but, if one is going to kill an enemy, seeing the shadow might result in "spoiling"; that is, one might be killed on the war path.

Before I can proceed with my attempted explanation I must say a word about the relations between the super-ego and the ego; that is, the modified and the non-modified part of our personality. The unconscious fear of castration can also be called a super-ego anxiety in psychoanalysis, because the super-ego as introjected father is also the "castrator" (the one who deprives the individual of pleasure). On the other hand the super-ego, like the father from whom it is derived, is not merely a hostile force but also well beloved by the ego. In transforming the father into a super-ego, object-regarding trends have been re-transformed into narcissistic trends, so that the super-ego is a fusion of aggression, turned back against the ego, and narcissism. This explains why we find the double

(ngancha) in the function of a super-ego or a sort of "totemic conscience" (waltara). For the ngancha is not only a double, but at the same time is a sort of ancestor or father. The ngancha (waltara) is the mythological ancestor and also the real procreator of every human being. Why then should the kangaroo hunter beware of injuring the Adam's apple? Because the Adam's apple is regarded as an indicator of the sexual impulse, as a sign of sexual excitement, in fact, as a penis displaced upwards. Do not castrate the kangaroo lest you should be castrated yourself—this is the unconscious formula underlying the taboo on injuring the Adam's apple. Following the trend of associations given by our informants we find that drinking the kangaroo's blood is drinking human blood. Relations give blood to each other, Kanakana says, but not a father to a son. This is just like a patient saying in analysis, "No, the person in the dream is not my father," in which case there can be no doubt about the fact that he is merely protesting against the latent content of his dream. The full explanation of the kurpanyi in connection with cutting up the kangaroo would therefore be, "Do not attempt to kill (castrate) the father because the same might happen to you," and of the kurpanyi concept in general: too great a victory (over the father), too much pleasure, is followed by defeat (loss). The synonymous use in Aranda of *etakama* (to spoil) and *arpmanama* (to create, to make, to fecundate) for the Luritja kurpanyi illustrates the nature of these super-ego mechanisms.

This super-ego element is especially prominent in the concept of ghosts. A ghost is not only the surviving element after death but also something definitely malevolent. Yet, although ghosts and demons tend to be regarded as one and the same thing, there are certain distinctive features about the malevolence of these two groups of supernaturals. A demon is aggressive because such is his nature; a ghost is vindictive, either on account of an injury done to him during his lifetime or in consequence of the non-observance of the

mourning ritual. "If the Ulthana hears his name mentioned he comes to the conclusion that his relatives are not properly mourning for him—if their grief were genuine it would cause them too much pain to hear his name mentioned to allow them to do so—and so he will come and trouble them in their sleep to show them that he is not pleased with them."<sup>1</sup> When I asked the Ilpirra about ghosts they said that when a man is killed by the enemy he becomes a ghost (*nyunu-kapali*). Anybody of course may see a *ngoa*, but, according to the Matuntara, a murderer *always* sees the ghost of the man whom he has killed. The ghost stands behind him and when the *nankara* man sees this he says: "Whom have you killed?" If he answers "Nobody," nothing more is said about the subject. They wait for an appropriate opportunity, and when he is hunting or when they are performing a ceremony they kill him. Before he dies he says: "It is all right; I killed that man and I deserved to be killed." If he owns up immediately, they only spear his leg as a warning. A ghost appearing in the dream of an Aranda shouts "ha, ha, ha." The man who sees him would like to open his mouth and call for help but he cannot move. The Ngatatara say that if two men are returning from the blood feud after having killed somebody, they always lie down when they go to sleep so as to hide the arm used in killing. The ghost of the murdered man comes; they hear the little bird called *chichurkna*.<sup>2</sup> He is followed by the ghost dragging his spear as he walks. At night he lies on his murderer and then he disappears again. If the man is not careful and does not hide his arm the ghost puts his foot on his rib, stretches the arm and breaks it inside so that it becomes useless for hunting. Or he might even kill the man who killed him.

It is not necessary to give a psychoanalytical explanation of all the details. For a psychoanalyst can do that for himself

<sup>1</sup> Spencer and Gillen, *l. c.*, p. 498.

<sup>2</sup> While flying it makes a noise like a child crying in the distance, and should any one of the men fail to hear he would become paralyzed in the right arm and shoulder. Spencer and Gillen, *l. c.*, p. 494.

and a non-psychoanalyst will refuse to believe it. But certain conclusions of a more general bearing will perhaps be of interest. As mentioned before, the technical psychoanalytical term for the part of our personality that is concerned with justice, conscience, retribution, morals and customs is the super-ego. Now we find that the murderer is afraid of something. Just as in the concept of "kurpanyi" he has had everything his own way and he is expecting retribution. Confession alleviates the mental strain and indicates that he is ready to take the punishment. Evidently (unless we believe in the real existence of ghosts) we must accept the conclusion that the ghost is the personification of his own anxiety. But what kind of anxiety? It is what we usually call a super-ego anxiety, for society is the ultimate avenger. And the super-ego is society as an endopsychic force.

The relation of the soul to the ghost is a problem in itself. While the ghost means death to the survivors, the soul endows the body with life. While the ghost is derived from our death wishes directed against others, the soul represents a denial of death. In their unadulterated form they stand for the life and the death instinct, that is, they are projections of the two great forces in ourselves.<sup>1</sup> Life is a continuous de-fusion and fusion of these elements and the ghost is transformed into a soul when we have punished ourselves sufficiently in the mourning ritual for the life instinct to gain the upper hand. And when is the soul transformed into a ghost? We should not forget that for primitive mankind death means murder by magic. When someone has directed his aggressive impulses against another man, he expects punishment, and this expectation is personified in the ghost and realized in the self-inflicted tortures of mourning.

Perhaps some readers will grant the possibility of a narcissistic and phallic basis of animism (at least in Central

<sup>1</sup>I am certain that some of my anthropological readers will ask whether savages know anything about the life and the death instinct. They do not, but neither is projection an intentional proceeding.

Australia), but they will claim the right of other theories to an impartial hearing. Thus, for instance, we have the memory-image theory advocated more than twenty years ago by A. E. Crawley. He is undeniably right in comparing the soul to a visual image, to a living, colored, voluminous photograph,<sup>1</sup> but in explaining the origins of these "living photographs" we should consider not only the sensory aspect and cognition but also the affective and emotional, the dynamic factors in the mental process. Seeing ourselves is not merely a visual proceeding—it is based on anxiety and self-love, on narcissism. Seeing others when they are absent is not sufficiently explained by the fact that we are capable of seeing a mental image, but is also conditioned by the whole complex of emotions connected with the person whom we see, by love and fear and by our conscience, i. e., by the super-ego.

#### 6. *Post-mortal Coitus.*

The justification of a theory lies in the facts which it can explain. I must therefore try to show that the phallic theory of the soul explains a very general phenomenon in animistic beliefs. This phenomenon is what I have called the *genitalization* of death. The process of dying and the other-world itself are represented either consciously or unconsciously openly or symbolically as enhanced life. Dying is coitus, marriage; the other world an erotic paradise or womb. Innumerable proofs can be arrayed for this point of view, but again I shall have to tear them from their "cultural context," or give a comprehensive history and analysis of cultural phenomena all over the globe. "Every woman who dies is the bride of Hades and every man the bridegroom of Persephone."<sup>2</sup> Professor Malinowski describes "the erotic paradise of the Trobriander": "In their anticipations Tuma (the other world) is thronged by beautiful women all ready to work hard by day and dance by night." "When a native talks about it

<sup>1</sup> Crawley: *Idea of the Soul*, p. 68.

<sup>2</sup> Maass, E.: *Orpheus*, 1895, p. 219.

[Tuma], when he grows eloquent and relates the traditional stories . . . all other aspects soon fade into the background and sex comes to the fore; sex primarily but set about with its appropriate trappings of personal vanity, display, luxury, good food and beautiful surroundings." The guardian of the way to the other world is Topileta. "His lust is equal to his greed so that if the spirit is a female he copulates with her; if a male, he hands him over to his daughter for the same purpose."

The introduction is in harmony with what follows. In Tuma there is an aromatic herb called *bubwayayta*. This is made into a bundle and magic is spoken over it by a fair spirit-woman. She waves the scented herb before his face and he forgets all that he has left on earth. His only wish is to remain in Tuma and embrace the beautiful women of the other world. His passions will not remain long unsatisfied. Spirit-women, unfleshly though they appear to us mortals, have fire and passion to a degree unknown on earth. They crowd round the man; they caress him; they pull him by force; they use violence on him. Erotically inspired by the *bubwayayta* spell, he yields and a scene is enacted, unseemly to those unused to the ways of a spirit but apparently quite the thing in Paradise. The man submits to these advances and copulates with the hostess-spirit in the open, while the others look on, or, stimulated by the sight, do likewise. Such promiscuous sexual orgies in which male and female mix indiscriminately, congregate, change partners and reunite again, are frequent among the spirits.<sup>1</sup> In Duau the life of spirits on Bwebweso is an improved sequel of their terrestrial life. They have beautiful gardens and an everlasting round of rejoicing and dancing. The male spirits are mated with the *nuadeba*, the virgins of the other world. These *nuadeba* are not the souls of dead virgins but immortal women. In some districts traces of an older type of nether-world are still to be found. This is the *kasa numu*, the underworld village where the

<sup>1</sup> Malinowski: *The Sexual Life of Savages*, 1929, pp. 363, 364.

witches celebrate their orgies with Tau Mudurere (man pubic-part tattooed), ruler of the land of shadows.

Among the Zuni the other world is called a womb,<sup>1</sup> and among the Sia the spirit does not die but wakes in the other world as a little child; and in Egypt the dead are the beings who fertilize the womb of the goddess Nut.<sup>2</sup>

The passage to the other world is frequently described as leading over a gulf. The gulf has to be crossed by the soul on a bridge or serpent, and the passage is obstructed by a demon or animal trying to devour the soul. I think that anyone with a knowledge of psychoanalysis, or of the technique we use in interpreting the dreams of our patients, will regard my interpretation of this imagery as fully justified. The soul goes to a land of erotic pleasure, to the vagina; the passage itself is evidently the passage of the seminal fluid into the vagina. We should not forget the eminently "dreamy" nature of these phantasies. The dream is a journey of the soul; the journey of the soul is a dream. And what is there more constant in dream symbolism than the penis significance of sword, bridge and serpent? Especially if the texts associate the passage to the other world with coitus.<sup>3</sup> The demon who obstructs the road and all the other dangers of the passage represent anxiety derived from the œdipus and the castration complex. According to the beliefs of the Indo-Iranian period the river that separates this world from the next is a river of fire. Sacrifice is a substitute for castration, for to those who are diligent in sacrificing it is promised that the funeral pyre will not burn their genital organs; they shall have plenty of women in the other world and Yama, the god of death, will not deprive them of their semen.<sup>4</sup>

As I have pointed out above, all supernatural beings in Cen-

<sup>1</sup> Róheim: *Animism*, p. 47.

<sup>2</sup> Rusch, A.: *Die Entwicklung der Himmelsgöttin Nut zu einer Totengottheit*, Mitteilungen der Vorderasiatischen Gesellschaft: XXVII, 1922.

<sup>3</sup> Róheim, *Animism*, p. 41. Cf. also R. Moss: *The Life After Death in Oceania and the Malay Archipelago*, 1925, p. 279.

<sup>4</sup> Róheim: *Animism*, p. 40.

tral Australia, ghosts, demons and doubles, live in holes of some kind. The abode of the nganchas and the depository of the churungas is the sacred totemic cave called arknanaua (Western Aranda), ertnatulunga (Alice Springs), pata alchura<sup>1</sup> (rock-hole, general Aranda), or kulpi (Luritja). From this cave the children come; to this cave the soul goes in the dream when the double intends to show some of the ceremonies which the spirits are eternally performing; and it is here that the ghost joins the spirits after death.

When the ratapa goes into the womb the double of the ratapa goes into the cave, and as the foetus grows in the womb of flesh, its double will grow in the womb of stone. The parallelism between entering and leaving the totemic cave and birth is highly instructive. When the ancestors enter the totemic cave they undergo a transformation. A human being is metamorphosed into a churunga. And when the child-ancestor enters the womb the transformation takes place in the opposite direction—a churunga becomes a human being. An Alice Springs Aranda (Knalluma) told me in English that the ancestor comes out of the churunga and goes into the woman “just like seed.” When the ancestors are transformed into churungas the Luritja in general say “kuntankaringu”=he has become a kuntanka (churunga), but the Pindupi say “kal-karingu”=he has become a seed. The ancestor going into the kuntanka is “to become a seed,” the child-germ coming out of the kuntanka is also “to become a seed” and finally when the baby is born it is again “becoming a seed.”

In a myth told by old Yirramba the cave or the place where an ancestor becomes a churunga is not merely a symbol of the vagina or womb but it is the vagina itself.

A woman came from Maurunga to Nata (Lap). There she gave birth to a child and went back to Maurunga leaving the baby in the *alkumba* (bark). The boy grew up and was walking on all fours looking for his mother. He decorated

<sup>1</sup> Spencer writes *perta alchera* (ancestral rock). Certainly a misunderstanding of his. Spencer: *The Arunta*, 1927, I, p. 103.

himself with *andatta*, put a string round his waist, and he had a little *papa* (stick). With this stick he always tried to rise, and then he went on all fours again. Finally he could stand up, but then the *papa* fell down again. He walked on all fours and found his mother's old track. He swept the sand and grass away with a stick, and said "tata." He went very far on all fours. He saw some eaglehawks and brown hawks coming and he kept hiding because he was afraid of them. In one day he went to Maurunga. His mother saw him coming, and thought that this must be her child. She squatted down with her legs wide apart and put a *churunga* on her head. She called her child with open arms. He knew his mother, and said "tata." She squatted there with her vagina opened wide. He came and went in with the *papa*. Then the boy *borkeraka*<sup>1</sup> (became tired) and *churungeraka* (became a *churunga*) in the mother. She *borkeraka* because the boy inside was too big and also *churungeraka*.

The vagina and womb symbolism of the totemic cave becomes quite clear if we approach the subject from the viewpoint of the *ilpintira*.

The *ilpintira* or concentric circle on the ground with a *natandja* (ceremonial pole) in the center or without it, is an essential feature of Aranda ritual. A circular space is cleaned and smoothed with the hand. Then blood is taken from the penis and the whole circle covered with the blood. Finally the concentric circles are added. These are usually black and white; that is, charcoal and eaglehawk down. The blood serves as glue for the charcoal in the same way as it does when the concentric circle is used to decorate the body. At the *inkura* or final phase of the initiation ceremony, the ground drawing may be replaced by a circular hole in the ground decorated in the same manner and called *inkura*, or hole, thus giving its name to the entire ceremony. It is rather remarkable that Spencer and Gillen have missed the significance and impor-

<sup>1</sup> *Borkeraka* and *churungeraka* are technical terms—the regular ending of every Aranda myth.

tance of the *ilpintira* in the Aranda tribe. In fact they have only one case on record.<sup>1</sup> But they have fully comprehended the significance of these ground designs in the Warramunga tribe. They represent the mungai spots,<sup>2</sup> that is, translated into Aranda terminology, the places where the ancestors left spirit-children behind, or where they were turned into *churungas* themselves and ended their wanderings in the sacred caves.

The significance of the *ilpintira* is exactly the same in the Aranda tribe. In fact the first significance attributed to the concentric circle, whether we find it as an *apmoara* mark on the body of one of the men, or as the concentric circle on the *churunga*, or as the *ilpintira*, is always that of a totemic locality. Another name for the *ilpintira* is *chalupalupa*=navel. Finally a third name for the same thing is *ilpa*=womb, or *ilpa mara*=good womb. Then again we are told that "navel" in the language of the songs is used as an euphemism for vagina. The word *inkura* (hole) used for the hole in the ceremony may also mean the womb, though in this case the correct expression would be *ilpa-inkura* (womb-hole). When the concentric circles are applied to the body of the performer they are called "apmoara mark," and *apmoara* is a word used in songs for the womb. Finally, on the *churunga* the concentric circle nearly always represents one of the *knaninja* localities, the places where the ancestors left children behind or where they were finally turned into *churungas*. But on an Unmatjera *churunga* in Liebler's collection the concentric circle was explained as a womb with the embryo.<sup>3</sup>

All this shows conclusively that the circle in Central Australian symbolism means the vagina or the womb. At the *nankuru* ceremony performed at Bosuns Hole by the Pitchentara there were several scenes in which men were sitting in, or rising from the *inkura* (hole). A Nambuchi man called

<sup>1</sup> Spencer and Gillen: *Native Tribes*, p. 179.

<sup>2</sup> Idem: *Northern Tribes*, p. 297, sq.

<sup>3</sup> Cf. front page of my book, *Australian Totemism*.

Waru-kula (Wallaby sits), one of the performers at the ceremony, had the following dream:

"I sat down and just opposite to where I sat an opossum was sitting. I tried to kill it but it ran up my body and sat on my shoulder. Then it jumped down again and sat back where it had come from. It had a young one in its pouch. I pulled the young animal out by its tail and put it into my own belly. Then I put it back again into its mother's pouch. I had a little stick and was just going to throw it at the opossum when it disappeared. I dug down into the earth but I could not find it. Now two big opossums came out of another hole. The little opossum had grown up in the meanwhile, and they both ran towards me. Through my navel they both ran into my belly. First I thought it must be a manul! As I stood there thinking, the two opossums came out of my anus and sat down at another place. They had been grey opossums before, and now they were white. One of them gave birth, and the young opossum went up on its mother's back. With her young she climbed up a tree and sat on a forked branch. It came down again, walked a little way, and then went into the earth. I walked round, looking at the place where the opossums had gone in. The opossums traveled under the ground, and I saw them coming out behind my back. They were sitting in an enclosure of stones. It was not an opossum but a woman who was *ampunganyi* (holding in her arms a baby). I pushed my spear under the stones and lifted one of them. The woman became an opossum again. I chased her, and the animal ran round a tree. I caught it by the front leg, and the opossum bit my hand. My hand was hanging down quite limp. I became angry and tried to kill it, but it ran into a hollow tree. I made a hole under the tree and lit a fire. There was a big smoke, and the opossums ran up into the boughs. I killed them with a stick and then cooked and ate them. Then I went back and I was lying in the shade. I was swelling up and water came out of my body—it was like a boil. When I looked I was covered with sores. I looked again, the sores healed up, and I was quite white. I sat up, my belly burst open, and I fell down dead. Then I awoke and I saw that I was alive."

The symbolism of this dream is very clear, especially if we know that Waru-kula, like all the Nambuchi at a certain phase of their life, is a homosexual. His "boy-wife" is with him in the camp. Although he is officially the male in this homosexual marriage, the dream shows quite clearly that he has identified himself with his mother and has the unconscious phantasy of playing the part of the female and of giving birth to a child per rectum. For the young opossum keeps changing its place from the shoulder of its mother to the dreamer's shoulder, and from the inside of a female opossum to the belly of the dreamer, finally to reappear out of the anus of Waru-

kula. The place where this happens, i. e., where he sits down opposite the opossum, is called Waru-kula (Wallaby sits) as he himself is called, and is his *ngura walta* (own place), that is, the place where his mother had the dream which determines his totem. Also it happens to be the place where he was born; so that in giving birth to the opossum he is evidently imitating his mother. That the idea of giving birth is the latent content of the dream is made quite evident by the sequel. One of the opossums gives birth after coming out of the dreamer's anus. Perhaps the dreamer witnessed a delivery and the latent memory of this episode is combined with the phantasy of imitating the mother in the act of giving birth.

The association material brings episodes connected with the dream through the identity of the latent content. The opossum, climbing up a tree with the young opossum on its back, reminds him of Anchilpiri. They sat down there and made a *kutichi* for the *okalpi*.<sup>1</sup> A *kutichi* is a shield ceremony, the equivalent of the northern Aranda *utnichija*. The aim of these shield ceremonies is to multiply an animal species, i. e., to make the animals give birth. This ceremony was held on the *nankuru* ground, i. e., as part of a *nankuru* ceremony. He describes the way the men sat *in a circle*, and then says that two *holes* were made under the novices. Fire was made in these holes, and the boys had to lie on top of this fire.

The second half of the dream shows the dreamer in a rôle more in keeping with the anatomical situation. He is poking the opossum-mother with a spear. The maternal function of the opossum is retained in the transformation—she is a woman nursing a baby. She looks like Tuma, and her baby like Tuma's baby. Tuma is by far the prettiest woman in the camp.

The place where the woman sits in the enclosure of holes reminds him of Chiri. At this place one of the Frost ancestors was leaning on his elbow when he saw stones arising of them.

<sup>1</sup> Kind of small rodent.

selves from the earth into the air and becoming perforated during this aerial excursion. Here they made a wallaby ceremony and a *nankuru* was held for the wallaby. At the first ceremony he was still a young boy, but at the second he had become a man.

This difference is very characteristic, when we consider the difference in the latent content of the corresponding dream episodes. After circumcision and before the *nankuru* every Nambuchi is a passive homosexual, the "boy-wife" of an elder man. In the dream this phase of life is represented by mother identification and giving birth. When he is a grown man we find him in the male rôle poking a spear at the mother-opossum. In the myth associated with this scene, the ancestor has a vision which probably covers an analogous phantasy of the dreamer—stones become perforated.

From child to adult the way is beset with dangers. A *nenu*<sup>1</sup> once bit him as the opossum bites him in the dream. This was at Kumpu-teri. He had a fight there with Ngalumai, his elder brother, because he had eaten a wild dog and not given any meat to his brother.

He talks about his childhood and it is curious to see how the order of events corresponds to the latent content of the dream episodes. First he used to go about with his mother and afterwards with his father. The mother used to say, "Go and kill that bird, it is swearing at you!" Once when he thought he saw an enemy, he ran back to his mother crying "Come and take me!" and she said, "Come, dear," and carried him on her shoulder. This is the position of the opossum on the shoulder of the mother-opossum and also on the shoulder of the dreamer. The narrative takes us from female to male identification. Then comes anxiety and the child runs back to the mother. In the dream this situation appears in a very characteristic manner in the final scene. The dreamer swells up (is pregnant, gives birth) and then dies. Death stands

<sup>1</sup> Another small unknown animal.

for castration (the animal bites his hand), and the order of the episodes is inverted—first castration and then transformation into a woman.

The association material to this dream of giving birth and being born contains references to the ceremony which is actually being performed and in which he took part the day before. The interpretation I have given to the concentric circle and the hole is made quite clear by the dream; the hole or the circle is the womb, and coming out of the hole or circle is being born. But the hole and the circle signify also one of the totemic localities, the places where the ancestors left the germs of future generations behind and the cave where they are transformed into *churunga*. To this cave-womb the soul returns after death, and there it leads a life of undisturbed bliss. The doubles are always performing ceremonies, catching women and having a good time. Eternal youth and immortality is their share.

But why should we explain the other world as a womb and the passage of the soul as coitus? Is it not far simpler to say that in the other world we have the land of wish-fulfilment, the place where our infantile omnipotence of thought reigns supreme, and where we can at last be rid of all the pain and trouble that is inherent in the environment? The paradise once familiar to us all in our infancy, we have learned through bitter experience, can not exist in this world. Hence we use its shattered material to rebuild it at the very moment when we stand in greatest need of consolation, at the moment of death. The other world of the Navajos, the home of the rising and setting sun, is a land of luxuriant plenty, stocked with game and covered with corn. To that land sink all lost seeds and germs which fall on earth. There below they take root, bud and ripen their fruit.<sup>1</sup>

These two views differ only in style, not in real content. For we have learned in many dream analyses that the land of

<sup>1</sup> Brinton, D. G.: *Myths of the New World*, 1905, p. 281.

unlimited wish-fulfilment is the womb. We are merely expressing, in the language of psychoanalysis and of the unconscious, the same thing which has often been put forward in the language of our consciousness and of the psychology which was only acquainted with consciousness. But why should this world of intra-uterine regression, this world of unlimited desire, arise at the moment when all desire ends?

This is the problem which I have tried to answer in my book on animism. Intra-uterine phantasies in clinical analysis are euphemisms, substitutes for the incestuous desire, which is represented in our myths as coitus with a supernatural being or Great Mother. But even this is not the ultimate solution. Why is the moment when we lose life represented in myth as coitus—the origin of life? Because of our castration anxiety; and this is how Maui seeking immortality finds death in the vagina of his grandmother, Hine-Nui-Te-Po.<sup>1</sup> Castration again is an *a potiori denominatio* for the more generalizing term of *aphanisis*.<sup>2</sup> The alternation of pleasure and pain, of libidinal gratification and the loss of this gratification, conditions our fundamental anxiety, the dread of a state of things in which the capacity for libidinal gratification is lost. Experience shows that such a state of things exists, the pleasure principle denies it with the utmost energy and vivifies the inorganic world with penis personifications, projects life into the corpse, and substitutes a hope of unlimited pleasure for the dread of aphanisis. I have suggested that this great effort to deny death is only the projection of a similar process taking place in our own organism; that is, of the life instinct through which death is held at bay. This is very clearly expressed in the mortuary ritual of Egypt. "The corpse of the deceased is dry and shrivelled. To revivify it the vital fluids that have exuded from it in the process of mummification must be restored, for

<sup>1</sup> Cf. Róheim, *Animism*, p. 53.

<sup>2</sup> Jones, Ernest: *Die erste Entwicklung der weiblichen Sexualität*, Int. Zschr. f. Psa., XIV:11. 1928.

not until then will life return and the heart beat again.”<sup>1</sup> “The libations are said to be the actual fluids that have issued from the corpse. According to another version, however, it is not the deceased’s own exudations that are to animate the shrunken frame but those of the divine body, the god’s fluid that came from Osiris himself. The king gained his *sa*, which appears to have been a supernatural fluid, from the gods themselves, and it is said that in the veins of Pharaoh, Son of Ra, the fluid of Ra flows. The fluid of Ra, that is, the rays of the Sun, were regarded as the source of life and all things. The process by which this fluid was transmitted is called *sotpou*, a word meaning the outpour of water, of flames, the flight of an arrow, and also ejaculation of the semen. It is used of a father in the act of procreation, so that we are quite justified in regarding the liquid of the gods used in reanimating the corpse as a supernatural seminal fluid.”<sup>2</sup> The result of the ritual is expressed in the Book of the Dead. The deceased says: “I germinate like the plants.” “My flesh germinateth.” “I am, I am, I live, I live, I germinate, I germinate.”<sup>3</sup> Life and supernatural power are the fictions that veil the undeniable fact of disintegration. “He [the deceased] is Horus the Child, the babe with the finger in his mouth. Thou hast no feet, thou hast no arms, thou shalt travel among them in the following of thy brothers, the gods. Thy water is in heaven, thy solid parts are on earth; thou art fashioned, thou art satisfied. Thy foot is behind thee. The god Urur gives thee the fluid of life.”<sup>4</sup> “My hair is Nun, my face is Re, my eyes are Hathor, my ears are We-wawet, my nose is the First One of Letopolis, my lips are Anubis, my teeth are Chepra, my neck is the goddess Isis, my arms are the ram of Mendes,

<sup>1</sup> Blackman, A. M.: *The Significance of Incense and Libations*, Ztschr. f. Aegyptiologie, 1912, p. 69.

<sup>2</sup> Róheim: *Animism*, p. 38. Moret: *Du Caractère Religieux de la Rayauté Pharaonique*, Annales du Musée Guimet, XV: 47, 48.

<sup>3</sup> Wallis Budge, E. A.: *Egyptian Ideas of the Future Life*, 1900, p. 170. *Idem*: *Osiris and the Egyptian Resurrection*, II, p. 123.

<sup>4</sup> Budge, *Osiris*, I, p. 142.

my neck is Neit, the mistress of Sais, my back is Set, *my penis is Osiris*, my lungs are the Lords of Tura, my breast is the ram of power, my stomach is Sechmet, my belly the eye of Horus, my feet are Nut, the mother of gods, my soles are Ptah, my fingers and toes are live serpents. There is not a particle of my body without a god. That protects my flesh entirely.

"Day by day I am Re. Nobody grabs my arms, nobody grabs my hands. Human beings, gods and the dead, all sorts of people, *they can not deprive me of anything*. I am he who goes forth unscathed from the fight and whose name is not known. I am Yesterday which has seen millions of years . . . I am the Lord of Eternity."<sup>1</sup>

Only an abyss of anxiety can explain this vainglorious boasting. A loss of life, that is, of pleasure, of sexual gratification, is the danger we cannot face and will not face. In order to avoid facing this possibility we even go to the length of developing a neurosis—or a civilization. "The word death never occurs in the Pyramid Texts except in the negative or when applied to a foe."<sup>2</sup>

In the language of the unconscious this danger of deprivation is expressed from the point of view of its most intense form of manifestation as castration anxiety. For we must not forget that Osiris is pre-eminently the prototype of all the dead and in the catalogue of limbs he is equated with the phallus. In this connection the sentence, *they can not deprive me of anything*, acquires a specific meaning. For in the myth of Osiris when the god has been cut into fourteen pieces the phallus alone is not found and is supposed, in what was probably a local myth, to have been eaten by various kinds of fishes.<sup>3</sup> If we accept the ultimate conclusion of psychoanalytical practice and theory as formulated by Freud and Ferenczi, we come to regard every impulse as fundamentally regressive and the

<sup>1</sup> Roeder, G.: *Urkunden zur Religion des alten Aegypten*, 1915, pp. 256, 257.

<sup>2</sup> Breasted, J. H.: *Development of Religion and Thought in Ancient Egypt*, 1912, p. 91.

<sup>3</sup> Plutarch: *Isis*, 18. Budge: *Osiris*, I, 65, 387.

death impulse itself, the tendency of everything that is organic to return to the inorganic, as the primary form of impulse: Night as the eldest-born of the gods. The life instinct is regarded as a sort of deflected death instinct due to the interaction of the regressive trends in the cells of the organism. Be this as it may, we have at any rate good reason for assuming that there is an interaction in our organism of two impulses, of integration and disintegration, of life and death. It is evident that the life-force in us is trying to over-compensate the forces of disintegration, and that animism is anthropomorphic not only because it projects human beings ("persons" as the Yuma Indians say) into the environment, but also because in it, unconsciously, the fundamental process of our life is mirrored. There is no concept of death in the unconscious, for the unconscious itself is primarily a libidinization or genitalization of the powers of darkness. But pleasure, especially in its alloerotic forms, is necessarily intermittent, and hence comes the anxiety that it might be lost altogether. The great hallucinatory wish-fulfilment of mankind is a world in which there is no death (aphanisis), but pleasure unlimited, a world full of "persons" (in the Yuma sense of the word) not subject to decay. The totemic ancestors of the Aranda are called alchiranga mitjina; i. e., "*from the dream eternal*." Finally, this is the dream of all mankind—beings in eternity without the dread of aphanisis (castration). The ngancha or doubles are ngambakala (eternal) because, alas, man himself must be content with intermittent pleasure and must therefore dread a complete loss of this faculty. While the psychological formulation of this view will probably be accepted by many, if we put it into the language of psychoanalysis many persons may become indignant. For the ngancha owes its eternity to the association with the churunga, and the ngancha is the supernatural begetter. The churunga is a phallus, and the supernatural begetter a projection of the life-giving act into the realm of dreamland. Yet the average reader will most prob-

ably object to a phallic interpretation of all animistic beings (souls and spirits), though he might pause to consider a formula according to which the spirit is life or pleasure. But pleasure is diluted lust and lust culminates in the life-giving act symbolized from the male point of view by the phallus.

A god or *neter* in Egypt is a body united with its Ka or genius. With the Ka and the other souls he "takes its shape of god" (i.e. *neter*). "*Quant au mot NETER il dériverait d'une racine TER, écrite par le frond du dattier, et par extension la renaissance régulière des végétaux. Pour l'égyptien primitif le dieu serait l'être qui au lieu de croître et mourir comme un homme ou un animal reste perpétuellement dans le même état . . . par réparation périodique du substance perdue. Neter c'est donc l'Eternel ou mieux, l'éternellement, le même celui qui ne meurt point.*"<sup>1</sup>

While North American Indians speak of the Creator as the "Master of Life," as the "Man who never dies," as "He who carries the life for others," the Semites have Jahve, "the living God," "the God of my life." In Babylonian personal names we find expressions like "Samas has given Life," or "Asur is the God of my Life." That all this is bound up with the father-son relation in all its aspects is of course evident. Ea is the divine father of Adapa, the human being, but he fails to transmit eternal life to his son.<sup>2</sup> But we can not deal with this aspect of divinity at present. What I am trying to show now is how the life instinct in us is the root from which supernatural being have sprouted. In the language of the unconscious the abstract appears as the concrete, life as the phallus. This is why the phallic serpent is a wide symbol of divinity, both among Semites and in North America.<sup>3</sup>

<sup>1</sup> Moret: *Le Nil*, 1926, p. 418.

<sup>2</sup> Cf. W. J. Perry: *The Children of the Sun*, 1923, p. 213; D. G. Brinton: *The Myths of the New World*, 1905, p. 67; Baudissin: *Adonis und Esmun*, 1911, pp. 450, 451, 459, 493.

<sup>3</sup> Cf. Brinton and Baudissin: *loc. cit.*

### 7. *Animism and Religion.*

We have left our starting point rather far behind us and I shall return to it. Is primitive man religious or not? Of course, the answer we give to this question depends very much on the definition of "primitive man" and "religion." But if I consider this question from the point of view of my own field experience I must say that those early missionaries and travellers were not quite the fools that they may seem to be in the eyes of the scientific anthropologists. Certainly the Aranda and Luritja or the Papuo Melanesian of Normanby Island is not a religious person in the same sense as a devout Catholic, a real Puritan, or an orthodox Jew is religious. If you do not make systematic inquiries you are likely to hear very little about their relations to the supernatural world. The attitude of Central Australian natives when performing a ceremony is certainly not that of a European congregation. They would not tolerate the presence of women or of boys who have not been "made men"; furthermore, the ceremony is more a dramatic performance and the appreciation is of an æsthetic nature. In other words they *like* to perform ceremonies whereas it is the duty of the devout believer to go to church. The supernatural beings of these tribes should rather be described as non-human or extra-natural. The attitude expressed in the word *super* is, though not absent, not yet developed in the same degree in primitive as in more advanced societies. We have here a striking parallel to ontogenetic development. It has been shown in many clinical cases that the introjected castration threat of the elders is the nucleus for the crystallization of a super-ego. In Central Australia we have a ceremonial complex in which rites like circum- and sub-incision as well as the removal of a testicle play a conspicuous part but we have only the beginnings of the development of the super-ego. The savage is relatively free and in this sense it can be said that he has no *religion* or at least not too much of it, understanding the word religion in its Roman sense as "*the bounden obligation.*" "Based upon fear, stereotyped in the form of a legal relationship, *religio*—the bounden

obligation—made no doubt for a kind of conscientiousness in its adherents.”<sup>1</sup> “This relation is mutual; man reverences the gods and the gods provide for man.”<sup>2</sup> “The patron who betrayed his client, or the client who deceived his patron shall be condemned to Jupiter; the parricide to the spirits of his dead ancestors.”<sup>3</sup>

Whichever etymology we accept the use of the word clearly indicates that religion is akin to scruples, fear and conscience “*Religio id est metus ob eo quod mentem religet.*” (Serv. Aen. VIII, 349) “*Religio est quae superioris cuiusdam naturae, quam divinam vocant curam caerimoniamque affert.*” (Cicero *De invent.* II, 161.) Nothing could be more certain than the origin of this attitude from the family complex, and we can do no better than to quote Augustine “*cum religiosum a superstitioso ea distinctione discernat (Varro) ut a superstitioso dicat timeri deos, a religioso autem tantum vereri ut parentes, non ut hostes.*” (Augustinus *De civ. dei.*, VI, 9.)<sup>4</sup>

Primitive non-natural beings have really little care for man, no influence on his conduct and are not honored with sacrifices. Indeed they are hardly honored at all and the reverential attitude towards the elders is also very rudimentary even in a typically “gerontocratic” society. Tiele’s definition is probably typical of the civilized concept of religion: “The essence of piety and therefore the essence of religion is adoration . . . Adoration necessarily involves the elements of holy awe, humble reverence, grateful acknowledgement of every token of love, hopeful confidence, lowly self-abasement, a deep sense of one’s own unworthiness and short-comings, total self-abnegation, and unconditional consecration of one’s whole life, of one’s whole faculties. . . . But at the same time therein consists its other phase—adoration includes a desire to possess the adored object, to call it entirely one’s own.”<sup>5</sup> If this is

<sup>1</sup> Bailey: *The Religion of Ancient Rome*, 1911, p. 106.

<sup>2</sup> Cf. Wissowa: *Religion und Kultus der Römer*, 1902, p. 918.

<sup>3</sup> Bailey: *l. c.*, p. 105.

<sup>4</sup> Cf. for the quotations, Otto, W.: *Religio und Superstitio*, A. R. W., XII:536, 540, 549.

<sup>5</sup> Leuba, J. H.: *A Psychological Study of Religion*, 1912, p. 33.

religion then it can be said with absolute truth that Urantukutu or Pukuti-wara had nothing of the kind. They were animists; that is, they projected the representatives of their œdipus complex into the environment, and they abreacted the unconscious tension between ego and super-ego in ritual; but they were certainly utterly devoid of anything that could be termed "humble reverence" or "lowly self-abasement" or "unconditional consecration of one's life."

The projection of the œdipus images in the first phase of human development is due to a great anxiety, to disintegration in ourselves, but the source and origin of their being, the stuff they are made of, is life and their concrete form in the unconscious is the genital organ.

Unluckily however we have a super-ego in our mental make-up, a principle in us that is opposed to life and pleasure, and as mankind grows in age it renounces more and more of the original impulses. His gods age with him, and the youthful spirits of the Australian desert are replaced by the image of a greybeard, Jahve, or the conventional representation of the Christian God replaces the images of Ares and Apollo. In these images of life we find death claiming its own.

But the pendulum sways to and fro and in Christianity we have a creed in which God and religion are equated with love, that is, with Eros in its sublimated aspects. In the phraseology of its most modern representatives religion is again equated with life. "*Ego sum via, veritas et vita.*" "What religion aims at is life in its greatest possible fullness."<sup>1</sup>

For the unbeliever this kind of talk is utterly devoid of meaning. But if the unbeliever is also a psychoanalyst he must search for a meaning in all manifestations of the human soul. And I trust that I have found this meaning in the links that connect religion with the life-impulse<sup>2</sup> or in other words in the animistic elements in religion.

<sup>1</sup> Coe, G. A., *The Psychology of Religion*, 1916, p. 69 (quoting Leuba).

<sup>2</sup> Cf. the views put forward by A. E. Crawley: *The Tree of Life*, 1905 (*passim*).

## Is there a Mental Hygiene?

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To cite this article: Frankwood E. Williams (1932) Is there a Mental Hygiene?, The Psychoanalytic Quarterly, 1:1, 113-120, DOI: [10.1080/21674086.1932.11925136](https://doi.org/10.1080/21674086.1932.11925136)

To link to this article: <https://doi.org/10.1080/21674086.1932.11925136>



Published online: 11 Dec 2017.



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## IS THERE A MENTAL HYGIENE?\*

BY FRANKWOOD E. WILLIAMS (NEW YORK)

It becomes increasingly important that the term "Mental Hygiene" be more clearly defined. The difficulty in defining it has not been due necessarily to any inherent obscurity in the term itself. An individual wholly unfamiliar with the field of mental hygiene but accustomed to the use of words, if asked the question, "What is mental hygiene?" would be able at once and with little difficulty to give an answer. When the same question is asked of a "mental hygienist" he has the greatest difficulty in giving a clear and concise answer. Into his definition there comes, except for vague generalities, scarcely a mention of that which the term clearly implies, but rather an enumeration of the various activities engaged in by people or organizations at work in the field. It is unfortunate that the professional definition has drifted so far away from the obvious, clear meaning of the term, both because it confuses the thinking of mental hygienists themselves and because it alienates those outside the field who have reason to be interested in the subject. An intelligent public is confused and irritated if, led by the use of a term to expect one thing, it finds another and particularly if the thing it finds is so far removed from the thing it had a right to expect. This irritation is further increased by the awareness that his own use of the term is the correct one and the expert's use, however explainable, is incorrect and arbitrary.

The present point of view in the field of mental hygiene throughout the world is clearly revealed in the *Proceedings*

\* It is hoped that this statement by the former Medical Director of The National Committee for Mental Hygiene, a member of our Editorial Board, will serve as a preface to a serious study of mental hygiene in the light of psychoanalysis, a study as yet to be made.

THE EDITORS.

of the First International Congress on Mental Hygiene<sup>1</sup> where there is reported a series of special meetings known as "World View of Mental Hygiene" at which the chief representatives of fifty-three countries, psychiatrists in each instance, discussed the status of mental hygiene in their own countries. With scarcely an exception the statements have to do with the efforts being made to increase the facilities and for improving the care and treatment of the insane, feeble-minded and epileptic. There is an occasional mention of diagnostic work in connection with delinquency and of the extension of diagnostic and treatment service into the community.

The social value of this work is not to be denied. But is it *mental hygiene*? Except by arbitrary definition none of these activities by the farthest stretch of imagination would fall under the rubric of mental-hygiene activities. They are clearly *social psychiatry*—the application of psychiatric knowledge, principles and methods to the better understanding and management of social problems.

Of recent years there has been added to organized mental-hygiene activities in the United States mental-hygiene clinics in schools and colleges, child guidance clinics and interest in parent and teacher education. This approaches nearest to what might be called mental hygiene. Yet the work remains still largely therapeutic even when it deals with the earliest age groups with which it comes in contact, but at the same time even with the later age group in colleges it deals on the whole with such, as yet, flexible and unfixed material that it is not far removed from a real mental hygiene.

With entrance into these new fields, however, it became clear that psychiatric methods as such and psychiatric modes of thinking must largely be given up and other methods and techniques developed. The methods and techniques developed had to be derived from sources other than psychiatric. Psy-

<sup>1</sup> Proceedings of the First International Congress on Mental Hygiene. Two volumes. Edited by Frankwood E. Williams, M.D. New York: The International Committee for Mental Hygiene, Inc., 1932.

chiatry remains essentially where it was before, with possibly an increased sensitiveness to social situation. So far has the departure from formal psychiatry grown that new terms have had to be found, such as "extra-mural psychiatry," and new methods of training devised. There would seem to be no question that those activities in which the psychiatrist has been and is most interested are not mental-hygiene activities, even though they are of considerable social importance and worthy of every support, but only as social psychiatry.

The Mental Hygiene Movement did not develop spontaneously out of a growing consciousness of social need on the part either of any large body of psychiatrists or of the general public. Rather it was an artificial movement in the sense that it represented the philanthropic feeling of one person who pressed this upon a few others who in turn pressed it upon still others, until a movement of some magnitude was inaugurated, never, however, growing from strength inherent in itself but always from force coming from the outside. This fact indicates the fundamental weakness of the movement itself. Although psychiatrists formed the nucleus of the original organizations, educators, psychologists, lawyers and social welfare workers also took part in it. This has little significance, however. It was not that "mental hygiene" had any significance for them in their fields. They were "socially minded" people who took interest in many movements for social amelioration.

Although in the past twenty-two years the world has changed considerably in manner of thinking and approach to and method of handling social problems, the mental-hygiene movement has not changed. It remains today essentially what it was in the beginning, a philanthropic and artificial movement. Its extension into the various states of the United States and into other countries does not contradict this. In each instance, the newer organization represented no greater consciousness of social need than did the original organization. Because of the promise implied in its name it has been possible to arouse considerable public interest but as the failure to keep the

promise had become apparent it has been difficult to hold that interest and never possible to turn it into financial support.

On the other hand, one observes growing spontaneously outside of organized mental hygiene a very considerable feeling of mental-hygiene need, although it may not be known as such. This interest can be observed in all fields of activity that have to do with human behavior—sociology, education, law, social work, economics, politics, international relations, religion. Individuals in each of these fields, working independently of each other, each dealing with the material, methods and techniques of his own group have each come by reason of the logic of their own material and experience to the same point of frustration. As from these various directions this point of frustration is reached an acute need arises, a need which can be summed up in the question, What are the motivations of human conduct? This is not a new question but it arises anew out of new experience, therefore with more significance and certainly with more insistence. This is a mental-hygiene question and its present rise is a challenge to mental hygiene. The term “mental hygiene” implies knowledge if not an answer to this question.

A contrast can be drawn between these spontaneous interests arising because of the conscious need of a very considerable number of people and what we have called an artificial movement which represents no such need but merely the driving force of one or a few individuals with a special interest. It is easy to fall into the error of thinking that the one leads into the other, that by the intense activity of the small group others are at last awakened. This is not the case. For as has been stated, this interest has developed from the *course of work and events in the various fields themselves and by individuals who have had little or no contact with organized mental hygiene*. It would have arisen had there never been a “mental hygiene” movement. An interest arising spontaneously out of a need deeply felt by many workers in many fields is a healthy interest that will grow because of its own germinal strength; unorgan-

ized, it runs no danger of its organization becoming more important than the intellectual content of its activities and, motivated only by intellectual curiosity, can dare to be intellectually honest.

Challenged by this situation, those of us who have dared to call ourselves mental hygienists must face the question, Is there a mental hygiene? Can there at this time be a mental hygiene? From what source or sources can this mental hygiene develop? If all we have to offer is an ameliorative program in social psychiatry or such advice as "Avoid syphilis and you will avoid syphilitic psychoses" or "Avoid alcohol and you will avoid alcoholic psychoses" or, "Don't worry", "Keep smiling", "Know thyself", "Face the facts" or "Face reality" or common principles of physical hygiene, such as adequate sleep, recreation and guarding oneself against too great physical and nervous strain and the like, then we must cease calling ourselves mental hygienists, face the facts ourselves that we have no mental hygiene and, if we have the courage and can free ourselves from our own presumptions, attempt in a humble spirit to discover what we have only been talking about.

From what source or sources will a real mental hygiene come? Neurology, as such, has contributed nothing to our knowledge of the neuroses; psychiatry, as such, has contributed nothing to our knowledge of the functional psychoses. Neither has contributed anything to our knowledge of the behavior disorders, of personality or character development or of the motivation of human conduct or, in other words, to mental hygiene or even to the beginning of a mental hygiene. Neurology continues its study of organic neurological conditions. Psychiatry adds to its more minute descriptions of the psychoses certain social data, and makes valuable contributions to the field of social science. Neurology and psychiatry need no justification. Their value is not to be judged by their contribution or lack of it to mental hygiene. It is important, however, that those primarily interested in mental hygiene shall see relationships clearly. This is particularly true in the

case of psychiatry, since "mental hygiene" has been developed and carried on in the name of psychiatry. Because of the sterility of psychiatry so far as mental hygiene is concerned one can take little satisfaction in the present program of organized mental hygiene to stress psychiatric teaching and "research." Such teaching is important in itself—but as mental hygiene or as a step toward a mental hygiene? Research is needed, but precisely where and how? Is it research to find a place "to research"?

No leads have come from academic psychology that can arouse expectation for the present of anything more fundamental in the understanding of human behavior.

In three scholarly addresses, Dr. Adolf Meyer,<sup>1</sup> to whom American psychiatry owes so much, has recently emphasized the importance of psychobiology. There will be universal approval of the general principles set forth. These principles have not always been so obvious, perhaps, but so thoroughly has Dr. Meyer's influence permeated American psychiatry that they seem obvious now, as though they had always been a part of us. Admitting these principles, however, does not alter either the practical or the theoretical situation. Granting that an individual must be studied and understood as a unit does not lessen the responsibility for studying the elements of that unity; it means only that as elements are studied their relationships must be kept in mind; relationships themselves become a matter of study. While it is of primary importance that these principles be kept in mind, they must not be permitted to become a blind for failure to make adequate studies of elements, and particularly of those elements of the unity that concern the psychiatrist and mental hygienist most. In the hands of the lesser men, psychobiology not infrequently becomes an excuse. The tendency is not unknown, even on the part of psychiatrists with reputation, to hide behind psychobiological principles in defense of an examination that has

<sup>1</sup> The Thomas W. Salmon Memorial Lectures. New York Academy of Medicine. April 8th, 15th and 22nd, 1932.

taken infinite pains with every biological detail but which has included only the most superficial examination of the part chiefly concerned—the psyche. The examiner urges “completeness” but leaves his examination incomplete at the most important point. Unable to admit that he has no adequate methods for a study of the psyche, he covers this with a business over other matters, matters important in themselves, but which are not a substitute for what has been left undone.

After all, the fields of neurology, formal psychiatry and academic psychology have not been looked to nor depended upon as a source of mental hygiene material for the past ten years. Thoughtful mental hygienists (sometimes psychiatrists, sometimes psychologists, sometimes workers in other fields) have been searching elsewhere and while much of the searching has been fumbling and tentative it has not been unrewarded. On the contrary, the return has been so rich in possibilities that not only has it changed the course of events in the field of mental hygiene but it has deeply influenced psychiatric and psychological work itself. Every mental hygienist knows this. He knows that such understanding and constructive psychotherapeutic treatment of functional conditions as is possible in a modern mental hospital and the guiding principles for his work in child guidance, school and college mental hygiene and instruction for parents and teachers has been derived from psychoanalysis. It is idle for mental hygienists to attempt to ignore this fact. There can be but one interest—the discovery of such data as will make a mental hygiene possible. Mental hygiene cannot be compromised by any other interests or considerations. And in the pursuit of his data he will have to follow where his facts lead him. Thus far they have led him unmistakably into the field of psychoanalysis.

Among sympathetic psychiatrists who have no first hand knowledge of psychoanalysis, it has become the custom to speak of psychoanalysis with enthusiasm—but only as a special technique for the treatment of specific illnesses. As such it began. But it is from psychoanalytic investigation that such psycho-

logical knowledge of mental processes as we have has come. This knowledge, as any knowledge, can be challenged—but only on its own ground.

Perhaps a mental hygiene is not possible at the present time. If this is the case, then it would be well to admit it, for that would in itself be a beginning.

The basic question with which psychiatrists and particularly those interested in mental hygiene start is—What are the causes of mental and nervous disease? This question has been repeatedly raised during the twenty-two years of organized mental hygiene until it has almost become a ritual and like a ritual has led to nothing except repetition—not even a start. From the point of view of mental hygiene perhaps we may get further by beginning with what would seem to be a more fundamental question—What are the motivations of human conduct?

We must begin at some strategic point; that point obviously is infancy. Although aware of the unity of the infant, mental hygiene will focus its attention upon the developing psyche, attentive to but leaving to others, other types of investigation. Because it is at hand and has proven productive and useful, infantile sexuality is the natural point of departure, and for this study psychoanalysis is the natural working hypothesis of choice.

## Outline of Clinical Psychoanalysis

Otto Fenichel

To cite this article: Otto Fenichel (1932) Outline of Clinical Psychoanalysis, The Psychoanalytic Quarterly, 1:1, 121-165, DOI: [10.1080/21674086.1932.11925137](https://doi.org/10.1080/21674086.1932.11925137)

To link to this article: <https://doi.org/10.1080/21674086.1932.11925137>



Published online: 11 Dec 2017.



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# OUTLINE OF CLINICAL PSYCHOANALYSIS

BY OTTO FENICHEL (BERLIN)

## INTRODUCTION \*

The theory of the neuroses has the same relation to psychoanalytic practice as pathology has to internal medicine: though inductively arrived at through practical experience, it furnishes the scientific foundation for further practical work. It represents an attempt to ascertain that which is regular in the etiology, manifestation, and clinical course of the neuroses in order to furnish us with a causally directed method of therapy and prophylaxis. As the theory of the neuroses is the best developed chapter in psychoanalytic psychology, a careful study of it will be of importance also for the non-medical psychologist. We must not demand of such theories anything which a medical man would not demand of pathology. The striving for "regularity" permits a formulation only of that which is of general significance, and so does violence in a sense to the uniqueness of the individual case. In compensation, however, it gives the practitioner a better general orientation, even though it must be remembered that this orientation alone is not adequate for the treatment of individual cases.

Psychoanalysis regards the neurosis as a result of a conflict between the instinctual part of the personality and an opposing part which sets defensive measures into operation and forces a pathological form upon the expression of the instincts. In the beginning, psychoanalysis was interested in the instinctual part of the individual, and its chief task was to set this part free from the influence of repression. In so doing, psychoanalysis revealed the immense world of the unconscious, dis-

\* This is the first installment of Otto Fenichel's *Spezielle Neurosenlehre*, the authorized translation of which will be first published serially in this journal, and then form a monograph to be published separately. Translated by Bertram D. Lewin and Gregory Zilboorg.

covered, by means of the theory of the instincts, a biological basis for psychology, and justified its dynamic-economic conception of the mind. An intense battle raged about these problems, but today writers of the stricter psychoanalytic school at least are convinced of the correctness of Freud's views.

Then arose other problems—those concerning the character of the “repressing” part of the personality which is opposed to the instinctual part. How does a human being come to make himself an obstacle to his own impulses, which hold promise of pleasure when gratified? Freud has always maintained that no inherited morality, divine “will to the higher,” and similar scientifically unintelligible transcendental things suddenly begin to haunt biological events in a ghostly fashion; he contended instead, that only external necessity, the compulsion arising from the environment, can bring about this effect. In the “super-ego,” the environment inimical to the instincts has created an intrapsychic agency. Accordingly, the ego opposes the instincts because it fears the consequences which—in the last analysis always real—the external world would inflict upon it if the instincts were gratified. To which external world do we refer here? To the one which we faced in our childhood, at the time the pathological repressions were being produced? Or to a phylogenetic past, which had already been internalized, and which has found organic expression in the organization of the psychic apparatus (“appearance of sexual instinct in two periods,”<sup>1</sup> a hereditary tendency to form a super-ego)? Both types of external world participate in this process to a certain extent. Freud, the discoverer of infantile sexuality, is surely free from any suspicion of underestimating the ontogenetic factor in instinctual conflicts. Yet he has also attempted to throw some light on many biological preconditions for the development of neuroses in general; thus, for example, he considered the two periods of sexual flourishing, from the standpoint of phylogenetic hypotheses.

<sup>1</sup> Cf. Freud: *Three Contributions to the Theory of Sex*, trans. by A. A. Brill, Ment. and Nerv. Dis. Monographs, Ed. 4, 1930.

But the problem of the relative significance of the two factors is not yet solved. Thus certain writers believe that the biological factors, for example, the physiological incapacity of the child to gratify his instincts without external assistance, give rise to "primal phantasies," which are independent of real experience, and which in turn play the decisive rôle in the etiology of the neuroses. This view we consider incorrect and dangerous. It is true that experiences of childhood can lead to a neurosis only when there is a definite structure of the psychic apparatus phylogenetically conditioned—but besides this, and this was the important discovery made by psychoanalysis, the neuroses are the results of just these experiences. It may be that the œdipus complex first developed in primeval man. But human beings of today who become ill because of it have really experienced it in a definite form peculiar to themselves and in their own childhood. Psychoanalytic experience tells us of the origin of the super-ego, which imposes upon us demands for constantly increasing pathogenetic defenses against our instinctual impulses. It arises not from privations which grow out of infantile insufficiency, but from those which parents and educators impose on the child verbally or by their behavior. These educative measures again represent the demands of civilization which are inimical to instinctual gratification, and it is the demands of present day civilization with all its contemporary manifestations, which we find in the neurotic patients of today who come to seek treatment. So far as we know, other civilizations had produced neuroses, but these differed from the neuroses of today, because those civilizations demanded different instinctual privations. The taboo which we now designate "compulsion neurosis," is normal in civilizations other than ours; a "devil neurosis of the seventeenth century," once studied by Freud,<sup>1</sup> could not be fitted into our present diagnostic scheme. Indeed we are able to observe how the clinical pictures presented by the neuroses of today are

<sup>1</sup> Freud, S.: *Eine Teufelsneurose im siebzehnten Jahrhundert*. Ges. Schr. X. (Trans. in *Coll. Papers* IV.)

changing, obviously parallel with changes in society and morality. It is the morality which prevails at the time which is directed against instinct in individuals, and morality is a relative power the nature of which depends on the structure of society. It is at this point that the psychologist must admit his inadequacy and agree that the problem of the etiology of neuroses is not a purely individual medical problem and that it needs supplementary sociological considerations. How, for instance, could the œdipus complex be completely intelligible without a consideration of the history and function of the family?

We dwell here on this point somewhat more fully because in the pages which follow we shall speak little of it, yet we shall have to bear it in mind all the time. There are several reasons why we shall speak of it little. In the first place, it is the most obscure point in the theory of the neuroses, whereas Freud's monumental discoveries in the field of individual therapy are well established; these will therefore be presented here in their established form. Secondly, it is of no great practical importance to the individual physician, for he can accomplish more with his endeavors in the field of individual therapy than with attempts at reforming society. However, the problem of prevention of neuroses among the masses of people may very well engage the attention of the psychoanalyst. In the third place, we are dealing here with the problems involved in the theory of specific neuroses, and in this particular field the social factor is not too relevant; for that which determines whether a given individual will develop a hysteria or an obsessional neurosis, is relatively but little influenced by the difference in various moral systems or social systems. It is true, of course, that the development of a given neurosis depends not only on constitutional factors, but also on factors originating in the actual life experiences of the individual.

This book is not intended to be a text-book on psychoanalysis in general. It is a text-book of only one branch of

psychoanalysis, namely, the theory of special neuroses. A special pathology presupposes two conditions and implies a third. It can be based only on a definite method of investigation and on a definite general pathology—and it cannot itself represent a comprehensive biological system which includes the pathological. Therefore we must assume that our readers are acquainted with the methods of psychoanalysis as well as with the general theory of the neuroses; we must therefore forego the presentation of a theoretical psychology or to use Freud's expression—of a "metapsychology." As to technique, we may say, that whoever failed to undergo a personal analysis might possibly be able to understand intellectually what will be presented in this book, but he might find many things seem more incredible and "far-fetched" than what he can read in a report of a psychoanalytic case history. Yet, a really critical reading of such case histories offers the best method of remedying one's deficiencies in personal experience, and is also the most important means for people with analytical experience to supplement their reading of this book, just as attendance on clinical lectures and the reading of case reports is the best supplement to the study of pathology. As to the general theory of neuroses we are fortunately able to recommend an excellent work, a thorough acquaintance with which will much facilitate the understanding of this book; namely, Freud's *Introductory Lectures on Psychoanalysis*.<sup>1</sup> The pages which follow are designed perhaps primarily for the beginner in psychoanalysis, who might wish to consult a "Pathology" to look up the illness he happens to be treating, and who might otherwise find it difficult to do so, since most of the writings on "analytic pathology" are scattered throughout the literature. It is also hoped that the non-analyst will find it helpful in getting acquainted with the results of psychoanalytic investigation, and that older analytical workers will be able to spare themselves the tedious task of looking up references in the special articles.

<sup>1</sup> Transl. by Joan Riviere, London: Allen and Unwin.

It should be emphasized again, that only the typical will be presented here. However, it should be borne in mind that in the theory of the neuroses only form can be typical, not content. The psychological facts represented by the words "œdipus complex" or "castration anxiety" are infinitely varied. We present only the framework, which however, is filled by thousands of specific facts. Even though one may describe the mentation of every neurotic in special technical terminology—the very course of the neurosis, the factors which determine it depend on what events the individual has in fact experienced, and on his reaction to them; which reaction again depends on the individual's constitution and on the sum total of still earlier experiences. Hence, in spite of the progress made by the theory of neuroses, the genetic method of procedure in each individual psychoanalysis and the difficulties it entails, underwent no changes.

Before proceeding any further, let us radically scrutinize the question whether a theory of neurosis is generally possible of realization. The development of such a theory would rest on the assumption that there are specific neuroses, with unconscious ideational content, psychic mechanisms, or both, specific for a given neurosis. A practical application of such a theory presupposes in every case the establishment of a definite diagnosis. We may ask then, is a psychoanalyst in a position to make a diagnosis of whatever the neurosis may be on the basis of the symptomatology and clinical course, or on the basis of specific ideational content and mechanisms unearthed by analysis, and if so can he gain any practical advantage by so doing? Diagnosis and special pathology are to be sure only relatively valid in any given case; no single clinical case ever presents the disease entity as it is described in text-books. Nonetheless, one does not hesitate to recognize the theoretical and practical importance of diagnosis and special pathology, for one realizes that although certain features may differ from the typical, by and large the individual manifestations of the disease show from case to case a number of typical features.

In psychiatry this state of affairs is not as certain, as illustrated by the differentiation of the formal clinical status from the clinical diagnosis. The latter is often a matter of contention: we frequently find it necessary to give the same names to an entire group of various diseases, because although it is true that we know that many "diseases" differ as to form or clinical course are included in such a group, we also know that a more definite attempt to differentiate the various types would be an arbitrary one. The sub-grouping of the schizophrenias, which is not generally accepted, is an illustration in point. One has the general feeling that actual cases and theoretical description of disease entities become less and less congruous as we proceed from somatic to mental diseases. That in neuroses the "typical" clinical picture is highly colored by atypical features is proven by the fact that there is no unanimity among clinicians with regard to the systematization and nomenclature of the specific forms of neuroses. We shall leave aside the fundamental theoretical differentiation between actual neuroses and psychoneuroses, the soundness of which is to be considered later; for practical reasons readily understood, psychoanalysis divides the neuroses into two large groups. Depending upon the clinical attitude of the patient we deal either with "transference neuroses" or "narcissistic neuroses." One wonders whether these two large groups can be at all subdivided. In reality, do not the actual individual cases show not only atypical individual features but also ideational content and mechanisms which are traditionally considered as typical of various clinical entities? Can one ever find a case of pure hysteria or pure anxiety hysteria, or compulsion neurosis? Does not every actual case of hysteria reveal also phobic and obsessional features, and does not every obsessional neurosis show also hysterical symptoms? Freud definitely states that in every compulsion neurosis there is a nucleus of conversion hysteria<sup>1</sup> and that behind every neurosis in general

<sup>1</sup> Freud: *Aus der Geschichte einer infantilen Neurose*. Ges. Schr. VIII, 517. (Trans. *Collected Papers*, II.)

there is an infantile neurosis.<sup>1</sup> More than that, have we not in recent years witnessed a change in the clinical picture of some mental illness? Does not the material which we gather in our practical work force us to believe that hysterias and compulsion neuroses, as Freud saw them when he began his studies, hardly occur at present? On the other hand, is it not true that the so-called "character disorders," "defective development of the personality," and so on, in short cases in which the ego itself is drawn into the illness, appears in ever increasing numbers? One might ask then: why in general should we be concerned with diagnosis? May it not be that there is no theory of the special neuroses, but that there are instead merely theories of special mental mechanisms within a general theory of the neuroses?

We do not think so. Above all because, even though rarely, one still meets with typical neuroses. Moreover, in psychoanalytic investigation, the customary method of procedure, which we too shall follow frequently, is to arrive at an understanding of more complicated phenomena by a preliminary study of more unusual but more transparent examples, and then use the results of this study to clarify the more usual, but complex cases. For instance, the fact that various slips and errors have meaning became particularly and readily evident in the case of those infrequent slips whose meaning was apparent without analysis. So far as the content and mechanism of most cases actually encountered in practice are concerned, the typical forms of neurosis are such analogous, readily understood instances, and only after their nature was formulated, could one begin the study of the atypical forms. It is in this sense that we shall proceed from the simpler to the more complex, and the descriptions of symptoms, content, or mechanism which follow do not imply that they occur always or even very frequently in actuality in their isolated forms. In other words, the chief value of our classification is only heuristic.

<sup>1</sup> Freud: *Hemmung, Symptom und Angst*. Ges. Schr. XI, 89.

## CHAPTER I

## HYSTERIA

Hysteria is the classical subject matter of psychoanalytical investigation; as a matter of fact, the psychoanalytic method was first discovered, tested and perfected through the studies of hysterical patients; the technique of psychoanalysis still remains most easily applicable to cases of hysteria and it is the psychoanalytical treatment of hysteria that continues to yield our best therapeutic results. Too, it is the study of hysterical phenomena that furnishes us with convincing proof as to the correctness of the psychoanalytic general theory of neuroses and it is this study that laid the foundation for the further investigation of other mental phenomena.

We presuppose that the reader is acquainted with the clinical pathology of hysteria and is also aware of the perplexity with which medicine before Freud used to face the problem of hysteria; medical thought, otherwise so triumphant in its materialistic and biological orientation stood helpless before the phenomenon of hysteria and some of the methods of treatment in use in those days gave the impression, as if the doctor, materialistically and biologically minded though he was, tried to avenge himself on the hysterical patient. Only here and there, and this more by way of half serious oral tradition, than in scientific writings, opinions were expressed which suggested an inkling of the truth. Thus, for example, the story of the hysterical woman, who would fall into a fainting spell in order to obtain a new hat from her husband, is based on assumptions since then proven to be true by psychoanalysis; namely, that symptoms have meanings, and that illness offers secondary gains, i. e., that symptoms can be exploited by the patient to his own advantage. To be sure, we now call this gain "secondary," because we know that it appears only after the formation of symptoms has set in, and that it can by no means be held responsible for the origin of the illness. Or, the old opinion that hysterical people should be advised to marry,

since marriage was supposedly good for them. While this point of view is a mistaken one beyond any doubt, it yet infers the contention of psychoanalysis that hysteria is related to sexuality. To be sure, this idea was current before the discovery of psychoanalysis (e. g., the name of the illness, Charcot<sup>1</sup>), but it was not dealt with with sufficient seriousness.

The history of the basic discoveries is well known. Breuer treated the patient Anna O., who related facts to him which she could not remember in her waking state, or which she remembered only vaguely and not in detail, that is, facts to which her ego did not have complete access. An event, whose memory trace occupied a special position of this sort within the psyche of the patient, was called a "traumatic" one. When it was recalled with appropriate affect, the symptom disappeared. The symptom had meaning, and was the expression of a fixation to the trauma—in the sense that it repeated in its entirety or partially an action or process which had taken place in the traumatic situation, and that it could be made to disappear when the patient became conscious of the trauma.<sup>2</sup> We may also cite one of Breuer and Freud's simpler examples: "A young girl, tormented by anxiety while at the bedside of a patient, falls into a twilight state and has a terrifying hallucination, while her right arm, hanging over the arm of a chair, goes to sleep: a paresis of this arm ensues, with contracture and anaesthesia." The theory suggested to account for these newly discovered phenomena was as follows: The experience of the trauma was not fully lived out. If we imagine mental processes as having a course analogous to the nerve impulses in a reflex, we could say that the excitation started by the trauma was not sufficiently "drained"; the memory of it is not conscious or entirely conscious, and the affect is "strangled." This is remedied by the "abreaction" which takes place under treatment.

<sup>1</sup> See Freud: *Zur Geschichte der psa. Bewegung*. Ges. Schr. IV, 418. (Trans. in *Coll. Papers*, I.)

<sup>2</sup> Breuer and Freud: *Studien über Hysterie*. Ges. Schr. I. (Trans. in *Coll. Papers*, I.)

It is well to emphasize here that this theory really is quite adequate even today for the group of hysterics known as traumatic neuroses. The psychic apparatus has as its task to gain the mastery over the excitations which impinge upon it; to do this, it must drain them, or "bind" them, in a manner to be gone into later, and thus render them innocuous. It would lead us too far afield, if we were to attempt to describe the process of "binding"; tentatively we may say "binding" requires the mobilization of adequate quantities of psychic energy which form a force counteracting the excitations which are to be rendered innocuous. Should the traumatic event suddenly overwhelm the psychic apparatus by an excessive amount of excitation, the process of "binding" will end in failure and the psychic apparatus will make a subsequent attempt to complete this process by means of symptoms; e. g., the neurotic will constantly reënact the accident or dream of it, in order to "abreact" it gradually.

So simple a theory soon proved inadequate to account for the complexities presented by an ordinary hysteria. The first problem grew out of the fact that the "traumatic experiences" of hysterics were found to be much less violent shocks than, for example, a bomb explosion, which is apt to release a traumatic neurosis. More than that: they proved frequently to be experiences which in other individuals or under other circumstances would play an extremely insignificant rôle. The question arose, then, under what conditions does an experience have the effect of a "trauma," so that it becomes isolated in the human psyche in such a disastrous manner. Breuer believed that only those experiences are significant which impinge upon the organism at a moment when it is in a particular sensitized condition, in a hypnoid state, so-called. This was an *ad hoc* assumption, for no other observations bespoke the existence of a particular state of this sort. Freud, on the other hand, favored a conception which was to become the basis of psychoanalytic theory and which is known as the dynamic point of view. He maintained that given a special

force within the ego which is engaged in defending the latter against the impact of certain experiences, it repels them, as it were, and they stay isolated in the individual's psychic life because they are unpleasant; hence they are purposely eliminated from consciousness—they are *repressed*. Consequently, there is a constant conflict between the memories which are striving to break into consciousness, and the forces within the ego which are directed against them and repressing them. The hysterical symptom should thus be understood as a sign and outcome of a conflict of this order. This theory, according to which hysterical amnesias are the result of a purposive (unconscious) desire to ignore, was confirmed by Freud's discovery of the purposive nature of slips of memory, so-called "unintentional" forgetting, and also by the fact that forgotten ideas could be recovered by means of psychoanalysis.<sup>1</sup>

It is unnecessary here to go into the history of the psychoanalytic method and relate how hypnosis was abandoned and the method of free associations introduced. The important fact to be remembered is that internal mental experience rather than external events proved to be "repulsive" and requiring repression and that an experience is perceived as a trauma, if it represents an offensive impulse coming from within. It is this impulse which gives battle to the repressing ego. Repression is not a momentary event, it is a continuous process. The repressed impulse remains persistently in the unconscious; it remains excluded from the organization of the personality and its developmental growth; this is a fundamental assumption in psychoanalysis. We cannot undertake to prove this assumption at this point; it will become clarified as we proceed, in the pages which follow. We must bear in mind that instinct, even one whose representations are repressed, constantly lends some of the energy of its cathexis to the striving for motor expression, or for breaking through into consciousness—it thus incidentally becomes an ally of psychoanalytic therapy; but a

<sup>1</sup> See Freud: *Zur Psychopathologie des Alltagslebens*. Ges. Schr. IV. (Trans. by Brill: *Psych. of Everyday Life*, Macmillan, 1917.)

counter-pressure operates with approximately the same amount of energy, called counter-cathexis, and closes the entrance into consciousness. (This counter-cathexis appears as "resistance" in the course of psychoanalytic therapy.) The hysterical symptom is a compromise between these mutually opposed forces; by means of certain distortions the repressed ideational content can succeed in escaping from repression, which thereupon is said to have "failed"; we refer to this process as the "return of the repressed." Many symptoms are the expression of this type of (distorted) gratification; others represent more the repressing forces; many, most frequently perhaps, represent simultaneously both trends. Let us illustrate this by a few examples.

Some people blush at the slightest hint of a sexual topic. This is first and foremost an expression of their defense against instinct; as if they would say: this is unpleasant, I am ashamed, I won't have anything to do with this matter. Secondarily, however, it quite obviously betrays to an onlooker the sexual excitement, that the impulse of the blushing individual responds to the sexual hint—in other words, the individual responds to that which he wanted to avoid. Another example: In a social gathering, which unconsciously represents sexual temptation, a patient is seized by a need to defæcate; this forces her to leave the room. By this means she protects herself and extricates herself from a disagreeable situation; but on the other hand, in accordance with our analytical knowledge, an urge to defæcate gives many children a definite erotic pleasure; hence, by her symptomatic act, the patient has regressed to this infantile signal of sexual excitement, and showed that she was stimulated, and granted herself the forbidden sexual pleasure in a distorted manner.

Hysteria is the expression of such conflicts and in order to understand the nature of hysteria we must consider in order the two opposing forces: the repressed and the repressing forces.

As far as the repressed forces are concerned, our experience

brings out the fundamental fact that they are of a sexual nature. It would not be amiss at this point to say a word about "pansexuality" for which psychoanalysis is so frequently criticized. Freud has never contended that all human psychic impulses are derived from the sexual. Whence, if this were the case, would the repressing forces arise? What Freud has stated is that a neurosis, and particularly hysteria, is always built up on repressed sexual drives.<sup>1</sup> To be sure, psychoanalysis has found it necessary to broaden the concept of the sexual. But it is not difficult to demonstrate that this broadening of the concept was legitimate. The question has been asked how could Freud extend the concept of sexuality to cover sensations in organs which have nothing to do with genital function or reproduction, since the word sexuality has in German a definite meaning and is used only in relation to genital activity and reproduction? We may answer this with another question: Why was it that before Freud the perversions, which also have nothing to do with reproduction and frequently enough nothing to do with genital function, were considered sexual? The answer to this question would be: Because they lead to orgasm, and also because the emotions which accompany them correspond to those of the sexual life of normal persons, and because they appear to replace in our patients the total normal sexuality. At any rate, the student of psychology found perversions too disagreeable a subject for study and it was not until the discovery of psychoanalysis that the situation was altered; for psychoanalysis discovered that in addition to "dyssexuality" there is also a "presexuality" which is similar to it in content, and which is able to explain Bloch's observation, that all normal individuals show tendencies towards perverse sexual expression. One might ask, why should psychoanalysis insist on considering this "presexuality" as definitely sexual, since it is only after some years that

<sup>1</sup> Freud: *Vorlesungen zur Einführung in die Ps.* Ges. Schr. VII, 308. (Trans. by Riviere: *Introductory Lectures on Ps.-A.* London: Allen & Unwin, 1922, p. 251.)

it develops into sexuality. For two reasons: first, because it is impossible to draw a sharp line of demarcation between adult sexuality and its preliminary stages; moreover, some individuals are capable of reaching an orgasm and show, especially in hysteria, unmistakable signs of genital processes, such as erection, which take place in the so-called erotogenic zones, i. e., non-genital parts of the body. The second reason for considering "presexuality" as a sexual phenomenon is that the objections to it spring not from the observation of facts but from the resistance the average individual has to being reminded of his own real infantile sexual experiences, which in quality are quite similar to those of later sexual life. Psychoanalysis, however, is more interested both for theoretical and practical reasons in emphasizing the similarities rather than the differences of certain phenomena.

If we say then that hysteria is produced by repressed sexual impulses, we must understand under sexual impulses all perverse, or to be more correct, all infantile sexual impulses. The statement that "that which is pathogenically repressed is sexual in nature" may now be corrected to read: "that which is pathogenically repressed is infantile"—this, as we see, is an improved mode of stating the old formula that "hysterical individuals suffer from reminiscences." We may in this connection be reminded of such common symptoms as *globus hystericus* which may represent, as Freud proved in his analysis of Dora, the unconscious desire for fellatio.<sup>1</sup> Sexual sensations may find expression in the throat (e. g., hæmorrhages, which frequently correspond to defloration phantasies), or in the head (e. g., hyperæmias, corresponding to a phantasy of erection), or in other organs. We learned to recognize the mechanism of "displacement from below upward" as a mode of distortion, the unconscious technique of which is acquired through infantile sexual experiences.

In order to understand hysteria, we must also take into

<sup>1</sup> Freud: *Bruchstück einer Hysterieanalyse*. Ges. Schr. VIII. (Trans. in *Coll. Papers*, III.)

account the nature of the infantile amnesia. We have already stated that hysterical amnesias, as well as purposive slips of memory, are phenomena of repression. (Inability to speak a familiar name "just on the tip of the tongue," is in fact the best instance of our immediate awareness of the existence of the unconscious. We know that we really know the name, but no matter how much we try, we seem unable to say it.) We seem to take too much for granted the interesting fact that we have all more or less forgotten our childhood. One can hardly consider it a serious explanation, if one attempts to blame the insufficient development of memory for the existence of this phenomenon.

On the other hand, the puzzling screen memories discovered by Freud demonstrate the purposive nature of the unconscious selection that determines which childhood memories shall be preserved.<sup>1</sup> Childhood is forgotten because the play of sexual forces which fill our childhood must be forgotten. The persistence or reawakening of infantile sexual impulses and the struggle to repress them are the most important factors in the etiology of the neuroses. Hysterical amnesia is thus but a new edition of the infantile amnesia.

This is not the place to describe in detail the manifestations, content, and development of infantile sexuality, nor to present proofs for its existence. Its peculiarities (pregenital and autoerotic), its development which has been worked out in numerous analyses of neuroses (pregenital stages of organization, œdipus complex, period of latency, puberty<sup>2</sup>) need not at the present date be demonstrated in a book devoted to the special forms of neurosis. We must assume that the reader accepts these well established facts.

When we study hysteria, we are primarily interested in those infantile sexual impulses which are sexual also in the stricter

<sup>1</sup> Freud: *Ueber Deckerinnerungen*. Ges. Schr. I; *Zur Psychopathologie des Alltagslebens*. Ges. Schr. IV. (Trans. by Brill: *Pspathol. of Everyday Life*.)

<sup>2</sup> Freud: *Drei Abhandlungen zur Sexualtheorie*. Ges. Schr. V. (Trans. by Brill: *Three Contributions to the Theory of Sex*. New York: Nerv. & Ment. Disease Pub. Co., Ed. 4, 1930.)

sense of the word, that is to say, genital impulses. That even in a small child the genital organ is already a source of sexual impulses and plays a part which cannot be overestimated, is proved by the widespread occurrence of infantile masturbation. Originally purely autoerotic, this masturbation begins to be accompanied later by phantasies involving objects. Still later it becomes the essential representative and executive of the child's sexual impulses in general. This latter type of masturbation sets in, as Freud has shown, approximately between the fourth and sixth years of life. We speak of this period as the phallic stage of libido organization, which resembles in the main the ultimate adult genital organization, indeed it is to be distinguished from the latter only by the following important features.<sup>1</sup> Psychologically there exists for the young individual at that period only a male organ and no female genital—this contention will be explained later. Too, this phase is narcissistic, that is, the child, especially the boy, shows during this period more love for his genital than for the object, so that in case a conflict arises in which he must face the alternative between losing the organ or giving up the object, he will undoubtedly relinquish the object to retain the organ. Yet another characteristic of this phase of vernal flourishing of human sexuality is destined to extinction. It soon disappears; we shall refer the reader to Freud's *Passing of the Œdipus Complex*,<sup>2</sup> where he will find the details of how this comes about and what it leads to. Suffice it to say that if love for an object, jealousy, tender as well as sensual feeling are to be used as criteria, the child at this stage differs much less from the adult than we are accustomed to think. Which objects are the goal of these early genital strivings? According to psychoanalytic experience it is well known that these objects are the parents or their substitutes. The phallic stage of libido organization is contemporaneous with the height

<sup>1</sup> Freud: *Die infantile Genitalorganisation*. Ges. Schr. V. (Trans. in *Coll. Papers*, II.)

<sup>2</sup> Freud: *Der Untergang des Oedipuskomplexes*. Ges. Schr. V. (Trans. in *Coll. Papers*, II.)

of the œdipus complex. Freud's statement that the œdipus complex is the nuclear complex of a neurosis is particularly valid in hysteria. Hysterical individuals have either never overcome their early object choice, or else they are so "fixated" on it that after a disappointment in later life they again return to it. Because all sexuality thus comes to represent to them the infantile incestuous love which is forbidden, the original drive to repress the œdipus complex turns against all sexuality; and a pathogenic conflict thus arises. It is characteristic of such individuals that unconsciously they long persistently for sexual gratification, while at the same time, consciously and in contrast to other wishes, they frequently feel only repulsion at their sexual impulses.

Another point deserves mention in this connection: as is known, hysteria occurs more frequently in women than in men. This is due to the fact that the sexual development of women is more complicated than that of men. Women, besides their female sexuality, have an active, one might say, male sexuality which centers in the clitoris. This latter sexuality must be overcome in favor of the passive female sexuality which is concentrated in the vagina. Frequently this process either fails to be completed or succeeds only partially. Clitoris sexuality is retained either because of constitutional factors or because of some life experiences which accentuated it too much, or finally because of special obstacles on the way to vaginal sexuality, such as repressions in the case when vaginal sexuality has become a direct representative of the œdipus wishes. This may become the point of departure of various conflicts, not only because active sexual wishes and passive ones simultaneously present may mutually oppose each other, but also because the girl who is under the pressure of actively directed sexuality is markedly at a disadvantage as compared with a boy, for the girl has no penis, and this disadvantage leads to the well-known manifestations of penis envy. This envy plays an important part in the unconscious of the hysterical woman. We must bear in mind too that this envy especially

when it is conscious or nearly conscious may present only a cover for the unconscious wish, "I desire to be loved by my father," but the true interrelationship between penis envy and œdipus complex is not always completely clear. Freud considers it probable that there is, as a rule, a very early purely narcissistic penis envy antedating the œdipus complex, which indeed may (along with other factors) give additional impetus for the development of the œdipus complex.<sup>1</sup> However in some analyses we are able to observe an envy of the penis which is nearly conscious and which serves as a defense against the œdipus complex which is deeply repressed ("flight from femininity," according to Horney<sup>2</sup>); it is obvious that in such cases this latter type of penis envy is not identical with the original early narcissistic type referred to by Freud, and that in them the stratification of penis envy and œdipus complex may be quite complex. Further complications arise from the fact that masculinity does not always coincide with clitoris erogeneity, and femininity does not always correspond to vaginal (or anal) erogeneity; for clitoris masturbation may also serve as an outlet for phantasies of a feminine nature.

As is well known, the œdipus complex and with it infantile sexuality is doomed to extinction. Physiological inadequacy and environmental pressure both militate against it—the little son cannot and may not beget a child by his mother, the little daughter cannot and may not bear one by her father. The œdipus wishes are apparently relinquished for a time only to reappear at puberty. As Freud has pointed out, this debacle of infantile sexuality is frequently the leading cause of the sense of inferiority so frequently met with later in neurotic individuals.<sup>3</sup> It is this process of appearance of œdipus wishes

<sup>1</sup> Freud: *Einige psychische Folgen des anatomischen Geschlechtsunterschiedes*. Ges. Schr. XI.

<sup>2</sup> Horney, Karen: *Flucht aus der Weiblichkeit*. Int. Ztschr. f. Ps. XII, 360. 1926. (Trans. in Int. J. Ps-A. VII.)

<sup>3</sup> Freud: *Jenseits des Lustprinzips*. Ges. Schr. VI, 207. (Trans. by Hubback: *Beyond the Pleasure Principle*. London: Int. Ps-A. Press. 1922. P. 21.)

at early stages, their disappearance during the latency period and reappearance at puberty, that is frequently referred to as the two ages of sexual flourishing. Between these two periods lies the "period of latency," in which following the passing of the œdipus complex, there develops the "super-ego," that is, the forces which serve for the suppression of sexual impulses; these forces are responsible for such reactions as disgust, modesty, or character formation in general.<sup>1</sup> In the ideal case all the libido previously tied up in the œdipus complex would be absorbed into this process. In reality however there persists in the unconscious of every individual throughout life some incestuous trends. As already stated those individuals in whom these ties are especially strong, i. e., "fixed" on their œdipus complex, are predisposed to neuroses. In such cases pubertal development usually appears to be under a compulsion to repeat, as it were, and it runs the same course as the development of their early sexuality. If the individual failed to free himself successfully during the earlier period, he usually fails also at puberty. Thus the question as to what caused the failure in infancy, becomes the most important one in the problem of etiology of hysteria. Along with constitutional factors, of which we shall have more to say, we find a number of "fixating experiences," such as exceptionally strong gratification, exceptional frustrations, or exceptional alternations of the two. An analysis of a hysterical patient brings to light an immense number of such "traumatic" infantile experiences, whose unconscious repetitive reproduction is usually found in the "traumata" of later life which precipitate the illness. Furthermore, a fixation on the œdipus complex is not the sole characteristic of hysteria; inseparably connected with it are other characteristics, such as the particular means of suppression of the œdipus complex, known as fixation on the anxiety (fear of castration, or of loss of love) which serves to prohibit incest. Usually the same parents who at one time or in some situations permit certain indulgences would pro-

<sup>1</sup> Freud: *Drei Abhandlungen zur Sexualtheorie*. Ges. Schr. V, 51.

hibit in some particular manner the gratification of their children's œdipus wishes—they may themselves be neurotic people who vicariously live out their own œdipus wishes or fears in their children. In the group of hysterical individuals we find frequently the type known as “mother's boy” or the woman who seems to have no need of a man but who inordinately admires her father—or, since special types of œdipus wishes bring about special forms of suppression—types of persons who have “too long a period of latency,” i. e., people who seem to seek no sexual gratification during or after puberty; to them all sex is incest, they refuse to lead a sexual life, and they are either disgusted with matters sexual or frigid. When such an individual is sooner or later in adulthood confronted with real sexual demands, he reacts in one of two ways: if the infantile fixation is too strong, the individual will deny to himself the very existence of this demand; if on the other hand the fixation is not as strong, he returns to his old incestuous wishes after the first disappointment in his real sexual life. Here we encounter for the first time an idea which is of utmost importance in the theory of neuroses, namely, the concept of regression—which is illustrated by the fact that after a disappointment an individual tends to reactivate the old infantile modes of sexual gratification. Thus many people following a disappointment wish to be petted as they were when they were children; in other words, disappointed in adult sexuality they recede back to infantile sexuality. As to which part of the infantile sexuality would play the greater rôle in this regression depends upon the particular point of fixation of the individual. In the case of hysteria it is the phallic phase of the œdipus complex that comes to the foreground. The individual then faces the problem of again repressing the œdipus wishes which became regressively activated; so that in addition to disappointment (external privation) he has also to deal with repression (internal privation). We have then an etiological series of factors: fixation on the œdipus complex—disappointment in the real world—regression—renewal of effort to repress

—formation of a symptom. Since the first of these elements occurs in infancy and presents the most important determinant, only an analysis of the infantile situations can be regarded as a causal analysis of hysteria or any other neurosis.

We have discussed so far that which is repressed; let us turn now our attention to the question of the repressing forces. External factors such as the physiological limitations of the child and, more particularly, the force of his educative environment, forbid him the gratification of his œdipus wishes. The question whether the biological or social factors are of greater import has recently occupied the attention of many writers, but it seems at first glance to be chiefly only of theoretical value. Freud stresses the sociological point of view,<sup>1</sup> English authors stress the other.<sup>2</sup> It would be erroneous, however, to regard this problem as having only an academic interest, for on the solution of this problem will depend, whether we should consider the neuroses merely as nature sent biological phenomena, or whether we should view them as phenomena arising as a result of the restricting demands made upon our instinctual life by the existing social institutions, which in turn are to be explained by sociology. It is our opinion that psychoanalytic experience solves the problem quite unambiguously and in favor of Freudian views. The biological factors, especially those involved in the protracted helplessness of the human suckling and the characteristic two-stage development of man's sexual life, are factors which make it possible for the above mentioned social (external) agencies to influence the young human individual. Yet it is the sum total of the child's experiences with regard to educative frustrations that determine the earliest defenses against instinct. These frustrations are imposed by the parents, whose behavior is in turn determined by social factors, which are thus responsible not only for the earliest defense reactions of the child, but also for the

<sup>1</sup> *Hemmung, Symptom und Angst* appears to us to defend this point of view. Ges. Schr. XI. See also: *Die kulturelle Sexualmoral und die moderne Nervosität*. Ges. Schr. V. (Trans. in *Col. Papers*, II.)

<sup>2</sup> See, e. g., Searl, N.: *Danger Situations of the Immature Ego*. Int. J. Ps-A. X.

later development of the "super-ego"—and this latter takes over the responsibility for the type and content of later defense reactions.

An individual who represses his œdipus complex thereby accedes to a prohibition which is imposed on him by the external world. He thus takes over the responsibility for the enforcement of this prohibition. Why does he do it? To say that he does it because of his "conscience" speaking from within, means to point to a motive which is beyond any doubt chronologically not the oldest one in the life of the individual; this motive could be reduced to an earlier fear of those consequences which the prohibition coming from without would impose at every attempt at instinctual gratification. Hence, a child represses his sexuality because he fears the consequences with which it is threatened. This fear or anxiety is frequently bound with the conscious or unconscious fear lest a violent injury be caused to the penis, and is therefore known as "castration anxiety." This is not the place to elaborate upon the problem of how and why castration anxiety presents what it does. We merely remind the reader of the existence of this phenomenon. Yet one would think offhand, that in women at least castration anxiety could hardly operate as a motive for repression, for it is difficult to see how the belief that they had lost a penis could operate with the same dynamic intensity as the threat of possible loss. Psychoanalysis of women frequently reveals that they too have fears of genital injury, which are analogous to those of men; girls, for instance, are afraid of being torn or split. Moreover it is an established fact that girls often dread that sexual intercourse would entail an ablation or removal of an organ (an imaginary penis); this is an idea which undoubtedly has its roots in the pregenital patterns of castration, such as weaning or parting with fæces.<sup>1</sup> Behind these ideas lies yet another fear: the indi-

<sup>1</sup> See Stärcke, A.: *Der Kastrationskomplex*. Int. Ztschr. f. Psa. VII. 1921 (Trans. in Int. J. Ps-A., II.) and Alexander, F.: *Kastrationskomplex und Charakter*. Int. Ztschr. f. Psa. VIII, 121. 1922. (Trans. in Int. J. Ps-A., IV.)

vidual, still a child in his unconscious, is afraid to gratify his instinct, for fear that the people around him will withdraw their love and will abandon him to his infantile helplessness (fear of losing love). We shall discuss in the chapter on anxiety hysteria the question why it is that in hysteria not only the content of the œdipus wishes but also the content of the anxiety and even the anxiety itself remain unconscious. We shall also reserve for a later chapter discussion of the evidence that there is a genetic connection between anxiety as a reaction of conscience and castration anxiety (or anxiety of losing love), for this can be more readily demonstrated in compulsion neuroses than in hysterias.

The hysterical symptom then appears to be a compromise between the repressed œdipus complex, which breaks through in a distorted form, and the forces that are in the service of repression. It would be erroneous to think this ultimate content of the hysterical symptom becomes immediately apparent under analysis. Between the earliest œdipus phantasies and the symptoms of the adult hysterical individual a host of all possible intermediate formations are intercalated and their psychoanalytic significance must not be underestimated. Among these formations one finds the day dreams which play such an important rôle in the mental life of the hysterical patient; for these day dreams, some of which are partially unconscious, serve the patient as substitutes for his sexual activity, which he repudiates, and they all are derivatives of his earliest œdipus phantasies. The path from the latter to the former is connected by means of masturbation and masturbatory phantasies. Early infantile masturbation serves as the outlet for œdipus sexuality. However, the anxiety which is connected with the œdipus wishes is displaced upon the act of masturbation; that is why we find so frequently that the struggle against masturbation presents the unconscious content of many hysterical symptoms: spasms, rhythmical muscular contractions, and sensory disturbances prove to be "masturbatory equivalents," i. e., at once substitutes for and defenses

against masturbatory impulses. Bed-wetting in children, for example, is one of the most frequent masturbatory equivalents which finds its expression in this conversion symptom.

Infantile nocturnal enuresis still offers many unsolved problems for psycho-analytic investigation. That it is a "sexual equivalent" there can be no doubt. Like its psychological analogue, *incontinentia alvi*, it was originally an autoerotic activity which gave the child urethral (or cutaneous and anal) erotic satisfaction. Memories of these sensations are sometimes revived in a neurotic manner by patients under analysis; thus, for example, in cases of *ejaculatio præcox* semen and urine are unconsciously equated. But when an older, already well trained child returns to this obsolete infantile pleasure, we find that it is no longer autoerotic—this is the point of interest in a conversion symptom. The dreams which accompany the bed-wetting and the feelings of guilt which are connected with it and which usually serve to repress early infantile enuresis just as it serves to repress infantile masturbation, prove that these two infantile phenomena are in some way connected. Like masturbation, the enuresis is a motor outlet for sexual tensions, and it serves as a substitute for masturbation. In some cases it is possible actually to demonstrate that an injunction not to masturbate, or an event of like nature, served as a stimulus in the direction of this substitutive pathological behavior. That is why we believe that we touch a fundamental truth, when we state that bed-wetting and the spontaneous seminal emissions of puberty are either consciously or unconsciously equated. Both phenomena, so far as their psychic function is concerned, are attempts to enjoy the pleasure of masturbating without the burden of a sense of guilt. Insofar as they seem to occur against the will of an ego, whose purpose it is to suppress sexuality, they are neurotic symptoms. As in the case of masturbation, enuresis may fulfill the rôle of an efferent function for a number of most varied sexual wishes. Again like masturbation, at the height of the development of the œdipus complex, it is first and foremost the instrument of the œdipus impulses. In so far as we deal here with a phenomenon in which the older urethral and cutaneous erotic impulses have come to express genital in stinctual trends, we may speak here of *regression*, a mechanism which we shall have much occasion to discuss in this book. Just as in the case of a well developed hysteria, between the deeply repressed œdipus complex and the presenting symptom there exist numerous intermediary sexual wishes, of many varieties. It is interesting to note that bed-wetting is often an expression of sexual phantasies proper to the opposite sex, that is, of feminine tendencies in boys and masculine tendencies in girls. Girls in whom urethral eroticism is well marked are almost always dominated by an intense envy of the penis; their symptom gives expression to the wish to urinate like a boy with the same organ which they so admire in boys; whereas in boys one often finds incontinence has the meaning of a female "trait," and such boys hope to obtain a female type of pleasure by urinating "without shooting." The conception of incontinence as a passive characteristic is in harmony with our concept of regression, since it contains the characteristic infantile elements, for if one wets the bed like a baby, it frequently means that one wishes to have the privilege of being

a baby again.<sup>1</sup> It is of interest to observe in this connection, that incontinence is frequently precipitated by the birth of a little brother or sister.<sup>2</sup>

Incontinence of *fæces* is a rarer occurrence in older children than is incontinence of urine, and in spite of the obvious analogy, is a neurotic manifestation which if at all frequent is possible only if the individual is markedly analerotic; this is in accord with the fact that a history of it is found more frequently in those who later develop compulsion neuroses than in those who will develop hysterias. The measures of unconscious defense against this masturbatory activity are then displaced on to their substitutive mental production and known as day dreams.

Occasionally psychoanalysis is able to demonstrate in model fashion how day dreaming which was originally designed to suppress masturbation changes its function and becomes a distorted expression of the old recurring masturbatory phantasies.<sup>3</sup> Not infrequently certain reveries and other modes of phantasying are kept by the patient outside the sphere of analytic observation either because the patient "forgets," or because he does not wish to surrender these "precious" thoughts. This, for example, was the state of affairs in a patient who lived through ecstasies in her phantasy and who was afraid to lose them. When analysis showed her that the fear lest analysis rob her of something valuable was a fear of castration, other "ecstasies" came to her mind which she had experienced at puberty—and she recalled finally that the sensations which accompanied these apparently completely unsensual ecstasies were identical with those experienced during her infantile masturbation. At the time of puberty and occasionally even later some people develop almost phantastic interests in certain fields of activity; these people seem to be preoccupied with these, as if under pressure of an *idée force* and in the manner of highly pleasurable day dreaming, be it athletics, engineering, or war, or travel; these are all offshoots of masturbatory phantasies connected with the *œdipus* complex.

One day a patient felt an intense pain in one of her fingers. She stated that she had experienced the same sensation as if she had cut her finger with a knife. She was in love with a cousin who did not live in the same city, a medical student, and phantasied that perhaps just at the moment she felt the pain he had made a cut in the cadaver he was dissecting. This phantasy, which resembles primitive magical thinking was a conscious day dream. The unconscious part of the day dream was the symbolic equating of cutting and coitus, of knife and penis. Until it was revealed by analysis that the cousin was a definite substitute for her father, the patient remained unconscious of the fact. The same patient became nauseated whenever she had to remain at home alone with her father. This nausea was her defense against the tempta-

<sup>1</sup> See, for example, Baudouin: *Ein Fall von Bettnässen*. Ztschr. f. ps. Päd. III, 1929.

<sup>2</sup> The discovery of an infantile enuresis during analysis is described by Freud in *Bruchstück einer Hysterieanalyse*. Ges. Schr. VIII, 73ff. (Trans. in *Coll. Papers*, I.)

<sup>3</sup> Freud, Anna: *Schlagephantasie und Tagtraum*. Imago VIII. 1922. (Trans. in Int. J. Ps-A. IV.)

tion to stay alone with her father, which was bound with her œdipus complex.

One day a patient complained of vomiting and severe nausea. The only reason she was able to give was that she had eaten fish. Following this she revealed a number of day dreams dealing with the cruelty of eating animals, especially fish, because fish had "souls." This patient's father was dead; and the idea of eating his body and thus ingesting his soul to make it part of her own body was a screen for the unconscious phantasy of sexual union with him.

It is then possible to say that the symptom, a manifestation of a repressed instinct, is the distorted sexual gratification of the hysterical person who cannot obtain genuine sexual gratification. This can be seen readily in many symptoms, for example, a symptom like urticaria, which sets up a persistent itching, or in certain gynæcological conditions which necessitate frequent vaginal examinations. To be sure the phantasies which intervene between the œdipus complex and the hysterical symptom as has been pointed out are not necessarily always genital in character. As intermediary links between the œdipus wish and an apparently innocuous day dream we may find sexual phantasies involving any of the other sexual components, homosexual phantasies, pregenital, sado-masochistic, exhibitionistic, peeping, muscular erotic, vestibular erotic, or cutaneous erotic phantasies. Despite the fact that we leave these out of discussion, they are not unimportant—the analytic practitioner will have to deal with them in detail. In an analysis they must never be "skipped," their discovery and thorough working out demand more time and attention in a therapeutic analysis of an hysteria than does the basic œdipus complex. Since these intermediary phantasies are the products of development of the œdipus complex and since they determine the specific qualities of the symptoms, an interpretation which skips them and goes directly back to the wishes of the œdipus period fails to establish an effective dynamic contact with the œdipus material, and remains ineffectual, from the therapeutic point of view.

The œdipus complex itself, the form it acquired as a result of the individual's particular infantile experiences can only be elicited through careful analysis of these intermediary con-

structions. We should never forget that the concept "œdipus complex" covers an infinite number of infinitely various psychological facts which are determined by constitution and experience unique for each individual human being, and these can be uncovered only by patient historical inquiry.<sup>1</sup> The relation of the intermediary constructions to the œdipus complex may well be compared to the day residue which connected with unconscious wishes enters into the formation of dreams.

As already stated the sensations, fundamentally, the genital sensations of hysterical symptoms may occur in any organ—for all organs have a general erogeneity. This determines the multiformity of hysteria, which as is well known can "imitate any disease." Ferenczi speaks of a "genitalization of organs"; for example, of a finger or the entire body being "in erection."<sup>2</sup> Of particular interest and frequency in this connection is the group of "oral and anal hysterical symptoms": hunger, loss of appetite, vomiting, symptoms connected with defæcation, and the like. As we know that before reaching the genital stage of libido development the individual passes through an anal and an oral stage, may we say that hysterics are characterized by a regression to these stages? Yes and no. It is true that the selection of the "genitalized organ" will depend among other circumstances on anal or oral fixations, yet as we will show in the discussion of compulsion neurosis and depressions, in cases of hysteria we do not deal with a regression to these levels, for at no time does the hysteric abandon the genital stage of sexual organization or the genital relationship to the (phantasied) objects; this relationship is merely translated into the pregenital, as it were. The pregenital fixations determine only the point at which the genital processes will find expression. The processes themselves, how-

<sup>1</sup> Fenichel, Otto: *Spezialformen des Oedipuskomplexes*. Int. Ztschr. f. Ps. XVII, 1931. (Trans. in Int. J. Ps-A. XII, 1931.)

<sup>2</sup> Ferenczi, S.: *Hysterie und Pathoneurosen*. P. 17. (Trans. in *Further Contributions to the Theory and Technique of Psycho-Analysis*, New York: Boni and Liveright, 1927. P. 82.)

ever, remain truly genital—this fact justifies Ferenczi's use of the words "genitalization of the organ."

We have less to say about the typical mechanisms of hysteria than about the typical ideational content of the symptoms. Much still remains unclear. It is universally accepted as characteristic that the symptoms are centered in the somatic field. This "leap" from the psychic to the physical we call "conversion." We may say that since an hysterical symptom is a distorted sexual gratification and that since every sexual gratification is a somatic phenomenon, or since every affect normal or abnormal must ultimately be expressed in a physical way, the possibility of a conversion symptom appears comprehensible, yet this does not really contribute to our understanding of the process.<sup>1</sup> The prerequisite for the development of a conversion is first the turning from reality to phantasy, a process made necessary by the repression of the œdipus complex, then, second, a replacement of real sexual objects by phantasied representatives of infantile objects; this process is called "introversion." Due to this introversion, hysterical individuals appear to be completely "turned inward," hence their symptoms instead of presenting activities directed outward (alloplastic ones) present activities affecting internal innervations (autoplastic), affecting their own bodies. In other words, the phantasies of hysterical individuals find plastic expression in real alterations of physical function. Ferenczi speaks in this connection of "hysterical materialization";<sup>2</sup> he tried to connect this with the fact that all phantasy, as indeed all ideation and thinking is constantly accompanied by appropriate bodily changes; hence thinking which takes the place of action is still a bit of action, an "action sample," so to speak. The little that we know of the mechanism of conversion has been summarized by Freud in *Hemmung, Symptom und Angst*.<sup>3</sup> Conversion

<sup>1</sup> Felix Deutsch has attempted to throw light on the path which leads from "normal" phenomena of the type described to hysterical conversions. See his article, *Zur Bildung des Konversionssymptoms*. Int. Ztschr. f. Ps. X. 1924.

<sup>2</sup> Ferenczi, S.: *Hysterie und Pathoneurosen*. P. 23. (Trans. *op. cit.*, p. 89.)

<sup>3</sup> Freud: *Hemmung, Symptom und Angst*. Ges. Schr. XI. P. 51.

symptoms are intermittent or permanent cathectic processes which appear in place of inhibited infantile sexual impulses. They are connected with them by unconscious association. This association is usually possible because the symptom represents a part of the total fundamental complex, so that one gains the impression that the infantile sexual energy was displaced and concentrated on to one little element. In particular, Freud says, the hysterical "pain was really present in the situation when the repression took place."

A patient suffered from pain in the right lower abdomen. She was repeating by this means the sensations occurring during an attack of appendicitis which she had had as a child; during that attack she was treated by her father with unusual tenderness. This abdominal pain meant at the same time "fear of castration."

"The hallucination was at that time a perception."

A patient suffered from the torturing hallucination of a metallic taste. It turned out that as a child she had been accustomed to drink by putting her mouth directly to the water faucet. At that time the hallucination was a real perception. This practice was a cover for unconscious wishes to perform fellatio with her father.

"Motor paralysis is a defense against an action" (ultimately an infantile sexual action). Contracture is the substitute by displacement for an intended but inhibited muscular innervation. Cramp is an outburst of affect (sexual action) uncontrolled by the ego.

Thus, a cramp limited to a certain part of the body may, as we have stated, represent an erection. It must not, however, be overlooked that a muscular cramp not only means a breaking through of the repressed impulse, but at the same time the suppression of it. A general or special hypertonus may simply be a sort of unspecific statement: I have something to suppress. Ferenczi has shown how this "suppression cramp" may owe its origin, for example, to a displacement of the function of the anal sphincter to the general muscular system.<sup>1</sup> We shall have occasion to discuss this point again in connection with the problem of inhibitions.

So in all instances it seems as if the whole cathexis of the offensive impulses were compressed in the construction of the

<sup>1</sup>Ferenczi, S.: *Zur Psä. von Sexualgewohnheiten*. Int. Ztschr. f. Psä. XI, 13, 1925. (Trans. in *op. cit.*, p. 268)

symptom, by the process of condensation, to a small element represented by a part of the body.<sup>1</sup> As has been said hysterical symptoms may appear in any region of the body as a result of the general erogeneity of the human body, a fact which is quite in harmony with the opinion that the underlying physical processes are of an endocrine nature. But we shall return later to the discussion of these problems in connection with the problem of "organ libido."

The general formulation would then read as follows: alloplastic reactions, i. e., reactions that are in harmony with reality, are substituted in conversion hysteria by autoplasic ones; and just because there is still a great deal that is obscure in the phenomenon of conversion one is tempted to pass from this formulation in the direction of broader theoretical perspectives. However in doing so, one must remain fully aware of the speculative uncertainties of one's trend. We may thus recall Lamarck's theory of the evolution of species, according to which this evolution may take place by way of "direct adaptation"; that is to say, the body becomes autoplasmically adapted to the direct demands of the environment. In his well known illustration, he contends that the giraffe acquired a long neck in order to be able to reach the top of the tall trees. A hysterical conversion would by analogy be a sort of last vestige of this primitive capacity of animals for autoplasmic adaptation.

We can discuss now certain conceptions which have not as yet been mentioned, but which have an important bearing on the mechanisms of hysteria:

1. *Somatic compliance.* Psychoanalysis has never averred that neurotic phenomena are "purely psychic." The libido itself is naturally thought of as a correlate of hormonal substances. It is impossible to ignore the soma in any consideration of conversion symptoms. Thus, while it is true that a hysterical symptom represents genital wishes displaced to non-

<sup>1</sup> Freud: *Die Verdrängung*. Ges. Schr. V, 477. (Trans. in *Coll. Papers*, IV, 95.)

genital body areas, we must bear in mind that an infinite number of body areas are available for this purpose. What, then, determines the selection of the particular part of the body for the manifestation of the symptoms? Frequently it is some psychological factor. We mentioned already how symptoms related to the mouth depend on the regressive attraction exerted by oral fixations, and in general how the selection of the organ may depend on accidental occurrences in infancy. But in addition to such psychological factors we must also assume the existence of purely somatic factors. It is apparent that a symptom will utilize more readily an organ which presents a *locus minoris resistentiae*. An individual of strong vasomotor lability will be more subject to vasomotor symptoms, a myopic individual more liable to produce eye symptoms, etc. We shall have an opportunity later to consider these relationships in connection with the so-called organ neuroses. At any rate, a case of hysteria which develops under the influence of a somatic determinant is surely that which has been termed "the psychogenic superstructure of organic disease." If the localization of the symptom is the result say of an oral fixation, we must not forget that while this is in part due to experiences connected with the oral phase of libido development, it is also in part due to a constitutional enhancement of oral sexuality, that is, to the factor of somatic compliance.

2. *Hysterical identification*. Besides the direct emotional relationships to an object of love and hate, there exists a second type of relationship between subject and object—identification. In this the ego transforms itself to resemble the ego of the other person; this process remains entirely unconscious and most often tends to replace a lost object relationship. Such identifications are of manifold nature and play a great part in hysteria.

(a) The most intelligible form of identification is that which is carried out "on the basis of similar etiological needs." That hysteria might imitate any illness has been known for a

long time. Why does it do so? One can hardly explain, for example, an epidemic of *chorea minor* on the basis of the individual's urge to make a striking impression. But if, as in the example given by Freud, the attacks of the first girl in the boarding school begin just after she has received a love letter, and all the other girls follow suit and develop hysterical attacks, we naturally assume that they too wish to receive love letters. It appears as if they said to themselves: if this is what produces such seizures, let us too have these seizures, for we wish to have that which causes them.<sup>1</sup> The identification is here carried out because the object has been gratified by the fulfillment of the same wish which the subject has long cherished, in other words, it is carried out on the basis of a sort of current community of interests, despite the fact that there has been no relationship with the object concerned at any previous time. The question arises, why do the girls choose to have attacks, i. e., painful experiences, suffering? We will recall that a hysterical symptom is a compromise, i. e., it must also do justice to the forces in the service of repression. It is as if these latter forces said: "You wanted to be as happy as X! Well, just for that here's the punishment she got, and you should also be as unhappy as she is." It is the fate of Midas, who, according to the myth, met his destruction because of the fulfillment of his wish for gold. However, it must be emphasized that two elements of the hysterical symptom, the instinctual gratification and the gratification of the need for punishment, do not seem to be of equal value in hysteria in that the instinctual gratification plays a predominant rôle. Leaving aside symptoms presenting inhibitions (for example, impotence, to be discussed later), there seems to be no hysterical symptom which gratifies only the forces of repression and not the instinct. On the other hand, it appears probable that there are symptoms which represent instinctual gratifications exclusively and have no punitive significance; then, the hys-

<sup>1</sup> Freud: *Massenpsychologie und Ich-Analyse*. Ges. Schr. VI, 305. (Trans. by Riviere, Int. Ps.-A. Press.)

terical stigmata of which the patient himself is unaware, are illustrations in point.

(b) Similar in type is hysterical identification with a fortunate rival. Thus Freud's patient, Dora, developed a cough like that of her unconscious rival, Frau K.<sup>1</sup> The influence of the œdipus complex on the development of her symptoms came out clearly in her analysis: she loved her father and would have liked to supplant his mistress. Again we see the "Midas" situation: "You wished to be your father's sweetheart; very well, then, be it so, but you must suffer for this." This identification by way of the sense of guilt bespeaks the intended identification in instinctual demands. This case then is illustrative of the mechanism which Freud called "borrowing a sense of guilt."<sup>2</sup> This is the pattern which hysterical girls frequently follow in their identification with their mother. They do not here imitate a person to whom they are emotionally indifferent (on the basis of recent community of interests): instead they imitate a person representing to them one of the earliest and instinctual wishes, a person whose place they would wish to take. The symptom then is modified by the sense of guilt and the wish gratified in a manner not originally intended.

(c) Another type of hysterical identification is more difficult to understand. It sometimes happens that a woman whose hysteria is due to her œdipus complex makes an identification not with her rival, her mother, but with her beloved father. This is a more complicated situation, and it will be clarified in our discussion of depressions. Suffice it to say that if one is forced to relinquish an object, one attempts to make up for the loss by identifying oneself with the object.<sup>3</sup> If a hysterical individual takes over her father's illness she shows us that she is attempting in vain to free herself from him.

<sup>1</sup> Freud: *Bruchstück einer Hysterie-Analyse*. Ges. Schr. VIII, 37-39.

<sup>2</sup> Freud: *Das Ich und das Es*. Ges. Schr. VI, 395. (Trans. by Riviere, Int. Ps-A. Press.)

<sup>3</sup> Freud: *Trauer und Melancholie*. (Trans. in *Coll. Papers IV*.) Ges. Schr. V. and *Das Ich und das Es*. Ges. Schr. VI. (Trans. Riviere.)

A patient's hysteria imitated for many years tuberculosis. As a young man her father had been affected by this illness. She had furthermore taken up the same profession as her father and was very near to being manifestly homosexual.

An identification of this sort with the parent of the opposite sex naturally furnishes at the same time an opportunity for gratification to the "negative œdipus complex." It is more easily effected because of our constitutional bi-sexuality, and in the chapters which follow we shall refer to it very often as "sexual misidentification."<sup>1</sup>

(d) There are also "multiple identifications." A hysteric can simultaneously or serially play the part of different persons with whom she has identified herself according to types *a*, *b*, or *c*, mentioned above. The seizures of such patients very often represent the enactment of a whole drama.

The classical example for this is a patient of Freud's, who tried to take her clothes off with her left hand while making an effort to keep them on by grasping them with her right. In this way she was identifying herself simultaneously with a man raping and the woman being attacked.<sup>2</sup> A somewhat more complicated example may be seen in the following case, illustrating not an hysterical seizure but a masturbatory game. The patient would first dance nude before a mirror, then he would feel the impulse to defæcate and the idea would occur to him that he might defæcate in the room, whereupon he would have an ejaculation. According to his associations the dance represented a man and woman in coitus, and the impulse to defæcate the reaction of a child witnessing the act. Thus he simultaneously identified himself with three persons.<sup>3</sup>

3. *Secondary gain from illness.* How does the ego react to hysterical symptoms after they have fully developed? In a self-contradictory fashion. It attempts to continue the effort to repress the derivative of the infantile sexuality, i. e., the symptom; in this way it is striving to separate the symptom from the rest of personality, to ignore it, to regard it as alien, and it

<sup>1</sup> A simple case of this type of identification was reported by Heinrich: *Ein Fall von Identifizierung in der Zahnheilkunde.* Int. Ztschr. f. Ps. XIV. 1928.

<sup>2</sup> Freud: *Hysterische Phantasien und ihre Beziehung zur Bisexualität.* Ges. Schr. V, 253.

<sup>3</sup> For a general discussion of hysterical (and narcissistic) identifications see Fenichel: *Die Identifizierung.* Int. Ztschr. f. Ps. XII. 1926.

insists that it is of organic origin unconnected with any mental functioning. This attitude is naturally recognized during analysis as a resistance to therapeutic efforts.

A patient who developed transitory hysterical symptoms for the first time in her life while under analysis, tried to deny and ignore these symptoms in a very remarkable fashion. It was true that she had not eaten and had vomited without any physical cause, but she maintained that this was unimportant, that it was just "a fact." She could not believe that this allegedly indifferent matter already was a symptom of hysteria.

To the extent to which this attitude of the ego is successful, except for the symptoms themselves we have no evidence that a repression has taken place; the affective charge seems indeed to have disappeared, and the patient's attitude to his symptoms is what Charcot, according to Freud, called "*la belle indifférence des hystériques*."<sup>1</sup> Related to this is the fact that following the formation of symptoms the hysterical process occasionally comes to a standstill. This is not always the case; usually there is evidence of the anti-cathexis in the ego other than the symptom.

If the symptom has taken the form of a hysterical pain it is not only capable of being mobilized by internal tensions, for example by unconscious temptations, but also by external stimuli which make contact with the hyperalgesic region. The anti-cathexis of the ego then will assume a specific watchfulness in order to prevent such contact. Too, there are anti-cathexes which manifest themselves in the character of the hysterical persons; they appear as over-compensations. Thus a hysterical mother who unconsciously hates her children will develop a marked compensatory tenderness for them, which she may yet ultimately use in order to torture them. This tenderness is concentrated then only on one object, the children, and does not, as in the compulsion neurosis, lead to a permanent alteration of the total behavior of the individual, so that she becomes an exceptionally kind and tender person.<sup>2</sup> In many cases, the anti-cathexis of the ego becomes manifest as anxiety; the reasons for this will be brought out in the next chapter.

<sup>1</sup> Freud: *Die Verdrängung*. Ges. Schr. V, 476. (Trans. in *Coll. Papers* IV, 94.)

<sup>2</sup> Freud: *Hemmung, Symptom und Angst*. Ges. Schr. XI, 100.

On the other hand, the ego, which above all seeks pleasure, endeavors to utilize the symptoms once they are there in the service of pleasure seeking. If it must suffer, it wishes to get as much out of doing so as it can. In this, it is pursuing its true function, namely, the simultaneous satisfaction of demands which come to it from all sources.<sup>1</sup> Thus psychoanalysis does not deny that the financial compensation received by the neurotic who has suffered bodily injury influences his neurosis (the so-called "compensation neurosis"), nor does it deny that the motive "to make her husband buy her a hat" contributes to the woman's hysterical seizure; psychoanalysis also believes that the financial compensation and the hat and other cherished hopes not easy to relinquish may set up resistances which can under certain circumstances militate against a cure more strongly than primary unconscious resistances.

Yet in spite of this psychoanalysis must insist that no expectation of a dole or a pension can cause a hysteria; we therefore speak of a "secondary gain from the illness" which we differentiate from the primary one, namely, the avoidance of the œdipus complex by means of a neurotic illness. To say that the wish for a pension can cause a hysteria has been justly compared by Freud with the idea that a soldier in battle had his leg shot off in order to get a pension.<sup>2</sup>

We have so far given only a general account of the origin and mechanisms of hysterical symptoms; we felt justified in not paying too much attention to certain special features of hysteria, because the number and types of such special features are infinite. These can be learned only from the study of case histories. One question remains to be answered: i. e., why do so many individuals of widely varying types and widely varying past histories nevertheless develop quite similar symptoms? One might even think that this observation contradicts the analytic theory, which claims that symptoms are of extremely individual origin.

<sup>1</sup> A description of this paradoxical behavior of the ego is to be found in Freud: *Hemmung, Symptom und Angst*. Ges. Schr. XI, 35ff.

<sup>2</sup> Freud: *Hemmung, Symptom und Angst*. Ges. Schr. XI, 36.

In his analysis of Dora,<sup>1</sup> Freud ascribed the symptom of mutism to the absence of the beloved person, and asked whether in every case the symptom mutism must indicate the absence of a loved one. The answer was naturally negative. The same symptom may result from a variety of conditions, and the question remains, how so many different preconditions can produce the same result. Two possible answers suggest themselves, on the one hand the typical quality of the resultant may be a consequence of the disease process itself, which of course would be the same in different individuals. The best example of this would be the doubts and hair-splitting ruminations of compulsive neurotic individuals. On the other hand, we might say that it is true that the nature of the symptoms depends on the individual history, but that there are biographical experiences which all human beings must encounter no matter how varied their types or environment. Therefore, we might consider as typical those symptoms which are stamped by the content of the struggles involving the œdipus complex; these may not necessarily show the specific effect of the particular form of the œdipus complex. All typical symptoms in fact do have individual variable details in them which correspond to the individual biographical features. A few such typical symptoms may be cited and discussed to the extent that present day analytic knowledge permits.

1. *The hysterical seizure* is, according to Freud, a pantomimic portrayal of a day dream, and ultimately an offshoot of infantile œdipus phantasies. Seizures are "day dreams converted into motor activity." They could be interpreted as dreams can, and their true meaning is distorted by the same mechanisms which produce the distortion in dreams—displacement, condensation, representation by opposites, representation by a small detail, reversal of chronology, plural identifications. They often betray clearly that they are sexual gratifications. They occasionally terminate in states resembling orgasm; the loss of consciousness at the height of the fit has been compared

<sup>1</sup> Freud: *Bruchstück einer Hysterie-Analyse*. Ges. Schr. VIII. (Trans. in *Coll. Papers* III.)

by Freud with the momentary loss of consciousness at the height of orgasm; so the whole seizure may be conceived of as an equivalent of coitus; we must bear in mind that in women this may be permeated by male (clitoris) features.<sup>1</sup>

At the height of her seizure a patient has spasms in her arms which portrayed the spasmodic contractions of the penis during ejaculation.

2. The *arc de cercle* represents, according to Freud, the innervations antagonistic to coitus; that is, it is a representation by the opposite, expressing the simultaneous influence of the forces of repression.<sup>2</sup> Other writers have properly added that this symptom also gives expression to a masculine striving<sup>3</sup>—an attempt to protrude a concealed penis—as well as a feminine one (the act of childbirth).<sup>4</sup>

3. Hysterical *dream states*<sup>5</sup> are closely related psychologically to seizures. In these only the “pantomimic portrayal” is lacking. The day dream, an outgrowth of infantile masturbation connected with the œdipus complex, breaks through as such, as a phantasy to the extent of removing the patient from reality. In many cases the secret sexual meaning of the *absence* is directly apparent in the voluptuous pleasure which the patient obtains in it. In other instances the influence of the forces of repression stands out more clearly than the breaking through of the repressed. In such cases the motor outlet which characterizes the hysterical seizure is barred, and also a new wave of repression is sent against the mobilized day dream which sometimes sweeps it so far away from consciousness that the patient himself is unable to give any account of what he has experienced, and is aware only of the gap in his consciousness. This brings up the topic of *disturbances in*

<sup>1</sup> Freud: *Allgemeines über den hysterischen Anfall*. Ges. Schr. V. (Trans. in *Coll. Papers* II.)

<sup>2</sup> Freud: *Allgemeines über den hysterischen Anfall*. Ges. Schr. V, 256.

<sup>3</sup> Weiss, Edoardo: *Zum psychologischen Verständnis des arc de cercle*. Int. Ztschr. f. Ps. X, 1924. (Trans. in Int. J. Ps-A. VI.)

<sup>4</sup> Lantos, Barbara: *Analyse einer Konversionshysterie im Klimakterium*. Int. Ztschr. f. Ps. XV, 1929.

<sup>5</sup> Abraham, Karl: *Über hysterische Traumzustände*. Klin. Beitr. z. Ps. Wien 1921. Pp. 53ff.

*consciousness*,<sup>1</sup> which always correspond to the repression of a current derivative of infantile sexuality. The transitory elimination of all consciousness, of external and internal perceptions, as in fainting spells, is, so to say, a generalized repression; it is perhaps the archaic pattern of all repression. It may be conceived as a type of loss of consciousness in which not all perceptions but rather certain definite internal ones are removed from consciousness, and in which the ego being on the defensive has already learned how to persist in its efforts.<sup>2</sup>

The ideational content of the impulses which enter into the dream states and the disturbances of consciousness is as varied as the infantile phantasies which produce hysterical symptoms in general. Of the many possibilities, three may be singled out as typical: (1) A transitory clouding of consciousness may depict orgasm, hence stand for a phantasy of coitus; (2) It may give expression to a wish for death (the individual's own death, and in the deeper layers the death of some other person); (3) Because of its effect on the environment it may offer an opportunity for all sorts of secondary gains.

As to the so-called "hystero-epilepsy," we shall have the opportunity to discuss it later.

4. *Hysterical disturbances of vision* were once the subject of a short article by Freud.<sup>3</sup> A hysterical "I cannot see" means "I wont see." In other words, it indicates a repressed impulse to look or to show. From a punitive standpoint, therefore, it says: "Because you wished to see something you are forbidden to, you shall not see at all!"

5. *Hemianæsthesia*, according to Ferenczi,<sup>4</sup> serves more preponderantly the forces of repression. The elimination of sensi-

<sup>1</sup> See Landauer, Karl: *Die Bewusstseinsstörungen*. In Federn-Meng: *Das psychoanalytische Volksbuch*. Stuttgart 1926.

<sup>2</sup> Fenichel, O.: *Über organlibidinöse Begleiterscheinungen der Triebabwehr*. Int. Ztschr. f. Psa. XIV, 62. Foot-note. 1928.

<sup>3</sup> Freud: *Die psychogene Sehstörung in psa. Auffassung*. Ges. Schr. V. (Trans. in *Coll. Papers* II.)

<sup>4</sup> Ferenczi, S.: *Hysterie und Pathoneurosen*. Pp. 34ff. (Trans. *op. cit.* pp. 113ff.)

bility facilitates the suppression of memories which appertain to the body areas affected. But it also serves the repressed impulses, for because of this very anæsthesia the ego is unable to perceive clandestine sexual impulses. Hysterical disturbances of sensibility may in general be viewed as negatives of hallucinations. They are repressions of internal perceptions, just as hallucinations are repressions of external ones.

6. Similarly, *hysterical paralyses* are inhibitions of sexualized motor activity. If, as so frequently happens, the paralysis is accompanied by an increase in tonus, as we have already stated, there is present both an assurance against the rejected sexual motion, and a distorted expression of the sexualized motor impulse which breaks through in spite of the effort to repress. The hysterical "masturbatory equivalents" usually assume this guise. Biographical circumstances or somatic compliance will then determine which particular part of the body will be affected by a paralysis or an anæsthesia. The fact that these symptoms are supposed to appear more frequently on the left side rather than on the right might be explained, as suggested by Ferenczi, by the circumstance, that the left side of the body is in general more accessible to unconscious influence than the right side, because the conscious ego has less interest in it.<sup>1</sup> In addition we must take into account the symbolic significance of right and left.<sup>2</sup>

7. *Constriction of the visual field* has an analogous explanation. Peripheral vision has less significance for the ego than central vision and therefore is more readily sexualized.<sup>3</sup>

8. The *absence of the palatal reflex* is only a special case of hysterical disturbance of sensibility; what was said about anæsthesias in general holds true of this particular symptom too. It simultaneously permits and prevents the materializa-

<sup>1</sup> Ferenczi: *Hysterie und Pathoneurosen*. P. 36. (Trans. *op. cit.* p. 115.)

<sup>2</sup> Stekel, W.: *Die Sprache des Traumes*.

<sup>3</sup> Ferenczi: *Hysterie und Pathoneurosen*. P. 39. (Trans. *op. cit.* p. 116.)

tion of sexual phantasies displaced from below upward. *Globus hystericus* is a "materialization" of the phantasy of fellatio.<sup>1</sup>

9. Finally we must consider the question of *hysterical hyperfunction*, that is, why the hysterical person is able at times to make use of innervation capacities and bodily sensations which are usually not available to an adult individual. This symptom seems to represent a regression to more archaic conditions which are to a certain extent present in childhood. There is no doubt but that during normal development to adulthood certain capacities of the body are lost, and these become again available to the hysterical individual (not to his conscious ego). Ferenczi aptly remarks that education is not only the acquisition of new faculties but also the forgetting of "super-normal" abilities.<sup>2</sup> This can only imply that the repression of autoeroticism in childhood also forces into repression those body functions by means of which the autoeroticism could be effected. This is most clearly seen in types of persons whose body seems "alien" to them, who are inhibited both in respect to motility and sensation, and have generally speaking no proper relationship with their own body. In them the "bodily" is repressed, because body and infantile sexuality are for them equivalent. There is no contradiction in the fact that occasionally persons who ordinarily look upon their body as something extremely alien, if they develop hysterical symptoms suddenly give evidence of super-normal physical capacities, the psychogenic nature of which they are then all the more able to repudiate.

Let us add now a theoretical observation to the previous remark that the phantasy of fellatio is important in the formation of hysterical symptoms, although we must say that it will not be made completely clear, until we have discussed the mechanisms of depression. The fellatio phantasy is an extraordinarily common one in the unconscious of hysterical women. Analysis shows that it is a euphemistic expression for a more

<sup>1</sup> Freud: *Bruchstück einer Hysterie-Analyse*. Ges. Schr. VIII, 47.

<sup>2</sup> Ferenczi: *Hysterie und Pathoneurosen*. P. 17. (Trans. *op. cit.* p. 91f.)

repulsive idea—to bite off the penis. This phantasy is abundantly overdetermined. In the individual cases, individual meanings seem to be of different relative importance.<sup>1</sup> It may mean: (1) *coitus* displaced upward; (2) a *revenge* on the man, who possesses the envied organ; (3) (by way of phantasies of impregnation) *pregnancy*; and (4) an *identification* with the man, "I possess the penis I took from you." In this latter meaning the phantasy represents a partial incorporation of the object, which is, according to Abraham, an archaic sexual aim,<sup>2</sup> to which the hysteric in this instance regresses. The phantasy, "now I have a penis," permits the allocation of all kinds of male strivings. In this partial regression to the oral which follows the failure in the œdipus complex, and which is apparently characteristic of the female sex, Sachs sees a feature which may serve to explain many differences between the male and the female super-ego.<sup>3</sup>

By this phantasy the sexual partner is deprived of a penis. The phantasy of true genital union, so closely bound up with the œdipus wish, was the precipitating factor which made the hysterical woman incapable of real love. She could love, to quote Abraham, "only if the genital was excluded."<sup>4</sup> The hysterical woman seeks to set up this condition when in phantasy she excludes the genital by biting it off.

The course and prognosis of the analytic therapy of hysterias still remain to be discussed. The prognosis is entirely favorable, and there is nothing special to be added to the general principles governing analytic therapy—indeed as has been stated in the beginning the therapy was originally designed for the treatment of hysteria, and may be used in its classic form. As to the transference, we may point out that this too

<sup>1</sup> Fenichel: *Introjektion und Kastrationskomplex*. Int. Ztschr. f. Ps. XI, 1925, and Feigenbaum, D.: *A Case of Hysterical Depression*. Ps. Rev. XIII, 1926.

<sup>2</sup> Abraham, Karl: *Versuch einer Entwicklungsgeschichte der Libido*. (Trans. in *Selected Papers*.)

<sup>3</sup> Sachs, Hanns: *Über einen Antrieb bei der Bildung des weiblichen Über-Ichs*. Int. Ztschr. f. Ps. XIV. 1928. (Trans. in Int. J. Ps.-A. X.)

<sup>4</sup> Abraham: *Versuch einer Entwicklungsgeschichte der Libido*.

was discovered while hysteria was being studied, and that the misinterpretation of the psychoanalytic situation by the patient in conformity with significant situations of his past is most readily perceptible here. Once the resistances are overcome it can be relatively easily clarified by insight. The unconscious content (œdipus complex) usually directly determines the form of the transference. In typical cases the course of the treatment is usually satisfactory, for in the reactions of the patient to the interpretations, in the alterations of the transference and symptomatology during the treatment ("the comments of the treatment"), one usually has an unfailing criterion of the progress of the analysis. Individual complications such as the character, age of the patient, etc., might unpleasantly complicate the otherwise favorable situation. But in general hysteria is an indication for psychoanalytic therapy. Only those factors apart from the diagnosis which are general barriers to psychoanalytic therapy are contraindications here too. Wherever immediate help is mandatory, or where the complicated machinery of an analysis seems unnecessary because simpler measures will suffice, or in those rare cases where a hysteria seems to be the best way out of an intolerable real conflict, or where there is an exceptionally great secondary gain, or advanced age, etc., it is of course necessary to give careful consideration to the question of beginning an analysis. If it is decided not to analyze, many other psychotherapeutic measures are available. Because of my own lack of personal experience as well as because of the difference in principle between psychoanalytic (=causal) and other (=symptomatic) therapies, I shall not attempt any discussion of the indications and prognostic chances of non-analytic treatment of hysterics or other neuroses. In general it may be said, that of the other methods of psychotherapy psychoanalysis can best clarify the theoretical technique of hypnosis,<sup>1</sup> and next best the related methods of sug-

<sup>1</sup> Ferenczi: *Introjektion und Übertragung*. In: *Bausteine der Psa.* I, 9ff. and Radó: *Das ökonomische Prinzip der Technik*. *Int. Ztschr. f. Psa.* XII, 1926. (Trans. in *Int. J. Ps-A.* VI.)

gestion which imitate it. (Psychoanalysis suspects that all psychotherapies founded on "original recipes" are masked methods of suggestion.) Our understanding of hypnosis suggests the following practical conclusion: Hypnosis and suggestion influence most readily those patients who are most capable of developing a transference which is based on infantile sexual fixations; hence they influence hysterics most readily, much less readily compulsion neuroses (for whom the method of "auto-suggestion" would possibly be better<sup>1</sup>), and the narcissistic neuroses not at all.

<sup>1</sup> Abraham, Karl: *Psychoanalytische Bemerkungen zu Coués Verfahren der Selbstbemeisterung*. Int. Ztschr. f. Ps. XIV, 1926. (Trans. in Int. J. Ps-A. VII, 190. 1926.)

(To be continued)



## Abstracts

THE PSYCHOGENESIS OF ORGANIC DISTURBANCES AND THEIR PSYCHOANALYTIC TREATMENT. By Ernst Simmel (Berlin). Communication to the Psychoth rapeutic Congress at Dresden, May 14-17, 1931.

To illustrate the psychogenic origin of certain types of organic dysfunction and to demonstrate a psychotherapeutic approach to such disorders, Dr. Ernst Simmel reports the following case:

The patient, a German man of fifty, an engineer on the merchant marine ship *Seine*, was admitted to the Schloss Tegel Sanatorium in the terminal stages of cardiac decompensation. There was a history of alcoholism. He suffered from intense dyspnoea, frequent anginal attacks, and was pulseless for prolonged periods. His face was bloated and cyanotic, his lips were blanched, and his skin sub-icteric. There was a generalized anasarca: a massive oedema of the extremities and of the genitalia, and a marked ascites. The heart was enlarged and a systolic murmur was heard over the entire precordium, both second sounds were accentuated—the pulse was scarcely perceptible, and the blood pressure very low. The lungs and the enlarged liver showed signs of chronic passive congestion. The patient voided small quantities of urine containing 6 to 13 per cent of albumin.

Cardiac stimulants and diuretics were administered but proved to be ineffectual. Anginal episodes became frequent, the respirations were shallow, the periods of pulselessness prolonged, and the cyanosis intense. The patient's condition was so critical that psychotherapeutic measures were undertaken as a last resort.

During various phases of the treatment, the following history was elicited. The patient was the oldest son of a cruel father and a grasping, stern mother who had antagonized him. Until the age of sixteen he had been beaten for enuresis. Although he had personal difficulties with his colleagues on the *Seine*, he was really happy only when on board the ship, and on leave he found it difficult to return to his family. He had been married to a nagging, frigid woman, whom he had divorced after she had been unfaithful to him with several soldiers during the war, when he was away at sea. In order to put an end to her frequent visits to his home

after the divorce, the patient had informed their thirteen year old daughter that her mother was a "whore." On learning this, the woman drowned herself in a river, which bore the same name as his ship—the *Seine*. His second wife was twenty years his junior, and with her he was impotent. Yet he stated that he was most attached to her and insisted upon her nursing him even in the hospital. His demand for her constant attendance caused her a great deal of trouble: the ambivalence in his attitude was apparent, and before psychotherapy was undertaken she was forced to leave the sanatorium.

The patient's condition necessitated a modification of the orthodox psychoanalytic procedure, and at the beginning of treatment he was put under hypnosis. During the first hypnotic session he revealed in a spontaneous affective outburst that he was unable to love his second wife in spite of his desire to do so. He also stated that either he or one of his colleagues with whom he was unfriendly must get off the ship (be drowned). Finally he groaned painfully and said that he saw a dislodged "bundle of nerves" swimming in the water of his body. He suddenly grasped a urinal and voided a large volume of urine, saying that his body was full of urine, of water, of Seine river water. A paroxysm of rage followed, directed against the men who had had relations with his first wife while he was aboard the *Seine*. He then relived the scene of his wife's drowning, said that it was his fault, and that her last thought had been that he should drown. She had bewitched him so that all the water of the Seine had got into his body. When she left him, she had said, "You will think of me." "Now I see her clearly as she sits inside me in the water so that it can't get out. That is why I must always think of water, of the water of the Seine, because that is my wife. She treads on my penis with her foot so that the water can't get out."

It became apparent that the water in his body against which he fought and which threatened to suffocate him was to him the same water in which his wife's death struggle had occurred: in his illness he identified himself with his wife, and sought to punish himself by dropsy (i. e., "*Wassersucht*"), in an attempt to join her in a water-logged death and so belatedly (and post mortem) annul his divorce. "That is why I couldn't breathe and had to jump out of bed at night. Because she drowned herself, I must always gargle

my parched throat so that I can go to sleep." This also was the reason why he could not return to his beloved ship: the name was *Seine*, like that of the river in which she had died because of him.

It became evident in later hypnotic and waking interviews that the patient longed for his first wife—a prototype of his mother, and the object of his œdipus wishes—whereas his second wife represented to him the ideal mother with whom he was impotent because of the incest taboo. The men who competed with him as sexual or as professional rivals and whom he had "drowned," he identified with the father who had beaten him for bed-wetting.

After the first session the patient regarded the physician as his saviour. He appeared tremendously relieved and quite euphoric. His physical condition improved somewhat: he was able to sleep, the anginal attacks ceased, and the albumin content of the urine dropped to 1.5 per cent.

However, after a short time he developed a typical paranoid reaction towards his physician and declared him to be a magician who could cure him if he would. Recurring attacks of angina and dyspnoea were then attributed to the physician's malevolent influence over him. Whereas he had previously been coöperative as regards the limitation of his fluid intake, he now secretly drank the water from the flower vase or the heater receptacle. He behaved like a "water addict," and was convinced that the hospital was a prison in which he was doomed to die of thirst. In spite of this, his negative water balance increased progressively.

At this point the patient, although he gave the appearance of having a severe mental illness superimposed upon his physical difficulties, had in reality made a step in advance, since he had been able to externalize his unconscious intrapsychic conflicts sufficiently to convert them into a conscious transference situation in which his super-ego was projected onto the analyst: he was being punished not by his own sense of guilt but by his physician. He sought to be exterminated by forces from without rather than from within; he was driven to seek death by drinking water rather than by retaining it. Consequently his aggression was mobilized not against himself but against his persecutor who became the embodiment of his own tormenting super-ego.

In the last stage of treatment hypnotic suggestion was used with

the following in view: the rôle of the physician was recast so that he no longer represented a cruel punitive tormentor but a kindly reconciling force who acquitted the patient of his guilt and offered himself as a mediator between the patient's ego and the super-ego. It was pointed out that in his illness he had not only wished to kill his old disappointing love objects in himself, but also to torment his second wife in order to vent upon her the hostility which he had repressed in regard to the first. Moreover he was given permission to love his wife as a woman, not only as a tabooed madonna.

The final therapeutic measures dealt solely with his physical condition and led to his complete recovery without further psychotherapy. For two years he has again been able to follow the sea.

No psychoanalytic interpretations were offered, nor was "health" suggested. The unconscious meaning of his illness was revealed by the patient himself during the analytical hypnosis. Suggestions made to him in the hypnotic state were only for the purpose of freeing him from the auto-suggestion of having to drown, to kill himself, and to die.

To explain the man's physical condition Dr. Simmel postulates a spastic condition of the renal and coronary vascular systems. The kidneys, possibly stigmatized by infantile urethral eroticism, reversed their normal excretory function, and, in the service of unconscious self-destructive drives, became organs of retention. The heart, organically damaged but acting in the cause of preservation of life, was further hindered in the attempt to compensate for this functional renal insufficiency and the ensuing chronic passive congestion by periods of spastic contraction of the coronary vessels.

When, during the first hypnotic session, his unconscious death wishes were revealed by associations leading through the more recent past back to deeply repressed infantile drives, a powerful mass of affective energy was freed, repression into the unconscious was no longer possible, and the desires for self-destruction rose to consciousness. An intrapsychic readjustment necessitated a corresponding physical realignment. This was demonstrated by an immediate vascular relaxation. The patient voided a large quantity of urine containing a low percentage of albumin, and the

anginal attacks ceased temporarily. Subsequently the renal function was gradually reestablished despite the recurrence of cardiac symptoms during the paranoid phase.

In other physical conditions also, the individual has sought death within himself rather than from external causes, and has chosen this mode of expressing repressed death drives of infantile origin. Cases of biliary and renal colic were briefly cited. The concomitant pain was described as the physical counterpart of a depression, and the damage done to one organ as the equivalent of the annihilation of the individual by suicide. The illness itself serves certain definite ends which cannot be attained by a psychosis—the other alternative when the libido is withdrawn from the outside world: it calls forth a narcissistic regression to the helplessness of childhood and so insures the loving care of a mother surrogate; it also removes the sense of guilt, since the responsibility for a disease rests not upon the sufferer but upon the condition itself. The individual is able to survive only if the death drive is forced from its organic displacement, and the object libidinal attitude is reestablished.

BETTINA WARBURG.

# Nightmare, Witches and Devils. By Ernest Jones, M.D. New York: W. W. Norton and Company. 1931. 374 p.

Monroe A. Meyer

To cite this article: Monroe A. Meyer (1932) Nightmare, Witches and Devils. By Ernest Jones, M.D. New York: W. W. Norton and Company. 1931. 374 p., The Psychoanalytic Quarterly, 1:1, 171-185, DOI: [10.1080/21674086.1932.11925139](https://doi.org/10.1080/21674086.1932.11925139)

To link to this article: <https://doi.org/10.1080/21674086.1932.11925139>



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## Book Reviews

NIGHTMARE, WITCHES AND DEVILS. By Ernest Jones, M.D. New York: W. W. Norton and Company. 1931. 374 p.

This book, the twentieth of the International Psychoanalytical Library, renders a fund of applied psychoanalytical material—mythological, folkloristic, religious and semasiological—available to English-speaking readers. Its central theme is the import, in the broadest sense, of the nightmare. A wealth of related matter, culled in scholarly fashion from an imposing array of sources, published hitherto in two different technical papers, the one English, the other German, has been mustered in this volume under a single cover and subjected to revision, rearrangement and indexing that substantially enhances its value. However, over and above these considerations, the peculiar significance of the nightmare *per se* justifies the republishing of work done two decades ago, despite the rapid advances of psychoanalysis in the interim. Furthermore, one section of the book, containing a psychoanalytical contribution to semantics, is entirely new. The whole evinces the characteristics exhibited by all the contributions of this author—vast range of knowledge, arresting clarity of thought, delightful lucidness of presentation.

Part I, "The Pathology of the Nightmare", appeared originally in the *American Journal of Insanity*, January, 1910. It deals with the ætiology, pathogenesis and clinical aspects of that phenomenon and is primarily a medical paper, undoubtedly familiar to a number of neurologists and psychiatrists. Albeit clinical in flavor, it is intimately connected with the remainder of the volume. The exposition of the ultimate nature of the nightmare contained therein affords the necessary groundwork of the book. The author indicates that the pre-Freudian medical view of the origin of the nightmare, which, incidentally still commands credence in certain quarters, was a product of the resistances inherent in scientific materialism. Accordingly, ætiological potency was attributed exclusively to certain physical factors, diet, posture, toxins, etc., presumably affecting the digestive, respiratory, circulatory and nervous systems. Freud's epochal solution of the dream problem, relegated these agents to the rôle of minor concomitants,

at times absent, at most, operative only in a contributory manner. The psychoanalytical approach proved the nightmare to be a special variety of anxiety dream with a highly specific and stereotyped latent content. Dr. Jones succinctly says: "We may summarize the conclusions reached in the statement that the Nightmare is a form of *Angst* attack, that is essentially due to an intense mental conflict centreing around a repressed component of the psycho-sexual instinct, essentially concerned with incest . . ." (p. 54)

Part II, "The Connection between the Nightmare and Certain Mediæval Superstitions" (together with Part IV) is a translation of a brochure entitled "Der Alptraum in seiner Beziehung zu gewissen Formen des mittelalterlichen Aberglaubens", which appeared in 1912 as Heft XIV of the *Schriften zur angewandten Seelenkunde*. It demonstrates and evaluates the part played by the nightmare in the genesis of five closely related, elaborate forms of superstition—the beliefs in incubi, vampires, werewolves, the Devil and witches. While a modern age flatters itself by styling these false beliefs obsolete, the fact remains that these ideas are still entertained as such by some individuals, and in tenuously disguised forms by many more. Moreover, their wellsprings are still active. Hence, as Dr. Jones emphasizes, the subject is by no means a purely antiquarian one. In the treatment of his theme, the author achieves a felicitous wedding of the more superficial historical and the deeper psychological aspects of his subject-matter.

In addition to an introduction and a summary, Part II of the book contains seven chapters, the first and second of which ("Dreams and Beliefs" and "The Nightmare") amplify the foundation laid down in Part I. That dreams can exert an effect upon waking thoughts, especially (but by no means exclusively) upon those of untutored minds has been noted by many observers. Dr. Jones's study of the nightmare affords a measure of the magnitude in past ages of this influence. The particulars of the process are described by him in the case of two more general beliefs—the soul and transformation—and also in relation to the five specific superstitions already mentioned. The idea of returning souls or *revenants* is one of the outstanding characteristics of mediæval superstitions, while the notion of transformation, i.e., the interchangeability of human spirits and bodies among one another and

with those of animals also constitutes one of their essential features. The manifest content of dreams of the dead, of flying, of animals, of fantastic figures, etc., have furnished much material for these beliefs. Anxiety dreams in general, and the nightmare, because of its attendant intense sense of reality, in particular have especially abetted the genesis of superstitious beliefs. However, psychoanalysis, which does not content itself with the description of surface connections, has found that much more fundamental relations exist between dreams, beliefs, myths, psychoneurotic symptoms, etc. The questions raised by this relationship, which is not necessarily a simple one, are concisely yet adequately ventilated by the author.

The remaining five chapters of Part II comprise a masterly presentation. In them, the five false beliefs enumerated above are discussed, compared and contrasted, not only as regards their more obvious, historical connections, but also with reference to their more profound psychoanalytical significations. The manifest and the latent aspects of the origin, continuance and decline of these superstitions are flawlessly portrayed. In addition, each superstition is correlated as to outer guise and hidden meaning with the manifest and latent contents respectively of dreams of the anxiety-erotic-nightmare series. These chapters really comprehend an exposition of religion, in the negative, so to speak. The reverse of the medallion plainly bears the stamp of the unconscious incestuous motives that underlie religious beliefs and that obtain equally though less patently for the obverse. Both sides of the coin reflect the love, the hate, the guilt, the fear, the punishment implicit in the conflicts of infantile sexuality. No attempt will be made to abstract Dr. Jones's exegesis in this notice, for justice can be done the content of his thesis only *in extenso*. His delineation eloquently bespeaks the utter futility of attempting to grasp the dynamics of the phenomena he investigates without applying the viewpoints of Freud's *Tiefenpsychologie*.

Part III, "The Mare and the Mara: A Psychoanalytical Contribution to Etymology", is new in the stricter sense of appearing in print for the first time. In this section of the book, the author takes as his point of departure (Chapter I) the linguistic assimilation in English of the second half of the word "nightmare", derived from the Anglo-Saxon *nicht*=night and *mara*, literally a

crusher—a term, that originally meant a night-fiend, more particularly a night-hag, and subsequently was used to designate the terror dreams supposedly inflicted by these demons—to the word for a female horse, a mare (Anglo-Saxon *mere*, the feminine form of *meorh*, a horse). Non-analytic thought would deem such an identification of words an accident of phonetics or orthography, possibly interesting as such but of no great moment. The author protests that psychoanalysis has always been suspicious of such apparently inconsequential manifestations of mental functioning and proceeds to establish the deep psychological connections underlying the association in question, by means of a remarkable excursion into mythology, infantile sexuality and philology, about which only a meager word will be uttered here. In Chapter II of Part III, representative mythological and folkloristic matter concerning the night-fiend and the horse is cited and the close parallelism existing between the two sets of beliefs is disclosed. The bisexuality of horse symbolism (the juxtaposition of horse and woman, on the one hand, and the horse as phallic animal, on the other) is fully illustrated, and the two outstanding mythopœic qualities of the horse, swift movement and shining appearance, are carefully considered. The abundance and complexity of the available material lead the author to close this chapter with an admonition to himself that it is time to call a halt. Chapter III, “The Horse and Infantile Sexuality”, deals with the rôle of infantile conflicts in the creation of various mythical beliefs about the horse. The material is divided into two portions, according as to whether it is related to the phallic or to the excrementitial aspects of infantile sexuality. The mythological beliefs about the horse and the parallel nightmare ideas have been especially influenced, as the author shows, by the castration fears and wishes of the phallic phase of infantile sexual development. However, these beliefs also bear the imprint of the excrementitial interests of childhood, both urethral and anal. The application of the facts of infantile sexuality to the two chief mythopœic attributes of the horse mentioned above—swift movement, which is quite intelligible, and glistening appearance, which is equally enigmatic—suggests that both are derived from the same source, i.e., from an interest in the horse’s urinary activities, in which motion and gleam are combined. “Both the glittering and the swift horse, therefore,

fundamentally signify in mythology the potent, urinating horse." (p. 319). In Chapter IV, the connections that exist between the mythological beliefs about the horse and the mediæval superstitions studied in Part II of the book, are examined, completing, as the author says, "the third line of the triangle" (p. 320). This chapter is in effect a fascinating disquisition on infantile sexuality viewed from an unusual angle.

Chapter V takes up again the problem of the relation of the word "mare", a female horse and "mara", a night-fiend (literally, a crusher). The former, however, can be traced no further than to the Teutonic *marhja* and Celtic *marka*. The latter can be actually traced back to the *Mar* group of the primordial *MR* root. This leads to the etymological problem as to whether the word "mare", a female horse, is ultimately derived from the *Mar* group of the *MR* root or from an entirely different, undiscovered source. The general probability is in favor of the former view, and Dr. Jones believes that psychoanalysis can suggest the point at which the mare-horse word diverged from the main group. The establishment of the likelihood of such a separation would, of course, militate against the theory of an independent root. The *MR* root has many derivatives, a characteristic of those roots whose original meaning was a sexual one. (Sperber). The various groups of meanings descended from the *MR* root suggest two original ideas: an act, viz., rubbing and the consequences thereof, viz., softening—in other words, an obvious reference to masturbation. Now, one group of *Mar* meanings, *mar* No. 3, means "to gleam". But "to rub" (*mar* No. 1) and "to shine" seem very different concepts. However, shining has already been recognized as an attribute of the potent, urinating horse. This consideration permits of the hypothesis that the "mare" word separated from the *Mar* group at a point dealing with the consequences of infantile masturbation, i.e., urination, and not with the act itself. But, as noted above, the act has an additional consequence, i.e., softening (cf. *mar* No. 2=to die). Accordingly, the inference may be drawn that the relation of horse mythology to nightmare beliefs is that of a huge compensation in the former, ("the potent, urinating horse"), for the castration fears implicit in the latter. For the further philological ramifications adduced to support this contention, the reader is referred to the book itself.

Part IV, "Conclusion", reviews the salient points of the book, more especially those contained in Part II. This summary stresses the intractability of the resistances that hinder humanity from achieving an insight into the nature of its mental processes. For example, no sooner was the demon theory (obviously a defensive projection) of the ætiology of dreams of the erotic-anxiety-nightmare series on the wane, than the medical view of these phenomena, begotten of a scientific materialism, barred the way to an understanding of them by disavowing the psychical nature of such dreams altogether. To another profession, the cloth, belongs the responsibility of suppressing a nascent insight into the influence of nightmare experiences on conscious beliefs. In both these instances, a dawning truth was forthwith subverted and had to be rediscovered centuries later. The gradual progression of mankind from repression to judgment has been and is an arduous one. Dr. Jones aptly says: "One of the principal aims of science is to achieve an objective view of the world, of civilization and life. The obstacles in the way of this aim that proceed from conscious inhibitions, for instance prejudices, have been overcome up to a certain point: we are now beginning the harder and more important work of dislodging the obstacles that proceed from the unconscious." (p. 350).

These brief notes constitute but a sampling of the contents of Dr. Jones's book, a work which should prove interesting and instructive to a large group of readers.

There is a frontispiece: a reproduction of Fuseli's famous picture "The Nightmare".

MONROE A. MEYER.

THE MEDICAL VALUE OF PSYCHOANALYSIS. By Franz Alexander.  
New York: W. W. Norton & Company, 1932. 247 p.

A collection of papers stimulating both with regard to the variety of material and the spiritedness with which the author carries out his basic purpose of convincing the medical profession of the scientific tenability of psychoanalysis and its usefulness in medicine. So long as psychoanalytic theory and method are misinterpreted not only by the lay world but also by the average physician, a contribution such as this will have a special justification and incentive. It is to Dr. Alexander's credit, however, that he has

avoided the usual pitfalls of undue simplification and illusory completeness. Not only does such a completeness not exist at present, but Dr. Alexander gives nowhere the impression that he has attempted to exhaust the subject and scope of psychoanalysis. The reader cannot therefore derive from it the feeling inseparable from most popularizations that he has mastered the subject. For scientifically trained men such self-limitation is reassuring, and the persuasiveness of the book is further enhanced by the manner in which the author marshalls a great variety of problems, observations and deductions converging upon his primary intention "to dissipate the prejudice against psychoanalysis in biological and medical circles, among those who feel that the introduction of psychological views into medical therapy threatens to reduce the exact nature of this youngest of natural sciences."

The main feature of the book is rightly a discourse on the relation between psychoanalysis and medicine, stressing the difficulties it has had to meet in medical circles due to their strong materialistic bias. It is an unfortunate fact that just as ancient or primitive medicine overemphasized the psychic ætiology of disease—in its theory of demonic possession, for instance—so modern medicine since the advent of materialism in the nineteenth century has tended to be blind to everything but physiological ætiology. Once philosophy and science became monistically oriented, everything including mind became matter, and anything of a psychic character—anything non-physical—came to be regarded with suspicion, just as every concern with it was branded as unscientific. Every *apologia* by a psychoanalyst must be addressed to this problem and endeavor to dissipate a fundamental confusion. Psychoanalysis, be it known, has never regarded mind and body as a dualism, but has consistently held to the view that physical and psychic phenomena are both expressions of a unified collective vitality, in which the clinical foreground is alternately psychic or physiological. In the psychoanalytic "laboratory," therefore, we do little more than produce a specimen of the psychic nucleus out of the somatic shell, and such an extraction necessarily presupposes an interest in the somatic shell itself. Dr. Alexander gives due weight to this problem. It constitutes his initial attack in disposing of the resistances to psychoanalysis among medical men and prepares the way for

his clear, if brief, presentation of the essentials of psychoanalysis (in the second chapter), no doubt intended as a kind of *vade mecum*. Of this presentation it could be said, however, that it is unlikely that a physician will get an adequate impression of psychoanalysis without clinical substantiation of its theory, that is, without case material, which was precluded by the plan of the book. It remains a moot question whether the psychoanalytically uninformed physician will derive as much benefit from this chapter as he is expected to.

On the other hand, the discussion of psychogenic factors in organic diseases will strike home. Touching upon problems in the average physician's practice, it should be not only persuasive but also enlightening for the medical profession. At this point, the author reaches the climax of his argument, which is logically followed by a discussion of the importance of psychoanalytic instruction in medical schools and how such instruction is to be carried out, using as a basis the experience of the Berlin Psychoanalytic Institute. Dr. Alexander's book could accomplish nothing more useful than the introduction of psychoanalytic study in medical schools, and it is to be hoped that his propagation of the idea will meet with success in time, although one may be justified in taking a less optimistic view than the author of the possibilities of such a reformation in the present medical curriculum.

It will be seen, then, that in general Dr. Alexander accomplishes his purpose very thoroughly and effectively, and the reviewer only wishes that the author had avoided giving the impression on several occasions that the trained analyst is uncritical with regard to his selection of subjects for analysis. The reviewer feels all the more justified in trying to counteract this impression because he is quite sure that it was not intended by the author.

True, the chapter, "Critical Considerations on the Psychoanalytic Treatment of Psychoses," touches upon one of the most vital questions in psychiatric practice. Even before official psychiatry had accepted and had had time to assimilate psychoanalytic theory and methods, it began to expect from the new science that it should make a breach precisely in those clinical forms which had proved refractory to all attempts at therapy. Psychiatrists were not slow to demand that psychoanalysts cure the diseases they themselves had been completely unable to touch. However, after a very few

attempts to treat, for example, dementia præcox, it became clear that the classical method was not directly appropriate for the treatment of psychoses, although it also became clear that psychoanalysis was an excellent new instrument of research in this domain. As physicians—that is, as therapists—analysts were compelled from the very beginning to modify their procedure in cases of psychosis, in accordance with the individual situation. Even today there is no established general rule of procedure in these cases. The reader will be less surprised by this fact if he will bear in mind that, astonishingly enough, there are less than half a dozen trained analysts in all the world whose activities are devoted exclusively to the psychoses. An empirically grounded modified technique for psychoses is, therefore, still in the process of gestation. Many questions are involved, but the reviewer does not share the author's apparent conviction that the general practitioner is a proper person and the analytically uninformed medical profession a proper forum for problems difficult and uncrystallized even for the specialist. Since, moreover, no trained analyst has ever affirmed that these problems are solved and do not require further study, or that every psychopathic formation can be treated by the psychoanalytic method, Dr. Alexander's criticism cannot be directed against any real psychoanalyst and the author seems to be tilting against windmills. Dr. Alexander's purpose of gaining the confidence of the general profession is certainly in danger of being frustrated by such a statement as "If I have demonstrated no more than that in the psychoses the simple and uncritical use of a treatment designed for neuroses is inappropriate I have fulfilled my purpose." It would have been more fair in this connection to have indicated that this statement applies only to the incompetent and the improperly trained, and to have counterbalanced his statement with some account of reports of cases of schizophrenia and paranoia treated and cured by the classical analytic method (Nunberg, Landauer, Mack-Brunswick, Zilboorg, Feigenbaum, etc.).

In justice to Dr. Alexander, however, it should be added that in his strictures, too, he undoubtedly intended to serve his objective, for under the present circumstances unsuccessful attempts at analytic therapy of the psychoses may, in the minds of the prejudiced, reflect upon psychoanalysis itself. Nor should it be forgotten

that both the medical and the psychoanalytic professions owe the author a debt of gratitude for attempting to bridge the wholly artificial gap between them.

DORIAN FEIGENBAUM.

**ZEUGUNG, GEBURT UND TOD. EIN PSYCHOANALYTISCHER VERGLEICH.**

By Gustav Graber. Baden-Baden: Merlin-Verlag, 1930. 180 p.

**PSYCHOANALYSE UND HEILUNG EINES NACHTWANDELNDEN KNABEN.**

By Gustav Graber. Baden-Baden: Merlin-Verlag, 1931. 63 p.

The first little book is a compact and useful study of the psychological reaction of mankind to the phenomena of conception, birth and death. It uses as method the analysis of myths dealing with these themes, together with excerpts from the author's analyses of children, and shows that the anthropomorphic myths of cosmic creation, for instance, manifest a striking correspondence with infantile birth theories. This correspondence the author explains by Ferenczi's theory of coenogenesis—namely that mankind retains an unconscious memory of its phylogenetic history; a memory to which cosmic myths give expression and on which the individual child draws in his account to himself of how he was conceived and born and how he is to die.

The birth theories of myths Graber ranges into four categories: inorganic, vegetative, animal and human, each corresponding to an evolutionary phase of the earth and the life upon it. His child patients show an interesting sequence of theories during analysis, frequent and constant enough to represent, according to the author, evidence for the validity of the psychological recapitulation theory.

Death, mankind understands only in terms of a wish to return to the earliest condition of peace, to intrauterine existence. Thus all myths on this topic treat of the anthropomorphized earth as returning to a previous state—the land which emerged from the waters is sunk in a flood, and this regressive dénouement in the evolution of the world is paralleled by the child's desire for re-incorporation in the mother,—his intrauterine existence representing, according to Ferenczi, only a substitutive gratification for the water existence out of which all mankind evolved. These parallels between myths and analytic material give the study the value of a handbook for clinical usage.

The author arrives at a philosophical conclusion regarding man's reaction to death; namely, that by thinking of death only regressively and in terms of a wish fulfillment man has endowed it with the attributes of that wish and so has allowed it subtly to rival life and the satisfactions which can only be attained through reality strivings. In this analytic unmasking of the effects on life-values of such phantasies as immortality and a "better life to come" he performs a service, not new in analytic literature, to be sure, but having the merit of a renewed forcefulness due to its presentation in this setting.

In his second small study, *Psychoanalyse und Heilung eines nachtwandernden Knaben*, Graber reports the analysis of a ten year old boy whose presenting symptom was sleepwalking. The analysis which cured him of this symptom led back through most of the phases of his psychosexual development. The symptom itself represented a desire to return to his mother, to whose bedroom he always went in his somnambulistic journeys. The stages of his analysis are most briefly indicated by the chapter headings of the report: Sexual Enlightenment; Birth and Conception Theories; Hostile Brothers and the Castration Complex; Onanism, Castration and Œdipus Complex.

The two studies may be usefully read together. In this analytic protocol, fuller than in the first study, Graber gives the details of the birth and conception theories, the castration, punishment and death ideas of his child patient and furnishes a single detailed illustration of the concepts of the first volume.

SUSAN KUBIE.

MENTAL HEALERS: FRANZ ANTON MESMER, MARY BAKER EDDY, SIGMUND FREUD. By Stefan Zweig. Translated by Eden and Cedar Paul. New York: The Viking Press, Inc., 1932. 363 p.

This is a stimulating book about the problem of mental disease and healing by a man who has no medical or psychological training, but a wealth of carefully compiled information, a special direction of interest and great literary skill in presenting his material. He was led to this study, one feels, by his need to formulate his own faith.

The book is a thesis in support of the progress of human enlightenment, and in following it one develops a secondary interest

in the author's unexpressed, perhaps unconscious ideas around the theme.

To the author it seems inevitable that one should turn to the problem of sickness and healing in order to trace evidences of social progress. A state of health, of well-being, is pleasurable, presents no conflicts and does not stimulate desire for change. Pain, on the contrary, is capable of rousing man to sustained efforts to escape from it; efforts whose results comprise the development of medicine. Pain, first referred outward to some inimical force, a hostile god, led to the creation of religion and priests, whose function, by prayers, magic and practical advice was to mediate between man and this force. Later development split the unity of this procedure. The care of the mind or soul continued to be the priest's function; that of the body fell to the physician who sought in material causes the origin of pain.

Once this mind-body split had taken place, "disease was detached from the spiritual personality of man", medical science became "progressively mechanized", until today the modern specialist no longer can combine as did the family doctor, the ancient functions of priest and healer.

Zweig is puzzled by the consequences of this mind-body split. On the one hand, this "mechanized" research has contributed vastly to human knowledge. But knowledge is not therapy and therapy, on the contrary, has achieved some of its most astonishing results when the healer has reunited the mind-body conceptions into a whole. This unified conception seems to the author to link Mesmer, Mrs. Mary Baker Eddy and Freud, for "their ideas were all a reaction against the too great emphasis, on the part of contemporary medicine, on the physical and chemical aspects of disease and treatment and on the tendency to ignore the forces of mental healing."

In an age of fatuous rationalism, Mesmer, a sober and careful investigator, discovered the curative power of suggestion. He ascribed his cures to a magnetic fluid, exchangeable between human beings, originating perhaps in the stars, wholly mysterious and perplexing in its nature. The fundamental meaning of suggestion he never grasped. But "before Mesmer, no properly trained and accredited modern physician had understood and utilized with full awareness the healing power which a suggestive personality, its

proximity, words, persuasion, commands, can exert for curative purposes on the sick."

In 19th century America, its energies bent to the conquest of its physical environment, its confidence vested in its material achievements, Mary Baker Eddy created a religion which denied the reality of the entire physical universe, of disease, old age and death and thereby offered science fresh proofs of the power of suggestion.

Zweig seems for his thesis to depend on the points in common between these figures but the very skill with which he portrays them reveals dissimilarities more striking, it would seem, than their points of similarity; and one wonders whether in ignoring their contrasts, he does not betray the confusion in his own thought and lose because of it valuable points for his thesis.

True, Mesmer, Eddy and Freud all centered their attention on the phenomenon of suggestion and its curative power, but in how different a way and with what different results! Mesmer, confronted by a cure in which he, the patient and a magnet were the only three apparent factors, saw in it the confirmation of his doctor's thesis, that the planets exercise an influence on the human body, since magnets derived from planetary meteors; that they do so by means of a universal fluid, exchangeable between human beings, and called by him, animal magnetism. It is not a difficult task to distinguish between this hypothesis, with its mystical, cosmological flavor, and the careful observing and experimenting which he brought to his clinical labors. One is the product of his unconscious, a wish creation; the other is the disciplined thinking of science.

Mary Baker Eddy was an ignorant, ailing woman whose stubborn passivity was for years the sole measure of her lust for dominance. The curative power of suggestion, as she experienced it, sent her far from and not towards investigation of this phenomenon. She was too uneducated, too naively ignorant of any scientific approach to a problem. Instead revelation, the claim to a final and complete understanding of all things, to the possession of absolute truth, was the only way her personality could elaborate what she had experienced. Her subsequent history is a persistent exploitation of the phenomenon, but Zweig notes that she felt herself unable to heal and never herself attempted to be a practitioner, not even in her most poverty stricken days. Revelation fulfilled her wish for power,

a revelation which denied the body, and with it, denied both her bodily weakness and her erotic conflicts, however the two were inter-related. Her inclusion in this triad of mental healers as an example of faith seems the clearest evidence of the confusion in Zweig's mind about his thesis. He is perplexed by the spectacle of her life, her rise to enormous power and influence, her claims to super-human powers of healing and the contradiction of her own bodily ailments. He seems to think that such powerful results must have some proportionately powerful idea to effect them. But she had less an idea than a blurred rationalization of a driving unconscious wish. Her "faith" can hardly be said to have made a contribution to human enlightenment.

Freud too, made the phenomenon of suggestion his point of departure, when first he encountered it in the cure of an hysteric. But with what a difference. He studied the "mental healing" of an hysteric as a medico-psychological problem, tracing its factors to the psychological structure of the patient's personality. From there he proceeded to the discovery of the dynamic energies of the unconscious, to the sexual ætiology of the neurosis, to something of the structure and upbuilding of individuality and to a "technique whereby man could recognize the source of his own inner conflicts and so escape from their spell".

The point in common between these three people seems not so much their interest in suggestion and healing. It is rather in the rôle which unconscious wishes play in their work and formulations. Somewhere Zweig recognizes and characterizes such driving wishes as our longing "to excel ourselves—the maddest and yet the most necessary of our desires". Each of the three has this need to excel himself—to heal himself and others of feelings of inadequacy. But what a significant contrast there is in the way in which each found expression for this wish.

Mesmer searched for a fluid which shall bring man in touch with the remotest stars and so mystically increases his stature; and the conviction that he had found it led his labors into a blind alley.

Mary Baker Eddy denying the physical world, could deny her female body and make herself a deity and omnipotent.

With Freud, as with all creative scientists, the wish for mastery and control was forced to undergo continual transmutation of form and can only fulfill itself in hypotheses which can stand empirical

testing. This, one would say, is an example of true progress in Zweig's sense, but Zweig does not rate it as such. Instead at this point in the book he becomes involved in generalizations about faith, happiness, health and the creative impulse and the inadequacy of psychoanalysis in relation to them. He summarizes analysis in such phrases as "psychoanalysis must be supplemented by psycho-synthesis" . . . "the hunger of the soul for faith can find no nutriment in the harsh, the cold, the severe, the matter of fact sobriety of psychoanalysis." This has so strong a flavor of personal emotional reaction that its significance for Zweig must be as specific as its general validity is slight. It is evident that some blind spot makes him feel that analysis has a corrosive effect on creative effort. Behind emotional adjectives such as "cold", "harsh", "severe" analysis and "warm faith" is veiled some personal need, the nature of which is not clear either to Zweig or the reader. But when Zweig generalizes from this unanalyzed personal need to conclusions about all mankind in the last chapters of the book, his thesis about the direction in which human progress is proceeding becomes confused with unclear thinking about faith. The reader can find his way through the confusion only by returning to the clear facts of Freud's biography. Here one faces a puzzling contradiction. Zweig shows that the life of Freud, unlike Mary Baker Eddy's, is healthy, stable, disciplined and infused with an equally powerful creative drive and yet for some unknown reason he cannot call this dynamic synthesis a faith. To understand why not, and, if not, just what to him is a faith, would require an analysis of Zweig. One finishes the book feeling that the fruitful results of his study are clearer to the reader than to Zweig himself.

SUSAN KUBIE.

## Notes

To cite this article: (1932) Notes, The Psychoanalytic Quarterly, 1:1, 186-189, DOI: [10.1080/21674086.1932.11925140](https://doi.org/10.1080/21674086.1932.11925140)

To link to this article: <https://doi.org/10.1080/21674086.1932.11925140>



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## Notes

### THE NEW YORK PSYCHOANALYTIC SOCIETY REGULATIONS FOR THE TRAINING OF ANALYSTS

#### I. GENERAL PRINCIPLES:

1. Psychoanalytic training is entirely a function of the New York Psychoanalytic Society and its Institute and under no circumstances that of any individual.

2. The supervision of psychoanalytic training, the regulation thereof, and the adjudication of all educational problems connected therewith are delegated by the Society to its Educational Committee.

3. The Chairman of the Educational Committee is its executive officer. Reports to the committee shall be made through him and the findings of the Committee shall be communicated to the party or parties concerned by him, unless the Committee specifically directs otherwise. The mandatory reports hereinafter enumerated shall be submitted to the Committee in writing.

#### II. ADMISSION TO TRAINING: Physicians

1. *Personal Suitability:* It shall be the duty of the Educational Committee to determine the personal fitness of all applicants for training. Criteria shall be maturity of personality, integrity of character and psychological aptitude. Individuals suffering from severe neurosis or definite personality defects shall be excluded.

2. *Preliminary Scientific Training:* An M.D., degree, conferred by a medical school accredited to the A. M. A., and a general internship of at least one year in a hospital approved by the A. M. A., shall be the standard preliminary scientific training. In addition a year of post-graduate work in psychiatry in a mental hospital recognized by the A. M. A. shall be obligatory.

3. *Proof of Good Faith:* Before training is started, the applicant shall pledge himself in writing neither to conduct analyses prior to the completion of his training nor to represent himself as a practicing psychoanalyst without the permission of the Educational Committee.

#### III. ADMISSION TO TRAINING: Non-Medical

1. *Personal Suitability:* The same as for physicians. See above.

2. *Preliminary Scientific Training:* The standard of preliminary scientific training shall be a master's degree or its equivalent obtained at a recognized university in a subject related to psychoanalysis, such as: Anthropology, Biology, Criminology, Economics, History, Jurisprudence, Literature, Pedagogy, Psychology, Sociology, etc.

The preliminary training must include courses in biology, physiology and psychopathology and at least two years practical work with the mentally sick.

3. *Proof of Good Faith:* The same as for physicians. See above. In addition

the non-medical applicant shall pledge himself in writing to conduct no analysis without having the diagnosis and indications established by a medical analyst.

#### IV. PROCEDURE:

1. *General Considerations:* Psychoanalytic training comprehends: (a) The didactic analysis, (b) The control analysis, (c) Obligatory and elective lectures and seminars.

2. *The Didactic Analysis:* (a) It shall be the duty of members of this Society to notify the Chairman of the Educational Committee of all applicants for training *promptly*. The latter shall designate two members of the Committee to whom the applicant shall be instructed to report for personal interviews. These two members shall immediately file reports of their findings with the Committee. The findings shall then be submitted to the Committee for consideration. No applicant shall be accepted for training until his qualifications have been approved by the Committee.

(b) The instructional analyst shall be on the official list of approved training analysts, to be made up annually by the Educational Committee and shall have been an active member of a branch Society of the International Psychoanalytic Association for at least three years. The applicant is free to make his own choice of instructional analyst within the limits of the official list.

(c) Within three months of the beginning of a didactic analysis, the instructional analyst shall submit to the Educational Committee a preliminary report concerning the candidate. Should the question of advisability of continuation of training arise at this point or at any other during the course thereof, the decision shall rest with the Educational Committee.

3. *The Control Analysis:* (a) When in the opinion of the instructional analyst the candidate has progressed sufficiently to undertake a controlled analysis, the former shall notify the Educational Committee accordingly. The controlling analyst may be selected by the candidate from the official list of training analysts, except as provided in the following section.

(b) The same person shall not serve as instructional analyst and as controlling analyst for the same candidate.

(c) In the event that the control work of a candidate shows evidence of inadequate training, the controlling analyst shall report this fact to the Educational Committee and to the original instructional analyst. The case shall then be presented to the Committee for disposition.

(d) At the discretion of the instructional analyst or of the controlling analyst the candidate may attend meetings, take part in discussions and read papers before his final fitness is determined.

(e) The instructional analyst and the controlling analyst shall report all changes in the status of candidates (including the completion of their respective tasks) to the Educational Committee *promptly*.

4. The candidate in training is required to attend theoretical courses and case seminars at the discretion of his training analyst and the Committee.

5. *Final Fitness of Candidate:* The Educational Committee as a whole shall pass upon the final fitness of a candidate.

## THE NEW YORK PSYCHOANALYTIC INSTITUTE

Since its inception in 1911 the New York Psychoanalytic Society has consistently undertaken to acquaint the medical profession with the principles of psychoanalysis through the presentation of papers at the various general medical societies. The members of the Society have similarly participated in the programs of local and national neurological and psychiatric associations. The need, however, was long apparent for a psychoanalytic institute where formal instruction in psychoanalysis could be given both to persons intending to become psychoanalysts and the general medical profession and lay persons interested in associated fields. The Educational Committee of the New York Psychoanalytic Society had general charge of these functions.

In 1927 the Society established an Educational Trust Fund with the object of founding the needed institute. This fund grew slowly at first but in 1931 received two large gifts. It was then considered desirable to establish a new foundation called the American Psychoanalytic Foundation which was incorporated in New York State. This Foundation is independent of the New York Psychoanalytic Society but the interest on the capital is being used to support the projects of the New York Psychoanalytic Institute. The Directors of the American Psychoanalytic Foundation are: Dr. A. A. Brill, Chairman; Mr. Leo S. Bing, Mr. Sam Lewinsohn, Dr. S. E. Jelliffe, Dr. C. P. Oberndorf, Secretary, and Mr. Alfred L. Rose, Counsel.

The formation of the American Psychoanalytic Foundation made it possible to establish the New York Psychoanalytic Institute which began active operation in October 1931. It is located at 324 West 86 Street. The Institute is being developed along similar lines to the psychoanalytic institutes of Berlin, Vienna and London. In order that the Institute might benefit from the experience of the European institutions, Dr. Sándor Radó of the Berlin Psychoanalytic Institute was invited to come to America as Visiting Director. He has been actively engaged in this position since October 1931. The Institute is housed in a building well adapted for its purposes. At present the building is used only for lectures, didactic analyses, meetings of the Society and to house a budding library. It is hoped that in the future its activities will be expanded to include clinical work.

The activities of the Institute since October 1931 can be divided roughly into three classes: (1) Didactic analyses of candidates which are very largely conducted by Dr. Radó, although several members of the Educational Committee of the Institute are also conducting such analyses. Moreover, Dr. Radó is also conducting two series of seminars—one for elementary and the other for more advanced analysts. These are held once a week. He is also giving two courses of lectures designed for the same groups. In addition to this educational work, the seminars open to members of the Society and candidates in training were given by the following men: Drs. Feigenbaum, Kardiner, Lewin, Stern, Zilboorg (New York) and Nunberg (Philadelphia, by invitation). (2) For many years persons in professions on which psychoanalysis has thrown much light—namely, pedagogy, social work, criminology, law, theology, anthropology, etc.—have manifested an earnest desire to obtain psychoanalytic knowledge, especially as

referred to their specialities. Hitherto this instruction has been given to a large extent by individuals who are not very well qualified and under auspices which often have been purely mercenary. To counteract this undesirable practice the New York Psychoanalytic Institute this year has offered two introductory courses—one for physicians and the other for persons in the professions indicated above.

The Twelfth International Psychoanalytic Congress will be held this year at Wiesbaden, Germany, during the first week in September. President: Dr. Max Eitingon, Berlin-Dahlem, Altensteinstrasse 26, Germany.

Among the contributions scheduled for publication in the forthcoming numbers of the PSYCHOANALYTIC QUARTERLY are:

Sigm. Freud: *On the Sexuality of Woman*.

Paul Federn: *Ego-feeling in Dreams*.

Otto Fenichel: *Outline of Clinical Psychoanalysis* (continued).

J. C. Flügel: *Maurice Bedel's "Jerome": A Study of Contrasting Types*.

J. Hárnik: *Pleasure in Disguise, Need for Decoration, and Sense of Beauty*.

A. Kardiner: *Bio-analysis of the Epileptic Reaction*.

S. Radó: *The Method of Natural Science in the Light of Psychoanalysis*.

Theodor Reik: *The Cranes of Ibycus and the Flies of Mr. Breese*.

M. Reiner: *Causality and Psychoanalysis*.