The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

A Psychodynamic Study of the Recovery of Two Schizophrenic Cases

Thomas M. French & Jacob Kasanin

To cite this article: Thomas M. French & Jacob Kasanin (1941) A Psychodynamic Study of the Recovery of Two Schizophrenic Cases, The Psychoanalytic Quarterly, 10:1, 1-22, DOI: 10.1080/21674086.1941.11925446

To link to this article: https://doi.org/10.1080/21674086.1941.11925446

Published online: 11 Dec 2017.

A PSYCHODYNAMIC STUDY OF THE RECOVERY OF TWO SCHIZOPHRENIC CASES

BY THOMAS M. FRENCH (CHICAGO) AND
JACOB KASANIN (SAN FRANCISCO)

Every psychiatrist has had cases that seemed to be hopelessly involved in schizophrenic psychotic processes but which nevertheless, after some months or years, have set all his gloomy prognostications at naught, some even achieving on recovery a better social adjustment than had been possible before the illness. Sometimes these cases are dismissed as merely further evidence of the uncertainty of psychiatric diagnosis. Such cases, however, should challenge us to try to understand psychodynamically just what the process was by which the unexpected recovery took place or to answer if possible the paradoxical question of why it was necessary for these patients to develop a psychosis as a step in the process of achieving a better adaptation to life.

In this paper we wish to present two such cases who underwent no treatment other than the good physical care and sympathetic interest in the patient's communications which is offered in every good psychiatric hospital, but who nevertheless achieved unexpected recovery.

The points that we wish to illustrate are two: (1) that an acute psychosis may be a transitional episode in the process of emancipation from an old method of adjustment and 'learning' a new one, and (2) that during the acute psychosis the mechanism of recovery may be indicated in advance by the content of some of the delusions.

Our first patient is a young woman of twenty-four, a nurse, the youngest of eight children. The parents were Italians, originally Catholics who had been converted to the Protestant faith. The patient's father was somewhat of a rebel and left home early in life; he also left his church and became a converted Protestant. He graduated from a liberal university and

after coming to America he became a successful publisher. The patient's mother was an able, intelligent, intuitive person. Four years previously she had had a depression which lasted about a month. The brothers and sisters had achieved success in business and professional careers, although several of them were somewhat neurotic.

The parents were in their fifties when the patient was born. A delicate child, she was considered pretuberculous when at the ages of one and three she had swollen glands of the neck which suppurated and drained for several weeks; but with proper hygiene she developed into a healthy child.

She was occasionally bothered with night terrors and sometimes talked in her sleep, but seemed otherwise quite normal. She was a very pretty child, enjoyed being dressed up, was fussy about her clothes, and was quite spoiled and pampered by her family. As a little girl she was very fond of dolls and loved to dress them.

She had a great admiration for her brother Joe, four years older, who was always interested in what she did, although he sometimes resented her wishing to play boys' games lest she become a tomboy.

She was well adjusted in school, was quite a leader and loved to play and take care of little children. She was a hard worker, had an excellent scholastic record and graduated from high school at eighteen. After this she went into training as a nurse and subsequently specialized in public health. In 1928 she had charge of a hygiene department in a large settlement house.

The patient was brought up in a very rigid family discipline. Some of her siblings left home because their lives were minutely regulated by the parents. The patient was never allowed to go out with boys until she was twenty-two. Even then she had to be in by ten o'clock, and the mother interviewed every man she met. The patient was given a choice of a career or marriage. In as much as she was interested in a career, the parents insisted that she have nothing to do with men.

The patient was described as a charming, sweet girl, sociable, attractive, quite aggressive and somewhat snobbish. She chose

her friends very carefully. She was always extremely jealous of her brothers and sisters.

After a minor operation in 1922, there was a period in which the patient became more serious, less cheerful, and quite irritable. She began to demand a great deal of her family, was critical and scolded her mother for no special reason. In the winter of 1926 there was again a short period when the patient was extremely cross with her family, especially with her brother, Joe, of whom she was very fond. She seemed to be unhappy at home and extremely absent-minded, but gradually she seemed to pull out of it. A recurrence took place in the fall of 1927–1928.

In 1929 the patient felt so restricted at home that she decided to find a job in another city. She took charge of health work in a settlement house maintained by a sectarian organization. She found the people in the settlement house rigid, narrow and meddlesome. The patient's letters home showed that she was dissatisfied and unhappy. When she visited her sister in November 1929, the latter noticed that she was very quiet and unhappy.

In a later autobiographical account, however, the patient revealed that her unhappiness had a deeper cause. The difficulty had begun with an intimacy with her brother's friend, Tracy, who made urgent sexual advances to her. As she later confessed, she had refused intercourse with him only because she was menstruating, but had yielded to tongue kissing and probably to fellatio which was very disgusting to her. Then she developed cankers in her mouth, became disgusted by everything she ate, and was sure she had syphilis.

The patient went home for Christmas. She looked for a long time at her mother who met her at the station, as if she did not recognize her. She was confused, perplexed and could not make any decisions. She brought some ties for her brothers but could not decide whether they were good enough for the boys or not. She complained of fatigue, was depressed and spoke about being a failure. In spite of her family's objections the patient went back to work. However, she felt

herself to be a total failure and 'could not go back and teach those dear children again'. Her letters to her family were brief and difficult to follow.

On January 12, 1930, the patient telephoned to her sister and asked that someone come to see her. When her brother visited her, she complained that everybody was talking about her and making sarcastic remarks. She thought of committing suicide by jumping out of the window, finally going so far as to climb onto the window sill with this thought. Earlier in the evening she had taken a dose of milk of magnesia and a sedative which had been given her, but a funny taste remained in her mouth and she was sure that her associates had attempted to poison her.

On January 16, 1930, the family received a wire from the superintendent of the settlement house, stating that the patient had become unmanageable and had tried to jump out of a window. The family came to take her home and on the way home the patient made several attempts to kill herself. She said that the police had tried to flirt with her and that she had been shut in a room with a policeman so that she would be compromised. When they tried to give her a sedative she said they were giving her poison. She had a small sore on her mouth which she asserted was syphilitic. She called on God and announced that she was a sinner. She also mentioned the name of her brother's friend and said she had been intimate with him.

On January 17 she was brought to a hospital for observation. On admission the patient was quiet but uncoöperative. Within a few hours she became very restless, walked a good deal, hammered at the door, cried for help and said that very strange things were happening. At times she was agitated and depressed. She called the physician again and again and said that she would be saved through Christ. For the first two days she refused all food. On the fourth day she became very quiet and underactive. She suspected that the food was poisoned and refused to drink water from the fountain. She said that strange, mysterious things had happened to her. She

said that before she came to the hospital people bothered her and were against her. At the same time she was evasive and would not give any specific illustrations. She was hostile, she criticized the food and the hospital. She then lapsed into a stupor but any attempt to examine her physically elicited a violent response. Since the prognosis for quick recovery was thought to be poor, the patient was transferred to a State Hospital with the diagnosis, catatonic dementia præcox, stuporous state.

On admission to the State Hospital the patient was mute and untidy. She grimaced, gesticulated, and mumbled to herself unintelligibly. At times she was over-talkative. For a long time she wandered about the ward dirty, unresponsive, with a vacant, dull expression.

The following are excerpts from a later retrospective account of her illness.

> 'I went through what I thought was positive hell. I believed myself to have been dead many years. I thought I had been so wicked on earth that I was not allowed to live on it any more and that only the good people were allowed to enjoy its luxuries. It seemed like years and years instead of days and days. To be really dead was my only craving for I had no hope of ever enjoying the luxuries, if one might call them such, of my home again. If only I could have ended everything for myself. . . .
>
> 'One of the patients reminded me so of Tracy's mother that I felt it was she. I thought she was there to attend the trial. She would look in my room all the time and hated the sight of me with a profound hatred, while in reality she was quite fond of me. His father, who I imagined Dr. P. to be, hated me likewise and was so severe—so different from what he really was. One of the student doctors was Tracy. Tracy had a lot of sympathy for me now but no love. He was chagrined and would not recognize me in this condition. I was a horrible girl and he a successful surgeon. . . .
>
> 'Soon after, perhaps a week (it seemed years) of agony I found myself on a boat bound for Italy. I had been kidnapped and what not. I was relieved of my suffering to a

very small degree by being taken into another world. I must now suffer for my sinful life upon earth. Consequently I was being transformed into a snake. Hence the food, cornmeal mush with molasses (Indian pudding) and plenty of milk, for snakes thrive on milk. The very hairs of my head were each one changing separately into a snake. I myself was going to be a huge one. These thoughts sent shivers through me. It was horror again. No one can believe, no one can understand —for it was so real to me, so true to life. Anyone who looked at me long enough would take on a peculiar facial expression which I thought lasted; that was why people looked in and walked away and could not bear to see me. Why did I always hide? For fear someone who had known me would see me in this condition. I heard my friends' and relatives' voices. They all wanted me to return home. I could hear them pleading with me. . . .

'I was so dissatisfied with the life that I had led and the small amount of religion which I had possessed that I determined to become a Catholic. The Catholic religion seemed to me to have more back of it (really I did not know a great deal about it). They had to confess their sins to the priest while we kept everything hidden within ourselves and lived our lives as we chose. Attending church was optional. What sort of religion was this, the Congregational faith? Merely effective, nothing more. Consequently I became (I sincerely believed) a Catholic. I spoke to the attendants about it and they were unusually sympathetic. I waited for a priest to come but apparently I was in no condition to be seen. So they put me in packs and I returned to hell once more where I remained for how long I do not remember. . . .

'The next thing I remember was being tube fed. I looked up into the doctor's face and she reminded me so much of a dear friend of mine that I felt she was there to help me. I wanted to talk to her but as I believed myself to have been dead I couldn't bring myself to do so. I wanted her back more than anything else. . . .

'Finally I felt that I had just awakened to the fact that I had been missing from my family for some months and that they were looking everywhere for me. A war had taken place

on account of me, everything was wrong everywhere. My family must never find me. So I kept hiding. Consequently when my father came I did not want him near me. First because I had been dead. I was now Catholic and then too they were apt to look him up and molest him. I alone knew the extent of his goodness upon earth. He brought me ice cream. How absurd this seemed to me. To please him, however, I often ate it. . . .

'Was it possible that I was really L.A.B. at one time? How was I to know? There was no mirror around. I found scars on my legs which were there before and my hair seemed to be the same. The fact too that one or two people called me Lucia. These things alone seemed to prove my identity. . . .

'The hydro is like a morgue to me. I felt they were reviving people who were dead. . . .

'On my return from the hydro one particular day I was sitting in the sun parlor. The doctor that tube-fed me went by. When I smiled at her she responded by coming to talk to me. Because she said she would talk to me only if I wanted her to, I was willing to try. She asked me what I wanted most. I said "a chance to live again". When she said that I would have this opportunity, it seemed just the most remarkable thing imaginable. . . .'

In the spring of 1930 the patient showed more interest in her environment and began to be more communicative. 'When I first discovered that there were one or two people ready to be my friends, I immediately started to improve, but not until then.'

During this period she was continually working over the problem of her relations with Tracy, at times realistically.

'Another thing: Tracy always got awfully excited when he loved me. . . . He was one year younger than I was but he was old for his age. But I think he was in love with me. I think he likes me a lot but he has other girls. He never talked seriously of marriage. He told me I was the woman but I don't think he meant it. He did not know his own mind. He did many other things which were repulsive to

me. I knew other girls did it. I don't like to think that he has done to other girls what he did to me. . . .

'I always loved my brother, Joe, even if I got awfully mad at him sometimes. He didn't want me to do things with boys that he did with girls. He said a fellow can get away with it. A man doesn't want a girl that everyone had. The fact that I would do anything more than hold hands with a fellow was repulsive to Joe. I always knew that Joe and my family thought so highly of me that they could not think I went as far as I did. . . .

'The day you tube-fed me I would have been dead if you had not spoken to me. The others didn't. I knew I nearly died and I tried very hard to die. I think the idea of my favorite brother, Joe, kept me more alive than anything else, even more than my father and mother. . . .

'I thought when my case was read that I was at a trial. I thought the superintendent of the hospital was a judge and that the people could not get out of the hospital. They were being suffocated. The world had stopped. The minute any foreigner came around I thought I was in Italy. I thought I was in Italy when Francesca started raving at me in Italian.'

In the spring of 1930 the patient went home for a trial visit but she had to return to the hospital because she was very unstable, had severe temper tantrums and scolded her family. In the hospital the patient was extremely impulsive and several times attacked nurses and threw things at them. She continued to improve, however, and in the summer of 1930 she was discharged on parole. She was seen by the psychiatrist once or twice a week through the summer, fall and winter of 1930–1931. Throughout this period the patient was very anxious to come, never missed an appointment, was eager to talk about herself and constantly sought direction and guidance. She was like a small child who begged to be led.

During this period she met a young man who was her favorite brother's best friend. Gradually the two fell in love with each other. She would ask for detailed instructions to govern her conduct with this young man and when she was told

she might conduct herself in any way she thought best, she would inform us immediately that that was exactly what she had been doing. When she asked, for example, if it were advisible for her to have relations with the man to whom she was engaged, as both felt very passionate, she was told that since they felt that way and since she was sure to marry the man, there were no real objections. Then the patient stated that she had already done it. It seemed as if she wanted her behavior condoned rather than permitted.

The young man whom she subsequently married was an unstable, somewhat immature person who had been married previously to an inferior person who left him with a feeble-minded child. His family was also very erratic, although wealthy and prominent socially. The patient thus had to contend with a very difficult situation which she handled with unusual intelligence and skill. She gradually won over to her side the members of her husband's family, gave extraordinarily good care to the feeble-minded child, and for several years took care of it until the husband of his own accord suggested that the child be placed in an institution. Then the patient became pregnant and had a normal pregnancy and delivery. She and her husband had to weather many economic difficulties as the latter had a difficult time during the depression before he obtained a satisfactory position as an engineer. The patient, with whom we have kept in rather close touch, impresses one at present as a stable, mature, intelligent woman with a good deal of social poise, tact and judgment.

It will be noted that her psychosis followed the patient's first attempt at supporting herself away from home and was a reaction to a sexual experience which was at great variance with the moral traditions of the family. Significant also is the fact that even prior to the psychosis the patient was at least consciously and intellectually beginning to free herself from the overstrict standards of the mother. This is indicated by her insistence that she loved the man in spite of her disgust on account of the character of their sexual intimacies and also

by her frank admission that a normal sexual relationship would have occurred had she not been menstruating at the time.

Her psychotic reaction makes it plain, however, that emotionally she was not so fully emancipated as her conscious attitudes would suggest. The central motive of her psychosis is punishment and at the height of her psychosis she experiences an acute estrangement from this newer self that had attempted to act in disregard of the puritanical attitudes of the parental home. She is dead, she is not herself. She is being transformed into a snake, a symbol of the sexuality which her conscience so loathes. People walk away and cannot bear to see her. She must hide from her family.

But then, under cover of these delusions of punishment and loathing, comes a first hint of a new trend. She is being kidnapped and carried back to the Catholic country from which her parents had come. The significance of this is not immediately plain until she tells us soon afterward that she has become a Catholic and extols the confession as a better means of dealing with guilt than trying 'to keep everything hidden in ourselves and living our lives as we choose'.

In the light of the specific facts of the patient's family history we can now sense that this delusion of being taken back to Italy has a hitherto unexpected meaning. The parents were converted Catholics and had the puritanical zeal of converts. The patient senses this and wishes to turn away from a religion that puts such a great burden upon the conscience, back to a religion that allows confession and absolution. She wishes to return not only to the land but also to the first faith of her parents.

We may perhaps even suspect a new meaning in her delusion of being transformed into a snake. Snakes thrive on milk, she tells us. The snake is not only a symbol of her sexuality but also of her desire to be fed. We suspect that she desires not only physical but also spiritual food. She wishes for someone to teach her what to do with this problem of trying to reconcile her sexuality with the demands of conscience.

Thus in these little details of her delusions and then more plainly in her own account of her motives for wishing to become a Catholic, the patient has given us the clue to the secret of her recovery. From now on the need for someone to whom she may 'confess' her problems receives more and more overt expression and her recovery proceeds apace. During the same period a process of reality testing is setting in. She looks at the scars on her legs and wonders if she is really dead, if she may not be herself after all. After a time she brings herself to speak to her psychiatrist. She writes an account of her illness, upon which much of this history is based, and in this document is already beginning to turn over in her mind in a realistic way the problems presented by her sexual experience with Tracy. After returning home she continues to seek instruction from her psychiatrist. After a time she begins again to experiment with living according to the less rigid standards that correspond to her own intellectual convictions; but in this for a considerable period she still needs the moral support of her psychiatrist. Most significant and favorable for the stability of her recovery, however, is the fact that she seeks not so much permission in advance, as approval afterward for her steps towards emancipation.

It appears indeed that during the psychosis something happened in the patient's personality which eventuated in a healthier integration. Prior to her psychosis, under her mother's influence she had chosen a career instead of marriage. After her psychosis she married and adjusted successfully to a difficult marital situation. It looks as if her psychosis were an episode in the sexual experimentation, in this case considerably delayed, which normally occurs at puberty. After the psychosis is over she achieved a marital adjustment which would probably have been impossible before.

As one of us has pointed out in a previous paper,[1] the process of 'learning' to substitute a new mode of adjustment for an older one often involves a period of frustration and despair due to the fact that one has abandoned the earlier form of

[1] French, Thomas M.: *A Clinical Study of Learning in the Course of a Psychoanalytic Treatment.* This QUARTERLY, V, 1936, pp. 148–94.

gratification and has not yet found or become secure in the new one. 'Each step in learning involves the substitution of a new for an old method of obtaining gratification. The incentive to search for a new method of gratification must be derived from insight into the fact that the old method is no longer adequate. However, the realization that an old method of gratification is unsatisfactory does not lead to the immediate acquisition of a new one. It merely initiates a period of experimentation. The first experiments are apt not to be successful; consequently, the experimentation tends to be punctuated by periods of frustration and despair, for the experimenter has now lost his old method of gratification and has as yet found no new one to take its place.'

As we have just seen, this patient's psychosis can best be understood in terms of just such a learning process. The patient was the youngest of eight children, the 'baby' of the family, much spoiled and pampered. It was not easy for her to give up this position; but the rigid puritanical standards of her family made it even more than usually difficult for her to achieve any sort of frank and sensible attitude towards her sexual impulses without sacrificing her position in the family. Nevertheless, just prior to her psychosis she made her first steps towards her emancipation. She left home and accepted willingly for the first time the sexual advances of a man. Her psychosis broke out when she first fully sensed that this sort of sexual freedom must necessarily estrange her from her family and deprive her of her position as the favorite and youngest child. In her psychosis we can distinguish two main dynamic trends in relation to this 'learning' process. The patient first experienced the acute frustration, rage and guilt which arose from the realization of complete estrangement from her family and their standards; then gradually, step by step, there emerged the urge to continue the learning process, to renew her experiment this time with the moral support of the psychiatrist, to try again to live no longer according to standards imposed by the parents, but now according to her own intellectual convictions.

In the following case the solving of a problem is the central theme of the patient's psychosis.

The patient was a nineteen year old boy, a student, the fourth of seven children. The paternal grandmother and paternal aunt were patients in mental hospitals. The father was a quiet, intelligent, successful business man, the mother a very pleasant, motherly person, extremely fond of the boy. The family atmosphere was reported to be unusually warm and harmonious. The patient is said to have been very happy at home. There was an ordinary amount of teasing by his older brothers. The patient's physical development had been normal except for a high degree of myopia which necessitated his wearing glasses.

He was a very serious, earnest, overconscientious youngster who was regarded as an 'odd stick' within the family and was teased in school and at home because he had no interest in games but was much more interested in his studies at school. He graduated from high school at the head of his class. He played the flute in the orchestra and was an enthusiastic collector of stamps, arrowheads and coins. He was very fond of going to the woods and identifying birds; he occasionally stuffed birds. He was an active correspondent with people in foreign lands, worked on a boy's magazine and in search of stamps carried on an extensive correspondence with people all over the world. He was a sensitive, shy boy and always felt alone in a crowd. He had few friends and did not care to mix with people. He felt that there was a good deal of stupidity around him. He was very self-conscious and worried over the fact that he might make a fool of himself. On the other hand he was very stubborn and expected everybody to accept his ideas. When his ideas were made fun of he would withdraw into himself and shut up like a clam.

The patient disliked church and organized religion, but liked to pray by himself and was very much interested in the mystical and the occult. He was disgusted with the perfunctory way in which grace was said at camp. Some time before

his illness he started a very extensive correspondence with a woman in Cyprus who wrote religious letters to him.

At the age of five there had been a good deal of mutual exhibitionism with other little boys and girls. He suffered from enuresis until the age of eleven and was punished for it. When he was about thirteen he was initiated into masturbation at a summer camp and worried a good deal in the succeeding years because he could not break himself of the habit. With one boy whom he knew for several years at summer camp, he went through as many varieties of sexual relations as they could think of. Until after his recovery from the psychosis there had never been any attempts at heterosexual intercourse.

After graduating from high school at the age of eighteen the patient entered college in the fall of 1923. The year was an arduous one. He had to commute a long distance and the course was difficult. There is some indication that his worries about masturbation increased at this time, for in January he began to keep a record of it and succeeded in reducing its frequency.

Toward the end of June he was quite upset, and one night he had a crying spell in his room. He said he was feeling discouraged and tired. In July he went to summer camp, apparently was fairly contented there, but on returning home for a few days he complained of difficulty with one of the boys at camp and talked very loudly and insistently and acted queerly. On July 29, two days after his return to camp, he stayed out all night in a canoe on the lake. He had read in some magazine that glasses were useless, so he threw them in the lake. As he was very nearsighted he was then unable to find his way; he also lost a paddle and had to wait until the canoe drifted to shore. He was sent home the next day with a counsellor. In the evening he kept drawing diagrams which he said contained the geometrical proof of a new great religion. He forecasted a great change to come at 11:20 P.M., and said that God's time was coming. He read the Bible and said he heard hymns being sung. When the time came and

nothing happened, he accepted the situation and went to his room. He spent a good deal of time with a piece of quartz glass in which he saw an angel and a picture of the woman to whom he was writing in Cyprus. The next morning he took this piece of quartz glass and began to gaze at it again. He saw a girl, a mountain, and a landscape. He spoke of the girl with great joy. In the afternoon he became very restless and accused his father of poisoning his food.

He was sent to a hospital for observation. He was extremely distressed at being brought to the hospital, cried, screamed, and demanded his clothes and his release. He refused to eat some of the food because he said it had been poisoned and had drugs in it. He was very excited but alert, and commented on the various objects he saw. He maintained that he saw in a piece of quartz glass various objects he had not seen for years. He frequently called out a girl's name and conducted conversations with her.

Physical examination showed considerable undernourishment. The urine showed a faint trace of albumin, a few white cells, and occasional granular casts. The white blood cell count was 25,000. There was no fever or other significant finding. Within two weeks both urine and white blood count had become normal.

For several months the patient was very overactive, excited, restless and rebellious, but perfectly willing to talk about his illness. He clung tenaciously to his thoughts, and for months called out 'Lucy', the name of the girl in Cyprus, with whom he conducted long conversations. He believed that she was in the hospital and perhaps on the same ward.

Reviewing his problems with his physician he brought up the fact that from the beginning he recognized that he was different from other boys and never felt at home in a crowd. At an early age he became interested in the Bible, its symbolism, and its conception of good and evil. This interest persisted through his college work where he became fascinated with formulæ: chemical, philosophic, religious and ethical. In the spring of 1924 he became interested in a memory

system and became fired with the idea of finding a fundamental formula that would fit all spheres of life. He developed a very intricate, philosophical religious system which occupied all his attention and which was going to solve his problem of masturbation, his secret love affair, and his troubles at the camp. A few days before he came to the hospital he evolved a formula which, in his own opinion, relieved the tension in his mind, and more or less gave him the key to the universe which he was seeking. This was the idea that in the sexual union, man and woman came together and formed a perfect unity (the third element) thus reproducing the same formulation that he had found valid in all other spheres. This seemed the achievement of his goal and the solution of his problem. It is at this time that he became extremely detached from the rest of the world and began to receive telepathic communications from his sweetheart, a girl whom he had seen only once but with whom he corresponded extensively. The patient used a piece of quartz glass as a medium through which he might see explanations of things because it was the 'purest' substance known, and he felt that by the use of it he might be more able to achieve or at least glimpse perfection. It was while peering into this that he saw *five* pictures including an angel, the woman from Cyprus and others.

In the middle of November the patient became quieter and said that he no longer heard voices. He began to go home week-ends in December and was discharged on January 11, 1925. He reëntered college, taking up a technical course and graduated with honors. He finally obtained a position as a research worker in a large industry and became a very successful executive.

When seen in November 1931, he reported that his life had been quite uneventful since leaving the hospital. He had had several positions doing research work, his last position being very uninteresting but very secure.

With regard to his social relations, he stated that he had gradually become able to meet more people, that he had had

several close friendships with girls with one of whom he had also had a sexual relationship. When last seen he was going with a girl whom he expected to marry soon.

Analyzing his illness, the patient said he could not reduce it to any one single factor. There were many things responsible for the breakdown, but at any rate it was a very valuable experience because it gave him a good insight into life. The overintellectualization of his adolescent years had been very harmful. He lived too much in thoughts, dreams and fantasy, without a real grasp or understanding of life. His recovery was largely influenced by the personal interest which his physician took in him.

With regard to the hallucinatory experiences, the patient states that they were the voices of various people, especially the girl he loved, which he heard in the noises of the street. He agreed with the psychiatrist that it was something like a tune which one hears in the noise of a moving train.

In this case we see a boy who from the beginning is impelled to concentrate the energy of his emotional conflicts in his intellectual functions. He is shy and feels alone in a crowd, does not get along well with other children but graduates from high school at the head of his class. He is worried about masturbation and tries to solve his problem alone by reading the Bible. Moreover his actual sexual attempts are of a distinctly investigatory nature. He tries many methods—a sort of research into the possibilities.

Due to the patient's extreme intellectualization of his conflict, it is difficult to get a complete picture of what is troubling him. In any case it is plain that he does not know what to do with his sexual impulses. He has been engaging in some sexual experimentation with another boy and now he is becoming increasingly worried about masturbation. Apparently his heterosexual impulses are still more disturbing to him for he chooses a girl at a distance, and in his psychosis dwells upon the purity of the medium through which he looks at her. One of the early acts of his psychosis—throwing away

his glasses and losing his paddle while canoeing—seems to be a symbolic castration.

Thus it is plain that the patient wishes to get rid of his sexuality. His intellectual activity is a partly successful attempt at sublimation, a substitute for and a defense against the emergence of impure sexual impulses.

But this is not the only significance of his compulsive intellectual activity. Still more important is the attempt at intellectual mastery of his emotional conflicts. As the patient himself tells us, he is seeking for a formula to solve not only the problems of the universe but also the problem of masturbation and his secret love affair. The mechanism is one described by Anna Freud [2] as characteristic of puberty—a displaced attempt to obtain intellectual mastery of one's own emotional conflicts by struggling to solve abstract philosophical problems.

In his psychosis he continues his attempts to master his emotional problems intellectually. The problem is to reconcile his sexual needs with the requirements of his conscience; but the conflict is too acute. The sexual urges are too intense to be quieted; the demands of conscience have become intensified as evidenced by his keeping a record of his masturbation and reducing its frequency. This results in that intense ambivalence towards seeing and knowing which is typical of the infantile sexual investigations. An irresistible fascination impels the child to look, but fear and horror impel him equally to turn away his eyes. Just so in our patient's psychosis, he throws away his glasses, he prefers not to see; but without eyes, he cannot find his way, his problem is insoluble. Symbolically he abandons the attempt to solve his own practical emotional problem, to 'paddle his own canoe'.

It would obviously be a mistake to conclude, however, that the urge to find a solution for his emotional problem has been quieted. On the contrary it forms the central motive power

[2] Freud, Anna: *The Ego and the Mechanisms of Defense.* London: The Hogarth Press, 1937.

for the patient's psychosis. The patient has indeed turned his eyes away from his own practical emotional problem, the problem of what to do with his sexual impulses; but the need to see, to solve a problem, is still intense. It has only been displaced into the realm of abstract thought. Instead of seeking a practical solution for his own emotional problem he seeks now an intellectual formula that will not only solve his problem of masturbation and his secret love affair, but will give him a key to the universe as well.

Thus in this psychosis, as in the previous one, we can see a struggle between two main dynamic trends in relation to a 'learning' process. His irritation with the boy in camp, his delusions of being poisoned, his demanding, rebellious behavior in the hospital and most significant of all, throwing away his glasses and losing the paddle of his canoe, are evidences of the acute frustration to be expected whenever an older method of gratification proves inadequate, and one which will endure until a new instinctual outlet can be found to replace it. Even more conspicuous in this case on the other hand, is the constructive impulse to solve the problem, an impulse whose significance is apt to be lost to us because it is partly displaced. The patient is trying to find in an intellectual formula a key to the problems of the universe instead of proceeding directly to the task of trying to find a way to reconcile his own conflicting impulses. Finally he does find an intellectual formula that satisfies him. The 'perfect unity' resulting from the sexual union between man and woman seems to him to be both the key to the universe and the solution for his own problem. His practical problem, however, is not yet solved and he continues restless and intellectually overactive for a period of some months.

Unfortunately we do not have the details of the process by which he returned to a more normal adjustment, but six or eight years later we learn that he has made a suitable adjustment in his work and apparently also in his sexual life. In his psychosis he had found relief in the thought that perfect unity resulting from the sexual union between man and

woman was the key to the universe. It sounds as though this were a premonition of his later practical solution of his sexual problem in normal heterosexual relations.

It would seem therefore that this man's psychosis was again merely an episode in the task that confronts every boy at puberty, that of tearing himself away from the dependence of childhood and finding the solution for his sexual needs in a normal heterosexual relationship.

The point that distinguishes this patient's method of finding a solution from that of many other patients is the fact that this patient had to first solve his problem in the abstract before he was able to solve it concretely in his own case. This, however, is a mechanism for solving problems in everyday life and we as scientists should be least of all surprised by it as it is indeed the very mechanism that gives rise to science itself. It is often easier to solve a practical problem in two steps. In the first we attempt to solve our problem in general terms without too specific reference to the way in which we are practically and emotionally involved in it. It is this step that gives rise to scientific thought as well as to the less fruitful philosophical attempts to solve the problems of the universe. Once a general solution has been found, however, the next step must be to apply it concretely to the original practical problem. When a patient becomes lost, as this one did for a time, in philosophical speculations, there is of course always the danger that he will not be able to find his way back to the practical solution of his own problem. This is why we are apt to look upon excessive intellectual speculation of the sort shown by this patient as a sign of hopeless psychotic involvement. In this case, however, the patient did find his way back, and his practical solution was in fact the very one indicated by his intellectual formula.

Upon the basis of our review of these two cases, we feel justified in formulating a few conclusions which are indeed not really new, but only old insights placed in a slightly different light.

(1) In attempting to estimate the probable outcome of a psychosis it is helpful to try to reconstruct the problem in adaptation which the psychosis is attempting to solve and then to estimate the possibilities for a successful solution in view of the actual life situation of the patient. Such an estimate is probably more important than the form of the psychosis as an index of prognosis.

The two patients described for example were involved in a problem of adaptation that is normal for puberty—that of tearing oneself away from the dependence of childhood and finding the solution for sexual needs in a normal heterosexual relationship. This is accomplished by a process of ' learning '.
(2) In relation to this process of adaptation or learning, it is possible and helpful to distinguish between two main dynamic trends:

(a) reactions to the acute frustration which results from the fact that an old method of gratification must be abandoned and that a new one has not yet been found;
(b) the constructive impulse to solve the problem of reconciling conflicting needs.

(3) It is easy to be too impressed with the destructive phenomena which are indeed apt to force themselves upon the attention of the psychiatrist because they are much more disturbing. In estimating these destructive tendencies it is important therefore to attempt to determine whether they represent the reaction to an acute but temporary frustration which will discharge itself, or whether they are giving rise to a vicious circle which leads to more and more frustration and thus makes recovery impossible.
(4) The constructive urge to find a solution is very apt to be overlooked because it is hidden behind the more conspicuous and disturbing destructive phemomena and may indeed find its expression in symbolism which seems at first to have a highly regressive character. Our first patient's delusion of being transformed into a snake that 'thrives on milk' is an excellent example of just such a bizarre and disguised expres-

sion of what is really the patient's first constructive impulse toward recovery.

All this may be summed up in the two propositions with which we started: (1) that an acute psychosis may be a transitional episode in the process of emancipation from an old method of adjustment and 'learning' a new one, and (2) that the mechanism of recovery from such a psychosis may be indicated in advance during the acute psychosis by the content of some of the delusions.

The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

The Repetitive Core of Neurosis

Lawrence S. Kubie

To cite this article: Lawrence S. Kubie (1941) The Repetitive Core of Neurosis, The Psychoanalytic Quarterly, 10:1, 23-43, DOI: 10.1080/21674086.1941.11925447

To link to this article: https://doi.org/10.1080/21674086.1941.11925447

THE REPETITIVE CORE OF NEUROSIS

BY LAWRENCE S. KUBIE (NEW YORK)

In science it often happens that various workers converge from different angles upon the same simple truth. The argument which I will present in this paper is a case in point because in recent years, psychiatrists, neurologists, endocrinologists, neurosurgeons, and psychoanalysts have all been groping towards a realization of the fact that the nuclear problem in the neurosis is the repetitiveness of its phenomena, and that the protean manifestations of this central neurotic process are relatively of secondary importance. Without precise formulation, this conviction has become the determining bias of most recent research in the field. The experimental use of the conditioned reflex, the chemical investigations of the physiologist, the search for endocrinological variants, the experimental scrutiny of hypothalamic influences on emotional and vegetative processes, and even the therapeutic experiments of the surgeon, all have sought to uncover a single general cause, a major *sine qua non,* of the neurotic state. Similarly, the psychoanalyst has looked for a unifying dynamic psychological principle, a basic pattern of unconscious psychic stress. For some reason, however, the analyst often is criticized by his nonanalytical colleagues for ascribing importance to these constants. This is strange, since a similar purpose infuses the researches of his critics. No one objects to the idea that one law of gravitation is the ultimate explanation of every fall, no matter how varied the special circumstances. Our purpose in this discussion is to seek a clearer formulation of a goal towards which so many different workers are striving.

The argument presented here was foreshadowed in my recent paper on A Critical Analysis of the Concept of a Repetition Compulsion *(8)*. In that paper, objections were raised to Freud's concept of a specific repetition compulsion. It was

From the Department of Neuropsychiatry, Mount Sinai Hospital, New York City, and the Department of Neurology, College of Physicians and Surgeons, Columbia University, New York City.

pointed out that *repetitiveness* is the essence not only of all neurotic manifestations but also of all instinctual activity of any kind; and that in so far as instinctual biological forces are the source of all psychological processes, these psychological processes must bear the imprint of instinctual repetitions and must themselves be repetitive even normally. Recently, Dr. Ives Hendrick of Boston read before the New York Psychoanalytic Society a still unpublished paper, Instinct and the Ego During Infancy. In this, he stated that the physiological maturation of the sensorimotor and intellectual apparatus involves a repetitiveness which is 'a quality which characterizes life, and indeed all biological phenomena, and is implicit in the psychoanalytic concept of instincts as the source of recurrent tension and its gratification as tension release'. Hendrick referred to a similar study, also unpublished, by Dr. John Abbott of Boston.

Our argument can be reduced to a few simple statements: (1) All psychological phenomena are, and must be by their very nature, repetitive. (2) All neurotic phenomena are a distortion of this normal and inevitable repetitiveness of all psychology. (3) Therefore all neuroses, no matter what specific symptoms they may present, on careful dissection are found to be obligatory repetitions in which the distorted repetitive mechanism has for special reasons singled out now one and now another manifestation for repetitive emphasis. (4) The so called obsessional or compulsion neurosis and the perversions as well, are merely special cases of this neurotic distortion of normal repetitiveness. (5) Therefore we may have to revise our analytical conceptions of the dynamic mechanisms which are specific for obsessional symptomatology and for the obsessional character since these become merely special examples of a more general process.[1]

[1] For instance, just as a *phobic state* and an *infatuation* may be manifestations of the same process, operating at opposite poles, so the obsessional character and the hysterical character are both manifestations of an obligatory and repetitive mechanism focused on opposite aspects of the same conflicts. The feature of the obsessional-compulsive state which demarcates it from other neuroses is not the obligatory repetition but the conscious awareness of the repetitive drive.

Physiological Basis

Underlying the repetitiveness of all normal thought and behavior is the organization of the central nervous system, in which the only wholly nonrepetitive function is a simple reflex arc whose stimulus is fully and adequately discharged through a single unconditional response. However, the passive stretching of antagonistic muscles sends volleys of afferent impulses which, even when they are inadequate to produce a new external response, set up waves of internal excitation. Therefore, where any part of an initial stimulus is left undischarged, or where the response itself initiates a stimuli, we have a physiological mechanism for continuing and sustained responses. These may move in closed or open circuits *(6)*, as has been subject to careful investigation through the electroencephalogram. This offers a neutral basis for continuing responses; and wherever the form of this continuing response is predetermined by previous experience, we have the basis for a restricted repetitiveness in human behavior.

Normal Repetitiveness in Psychic Life

Normal repetitiveness is an evolving process which can be followed from an early age. It is doubtful that it is manifested before birth. After birth, repetitions are first seen only in the simpler automatic functions, such as breathing, sucking, urinating, and defæcating. Later they appear in those more complex coördinations between vegetative and somatic muscular activity which are learned slowly. However the difference between the simpler automatic functions and the later functions is one of degree only. The learning process always depends upon repetitions; and recent investigations by Gesell and others *(5)* indicate that all postnatal activities of the child show a learning curve. This is true even of breathing and sucking; although the learning curve is rapid and relatively constant for the simple automatic, vegetative functions, and becomes progressively more gradual and more varied in the functions which involve somatic musculature.

Furthermore, even after a new function has been learned,

repetition must continue. Sucking is achieved not by one great swallow, but by repeated small swallows. One breathes not once, but incessantly. To walk means not to take one step, but many. To quote from the article referred to above *(8)*, 'There is no instinct in the life of man which manifests itself only once and then forever disappears. . . . The animal that would never try more than once soon would die. Repetition of effort, therefore, is inherent in living; and we must take this for granted in all libidinal activities.'

Repetition of effort begins in an infant before it becomes possible for it to envisage the goal of its acts. Even when it cries and struggles in a state of physiological hunger, we would not be justified in saying that it experiences hunger if by those words we mean anything comparable to an adult's psychological experience of an instinct with a conscious goal. All that we can accurately say of the infant is that it struggles because it is in a state of diffuse tension and that if as a result of its random cries and activities its tension is relieved (i.e., if it is fed, or its excretory functions operate with a mass automatic discharge, or some painful stimulus is removed) then its random efforts cease.

Such random explosive efforts, by repetition gradually find more economical forms, until finally they are directed specifically towards appropriate goals. In short, through repetitions and rewards, the infant acquires rudimentary skills. These skills are of two orders: first, skills in satisfying those needs which the infant can take care of for itself; second, skills in the rudimentary language by which the infant learns to summon aid and to indicate its needs. The acquisition of these skills depends upon endless but flexible and normal repetitions.

At this point a critical new phase occurs in the evolution of the repetitive process. The infant begins to use each new skill for secondary purposes of increasing complexity. Its initial value had been simply to secure relief from a state of instinctual tension. Gradually, however, more subtle uses become increasingly important. For example, the exercise of the skill becomes an expression of delight and triumph at its mastery.

The child who has recently learned to walk does not use its walking merely in order to reach an object that it wants. It is obvious that the child crows as it walks from pure delight in the fact that it can walk. It is not always equally evident that a similar delight in the exercise of functions develops as the child learns to master the simpler vegetative processes of eating and of excreting; or that the newly learned act becomes an instrument of power. The child who has learned to toss its toy out of its carriage has also learned that it brings its mother or the invisible adult behind it into its field of vision. Thus it commands their presence. It is small wonder that the infant persists even in the face of punishment. In the same way every new skill becomes a language weighted with a steady accretion of secondary and largely unconscious meanings.

Perhaps the most important secondary meaning expressed in the repetition of acquired skills, is their use as a wordless appeal for love, praise, or help, and as an expression of unformulated yearnings and wishes. These uses acquire a preëminence in emotional development, precisely because they most often encounter frustration. As a result of such frustration, an act which had originally been used directly for pleasure, then successively as an appeal for praise and love, to express triumph, to exercise mastery—ultimately may be used as an expression of defiance and rage which in turn links it finally but inevitably to terror and depression.

This whole story can be traced in so simple a matter as the evolution of the human infant's ability to make noises in its throat. At first it does not *use* this at all. Rather it produces sounds by accident, in random, involuntary explosions under the pressure of states of instinctual tension. Then it learns to turn this on and off at will, so that for the first time one can say accurately that the child uses it. It *uses* sounds for appeals, to crow with delight, to command and to threaten, and in explosions of outraged feelings. Such feelings begin in rage but end in terror, as unresolvable tensions drive it regressively and uncontrollably back to its starting point. In an infant's microcosm, we see how within a few minutes one and the same act

may be used by the child to express the whole range of human feelings—a single act acquiring the full charge of several conflicting meanings.

This is the picture of events in the normal life of a normal child. It is not justifiable to call any of it neurotic, not even the ultimate regressive tantrum or the consequent terror. Certainly the child's demands are not themselves neurotic, even when as adults we know that they cannot possibly be fulfilled; nor are its emotional reactions in any sense neurotic, nor its anger at frustration, nor its fear of punishment, nor the feelings of guilt. Rather would it be neurotic, if not defective, for any hypothetical infant to lack such feelings. At what point then, may we characterize this whole process as having become in a recognizable and enduring sense neurotic?

The answer is so obvious that I almost hesitate to give it: clearly, it is when repetition of any one of these acts becomes something which the individual cannot stop of his own accord, from which he cannot be distracted by substituted gratifications, and from which he cannot be dissuaded by rewards or punishments. At this point, the flexible repetitiveness which is an inescapable part of the life of the normally developing child becomes its first rigid and inflexible neurosis. It becomes our task, therefore, to explain how and when this primary neurotic shift occurs.

Possible Role of Organic Forces

First we must ask whether there is any evidence that organic constitutional forces may play any rôle in this ominous shift. Do infants and young children vary in their predilection towards this change? This is a point of great importance in psychiatry, but for answering it only fragmentary bits of evidence exist.

Recently Brickner *(1) (2)* reported that during operation under local anesthesia, electrical stimulation of a certain area in the human brain can cause perseveration in speech. Some clinical observations by Freeman and Watts *(4)* on patients sub-

jected to lobotomy yield comparable evidence.[2] Experimental work on monkeys which has been done in New Haven has shown that stimulation or ablation of certain cortical zones in monkeys may lead to perseverating acts. Similar observations have been made on human beings after head trauma, with brain tumors, with chronic encephalitis, and with epilepsy. All of these indubitable facts indicate that the brain is so organized as to offer a physiological substratum for automatic repetitiveness both of fragments of behavior and of more complex patterns of behavior. However, just because there is an organic mechanism for simple and complex perseveration does not mean that all repetitions are organic perseverations any more than all hysterical tremors are manifestations of an organic clonus. The reflex arc which subserves the knee jerk plays a rôle in walking and in all other uses of the legs; but psychogenic forces can cause hysterical ataxias nonetheless.

Nor have we as yet any evidence for congenital differences in the organization of the brain (such for instance, as differences in relative hemispheral dominance) which might conceivably make one individual more prone than another to repetitive manifestations. This, too, would be a problem well worth studying in relation to handedness, eyedness, footedness, and the acquisition of language habits in early infancy. For the present however, we must merely accept the evidence that the brain possesses a mechanism which can subserve this function of repetition, without knowing whether or not congenital or pathological variations in this mechanism determine in any degree the incidence either in early years or in adult life of irresistible and obligatory neurotic repetitiveness.

In the absence then, of any final organic information we must consider whether it is possible to explain how normal repeti-

[2] Freeman and Watts *(4a)* have reported that after frontal lobotomies, severe compulsive activities may disappear, leaving behind a trail of obsessional ideation which seems to fade out more slowly. It is clear that this phenomenon must be closely related to the problem under discussion here, as well as to other aspects of the relationship between action and fantasy. In the present state of our knowledge it would be premature to speculate about this relationship.

tiveness can become abnormally irresistible through the influence of psychological forces alone, that is, through the experiences of the infant and child.

The Pathological Distortion of Normal Repetitiveness

Except for the period in infancy during which a new fragment of behavior is being learned, and then during that brief subsequent period during which its acquisition is being celebrated by repetitive display of the new accomplishment, it is impossible to think of persistent repetition without some measure of persistent struggle. A gratified demand slumbers until the recurrent tides of the body's physiological needs recreate the demand anew. Therefore, one is justified in saying that the manifestations even of *normal* repetitiveness arise from the recurrence of ungratified demands; in other words, when an instinctual demand encounters delay or ultimate frustration.

To such an experience the child's inevitable reaction must at first be to try again, to restate its tension and need by whatever method of expression it has learned to use. If repeated statements of the need by word or act meet with no success, slight modifications will gradually be introduced. With failure still persisting, the final unchecked outcome will be either a diffuse inhibition leading to sleep, or a tantrum. But this still is not a neurosis. This is the rudimentary preneurotic affective disturbance which can also be produced experimentally in animals by the use of the conditioned reflex.[3] In a child, however, such tantrums are not allowed to go unchecked, no matter how justified they seem to the protesting child. They are met with punishments, or at the least with displeasure and counterthreats, so that ultimately this way of expressing frustration is no longer freely available to the child. When the adult is gentle, the protesting energy is obstructed by a guilty fear of losing the adult's loving tenderness; when the adult reacts with violent displeasure and severe punishments, by an

[3] It is important to understand as I stated in a recent article (7), and contrary to what is claimed, that the so called 'experimental neurosis' is not a true neurosis in the human sense, but this preneurotic affect repetition.

angrier fear of retaliation. In this way there are laid down deep-seated feelings of guilt, fears of retaliation, and hatred, and in turn, additional guilt and fear from the hatred itself. What can be the fate of the unsatisfied need which had originally been expressed in a simple repetitive fashion, but which now is blocked? *Clearly a state of internal conflict has been created which can no longer be discharged adequately* in any way. From this point, nothing can occur except the repetition of substitutive ways of asking for the same thing, ways which with the help of repression become sufficiently disguised to discharge in some measure the pent up yearnings and tensions of the child, without at the same time incurring too much overt displeasure from the adult. The repetition of one act thus becomes to the child the only safe and permissible expression of several things at once: original yearning; anger at its frustration; guilt both for the yearning and the rage; fear both of retaliation and of its own deep resentments. It becomes the *only possible compromise expression of all that the child feels,* and because it draws its energies from every available source, because it expresses *every* conflicting tension, it becomes irresistible to the child and uncontrollable by its parents and educators. And when a repetition thus becomes irresistible, it becomes a neurosis.

A simple example may clarify this point. For hours on end, with every sign of pleasure, and under the impulsion of some inarticulate need, a child places a ball in a box and takes it out again, showing delight in its skill, appealing for applause, defying authority which seeks to divert it to its nap. Under increasing stress, however, the child may develop a compromise act which neither puts the ball in nor takes it out, neither continuing the act fully nor wholly relinquishing it. It may, for instance, keep both objects clutched in its hands under a pillow, or under its body until it falls asleep painfully and uncomfortably on top of them. Such a compromise is a rudimentary example of the dilemmas and of the compromises which gives rise to irresistible repetitions.

Multiple Pairs of Opposites

Among adults one finds that every neurotic symptom expresses several pairs of antithetical and irreconciliable purposes: a demand and its surrender, angry defiance and fearful submission, self-vindication and a confession of guilt. This is why the analytic explanation of any symptom, as of a dream, always includes pairs of opposites which are apparently inconsistent and paradoxical; and what is more important, this is why the repetition of the symptom is uncontrollable, because in fact there is never an adequate dynamic or 'economic' cause for stopping. If a symptom expresses both defiance and submission, when the patient for a moment gives up his defiance, the symptom appears to express his submission; and when he stops momentarily his submissiveness, the symptom appears to express his defiance.

With this in mind, it is easy to see why all neurotic activity is in a sense a civilized expression of a temper tantrum—and why for many years the analyst has emphasized the close relationship between anger (or sadism) and the neurotic character. Here, too, one finds the explanation of the obsessional quality of infatuation on the one hand, and on the other of vengeance and of feuds.

The Sequence from Compulsion to Obsession

Up to this point we have spoken chiefly of obligatory *acts* because a compulsive state is the first unmistakable neurosis of childhood. This is because the infant's first conflicts always seem to it to be waged against the external world. Even when its demands are fantastic and physically or physiologically impossible to gratify, as they often are, the deprivation is indistinguishable from a parent's arbitrary 'No'. The first conflicts, therefore, can only be external and their expression must perforce be externalized. In other words, the symptomatic expression of the conflict with the external world represents both the things which the child cannot do and the people who seem to prevent its doing them. Therefore, the expression of the conflict

must be in the external form of an obligatory act which thus becomes as we have seen a sign language of great complexity.

At a later stage, the child lives through many of its experiences in fantasy. In fantasy it achieves triumphs, overcomes obstacles, and overpowers imaginary adversaries. Simultaneously, in its struggles to win harmony with its environment, it assimilates that environment, making it a part of its own inner functions; so that automatically and unconsciously it comes to represent within itself its very adversaries. When this phase is reached, the conflict ceases to be purely external, but becomes internal as well—an inner battle between desire on the one hand, and guilt and fear on the other. Thereupon, the obligatory acts are either replaced by or accompanied by obligatory thinking and feeling. In the beginning, instincts seem to struggle against the outer world alone and the struggle is expressed in compulsions. Later, to this struggle is added the battle between instincts and an inner world of dim conscience or secret fears, whereupon the conflict must be expressed in obsessions. It is inconceivable that these events could occur in any other sequence since, as is well known, internal guilt and fear have to be learned through conflict with external authority.

It should be borne in mind that with the acquisition of the power of abstract thought and fantasy, the natural repetitive tendencies both of normal and of pathological phenomena are increased immeasurably. A hungry man thinks of his hunger not only once but repeatedly, until his attention is distracted or his appetite appeased. He thinks as he dreams, with repeated efforts to mitigate in fantasy the limitations of reality. This is because thought and fantasy can serve only as indirect paths to instinctual goals, substitutes for the real gratification. They cannot bring the satiation that reality itself can offer, and they leave unsatisfied the basic yearnings which gave rise to the fantasy. It is for this reason that the processes of thought and feelings are the most repetitive of all. Certainly to think of a meal is not the same thing as to eat one. No hungry child or adult has ever dreamed himself into a postprandial Sunday nap. And

what is more, the fantasy of turkey and cranberry sauce which may arise in an effort to appease the appetite, merely serves to whet the craving it is attempting to quiet. Like all substitutive symptom formations, fantasy adds fuel to the fires it is supposed to quench, and kindles expectations which it cannot gratify. Therefore, it increases the repetitive tendency. Only during the actual moment of fantasy is there a passing illusion of relief, followed at once by a sharpened sense of deprivation and an increased yearning. This in turn gives rise to fresh fantasies, as long as the biologically fulfilling gratification is unattainable.[4]

Thus the neurotic process would seem to begin with obligatory acts which soon are accompanied by obligatory ideas and feelings. We know from everyday nursery experience that early infancy is punctuated by an eruption of many transient neurotic episodes of this kind. We have seen that the child's primitive state of diffuse instinctual tension gradually becomes sorted out into different kinds of tension which in turn can be discharged and relieved in different ways. It can move, look, open and close its eyes, play with its fingers and toes; it can make a variety of noises, evacuate and void, eat and drink. All of this it does freely, spontaneously, in varied and repeated patterns, for the gratification of its needs. When not satisfying instinctual needs, it plays them out in the speechless, wordless sign language of which the infant is capable. As one watches the infant at this play, however, one will see that from time to time certain acts become stereotyped. For some obscure reason the continuously varying flow of activity will cease, and for a minute, or an hour, or a day, or more, it will perform the same act over and over without the relaxed pleasure shown during periods of freer and more varied activity. Instead it now 'plays' with the earnest, rigid intensity which characterizes neurotic phenomena.

[4] Patients not infrequently describe this experience themselves, as they become more sophisticated in watching their own neurotic symptoms. They become aware that even their most painful neurotic symptoms give a transient and illusory sense of relief during the moment in which the symptom is having full play, immediately followed by an intensification of pain, longing and despair.

The Focus of the Repetition and the Choice of Neurosis

This perhaps is the most rudimentary form of neurosis which it is possible to observe in childhood. The infant who for hours persists in dropping its toy out of the crib is a typical example. Many more serious manifestations occur which are nonetheless of the same nature: the child who plucks out its hair, the head-bumper, the bed-wetter, the child who eats dirt, develops tics, etc. Some of these obligatory acts are directed towards external objects, some towards the child's own body, and some towards the bodies of others. Some are clearly substitutive. Some are efforts at direct instinctual gratification, such as the drive to peep, touch, suck, masturbate, and the like. These too can become irresistibly repetitive impulses.

It is evident therefore, that the obligatory, repetitive mechanism we have described can attach itself to one or more of three aspects of any conflict: (1) directly to libidinal activities, (2) to various indirect representatives of these, or (3) to the emotional reactions to the conflict. Which alternative occurs will inevitably color all later symptomatology. It is probable that repetitive activity which is directly libidinal creates especially difficult emotional situations for the child because such activity invites drastic censure and punishment, and is fertile ground for overwhelming guilt and anxiety. It is evident however that these are secondary consequences of the particular aspect of the conflict which the repetitive process seizes upon. In other words, the choice of the neurosis depends upon those secondary forces which determine the focus of the repetitive process.

This focusing of the repetitive process on one or another phase of instinctual development, or on one or another aspect of the body, may coincide entirely with that which has always been called 'fixation'. If this is true, then the concept of fixation is merely a description of one of the inevitable results of this obligatory repetitive process. In no sense then could fixation be used as an explanation of the phenomenon or of its consequences.

It makes a profound difference at what phase in the evolution

of the personality the obligatory manifestations first appear: when in the development of the child's instinctual life; with what instinctual needs they are concerned; on what areas of the body and towards what individuals they are directed. All of these facts determine the symptomatic details of the ultimate neurosis.

Another issue which plays a rôle in determining the final symptom picture, is the relationship between infantile obsessions and early delusions. In early infancy and childhood the boundary between obsessional and delusional ideas is not clear, which is why at this stage the boundary-line between neurosis and psychosis is uncertain. This has an important bearing on the later evolution of illness but it cannot be fully discussed in this paper. It may be more useful rather to stress once more the fact that all neuroses are in essence states of obligatory repetition. This is as true of the patient who complains of insistent neurotic headaches as of the patient who feels that he must count the books on his bookshelves, or who must think a certain thought as he enters his office; furthermore, the patient who has repeated hysterical attacks acts under an obligatory necessity just as surely as does the man who has to wash his hands incessantly. The patient who complains of fear of walking on the street, or of a terror of high places, or who suffers from recurring fears of heart failure or of syphilis is certainly as inexorably repetitive as the woman who must think through the catechism five times before turning out her light. The pervert likewise suffers from such a necessity.

Brickner and Kubie *(3)* have observed that the fact that all states of neurotic symptomatology involve a form of substitutive gratification which never gratifies has long been known, but the full significance of the fact has been overlooked. If a symptom ever gratified the neurotic need fully, such a need obviously would disappear, and every such neurosis would be self-healing and therefore would never come under clinical observation. It is conceivable, hypothetically at least, that such neuroses occur; but we have an opportunity as physicians to investigate only those neuroses which persist. Therefore, from

the practical viewpoint of physicians, we must conclude that no neurotic demands about which we know anything are ever adequately satisfied by neurotic behavior, and that all such demands must therefore continue to assert themselves repetitively in one way or another as long as the underlying need remains.

The importance of this would seem to be more than terminological. If the core of the whole problem of the neurosis is its repetitiveness, then until we can resolve this aspect of the symptomatology we remain therapeutically impotent. This may well be one reason why in analysis we so frequently can resolve special symptoms without relieving the neurotic structure that underlies the whole personality. It may also account for the 'negative therapeutic reaction' in which one finds that the relief of a symptom is followed by some more serious disturbance. In such a situation I have had an opportunity to see that both the 'cured' symptom and its substitute were the expressions of an identical underlying repetitive mechanism, but that the original symptom had been less distressing than the one which the patient had been forced to resort to when therapeutic efforts had deprived him of the first.

This should not be understood as stating that the specific symptoms with which the patient comes for treatment are of no importance. They make profound practical differences in patients' lives, and they confront us with a challenge to understand those secondary and tertiary experiences which determine the particular paths into which the repetitive mechanism is channeled. It means merely that the uniformity of the basic picture of the neurotic process (to wit, the instinctual demand hampered by unavoidable frustration, converted into anger, choked off from adequate emotional discharge by guilt and fear, culminating in irresistably tenacious, disguised and repetitive expression) indicates that all neuroses are obligatory repetitive states whether their presenting manifestations are special symptomatic acts, general psychopathic behavior, specific thoughts, diffuse panics, fears which occur in special situations, mood states, or physical complaints.

Significance of this Point of View to Nosology

Psychoanalysts began their studies of the neuroses with the classifications which were at hand. They could not do otherwise. But for years now they have been struggling uncomfortably with the fact that under analysis every neurosis turns out to be something which is usually spoken of as 'a mixed neurosis'. No matter whether the analysis begins with an anxiety state, a hypochondriasis, a neurotic depression, or a neurotic character, ultimately the analysis finds itself confronting a rigid, compulsive obsessional condition. What has here been attempted is an explanation of why this is true, and why this forces on us a revision of the classification of the neuroses.

However, before discussing this revision, it is necessary to relate this point of view to the classical formula for the etiology of the neurosis, and to the problem of trauma.

With regard to the first, it should be apparent that the etiological storm center remains unchanged. Neurosis arises out of the interplay between basic biological drives, their inevitable frustrations, and the resulting repercussions of rage, guilt and terror. These manifestations, however, do not of themselves constitute the neurosis and this is where the shift in emphasis occurs. The neurotic process is viewed rather as a pathological distortion of repetitive processes which in and of themselves are basically normal and ubiquitous in human psychology. As a result of this pathological change, the repetitiveness becomes obligatory as it focuses on one or on several aspects of the original conflict. That is, it may focus upon the impulse itself (thus giving rise to a perversion), on any of the various affects generated in the conflict (giving rise to the affective disorders), or on a wide variety of substitutive or reaction-formations—that is, on symbolic acts and thoughts which come to represent both the struggle and the patient's unconscious protests (giving rise to the 'psychoneuroses'). The libido theory, the genetic point of view, is modified but not discarded in this formulation.

Nor is the rôle of the 'traumatic incident' in the production of neuroses essentially changed. From the point of view

expressed in this paper, the possibility that a neurosis may be initiated by an overwhelming emotional experience of terror, excitement or rage is not excluded. We have seen that early emotional life consists of a constant effort to resolve the conflict between the pressure of instinctual demands and the difficulties of gratifying them. In addition to the fact that many of these demands are inherently ungratifiable, there are other difficulties such as physical obstacles, human obstacles, human anger, and the consequent fears of injury and retaliation, along with hampering feelings of guilt. Specific episodes of sudden overwhelming intensity can energize any one of these emotional forces. They can whip up the intensity of the instinctual demands. They can add immeasurably to the terrors and guilts. And they can fortify the rage. Furthermore, the same episode can do any one or several of these things together. In short, the traumatic episode merely precipitates in a sudden cataclysmic moment the same emotional forces that, under ordinary circumstances, operate slowly and gradually. It is the difference between a tidal wave and the slow dripping of water that wears away stone. It is a difference of sudden intensity but not of kind. For this reason I do not believe that any basically different forces are at work in the traumatic neuroses, and what clinical experiences I have had with this type of illness confirms me in this theoretical expectation.

Finally, I would like tentatively to outline a possible basis for a reclassification of the neuroses.

As already indicated, the principle underlying the classification is that the essential repetitive process can, under certain circumstances, focus primarily upon any one of the three basic components of any total psychopathological state: (1) on some forbidden instinctual drive to produce perversions; (2) on the emotional reactions to the conflict; (3) upon a constellation of symptoms such as compulsions, obsessions, hysterical reactions, hypochondriacal states, phobias and the like. In no case does one see the repetitive process manifesting itself in any one of these alone. Therefore although a patient may exhibit any one aspect more or less continuously, either or both of the

other two will be in evidence intermittently. Thus perversions (the focus on the instinctual trends) may be constantly manifested, intermittently manifested, or constantly masked. Emotional states may be continuously in evidence, intermittently manifested, or completely blotted out of the picture. And the same three possibilities exist for all of the usual psychoneurotic symptom formations. A sound clinical classification of the neuroses must therefore take into consideration the relative rôles of these three basic elements in the total reaction. No classification based solely upon the presence or absence of a specific psychoneurotic symptom can possibly be adequate since these are relatively unimportant details in the illness. The three main groups would then be: (1) cases in which mood disturbances are incessantly and continuously manifested; (2) those in which perversions play the dominant rôle in the clinical picture; (3) those in which the secondary psychoneurotic symptoms are the continuous manifestations of illness. In turn, each of these major groups would be subdivided according to the rôle which the other two components play in the total picture since no one of them ever is seen alone. The chart on the opposite page perhaps makes this point of view clearer.

Ultimately we will have to add to this a consideration of the position of delusions because all of these psychoneurotic disturbances occur in the psychoses as well, a fact which is often overlooked. No psychosis exists without neurosis, and psychosis might in fact be best defined as a neurosis plus a disturbance in basic reality relationships—a neurosis plus some measure of latent or overt delusion formation.

Summary

At this point I find myself in a rather strange position. One year ago I made a critical analysis of Freud's concept of the repetition compulsion, and of the uses to which it has been put by many different writers. In that study I reached the conclusion that I could find no evidence for the existence of such a compulsion to repeat, whether in Freud's sense, or in the conflicting senses in which it had been used by others. Now, one

year later, I find myself reasoning that an irresistible repetitiveness is the very core of all neurotic processes. Certainly this must seem like a retraction of my previous position; yet I do not believe that it is so.

	MANIFESTED CONTINUOUSLY	MANIFESTED INTERMITTENTLY OR ALTERNATINGLY	MASKED CONTINUOUSLY	Subgroup
Group I	Frank Moods (anxiety) (anger) (depression) (elation)	Perversions	Psychoneurotic Symptoms	A
		Psychoneurotic Symptoms	Perversions	B
Group II	The various constellations of Psychoneurotic Symptoms.	Perversions	Moods	A
		Moods	Perversions	B
Group III	Perversions	Moods	Psychoneurotic Symptoms	A
		Psychoneurotic Symptoms	Moods	B

This apparent contradiction is resolved if we clear away certain ambiguities in terminology, and keep in mind the difference in the goal which I have in mind from that which instigated Freud's formulation. The ambiguities arise through an unfortunate misuse of the word *compulsion*. This is an old term borrowed from descriptive psychiatry where it characterized a limited form of neurotic symptomatology in which some act or idea was felt consciously as a compelling necessity and was unwillingly repeated. For descriptive purposes this is use-

ful, but it obscures the fact that all neurotic symptomatology, and in fact all psychotic symptoms as well, are irresistibly and in most instances unwillingly repetitive. In no sense, therefore, can this obligatory repetitiveness be looked upon as an isolating or differentiating characteristic of a special group of neuroses. The obsessive compulsive states are only a minor subgrouping of neurotic states, one in which the universal obligatory drive happens for special reasons to be experienced as a conscious pressure. A nosological group must be differentiated not by that which it has *in common* with all other neuroses (in this case irresistible repetitiveness), but rather by any peculiar and special features it may have.

If we understand the basic repetitive process, then to explain specifically the compulsion neurosis we need only explain why the compulsion is here experienced consciously. Any effort to explain the compulsion neurosis by that which it shares with all other neuroses is foredoomed to fail; yet that is precisely what our analytic theories have attempted.

When psychoanalysis took over from psychiatry the imperfect descriptive term, compulsion neurosis, it expanded it to describe a recognizable character type which it called the 'compulsive character' in which no such consciousness of compelling drives is experienced, as if to imply that there could be a character or personality type which was not made up of obligatory patterns of repetitive behavior; as though all character structure was not inevitably obligatory, whether normal or pathological. Here again, partly through the obscurity of thought which results from the cloudy misuse of terms, we have been led to make the fruitless effort to explain the attributes of a special case by those features which it has in common with all others.

In his concept of the repetition compulsion, Freud was certainly grappling with this basic problem of blind and painful repetitiveness in human behavior. However, because of certain previous theoretical constructions of whose validity he at that time was convinced, he had to link his explanation to the concepts of masochism and the death instincts, and to view all such repetitions as a special manifestation of this compulsive

mechanism and as analogous to the symptomatic repetitions of the compulsive states. In contrast to Freud's theory, this effort to solve the same dilemma views the manifestation of an irresistible and unwilling repetition as the basic pathological change which underlies all abnormal psychological processes, and not as the manifestation of any one group of instincts, nor as the special manifestation of a superinstinctual biological process which goes beyond the pleasure principle. It is rather a process of distortion of that principle.

REFERENCES

1. BRICKNER, R. M.: *Factors in the Neural Bases of Intellect and Emotion.* Yale J. Biology and Med., XI, May 1939, p. 547.
2. BRICKNER, R. M.: *A Human Cortical Area Producing Repetitive Phenomena when Stimulated.* J. of Neurophysiology, III, March 1940, pp. 128-130. (See Bibliography).
3. BRICKNER, R. M. AND KUBIE, L. S.: *A Miniature Psychotic Storm Produced by a Superego Conflict over Simple Posthypnotic Suggestion.* This QUARTERLY, V, Oct. 1936, pp. 476-488.
4. FREEMAN, W. AND WATTS, J. W.: *An Interpretation of the Functions of the Frontal Lobe Based upon Observations in Forty-Eight Cases of Pre-Frontal Lobotomy.* Yale J. Biology and Med., XI, May 1939, p. 527.

4a. FREEMAN, W. AND WATTS, J. W.: *Some Observations on Obsessive Ruminative Tendencies Following Interruption of Frontal Association Pathways.* Bulletin Los Angeles Neurological Society, III, 1938, pp. 51-66.

5. GESELL, A.: *The First Five Years of Life.* New York: Harper and Bros., 1940.
6. KUBIE, L. S.: *A Theoretical Application to Some Neurological Problems of the Properties of Excitation Waves Which Move in Closed Circuits.* Brain, LIII, Part 2, 1930, p. 166.
7. KUBIE, L. S.: *The Experimental Induction of Neurotic Reactions in Man.* Yale J. Biology and Medicine, XI, May 1939, p. 541.
8. KUBIE, L. S.: *A Critical Analysis of the Concept of a Repetition Compulsion.* Int. J. Psa., XX, Parts 3 and 4, 1939.

The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

Co-Conscious Mentation

C. P. Oberndorf

To cite this article: C. P. Oberndorf (1941) Co-Conscious Mentation, The Psychoanalytic Quarterly, 10:1, 44-65, DOI: 10.1080/21674086.1941.11925448

To link to this article: https://doi.org/10.1080/21674086.1941.11925448

CO-CONSCIOUS MENTATION

BY C. P. OBERNDORF (NEW YORK)

The study of co-conscious mentation and alternating personality resumes a line of investigation so often presented before the American Neurological Association by one of its most distinguished members, the late Dr. Morton Prince. The psychological mechanisms in the cases to be reported have certain aspects in common with the separation of one segment or one activity of the personality from an intact remainder, such as have been presented by me in studies on feelings of unreality and depersonalization.[1] Generally, co-conscious mentation occurs in patients in whom unreality, the absence of emotion and emotional deadness are also prominent complaints.

Dr. Prince's extensive and careful studies of co-current mentation, dissociation and multiple personality are among the outstanding contributions to American psychiatry during the first quarter of this century. Influenced by his approach many reports of cases of dual personality, automatic writing and functional amnesias were published from 1895 to 1910. The advent to America in 1906 of psychoanalysis with its relatively simple concepts of horizontal levels of consciousness, its charted technique, its dynamic correlations and, above all, its therapeutic efficacy, temporarily diverted the attention of American psychiatrists from Prince's work.

To explain personality dissociation Dr. Prince frequently resorted to the term 'coconscious'. However, examination of Prince's writings indicates that his own concept of the term coconscious varied from time to time. Generally Prince limits the term to 'definite states of coconsciousness—a coexisting

Based on papers presented before the American Neurological Association, June 4th, 1937, Atlantic City, and the American Psychoanalytic Association, May 10th, 1939, Chicago.

[1] Oberndorf, C. P.: *A Theory of Depersonalization.* Transactions of American Neurological Association, 1933. Also, *On Retaining the Sense of Reality in States of Depersonalization.* Int. J. Psa., XX, 1939, pp. 139–147.

dissociated consciousness or coconsciousness of which the personal consciousness is not aware, that is, of which it is unconscious'. Similarly, in a study of multiple personality, he mentions that when 'A became amnesic for her alternating life as B, the latter, B, continued during the A phase; or, in other words, the coconscious life was a continuation of the B alternating life after the change took place to A, but the latter was unaware of it'.[2] Prince's usual concept of coconsciousness is essentially the foreconscious, and at times even the unconscious of Freud.

Anita Mühl,[3] in a paper on automatic writing, defines co-conscious as that 'fringe of awareness which slopes into the Paraconscious. If the ideas and images of the Paraconscious are dormant then we have a state which was formerly described as the fore-conscious and the sub-conscious; if the ideas and images are active and independent then we have a state which has been called the Co-conscious.' Mühl utilizes the freudian mechanism of repression to explain Paraconsciousness and points out that the formation of secondary personalities involves two factors—a dissociation of the primary personality and a secondary reassociation.

The study of several cases in which feelings of unreality played a great rôle has led me to the conclusion that there exist forms of co-conscious mentation which are not unconscious but actively Paraconscious, in the sense of the second type indicated by Mühl. By the term co-conscious I wish to convey the concept of two streams of contemporaneous, conscious mentation, not necessarily flowing in the same direction or concerned with the same topic. Each of these streams of co-conscious thought may be subject to unconscious influences. The consciousness of each stream of thought for the other is probably achieved through tangential impulses from one current to the other in their flow.

Co-conscious or co-foreconscious mentation as a normal

[2] Prince, Morton: *The Unconscious.* New York: The Macmillan Company, 1929, p. 249.

[3] Mühl, Anita M.: J. of Abnormal Psychol., XVII, 1922–23, pp. 164 and 168.

phenomenon has been experienced by most people. For example, one simultaneously may listen to a lecture, register and retain at least part of its content, plan a discussion of the topic and also notice critically the reaction of the audience. Such normal co-conscious mentation remains firmly under the control of the main stream of consciousness and the secondary or tertiary co-conscious activity can be terminated at will.

Downey and Anderson in 1915 (quoted by Mühl) showed that a person could read, write or calculate consciously and could at the same time produce records automatically from the Paraconscious thus demonstrating that two or more streams of thought could flow simultaneously. More recently, Erickson's [4] experiment with automatic writing and drawing indicates the possibility of direct contemporaneous expression of two trains of thought—one conscious and verbal, the other automatic.

Pathologically, co-conscious mentation occurs as an involuntary, uncontrollable mental activity, synchronous with but secondary to the primary mental activity. It is not only uncontrollable but also assumes an obsessive character. Co-conscious mentation differs from the usual forms of obsession in that the compulsion is not limited to one stream of thought engaged in thinking about one or a series of relatively purposeless acts. Its obsessive activity involves thinking itself, and may be associated with erotization of thought. Such erotization generally invests the secondary co-conscious stream but is not necessarily confined to it alone.

Co-conscious mentation may appear in three forms or variations: (1) in its simplest form, it may be present as a concomitant, repetitive registration, the content of which is seemingly irrelevant and meaningless; (2) it may assume a commentating, critical, allusive function towards the content of the intentional thought flow; (3) it may concern itself with thinking about topics unrelated to the primary thought. One

[4] Erickson, Milton and Kubie, Lawrence S.: *The Use of Automatic Drawing in the Interpretation and Relief of a State of Acute Obsessional Depression.* This QUARTERLY, VII, 1938, p. 448.

patient said that from time to time he had experienced each of these forms, although the critical type was by far the most constant in his case. It is apparent that co-conscious mentation may become an impediment to the registration and interpretation of the primary subject matter and a cause of great irritation since it cannot be stopped at will. Some patients find that it becomes aggravated by concern over immediate personal dilemmas or by fatigue.

The origin of the secondary train of thought, its association with critical conscience (superego), its protective value in the psychic economy against guilt and anxiety will now be considered.

In A Theory of Depersonalization,[5] I sought to demonstrate that the form of dissociation known as depersonalization depended primarily upon the type of superego which dominates the ego. In the synthetic development of a personality a working harmony must be achieved by ego ideals (superego) and the psychological ego with the physiological body (sex) structure. Through selective identification during the years of personality synthesis a masculine superego may gradually be developed in a feminine body ego and vice versa. Then, if in the years after adolescence, there should be a repression of the alien superego because it cannot satisfy ego needs, it would cause the individual to feel that the accustomed personality no longer exists and that he is, therefore, not himself.

A diagram of thought flow in the normal mind reproduced in the paper on depersonalization [6] pictured many currents having continuity and traveling in vertical as well as in horizontal planes, in spirals and circles as well as in direct lines. The concept of horizontal levels indicated in the schematic representation of Freud's categories of the mind [7] is often the only one considered in psychoanalytic references to topography. Currents of thought flow may mingle lightly or freely or they may move along separated from one another. Usually they

[5] *Loc. cit.*

[6] *Loc. cit.*

[7] Freud: *The Ego and the Id.* London: The Hogarth Press, 1927.

flow in well defined (parallel) streams, moving either horizontally or vertically, and any of them may reach consciousness.

When such currents meet obstacles to their smooth flow in the form of psychic fixations, there may be formed whorls of thought like the small whirlpools in a stream. The quality of the thought in the whorls remains unchanged and its influence upon the main current flow may be minimal. In fact the whorls appear to become separated from the main currents of thought flow even though they continue to share consciousness with the main stream. Should whorls of thought current become sufficiently fixed, large and powerful, they may assume the form of secondary or co-personalities (fragments) any one of which under certain circumstances might become dominant.

I have never observed a case of truly alternating or dual personality. However, the concept of co-conscious thought currents provides an understanding of some very unusual forms of thought registration. Among those I have studied in detail was an adult female who had no conscious knowledge of the acquisition of the various facts which she knew and employed. It was as though all factual knowledge had entered her mind surreptitiously by some side channel, quite unbeknown to her main currents of consciousness.

In a second case the woman always referred to her 'extinct self', i.e., her inactive, lifeless self, as the only part of her which was truly alive, even though only the tiniest ember of that extinct self still remained. Notwithstanding this, her secondary self automatically conducted satisfactory social contacts and directed a complicated business. She could write an excellent examination paper without any conscious knowledge of the subject, and although she claimed that her mind was dead she responded in ordinary conversation with accurate, witty and even brilliant replies.

By way of introduction to the dynamic forces operative in co-conscious mentation, I wish to record a form of co-conscious registration which, for all its simplicity, proved very disturbing to the patient and was the main reason for consultation. She was an extremely intelligent woman of thirty-four who had

been the leader in her class at college and at one time the editor of a woman's magazine. In addition to her dualistic thinking she also suffered from serious difficulty in adjustment to marital problems.

She came for treatment because of a repetitive mental process manifested in a continuous obsessive counting, 'one—two—three—four', in her mind from the time she awoke until she went to sleep, even though she could carry on her normal thinking at the same time. The symptoms had begun suddenly and inexplicably when she was a junior at college and while riding in a subway train. She became aware of the rhythmic counting and thought it might have been initiated in some way by the rhythmic bumping of the car wheels on the rail. Nevertheless, although handicapped to some extent by the symptom, she completed her college course, entered a journalistic career and married at the age of twenty-six.

In spite of all effort on her part to banish the obsessive counting by voluntary effort, the symptom continued uninterruptedly. She could not explain the counting going on co-consciously with her normal thinking and was surprised that it did not interfere more with the clarity or continuity of the main train of thought. After enduring the counting for about fifteen years she felt that the constant repetition was beginning to 'drive her insane'. During the course of treatment its origin became apparent.

The patient felt herself to be, and as it happened actually was, an unwanted child. She had been detected masturbating by her mother at the age of six and was told that she would become insane if she continued. Notwithstanding this drastic threat and a terrific fear that she would lose her mind, she found herself unable to abstain from the practice.

At nine she developed a cough which the family physician ascribed to 'weak lungs' and which he thought might be related to tuberculosis. In addition to the usual forced feeding he suggested that she breathe deeply whenever she was in the open air. Following this advice, her mother instructed her to take a deep breath, slowly count one, two, three, four, then

exhale, and to repeat the exercise all the way to and from school. The little girl obeyed the instructions most conscientiously because of her strong sense of guilt. She had her own belief, based upon unconscious insight, that a connection existed between her cough, ill health and her mental conflict. She was convinced that her physical symptoms were not due to pulmonary disease but to anxiety concerning the masturbation which she had been unable to check completely.

She was sent away from home to a ranch in Arizona. There she forgot about her mother's instruction to count and the episode of 'weak lungs' and bad health ended. She returned to her home in the East and during the following years her interest centered in school work. She seldom masturbated. Always a diffident child and physically somewhat awkward, she continued through high school engrossed in her studies. When she entered college she was immediately recognized as an intellectual leader. At the end of her freshman year, at the age of eighteen, a prominent senior initiated her into homosexuality. Subsequently, she began to assume the masculine rôle with her roommate, an extremely feminine person. The relationship was carried on with the usual secretiveness and feelings of guilt.

After about six months of her analysis the relationship between the early counting for deep breathing and the repetitive co-conscious registration of counting became apparent. The sequence of inhaling, counting and exhaling in childhood had been conscious and controllable, its purpose definite and reasonable. The function of the co-conscious rhythm was to establish an unconscious therapeutic defense against the anxiety attendant upon the homosexual relationship into which she had entered at college. The homosexuality represented a sexually guilt laden situation analogous to the masturbatory activities of childhood. Thus the obsessive, co-conscious counting constituted an irritating, annoying and even punitive agency (conscience, superego) for her relapse into a sinful disobedience. It also acted as a defense against the possibility of the ultimate destruction of her mind (the mother's threat

concerning insanity) just as in the earlier days the breathing exercise had been regarded as the method of preserving both her bodily and her mental health.

As the analysis continued and established its origin, the rhythmic counting disappeared gradually and has not recurred now for ten years. Furthermore, there was a progressive decrease in the sense of guilt which had pervaded a large number of her actions. When the counting ceased, the patient compared the sensation of stillness which supervened to that experienced when the rhythmic throbbing of the engines of a steamer to which one has been accustomed suddenly stops. It created the awareness of an emptiness or a void in her mind as though she were not herself, so accustomed had she become to the circumscribed secondary stream of consciousness.

Psychoanalytic comments and investigation of secondary consciousness are scarce. In their first work Breuer and Freud [8] (1893) stated that the splitting of consciousness is striking in the classical cases of double consciousness and Breuer [9] reported in the case of Anna O., 'the existence of two states of consciousness which at first appeared as a transitory "absence" and later became organized into "double conscience" '. In contrast to the initial 'absence' reported in Breuer's case, in the case of rhythmic counting cited by me, it was the disappearance of the organized secondary consciousness which left the patient with a feeling of absence or void.

Following this initial publication with Breuer, Freud became engrossed in exploring the inexhaustible domains which his investigations had exposed. The problem of dual personality, as such, received little attention. Nevertheless, in 1909 in the final discussion of a detailed case of compulsion neurosis, he states: 'I cannot leave my patient without giving expression to the impression that he was split equally into three personalities—I would say into one unconscious and two foreconscious personalities. His consciousness would

[8] Breuer, J. and Freud: *Studies in Hysteria.* Trans. by A. A. Brill. New York: Nerv. and Ment. Dis. Monographs No. 61, 1936, p. 8.

[9] *Loc. cit.*, p. 28.

oscillate between them'.[10] In the same article, Freud mentions the case of a compulsive neurotic woman split into two organizations, each of which had access to her unconscious.

So far as I know, Freud's next reference to the phenomenon is in 1937 when, in analyzing a personal disturbance in memory at the Acropolis, he remarks that 'the way from *déjà vu* leads over depersonalization to a most remarkable condition of "double conscience" which is more correctly called a splitting of personality'.[11]

In a study of multiple personality, Mann [12] makes a division of types into: (a) alternating personality where there is complete amnesia by the active personality for the behavior of the inactive one; (b) co-conscious personalities where the two personalities live side by side, one or the other being periodically dominant although still influenced to greater or lesser degree by the inactive one. The number of cases of either type scientifically observed remains small.

The coëxistence of double consciousness or of two fairly distinctly formed superego streams—one considered by the patient feminine, the other masculine—falls in the category of co-conscious personality. However, in these cases each of the co-conscious organizations generally strives to drive the ego in opposite directions. Such psychic dualism is probably responsible for critical self-observation which some investigators consider the essential characteristic of depersonalization. Ferenczi [13] goes so far as to say that 'every grown-up who observes himself is split (not a complete psychic unit)'.

The two antagonistic superegos described above usually regard each other intensively, vigilantly and belligerently. In most instances of depersonalization, one superego trend usually retains its ascendency more or less securely and continuously until depersonalization occurs through the mechanism of

10 Freud: Ges. Schr., VIII, p. 351.

11 Freud, S.: Almanach der Psychoanalyse, 1937, p. 18.

12 Mann, W. N.: Guys Hospital Gazette, 1935, p. 49.

13 Ferenczi, S.: Bausteine zur Psychoanalyse, IV. Berne: Hans Huber Verlag, 1937, p. 283.

repression under the stress of increased pressure in the patient's life. Such violent dualistic superego conflicts may also account for the sado-masochistic struggle in depersonalization stressed by Reik [14] and more remotely, the exhibitionistic voyeur components considered essential by Bergler and Eidelberg.[15]

One may compare the operation of the double superego to the situation in the circus scene in which, at first, a rider in black is in control of a bareback, black horse. Horse and rider —even though the rider is in control—appear more or less in harmony for they have practiced together and gradually developed a working relationship. The rider is aware of how far he may go without being dismounted and the horse of just how unruly he may become without being too severely punished. But a second rider in white may also be mounted on the horse and the clashing riders attempt to direct the horse oppositely. Eventually the horse may become accustomed to the confusion and the unwelcome dual rider rôle and rebel only when he finds that the conflicting control leads him into futile performance. A condition may also arise in which the hostile riders fight each other so bitterly that they temporarily neglect the horse. In this case the animal may become so bewildered by the absence of control that its actions become purposeless, helpless and 'it is not itself'.

Such a clashing of co-conscious mental activity occurred in a physician, aged forty-five, a man of rare intellectual endowment, married, the father of four children. He had suffered from neurotic symptoms for thirty years, but his main complaint when he came for treatment was a profound depression of many years duration. The outstanding characteristics of his behavior were courtesy, conscientiousness and consideration for others which frequently reached the point of painful masochistic subservience.

The cause of his depression was a frustrating mechanism to

[14] Reik, Theodor: *Wie man Psycholog wird.* Vienna: Int. Psa. Verlag, 1927, pp. 44–46.

[15] Bergler, Edmund, and Eidelberg, Ludwig: *Der Mekanismus der Depersonalisation.* Int. Ztschr. Psa., XXI, 1935, p. 285.

which he had given the name 'psychic dualism' and which was active almost continuously. The duality functioned as a train of thought secondary to, but definitely not under the control of the main current of thought. It was apparently an outgrowth of conscience to which during the individual's formative years all actions and points of view having any ethical content had been referred for minute scrutiny. Due to overfunction the co-consciousness (conscience) had grown powerful and had assumed an independence of action, its effect on the organism being almost like that of a neoplasm in its disruptive effect, its parasitism and autarchy.

The 'duality' was commentating, usually adversely, on whatever activity at the moment occupied the mind. If the two trains of thought kept apart, a certain degree of smoothness, coherence and unity was possible in speaking and, similarly, effectiveness in work and assimilation in reading. But such results were obtained only with a large increment in the expenditure of nervous energy needed to hold the secondary train of thought in a sort of subjugation.

When the two lines of thought touched sporadically, there was a resulting confusion, not fusion, even if the latter were possible. There took place an immediate disorganization of the association processes—verbal delivery became hesitant, words could not be reached or ideas followed out. Work became ragged, uneven and reading was impossible.

The only insurance against panic and humiliation during a lecture, and the later unhappiness from self-derogation, was to prepare in advance every word and sentence and commit them to memory. This would then make possible, a 'spinal cord' rendition, almost unrelated to, or influenced by, cerebration. This, moreover, being practically a process purposed for self-preservation, the urgent need developed a capacity for prodigious feats of committing things to memory, such as visualizing the side and part of a page holding particular information, though they were retained for a short time only.

When it came to listening, the effect of the duality might be any degree of failure actually to hear and comprehend. As for

reading, whole paragraphs or pages might have to be read and reread many times to get their context. The words were seen and read but not grasped—a sort of psychic amaurosis. Extemporary speaking, too, had to be done automatically, the choice of word or subject matter being made unconsciously so that only later on did the patient realize what he had said. His performance might be surprisingly good and there might be a reversal of the primary and secondary trains of thought, the secondary having assumed dominance. After a time the patient became conscious of the reversal and 'came to' with a feeling akin to terror for he was aware that he had not been himself.

He commented that a person becomes accustomed to, and accepts the limited physical activity imposed upon him by such conditions as a long-standing cardiac defect or deficient sight. The absence of variation in the disability helps the person to accept them. It is very different, he said, for the mind possessed by a disturbing duality. The duality may drop away for a tantalizingly short time and the individual does not know why this freedom comes but yearns to know why it goes. During this short time he is 'himself' instead of 'his selves' all his faculties heeding but a single suitable master, work well. The individual in his personal reactions and in his ability to work is a surprise to himself and the change may sometimes be obvious to others.

The patient likened the relationship of his mind and the duality to that between Siamese twins—it was flesh of his flesh, inseparable, yet living, to some extent, an individual existence. The only time there could be real peace for the mind was when the twin—the commentating one—was inactive. But a person is not born with psychological Siamese twins, and therein lies an important difference from that physical association in which there is from the beginning a compulsory sharing of physical activities. In the former, however, consciousness must gradually accept being yoked with the duality and to endure an unavoidably simultaneous existence with it which becomes first distasteful and then intolerable.

The patient realized that a recurrence of his dualism might have its origin in some experience of high emotional value. This might be either of internal or external origin; either a recent one or an old one freshened to a high potential by vivid, because painful, recollection. Often its residues, unfinished problems with undigested emotional content, would provide material for obsessing dreams, nervously exhausting in their intensity, and depressing because of their after-images.

The patient became convinced that the chief function of the duality was that of a critic—that the secondary consciousness was nothing more than an hypertrophied conscience which had gotten out of hand. However, the duality had usurped many functions which the ordinary person does not allocate to his conscience. The actual beginning came when, as a child, he began to have conversations with his conscience. Later in life, hours would be spent in argument and justification between the two lines of thought.

The main stream of consciousness never blamed the secondary consciousness in a directly accusatory way for the trouble it caused. The attitude was always one of *mea culpa* as though the primary stream recognized the need and justice of it. It behaved much like the father who hangs his head and accepts with an attitude of resignation the things done by an erring son. There is a sort of recognition that the one is responsible for commissions of the other.

The patient felt that such a duality could have developed only in as lonesome a child as he was. It was possible to trace the origin of his concept of conscience to his mother's version of the *Dybbuk* which she often told him simply as a ghost story when he was about eight years old, but which made a profound and lasting impression. The *Dybbuk* was represented to him as a disembodied spirit—the soul of a wicked person which cannot rest because it is not acceptable to heaven. This soul has to fit itself for acceptance in heaven by further growth and purification in the body of another person. Being the soul of a bad person it enters the body of a virtuous young girl for further growth and purification.

The plight of this soul was the result of its wickedness. Such punishments, and others, could be avoided in the hereafter by being good. The more complete the goodness the more certain was escape from these punishments. The greater the patient's fear of these threats the greater became his drive for perfection and for goodness, preventing death through becoming a virtuous girl. For the same reason the conscience (the critical duality) grew more and more powerful. To the latter was entrusted the function of maintaining the drive against instinctive urges. The probable development of the co-conscious dual mentation—the overgrown conscience—now becomes apparent.

As the patient grew into boyhood he passed through a period of complete subjugation of all instinctual drives, and finally became identified with a religious group having extremely high ideals based on masochistic self-denial. It imposed upon him a conscious set of ideals best suited to a repressed, bashful girl and entirely antagonistic to his own vigorous masculine ego. He accepted this set of ideals all the more readily because he had for years fostered a belief in the spiritual supremacy of women—they were untouchable, incorruptible, unvaryingly sincere. He could not believe otherwise and so developed an exaggerated ritualistic chivalry towards women as an overcompensation for his fear of (desire for) them. His own goodness became almost synonomous with femininity, and the guiding conscience tended to be one with feminine aspects extending to the point of masochistic submission.

The co-conscious psychic dualism was essentially a dualistically operating conscious conscience. The second consciousness was comparable to a second rider in the simile of the unsuited riders and the circus horse. This second master, feminine in character, at times mounting the ego but always accompanying it, constantly prevented it from going where the appropriate rider wished by unremitting prodding from one side.

In the two clinical cases presented the dualistic mental functioning was conscious. The systems not only operated independently and synchronously but topographically at the same

level. Further, each system seemed to have separate access to, and was partially under the influence of topographically lower unconscious factors.

In the case of the co-conscious rhythmic counting, the counting constituted a secondary conscience, a superego function through which the patient compulsively paid tribute to maternal authority. In the second case the co-conscious mentation attacked the normal masculine superego functions of the patient. In a third case, which I shall now report, the co-conscious mentation apparently concerned itself with topics entirely unconnected with the patient's normal superego control. However in this case also, the constant co-conscious preoccupation with these impersonal topics served as a defense against complete submission by a male patient to a set of feminine precepts and ideals which he had incorporated from his mother.

The patient was an only child and, during his school days, something of an intellectual prodigy, graduating from college at eighteen and from law school at twenty. At the time of his treatment he was a lawyer, aged forty, recently married for the second time. He was referred because of psychic impotence which disappeared relatively early in the analysis and did not return.

The complex psychological picture he presented included both conversion symptoms: the impotence already mentioned, a feeling of weight on the shoulders and back, and a sensation of gripping in the throat; and mental symptoms: stammering, fear of the unknown, absence of emotion, feelings of unreality and co-conscious mentation. He felt the normal reaction of physical pain such as toothache, but the only human emotions which he had ever genuinely experienced were anxiety and anger. These were associated with childhood punishments. If he were in the right, a certain compensatory satisfaction resulted which diminished the emotional responses of anxiety and anger.

Anxiety resulted from the fear of impending punishments and the fear of not being right. If he were positive that he was

right, no anxiety occurred. The feeling of a heavy weight on the shoulders or back was associated with a fear or feeling of anxiety over something unknown which might or was about to happen. This reaction of impending disaster varied in degree from time to time but, no matter how variable, was always present.

From infancy he had received from his mother an almost unbelievable amount of punishment, both in physical chastisement and reprimands. He actually feared that she might kill him for some of his actions which offended her. When he began to go to school she would hear his lessons every night and on the slightest mistake in recitation or deviation from the book she would bring the latter down upon his head. He claims that he was nearly ten years old before he began to realize that other children were not punished for some fault for which he was continually slapped over the mouth (provocative of stammering) or the back of the head.

At the age of five, his mother once forbade him an extra helping of pudding saying that it was not good for him. As he had already discovered his mother's venality he offered her a quarter, which she had just given him, if she would allow him more pudding. She accepted. One may consider this manœuvre as a successful bribery by the patient of his mother's authority (superego). After he had received the second helping he inquired why the pudding which had not been good for him before he had paid was now considered proper and wholesome. When a number of guests present at the meal chuckled, he knew that he had won a victory over the tyrannical mother through his keeness and logic. It soon became obvious to him that not only did being right give him power but that he could not afford to be in the wrong.

Soon after this he developed what he called his 'forum'—a form of co-conscious mentation which he described as follows:

'Since my earliest recollection there has always been in my mind an open forum. That is, there takes place a debate on every thought which passes through my brain on topics which might or might not be concerned with the main current of

thought. In the forum arguments pro and con are ferreted out, reiterated and restated with the diligence and forcefulness of a lawyer in court or a debater on the rostrum. I, of course, uphold both the negative and affirmative, so that one part of my mind is continually engaged like an alternating electric motor—going forward, being checked, reversing motion, and then being checked again. Thus, one portion of my mind is always engaged during every moment of my conscious life. For it to be relaxed, at rest, or to be blank, is a sensation I have never yet experienced. Imagine the awakening or shock which I sustained recently on learning that my type of mental activity was the exception and not the general working of most human beings. It was almost inconceivable to me that one's mind could at any time, even for a fleeting second, be quiet and tranquil, without a raging mental debate such as is ever present within me.'

The forum operated as a simultaneous dual thought process. That is, the patient could be listening to a conversation or carrying on a conversation—knowing everything that was said—and at the same time conduct his mental forum with a vigor equal to or greater than that accorded to the topic occupying his attention. For example, while weighing consciously in his mind the merits of President Roosevelt's proposal to increase the membership of the Supreme Court, or while considering which stocks to buy, there might be going on in the forum simultaneously an intensely forceful debate on some legal point. The toll in energy used in this dualistic activity was enormous and the fatigue which followed was devastating.

The debate in the forum differed from the mental ruminations of the ordinary *folie de doute* in two important points: (1) a *folie de doute* concerns itself with indecision concerning the main thought occupying the person's consciousness; (2) in the forum there existed a logical presentation of facts pro and con, not the confused futile vacillation between yes and no, characteristic of the uncertainty of the doubting compulsion. In this patient the forum debate remained entirely separate from the main stream of conscious thought and action. Doubts

concerning them did not arise and he was able to direct and control them with normal speed, ease and efficiency.

The patient wrote of a variation of his separate mental operations which at times would lead to a lack of consciousness in the main functioning of his mind. In such states his observable acts might be performed perfectly but fail to register. He recorded this phenomenon:

'I can become engrossed in arguing or debating with myself to the point of exclusion from consciousness of any event going on about me. I am away from the world. People may talk and I do not hear them; people or objects go by and are not seen; friends pass on the street and I look at them—they tell me subsequently that I saw them—but I neither see nor recognize them.

'While in this state I could drive a car through heavy traffic for five, ten or maybe fifteen miles without the least recollection later on of having stopped, started or passed anything on the way. I would not remember at the end if I had stopped at any red light at all. Presumably I obeyed traffic regulations—halting for red lights—passed slower moving vehicles and swerved to avoid pedestrians—because I have never had an accident, nor received a ticket for traffic violations. I can apparently see and perceive without knowing I am seeing.'

The psychic dualism manifested in the forum at times impaired the registering of current actualities. The pleasureable feeling of being in the right would progress to a state of mental abstraction which became far more potent than the occurrence which may have originally initiated the debate in the forum. While he was thus preoccupied an incident which took place did not seem real to him. He compared this sensation to the feeling of reality sometimes experienced in a dream but which in retrospect one appreciates was not real but a dream. For instance, if while engaged in a forum debate he rode up the street with a companion, the entire journey would have an element of the unreality of a dream, even though the memory of it included every event of the trip. According to his description, he suffered from a 'lack of that electricity which

makes things seem real'. Put in another form, he said, 'being awake is no more real than a dream, nor do dreams appear any more real at the time of their occurrence than when I am awake'.

Action appeared entirely separated from emotion and thought so that at times while engaged in activity he had the feeling of not doing anything. He might travel and arrive at a place, but it did not appear to him as though he were there, or that he had been in the place from which he came. He commented that it really seemed impossible that a human being suffering from this lack of reality could effectively carry on the way he has. One day he asked, 'Am I dead and do not know it, or am I alive and do not know it? Time has passed—twenty, thirty, forty years and I have not existed.'

This patient also complained of visual thinking similar to that described above by the patient suffering from psychic dualism and such as has been frequently found in other cases of psychic fragmentation. Almost every topic which the patient brought up in conversation was accompanied by a co-conscious mental image. Without this imagery the patient could not remember anything. At times the image might not actually represent the object under discussion but would necessarily be allied to it. For instance, if the patient mentioned to me that he intended to go to Florida, an image of a spot in Florida would involuntarily flash into his mind. At times this compulsive imagery became annoying and crippling although its disrupting function might not be apparent in his conversation.

The exceptional characteristic in this patient's neurosis is the way in which thoughts apart from the immediate stream of consciousness came to be co-consciously and interminably argued pro and con. Analysis indicated that the forum, through which he could logically prove himself right, served as a weapon of defense by which he could reassure himself against the threat of the violent, emotionally invested, authority of his mother. He would otherwise have remained powerless against her, and lack of defense to him meant complete annihilation.

It will be recalled that the symptom for which the patient originally came was sexual impotence. His wife had also been

my patient several years before he came for treatment, but he was not married to her at the time. She had improved greatly before her marriage, but her previous neurotic reactions and her irrationality in daily dealings with tradespeople and servants closely resembled the behavior of his mother. The identification of his wife with his mother had been one of the strong unconscious reasons for his subsequent marriage to her, and later for his impotence. In his first marriage he had been similarly attracted by the domineering and violently unreasonable mother of his wife, and married the daughter who was 'a second edition of her mother'.

The constantly operating logical function of his mind became a reaffirmation of his masculinity against both the dreaded external feminine power and the numerous intrapsychic identifications adopted from his mother but effectively repressed. These latter were even more continuously ominous and oppressing than the actual threats and scenes with his mother. The fear from within furnished the incentive which made it necessary to keep the forum incessantly active. Logic constituted for him an absolutely reliable defense against emotional outbursts, all the more powerful because of feminine weakness in sequence and reasoning.

After about a year of analysis, when the fear of feminine power had waned gradually, he found that the co-conscious argumentation disappeared and he began to make decisions on problems as being wise or unwise, in the usual manner of reasonable thinking. Nevertheless, a slight difficulty developed when he wished to initiate thought about a concrete problem. He had to force himself to think about it. Apparently, as a result of habit, the use of logic had become a function confined almost exclusively to thinking in the forum, that is, in the secondary co-conscious mentation. In as much as the logic in the forum was a defense against his feminine superego, he had become conditioned to the use of logical thought for this purpose only, and found it an effort to apply it outside of this particular function or for ordinary problems. While logic in the forum was primarily a defense measure against the threatening superego, it served at the same time as an offensive

measure, for in the face of his practically complete suppression of aggression his defense was his only offense.

During the transition period of his cure, he noticed that when the forum was working he was not restless. He could allow the forum to work and sit down peacefully, go about his business, or engage in any activity he wished and be comfortable. When it decreased under analysis he noticed a great increase in anxiety and nervousness. He became irritated more quickly and more often. He worried more about unfinished things but no longer felt the need to justify his actions by a successful debate in his forum; furthermore, the world around him and he himself felt more real. The debate in the forum no longer absorbed that energy which in normal individuals is utilized in emotion.

As he looked back it seemed as though he had been in a fog for many years. This increase in the disturbing symptom of anxiety coupled with the restoration of his sexual potency constituted a cure to him and caused him to discontinue analysis without as complete a reintegration of his personality as seemed theoretically attainable.

It appears then that we are dealing with a phenomenon of co-conscious thinking in which the secondary train of thought not only did not interfere with the other but through its very presence established a defensive reassurance against the threat of the primary stream. If we revert to the bribery incident with which the development of the 'logic habit' began, and its successor, the forum, we may consider the forum debating as a compensatory mechanism by which the patient could avoid the humiliation and impoverishment of his ego which occurred when he was compelled to bribe his feminine (mother) superego.

The case histories here outlined would suggest that co-conscious mentation need not remain confined to any specific level of consciousness. Furthermore, referring back to the spinal cord rendition of memorized material resorted to by one patient to side-step both currents of his co-conscious mentation, it would seem possible that other levels of intellection may be

developed when the need is sufficiently great. This activity and the capacity for it, like co-consciousness, disappeared when the requirement responsible for its origin no longer existed. The protracted therapeusis and dubious results of psychoanalysis in cases of long standing depersonalization are well known. Nevertheless in each of the cases reported the psychoanalytic approach either cured or appreciably lessened the co-conscious thinking with attendant relief to the patient.

Summary.

Pathological co-conscious thinking is an obsessional symptom involving thinking itself, and falls into the general categories of splitting of personality, feelings of unreality and depersonalization. In the cases observed it was associated with an unusual libidinization of thinking. A concept is proposed which regards thinking as current flow occurring in vertical and horizontal planes and in straight, circular or spiral directions. Co-conscious thinking takes place as a vertical splitting of the flow of thought current in the same lateral plane.

Double conscience and double consciousness are closely related—they may even be identical. Their development is dependent on the need for the protection of the biological ego against the dominance of a superego unsuited to ego needs.

In some cases studied evidence was brought out suggesting that both co-conscious mentation and depersonalization function in the nature of a defense activity against anxiety. This anxiety is latent and perhaps chronic but when co-conscious mentation is active, the anxiety may diminish temporarily. Co-conscious mentation is a mild form of schism not far removed from unreality phenomena and even from loss of consciousness such as may be induced by pharmacological and psychic shock. The diminution of active anxiety in cases of depersonalization suggests that this splitting process acts as a protection against anxiety and invites further investigation in connection with the phenomena of pharmacologically induced unconsciousness.

The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

The Predisposition to Anxiety

Phyllis Greenacre

To cite this article: Phyllis Greenacre (1941) The Predisposition to Anxiety, The Psychoanalytic Quarterly, 10:1, 66-94, DOI: 10.1080/21674086.1941.11925449

To link to this article: https://doi.org/10.1080/21674086.1941.11925449

Published online: 11 Dec 2017.

THE PREDISPOSITION TO ANXIETY

BY PHYLLIS GREENACRE (NEW YORK)

The considerations which I present have to do chiefly with the predisposition to anxiety and its relation to increased narcissism, especially in severe neuroses. I present these considerations largely in the form of questions rather than conclusions. The stages by which I arrived at these questions I give here in order to present the background of this paper: (1) the analysis of particularly severe neuroses in adults, (2) the searching for supportive or related data in the medical, psychiatric and psychoanalytic clinical experience of myself and others, (3) a supplementary review of some experimental work and observations, (4) a review of Freud's later publications concerning anxiety, especially The Problem of Anxiety, (5) and finally, a return to my own case material which I reviewed in the light of my questioning. For the sake of consolidating this presentation, however, I shall now take this circle of search in a little different order. I shall reserve the presentation of the case material for a subsequent paper in which I hope to discuss also some special considerations of treatment. I have chosen this order because I believe that the clinical material in itself is inevitably so detailed as to be possibly confusing unless the reader is already aware of the underlying thesis. In my work, however, the clinical material came first and the thesis was the result of my observations. In this paper I shall first discuss Freud's later statements concerning anxiety; I shall then present factual observations and the results of experiments of some significance in the problem of basic anxiety.

From the New York Hospital and Department of Psychiatry, Cornell University Medical College, New York.

Read before The New York Psychoanalytic Society on March 12, 1940.

I

In The Problem of Anxiety,[1] Freud says:

> 'Anxiety is the reaction to danger. . . . But the dangers in question are those common to all mankind; they are the same for everybody; so that what we need and do not have at our disposal is some factor which shall enable us to understand the basis of selection of those individuals who are able to subject the affect of anxiety, despite its singularity, to normal psychic control, or which on the other hand determines those who must prove unequal to this task.' (p. 121)

Then after commenting briefly on the inadquacy of Adler's organ inferiority explanation, Freud turns to a critique of Rank's birth trauma theories. What Freud says here is of importance in regard to his own evaluation of the rôle of the birth trauma and is in no sense an endorsement of Rank's somewhat mystical therapeutic aggrandizement of it.

> 'The process of birth constitutes the first danger situation, the economic upheaval which birth entails becomes the prototype of the anxiety reaction; we have already followed out the line of development which connects this first danger, this first anxiety-occasioning situation with all subsequent ones; and in so doing we saw that they all retain something in common in that they all signify a separation from the mother, first only in a biological aspect, then in the sense of a direct object loss, and later of an object loss mediated in indirect ways.' (p. 122)

Then, in objecting to Rank's emphasis on the severity of the birth trauma as a determinant — the main determinant — in producing varying degrees of intensity of the anxiety reaction in different individuals, Freud says:

> 'The emphasis on the varying severity of the birth trauma leaves no room for the legitimate ætiological claim of constitutional factors. This severity is an organic factor, certainly, one which compared with constitution is a chance factor, and

[1] Freud: *The Problem of Anxiety*. Trans. by H. A. Bunker. New York: The Psychoanalytic Quarterly Press and Norton and Co., 1936.

is itself dependent upon many influences which are to be termed accidental, such as for example timely obstetrical assistance. . . . If one were to allow for the importance of a constitutional factor, such as via the modification that it would depend much more upon how extensively the individual reacts to the variable severity of the birth trauma, one would deprive the theory of meaning and have reduced the new factor . . . to a subordinate rôle. That which determines whether or not neurosis is the outcome lies, then, in some other area, and once again in an unknown one. . . . For no trustworthy investigation has ever been carried out to determine whether difficult and protracted birth is correlated in indisputable fashion with the development of neurosis — indeed, whether children whose birth has been of this character manifest even the nervousness of earliest infancy for a longer period or more intensely than others. If the assertion is made that precipitate births . . . may possibly have for the child the significance of a severe trauma, then *a fortiori* it would certainly be necessary that births resulting in asphyxia should produce beyond any doubt the consequences alleged. . . . I think it cannot yet be decided how large a contribution to the solution of the problem [of the fundamental basis of neurosis] it [*i.e.*, difficult birth] actually makes.' (pp. 124–126)

From his chapter on Analysis of Anxiety in the same book I quote the following:

'But what is a "danger"? In the act of birth there is an objective danger to the preservation of life. . . . But psychologically it has no meaning at all. The danger attending birth has still no psychic content. . . . The fœtus can be aware of nothing beyond a gross disturbance in the economy of its narcissistic libido. Large amounts of excitation press upon it, giving rise to novel sensations of unpleasure; numerous organs enforce increased cathexis in their behalf, as it were a prelude to the object-cathexis soon to be initiated; what is there in all this that can be regarded as bearing the stamp of a "danger situation"? . . . . it is not credible that the child has preserved any other than tactile and general sensations from the act of birth [in contrast to Rank' s assumption of visual impressions]. . . . Intrauterine life and early infancy form a

continuum to a far greater extent than the striking cæsura of the act of birth would lead us to believe.' (pp. 96, 97, 102)

Here I realize we are symbolically and figuratively in deep water, but at the risk of finding myself in a sink or swim situation, I shall raise some questions now and repeatedly throughout the rest of the material of this paper. It certainly seems clear that the birth trauma occupies no such exalted place in etiology or therapy as was once assigned to it by Rank; it seems indeed to have fallen quite into disrepute as an etiological factor in the neuroses. Yet we raise the question whether variations in the birth trauma are so insignificant in their effect on later anxiety—when birth is indeed the prototype of human anxiety—as we have been assuming. Is the birth trauma so opposed to the importance of constitutional factors as is implied in Freud's critique of Rank's position, as really 'to leave no room for the legitimate ætiological claim of constitutional factors',[2] or may not the anxiety-increasing factors

[2] I believe that elsewhere Freud himself has stated his attitude a little differently, and clearly does not in general consider the constitutional and the accidental as leaving no room for each other. He deals with this in a forthright fashion in his footnote to the first paragraph of his article on the Dynamics of Transference (1912).

'We will here provide against misconceptions and reproaches to the effect that we have denied the importance of the inborn (constitutional) factor because we have emphasized the importance of infantile impressions. Such an accusation arises out of the narrowness with which mankind looks for causes inasmuch as one single causal factor satisfies him, in spite of the many commonly underlying the face of reality. Psychoanalysis has said much about the "accidental" component in ætiology and little about the constitutional, but only because it could throw new light upon the former, whereas of the latter it knows no more so far than is already known. We deprecate the assumption of an essential opposition between the two series of ætiological factors; we presume rather a perpetual interchange of both in producing the results observed. . . . The relative ætiological effectiveness of each is only to be measured individually and in single instances. In a series comprising varying degrees of both factors extreme cases will certainly also be found. . . . Further, we may venture to regard the constitution itself as a residue from the effects of accidental influences upon the endless procession of our forefathers.'

Coll. Papers, II, p. 312.

of a disturbed birth process combine with or reënforce the constitutional factors in the fashion of multiple determination of symptoms with which we are quite familiar? If the accumulated birth trauma of the past is so important as to leave an anxiety pattern in the inherited equipment of the race, is it then to be expected that the individual birth experience will have been nullified by this inherited stamp? If so, when does an anxiety reaction begin to appear—after birth, at birth, or is it potentially present in intrauterine life, to be released only after birth?

We are used to thinking of anxiety as having psychological content, but is there a preanxiety response which has very little psychological content? There are anxiety-like behavior patterns in lower animals, even in those that are not viviparous. The human anxiety pattern varies greatly in its symptomatic form. Most commonly it contains cardiorespiratory symptoms which seem indeed to be the nucleus of the birth experience. But are there events besides birth itself, perhaps in the way of untoward events in intrauterine life or in the first few weeks following birth, which might constitute danger situations and be reacted to with something akin to anxiety in fœtal life or in the first few weeks of postnatal life?

The fœtus moves about, kicks, turns around, reacts to some external stimuli by increased motion. It swallows, and traces of its own hair are found in the meconium. It excretes urine and sometimes passes stool. It has been repeatedly shown that the fœtal heartbeat increases in rate if a vibrating tuning fork is placed on the mother's abdomen. Similar increases in fœtal heart rate have been recorded after sharp loud noises have occurred near the mother. This finding is reported by a number of investigators. Two of them (Sontag and Wallace) found marked increase in fœtal movement in response to noise of a doorbell buzzer; this was especially strong and consistent when the buzzer was placed over the fœtal head. Responsiveness to sound began at the thirty-first week of intrauterine life and

increased as the fœtus neared term.[3] The fœtus may suffer hiccoughs, even as early as the fifth month; and respiratory-like movements are noted in the last month. Sometimes the fœtus sucks its own fingers and cases have been recorded in which the infant was born with a swollen thumb;[4] and it is by no means rare for newborn babies to put their hands directly to their mouths. One questions what has been the rôle of sucking in these cases. Has a fortuitous meeting of hand and mouth served any function and been prolonged because of this? It would seem that the fœtus is relatively helpless; and that while we cannot speak of any perception of danger, we still are faced with the quandary of what is the reaction to untoward conditions of intrauterine life, such as might in postnatal life produce pain and discomfort and be reacted to by crying. I raise the question whether the fœtus which even cries *in utero* if air has been accidentally admitted to the uterine cavity, reacts to 'discomfort' with an acceleration of the life movements at its disposal — sucking, swallowing, heart-beat, kicking. What is the relation of such accelerated behavior to anxiety? This is not the more or less organized anxiety pattern which we are used to thinking of as the anxiety reaction, to be sure; but do not these responses indicate an earlier form of anxiety-like response of separate or loosely constellated reflexes? I realize here that I run the risk of encroaching on the domain of neurology and reflex reactions, and on the field of biology which describes anxiety-like (frantic) behavior in lower animals

[3] Peiper, A.: *Sense Perception of the Prematurely Born.* Jahrb. f. Kinderh. 1924, pp. 104–195; 1925, pp. 29, 236.

Catel, W.: *Neurologic Investigations in Premature Children.* Monatsch. f. Kinderh. 1928, pp. 38–303.

Ray, W. S.: *Preliminary Report on a Study of Fœtal Conditioning.* Child Development, III, 1932, p 175.

Sontag, L. W. and Wallace, R. F.: *The Response of the Human Fœtus to Sound Stimuli.* Child Development, VI, 1935, pp. 253–258.

Forbes, H. S. and Forbes, H. B.: *Fetal Sense Reactions: Hearing.* J. of Comp. Psychol., 1927, VII, pp. 353–355.

[4] Ahlfeld, Friedrich: Verh. d. deutsch. Gesellsch. f. Gynäk, II, 1888, p. 203. Also see footnote (Gesell and Ilg) on p. 87 of this article.

and even insects. So I must retreat again to an attitude of inquiry.[5]

II

When we examine (vicariously) the behavior of the newly born infant (according to Watson's studies made in 1918–1919),[6] we find three types of emotional reaction, described by Watson as 'fear', 'rage' and 'love'. The behavior which Watson describes as a 'fear' response is 'a sudden catching of the breath, clutching randomly with the hands, sudden closing of the eyelids, puckering of the lips, then crying'. These responses are present at birth. Watson found no original 'fear' of the dark, and postulated correctly that later fear of the dark in older infants was due rather to the absence of familiar associated stimuli.

[5] In the chapter on Analysis of Anxiety (*The Problem of Anxiety*, pp. 105–107) Freud postulates a kind of anxiety signal which is different from the anxiety reaction itself, but sees the first as derived from the second, the latter being operative in the development of the actual neuroses, the former of the psychoneuroses. 'But when it is a matter of an "anxiety of the id", one does not have so much to contradict this as to emend an infelicitous expression. Anxiety is an affective state which can of course be experienced only by the ego. The id cannot be afraid, as the ego can; it is not an organization, and cannot estimate situations of danger. On the contrary, it is of extremely frequent occurrence that processes are initiated or executed in the id which give the ego occasion to develop anxiety; as a matter of fact, the repressions which are probably the earliest are motivated . . . by such fear on the part of the ego of this or that process in the id. We have good grounds here for once again distinguishing the two cases: that in which something happens in the id which activates one of the danger situations to which the ego is sensitive, causing the latter to give the anxiety signal for inhibition; and that in which there develops in the id a situation analogous to the birth trauma, which automatically brings about a reaction of anxiety. The two cases are brought into closer approximation to each other if it is emphasized that the second corresponds to the initial and original situation of danger, whereas the first corresponds to one of the anxiety-occasioning situations subsequently derived from it. Or, to relate the matter to actually existing disorders: the second case is that which is operative in the ætiology of the "actual" neuroses, the first is characteristic of the psychoneuroses.' What I am suggesting sounds as though it were comparable to this distinction, but it is really quite at variance with it.

[6] Watson, John B.: *Psychology from the Standpoint of a Behaviorist.* New York: J. B. Lippincott, 1919.

The conditions which he found capable of producing a 'fear' response were: (1) sudden removal of all means of support, *i.e.*, dropping the child (or this same condition in a lesser degree – namely the pulling or jerking of the blanket or the sudden sharp pushing of the infant itself when the child is falling asleep or just awakening, and (2) loud sounds made near the child. Thus we see here a response (with the addition only of the cry) similar to the one which presumptively is called forth *in utero,* and provoked by the reversal of the most favorable mechanical features of intrauterine life, namely, the full support of the fœtus, and the presence of a shock-absorbing fluid pad. The reaction to noise both in intrauterine life and immediately after birth raises the interesting problem as to whether this is real hearing or whether it is a tactile reaction to vibration. In favor of its being a reaction to actual hearing are the facts that embryological research has shown that the ear is functionally complete in anatomical structure and nerve supply long before birth,[7] and that many clinical observations of prematurely born infants indicate that they are almost uniformly hypersensitive to sound; also that fœtal reactions are greatest when the sound stimulus is applied over the fœtal head. Of this reaction to sound I shall have more to say later in the paper. It seems possible in fact that the intrauterine situation in which the fœtus is surrounded by water may furnish conditions in which sound is actually magnified: that is, the amniotic fluid may absorb mechanical shock but amplify sound.

The behavior which Watson characterizes as 'rage' is indicated in the newborn infant by 'stiffening and fairly well-coördinated slashing or striking movements of the hands and arms. The feet and legs are drawn up and down; the breath is held until the child's face is flushed. These reactions continue until the irritating situation is relieved, and sometimes beyond. Almost any child from birth can be thrown into rage

[7] Streeter, G.: *On the Development of the Membranous Labyrinth and the Acoustic and Facial Nerves in the Human Embryo.* Am. J. Anat., VI, pp. 139–166.

if its movements are hampered; its arms held tightly to its side, or sometimes even by holding the head between cotton pads'. Here I would emphasize that this behavior appears as an aggressive reactive response to situations which are at least faintly reminiscent of the recent birth experience, in which the child was perforce helpless and the victim.[8]

Watson designates as 'love' the response characterized by cessation of crying followed by smiling or gurgling, but does not differentiate between a positive pleasure gained and relative pleasure from relief of fear or discomfort. This pleasure response he sees produced as the result of stroking, tickling, gentle rocking, patting and turning upon the stomach across the nurse's knee. I do not know that it is necessary to comment further upon this here. These behavior reactions of newborns described by Watson would appear then as centrifugal and centripetal responses possibly correlated with disturbances of intrauterine life in the case of 'fear', and with prolonged or difficult birth processes in the case of 'rage'. This is too schematic, however, and I shall presently be in danger of overemphasizing a contrast beyond its value. Certainly in most instances they would combine and reënforce each other. In brief then, I would raise the question of a preanxiety intrauterine response to (threatening) stimuli, consisting of reflex oral, muscular, cardiac and possibly prerespiratory reactions. This precedes the anxiety pattern established by the birth

[8] Watson's division of the behavior into 'Fear' and 'Rage' has been questioned by other writers. I am concerned here, however, with the actual observations, rather than with his theoretical designations. While there is a considerable literature also on the related phenomena of the Morro reflex and the startle pattern in infants and adults, I do not wish now to become involved unnecessarily in these questions. From going over a number of reports in the literature it seems that reactions of newborns to loud sound and to loss of support are generally observed while the active reaction to confinement of motion is less constant. (Some writers describe the slashing rage-like movements only in some babies, while other babies show a quieting of activity.) This suggests to me that such behavior of the newly born babies varies, perhaps according to the pressure and firmness with which the infant is held, intense pressure producing the active 'rage-like' reaction; lighter holding pressure falling in the same category as patting, stroking, supporting stimuli, provokes the quieting response which Watson designated 'love'.

trauma, and probably augments it. It is inconceivable to me that there should be much psychic content to this, and it may indeed be the stuff of which blind, free floating, unanalyzable anxiety is constituted—sometimes adding just that overload to the accumulation of postnatal anxiety which produces the *severe* neurotic.

There is one other phenomenon sometimes associated with birth to which I would now call attention: the frequent appearance in male babies of an erection immediately after birth. (In a subsequent paper I shall have something to say regarding the corresponding reaction in the female.) Although this phenomenon has been frequently observed clinically, I am under the impression that systematic studies of its occurrence are lacking. It has mostly been observed and then passed by. There is a possibility, however, that its occurrence immediately following birth is not merely coincidental but is the result of stimulation by the trauma of birth itself. In a verbal communication from one of the obstetricians on the New York Hospital staff, I learned that erections in male babies are not the rule but are by no means rare. The erection is usually present immediately after birth. As this man described it, 'I turn the baby over, and there it is. I have to be careful not to clamp the penis in with the cord.' It had never occurred to him to consider the cause of these very early erections and he had no idea whether they were in any degree correlated with birth traumata or prolonged births. Again I ask, is there any correlation of such birth erections with anomalies or disturbances of the birth process resulting in more than the ordinary — and presumably benign — sequela of tension?

That extreme emotional excitation may be accompanied by an orgasm even in adults has also been noted [9] and is in line with Freud's early conception of the overflow of dammed up

[9] Freud: *Three Contributions to the Theory of Sex*. Fourth Edition. Nervous and Mental Disease Publishing Co., 1930. p. 62.

Köhler, in his observations on chimpanzees, noted that any very strong emotion 'reacted on the genitals'. (*The Mentality of Apes*. New York: Harcourt, Brace and Co., 2nd Ed., 1927. p. 302.)

libido. Cannon, approaching the same phenomenon from a physiological angle, says in discussing this, 'Certain frustrations which bring about strong emotional upheavals characteristically energize at least some parts of the parasympathetic division. . . . Great emotion, such as is accompanied by nervous discharge via the sympathetic division, may also be accompanied by discharges via the sacral fibres. . . . The orderliness of the central arrangements is upset and it is possible that under these conditions the opposed innervations discharge simultaneously rather than reciprocally'.[10] Later he states that 'any high degree of excitement in the central nervous system — whether felt as anger, terror, pain, anxiety, joy, grief or deep disgust — is likely to break over the threshold of the sympathetic division, and disturb the functions of all organs which that division innervates'.

Mrs. Margaret Blanton, in some observations on the behavior of the human infant during the first thirty days of life, published as far back as 1917,[11] noted that erections occur immediately after birth, and mentioned specifically erections in four different babies whom she studied. Although this study meticulously and objectively recorded the infant behavior, even measuring the angle of the erection, it is unfortunately of little value for our purpose as no systematic record of the behavior in relation to the infant's biography to date is given; nor was the total number of infants observed specifically mentioned, leaving us thus in the dark as to the frequency of the observation. Mrs. Blanton made some other interesting and rather striking observations, however, which may possibly fit in with and certainly do not contradict the line of my questioning. She noted sneezing as occurring even before the birth cry. Strong rubbing (in contradistinction to patting or stroking — the rubbing, for instance, of the first real cleansing of the body) is accompanied, she says, by the most intense screaming

[10] Cannon, W.: *Bodily Changes in Pain, Hunger, Fear and Rage*, 2nd Ed., Appleton, 1929.

[11] Blanton, M.: *The Behavior of the Human Infant During the First Thirty Days of Life*. Psychological Rev., XXIV, 1917. p. 456.

and rage-like reaction that the infant showed at any time during this first month of life. The screaming is most intense of all when there is vigorous rubbing of the scalp and of the back. I would point out here that these are obviously the areas of body surface which have been most exposed to trauma during the birth process. She also remarks that the kinesthetic sense is probably the earliest developed of all the senses, appearing, as may reasonably be supposed, before kicking does in the fourth or fifth month. (What is the basis of this conclusion?) She quotes Miss Millicent Shinn (Notebook No. 2) as referring to the quieting influence of monotonous jarring as compared with smooth motion. Mrs. Blanton observed that walking with a baby quiets it even on the first day, and that in her experience, babies almost never cried when being carried through the hospital corridor. This too seems to support Ferenczi's and Freud's suggestion of the practical continuum of fœtal and postnatal life; for the fœtus has, in fact, been accustomed to being carried for nine months subject to the rhythmical motion of the mother's walking.

In regard to finger sucking, Mrs. Blanton enumerates a number of instances occurring almost immediately at birth, the hand to mouth movement being so well established as to leave little doubt that it had already been established earlier. Here again we regret the lack of a systematic recording of the observations for each child. She indicates, however, that the finger sucking was sometimes especially strong in otherwise weak or disturbed infants. 'One baby (a blue baby) two hours old, put fingers directly into the mouth. Another, a cæsarian delivery, very feeble, was seen sucking two fingers so vigorously, it required a decided effort to remove them. She [the infant] put them back at once without trouble. . . . Another, a malformed baby [type of malformation not specified], at ten days and in a dying condition, put finger in his mouth after four trials, and the sucking reflex was moderately good.' This is circumstantial evidence, to be sure, but it is especially interesting that these are the instances specifically noted.

I have recently come upon some further observations from

a psychological laboratory which are somewhat supportive, though not conclusive, of the suggestions I have indicated. This is the experimental work of Dr. Henry M. Halverson of Yale.[12] Dr. Halverson studied reactions of ten male infants, varying in age from one to forty-three weeks, who were subjected to various nursing situations. Here again the observations are mitigated for our purpose by the psychological interest in the experiment rather than the infant. Even so, Dr. Halverson's results are extremely interesting to us. He observed erections of the penis occurring quite frequently during some nursing situations; actually sixty times in two hundred and twelve different situations of eight different types.[13] It is first to be noted that the erections took place characteristically (with the exception of the first situation) in situations in which there was some frustration in the nursing—delay, difficult nipple, removal of breast or nipple. There were three situations in which there was an especially high frequency of erections in proportion to the frequency of the situation: (1) in sucking at a difficult nipple, where erections occurred twenty-four times in twenty-nine such situations; (2) on removal of the breast (prematurely), where erections occurred ten times in fifteen such situations; and (3) during sucking at an empty (air) nipple, where erections occurred thirteen times in thirty-nine such situations. On the other hand an erection occurred on removing the difficult nipple only once out of twenty-nine such situations. (Chart 1.) Halverson does not make clear whether this single instance was in an infant who had had no erection during the nursing on the difficult nipple but had developed one on its removal, or whether one of the twenty-four infants was doubly stimulated by frustration: first by the difficulty of the nipple, and then by the removal

[12] Halverson, H. M.: *Infant Sucking and Tensional Behavior.* J. of Genetic Psychol., 1938, LIII, pp. 365–430.

[13] The eight type situations were: (1) when the infant was being carried by the nurse, (2) two-minute delay in feeding, (3) breast removed, (4) easy nipple removed, (5) sucking at difficult nipple, (6) difficult nipple removed, (7) sucking at empty nipple, and (8) empty nipple removed.

of even this modicum of sucking comfort. Halverson also remarks that erections never occurred during sucking at the breast or at an easy nipple. The appearance of tumescence, according to Halverson, 'occurred decidedly most often associated with vigorous body movement, and fluctuating gripping

FREQUENCY AND NUMBER OF ERECTIONS	Frequency of Situation	No. of Erections
1. Infant carried or held by nurse	29	3
2. Two minute delay in feeding—gripping pressure only	29	5
3. Breast removed	15	10
4. Easy nipple removed	3	1
5. Sucking at difficult nipple	29	24
6. Difficult nipple removed	29	1
7. Sucking at empty nipple	39	13
8. Empty nipple removed	39	3
TOTAL	212	60

(from Halverson)

CHART 1

pressure with the infant quiet or quieting'. In other words, the tumescence was associated with a general reaction to the frustration and did not appear as an isolated phenomenon.

The author also correlated the situations of the appearance of tumescence with those of detumescence. (Chart 2.) This brings out some striking findings: viz., that in ten instances where erections occurred in sucking at a difficult nipple, they disappeared when an easy nipple was given; and in nine cases where erections occurred when the breast was withheld, they disappeared when the breast was restored. These findings seem outstanding, as they indicate the importance of frustration excitement in the situation of tumescence. Halverson again summarized the behavior as follows: 'Tumescence is accom-

panied by restlessness, frequent fretting or crying, marked alterations in muscular tension and vigorous body movements, most of which have no connection with sucking activity. Detumescence is accompanied by general quiescence, during which the muscles may be relaxed or *in a state of sustained tension'* (p. 412). (The italics are mine, as I would emphasize

FEEDING CONDITIONS UNDER WHICH ERECTIONS OCCURRED	FEEDING CONDITIONS UNDER WHICH ERECTIONS DISAPPEARED											
	Sucking at easy nipple	Breast restored	Weak sucking and mouthing	Resting and mouthing	Sucking air	Resting	Sucking at own bottle	Nipple removed	Sucking at difficult nipple	Weak sucking	Infant removed
Sucking at difficult nipple	10	..	2	4	2	2	1	1	2	..	..
Sucking air	1	..	3	1	1	2	1	..	1	1	1
Withholding breast	1	9	..	..	..	..	..	..	..	..	..
Delayed feeding—gripping pressure only	1	..	..	..	1	..	3	..	..	..	..
Delayed feeding—held by nurse	..	..	..	..	..	1	1	..	..	..	..
Sucking air—nipple removed	1	..	..	1	1	..	..	..	..	..	..
Easy nipple removed	1	..	..	..	..	..	..	..	..	..	..
Difficult nipple withheld	..	..	..	..	..	..	..	..	1	..	..

(from Halverson)

CHART 2

here that this might appear then as a residual tension, or paradoxically, comparative relaxation.) The author believes that erections are probably quite common from birth, but are not observed because of the presence of clothing and the general taboo against noticing this phenomenon.

While these results of Dr. Halverson's experiments are harmonious with the assumption of anxiety even to the point of accumulation and a general overflow, any evidence of the association of any such susceptibility to discharge of anxiety or the possible correlation of it with the disturbances of the

prenatal, natal, or very early postnatal experiences is lacking, as the experimenter made no effort to view his material from this angle. Here, however, is a useful field for observation if the coöperative interest of the obstetrician and the pediatrician can be obtained; and while we still lack direct observations (which Freud so earnestly wanted) as to the effects of difficult birth, this nevertheless seems possible, and even a step nearer of attainment.

There are two other groups of observations in fields adjacent to psychoanalysis that contain facts of some relevance to the problems I have been discussing: (1) pathologicoanatomic evidences of the degree of trauma resulting from birth or conditions associated with birth; (2) clinical observations on very young, prematurely born children.

Concerning, first, the pathologicoanatomic evidences of trauma occurring at birth, there are many facts available. The mass of evidence is that *cerebral injury resulting from birth is very much more common than one might suppose.* There is an excellent review of this subject in a monograph by Ford published in 1926,[14] from which I shall select some findings pertinent to our problems. While the study indicated that birth trauma did *not* play the etiological rôle in the spastic paraplegias and hydrocephalus that had been assigned to it,[15] the secondary implications of the study are important. The pathologicoanatomic study was made of course on the dead victims of the birth struggle; but the author notes, 'There is some evidence that intracranial hemorrhage occurs in babies who survive and may even show no clinical signs of (gross) birth injury. . . . Old blood pigment is found in the meninges of babies up to the ninth month even where there is no (clinical) evidence of injury at birth.' Routine lumbar punctures done within a few days after birth show modified blood

[14] Ford, F. R.: *Cerebral Birth Injuries and Their Results.* Medicine, V, 1926, pp. 121–191.

[15] It is of incidental interest that this was the conclusion of Freud also, in a monograph published by him in 1897 on *Cerebral Birth Injuries.*

in the cerebrospinal fluid in a surprising number of instances without clinical indications of trauma.[16] Please do not think that I am implying that anxiety comes from blood in the meninges. I emphasize these facts simply because such a finding is a positive indication of one kind of trauma associated with birth and is in some measure an index of the degree of trauma occurring.

The same study also gives evidence that injury to the cerebrum, even to the extent of petechial hemorrhages in the white matter, results not so much from the trauma of the birth process as from asphyxia and strangulation which may occur with birth and may also occur in some degree through circulatory disturbances if the cord is caught around the fœtal neck *in utero*.

Other pathologicoanatomic findings of note are evidences of disturbances of intrauterine life which leave gross effects on the fœtus, without any clinically observable disturbances in the maternal health. Some fœtal disturbances formerly thought to be due to defects in the germ plasm or to accidents at birth are evidently caused rather by local fœtal illness. We are quite used to the idea that the fœtus may suffer from systemic maternal disease; but it is pointed out (by Ford and Dandy) that in hydrocephalus, in which mechanical birth trauma was previously thought to play an important part, examination reveals adhesions and structural changes of meningitis resembling closely those found in meningococcus meningitis in adults, and that such occur without being associated with any history of maternal illness. There is further evidence of a very high incidence of intracerebral hemorrhage in prematurely born babies where the effect is not so much due to the pressure of labor as to the state of unpreparedness for extramural life of the tissues of the infant at the time of birth. Much greater sensitivity of the skin and fragility of the cutaneous and retinal

[16] Ford quotes a report of blood in 14% of the cerebrospinal fluids obtained by routine lumbar puncture following birth in 423 colored babies. Only 6% of these babies had shown any clinical evidence of cerebral lesion, and less than 3% died.

vessels have been demonstrated in prematurely born babies than are found in the infants born at term.

It is well known that infants born without any cerebral hemispheres[17] may, none the less, carry out all the normal early activities, including sucking and crying. Evidently then, these may exist at first entirely at a reflex level. Severe cerebral injury, however, seems to add signs of cortical irritation: localized twitchings and convulsions.

These findings seem to me important as indicating the frequency, the intensity and the far-reaching effects of birth trauma and of the variations in the birth process. They suggest the possible intensification of the organization of the anxiety pattern at birth at a reflex level and in the absence of psychic content. How this psychic content may later develop, partly out of dawning self-awareness during the first months of extra-uterine life, and partly elaborated through and coalescing with the infantile birth theories of the young child with contributions from the stories he hears regarding his own birth—this I hope to consider a little more definitely in a subsequent paper dealing with the clinical pictures in some cases of severe anxiety hysteria.

Surveying the clinical observations on young prematurely born children, we find interesting facts. There are two particularly important studies of behavior, one by Shirley[18] at the Child Development Center in the Harvard School of Public Health, the other by Mohr and Bartelme[19] in Chicago. Neither of these gives us the very early day by day observations we desire, but they at least present some controlled observations. Shirley's report is the more valuable to us because it includes observations on sixty-five infants made periodically from three months to five years, while the other studies include fewer very

[17] Two such infants were born at the Johns Hopkins Hospital during the ten years I was associated with that hospital; numerous other instances have been reported elsewhere.

[18] Shirley, Mary: *A Behavior Syndrome Characterizing Prematurely Born Children.* Child Development, X, No. 2, 1939.

[19] Hess, Mohr, and Bartelme: *The Physical and Mental Growth of Prematurely Born Children.* University of Chicago Press, 1934.

young children. Shirley states that young prematurely born children (those up to the age of two and one-half years) were much more keenly aware of sounds and very early seemed more interested in their meaning than full term babies of the same age. They were distracted by footfalls, voices, and incidental noises. Older prematures (those in the two-and-one-half to five-year-old group) often manifested the 'hark' response, stopping in their play and whispering in a startled voice, 'What's that?' at the hiss of a radiator, the chirp of a cricket, or the dropping of a paper. Premature babies were more fascinated by a yellow pencil used in the test than were full term infants. Yellow objects were definitely preferred to red ones, and this preference for yellow seemed in many instances to persist through the early years. Premature babies seemed also to be more keenly aware of ephemeral visual phenomena like shadows, smoke plumes, dancing motes in a sunbeam, or reflections thrown by a mirror. The observer thought, however, that this visual-sensory sensitivity was less marked and less easily checked than the other characteristics she noted. Although premature babies seemed to respond as well as 'normal' babies in comprehension of speech and in making attempts to imitate words, they had more difficulty in achieving correct pronunciation, persisted longer in baby talk, and showed substitutions of letter sounds. (Mohr and Bartelme reported a higher percentage of stammerers in older prematures.) In general, prematures showed difficulty in manual and motor control. They had difficulty in pointing, showed tremors readily, spilled and scattered objects, and frequently went 'all to pieces' after making especially sustained efforts at manual manipulation. They were delayed in walking and tended to be clumsy. In activity, they went to extremes, tending to be soggy and inert or to be overactive and distractable, and had short spans of attention. In the older group (two and one-half to five years of age) these children might continue to work or play 'at a high level of interest and concentration until they collapsed in rage from fatigue and frustration'. The author also notes that premature children stood out above others in the desire to create artisti-

cally (especially through drawing and painting), although they were conspicuously less able, because of their poor motor coördination, to produce very effective results. The emotional responses of the prematures were noted generally to be volatile, with marked petulance, irritability, shyness, and a tendency to explode in a panic or a tantrum. There was a greater incidence of enuresis and day dribbling in the prematures than in others. The author submits no findings about thumb sucking, but Mohr and Bartelme reported that more than 20% of their group showed thumb sucking which persisted beyond twenty-eight months of age. In an attempt to make a quantitative study of these characteristics, Shirley made observations of premature infants comparing them with an equal number of observations of infants born at term. Here are three tables adapted from her report:

CHARACTERISTICS SHOWN IN TEST SITUATIONS

Age group (6–24 months)	50 Prematures	50 Controls
Interest in yellow pencil	16	0
Distraction by sounds	36	6
Throwing toys around	30	6
Banging and slapping toys	20	10
Trembling and shuddering	18	10
Hesitate to touch toys	10	12
Comprehend but refuse to perform	18	8
Seek adult help	22	6

CHART 3

(from Shirley)

CHARACTERISTICS SHOWN IN TEST SITUATIONS

Age group (2½–5 years)	22 Prematures	22 Controls
Very distractible	45	13
Distracted by sounds	18	4
Short attention span	13	9
Trembling	9	4
Throwing toys around	13	9

CHART 4

(from Shirley)

CHARACTERISTICS MANIFESTED DURING PLAY PERIOD

Age group (2½–5 years only)	30 Premature	30 Controls
Remarks about unusual sounds	67	37
Speech difficulties	60	23
Crying in play room	80	57
Rapid change from toy to toy	43	23
Jittery—nervous	83	27
Bowel movement during play	40	30
Five or more urinations	27	12

CHART 5

(from Shirley)

Although these findings by Shirley, some but not all of which have been confirmed by other observers, deal predominantly with children already old enough to be surrounded by complicated life situations possibly outweighing the single factor of prematurity, the picture gives the impression of markedly increased infantile anxiety. How much this is due to the discrepancy between the earlier time development of sensory sensitivity and the later motor coördination, and how much it may be due to the traumatic factor, is not clear.

To summarize, (1) there is evidence of the possible existence of a preanxiety reaction occurring in fœtal life, consisting objectively of a set of reflex reactions; (2) there seems to be an increase in the intensity of such responsiveness occasioned by the presence of untoward conditions of the prenatal, natal, or immediately postnatal period, such an increase presumably leaving a kind of deepening of the organic stamp in the pattern of response; (3) it seems evident that this preanxiety response is, in the fœtal period, devoid of psychic content and probably is to be regarded as pure reflex whereas the birth experience, especially where there is severe trauma, would seem to organize the scattered responses of the fœtal period with the addition of the birth cry and what it entails, into the anxiety reaction of which birth itself has been considered the prototype; (4) although the prenatal period is, as Ferenczi pointed out and Freud emphasized, practically a continuum with the postnatal

life, the cæsura of birth has not only the organizing effect of a single momentous event, but it also marks the threshold at which 'danger' (first probably in the sense of lack of familiarity) begins to be vaguely apprehended and it is therefore the first dawn of psychic content.

There are other problems which suggest themselves along these lines. There is first the question of whether an increased overload of preanxiety, something felt presumably as simple organic tension, is capable of producing a diffuse overflowing reaction including at one and the same time oral, sphincter, and genital stimulation at a reflex level. Further, is it possible that chance touching of the mouth by the hand may produce a premature oralization on the basis of the very earliest autoerotic response tending to promote relaxation of tension? Again, is similar specialized sensitization possible in the case of other zones, anal and genital? We ask, in other words, whether repeated accumulated simple organic tension of the fœtus, diffusely discharged, might not deepen reflex response reactions in a way which would anticipate and tend to increase the various later polymorphous perverse stages; or whether some libidinal phase, probably most frequently the oral, might not be accentuated by being anticipated in fœtal life, and a preliminary channelization for discharge established.[20]

III

I am quite aware that these borrowed observations are by no means conclusive, and that it may justly be said that I am conjecturing. Having committed myself thus far, however, I

[20] Gesell and Ilg *(Feeding Behavior of Infants.* New York: J. B. Lippincott, 1937) quote Minkowski as eliciting an oral reflex associated with movement of the leg when lips were stroked in a fœtus at the beginning of the second lunar month of intrauterine life. Opening and closing of the mouth appeared as a discrete local reflex at about the eighteenth fœtal week. They conclude that 'it is safe to say that many of the elementary neural and muscular components of sucking and deglutition are prepared as early as the third or four month. . . . Even the hand to mouth reaction is anticipated in utero.' (p. 15) Gesell notes (p. 123) 'that more boys than girls are thumb suckers; and also that thumb suckers are good sleepers, but otherwise are inclined to be more rather than less active and given to sudden fatigue'.

shall go further and ask, 'What might be the effect of such early increase in the anxiety potential, provided this does occur, on infantile narcissism?'

Now narcissism is difficult to describe or define. It is, one might say, the great enigma of life, playing some part at one and the same time or in alternating phases in the drag of inertia and in the drive to the utmost ambition, and contributing its share to the regulating function of the conscience. Freud speaks of the 'narcissistic libido' of the fœtus, in the passage already quoted, and suggests that its gross economy is disturbed by birth. We can hardly think of the fœtal narcissistic libido being more than a degree of sensitivity and susceptibility to stimulus, bringing about the response which I have characterized as the reflex antecedent of the later anxiety response. Freud speaks elsewhere of narcissism as the 'libidinal complement to the egoism of the instinct of self-preservation, a measure of which may justifiably be attributed to every living creature'.[21] This is an extremely significant statement, for it implies that narcissism is coincident with life throughout and that narcissistic libido is in fact to be found wherever there is a spark of life. We can readily see then, that there is a peculiar complexity to the conception of narcissism in the fœtus which occupies a unique position between individuation and functioning as part of a whole larger than itself. Practically, however, we would think that in the fœtus the narcissism is reduced to its simplest terms, being almost or entirely devoid of psychic content. I can only think that the disturbance of the gross economy of fœtal narcissistic libido which occurs at birth is just this: some transition from the almost complete dependence of intrauterine life to the very beginnings of individuation, at least to the quasi-dependence outside the mother's body instead of the complete dependence inside. That this transition is accomplished with a marked increase of tactile, kinesthetic, and light stimulation seems evident.

21 Freud: *On Narcissism.* Coll. Papers, IV, p. 31.

There are some attributes, derivatives or forms of postnatal narcissism with which we are familiar under whatever names: (1) the sense of omnipotence with its derivatives; (2) the overvaluation of the power of the wish and (3) the belief in the magic power of words; (4) the mirroring tendency, derived partly from primary narcissism and partly from an imperfectly developing sense of reality, the two in fact being hardly distinguishable. It seems to me quite evident that an increased early infantile anxiety can be expected to be associated with a complementary increase in the infantile narcissism (cf. Freud's statement quoted above); that in fact excess narcissism develops as part of the organism's overcoming of the excess anxiety before it can function even slightly as an independent unit in the environment. We might figuratively refer to the simplest primary narcissism in its relation to anxiety as surface tension which may be great or little according to the organism's needs. It is evident that in the birth experience the cry of the newly born infant is the main addition to the prenatal activity, and while it seems largely determined by reflex responses, it is quickly assimilated into behavior both as a primitive emotional expression and a call for attention. That this latter function continues to be utilized in a way to materialize or substantiate omnipotence need hardly be remarked. The cry, in one sense, is the simplest forerunner of speech, though originally appearing as a simple discharge of nervous excitation.

In this paper, I am not concerned with the vicissitudes of speech development other than to point out that the belief in the magic power of words is probably in line of descent from the utilization of the cry of rage at birth.

The 'mirroring' part of narcissism I believe has its simplest beginning in the incomplete psychic differentiation of the infant from its surroundings, which now include the mother—in the change in fœtal narcissistic libido economy entailed in beginning individuation, in the pinching off of the amœbic pseudopod, to use a homely biologic metaphor. I am inclined to believe that this involves dim psychic content from the time

of birth, content which is closely related to and dependent on vision, and which develops almost as early if not coincidentally with the cry as a means of communication. Mrs. Blanton noted that a large percentage of babies fixate on light at birth; other authors have noted that even within the first few weeks babies seem to have some recognition of a familiar face and cry when confronted with an unfamiliar one. I am inclined to believe that probably quite early this tendency to cry, i.e., to show an anxiety response to the unfamiliar, becomes augmented by another factor, something which I would characterize as a kind of visual and kinesthetic introjection of those around the infant. The child reacts with a puckered, worried or tense expression when people around are cross or gloomy. This may come about through an association of mild discomfort (the restricting, frustrating sensations of being held or handled by a tense and jerky nurse or mother) with the gloomy expression which it sees; nevertheless the infant soon seems to make the connection directly, an anxious nurse being reflected in an anxious baby without the intermediate kinesthetic link. This is an observation of which sensitive nurses are quite aware. This is a kind of centripetal empathy; perhaps introjection still remains the best word. At any rate I believe that babies vary greatly in this obligatory capacity to reflect those around them, and that it is the tense, potentially anxious infant that is the most sensitive reflector. This may, indeed, have something to do with the peculiar clairvoyant quality sometimes encountered in severe neurotics, and may be even more closely related to the marked facility of identification in severe hysterics who so readily assume the symptoms of those around them.

The infant's developing adaptation to the outer world soon proceeds, however, beyond this introjective stage to a more definite sensing of the environment as separate from itself, involving in this, however, oscillations between introjection and projection. In Freud's article 'Negation',[22] he described

[22] Imago, XI, 1925.

the preliminary ignoring of reality as a transition stage in its acceptance, and stated that acceptance itself implies a second stage of verification—the perception that the unpleasant experience is *really* true. Freud says in this paper, 'The first and most immediate aim of testing the reality of things is not to find in reality an object corresponding to the thing represented, but to *find it again,* to be convinced that it is still there.' This is certainly familiar enough in the experience of adult life when one sees some particularly shocking sight: there is an initial anxious tendency to block it out, and only by actually reviewing it or recalling it visually is it finally assimilated as a fact. This is, indeed, the familiar abreaction. All this is discussed in Ferenczi's paper On the Acceptance of Unpleasant Ideas,[23] as well as in his earlier one (1913) On Stages in the Development of a Sense of Reality, in which he endeavored to show also that the fixation point of the psychoses occurs at this stage. Now this touches what I have thought about the severe neuroses: that where infantile predisposition to anxiety is great due to an overload of potential in the prenatal, natal, or immediate postnatal experience or the combination of this with constitutional factors, new anxiety occurring at this period might pull down the whole load as it were, and by its peculiar paralyzing effect on the organism, impair the sound synthesis of these two stages of reality. Such patients often have, in fact, an extraordinarily clear and vivid visual representation of reality, but one which is insecure and easily dislodged. This disturbed or fragile sense of reality is observed clinically in connection with the too easy identification of such patients with those around them. They are hunting eternally for satisfactory and secure models through which they may save themselves by a narcissistic identification.[24] On

[23] Ferenczi, Sandor: *Further Contributions to the Theory and Technique of Psychoanalysis.* London: Institute of Psycho-Analysis and Hogarth Press, 1926, p. 367.

[24] Do Wittels' 'Phantoms' have their inception here? *Cf.* Wittels, F.: *Unconscious Phantoms in Neurotics.* This QUARTERLY, VIII, 2, 1939. *Psychology and Treatment of Depersonalization.* Psa. Review, XXVII, 1, 1940.

the surface it appears later as a scattered, superficial pseudo competitiveness.

While I have laid considerable emphasis in this paper on the possible exigencies of intrauterine life and the trip through the birth canal, I believe that severe traumata occurring during the first weeks of postnatal life would have a comparable effect. I would again emphasize that I see these factors as producing a *predisposition to anxiety* which combined with constitutional predilections might be an important determinant in producing the severity of any neurosis; for such anxiety is a burden, ever ready to combine with new accesses of anxiety later on in childhood and throughout life.

I know that in presenting this paper, I run some risk of being misunderstood. It is possible that the same human tendency to which Freud refers (in the footnote at the beginning of the article on the Dynamics of Transference that I have already quoted), the tendency to narrow the conception of causes to a single cause, or to single out only one adversary to be attacked, may cause some to conclude that I am just dusting off and reviving the birth trauma theory with slight modifications and an intrauterine embellishment, and that I am thereby avoiding dealing with the events of the first few years of life. This is not my intention. If I did so, I should be reducing treatment to a very fatalistic management basis—little better and no deeper than therapy by adroit management of the current situation of the patient which, to be sure, is so often necessary in psychiatric practice. I hope that by bringing this possible misconception to the fore in advance, I may at least partially forestall it. In a later paper I shall present some clinical material with a statement of what I have found useful in treatment of these especially severe neuroses. I shall indicate the ways in which I believe this excess narcissism and anxiety may be managed during the course of analysis—the ways which must be used, in fact, in order that a 'regular' analysis dealing primarily with the disturbances of libidinal development may proceed. Certainly the excess of narcissism in these cases is the presenting and terrifying prob-

lem to the analyst. But I am inclined to think that the narcissism can be educated sufficiently, if it is carefully done, to permit the patient to stand the pain of the analysis, provided that due heed is given at the same time to the blind anxiety which is the cornerstone of this insecure character structure. Much can be salvaged for such patients, many of whom are talented, intuitive people.

Summary

Freud considers that anxiety is the reaction to danger, and that birth is the prototype of the anxiety reaction. He sees this, however, as operating through the assimilation into the constitution (genetically) of the endless procession of the births of our forefathers. He doubts the importance of the individual birth experience in influencing the quantum of the anxiety response, largely because the birth experience is without *psychological* meaning; at the same time, nevertheless, he emphasizes the continuity of the intrauterine and the postnatal life.

From the various experimental and clinical observations cited, the question arises whether we may not look at this in a different way. The anxiety response which is genetically determined probably manifests itself first in an irritable responsiveness of the organism at a reflex level; this is apparent in intrauterine life in a set of separate or loosely constellated reflexes which may become organized at birth into the anxiety reaction. How much this total reaction is potentially present but not elicited before birth, and how much birth itself may, even in the individual life, play a reënforcing or an organizing rôle, is not clearly determinable at present. Certainly, however, 'danger' does not begin with birth but may be present earlier and provoke a fœtal response which is inevitably limited in its manifestations and exists at an organic rather than a psychological level. Variations in the birth process may similarly increase the (organic) anxiety response and heighten the anxiety potential, causing a more severe reaction to later (psychological) dangers in life. Painful or uncom-

fortable situations of the earliest postnatal weeks, before the psychological content or the means of defense have been greatly elaborated, would similarly tend to increase the organic components of the anxiety reaction.

Observations on the special reactions of the fœtus in intrauterine life and at birth give rise to new questions as to the effect of these on the later libido development. Further, where there is an increase in the early anxiety there is an increase in the narcissism. This situation favors an inadequate development of the sense of reality and furnishes additional predisposition to the development of especially severe neuroses or borderline states.

The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

A Case of Stuttering

Else Heilpern

To cite this article: Else Heilpern (1941) A Case of Stuttering, The Psychoanalytic Quarterly, 10:1, 95-115, DOI: 10.1080/21674086.1941.11925450

To link to this article: https://doi.org/10.1080/21674086.1941.11925450

A CASE OF STUTTERING

BY ELSE HEILPERN (TOPEKA)

Stuttering has been thought of in many ways, especially as a disease on the organic neurophysiological level. It has been envisaged as a manifestation of a relative reduction in cortical control resulting in the absence of an excitation in the central nervous system of sufficient potency and complexity to integrate the complete mechanism of speech. The management of stutterers has been attempted by physical and mental hygiene, by the unification of motor leads, by writing and speaking exercises. Not until the dominant importance of the functional disturbance of the speech function was recognized was it possible either to discover an adequate explanation or a successful treatment of stuttering.

The understanding of stuttering has been developed particularly through psychoanalytic investigation. From insight into the stutterer's previously hidden unconscious mechanisms, a specific therapy has been evolved.

The investigation of stuttering ranges from vague and general statements to the most precise and detailed insight. Flügel in a note on the phallic significance of the tongue, rests content to say: 'Although the psychical mechanisms connected with stammering have not yet fully been revealed, it is clear that they are closely connected with feelings of inferiority, and perhaps also with ideas of castration'. Stekel *(Nervöse Angstzustände)* gives correct diagnoses, but does not go far enough in analysis. Appelt (The Real Cause of Stammering) believes a physiological predisposition, weak nerves of speech, to be determinent of stammering as one form of expression of a repressed complex. Eder in his account of two interesting cases (Stuttering, a Psychoneurosis, and its Treatment by

Read before the Chicago Psychoanalytic Society, December 1939.

Psycho-Analysis) gives many important factors: homosexuality, masturbation, anal eroticism, identification with the father, return to baby speech, humiliation, secretiveness, etc.; but he is more interested in proving the connection with repression and sexual disturbance than in giving precise dynamics.

Abraham in Berlin related the case of a stutterer who at three to four years of age was an elocutionist admired for his recitations in poetry. Freud noted that as children stutterers are given to making jokes, and this child was a good case in point. After he ceased giving recitations the boy took pleasure in exhibiting his buttocks. The later impossibility of pronouncing the initial letters of several words had the significance of an anal-erotic process of contraction shifted to the mouth. The stuttering was a neurotic symptom which represented the anxiety attached to the exhibitionistic pleasure of passing flatus. The patient's libido was strongly anal-sadistic. He could talk best when he was saying something malicious to other men.

R. Brun (The Psychoanalysis of Stammering, 1922) states that the repressed pleasure from an infantile anal fixation is transformed into coprolalia according to the following scheme: (1) dirty talk is forbidden; (2) one is never quite sure that a nasty word might not escape all the same. There is nothing for it but to be altogether silent (mutism), yet as talk has to be maintained, it must be constantly held in check. So the repression succeeds only partially and stammering results.

N. N. Searl reports 'A Case of Stammering in a Child'.[1] Peter made the pronunciation of some words more difficult. Instead of saying like most infants, 'Oo do it', Peter made it an explosive 'Dtchoo do it'. He was actively destructive. He tried to strangle his baby sister of whom he was extremely jealous. Playing with water and a tin with a lid, he tried to imitate the noise of 'little busy' and 'big busy'. His stammering was extreme. Searl said to him, 'You are trying hard; you have to try hard when you do big busy, don't you?' Whereas, on flushing the toilet, he had formerly rushed away

[1] Int. J. Psa. VIII, 1927.

with noises of mingled delight and terror, now after a period of treatment he ran back, spat into the toilet, and cried, 'I bited him'. The release of his anal defiance was clear, and his stammer all but disappeared. Searl calls the principal mechanism of Peter's stammer a displaced and combined anal obedience (trying hard), and defiance (holding back). His excessive anal sadism followed the pattern of a strong oral sadism and was too regressive as the result of his castration fears. 'I bite Daddy' snee-nee', he declared. Putting matches into the opening of an electric outlet he said: 'Must do it carefully. Little seeds will come out of the other hole. . . . What was Daddy doing when I heard him in bed? I woke up and heard a funny noise.' He illustrated by emitting a succession of grunts. The displacement from the anus to the mouth in the stammer had been accomplished through identification with his father in the act of coitus. It at once demonstrated his love for his mother (obedience), gave vent to the rivalry with his father (forceful emissions), and was a defiance of the authority of both (holding back).

Isador H. Coriat in an early paper [2] stated that stammering was a psychoneurotic disturbance whose chief mechanism was a conflict produced by resistance against betrayal through speech of certain repressed trends of thought, preëminently of a sexual nature. These repressed trends were found on analysis to refer principally to the œdipus, other sexual acts or thoughts, masochistic fantasies, tabooed words relating to the sexual, urinary or anal functions (forbidden coprolalia), and finally, the pleasure associated with early stages of the organization of the libido.

In a second communication [3] Coriat discusses the effect of the pregenital oral libidinal tendency upon the pleasure principle involved in the speech of stammerers. In the analysis of nearly all stammerers there is a persistence of belief in the

[2] Coriat, Isador H.: *Stammering as a Psychoneurosis,* J. of Abnormal Psychol., IX, 1915.

[3] Coriat, Isador H.: *The Oral-Erotic Compounds of Stammering.* Int. J. Psa., VIII, 1927.

omnipotence of thought which leads to an omnipotent evaluation of speech either in the form of verbosity for the pleasure of uttering words and gratification by the oral discharge, or a taciturnity which is a type of resistance. Both these tendencies operate on the anal level, in the one case as an anal-erotic explosion, in the other a retention in the sense of parsimony which belongs among the anal-erotic character traits. In addition, many cases of stammering are conditioned by a conflict between the ego ideal to conceal, and the libidinal desire to enunciate obscene words. Stammering is therefore a form of oral-erotic gratification, an actual reproduction in adult life of the sucking and biting manifestations of the pregenital oral libido. The oral reaction of sucking possesses a rhythmic character and this explains the fluctuations in the speech of stammerers, as shown by the variations between great difficulty of enunciation and perfect vocalization. In one instance, besides the frequent sucking movements with the lips and excessive salivation, there was associated with the paroxysm of stammering, deep breathing, rapid heartbeat, perspiration, yawning; this was followed by a feeling of relaxation after the enunciation of a difficult word. This was felt by Coriat to be an actual reproduction in adult life of the reaction of the infant to nursing, a gratification of oral-erotic pleasure in sucking reënacted in maturity.

These observations are supplemented in a third paper from the same author[4] in which he refers to stammering as an extreme type of anal-erotic disposition in neuroses, appearing in its severest form in the guise of constipation, leading in analysis at times to almost complete dumbness and a poverty of free associations as a form of stinginess. Sometimes real constipation appears as a secondary substitute for stammering, a resistance against losing the phallus (castration), the tongue having a well-known phallic significance. This castration anxiety is the fear of losing the tongue because of the forbidden pleasure involved (sucking) and of becoming phoneti-

[4] Coriat, Isador H.: *A Type of Anal-Erotic Resistance.* Int. J. Psa., VII, 1926.

cally impotent, the worst form of punishment which can overtake the narcissistic stammerer. The castration anxiety is therefore resisted by transferring it to a zone of less libidinal importance, the anal, where the constipation acts as an equivalent.

The results of the psychoanalysis of stuttering have been summarized by Fenichel:[5] 'It is a pregenital conversion neurosis presupposing an erotization of the speech function; the disturbance which concerns the speech function involves infantile sexual strivings; regularly it has a pregenital, mostly anal, and underlying oral character; its aims are almost constantly of an exhibitionistic and sadistic nature. Therefore, to explain a case of stuttering analytically means (1) to examine whether it likewise corresponds to this formula; (2) to account, above all, for the displacement of pregenital eroticism upon the speech function, and further (3) to explain the overdetermination relative to the fixation of the pregenital eroticism'.

The purpose of this paper is to test these postulates on the basis of a recently analyzed case of stuttering, and to check one with the other.

The patient was treated by psychoanalysis for fifteen months. He is twenty-one years old, a tall attractive-looking young man. He limps as the result of poliomyelitis acquired at the age of nine months, and wears a brace on his left foot. The thumb and index finger of his right hand became paralyzed when he was seventeen from a still undiagnosed neurological condition.

With a spasmodic stuttering of moderate severity he showed several other speech peculiarities which will be described later. Following many failures with hypnosis, electricity, speech training and breathing exercises, a physician recommended psychoanalysis as a last resort.

He was an unwanted child; his mother worked in a factory

[5] Fenichel, Otto: *Hysterien und Zwangsneurosen.* Vienna: Int. Psychoanalytischer Verlag, 1931.

at the time of pregnancy. At his birth he was cyanotic, but he developed well. He is told that he bit his mother frequently, and for that reason she had to wean him. A grandmother whose word was law in the house, was described by him as a bugbear. In her image he fantasied the analyst as having a thick red nose, large spectacles, white hair, and many wrinkles; as being a real witch. For all that, he speaks of his eight years residence with her, seeing his parents only on Sundays, as the happiest time of his life. When he was two or three years old he slept in the same room with his aunt and grandmother. One night, awakened by a noise, he saw a man whom he knew lying upon his aunt. He cried out, 'Grandmother, Mr. X. is killing Auntie'. The grandmother took the child into her bed, gave her daughter a resounding box on the ear and threw the lover out.

The patient learned to speak normally, and very quickly learned to recite poems and sing children's songs. When he was four years old, the following incident occurred. While playing with a cousin ten years older around a Christmas table, she stepped accidentally upon a toy torpedo. It gave a loud report which so terrified him that by evening he could not speak a word. His speech disturbance dated from that day. In school he often became blocked in the middle of a sentence, and his teacher, interpreting this blocking as defiance scolded him for it. The patient was then sent to a speech training school which gave him no relief.

The most important family activity consisted of long visits to one another's homes. In these family gatherings enormous importance was placed upon eating and drinking, with each person trying to outdo the other in anal jokes and other obscenities. The too intimate living and working relationships imposed by poverty oppressed the patient.

The most important person to him was his mother who ruled his fantasies and dreams. The patient's strong anal fixation is not surprising when one learns about his mother's personality. She made a habit of conversing with the boy while she was on the toilet, and of disturbing him persistently

when he was in the toilet. For a long time, even after he began to attend school, she examined his stools daily. In a rage, she once threw two quarters into the toilet, and then promised repentantly a piece of cake as reward to him who would recover the money. The boy, almost grown up, did it. Humorous gifts, popular in this family, are toy chamber pots with little sausages in them. The mother can produce flatus voluntarily and does so jokingly to congratulate the father on the morning of his birthday. When she is in a rage, she pours out the chamber pot or even defæcates on the floor. One thinks at once of senile dementia as a cause until it is learned that she is forty-three years old and that she has always committed similar acts. Frequently she threatens suicide, disappears for whole days and then returns in a rage, throwing things around. On occasion she beat her husband and son. In training him to cleanliness when he was a child, she acted with notable ambivalence. It frequently happened that when he soiled himself the incident was treated jokingly because relatives were around; but after they left he was severely whipped for it. This fact that his mother first seduced him and then punished him, occurred not only on the anal but also on the genital level. Up to his fourteenth year his mother cleaned his genitals daily. Once recently, when she awoke her son from his afternoon nap, she laughingly drew his penis from his trousers and shook it. His incestuous tendencies were promoted by his mother's habit of having him sleep next to her when his father was away. His sexual excitement at such times is shown by the fact that he frequently soiled himself. Also his mother's habit of urinating and defæcating freely in his presence must be considered as seduction. Her common remark, 'You cannot do anything yet, you are still much too little', makes her now twenty-year-old son exceedingly angry at times. She controls his absence from home at night because she is jealous of each girl in whom he is interested.

The mother had several abortions which contributed to the patient's sadism. Any association between 'blood' and 'mother' has a particular horror and disgust for the patient. The

mother's menstruation is a cause of discord at home because she leaves soiled napkins lying around. Once after bathing, he asked for clean drawers; thereupon she offered her son her own drawers which were soiled by her menstruation.

His attachment to his mother determined for a long time his choice of women. When he had relations with a woman, it was generally a much older one. He preferred married women or other men's mistresses. He accepted invitations only to the parties of widows and often took walks in a cemetery because one of his acquaintances had there met a young widow whom he later married. When he began analysis he had had an affair for almost two years with a woman nine years older than himself, who was engaged to another man. He gave her things to pawn, lent her money, gave her presents, and allowed himself to be tormented unbelievably by her.

It will be recalled that he was said to have been weaned primarily because he bit his mother's breasts. When he was nine, a forty-year-old neighbor repeatedly enticed him into his room to practice fellatio. In sexual intercourse he preferred perverse practices such as cunnilingus and fellatio.

Closely related to his oral fixation are his peculiar respiratory habits, perhaps conditioned by asphyxia at his birth. As a child he often remained under the bed covers until he almost suffocated. Only at the last moment would he creep out from them. Also in one of his beating fantasies he struck little children until they were blue. He suffered very much about his artificial breathing which had become a compulsion. He felt it especially in speaking and it contributed to the special character of his stuttering.

His speech function became erotized very early. The recitation of poems not only satisfied his narcissistic, but also his exhibitionistic tendencies. In his early infancy, speech assumed some of the libidinal charge of the anal function as well. The anal fixation provides the most prominent theme for his childhood memories. In kindergarten he used to soil himself, and on the long way home smear fences with the fæces and lick his

hands. This twenty-year-old man by his unmistakable pleasure in relating these events revealed his enduring anal fixation. In his work he derives pleasure from wallowing about in warm paste while cleaning stale water barrels. Such pleasure in dirtiness is in contrast with some special aversion to dirt. For years he tormented those about him with the compulsive stereotyped question: 'Is my mouth clean?' Only when assured that it was would he leave the house.

When he was nine years old he developed severe pains in his rectum and an urgent need for a bowel movement. In response to his complaints, his father and uncle placed him on the table, spread his legs apart and allegedly by means of a smith's pliers (the uncle was a blacksmith) drew an apple core from the rectum. Afterwards, relieved and bloody, he had a stool. He may have had hemorrhoids at the time. In analysis he remembered this event as both pleasurable and painful.

In the transference, his bowel functions responded precisely to the phases of his obedience or defiance.

His earliest memory of masturbation is of pressing his body to that of a little playmate and rubbing their genitals together. The children used to compare the size of their genitals. An alleged smallness of his genitals continues to worry him. A favorite game of his playmates was to form a circle, each child pressing his genitals against the buttocks of his neighbor. The recollection of these erotic games was veiled by the fantasied screen memory that while in the toilet he had taken his penis in his mouth and smelled and tasted his semen.

With adolescent masturbation he had beating fantasies which continued through a part of the analysis. When six years old he and a little girl cousin beat each other on the naked buttocks. With the same little girl he played games called 'harem' or 'bondage' which involved attempts at coitus. At the age of seventeen he had, with a prostitute, his first sexual intercourse. He found he preferred perverse practices, especially cunnilingus and fellatio, yet, he stated, no satisfaction was as great as that from masturbation.

Sadistic feelings distinctly colored his fantasies and were the basis for some of his sexual inhibitions. He had long entertained the wish to beat a woman. In his dreams he swam in blood, or had someone murdered. His sadistic conception of sexuality was deeply ingrained. His anal-sadistic disposition aroused a strong superego reaction. His sexuality, having remained infantile, was opposed by strong fears and feelings of guilt.

In the first interviews he gave an impression of being serious, shy and reserved. He said he was very lonesome and cried frequently at night. He said that God had punished him too severely by his defective speech, his weak leg, and his paralyzed hand. His fears went back to his earliest childhood when as a little boy, the door to his parent's bedroom had to remain open. His mother repeatedly made fun of his small penis. When he was sixteen, a forty-six-year-old aunt seduced him into sexual play and then, when he demanded coitus, pushed him away indignantly, saying: 'You silly child! You are impudent!'

The fear of being damaged was apparent in dreams. In many dreams a part of some object was missing or had been cut off. A dream frequently repeated during his childhood, 'A big yellow mass is coming up to me', first occurred following his operation and it is probable that the yellow mass represents the ether mask. Previously he had had the experience in a hospital when lying with his leg in a cast (he was probably about to be examined) that the nurse took a saw and cut into the cast. The child howled with fear and the nurse gave him a box on the ear. At this time the little boy was making observations on a girl in an adjacent bed and discovering that a girl has no penis. Subsequently he managed to inspect the bodies of little girls. As an adult he was not able to look at a female sex organ until, during the analysis, one appeared to him in a dream, giving access to the forgotten experiences of childhood. A special form of fear was that the penis could be snapped off by the woman during coitus. This fear was clearly experienced in his attitude towards women during intercourse

and by his dreams following it. He had repeated fantasies about couples unable to separate after the act, necessitating the amputation of the penis. This was the reason, among others, why he preferred women who had had intercourse with other men. The other men gave evidence that he would not be castrated through intercourse with the woman.

Before entering into details of the dynamic play revealed in the analysis as determining the symptoms of the patient's stuttering, some general remarks should be made on how far the function of his sense organs and his intellect were involved by the displacement of affect from the more primitive erogenous zones.

Both exhibitionism and curiosity operated to excess in him. When in the analysis the pleasurable anal sensations of childhood were worked through, he discovered to his surprise that the troublesome stuttering also provided him with certain humor related to anal eroticism. But this pleasure was not only autoerotic. As a child he called his fæces 'a-a', and while at the stool used to utter this sound just as he expelled the fæces. And as with his 'a-a' he had collected the whole encouraging and ultimately admiring family around him, so there was also an exhibitionistic component unmistakable in his stuttering.

His auditory sense was still more loaded with emotional drive than his visual one. It was customary in his whole family to belch and pass flatus as often and as loudly as possible, regardless of the number of people present. A fear of noises expressed itself in many ways. He was completely disorganized by the sound of an airplane, a ringing bell, or a banging door. One day he came to the analysis bewildered and stuttering badly because at home he had been terrified by a crackle from the fire in the oven of a stove. He associated with this noise the box on the ear his aunt had received from his grandmother.

It is in this connection that his defective speech in association with the Christmas Eve incident of the toy torpedo is a transition from the sharp noise complex to the erotization of

the speech function. A number of other components, however, also contributed to this displacement of libido. As was mentioned before, his breathing often disturbed him in the analysis. In the first analytic hour he spoke in such a frantic tempo that it was scarcely possible to understand him. He used auxiliary words about twenty times in one sentence, and also helped himself with loud clicking noises of the tongue and swallowing. When he could not express a word, he repeated instead this sound 'a-a' as he had done as a child sitting at stool. He used a most difficult breathing technique, and would often speak without inhaling until he became dispnœic. Once, when asked directly for related ideas, he said, ' I breathe no air, so I cannot speak'. Then he produced the recollection that as a child he had practiced holding his breath under the bed covers. With a sudden explosion he would gasp afterwards for breath and start stuttering again. There was every indication that he unconsciously equated talking with passing flatus.

Relative to the fixation of his pregenital eroticism, whenever persistent anal eroticism became more distinct in the analysis, the anal erotization of the speech function lying at the bottom of his neurosis appeared. Transitory bowel disturbances occurred throughout the whole analysis. Whenever he offered material freely, or was rambling, confused in resistance, after almost every interpretation, and likewise after overcoming each long resistence, he had an impulse to have a bowel movement.

An urethral-erotic value of speech became evident in a transitory symptom. At a time when his stuttering had improved greatly he came one day with a new speech disturbance. He lisped. It developed that he was imitating his mother who made similar noises to induce him to urinate as a child. In the transference the lisping had the meaning that the analyst wished to excite him to still greater production of material.

As his sensory and motor apparatus was erotized in its elementary organization, on the whole so were his mind and intellect. His frequent deep absorption in daydreams inter-

rupted his daily routine. All that he could not accomplish because he was a cripple, he lived through in daydreams. He saw himself as victor in a six-day bicycle race; as John Barrymore, as Joe Louis, or as a popular speaker. Much further from reality were fantasies of omnipotence, combining the sudden dashing thunderbolt of his voice with a magic power over life and death by calling names. Thus, the erotization of his speech was completed by his daydreams to the point of the formation of symptoms.

The patient's sexual instability was rooted in the extraordinary behavior of his mother towards her son. He was alternately driven by her into the rôle of sexual aggressor, then ridiculed. This relation, transferred to the analyst, was the greatest obstacle to therapy and determined the form of the patient's resistance.

His behavior before the first analytic hour was noteworthy. He had expected a physical examination and had prepared for it by taking a bath. Then he developed an anxiety that he might have an orgasm during the examination. Therefore, on his way to the analyst's office he visited a house of prostitution. This was characteristic of his ambivalent attitude, particularly towards cleanliness and dirt. Towards the analyst, it showed to what an extent he began the treatment with the fantasy that the analysis would involve anal-sexual adventures with the analyst. The first weeks were dominated by acting out in the analysis, the fantasy that the analyst was a prostitute, and by fears of being punished for it. One day he threw himself angrily upon the couch and shouted 'Accost me!'. There followed a pause during which he was silent, waiting for an answer. Then he continued: 'Why don't you accost me? Of course, because I'm not a gentleman. What do you say if I give you three dollars? Why don't you say anything?'

After this he dreamt the following: 'I was in a brothel and saw a prostitute, after a very fine gentleman had just left her. She was still soiled all over. When I tried to approach her, I was fixed to the spot and could move neither limb nor tongue.' In a sequence of dreams and associations this

ambivalence recurred repeatedly. Its content was: 'You are a dirty, seducing woman, loving filth and blood. Why do you dissimulate with me? I am too vulgar and inferior for you. With your friends you don't mind committing obscenities; only with me do you refuse to.' The reaction was approximately: 'How presumptuous of me! An educated woman gives me, a common man, a whole hour a day in order to discuss sublime things with me. Everybody at home has to admire me for that. As compared with her I am a nobody; I deserve punishment for my insulting thoughts. Who knows what evils she will inflict upon me!'

This ambivalence increased to a culminating point of resistance when his mother beat him again. He retaliated vigorously this time, and the mother reacted by not talking for a whole day. When the patient reported the incident he was seized with a paroxysm of laughter. This speech defect of his mother had aroused a strong anxiety in him. He recollected his ten-year-older cousin who in playing had pretended to be dead until he became frightened and begged her to wake up. It was she who had set off the toy torpedo and who also had enlightened him sexually. She died when he was fourteen. Looking at her corpse he had had the fantasy that he could resuscitate her by coitus. Like this cousin, the silent mother meant for him the dead mother and his laughter was intended to relieve his anxiety and feeling of guilt because of the hatred she had aroused.

A definite step towards emancipation from his mother was made when he produced a dream in which he came close to her and inflicted bloody wounds on her almost to the point of killing her. Following this, he recalled his mother's several abortions. He could now understand that the time she had offered him her bloody drawers to put on, his resulting indignation was not only directed against his mother but also against his own unconscious sexual impulse which was excited by the mother's provocative act. It found direct expression in a dream: 'My father moved to my grandmother's, and I took

his place in mother's bed. But this time I really slept with my mother.'

He became more comfortable about her, and simultaneously her importance for him decreased. He ended the relationship with an older woman, the fiancée of another man. He became a little more care-free and ventured to join companions of his age. Unfortunately he contracted gonorrhœa which spread to his intestines and eyes. His chief worry was whether his analyst would continue to shake hands with him. But his fears were inconspicuous compared with his enormous childish pride at having such a manly disease. This pride was increased by the attitude of his parents when, though shy and conscious of guilt, he confessed to them his disease. He was celebrated as the hero of the day, and only from now on was he considered as completely grown-up. That night his father went with him arm in arm to the movies, an unprecedented event. His father confided that he himself, the grandmother and several uncles and aunts also had had gonorrhœa, or something similar. His mother characteristically wanted by all means to give him the prescribed urethral injections. He refused this offer, thus resisting the mother's castrative attitude to him. Now, he thought, his mother would have to take him seriously.

In the midst of these events he dreamt: 'I gave my mother three dollars. But then I asked for them back, and they were all soiled.' The associations were that he had ruefully felt like demanding a return of the money he had paid the girl whom he suspected of having infected him. Thus unconsciously he considered the genital injury a punishment for incest.

One day, all contrition and stuttering badly, he related falteringly that coming from the toilet he had wiped his hands on my overcoat, hanging in the hall. He believed he was endangering me by doing this and had, therefore, a strong feeling of guilt; but the impulse had been too strong at the moment to resist. He confessed also that for the past few days he had been having vivid sexual fantasies associated with me. Upon his wiping off his hands he had thought: 'If I cannot

touch her with my penis then at least I can touch her overcoat after I touched my penis.' In addition to being an acting out of intercourse with the analyst it was as well an act of revenge directed against his mother: 'As you ruined (seduced) me through smearing, so now I retaliate by making you sick through my smearings'.

On several consecutive days he interrupted the analytic hour to go to the toilet to defæcate. One day I asked him instead to tell me what came into his mind. Nothing came to his mind and he went nevertheless to the toilet. After returning he was silent until the end of the hour. The next day fearful to repeat his request, he was silent for a long while, suddenly blushed and said he had to go to the toilet. Upon his return he asked that the hour be terminated because he had soiled himself a little (as he had done when he slept next to his mother). The next hour he cried and asserted it was my fault because I had forbidden him to go to the toilet To this prohibition he had responded like a sulking child by soiling himself.

The need for a bowel movement which occurred during the analytic hour, was an expression of acute sexual excitement of the anally fixed patient. It was an indication of his desire for an anal-sexual relation with the analyst. Her demand not to yield to the impulse was a refusal and a reprimand. To the soiling which then took place, the same meaning can be ascribed as to his smearing himself with the gonorrhœal discharge. He revenges himself on his mother by smearing that is unpleasant and dangerous to her. As a revenge for the refusal, the original wish for the 'dangerous smearing' breaks through, for it is in this form that sexuality presents itself to the patient in his unconscious. In the reproach that the analyst had caused the misfortune, the deeper reproach is that it was her fault he was sexually excited; that is, that she had seduced him and thus endangered him.

This interpretation released a flood of recollections. The deeper meaning of his experiences with his mother during his childhood struck him with furious excitement. According to

these memories his reproaches were justified because, during his entire childhood his mother had directly excited him sexually, especially anally; also, the deprivations which now he fantasied to be imposed by the analyst, had been experienced as realities with his mother; furthermore, his diseases and the operation were for him confirmations of inferiorities asserted by his mother, and, moreover, the consequence of sexual acts. This intimidation together with the excitation constantly renewed by his mother were bound to burden his phallic active tendencies with an intense fear of castration. Such a circumstance, as well as the fact that the seductions were mainly anal, although phallic in part, later caused his entire sexuality, active as well as passive, to be anally determined.

As his analysis progressed his speech improved with relapses corresponding to periods of resistance. The stuttering did not involve all the words but particularly proper names and words suggesting somehow the anal. For instance, in trying to enunciate the name of an acquaintance called Meyer, he experienced the greatest difficulty, and produced as an association the word, 'mire'. So great was the anal cathexis of the speech function that when he came into analysis, he was unable to say a single obscene word. Later he swung to the opposite extreme and for days was volubly scatological. He treated words like fæces, especially like flatus. The strong impulse to utter obscene, especially anal-obscene words, was countered by a compulsion to withhold. The speech defect served the purpose of concealing partly some of his drives and fantasies.

This patient's stuttering began after the explosion of the toy torpedo which was associated with the sound of the expulsion of flatus, in the equation: sharp noise equals sexuality equals danger. The recollection of this fright accompanied the patient throughout his youth. In analysis he frequently recalled this scene, especially when describing holidays and family festivities. In the course of a year he became conscious of additional details of the event, so that the picture was established quite plastically in his mind. He stated that he

would like to draw the scene—the green Christmas tree, the colorful table with gifts, and the toy gun. It was called to his attention that this toy gun had never been mentioned before. The memory of playing with the gun had been repressed by the terrifying recollection of the toy torpedo. The shock of the sound reminded him further of the sound of the box on the ear, by which the sounds of the primal scene were terminated. A reconstruction of these memories and associations is as follows: he had wanted to do to his girl cousin with his 'gun' what the man had done to his aunt. Both had similar sound associations. The 'something terrible' to follow was first, the death of the cousin, then, as punishment, his own death or castration.

That he had the fantasy of soiling by speaking, was expressed in the fear that his mouth was dirty. His speech function was strongly libidinized very early as evidenced by his precocious talent in reciting poems which had their parallel in his productions on the pot. When the latter were repressed, speech became a substitute for them. After the pleasure in talking was repressed and replaced by a speech defect, the original character of his speech as a pleasure giving factor nevertheless remained evident in many instances. He said that for him, conversation with women yielded the highest enjoyment, superior to sexual intercourse. At the beginning of the analysis he remarked that from childhood he had the fantasy that by mastering a foreign language he could be cured.

He sometimes felt that the manner in which his stuttering struck people or bothered them, gave him pleasure. A feeling of the omnipotence of his speech had by contrast an uncanny effect upon him. Sadistic feelings distinctly were the basis for his inhibition in pronouncing names. His sadistic conception of sexuality went back to the primal scene and in his associations he stated his stuttering resembled pushing.

The fantasy of reviving his dead cousin by coitus was a mask for a sexual sadistic fantasy of killing her. After his cousin's death the patient's speech grew very much worse. From his infancy he had held the belief that his speech would improve

if a member of his family were to die. He rationalized this belief in the following way: God would get back a soul and he himself would receive the speech of the deceased. That the reverse happened, we may assume, was due to his feelings of guilt because of his death wishes. During his latency period he had prayed to God to grant him the sacrifice of a member of the family. Later he could not pray at all because he was afraid that God would remember his former prayers and kill him as punishment. Fenichel says: 'When the stutterer cannot speak, by silence he frequently expresses his tendency to kill, under the influence of the superego directed against his own ego'. If we recall the taboo against revealing names practised by primitive people who believe that to know the name of someone means to be master over his life, we are close to the primitive basis in his unconscious of similar fantasies of omnipotence in this patient. By uttering a name he could kill the possessor; therefore he named no one.

Displacement of the patient's pregenital eroticism to the speech function followed the association path—sharp noise, sexuality, death. Occurring at the anal level of development, a compulsion neurosis resulted in which the ambivalence of the opposite components, the desire for using the omnipotent weapon of killing by the anal-sexual noise of words, and the counterdesire repressing this deadly wish in a suicidal, self-castrating manner by stowing his tongue, was fought out in an ever renewed, never settled struggle: stuttering.

With the working through of this interpretation the last trace of resistance broke down and the symptom disappeared. The patient changed from a reserved, unfriendly looking fellow to a cheerful young man. His posture improved, so that his lameness was less conspicuous. He dressed more carefully, was cleaner and took pains to appear well. This coincided with his striving to become independent. He found work with a department store. An employee of the company who interviewed him was surprised to learn from him that he had been a stutterer. He began to learn to play the piano and to drum, quite conscious of the fact that his drumming served the pur-

pose of sublimating his fears of sharp noise. He also became a member of the chorus in his school of music. At present he enjoys the companionship of young men and has a mutually satisfactory sexual relationship with a girl of his own age.

In conclusion, the facts of this case of stuttering will be tested by the criteria outlined by Fenichel and quoted in the first part of this study (p. 99).

The fact that this patient enjoyed masturbation more than sexual intercourse proves either that he had not reached the stage of genital primacy, or that having attained it he had regressed. He preferred fantasies and infantile objects to reality. Among the infantile sexual impulses, especially notable were anal eroticism, especially the flatus complex, which found expression partly autoerotically and partly in ambivalent object relationships; in addition, respiratory-erotic and oral-erotic features were evident. In his relation to objects, sadism and exhibitionism were prevalent; in so far as phallic tendencies existed they were dominated by sadistic impulses. He had a strong fixation to infantile objects, especially to his mother. The erotization of his speech function was pregenital. All his sexual desires were restrained by strong fears. In the unconscious there was the idea that for sexual activity he would be punished by castration or death. The satisfaction of his masochism was one of the gains from his illness. The sadistic significance of his stuttering could not be separated from its unconscious anal-erotic significance. Smearing the overcoat in analysis showed the degree of aggression bound in revenge on the mother figure, which in turn was followed by feelings of guilt reinforcing his fears. Thus the stuttering corresponds to Fenichel's formulation that stuttering 'is a pregenital conversion neurosis presupposing an erotization of the speech function', that the disturbance expresses infantile sexual strivings, that it has a pregenital anal, and underlying oral character, and that its aims are of an exhibitionistic and sadistic nature.

The patient showed an innate disposition to libidinize the

sound and production of noises whether flatus or explosions, or vocal utterances. The erotization was demonstrated in sensitiveness to noises, in the pleasure of reciting poems and making conversation, and in the musical predilections of the patient. This predisposition was strongly augmented by the family custom of belching and passing flatus, highly charged with emotional drive from the anal-sadistic sphere. Traumatic events with sound associations had causal relationships to the predisposition. Such were the noises of coitus and the explosion of a toy torpedo. The speechlessness, following the explosion, was the point of displacement from his anal-sadistic drives to the erotized speech function; it was likewise important for this displacement that the mechanism of self-punishment had been established according to the equation, sharp noises=sexuality=death. Our case thus meets the second requirement of Fenichel's summary, by accounting for the displacement of pregenital eroticism upon the speech function. Besides the displacement, a process of condensation took place adjusting the symptom to various functions of meaning. Associated to verbal utterances accompanying his anal and urethral functions during childhood, this patient treated words like flatus and fæces, endowing them with all the irregularity and dirtiness of the latter. According to the equation of sharp noises=sexuality=death, his speech function was entangled in the morbid play of his instincts. Sadistically he fantasied killing by the omnipotent power of his speech. Masochistically he punished himself by this same speech in repression and symptom formation. The analysis of this case is therefore not without explanation of the overdetermination relative to the fixation of the pregenital eroticism, Fenichel's third requirement.

The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

Psychic Trauma and Productive Experience in the Artist

Henry Lowenfeld

To cite this article: Henry Lowenfeld (1941) Psychic Trauma and Productive Experience in the Artist, The Psychoanalytic Quarterly, 10:1, 116-130, DOI: 10.1080/21674086.1941.11925451

To link to this article: https://doi.org/10.1080/21674086.1941.11925451

Published online: 11 Dec 2017.

PSYCHIC TRAUMA AND PRODUCTIVE EXPERIENCE IN THE ARTIST

BY HENRY LOWENFELD (NEW YORK)

The following is based on the analysis of a woman artist in the course of whose treatment some light was thrown on a process of artistic development that is characteristic of at least one type of artist.

A woman of thirty sought treatment for increasingly serious states of anxiety and various physical complaints and inhibitions in her work over a period of several years. She felt herself a failure, unable to complete anything she undertook. For years her leading symptom had been hypochondriacal ideas. She believed herself to be suffering from chronic, fatal diseases such as tuberculosis of the throat, arteriosclerosis or tumor of the brain. Behind these hypochondriacal fears were partly concealed paranoid ideas.

She was a very vivacious, intelligent woman of fine appearance with a somewhat unfriendly facial expression. Her manner was partly insecure and shy, partly aggressive. She was preoccupied with her body and much of her time was spent in all sorts of activities revolving about her appearance and health. She was inclined to favor mannish, sport clothes.

She both drew and painted. In her early career she had drawn much from nude models, especially women; then for several years she painted pictures which grew out of dreamlike visions and had a fantastic, mysterious quality. At the age of about twenty-two, she gave up this type of work for commercial art. She was gifted and original, had a strong imagination, but was hindered in her work by a technical inadequacy resulting from her inability to devote herself to consistent study, a situation of which she was painfully conscious. Difficulties arising in her work created a feeling of complete insufficiency. Wrestling with these difficulties was sometimes fruitful of achieve-

Based on a paper read before the Vienna Psychoanalytic Society, June 23, 1937.

ment which was sufficient to win her some degree of recognition. Despite a predominant feeling of inadequacy, she also had moods in which she felt distinctly talented and creative.

She had a brother, two and a half years older than she. She herself was a twin; the other child, a big handsome boy, died a few months after birth. She had been, she was told, a small and sickly child. She related that upon delivery she had been placed upon the floor and ignored because everyone was busy with the second, bigger child, a difficult delivery. The twin brother played an important part in her fantasy.

She described her father, a landowner who had died a few years before, as a course, brutal and hot-tempered person; her mother as timid, anxious, constantly worrying and complaining. The older brother was favored by both parents. He was a bright, obedient child, while she was defiant, and was considered intolerably bad and disobedient by the whole family. She quarreled frequently with her father who beat her when angered. On such occasions she would heap abuse on him with all the resources of her vocabulary and wish he were dead.

The period between her seventeenth and twenty-second years was artistically her most productive. A sexual experience with an older man was followed by several Lesbian relationships in which she played the more passive rôle, and in which she felt comparatively content. During the same period she had several flirtations with men in which she remained indifferent until she met the man she married. She saw in him a powerful, athletic man. This attracted her and was, in her opinion, the decisive factor in her choice. But in the marriage relationship it developed that he took the more passive, devoted attitude towards her, while she played a more masculine active rôle, at times tormenting and sadistic. She could become sexually excited, but never completely satisfied.

From childhood and particularly frequently in recent years, she had dreams from which she awoke in terror or with feelings of horror. The dreams were mostly of scenes of war: revolution, bombardments, riots from which she was trying to flee though paralyzed with fear.

Her life consisted of an alternation between hunger for

experiences and excitement—a 'greed for impressions' as she called it—and escape and withdrawal. The short periods of hunger for experience and excitement quickly led to increased anxiety and to paranoid delusions in which she imagined herself being hurt, robbed or persecuted by women. There were experiences in which it was impossible to determine what was delusion on her part and what reality, because she probably unconsciously provoked situations which made various women become her enemies. Hypochondriacal sensations of every type she interpreted as confirmation of her fears. She would get a feeling of being completely abandoned, unloved and incapable of loving. She would lose all contact with the world around her. This detached state likewise led to anxieties. Interest in her own body was her roundabout way of finding contact with the outer world once more. A new dress could banish her despair.

She had numerous recollections from early childhood of instances when her father, in a sort of rude tenderness, would place his whole weight upon her. She could not breathe and feared being crushed, suffocated. Her protests angered her father and this often led to violent scenes. On one such occasion (warding off her father with her knee drawn back) with the heel of her shoe she wounded her genitals sufficiently to cause bleeding. She was greatly frightened. Her mother, equally frightened, called a doctor. Towards her guilty father she felt revengeful satisfaction. This event was the basis of a sleeping ceremonial: to this day she sleeps with one hand on her genitals, one leg drawn back, as though in defense.

Another important experience of her childhood occurred in about her seventh year. After an address by her father in the legislature, a mob tried to force its way into her parents' house; stones were tossed against the windows which were hastily shut. Her father was absent, and the family was in terror. Both of these traumatic experiences returned repeatedly in her dreams in combined form. From the same period she also has recollections of states of anxiety when on her father's return from one of his frequent trips she was sent from her parents' to

her own adjoining bedroom. She would try to overhear what was taking place, and apparently experienced numerous primal scenes or fantasies in this way.

These experiences, recurrent in her anxiety dreams, were followed by two more experiences, decisive for the later onset of the neurosis. When she was about twenty-one, a well-known clairvoyant predicted that she would end her life in insanity or by suicide, and warned her not to masturbate so much. In order to understand fully the disastrous effect of this prophecy, one must know in detail the history of her infantile masturbation in which prohibitions and warnings of terrible sicknesses played an important part. It is sufficient here to point out that she had been in the habit, during almost intoxicated periods of artistic activity, of rubbing against the edge of her easel, thus providing herself with a sexual stimulus. Following the prophecy she gave up this type of activity, thus losing a safety valve for her tensions. From this point began the real development of her neurosis, at first evident in withdrawal and restraint, later in the occurrence of states of anxiety.

Following an unnecessary appendectomy and many other therapeutic failures she lost faith in doctors and now turned to spiritualism. While in a trance a medium received messages foretelling that the city in which the patient lived was to be destroyed by force from above. This prediction placed the patient in such a state of anxiety that she fled from home. The basis of her belief in this prophecy could be traced to her childhood. For years she had awaited the inevitable coming of disaster. By fearing it she sought to prevent it. Only if she thought of it constantly, would it perhaps not occur. In her recollections from childhood her father appeared as an inexorable force, blocking every avenue of escape. This inescapable, inexorable force now appeared as the destructive danger from above. Or perhaps it was, 'a snake which climbs down the wall' into her bed; or the horror she felt at the sight of bloody fishes or small birds both in her dreams and in reality. This feeling of the inevitable was also a part of her delusion of sickness.

We find here a feeling of guilt the consequences of which are inescapable.[1]

Vague occult ideas she sought to withhold from the analysis as her most intimate secrets. According to them, the human being lives several different lives, having to atone in each life for the guilt of the preceding one. She believed herself to have been one of the first feminists. Not having been able to reconcile herself to being a woman, she became a man. In her next incarnation she was to be born a boy but die young in atonement for her previous life. However she had to fulfil her fate as a woman. In another incarnation she was destined to die in childbirth. This conflict between masculine and feminine mixed with feelings of guilt, found expression in her painting. She imagined that she did not create pictures herself, but made copies under the astral guidance of a man who transmitted them to her.

While this patient had rejected her father, she had sought by every means, particularly illness, to bind her mother more closely to her. She lived in constant fear that her mother would have another child. An aunt, living in the same house, she had seen pregnant several times. She loved her dearly and developed violent sadistic impulses against the pregnant body of her aunt who, in this condition, could no longer take her on her lap. Her childhood and later life were characterized by this strongly ambivalent attitude towards both parents.

The coincidence of artistic talent and neurotic disposition has long been observed. Artistically talented persons almost without exception are subject to neurotic conflicts. They suffer periods of neurotic inhibition in their work, periods of depression and hypochondria, fear of insanity, tendencies towards paranoid reactions, and, relatively frequently, schizophrenia. Freud has emphasized that the essential talent of the artist cannot be explained by psychoanalysis. In *Dostojewski und die Vatertötung* he speaks of Dostoyevski's 'unanalyzable artistic talent'. Artistic sublimation appears to be possible only with the concurrence of definite elements of talent. Nevertheless, one might ask what forces drive towards sublimation. In order

[1] This recalls the Ananke of Greek fate dramas and oracular prophecies.

to achieve a better understanding of the connection between artist and neurosis, one must investigate the nature of the artist's instincts and psychic structure. On this basis, the urge to artistic production as well as the danger of neurotic illness might be explained.

In the case here presented the striking element is the significance of traumata for the patient's life. Experiences which are little different from the experiences of other people, take on a traumatic character and are fitted into the patient's traumatic pattern. Moreover, she provokes situations which for her become traumatic. Her early experiences with her father, it is true, must be regarded as typical psychic traumata—repeated stimuli of such character and intensity that the child is unable to cope with them. Although it must be assumed that every child has experiences which have traumatic effect upon the still weak ego, we seem to deal here with a degree of traumatic susceptibilty exceeding the normal. Here one is reminded of the numerous statements of artists themselves concerning the nature of their experience. Out of the wealth of such familiar and often quoted autobiography, we quote from the famous dramatist, Hebbel: 'I am often horrified at myself when I realize that my irritability, instead of decreasing, is constantly increasing, that every wave of emotion, arising even from a grain of sand thrown by chance into my soul breaks about my head.' In Ricarda Huch's book on the romantic movement we find this alternation between oversensitivity and dullness and insensitivity presented in innumerable variations. The artist, she says, 'is constantly occupied in reacting to the endless stimulations he receives, his heart, seat of irritability, tortures itself in this struggle, driving his blood violently through the organism to the point of powerless exhaustion, to be aroused by stimuli once more'.[2]

[2] *Cf.* Thomas Mann: *'Es gibt einen Grad dieser Schmerzfähigkeit, der jedes Erleben zu einem Erleiden macht.'* (There is a degree of this capacity to suffer which changes all experience to suffering.); and Richard Wagner: *'Ja immer im Widerstreit sein, nie zur vollsten Ruhe seines Innern zu gelangen, immer gehetzt, gelockt und abgestossen zu sein . . .'* (Always to be torn with conflict, never to achieve complete tranquility within oneself, always to be hunted, always attracted and repulsed . . .)

If we very briefly summarize the comments about the artist to be found in analytic literature, we have the following: the essential material from which the artist constructs his work is derived from unconscious fantasies in which his unsatisfied wishes and longings find expression. The compelling experience stems from the œdipus complex. The artist suffers, according to Sachs' formulation, more than others from a feeling of guilt from which, through the participation of others in his art, he achieves recognition and is able to free himself. The narcissism of the artist transfers itself to his work. In the literature of the past few years emphasis has been given to reparation of the destroyed object as a function of art.

In our case we find confirmation of these observations. As long as the patient's artistic work, relatively uninhibited, could serve as an outlet for her tensions, she was able to spare herself the formation of neurotic symptoms. In her work of this period, as in her dreams later on, she repeatedly portrayed the traumatic experiences of her childhood as well as traumata of her later life. The repetition compulsion demands that the injury be overcome again and again. But why does this not finally succeed? Why does this compulsion not cease, as in the genuine traumatic neuroses which after some time usually subside?

In genuine traumatic neurosis the stimulus-defense is perpetrated by an external trauma. The intensity of the excitation is too great to be overcome at the instant of occurrence. The attempt to overcome it is continued afterwards, but the trauma itself remains a solitary experience. In our case—and this appears characteristic for artistic sensitivity—the trauma is reëxperienced indefinitely. As long as the drive which led to the trauma is active, it remains unaltered and subject to the repetition compulsion. The danger feared is one of reëxperiencing a former state of helplessness produced by an overwhelming excitation. A greater accessibility to the unconscious characteristic of the artist, brings him to closer proximity to the strata of the psyche in which the primitive impulses rule.

The testimony of many artists bears witness to a particular irritability, a more than average impressionability conducive to

psychic traumata, having its basis in the transformation of instincts and the 'constitution' of the individual. We know more about the fate of the instincts than about constitution. The strong instinctual excitations, never completely discharged, give even trivial experiences a particularly impressive character. About the corresponding constitution little is known, but one is forced to assume its existence. One most important aspect of this constitution is the narcissism of the artist of whose significance the statements of artists [3] themselves and the results of analytical studies leave no doubt. The psychopathology of artists likewise points to narcissism: hypochondria, depressive and paranoid tendencies, frequent schizophrenias.

In *Dostojewski und die Vatertötung,* Freud states that a bisexual constitution is one of the conditions or furthering factors of the neurosis. 'Such [a constitution] must definitely be assumed for Dostoyevski and manifests itself in potential form (latent homosexuality) in the significance for his life of friendships with men, in his remarkably tender attitude towards rivals in love and in his unusual understanding for situations which can only be regarded as repressed homosexuality, as many examples from his writings bear witness . . .' Another part of the same paper says: 'We may trace the fact of his extraordinary feeling of guilt as well as his masochistic way of living back to a particularly strong feminine component. That is the formula for Dostoyevski: a man of especially strong bisexual constitution.'

This formula may well hold true for the artist in general. Above all, it throws light upon the coincidence of artist and neurosis. Heightened bisexuality, a complication in the resolution of the œdipus phase, increases ambivalence and feelings of guilt, thus giving rise to conflicts which easily lead to neurosis.

The concept of bisexuality, emphasized by Freud for Dos-

[3] Turgeniev on Tolstoy: 'His deepest, most terrible secret is that he can love no one but himself.' Thomas Mann: *'Liebe zu sich selbst ist immer der Anfang eines romanhaften Lebens.* (Love for one's self is always the beginning of living like a character in a novel.) Hebbel: *'Lieben heisst, in dem andern sich selbst erobern.'* (To love means to win one's self in the other person.)

toyevski, contains a truism which has been stated by most artists in moments of self-expression. In bodily structure, too, particularly in likenesses of young artists we find a conspicuously large number of characteristics of the opposite sex. We are familiar with the relative frequence of overt homosexuality or strong homosexual tendencies in artists of both sexes. Sappho gave Lesbian love its name. In Freud's Leonardo da Vinci, Sadger's Kleist, and in Hebbel and many others, the strong bisexual element is established. Kris writes in his paper on Franz Xavier Messerschmidt that in his self-portrait 'the defense against seduction as a woman' plays the essential part. 'What he creates—his own countenance—seems feminine to him.' In Ricarda Huch's book on the German romantic movement, we find an abundance of such material.

In the case of the patient we have described parturition fantasies were prominent in childhood and puberty. Later, pregnancy and childbirth filled her with horror and disgust. Her dream life was nevertheless filled with fear-wracked anal parturition fantasies which usually terminated in an incapacity to give birth and a return to her mother. Her variously determined physical symptoms proved in part to be distorted pregnancy fantasies. Beside the guilt feeling which ruled her life, the feeling of 'inadequacy of her body' played a decisive part in the frustration of her desire for children. The feeling of inadequacy arose from comparison with the favored brother with the beautiful deceased twin. The symbolic equation, child=penis was also transferred to her artistic activity and was lost only temporarily when an artistic birth act, after violent struggle, was successfully carried to completion.

We find such comparisons in the writings of numerous artists, in which the hardships as well as the pleasures of creation, in like manner, are repeatedly described as the pains and pleasures of giving birth, and in which their own works are spoken of as their children. Thus Thomas Mann writes that 'all forming, creating, producing is pain, struggle and pangs of labor'. Rank cites Alfred de Musset: '. . . Creation confuses me and makes me shudder. Execution, always too slow

for my desire, stirs my heart to terrible palpitation and weeping, holding back violent cries only with difficulty, I give birth to an idea.' In another place: 'It [the idea] oppresses and torments me, until it becomes realizable, and then the other pains, labor pains set in, actual physical pains that I cannot define. Thus my life passes away, if I let myself be dominated by this giant of an artist who abides in me.' Here we see the tension between the two elements distinctly expressed. The begetting in work, emphasizes sometimes the masculine, sometimes the feminine element—creation or surrender. In the fantasies of my patient regarding her work, this split was clearly expressed by the fantasy that her drawings were delivered to her by a painter, a man; she merely copied them. In another life, she had been a man and the dead boy twin was a part of her for which she was constantly searching.

This conflict and tension can never be completely resolved in actual life; it represents, in a way, a condition of unavoidable, inherent frustration. This frustration is the source of the artist's fantasy, driving him again and again to forsake disillusioning reality and to create a world for himself in which he, in his imagination, can realize his desires. It forces him to sublimation. The play of the child too, to which Freud has linked the fantasy of the artist, develops from the circumstance that the child for biological reasons is still largely denied the realization of his desires and the mastering of reality. It is characteristic of the artist that gratification by fantasy alone does not satisfy him; he feels the urge to give form, to give birth to his work. The birth of the work leads temporarily to satisfaction and relief from tension.

The analogy to childrens' play is even closer, serving as it does the two purposes: one, the pleasurable gratification from fantasies in which unfulfilled wishes are realized; second, the mastering of painful experiences in repetitious acting-out. We find both elements in the artist's work. Frustration drives him to construct his own imaginary world of gratification, and in his art overcathexed experiences are constantly recreated as in play. In comparing the works belonging to different periods

of an artist's life, we find a predominance now of one element and now of the other.

Returning briefly to the problem of susceptibility to trauma, one might speculate as to whether the traumatophilia of the artist cannot be linked to his heightened bisexuality. This bisexuality makes a unified, nonambivalent object relationship difficult in relation to both sexes, thus favoring narcissistic libido fixation which again increases the danger of trauma. In a very enlightening passage from Hebbel's diary, we find this concept implicitly stated. He writes that of the 'two antitheses' only one is ever given to us.

> 'The one having advanced into existence, however, yearns constantly towards the other, sunk back into the core. If it could really grasp it in spirit and identify itself with it; if the flower for example could really conceive the bird, then it would momentarily dissolve into it; flower would become bird, but now the bird would long to be the flower again; thus there would no longer be life but a constant birth and rebirth, a different kind of chaos. The artist has in part such a position to the universe; hence the eternal unrest in a poet, all eventualities come so close that they would embitter all reality for him, if the power which engenders them did not likewise liberate him from them, in that he, by giving them shape and form, himself assists them, in a way, to reality, thus breaking their magic spell; it requires, however, a great deal and far more than any human being who does not experience it himself, within himself, can surmise, not to lose equilibrium. And natures lacking genuine form-giving talent must of necessity be broken in spirit, whence, therefore, so much pain, and madness too.'

A problem is touched upon here which is of basic significance for this discussion—the problem of identification. The significance of bisexuality in the life of the artist receives here its main support. For how could the artist succeed accurately in portraying so many characters of both sexes if he did not find them within the realm of his own experience? What, for

instance, would bring the male artist to describe the life of a woman if he did not in so doing, reproduce his own unfulfilled experience? In the striving to solve and overcome ambivalent attitudes, identification is always attempted. The artist projects his ego in polymorphous transformations into his work, that is, he projects his inner experiences into an imagined outer world. The *real* outer world however, is also experienced by identification. We find then a process of alternate introjection and projection. No better description of this can be given than that found in a letter of Schiller:

> 'All creatures born by our fantasy, in the last analysis, are nothing but ourselves. But what else is friendship or platonic love than a wanton exchange of existences? Or the contemplation of one's Self, in another glass? . . . The eternal, inner longing to flow into and become a part of one's fellow being, to swallow him up, to clutch him fast, is love.'

Artistic expression is the sublimation of this eternal, inner longing. The quest for exactness of expression, the passion for the *mot juste* arises from this never fully satisfied urge; the struggle with the word is the struggle for identification in sublimated form. Flaubert, who would struggle for days for a single phrase, wrote: 'If one possesses the picture or the feeling very exactly within one's self, then the word must follow.'

How the urge to identification is experienced and the urge to creation arises from it, is very sensitively described in a short story by Virginia Woolf. She describes a railroad journey. Opposite her sits a poor woman whose unhappy expression leaves her no peace. 'Ah, but my poor, unfortunate woman, do play the game—do, for all our sakes, conceal it!' The game that all people should play is to conceal their feelings. The unfortunate woman had a twitch, a queer headshaking tic. The author attempts to keep herself from being influenced, tries to protect herself by reading the *Times*. In vain. Then they exchange a few words. And while the poor woman speaks,

'she fidgeted as though the skin on her back were as a plucked fowl's in a poulterer's shop-window'. Further on we read:

> 'All she did was to take her glove and rub hard at a spot on the window-pane. She rubbed as if she would rub something out for ever—some stain, some indelible contamination. Indeed, the spot remained for all her rubbing, and back she sank with the shudder and the clutch of the arm I had come to expect. Something impelled me to take my glove and rub my window. There, too, was a little speck on the glass. For all my rubbing it remained. And then the spasm went through me; I crooked my arm and plucked at the middle of my back. My skin, too, felt like the damp chicken's skin in the poulterer's shop-window; one spot between the shoulders itched and irritated, felt clammy, felt raw. . . . But she had communicated, shared her secret, passed her poison.'

Still seeking to protect herself the author begins to fantasy about the life of the woman, filling the next twenty pages with her imaginings. She entitles the story, An Unwritten Novel, by which she would seem to reveal that the resolution through identification has not been successful. Here we find pictured the urge to identification, as well as the threat to the ego from it, the threat of being overwhelmed by an exaggerated response to an external stimulus reaching traumatic proportions.

In this ready identification of the artist there remains an element of magic which is conspicuous in the imitativeness of children at play. The tendency quickly to identify is a basic feature of the world of magic. The artist, susceptible to magic to strong degree, is able to charm others so that they in turn feel themselves one with him.

It seems that surrender of the artist to the world is almost always automatically bound up with an attitude of defense and protection, so that the artist never seems to belong completely. It is only this defense attitude which allows him to express his experience in his work. It may very safely be asserted that artists who do not have this defensive attitude become incapable of living or creating. This is true of those artistic natures that

succumb early to disease, seek narcotics, resort to drugs, and sooner or later destroy their personalities. In my patient, this defensive attitude was too rigid; she had no freedom of identification, the anxiety was too great, so that her artistic productivity was inhibited.

Summary

Susceptibility to trauma, a strong tendency to identification, narcissism, and bisexuality in the artist are related phenomena.

The basis of the drive to artistic accomplishment lies in a heightened bisexuality. Closely related with this is a traumatophilia, compelling the artist to seek and then overcome the trauma in continual repetition. From the latent frustration develops the artist's fantasy. The urge to identification and expression in work appears as a sublimation of the bisexuality.

The frequency of neurosis in artists may be explained by their heightened bisexuality. They are spared neurosis to the degree that they succeed in overcoming their conflicts through artistic sublimation.

REFERENCES

BERNFELD, SIEGFRIED: *Vom dichterischen Schaffen der Jugend.* Vienna: Internationaler Psychoanalytischer Verlag, 1924.

FENICHEL, OTTO: *Der Begriff 'Trauma' in der heutigen psychoanalytischen Neurosenlehre.* Int. Ztschr. Psa., XXII, 1937.

FREUD: *Zur Einführung des Narzissmus.* Ges. Schr., VI.

Jenseits des Lustprinzips. Ges. Schr., VI.

Eine Kindheitserinnerung des Leonardo da Vinci. Ges. Schr., IX.

Der Dichter und das Phantasieren. Ges. Schr., X.

Hemmung, Symptom und Angst. Ges. Schr., XII.

Dostojewski und die Vatertötung. Ges. Schr., XII.

HEBBEL, FRIEDRICH: *Tagebücher. Sämtliche Werke.* Berlin: B. Behr Verlag, 1901–1907.

HUCH, RICARDA: *Die Romantik.* Leipzig: H. Haessel, 1920.

KELSEN, HANS: *Die platonische Liebe.* Imago, XIX, 1933.

KLEIN, MELANIE: *Frühe Angstsituationen im Spiegel künstlerischer Darstellungen.* Int. Ztschr. Psa., XVII, 1931.

KRIS, ERNST: *Ein geisteskranker Bildhauer.* Imago, XIX, 1933.

MANN, THOMAS: *Bilse und Ich. Tonio Kroeger.* And other short stories and essays in Ges. Werke. Berlin: S. Fischer Verlag, 1920.

RANK, OTTO: *Das Incestmotiv in Sage und Dichtung.* Second Edition. Leipzig and Vienna: Franz Deuticke, 1926.

Der Doppelgänger. Vienna: Internationaler Psychoanalytischer Verlag, 1925.

Der Künstler. Fourth Edition. Vienna: Internationaler Psychoanalytischer Verlag, 1925.

SADGER, J.: *Heinrich von Kleist.* Wiesbaden: Verlag von I. F. Bergmann, 1910.

SACHS, HANNS: *Gemeinsame Tagträume.* Vienna: Internationaler Psychoanalytischer Verlag, 1924.

Kunst und Persönlichkeit. Imago, XV, 1929.

SHARPE, ELLA: *Über Sublimierung und Wahnbildung.* Int. Ztschr. Psa., XVII, 1931.

SCHILLER, FRIEDRICH VON: *Briefe.* Edited by Fritz von Jonas. Stuttgart: Deutsche Verlagsanstalt, 1892–1896.

WÄLDER, ROBERT: *Die psychoanalytische Theorie des Spiels.* Ztschr. f. Psa. Pädagogik, VI, 1932.

WOOLF, VIRGINIA: *An Unwritten Novel.* In: *Monday or Tuesday.* New York: Harcourt, Brace and Company, 1921.

The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

Paul Schilder 1886-1940

Fritz Wittels

To cite this article: Fritz Wittels (1941) Paul Schilder 1886-1940, The Psychoanalytic Quarterly, 10:1, 131-134, DOI: 10.1080/21674086.1941.11925452

To link to this article: https://doi.org/10.1080/21674086.1941.11925452

Published online: 11 Dec 2017.

IN MEMORIAM

Paul Schilder

1886-1940

On December 7, 1940 Paul Schilder was struck by an automobile and died a few hours later. He died at a time when he was most happy in his private life and widely admired for his scientific work.

It is not possible to evaluate Schilder's achievements by enumerating his publications. His was a colorful versatility as well as an almost incomprehensible fertility of mind. In the thirty years since he received his medical degree, he published a number of books and pamphlets and several hundred scientific papers. His publications ranged from studies in neurology (by which he was fascinated early in his career and to which he returned again and again), psychiatry and psychoanalysis, to pure philosophy; from careful observation to pure theory. It is probable that he was on his way towards a synthesis of his work when he died. It will be the task of the large community of his friends to collect and to organize his discoveries, observations, theories, and critical comments, in order to find the basic plan which exists in every life dedicated to scientific work.

After his graduation from medical school in 1909, Schilder became the clinical assistant, first of Gabriel Anton in Halle, later of Paul Flechsig in Leipsig. At this time he published his papers on *Encephalitis Periaxialis Diffusa* which made his name internationally known (Schilder's Disease) as early as 1912. With the start of the first World War in 1914 Schilder joined the colors, but he contrived to use his spare time—he was a man who always had spare time for work—for the study of philosophy and attained in addition to his medical degree, the degree of doctor of philosophy in 1922. A veritable

---

Delivered at the Memorial Meeting of the New York Society for Psychopathology, December 20, 1940.

' Faustian man ', he worked without rest and apparently without strain in many fields. There are few neurological or psychiatric problems which did not interest him at one time or other and which were not enriched by his approach. Before the war (1914) were published Symbols in Schizophrenics and his book Consciousness of One's Self and One's Personality. In 1918 appeared the beautiful little book, Delusion and Knowledge *(Wahn und Erkenntnis).* At that time he had already come under the influence of Freud and in 1919 he became a member of the Vienna Psychoanalytic Society. On March 7, 1920 he delivered his first paper before the Vienna Society on the topic Identification.

Wagner-Jauregg did not altogether approve the psychoanalytic orientation of his pupil and assistant, but displayed, nevertheless, the greatest appreciation for Schilder's scientific personality. As early as 1921 he was made *Privatdozent* and in 1925, professor. For some time it looked as though he were Wagner-Jauregg's favorite. Unhappily, these were two strong but dissimilar personalities and friendship between them ceased. Otto Pötzl, Wagner-Jauregg's successor to the chair of the Vienna Psychiatric Institute, said in one of his first lectures: ' I must admit that there is a man who should be here in my place: Paul Schilder '. By that time Schilder had left Vienna. He undoubtedly hampered his career by his open and early adherence to psychoanalysis. He was never a man to dissemble or curry favor; he was frank and acted according to his openly expressed convictions.

Space does not permit a listing of Schilder's numerous papers. Among his books are Soul and Life (1923), Medical Psychology (1924), Introduction to a Psychoanalytic Psychiatry (1928), and several books on a subject which held a strong interest for him, Body Image, a term which he took from the psychiatrists A. Pick and H. Head and to which he gave significance by synthesizing it with Freud's conception of the ego as primarily a body ego.

Schilder's memory was phenomenal. He not only had read, it would seem, the entire neurological and psychiatric litera-

ture, but he kept it in encyclopedic order in his memory and could produce this store of information for the benefit of colleagues and pupils. He was particularly skilful in formulating scientific problems. The many who turned to him for advice know that well and will feel his loss heavily. This recalls Schilder's lovable ways in personal contacts, a gentle quality rare in so prodigious a worker. He was always ready to listen, to serve as an intermediary. He was kind, helpful often against his own best interests, friendly without condescension.

Psychoanalysis has lost in him one of its most important exponents. There is no psychoanalytic problem to which Schilder did not make substantial contribution. He extended the concept of the unconscious (Schilder's 'sphere'), investigated the problem of rebirth in the dreams of epileptics, criticized Freud's concept of a death instinct. For the eternal dualism of the body-soul he wished to substitute an identity. In this respect he agreed with Smith Ely Jelliffe who has made the same holistic approach with the same courage. Schilder labored over an enormous field indeed. Freud once told him that he worked in ' too wide dimensions ' instead of limiting himself to psychoanalytic microscopy. Yet Schilder did not overlook details, as for example, in his observation of a frequent inferiority of the lower extremities in agoraphobia, and many, many more.

He showed less interest in the modern technique of psychoanalysis, the minute analysis of resistances. Here differences of opinion arose and led to serious misunderstandings which were at the point of resolution when he died. Psychoanalysis has become so vast a field that it is very well possible to travel along different paths in its service. For more than ten years Schilder lectured on psychiatry to the students of New York University. His lectures were built upon a sovereign control of psychoanalytic theories, Adolf Meyer's psychobiological approach as well as a psychosociological orientation.

During the last ten years of his life he was fortunate in having as his collaborator, Dr. Lauretta Bender, herself a leading

psychiatrist, who was his devoted wife since 1937. The unusually happy family life they enjoyed together came for him relatively late in life. To them were born three children, two boys and a girl, the last a few days before his death.

We shall not forget Schilder. He has made for himself a unique place in the science to which he devoted his life work. His personality, embracing wholehearted cheerfulness and humor and at the same time an almost uncanny scientific aggression, will leave an enduring impression.

FRITZ WITTELS

The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

The Problems of Aging, Biological and Medical Aspects. A Publication of The Josiah Macy, Jr., Foundation. Edited by E. V. Cowdry. Baltimore: The Williams & Wilkins Company, 1939. 758 pp.

Samuel Atkin

To cite this article: Samuel Atkin (1941) The Problems of Aging, Biological and Medical Aspects. A Publication of The Josiah Macy, Jr., Foundation. Edited by E. V. Cowdry. Baltimore: The Williams & Wilkins Company, 1939. 758 pp., The Psychoanalytic Quarterly, 10:1, 135-168, DOI: 10.1080/21674086.1941.11925453

To link to this article: https://doi.org/10.1080/21674086.1941.11925453

BOOK REVIEWS

THE PROBLEMS OF AGING, BIOLOGICAL AND MEDICAL ASPECTS. A publication of The Josiah Macy, Jr., Foundation. Edited by E. V. Cowdry. Baltimore: The Williams & Wilkins Company, 1939. 758 pp.

We must thank Professor E. V. Cowdry for a most successful synthesizing of current knowledge bearing on an important medical problem. What he has achieved by this symposium is more than a summary, more than a survey. This comprehensive exposition of the biological, medical, psychological, and sociological data bearing on the problems of aging creates valuable total impressions and stimulates new thought.

New avenues for investigation are suggested and new therapeutic goals proposed. The psychoanalyst who is better versed in the lore of eros meets here with the less familiar work of thanatos. Many authoritative collaborators open up fascinating vistas by their discussions of those biological problems basically connected with the problems of growth, aging, and death. It is futile to attempt even the briefest summary of these solidly packed pages. Only a few of the reviewer's reactions to this stimulating work are recorded here.

It does a medical psychologist good occasionally to leave the more habitual categories of his field and confront elementary biological problems like aging and death, the antitheses of life and growth. One is astonished by the discovery that there is no scientifically demonstrable certainty of the inevitability of aging and death. What we are accustomed to accept as axiomatic is no more than a high probability.

Here is a glimpse into the biologist's investigation of these basic phenomena. H. S. Jennings in his stimulating essay, Senescence and Death in Protozoa and Invertebrates, discusses the aging of protozoa. He states it as a generally accepted natural law that full active living leads inevitably to exhaustion and decline; yet some stocks of Paramecium Aurelia are 'visibly rescued from death and restored to high vitality by the intervention of sexual reproduction—the union of individuals by conjugation'. Virtual immortality is thus achieved by some stocks. It is assumed that a resting

reserve in the micronucleus makes possible an escape from the law above stated. By endomixis this relative immortality is achieved in some strains without sexual rejuvenation. (Endomixis is a process in which the worn, exhausted macronucleus is replaced occasionally by portions from the reserve micronucleus within the same cell.) But then Jennings reports the discovery of Dawson working with Oxytricha Hymenostoma in which the micronucleus was absent and yet the stock continued living indefinitely. The biologist is here obliged to explain this apparent inexhaustibility by the hypothetical existence of an undetermined reserve substance. It must then be admitted that there is no scientific proof of the inevitability of exhaustion of actively functioning organisms.

Although the theory of rejuvenation through the sex act in plants and animals is based on a wide range of observation, it is by no means incontrovertible. Instances are given in which the bearing of seed and fruit hastens the death of the organism, as in monocarpic plants described by William Crocker. Jennings furthermore relates that many of the weaker individuals among the protozoa perish during the 'rejuvenating' act of endomixis.

William Crocker in Aging in Plants presents facts which open up a fascinating issue of interest to students interested in the degree to which behavior is molded by environment. Saprolignia Mixta, a fungus that grows on flies in water forming a halo of branching filaments about them, goes through several stages in its life cycle. First it forms zoosporangia on the tips of its mycelia from which asexual spores form to infect other flies. In its last stage of development the fungus forms sex organs from which are formed sexual resting spores. Then after a few weeks the fungus dies. This is a destiny familiar enough and one which we share with this fungus. But Crocker quotes the question raised by Klebs, 'Is this very regular succession of different stages, each with its special forms and functions, dependent upon internal causes alone, or do the external nutrient conditions act with the internal structure to determine the order of development, and even the life span?'. Suffice it to say that Klebs by changing the nutrient medium, the environment of this plant, succeeded in maintaining it in a state of veritable immortality, and this without its going through its asexual and sexual spore forming stages. In many life forms many variations in the life cycle and life span can be produced almost at will by proper modification and regulation of growth conditions.

In the light of all this it seems that we show a lack of sophistication if we accept without question the existence of the basic pattern: birth, living out the life span during which the individuals of any one species present fairly fixed and uniform characteristics, followed by involution and death.

In another experiment, Klebs starting with the rosettes of the house leek, all derived from the same plant and each of which he grew under a great range of environmental conditions, could produce more than a 'dozen types of life history with great variations of life span'. The types varied from one with rosettes that produced a flower stalk with a few flowers at the tip and lived but one season, to a type producing rosettes that produced upright stems, that grew year after year continuously adding to the size of the stem. He could also produce wide variations in the character of the flowers as to the color, size, symmetry and number of flower organs.

In contrast to this plasticity to an altered environment, the common annual chickweed could be made to vary its life course and life span very little even when grown under a wide range of conditions. Klebs changed the light intensity, the light duration, the moisture, the temperature and the soil chemistry, but he could never prevent the plant from flowering after setting four to twelve pairs of leaves and otherwise showing 'an internal fixity as to their life duration and course'.

Perhaps the prominence given here to some of the scientific uncertainty regarding the inevitability of decline and death is motivated by one's own personal wish for immortality. These essays, however, although furnishing ample documentation of the aging process, agree pretty unanimously that the present tempo of man's aging cannot be demonstrated as being biologically inherent. William DeB. MacNider discusses the decreased ability of the aged epithelium to repair after injury. Walter B. Cannon states that although homeostasis is not altered in old age, the ability for restitution of homeostasis to normal when it is disturbed by vigorous activity or by greatly altered environment or by disease, is gradually decreased with age. He concludes that 'the conditions of the homeostatic mechanism in old age can be summarized in the statement, that when subjected to stress they are revealed as being more and more narrowly limited in their uniformity of the internal environment of the living parts'.

When he reads these essays dealing with the aging processes in the several systems of the human body, the psychiatrist, accustomed to think of the body as a whole, is struck by the fact that aging breaks up the continuity of the bodily pattern, dissolving the integration and harmony of the body-mind schema. This results from the uneven rate of aging of the various bodily systems: some systems, like the gastrointestinal tract barely age at all; others like the central nervous system age early. This dissolution of harmony occurs also within many of the individual systems. For example, F. D. Weidman finds in the aging skin 'a certain faltering of orderliness of tissue patterns', and incidental to that a decreased storage capacity of vitally needed chemicals that has a bearing on general bodily welfare. The instability of the endocrine system and the increase in muscular fatiguability are, according to T. Wingate Todd and to A. J. Carlson, largely due to the instability of the nerve mechanisms controlling their function. This discontinuity of orderliness and harmony in the soma suggests to the psychiatrist a correlative disturbance in the integration of the ego. This resulting disintegration is probably distinct from and perhaps psychiatrically more important than changes in the ego which would result simply from a homogeneous decrease in the strength and vitality of the soma. The latter process is represented in many phenomena such as the 'exhaustion' of fundamental bodily rhythms as exemplified by the menopause. The gonads and other organs of internal secretion undergo a loss of reactivity as well as a disturbance of the nerve control.

This reviewer largely on the basis of facts set forth in these essays has in another discussion drawn attention to some psychological effects of aging which possibly are attributable to this phenomenon of selective and uneven aging of the various bodily systems. A survey of the rate of aging in the various bodily systems establishes the impression that aging makes the greatest and the earliest inroads on those parts of the soma which are the organs of the most mature functions of the ego, namely the central nervous and the genital systems. These organs are also most highly invested with narcissistic libido. Ferenczi has called the brain and the genital the 'poles' of narcissism. This predilection to aging of the highly important receptor and effector functions of the ego is further borne out by the fact that although general skin sensibility is barely impaired (F. D. Weidman), the highly developed senses

of sight (Jonas S. Friedenwald), and hearing (Stacy R. Guild), age early. Another expression of the early changes in the central nervous system is a decrease in the speed in intelligence, observed in the third decade, to be followed by a decrease in the power of intelligence much later, in the sixth or seventh decade (Walter R. Miles). The effect of changes in the central nervous system on the stability of the endocrine system and the muscular apparatus has already been alluded to.

On the other hand, the most primitive reservoirs of the instinctual drives, the gastrointestinal tract, the urinary tract, and the smooth muscle organs generally, are the least and the last affected by the aging process, some systems being not at all affected within the usual life span.

To repeat here a formulation I presented in a recent discussion of this problem, 'Granting that senescence is a general biological involution, one is struck by the *relative* weakening of the ego functions in the face of id drives only slightly abated by the decrements of aging. An old balance of power is definitely dislocated, and to a greater extent than we previously suspected'. The psychological expressions of this disturbed balance cannot here be gone into.

Those who study the personality and social relations of the aged all agree that the outstanding characteristics of growing old are increasing conservatism and rigidity, expressed both when faced with demands to make adjustments to a changing environment, and in therapeutic situations. It is noteworthy that the authors recruited from the psychological and social sciences put more relative weight on psychological, social and other cultural factors in accounting for the morbid psychological aspects of aging. For example, Lawrence K. Frank asks how much of the decrease in efficiency or loss of function in the aged can be accounted for by atrophy of disuse, 'a functional atrophy which may become permanently structured'. This disuse is forced upon the aged by a society which prematurely discards their energies and talents.

Authors of this group are more optimistic about therapy of the aged and about the value of undertaking broader measures to deal with the social and psychological problems presented by the old, both from the view of their individual welfare and from that of social welfare. W. R. Miles speaks glowingly of the great capacity for social altruism the old are capable of. He also brings out many interesting facts to prove that there exists an exaggerated notion of

the extent of intellectual decrement in aging. With the intellectual speed factor excluded a plateau of intelligence is maintained until very late in life. Clark Wissler points out that it is males of forty to sixty and upwards who generally dominate in tribal societies, as well as in our society. He says it is the aged that 'retain the relentless momentum of the living culture. The memories of the aged are the guarantee that the culture will have the continuity upon which its existence depends.'

G. V. Hamilton is quite sanguine about psychotherapy for the aging. He finds that educability is not decreased in the sixth and seventh decades, but that resistance to psychotherapy is.

On the contrary, authors like the internist Lewellys F. Barker who stress almost solely the organic factors in aging, have very little therapeutic optimism either for the mental treatment of the aging individual, or for the larger manipulations of the problems presented by the aging. Barker quotes Freud's warning particularly against deep psychoanalytic therapy in the treatment of psychoneuroses of the aging.

There are many facts presented by the contributors to this book that should make clinicians question an uncritically organic etiology of the personality problems of the aging. A. J. Carlson and Hamilton point out for instance the lack of correlation between gonadal involution and the sexual activity of the aging. In spite of marked gonadal aging, sexual activity often declines very gradually and may continue very late into life; on the other hand diminution or inversion of sexual activity may present a neurotic pattern undistinguishable from that observed in younger people. To quote Earl T. Engle, 'Sex function in both sexes may be seriously restricted in the presence of adequate hormones, or may continue with removal of gonads and restriction of sex hormone production. Variability of sexual activity is very high. . . .' One may here remark that except where there is large destruction of brain matter, as in arteriosclerosis or senility and often even in the presence of such destruction, the psychiatrist sees instances of aging which affect the personality very slightly as well as instances of gross neurotic and psychotic manifestations. The latter will usually be found to be exacerbations or reactivations of morbid personality distortions present from youth. In discussing organic senium praecox, Macdonald Critchley says, 'Closer studies show . . . various traits of infantilism in all such cases. The patient with

precocious senility is not so much one who has passed through the arches of the years with undue rapidity, as one who has in some way failed to grow up . . . or rather has skipped a decade or so.'

Louis I. Dublin's figures show that our world is rapidly changing into a more elderly world because of the rapidly changing 'age structure' of our population. In 1850, 12.4% of the population was 45 or over. Today the figure is 26.5%. In 1980 it will be 30.3%. We are becoming an elderly nation because in 1930 our mean length of life was 62.3 years, whereas the mean length of life in ancient Rome was 20 to 30 years, as it is today in India. If we confine ourselves to western civilization, we find the mean length of life was still only 33.5 years in Breslau in 1687, reaching no greater than 35.5 years in the United States in 1789. Dublin thinks the effect of this shift will be, theoretically, a lowering of the standard of living, a larger proportion of females, and an increasingly conservative political outlook. This may or may not be so, and physicians may have an influence in altering this dark outlook. A large opportunity for intensive endeavor in research and practice is opened up to them in this relatively unexplored field of geriatrics.

SAMUEL ATKIN (NEW YORK)

HEREDITY AND ENVIRONMENTAL FACTORS IN THE CAUSATION OF MANIC-DEPRESSIVE PSYCHOSES AND DEMENTIA PRÆCOX. By Horatio M. Pollock, Benjamin Malzberg, and Raymond G. Fuller. Utica, New York: State Hospitals Press, 1939. 473 pp.

Statistical reports of federal and state agencies usually make dull reading. One may recall numerous reports from the New York and Massachusetts State Departments of Mental Hygiene which quote a lot of figures to prove that the rural population is either better or worse off than the urban population, that there is some difference between native born of foreign parents and foreign born of native parents, and that the negro is always in worse shape than the white. In this monograph, however, there is a certain departure from the traditional objectivity which usually is a screen for the lack of scientific imagination. The authors of this monograph are the statisticians in the New York State Department of Mental Hygiene and their conclusions are interesting and sound. Their study was financed by a generous philanthropic foundation, and it

confined itself to an investigation of the hereditary and environmental factors in one hundred and fifty-five cases of manic-depressive psychosis and one hundred and seventy-five cases of dementia præcox. It is interesting that this is the first study of its kind which in addition to the hereditary factors makes a thorough analysis of environmental factors in relation to the development of mental disease.

The one hundred and fifty-five patients of manic-depressive psychosis had 2,377 relatives. On the basis of expectancy of mental disease in the general population, 89.5 cases were expected to become mentally sick, while actually 93.9 developed mental breakdowns. Quite justly the authors conclude that such a divergence cannot be regarded as significant. The interesting fact was observed, however, that brothers and sisters of patients with manic-depressive psychoses have greater expectancy of mental disease than is found in the general population. This psychosis is also more prevalent among females than in males. It is also clear from the study of the siblings that the manic-depressive psychosis is not transmitted as a Mendelian unit character. This does not mean, however, that inheritance does not play a part in the transmission of mental diseases. All it means is that the underlying laws of transmission are not yet understood.

Of the one hundred and seventy-five patients with dementia præcox 2515 relatives were studied. Again the authors find that there is a strong presumption that family predisposition is an important factor in the etiology of dementia præcox.

In as much as the study of heredity of these cases did not show anything conclusive or positive, the authors decided that perhaps there was something in the environment which was equally important if not more so in the causation of mental disease and proceeded to study it with the aid of competent social workers. We quote some of their conclusions:

> 'Nevertheless, it would be a mistaken inference from the preceding data that a family predisposition, constitutional in nature, is an all-sufficient basis for the development of these mental disorders. The transmission of a mental disease from generation to generation is not a fatalistic process. The elements in the development of a mental disorder are not comparable to physical units which determine such characters as eye color or type of hair. The latter, so far as known, are the consequences of rigid and invariable laws, and appear at stated periods in the physiological development of the individual, irrespective of environmental

changes other than those which may be of such pathological significance as to affect the development of the organism as a whole. Not so, however, are the facts with respect to mental disease. There is no evidence that mental disorders appear inevitably at certain life epochs with the regularity of physiological cycles. No one appears fated to develop dementia praecox because some ancestor had such a disease. It requires something in addition to a diathesis or predisposition. There must be not only a seed but a ground in which to plant the seed. Inferior human stock may still be enabled, through proper nurture, to achieve a life of a fair degree of usefulness. On the other hand, we know that even the soundest of stock may succumb to the repeated onslaught of an unfavorable environment.

'We conclude, therefore, that we cannot speak of hereditary and environmental factors as antithetic causes of mental disease. Both combine, often in subtle ways, to create such disorders. Persons with a diathesis for mental disease will undoubtedly succumb readily to many environmental stresses, which others, more fortunate in their family endowment, may be able to resist and overcome. But certain stresses are of such intensity that if repeated at sufficient length they may overcome the resistance of even the soundest constitutions. It must, furthermore, be borne in mind that siblings are affected by like environmental influences during their formative years. If faulty family habits, attitudes or conditions are factors in causing the mental breakdown of the probands, is it not probable that they would also unfavorably affect some of the other siblings? In the single family circle there is a blending of hereditary and environmental factors that renders it difficult to evaluate their respective influences on the development and health of the children.'

The study of the personal familial and outside environment was done approximately along the same lines as in similar studies in the Boston Psychopathic Hospital in 1930–1936, and at the Phipps Psychiatric Clinic at the same time. Histories of cases were studied in detail, with special emphasis on various mental and environmental stresses in the family, school and industry, and with a great deal of attention paid to the analysis of the interpersonal relationships.

The authors found many difficulties in the lives of these patients prior to the breakdown, but one wonders if a similar group of normal men and women serving as a control would not have similar difficulties. They also came to the conclusion long ago stressed by MacFee Campbell that the given causes for the breakdowns were usually quite trivial. This is especially true of dementia præcox.

The fact that the results of this study corroborate very closely the other studies quoted above point to the fact that the gross macroscopic study of such causes is inadequate. What we need is

a more microscopic technique than that which at the present time is used in clinical psychiatry. The real clue as to what is constitutional and what is environmental will probably be answered more adequately by the psychoanalytic method as it is the only available method at the present time which takes into consideration the study of fluctuations in emotional tone beginning in early infancy. Going a bit further, one might recommend a research technique even more refined, one which would use partly the psychoanalytic method, partly the so called 'projection' methods of genetic psychology, and partly the experimental techniques of the so called gestalt psychology. The utilization of such techniques combined with psychoanalysis is something which has already been undertaken in some of our more research-minded institutions such as the Institute for Psychoanalysis in Chicago.

Considering the limitations of the method used, the present monograph makes a very valuable contribution as the observations are sound and thoroughly checked; scientific judgment is seasoned and the conclusions show the real caution and at the same time practical imagination of the investigators.

J. KASANIN (SAN FRANCISCO)

CONCEPTS AND PROBLEMS OF PSYCHOTHERAPY. By Leland E. Hinsie. New York: Columbia University Press, 1937. 180 pp.

This book sets out to be an introduction to psychotherapy. It covers such an enormous field and its ramifications are so numerous that it is impossible to review them in detail. Nolan D. C. Lewis states in the preface that the work is notable because it is the first attempt to estimate the value of psychotherapy in its relation to clinical psychiatry, and is 'an honest essay' on the different applications of psychotherapy to the problems of psychiatry. Dr. Hinsie is primarily a clinical psychiatrist. Many of the interesting questions he raises, particularly in regard to psychoanalysis, are of peculiar interest just for that reason. Because of his impartiality, they should serve as a contribution to a better understanding of the conflicting points of view in the field of modern psychiatry. The book is meritorious for its compact style.

Although a critical and comprehensive review of this work is almost impossible without covering more pages than the author himself has made use of, one may at least inspect the underlying principles and decide whether the foundation is of sound construc-

tion. The author has chosen for his chief task the survey and comparison of what he calls, 'the two schools' that command the attention of present day psychiatrists—psychoanalysis of Freud and psychobiology of Meyer—with the avowed purpose not of critical demur but of a practical evaluation of their results by objective, quantitative methods. Two other schools, those of Adler and Jung, are relegated to a secondary position since they 'have not been identified with the same extension of interests in the field of medicine'.

In his survey of psychoanalysis, by creating a sense of perspective, Dr. Hinsie helps to correct the common tendency towards distortion of what is new and unfamiliar. He lifts the unconscious from the field of controversy and places it safely in the realm of indisputable fact. To the common opinion that psychoanalysis is merely another form of suggestion, he answers pertinently: 'It is subjective only in the sense that the material comes from the subject under treatment. The psychoanalyst does not produce experiences, nor does he put energy in them. Both of these phenomena were accomplished long before the psychoanalyst ever saw the patient.' He cautions the too-ready critic who has had insufficient training in this specialty. 'The physician must know how to look. When the novitiate first attempts to look into a microscope, he may see nothing more than the eyepiece.'

In order to confine his exposition of psychoanalytic theory and practice within the eighty pages allotted to it, the author has had to condense the material considerably. It is therefore natural that many omissions occur and defects are inevitable. In general, the author adheres in his description of the structural relations of the psyche to orthodox usage. At other times, he uses terminology lacking in precision, and conveys meanings that are really foreign to analytic thinking. For instance, 'Energy, force, emotions, feelings, interest', are used interchangeably for libido.

There are discussions of regression, projection and hypochondria, in which the points involved are intricate, the distinctions not always clear, and the thinking difficult to follow for someone who is not well versed in analytic literature. There are other subjects which find surprisingly scant recognition. Infantile sexuality is only mentioned once in the following brief statement: 'There are special designations to indicate the particular organic zones to which emotions are secured. Thus, one speaks of oral, anal, and

genital emotions as subdivisions of autoerotism.' The œdipus complex is mentioned only in the chapter on psychobiology, and then only by way of apology in describing the regression of a patient to an infantile level: 'The patient feels, acts, and thinks in terms of his own childhood. He has regressed from environmental to familial socialization. . . . All sorts of reactions . . . may be the symbolic representation of a defense against the reversion to childhood and its consequent dependence upon the family unit. Technically, this is called the œdipus complex.'

In comparing psychoanalysis to psychobiology, there is a tendency towards oversimplification which serves to emphasize the contrasts and differences between the two. Thus, the one has to do to a large extent with the treatment of psychotics, the other with the treatment of neurotics; the one is concerned with that part of the personality which is referred to as the 'conscious', the other is chiefly related to the 'unconscious'. The chief interest of the psychobiologist is to alter external reality and create an artificial environment by which to reëducate the patient. The primary aim of the analyst is 'to trace the meaning back to the earliest experiences and feelings that can be recalled by the individual under analysis', and 'to him the material of the conscious sphere serves principally as the vehicle by which one gains contact with the sphere of the unconscious'. 'Psychobiologists', writes Dr. Hinsie, 'build up assets; psychoanalysts remove liabilities'.

We believe that the author has missed a valuable opportunity. By overemphasizing the contrast between psychobiology and psychoanalysis, he has failed to disclose the less spectacular similarity which might serve as a basis for comparison, and has omitted the common denominator. In order to ascertain quantitatively the value of two objects, one must use a fixed unit of measurement; otherwise one will be in the unprofitable position of the arbiter in the well-known dispute between the elephant and the whale. In this respect, we should be inclined to criticize the use of the word *school* as an object of comparison. The author justifies his use of the word by an analogy. Research workers in the separate fields of psychoanalysis and psychobiology are said to resemble two geologists whose respective spheres are allocated to different levels of the earth's surface. These spheres of interest are the conscious and unconscious levels of the mind. The two may overlap, and

the investigations of the one may influence and be coördinated with the findings of the other. This analogy appears to us incorrect because it confuses the instruments and material with which the scientist works with his ultimate aim and purpose. The ultimate aim is here undoubtedly the rehabilitation of the patient's mental organization, the psyche. The material might be compared to the conscious and unconscious systems of the mind, but the instruments which are used are so mutually incompatible and unlike that they cannot easily be classed together. They are the dynamic forces which are applied to modify psychic phenomena, in other words, the therapeutic agencies proper. They are so dissimilar in appearance, that at first glance a comparison seems impossible.

In comparing psychobiology with psychoanalysis in respect to their therapeutic effects, we should take particular pains to examine the dynamic forces which are at work. There can be no doubt in general as to what these are. In the former some method of education in one form or another is an active agent in all varieties of treatment. What belongs exclusively to the latter and is peculiar to it, is the technical use which is made of the transference. However, this statement is not sufficiently inclusive for it must be assumed that here also education plays an important rôle. We believe that the author has minimized the amount of education involved in analysis, and which may serve for purposes of equation with the work of education accomplished in psychobiology.

Dr. Hinsie writes: 'One of the basic principles of the psychobiologist constitutes what the psychoanalyst calls "reality testing" in his (the psychobiologist's) process of education.' As a matter of fact, it is the psychoanalyst who must have his sheet-anchor grounded in the realities of life.

Nor is the anamnesis of less importance in psychoanalysis as Dr. Hinsie asserts, than it is in psychobiology. To be sure, it is gathered in a different manner, piecemeal, here and there, but none the less it is of tremendous importance. It is the fabric on which conjecture is patterned. Like history, it may be transcribed to suit the taste of the historian, and a patient in analysis may tend to distort the facts or leave gaps that are unexplained. But here, intrinsic evaluation of the material by the analyst forms a valuable

corrective which takes the place to a large extent of documentation by relatives and friends, and it is precisely in a revaluation of the patient's subjective attitude that what is known as the patient's 'secondary gain' can be impressively disclosed.

It is a paradox that although psychoses are considered more serious catastrophes than psychoneuroses, they are more apt in certain types to undergo spontaneous recovery. This, however, is not always the case. Dr. Hinsie, for instance, mentions a case of globus hystericus which spontaneously recovered in four months, and whose symptoms could be accounted for along psychoanalytic lines. He pertinently asks what was the cause of recovery, and how many similar cases exist which untreated run an equally benign course. In his comments on psychoanalysis, he makes the accusation that descriptive psychiatry in the field of psychoneurosis has too long been neglected in contrast to similar achievements in psychiatry. We do not know enough about remissions and spontaneous recovery, about the onset, course and duration of psychoneurotic syndromes. Too little attention has been paid to clinical diagnosis, and no diagnostic classification exists at present which it is possible to use for statistical purposes. How can therapeutic results be appraised when there is such confusion, he inquires, and what is the cause of all the trouble?

He answers the latter question as follows: 'It is a well established truth that psychoanalysis is the outgrowth of a therapeutic ambition. . . . Whether or not the opinion is justified by facts is one of the questions raised for discussion here.' The implication is that psychoanalysts have purposely begged the question.

Other assertions which the author makes are open to challenge. That psychoanalysis is the outgrowth of a therapeutic ambition is an ambiguous statement, and the statement that descriptive psychiatry is deficient in the field of psychoneuroses and that too little attention has been paid to adequate classification is open to question. In this instance, one might recall some of Freud' s earlier papers describing the clinical entities neurasthenia and the hysterias, or Abraham's contributions to the relation between manic-depressive disorders and obsessional neuroses, not to mention a host of others. At the present time also much attention is being paid to the subject of nosology and to morphological distinctions.

SYDNEY G. BIDDLE (PHILADELPHIA)

THE LIFE AND DEATH INSTINCTS. By Arthur N. Foxe, M.D. New York: The Monograph Editions, 1939. 64 pp.

By no one is a discussion of the problem of the death instinct more appreciated than the reviewer, and for this reason the present volume was eagerly and hopefully read. It is the more disappointing, therefore, to be obliged to report that the book contributes nothing to the understanding of either the life or the death instinct, renamed by the author the *'Vita'* and the *'Fatum'*.

The two page introduction is stimulating and promising. Nothing thereafter lives up to the promise. What is not dull and platitudinous ('Virtue, then, is the social law' . . . 'Spices stimulate—they seem to vitalize . . . ') is incredibly naïve. This *naïveté* is not only of style but of content. For example, he asks if the baby sucking at the breast is 'acting through the drive of sexuality or of self-preservation, or . . . both . . . ', and his commentary is, 'An analyst might scratch his head in perplexity'.

It is only fair to add that here and there one finds some evidence that the author has some understanding of parts of psychoanalytic theory, but he is much more interested in philosophizing in a rambling way about some renamed concepts.

Chapter eleven is an appendix, one-half a page long, in which the author lists the 'etiological factors in the formation of the criminoses'. What this has to do with the rest of the book is beyond the reviewer. None of the standard contributions by psychoanalysts to the etiology of criminality are referred to in the bibliography.

KARL A. MENNINGER (TOPEKA)

THE LANGUAGE OF THE DREAM. By Emil A. Gutheil, M.D. New York: The Macmillan Company, 1939. 255 pp.

The author of this book is a follower of Stekel. He writes the book because he feels 'that the hitherto-existing books on dream interpretation are either too voluminous or too little instructive, or are out of date' (p. 1). He intends it to serve as a textbook on dream interpretation and for 'chiefly practical purposes' (p. 2). To judge from the glossary at the end of the book, it is meant primarily for the layman, since such words as cerebral, celibacy, defloration, introspection, phobia, are defined.

There are seven chapters dealing among other things with dream elements, basic mechanisms, symbols, and an exposition of active analytic interpretation. The book's scientific basis is guaranteed by a number of illustrations and curves, for instance, the five illustrations on page 54 of geometric figures that symbolize the male genitals and the five on page 56 that symbolize the female genitals. In addition, Fig. 12 shows schematically the physiological excitement leading to an orgasm, while Fig. 13, the arrow-pierced heart, is given as an illustration of a symbol for coitus.

The author gives due credit to Freud, and on at least two occasions states that his interpretation of dreams was 'a gleaming example' (pp. 170, 247). It seems that wherever it suits his purpose he accepts Freud's work, only to reject it on other occasions, particularly in relation to the technique of the analysis of dreams. Although he constantly emphasizes that the patient's associations are utilized *whenever necessary,* it appears that the necessity only arises when the interpreter cannot make up his mind as to what the meaning of any particular dream or dream element should be. This is brought out especially in that part of the book where the author compares his interpretation of dreams with those published by Freud and others, in order to show the superiority of his own technique. It is of interest that he plunges in without the possibility of fulfilment of his own criteria, namely a thorough knowledge of the patient and his psychological problems, in order to show how much better his own interpretations are, stating, 'I leave it to the reader to decide which of the demonstrated methods is the most economical and least speculative' (p. 244). The essence of his technique is 'activity', which involves simplification of the manifest content of the dream by a combination of intuition and a hypothesizing guess as to what the various parts of the dream might represent. The patient is then presented with the meaning of the dream in order that he may discover and discuss his main problems and thus revive and discharge his complexes (pp. 109, 254, and others).

The author sets up one of the usual straw men to knock down in the oft-repeated statement concerning hunting for sexual symbols by the 'orthodox psychoanalyst', and a casual reader might be left with the impression that to the freudian psychoanalyst nothing but repressed sexual wishes is ever present in a dream. This in spite

of the dreams and dream interpretations which he himself quotes from freudian sources and the explicit statement of Freud in his own book that, 'in dream interpretation, this significance of sexual complexes must never be forgotten, nor must they, of course, be exaggerated to the point of being considered exclusive. . . . Above all I should not know how to dispose of the apparent fact that there are many dreams satisfying other than—in the widest sense—erotic needs, as dreams of hunger, thirst, convenience, etc.' [1] In his zeal to prove the validity of his particular form of dream interpretation, the author has chosen a number of examples cited in the literature from freudian sources which undoubtedly are vulnerable. Unfortunately for his thesis, his own interpretations seem to be equally, if not more, bizarre.

On page 52 he offers seven practical suggestions for beginners. One of these should be of particular interest to psychoanalysts, namely, the injunction that the patient should keep a pencil and a piece of paper near his bed in order to put down his dreams immediately upon awakening. This suggestion is made by an author who discusses quite ably and understandingly various phenomena related to resistance and repression.

In the epilogue there is another detail which may throw some light upon the reasons for the publication of such a book. There is considerable emphasis throughout upon the shortness of this type of psychoanalysis. In the epilogue the author makes the statement that 'our advanced technique of dream interpretation enables us to limit the patient's communications and to control them reliably in order to make the duration of the psychic treatment as short as possible. We force the patient to discharge his complexes whenever the therapeutic situation requires it, and after we obtain sufficient insight into the patient's unconscious life, we try to help him solve his personal conflicts and adjust himself to reality, by giving him all the mental guidance he needs' (p. 254). Shortness and light, plus guidance.

The need, if any, for a modern textbook on the dream still remains unfulfilled.

M. RALPH KAUFMAN (BOSTON)

[1] Freud: *Interpretation of Dreams.* New York: The Macmillan Co., 1927. p. 240 ff.

MODERN SOCIETY AND MENTAL DISEASE. By Carney Landis, Ph.D., and James D. Page, Ph.D. New York: Farrar and Rinehart, Inc., 1939. 185 pp.

This study was made possible through aid granted by the Council for Research in the Social Sciences of Columbia University and the New York State Psychiatric Institute.

The authors have made a comprehensive survey of the social aspects of mental disease with special emphasis placed upon the relationship of the social factors to biology and psychopathology.

Extensive statistics were utilized, available literature examined, and trips were made to various sections of the United States and to the principal countries of Europe to determine the influence of age, sex, marital status, race, nationality, urbanization, and various other cultural, social, and economic factors upon the incidence of mental diseases.

As a result of their studies, the authors conclude that the various peoples of the United States, the American Indian, the African Negro, and the various racial groups of all of the principal countries in Europe are susceptible to the same psychoses. They estimate also that in all probability the actual incidence of mental diseases would be no different in any one group if all statistics were based on a standardized population grouping.

The cultural background and the physical environment of many of the groups are quite different, but the basic mental symptoms remain the same. There are some variations in the incidence of specific psychoses among some of the groups. There was one exceptional finding in the case of the full-blooded American Indian in whom no instance of general paresis was reported.

The content of delusions and hallucinations was found to vary with the prevailing social customs. For example, in Soviet Russia the voice that torments the schizophrenic today is no longer the voice of God accusing him of sin but that of other workers who accuse the patient of not doing his share in the Five Year Plan. Delusions of grandeur are present in psychotic patients of present day Russia, but the grand dukes and kings are replaced by great engineers or inventors.

The authors are not very optimistic about any eugenical solution as a means of social control of mental illness. After reviewing the literature on genetics pertaining to psychoses and taking into account their own observations, they estimate that sterilization of

dementia præcox and manic depressive patients upon first admission would leave unaffected ninety-seven to ninety-eight per cent of cases.

The vast problem of the psychoneuroses is merely touched upon in this survey, which is confined principally to the study of the psychoses. However, the authors refer to the findings of Ross of London who made a follow-up study of 1186 neurotics and found that psychoses followed only in fifty patients. From this Ross concluded that neurosis and psychosis are not simply different degrees of the same condition.

As a result of their data the authors conclude that the social surroundings only ameliorate or accentuate the condition of the mentally ill. However, they favor social security, old age care, placement of many of the chronic patients in colonies or private homes under adequate medical and social supervision, and above all they emphasize the importance of basic research in the problems of psychopathology.

The limitations of the methodology used in making this survey are revealed when the authors deal with the question of the psychological factor in relation to etiology. They conclude that all of their data 'favor the argument that the basic etiological factors of "mental" disease are physiological and constitutional rather than psychological'. They arrive at this conclusion because their findings failed to reveal high rates of incidence of mental disease in times of greatest social stress, such as war, disaster, economic insecurity or 'at those age periods when stress of personal adjustment is the greatest'. They believe that 'the emotional anguish and turmoil of the World War or the economic depression of 1929–1932 should have given rise to an increase in the incidence rate of psychoses, if psychoses are psychogenic, but the records show no such increase'. Such a point of view shows that the authors apparently favor a mind-body dualism in place of a dynamic psychosomatic orientation.

It is evident also that the authors have not given sufficient weight to the unconscious aspect of mental conflict. The strain associated with war and deprivation may lead to great pain and suffering but the latter are not necessarily precipitants of mental illness. It is well known that pain and suffering in certain individuals tend to neutralize unconscious anxieties and tensions.

It would be interesting to subject any individual case history in

this series of statistics to a critical investigation from the psychodynamic point of view. Then only might it be possible to evaluate the significance of 'first admission' in relation to environmental stresses, for the latter are important not only in adolescence and adulthood, as the authors assume, but have their roots in a much earlier period. Conflicts at this level may be evoked by environmental stress of an entirely different nature than economic depression or war.

The fact that cultural differences do not seem to affect the essential nature of psychotic symptoms does not warrant the conclusion that constitutional predisposition is the basic factor in mental illness. Psychoanalysts long have been aware of the fact that there are tendencies in the psyche common to all mankind, which under certain conditions come to expression in patterns of motor, vegetative and emotional discharge, that have been established before the present culture evolved. However, the impact of these primitive modes of expression upon the individual ego, as the personality evolves in its own cultural setting, presents a problem which can be understood fully only through a study of the psychological situation. This is true in the case of the healthy as well as the sick.

EDWIN R. EISLER (CHICAGO)

FAMILY DISORGANIZATION—AN INTRODUCTION TO A SOCIOLOGICAL ANALYSIS. By Ernest R. Mowrer. Second Edition. Chicago: The University of Chicago Press, 1939. 356 pp.

This book, originally published in 1927, belongs to the University of Chicago Sociological Series. Its primary function is as a textbook. In this revised edition the author states that the statistical data on divorce and non-support has been brought up to date and that in addition there is 'a recognition of the relationship between personality factors and conflict in marriage relations'. It is this last interest of the author which gives the book its chief importance for the psychoanalyst.

In the introductory chapter a simple concise account is given of the change in family life as a result of urbanization. There follows a brief summary of the remedies which have been proposed by the church, state, and individuals to prevent the ever increasing disintegration of the family. These palliative procedures which society naïvely wishes to employ as defenses against the breakdown

of the family resemble those defenses which are used by the ego against instinctual drives—repression ('ordering and forbidding'), compulsive formulæ (ten commandments for holding a husband or wife), denial, protest (feminism). The author very correctly points out that such defense mechanisms assume that family problems can be solved by a rational approach, and that only statistical facts are needed in the formulation of an ideal program.

The second section of the book presents statistical data of divorce in general and of divorce and desertion in an urban community, Chicago in particular. Dr. Mowrer analyzes the many shortcomings of such data, placing particular stress on the limitation of a monographic method when applied to a large urban center. A monographic method implies a homogeneity of the population which does not exist in a city like Chicago, whose total population is actually a collection of many small communities. The great variation of the divorce and desertion rates for five different groups (non-family, emancipated, paternal, equalitarian, and maternal family areas), raises many fascinating problems for research in the field of sociopsychoanalysis.

A discussion of the case study method and its application to family disintegration constitutes the third part of the book. Dr. Ernest W. Burgess, who writes the foreword, is the chief proponent of this method. A quotation gives the author's definition of the case study method: '. . . to understand the way in which families become disorganized, not as a group phenomenon but in terms of the interaction of the principals in the case, necessitates an appreciation of the changes in relations between husband and wife which are typical of distintegrating families. . . . The case-study method, however, based upon an organic conception of the individual, furnishes an understanding of a phenomenon in terms of the relationship between factors in the experience of the individual, who can be more easily manipulated for purposes of control.' With the apparent meaning of the first sentence of this quotation the psychoanalyst would agree. With the second sentence the gap between the psychoanalytic approach and the case study method becomes obvious. Although Mowrer condemns other rationalistic approaches, his use of the case study method is rationalistic. The conscious rationalizations and defenses of the individuals in the histories given are accepted by him as of prime causal importance in the breakdown of a given marital relation while the unconscious

factors are ignored. The final words of the quotation indicate that Mowrer is setting up sociology as a new kind of control. The social worker and sociologist with the use of this scientific method are to be the new manipulators of family relationships. This overvaluation of science is all too common a phenomenon.

A very excellent selected bibliography in relation to family problems and an adequate index are included in the book.

HELEN V. MCLEAN (CHICAGO)

PETER KÜRTEN. A STUDY IN SADISM. By George Godwin. London: The Acorn Press, 1938. 58 pp.

Originally planned as an introduction to the English version of Professor Karl Berg's *'Der Sadist'*[1], a study of the Kürten case, the author states that 'it became somewhat too long for its original purpose' and what was to be an introduction was therefore published as a separate volume.

It can be divided roughly into two themes: an exposition of why Kürten was considered sane and therefore executed, and an attempt to trace the development of his personality and the unconscious trends behind his criminal activities.

Both themes are presented with a good deal of confused thinking. In the discussion of Kürten's 'sanity' the author admits that 'since the terms of reference imposed by law on the experts were legal rather than scientific, the question settled by the verdict does not finally dispose of the question which Kürten poses in his sinister and enigmatic personality for the psychopathologist and medico-legal expert'. However, despite the question thus introduced, he tries to justify the decision of the court that Kürten was 'sane' on the ground that he was clever enough to keep 'his lust on leash' when there was sufficient danger of his being apprehended, and that he could thus exercise the free will which, in Germany, is the legal hallmark of sanity. He then goes even further and says that Kürten would also have been convicted in England under the old law laid down in the MacNaughton case according to which a man is 'insane' if he does not 'know the nature and quality of the act he was doing, or if he did know it, that he did not know he was doing what was wrong'. In this criterion the postulate of 'free will' is, of course, tacitly understood to be operating.

How far this viewpoint lies from the scientific psychoanalytic approach to criminality can well be seen in Alexander and Staub's

[1] In preparation for publication by the Acorn Press.

The Criminal, the Judge and the Public [2]. The glaring fallacies in the concept of legal responsibility are nowhere better stated and traced from their historical sources than in a recent paper by Gregory Zilboorg [3] in which he calls free will a 'basic human megalomanic superstition' and shows how the function of 'knowing' is devoid of affective empathy with the victim in frank psychotics, criminals and children. That they must each be placed in the same general scientific category and treated accordingly follows as the only logical deduction. Dr. Zilboorg's final point, that medico-legal experts erroneously consider 'legal insanity' as though it were a scientific concept instead of a purely legal one, is highly applicable to the trial of Kürten in which these experts helped condemn him by the use of a terminology which has no reference to scientific fact.

The author's attempt to trace the development of Kürten's personality and the unconscious trends behind his criminal activities is combined with an effort to again point to the harm done an already pathological personality by psychiatrically unsupervised incarceration. He carries this point very well but when he tries to delineate the growth of the forces in Kürten's illness he exhibits an amateurishness marked by a confusion in psychoanalytic concepts and terms.

Nevertheless there are isolated flashes of understanding running through the whole exposition which give it a certain titillating interest. One looks forward to the study of Kürten by Professor Berg to which this is a preface. From the wealth of anamnestic data and fantasy productions at hand, it could possibly be studied as extensively as The Schreber Case and from it might be gained a deeper understanding of sadism with its unconscious concomitants.

HERBERT A. WIGGERS (NEW YORK)

FEVER AND PSYCHOSES. A Study of the Literature and Current Opinion on the Effects of Fever on Certain Psychoses and Epilepsy. By Gladys C. Terry. New York and London: Paul B. Hoeber, Inc., 1939. 167 pp.

In this book the author reports the results of an investigation of the effects of fever on certain psychoses and epilepsy. The report

[2] Alexander, Franz, and Staub, Hugo: *The Criminal, the Judge and the Public.* New York: The Macmillan Co., 1931.

[3] Zilboorg, Gregory: *Misconceptions of Legal Insanity.* Amer. J. Orthopsych., IX, 1939.

is divided into three parts, the first being a survey of the literature dealing with the effects of febrile diseases on mental disorders, the second, a report on the clinical use of artificially induced fevers, and the third, a summary of the opinions of various observers concerning the therapeutic effects of artificial fever in the psychoses.

In the first section the author reports that a study of the literature shows that in cases of mental disorders which were benefited by an intercurrent natural fever there were seven points that stood out. She observes that these factors are those present in cases which are ordinarily expected to recover spontaneously.

In the second section the author states that further detailed experimentation with febrile reactions in patients with affective psychoses is indicated; that on the basis of present available material the therapeutic value of fever is either negligible or that reported recoveries were coincidental with spontaneous improvement. The author feels that it would be unfortunate if the present preoccupation with the insulin shock treatment should interfere with further experimentation on the use of fevers in affective psychoses.

In the final section the author states that the wide divergence of opinion concerning the therapeutic effects of fever on mental disorders indicates the speculative nature of the opinion and that until further basic facts are available no conclusions can be drawn.

The book is concluded with an extensive bibliography.

CHARLES W. TIDD (BEVERLY HILLS, CALIF.)

THE MENTALLY ILL AND MENTALLY HANDICAPPED IN INSTITUTIONS. By Joseph Zubin. Public Health Reports; supplement, No. 146. Washington: United States Government Printing Office, 1938.

This report supplements a number of others which are designed to note the incidence of mental disorders and diseases from the standpoint of 'interregional differences in the institutionalization of mental patients in the United States'. The statistics are carefully compiled and the conclusions drawn from them are conservatively stated. It is obvious that since ninety-seven per cent of all hospitalized mental patients in the United States are taken care of in public institutions, and since approximately one per cent of the total population is hospitalized because of a mental handicap, the problem constitutes one of the most important units in the field of public health.

The interregional differences that exist in the hospitalization rates for the various mental disorders seem to parallel the socio-economic differences that are known to exist between the nine geographic regions of the country as established by the Bureau of the Census. The southern regions tend to have lower rates than the northern regions. Whether this differential is due to lesser incidence of mental disorders in the southern regions or whether it is due to lack of facilities, negative attitude towards hospitalization or similar sociological rather than biological factors remains to be investigated.

The report should serve as an excellent guide to those who are administratively responsible for the care of the mentally ill and mentally handicapped as well as for those who are interested in the relative rôles of heredity and environment as factors in hospitalization.

L. E. HINSIE (NEW YORK)

SCIENTIFIC HYPNOTISM. By Ralph B. Winn, Ph.D. Boston: The Christopher Publishing House, 1939. 168 pp.

The reader's worst suspicions of the scientificalness of this offering are hereby confirmed.

After citing a long list of ailments that can be relieved or cured by hypnosis, the author writes: 'It may be used also to prevent arteriosclerosis whenever its development is due in part to constipation or gastric disorders' (p. 136).

It is a pleasure to report that the author is uncompromisingly opposed to psychoanalysis.

JULE EISENBUD (NEW YORK)

YOUR EXPERIMENT IN LIVING. By Michael A. Cassidy, M.D., and Helen Gay Pratt. New York: Reynal and Hitchcock, 1939. 153 pp.

In the brief compass of a book which can be read easily in two hours these authors have sketched the salient and undisputed problems of adolescent life for the consumption and enlightenment of the child in mid-adolescence. The text is addressed directly to the reader, as if the author were holding a conversation with the boy or girl in question.

The book is divided into nine chapters. The first three deal in the main with the presentation of physiological facts in easily

assimilable form, and with a description of the physical and psychological aspects of personality. The fourth introduces the problem of venereal disease, describes its dangers, and relates it to various other fields in preventive medicine as a social as well as an individual problem.

There then follows an excellent chapter on adjustment to the family in which the authors appear as mildly apologetic champions of the parental outlook. It would be a comfort to any perplexed parent of children in mid-adolescence to read this chapter.

This is followed by chapters on adjustment to the sexual impulse and on the institution of marriage, in which these problems are simply and directly treated without any discoverable prejudice. In a chapter entitled Charting Your Course the authors make a strong plea for early orientation towards a plan for career building. The last chapter attempts to pull together the philosophy of living which has been hinted at earlier in the text. The main focus of this philosophy is the emphasis on the social and biological foundations of life as experienced today. The individual is urged to realize that in addition to a biological heredity over which he has no control he is necessarily subject to a society which has made laws and built traditions for his greater security and welfare; that in consequence it is his privilege and duty not only to adapt to these environmental influences but also to add whatever he can to the soundness of the social structure of which he is a part, and thus to build both for himself and for his own biological and social heirs.

This book is both readable and practical. It should be welcomed by thoughtful parents, clergymen, and family physicians, as well as by the readers to whom it is particularly addressed.

JOHN A. P. MILLET (NEW YORK)

A STUDY OF JEALOUSY. As Differentiated from Envy. By T. M. Ankles. Boston: Bruce Humphries, Inc., 1939. 109 pp.

On the jacket this book is described by a reviewer in the Library World as 'a useful work in psychoanalysis'. Actually it is a badly organized, awkward report of some 'research' regarding jealousy done by the author as his postgraduate thesis in psychology at the University of London.

Personal interviews and written questionnaires were used to obtain subjects' opinions and feelings about jealousy, and these

results are summarized in the book. The author seems very pleased with the 'solution' he has reached of the problem of jealousy and offers his book as a means of therapy for jealous persons. His 'solution' is to regard jealousy as being based on (1) inferiority; (2) homosexuality; (3) various causes. He quotes freely from Freud, Jones, Glover, Briffault, MacDougall, Shand, Stekel, Watson and others and tries to use Kretchmer's, Jung's and Adler's systems of classifying character types among his subjects. The result is a hodgepodge which would be difficult and unilluminating reading even if the author's style were lucid.

ROBERT P. KNIGHT (TOPEKA)

HOW TO ACHIEVE SEX HAPPINESS IN MARRIAGE. By Henry and Freda Thornton. New York: The Vanguard Press, Inc., 1939. 155 pp.

The contents of this book originated in data discussed at meetings of a technical sex discussion group which met fortnightly for two years. The discussions were recorded and revised after suggestions were received from a distinguished American sexologist. One of the two authors of the final form of the material is a psychologist of long professional experience in marriage consultation work.

The book describes in great detail the preparations and practices that enter into adult sexual experiences. Those with little knowledge of reproductive anatomy and physiology and those with little imagination will find ample supplementation here. This supplementation, however, might have gained considerably in value had the authors not chosen to sweeten this very useful, objective and factual book with a rhapsodic phraseology ('sweetest kiss of all', 'sweet and exciting sensation', 'especially delectable', etc.) which becomes at times a bit sticky.

To be sure, in spite of the drawback in the style, the lay reader will find useful information and reassurance on such pertinent subjects as masturbation, homosexuality and other aspects of sexual expression. The discussions of so called normal and pathological sexual functioning, however, are vitiated by many factual inaccuracies. Types of functioning which are adaptations to symptomatic inhibitory forces are presented as normal; for example: 'the contentment of sex satiety comes from exhaustion of sex craving, whether this be brought about explosively by orgasm or slowly through prolonged sex play. The latter seems to be the natural

way for many women . . . this is true of one third or more of wives . . . '. This is explained by means of biology. Another example: 'The best course for any woman who is about to be married is to consult a physician . . . who can very easily open up the hymen . . . by cutting two or three little nicks . . . '. Self stretching of the hymen is also recommended!

The discussion on frigidity and impotence is lamentably naïve from a psychoanalytical point of view. The authors assume that these difficulties, if not due to sex hormone deficiency in the female or concomitant physical disease in the male, is then due to original faulty technique or is the result of attitudes of shame and fear which can usually be cured by reëducation. Recalcitrant cases are advised to go to the clinical psychologist. At no time is it even implied that sexual dysfunctions might require medical, psychiatric or psychoanalytical treatment.

LILLIAN MALCOVE (NEW YORK)

MIND EXPLORERS. By John K. Winkler and Walter Bromberg, M.D. New York: Reynal and Hitchcock, 1939. 378 pp.

This reviewer knows of no major discipline save psychiatry which does not boast its historian. A number of brief isolated articles, an occasional short survey in a textbook, a brief work here and there covering a limited period, these only whet the appetite for this most fascinating of historical feasts. Small wonder that this is so, for it is difficult to conceive of another task within the scope of medical history which would require so broad a grasp of the manifold cross currents of human history as well as so exacting a technical equipment for its performance.

To enlighten the educated layman about the main trends of psychological science Winkler and Bromberg have written a most engaging account of the lives of the pioneers in this field. In the main they hew to sound historical lines and one can have little fault to find with the fair and equitable manner in which they present the divergent schools of psychology and psychiatry. Spectacular chapter headings and occasional lapses into journalistic jargon, things which are probably inevitable in any popular work of this nature, are here minimal in number. It is refreshing to read a book of this type in which the authors succeed in telling their story in a convincing and effective manner without succumbing too often to the temptation of playing down to their audience.

For the rest it is difficult to understand why such a disproportionate part of the book has been devoted to the American psychologists. This is not to underestimate their contribution nor is it meant as a comment upon the sprightly chapters concerning William James and G. Stanley Hall; but it seems justifiable to question why Pavlov should be dealt with in a sentence or two while Thorndike, Woodworth, Gates, *et al.,* merit many pages. Johannes Weyer too deserves more than a word. Parenthetically we find the story of this valiant pioneer at least as full of 'human interest value' as that of the men who evolved intelligence testing. True, the authors duly submit their apologies for the many inevitable omissions but the reviewer questions the distribution of their emphasis. He should also like to have seen mention of Luria's work on hypnosis as well as of experimental neuroses in animals in the final chapter, which is termed 'Mental Science and the Future'.

To the readers of this QUARTERLY the chapter on psychoanalysis will be disappointing. Statements such as the following only serve to compound a hoary confusion still unhappily fresh in the minds of laymen: 'As the *purely sexual problems* [italics ours] faded into the background, the need for understanding the ego became evident to Freud and he modified his theories accordingly'. Besides, is this sound psychoanalytic history? Again, one is at a loss to evaluate this bald assertion: 'Even its best advocates admit that psychoanalysis is (in the wrong hands) one of the most dangerous techniques known to medicine'. So, we submit, are surgery and obstetrics, and often enough the practice of internal medicine—in the wrong hands. And as for 'admitting' such a truism, we are certain that the 'best advocates' of psychoanalysis would not only admit but insist upon it. But we are not certain that there is too much to be gained by frightening off a public already steeped in resistance.

The limitations referred to are certainly remediable in nature. The book is a most praiseworthy attempt at dispelling the many prevailing misconceptions about psychological science. Written with grace, ease and often brilliance it should prove to have widespread appeal.

NATHANIEL ROSS (NEW YORK)

THE BEHAVIOR OF ORGANISMS. An Experimental Analysis. By B. F. Skinner. New York: D. Appleton-Century Company, Inc., 1938. 457 pp.

This book is an important attempt to set up a science of behavior. It is in the best tradition of academic psychology. It is by a thorough worker with a real knowledge of the scientific method, and a keen critical mind which sees through the limitations of most of the approaches to problems of behavior. As a single example, he states, 'The need for quantification in the study of behavior is fairly widely understood, but it has frequently led to a sort of opportunism. The experimenter takes his measures where he can find them and is satisfied if they are quantitative even if they are trivial or irrelevant. Within a system exhibiting reasonable rigor the relative importance of data may be estimated and much useless measurement avoided. With a systematic formulation of behavior it is usually possible to know in advance what aspect of behavior is going to vary during a given process and what must, therefore, be measured. In the present case the following aspects of the system bear upon the problem of the measure to be taken: (1) the definition of behavior as that part of the activity of the organism which affects the external world; (2) the practical isolation of a unit of behavior; (3) the definition of a response as a class of events; and (4) the demonstration that the rate of responding is the principal measure of the strength of an operant. It follows that the main datum to be measured in the study of the dynamic laws of an operant is the length of time elapsing between a response and the response immediately preceding it or, in other words, the rate of responding.'

This passage is quoted at length because it gives something of the author's approach. His aim is a science of behavior which studies behavior as a subject matter in its own right. For the present he is well satisfied that it should be entirely descriptive and analytic. His experiments are based upon the Pavlov conditioned reflex but he emphasizes the importance of spontaneous behavior and drive. 'Most of the pressure', he says, 'behind the search for eliciting stimuli has been derived from a fear of "spontaneity" and its implication of freedom. When spontaneity cannot be avoided, the attempt is made to define it in terms of unknown stimuli.' His

own stand is as follows, 'The kind of behavior that is correlated with specific eliciting stimuli may be called *respondent* behavior and a given correlation *a respondent*. The term is intended to carry the sense of a relation to a prior event. Such behavior as is not under this kind of control I shall call *operant* and any specific example *an operant*. . . . The term reflex will be used to include both respondent and operant even though in its original meaning it applied to respondents only. A single term for both is convenient because both are topographical units of behavior and because an operant may and usually does acquire a relation to prior stimulation. In general, the notion of a reflex is to be emptied of any connotation of the active "push" of the stimulus. . . . An operant is an identifiable part of behavior of which it may be said, not that no stimulus can be found that will elicit it (there may be a respondent the response of which has the same topography), but that no correlated stimulus can be detected upon occasions when it is observed to occur. It is studied as an event appearing spontaneously with a given frequency. . . . The strength of an operant is proportional to its frequency of occurrence, and the dynamic laws describe the changes in the rate of occurrence that are brought about by various operations performed upon the organism.'

Thus the author's approach is apparently derived mainly from critical evaluations of the contributions of Watson and Pavlov and is influenced by dynamic psychology. This latter influence is evident in the stress upon what the author calls 'operant behavior'.

The author limits his work to phenomena that can be dealt with experimentally and measured quantitatively. The book rests upon the results of six years of experimentation with rats. The number of variables measured was carefully limited. The main unit of behavior studied was the depression by the rat of a rod on the wall of the cage under various conditions. Once the experiment was set up, the data was recorded mechanically. Laws of reflex and 'operant' behavior were derived from and tested by these experimental results. The observations and the system of behavior are confined to rats, although the author's explicit aim is the understanding of man. French has already written upon relations between the conditioned reflex and psychoanalytic knowledge of human thought and behavior. It is to be hoped that correlations with this newer behavioristic work, based upon the conditioned

reflex, but with increased recognition of spontaneous activity, will be valuable and stimulating to both fields although the differences in viewpoint are at present considerable. The work shows a broad knowledge of academic psychology and neurophysiology and the ability in most cases to appreciate other points of view. Judging from the single remark about the psychoanalytic approach, the author does not have a clear understanding of the contribution of Freud, although his grasp of the thought of other scientific schools is usually keen, appreciative, and critical. The isolation and limitation of the phenomena to be studied are, of course, in the best scientific tradition, and recall the strict concentration of Freud, an organic neurologist, upon data which were essentially psychological, since this had become the essence of the problems which absorbed him.

LEON J. SAUL (CHICAGO)

YOU AND HEREDITY. By Amram Scheinfeld, assisted in the Genetic Sections by Morton D. Schweitzer. New York: Frederick A. Stokes Company, 1939. 434 pp.

The title of this book is not meant to imply that the reader can find in it a guidebook which will enable him to make posterity to order. As in most books on heredity, the central character in whom most of the gene juggling goes on is the fruit-fly, Drosophila. The aspiring parent of the human species will find here few practical hints on how to conduct himself.

Nevertheless, if the reader can put himself into an academic frame of mind he will find in this book a wealth of interesting material described in a fascinating manner. Although the conclusions are drawn from the experiments with Drosophila, the minutiæ of human morphology are discussed in a most engaging manner. The emphasis throughout is more on where you have come from than where you are going and suggests a good deal of fun in your own home to be derived from scrutinizing closely relatives who might be otherwise uninteresting.

Stressing the limitations of our present knowledge of the science of genetics, the author suggests few practical eugenic applications. Only eight pages are devoted to the 'sick mind' including feeblemindedness, schizophrenia, Huntington's chorea, etc.

MARTIN GROTJAHN (CHICAGO)

GENERAL PSYCHOLOGY: FROM THE PERSONALISTIC STANDPOINT. By William Stern. Translated by Howard Davis Spoerl. New York: The Macmillan Company, 1938. 589 pp.

The general trend in modern academic psychology is toward systematic positions which are much more readily reconcilable with psychoanalysis than the early ones. The problems of personality as an organized totality or gestalt plays an increasingly important rôle not only in systematic presentations but in the fields chosen for experimental research. The personalistic psychology of the late Professor William Stern has an important place in this movement. The central concept of psychology to him was that of the person, and his presentation of psychology followed from this central concept. His three modalities of life, vitality, experience, and introception, are rather closely related to what the analyst knows as the id, ego and superego functions.

The present volume is a textbook of general psychology. It follows the usual pattern. Part one presents the methodological bias and general outline; Parts two to six deal in order with perception, memory, thought, behavior, and feeling. The factual material consists of that usually contained in such texts. The interpretation is from the personalistic standpoint. Direct references to and criticism of psychoanalysis are relatively rare, but those given are fairly accurate and tempered. The psychoanalyst who wishes to orient himself in the field of general psychology would find himself more at home with this text than with most of those now current.

The book is a translation of *Allgemeine Psychologie auf personalistischer Grundlage,* a work which was well known to German psychologists. In this edition some passages have been omitted and some additional material for American psychologists added. The bibliography has been reworked with the American reader in mind. The work reads very smoothly for an English translation of a German scientific treatise.

J. F. BROWN (LAWRENCE, KANSAS)

PSYCHOLOGICAL DEVELOPMENT: An Introduction to Genetic Psychology. By Norman L. Munn. New York: Houghton Mifflin Co., 1938. 582 pp.

This is a fairly complete work on psychological development. The author spent much time in producing this book; he gives a clear

picture of mental growth from its beginning, in both the animal and human organisms.

The writer has organized the facts of modern genetics and gives a summary of early development of infant behavior. With this biological foundation he gives experimental findings related to the understanding of alterations in adaptive behavior in highly developed animals and growing humans.

In chapter fifteen the author discusses the psychoanalytical theories about behavior and personality development but shows that he has very little knowledge of psychoanalysis, to which he is strongly opposed. The writer's strong resistance to psychoanalysis must be the reason why he omitted Professor Freud from his thirty-six page bibliography.

LUDOLF N. BOLLMEIER (HOT SPRINGS, ARK.)

AFTER FREEDOM. By Hortense Powdermaker. New York: The Viking Press, 1939. 408 pp.

This is a well written and interesting sociological description of a negro community in the deep South. In this community children are brought up in a family with a loose elastic structure, very often in a fatherless household. They seem to develop well in this environment because on the one hand there are no unwanted children and on the other there is little maternal overprotection as the mother has sufficient sexual outlet even when there is no resident male in the house. Adopted children are well treated. The fact that no discrimination is made against adopted children is reminiscent of the classificatory relationship system of primitive Australian tribes and the custom that all the 'mothers' give the nipple to each other's children equally. But there is a lot of conflict in the stepchild situation. 'One reason may be a suspicion that the new mate will be jealous of a stepchild as the concrete evidence of a former love relationship.' 'There may also be a reflection of the [other] child's resentment against the various intruders who usurp the real parent's affections' (p. 207).

Thought provoking discussions of other psychological aspects of life in this community make the book well worth reading on the whole.

GÉZA RÓHEIM (NEW YORK)

The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

An Outline of Psychoanalysis. Sigmund Freud. Int. J. Psa., XXI, 1940, p. 1.

Otto Fenichel

To cite this article: Otto Fenichel (1941) An Outline of Psychoanalysis. Sigmund Freud. Int. J. Psa., XXI, 1940, p. 1., The Psychoanalytic Quarterly, 10:1, 169-177, DOI: 10.1080/21674086.1941.11925454

To link to this article: https://doi.org/10.1080/21674086.1941.11925454

Published online: 11 Dec 2017.

ABSTRACTS

An Outline of Psychoanalysis. Sigmund Freud. Int. J. Psa., XXI, 1940, p. 1.

The International Journal of Psychoanalysis 'can think of no more appropriate method of honoring the memory of Sigmund Freud than by presenting the readers with a translation of one of his few unpublished writings'. This work is a concise total summary of psychoanalysis. It is very regrettable that it had to remain a fragment. The precision of the presentation as well as the linguistic expressiveness are admirable. This last work of Freud again shows the well-known exceptional character of his classic works.

The intentional brevity naturally makes it inavoidable that the paper have rather a theoretical character and give no clinical examples. It states, as Freud says, 'the doctrines of psychoanalysis, as it were, dogmatically in the most concise form and in the most positive terms'. A reader not already acquainted with psychoanalysis would not be convinced by such a presentation, but 'to compel belief or to establish conviction' is not, Freud states, the intention of his paper. A person not well informed might get an incorrect picture of psychoanalysis in as much as he gets no insight into the long, manifold, patient clinical detailed work that necessarily preceded those formulations which now read so easily. It would also be possible for a beginner to misuse the 'dogmatic' formulations. But for analysts such a concise outline is immensely advantageous, and I am sure that many seminars in psychoanalytic institutes will use this outline as a basis for detailed discussions of all the important problems of psychoanalysis.

The paper consists of three parts. The first discusses The Nature of Mind, the second, The Practical Task of Psychoanalysis, the third, The Theoretical Yield.

The Nature of Mind *(des Psychischen)* is shown as a field of biological functions. The phenomena of mind cannot be understood by studying their somatic substratum. Instead it is necessary to hypostatize a psychic apparatus in which energic processes occur. The understanding of those processes opens the psychic field to natural scientific comprehension. The basic insights into the essence of mind are the differentiations of id, ego and superego, the importance of the instincts, the history of the development of the instincts, especially of sexuality, the existence and function of the unconscious and of the primary process according to which it works, and the genesis of consciousness. The last is illustrated by the example of dream work.

The Practical Task consists in regaining the unconscious parts of the mind for conscious disposition and so curing neuroses (eliminating conflicts between the psychic provinces). This is accomplished by psychoanalytic technique which overcomes resistances by means of the basic rule of analysis, and by interpretation. As 'an example of psychoanalytical work', the development of the œdipus complex and its relation to the castration complex in both sexes is discussed.

The Theoretical Yield is the understanding of the mechanisms of the psychic apparatus by which it attempts to master outer and inner difficulties. The outer difficulties, the conflicts with reality, are dealt with in detail and their pathology

discussed: total or partial loss of contact with reality in psychoses and in neuroses (like fetishism), and also in certain normal phenomena. The chapter, The Inner World, which deals with inner difficulties is unfortunately broken off after the discussion of the superego which is simultaneously outer world and id.

There are some passages in which Freud takes a position with reference to questions that have been controversial. He stresses that the psychic unconscious forms the basis of psychoanalysis: '. . . the other view which held that, what is mental is in itself unconscious, enabled psychology to take its place as a natural science like any other'. The question as to what constitutes this psychic unconscious is this time answered. It is identical with the basic somatic processes: psychoanalysis 'explains the supposed somatic accessory processes as being what is essentially mental'. And as in other sciences the aim of the study of those processes is to enable us 'to "understand" something in the external world, to foresee it and possibly to alter it'.

It is well known that Abraham subdivided the oral phase into a preambivalent sucking phase without objects, and an ambivalent oral-sadistic biting phase. There were objections to this subdivision which stressed the existence of object-destroying sucking fantasies and of autoerotic biting activities. Freud agrees with Abraham: 'Sadistic impulses already begin to occur sporadically during the oral phase along with the appearance of the teeth.' Doubt is again expressed about the existence of infantile vaginal excitations: 'The occurrence of early vaginal excitations is often asserted. But it is most probably a question of excitations in the clitoris. . . .' Daly's theories of the significance of menstruation for psychosexual development are accepted by Freud to the extent that in enumerating those biological modifications in sexual life of phylogenetic importance for the development of human psychosexuality, he mentions in addition to the dual onset of psychosexuality, 'the transformation in the relation between female menstruation and male excitement'.

With reference to the differences of opinion about the question, at what age the œdipus complex is normally established, the following remark is of importance: 'When a boy, from about two to three years old, enters upon the phallic phase of his libidinal development, . . . he becomes his mother's lover.'

On the theory of instincts, Freud takes the same point of view as in his other later writings, stressing the importance of the death instinct.

With reference to the structural theory Freud develops a new viewpoint which partly contradicts his prior statement. Describing the processes in the id as occurring in accordance with the primary process only and as having no goal other than immediate discharge, he writes: 'The id knows no precautions to ensure survival and no anxiety; or it would perhaps be more correct to say that, though it can produce the sensory elements of anxiety, it cannot make use of them.' This could be interpreted as meaning that the unknown dynamic-economic changes which form the basis of anxiety occur in the realm of the id but do not turn into anxiety unless their derivatives reach the perceptive system of the ego. But the following sentences leave no doubt that he really ascribes to the id a certain capacity for perception: 'The id, which is cut off from the external world, has its own world of perception. It detects with extraordinary clarity certain changes in its interior, especially oscillations in the tension of its

instinctual needs which become conscious as sensations in the pleasure-unpleasure series. . . . It remains certain that self-perceptions—general feelings and sensations of pleasure-unpleasure—govern events in the id with despotic force.' These interrelations have always been described as follows: the processes in the id are governed by the biological Nirvana principle, and know no other goal than discharge. If this goal is approached, the perceptive apparatus of the ego experiences pleasure; if it remains unattainable, displeasure is felt. The pleasure-displeasure principle is the modification of the Nirvana principle applied to the perceptive apparatus. There has been no doubt that there are very primitive perceptions; that the roots of the capacity of perception are at least in layers of the ego which are very near to the id. For Freud to ascribe them to the id proper leads to interesting consequences. To ascribe the outer perceptions of the ego (the pleasure-displeasure originating in the depths of the organism itself) to the id, would entail serious theoretical difficulties.

It has been assumed that the ego, as distinct from the id and superego, comes into being with the perception of objects, and we have many reasons for the assumption that the ego in this sense is undeveloped in the first stage of extrauterine existence. We used to say, it is true, that in primary narcissism 'all libido is concentrated in the ego'; however in so saying, ego had the meaning 'organism', as distinct from 'non-ego', and was not a structural conception and distinct from the id. It is therefore surprising to find Freud writing: 'It is difficult to say anything of the behavior of the libido in the id and in the superego. Everything that we know about it relates to the ego, in which the whole available amount of libido is at first stored up. We call this state of things absolute, primary *narcissism*.' This writer must confess that the earlier formulations seem to him more adequate.

The criticism has been made that Freud in defining the 'erotogenic zones' in Three Contributions to the Theory of Sex did not differentiate between the centripetal nervous stimuli arousing excitement (skin, mucous-membranes, muscles, joints, etc., as erotogenic zones) and the chemical sources which determine whether those centripetal nervous stimuli have erotogenic character (the hormones as 'sources' of the libido). In the paper under discussion this distinction is likewise not made. Freud writes: 'There can be no question that the libido has somatic sources, that it streams into the ego from various organs and parts of the body. . . . The most prominent of the parts of the body from which this libido arises are described by the name of *erotogenic zones*, though strictly speaking the whole body is an erotogenic zone.'

It will be remembered, that Freud once tried to differentiate neurosis from psychosis by stating that the neurotic represses—in accordance with outer demands—parts of the id, whereas the psychotic, from disturbance of the function of reality testing, denies the unpleasant reality. Later, in describing the perversion of fetishism he stated that the fetishist denies the unpleasant reality of the female genitalia in a similar manner. Though the fetishist consciously knows reality, he acts as if he did not know it. So, at this point there seems to be no radical difference between psychosis and neurosis, since neurotics, too, deny reality, and psychotics, too, sometimes show their knowledge of reality in spite of their delusions. This split of the ego is this time discussed in detail

in the chapter about the relations of the psychic apparatus to the external world. Freud writes: 'We may probably take it as being generally true that what occurs in all such cases is a *split* in the mind. Two mental attitudes have been formed instead of a single one—one, the normal one, which takes account of reality, and another which under the influence of the instincts detaches the ego from reality. . . . It must not be thought that fetishism constitutes an exceptional case in exhibiting a split in the ego. . . . We can now supplement this by a further assertion that . . . the ego often enough finds itself in the position of warding off some claim from the external world which it feels as painful, and that this is effected by *denying* the perceptions that bring to knowledge such a demand on the part of reality. Denials of this kind often occur, not only with fetishists; and whenever we are in a position to study them, they turn out to be half-measures, incomplete attempts at detachment from reality. The rejection is always supplemented by acceptance; two contrary and independent attitudes always arise and this produces the fact of a split in the ego.'

There are many illuminating comments on the etiology and therapy of neuroses. Interesting is Freud's introductory remark about the justification of a general therapeutic optimism from the fact that the dreamer awakens in the morning, showing 'that even so deep-going a modification of mental life as this can be undone and give place to normal functioning'. Freud's therapeutic optimism is nevertheless not too great; as in previous works he is reserved in estimating the general therapeutic value of psychoanalysis. 'We shall not be disappointed,' he writes, 'but on the contrary we shall find it entirely intelligible, if we are led to the conclusion that the final outcome of the struggle which we have been engaged in depends upon quantitative relations, upon the amount of energy which we can mobilize in the patient to our advantage, in comparison with the amount of energy of the forces working against us. Here once more God is on the side of the big battalions. It is true that we do not always succeed in winning, but at least we can usually see why it is that we have not won. . . . For the moment we have nothing better at our disposal than the technique of psychoanalysis, and for that reason, in spite of its limitations, it is not to be despised.'

With regard to psychoses Freud retains his therapeutic scepticism in an apodictic form with which certainly not all analysts will agree: 'Thus we learn that we must renounce the idea of trying our plan of cure upon psychotics—renounce it forever, perhaps, or only for the moment, until we have discovered some other plan better suited for this purpose.'

We are surprised to learn that Freud doubts his former opinion that neuroses are sexual diseases. He writes: '. . . it cannot be doubted that the instincts which manifest themselves physiologically as sexuality play a prominent and unexpectedly large part in the causation of neuroses—whether an exclusive one, remains to be decided.' It can be assumed that this surprising doubt is due to Freud's distinction between erotic and destructive instincts, and he probably alludes to the possibility of neuroses based on repressed destructive instincts. Several times he makes the statement that keeping down certain instincts is the difficult task which failed in the neuroses and has to be accomplished by the cure. He does not mention that the adequate satisfaction of the adult's

normal instincts is the means by which 'keeping down' the remaining infantile components is made possible. During the cure 'whenever we have been able to detect the derivatives [of the unconscious] in the ego, we have drawn attention to their illegitimate origin and have urged the ego to eject them'. But we have done so by regaining the energies which have been bound by the struggle of repression in the unconscious, and by putting those energies at the disposition of the ego. This regaining has turned the hitherto unconscious infantile sexual strivings into conscious adult ones.

There are several sentences which seem to stress that the neuroses are unavoidable and nearly biological in character. For example: '. . . for however long a child is fed at his mother's breast, he will always be left with a conviction after he is weaned that his feeding was too short and too little'. In another place Freud says: 'We must not forget to include the influence of civilization among the determinations of neuroses'. Is it not more than just one of several determinations? In the discussion of the repression of infantile masturbation, inner reasons are said to play a predominant rôle, especially for the female. 'As a rule she [the little girl] soon gives up masturbating, since she does not wish to be reminded of the superiority of her brother or playmate, and turns away from sexuality altogether.' For the male sex the direct castration threat is mentioned as the chief reason for this repression as if it regularly occurred in this form: 'At last his [the boy's] mother adopts the severest measures: she threatens to take away from him the thing he is defying her with. As a rule . . . she delegates its carrying out to the boy's father, saying that she will tell him and that he will cut the penis off.' We miss the remark that both the biologically determined inferiority feeling of the little girl and the unrestricted threatening of the little boy may be supplemented or substituted by manifold educational influences of a more restricted form.

OTTO FENICHEL

The American Journal of Sociology. XLIV, No. 6, 1939.

This volume is a symposium on The Individual and the Group, presenting 'a variety of attempts to formulate the central problem of sociological theory'. Interestingly enough, it appeared almost simultaneously with the publication of the symposium of the Association for Research in Nervous and Mental Disease, on The Interrelationship of Mind and Body. J. F. Brown introduces his article in the American Journal of Sociology with a brief historical consideration of dichotomies of this type, and Wirth sketches the history of the Individual versus Group controversy in sociology. Both symposia signify integrating tendencies between the various approaches and reveal the divergences as well as agreements. Such integration is not easy for a variety of reasons, not the least of which is the intellectual and emotional difficulties of adaptation from one line of thought to another.

A symposium such as the one under review is of value more as a survey of the different approaches to the present status of thought and knowledge than as a means of advancing the solution of the problem to which it is devoted; for such progress comes only with increasing knowledge through further scientific work and not by taking thought alone.

In this volume, Znaniecki's rather philosophical article on Social Groups as Products of Participating Individuals stresses the group as a synthesis of the rôles of the members rather than as an association of concrete individuals. These rôles are cultural products, systems of values and activities regulated in accordance with definite historical patterns. But the problem of social causality is complicated by the fact that there are various factors besides these which modify or interfere with the patterned relationships between groups and their members.

Halbwachs (Individual Consciousness and Collective Mind) criticizes the classical associationistic and physiological psychologies for having limited their studies to the isolated man who even when separated from society retains its effects, particularly in relation to his intellectual processes. Psychology will therefore be either the psychology of the individual as a member of the species, or collective psychology. Collective thought exists only in individual consciousness and represents the interacting states of consciousness of a number of individuals comprising the group. The field of sociology is established by distinguishing between thoughts and sentiments on the one hand and their concrete exterior manifestations (techniques) on the other—that is, between the psychological and physical aspects of institutions. Sociology, Halbwachs concludes, views social phenomena through the frame of reference of collective psychology. The collective mind gives the human consciousness access to all that has been achieved in the way of attitudes and mental dispositions in diverse social groups.

Woodworth (Individual and Group Behavior) finds the root of group activity in the individual's tendency to participate. This he demonstrates by the example of team work which is not forced on the individual but grows out of his fundamental objectivity of outlook and effort and which includes the objective results accomplished. Members of a team are adjusted to the same situation and work toward the same result. Conversely, an individual may offer resistance to environmental forces. But this psychology of participation contains the root of group activity.

Blatz (The Individual and the Group) classifies the fundamental needs operative in infancy and throughout life as cultural, appetitive, and emotional. It is only when a child has developed to the point of perceiving the similarity of his own experiences to those of others that he may be said to be social. Social life satisfies many basic needs but is not imperative for their satisfaction. To assist in measuring the development of the individual and to delineate individual differences, Blatz differentiates social patterns into three types: (1) an initiated act to induce another into the realm of influence, (2) a response to the initiated act, (3) maintaining one's self in a social situation without contributing to it. There is never just social action but always social interaction. Each response is determined not only by what has gone before but also by what is expected.

Anderson (The Development of Social Behavior) presents a summary of some typical studies on child development in relation to social behavior which he groups under four headings: social organization, social attachments, motivation within the group, and differentiation of function within the group. This

interesting paper approaches social relations as dynamic interplays in a field of forces to be described and quantified.

J. F. Brown (Individual, Group, and Social Field) presents a brief summary of the historical development of the problem of the dichotomy of individual and group which he traces to the outlook of biological science in the nineteenth century which was concerned with the dichotomy of heredity versus environment. He presents the 'social field theory' as a solution of this dichotomy. He demonstrates the fields of overlapping of biology, psychology, and sociology, illustrated by the implications of freudian psychoanalysis and of Marxian sociology for each other.

Kurt Lewin (Field Theory and Experiment in Social Psychology: Concepts and Methods) presents a further description of the field theory as a means of integrating diverse physiological, psychological, and sociological facts on the basis of their interdependence. To explain social behavior it is necessary, he points out, to represent the structure of the total situation and the distribution of forces in it. Topology is a geometry which makes it possible to do this. The problem of the adolescent and the concept of the social group are discussed as examples. It is pointed out that the adolescent is a sort of marginal man in transition from the field of childhood where certain things are permitted and others denied, to the field of adulthood where there are changes in what is permitted and denied. This is represented by topological diagrams. Through this theoretical field approach Lewin succeeds in relating many divergent facts about adolescence in a comprehensive and significant way.

Allport (Rule and Custom as Individual Variations of Behavior Distributed upon a Continuum of Conformity) presents a quantitative study of conformity in terms of his J-curve hypothesis. This asserts that whether one measure degree and frequency of hat tipping, of promptness at work in a factory, or behavior in other similar situations, the results when plotted will show a curve from complete conformity through a maximum of those who conform not completely but in high degree and tapering away to the minimum of those who do not.

French's paper (Social Conflict and Psychic Conflict) points out that in regard to unpleasant social situations which they cannot face, men develop group delusions and phobias analogous to the morbid manifestations of repression in individual neuroses. Maintaining the analogy, analytic therapy suggests the frank facing of the divergent interests of different groups in our social order which is, as French states, the essence of democracy. This paper is an important suggestion as to a type of approach to certain psychosociological problems. It does not simply draw an analogy between conflicts in individuals and in society. This is done for purposes of exposition. It utilizes knowledge of psychological mechanisms to understand sociological phenomena, and calls attention to the many marginal people who can be swayed to one side or another on a social issue by propaganda; that is, people who have some conflict within themselves over the issues. In these cases we are on the familiar ground of individual psychology even though the conflicts in these individuals seem to deal predominantly with social issues.

Sullivan (A Note on Formulating the Relationship of the Individual and the Group), pointing out that living is for the most part a series of interpersonal processes, stresses the value of considering the fundamental patterns that manifest themselves in these.

Malinowski (The Group and the Individual in Functional Analysis) presents a statement of functional psychology declaring that sociology must study man's bodily needs, environmental influences, and cultural reactions to them, side by side. Analysis of a society into aspects and into institutions must be carried out simultaneously if a complete understanding of that society is desired. 'The analysis of such aspects as economics, education or social control, and political organization defines the type and level of the characteristic activities in a culture, discloses the totality of motives, interests, and values of the individual, and gives insight into the whole process by which the individual is conditioned or culturally formed, and of the group mechanism of this process. The analysis into institutions gives the concrete picture of the social organization within the culture. The twofold approach through the study of the individual with his innate tendencies and their cultural transformation and the study of the group as the relation and coördination of individuals with reference to space, environment, and material equipment is necessary. Symbolism, which is in essence that modification of the human organism which allows it to transform the physiological drive into a cultural value, must make its appearance with the earliest appearance of human culture. Symbols are necessary for communication, for the incorporation of an effective element into a culture, for its transmission, and for the recognition of its value.' Malinowski presents in tabular form a survey of man's main biological and derived needs and their satisfaction in culture and then discusses these at length.

Wirth's paper (Social Interaction: The Problem of the Individual and the Group) is a critical review of the above contributions, with most of which he seems not too well impressed.

Psychoanalysis is represented by J. F. Brown's discussion of certain of its implications and by an example of its application in the excellent and significant paper of French which is one of the extremely few sound and important applications of psychoanalytic understanding to sociological problems. Although the symposium deals with the relationship between group and individual, no utilization is made of analytic knowledge of superego formation and function although this is clearly one of the main points of contact between clinical psychoanalytic experience and knowledge and the main theme of the symposium. This must be due in part to the fact that unfortunately psychoanalytic knowledge is not readily available to workers in other fields. Analytic literature is intelligible mostly to those who are trained and experienced in clinical work. The early fundamental papers of Freud, such as the Group Psychology or the Ego and the Id were written for analysts and are too technical and condensed for their implications to be appreciated without considerable elaboration. Yet so great is the need and interest that the occasional book by an analyst that deals with sociological factors is apt to make an impression and meet a reception far in excess of its merit.

Psychoanalysis today is a scientific field dealing with man's emotional life, and like any other field can be really mastered only after long training, study and experience. There is no doubt, however, that just as sociology will be of value to analysis in understanding the human mind, so analysis holds potentially a fundamental contribution to sociology in all those aspects of it which are concerned with the nature of the participating unit—man. In the symposium the papers of Brown, Lewin, Malinowski and Blatz reflect most directly the increasing interest in and utilization of the growing knowledge of the emotional life.

In reading through the symposium one can not avoid the impression that there is a tendency of the thinking to be abstract rather than always realistic, a tendency to emphasize methodology more than content, and to deal with the peripheral rather than the central fundamental issues of social life. These tendencies are certainly due in large part to the fact that the symposium deals with a rather theoretical topic and one which makes it a temptation to discuss methodology; yet it is not unlikely that these tendencies also reflect one of the difficulties of the stage of development in which sociology finds itself, as J. F. Brown points out in his paper. The situation is analogous to that of academic psychology. So long as it remained cloistered from the urgent problems of the emotional life—the 'brass instrument' era Brown calls it—its contributions missed the essence of its primary objective—human nature. It was Freud who went to the heart of the matter because he was a physician whose therapeutic success depended upon a practical understanding of the source of his patient's sufferings. There was much truth in the old taunt that the man on the street knew more about human nature (from his painful experience in life) than the absent-minded professor. Since academic psychology has become more concerned with the real problems of human nature than with often sterile techniques, it has become more vital and productive. So with sociology. Its domain includes the most difficult immediate and practically important problems which face mankind. As it comes more and more to grips with the realistic problems of man's nature and social interactions (for example, Lewin's experiments with groups of children organized democratically and autocratically), it becomes more interesting and significant.

LEON J. SAUL

The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

Notes

To cite this article: (1941) Notes, The Psychoanalytic Quarterly, 10:1, 178-178, DOI: 10.1080/21674086.1941.11925455

To link to this article: https://doi.org/10.1080/21674086.1941.11925455

NOTES

THE NATIONAL COMMITTEE FOR MENTAL HYGIENE has issued an appeal through George S. Stevenson, M.D., medical director, and Paul O. Komora, associate secretary, for the organization of the psychiatric profession for the national defense program. In an address on the subject, Dr. Harry Stack Sullivan of Washington stated recently at the Annual Luncheon meeting of the National Committee for Mental Hygiene that psychiatrists are 'singularly equipped, by reason of their familiarity with personality disorganization, to attack the problems involved in the preservation of the country's solidarity and morale', and discussed the rôle of the psychiatrist in the building up of the armed forces, in industrial mobilization, and in the promotion and protection of military and civilian morale. 'We are already involved in the strategy of terror,' Dr. Sullivan said. 'Psychiatrists are here face to face with weapons with which they have some ability to cope. I don't mean the psychiatrists can immediately evolve a counterstrategy with which to defeat the enemy's strategy of terror. I mean simply that our acquaintance with human destructiveness and with disintegration and disorganization of personality is invaluable equipment with which to attack problems in this field. If we are to meet the challenge, we must show an unparalleled readiness for organization and most extraordinary energy and application in accomplishing the tasks before us. . . . Behind the war now involving most of the earth is a world revolutionary movement which requires a change of velocity in the capitalistic-democratic social systems if they are to survive. . . . Psychiatry has suddenly found itself confronted with a stupendous opportunity for services vital to the protection of the very social system that finally evolved modern psychiatry itself. There is not one psychiatrist who can be spared from national mobilization. Our task will not be done unless everyone of us works as he has never worked before in a collaboration that will itself be the triumph of psychiatric principles over the defects to which our time is heir.' Dr. Harry A. Steckel of the American Psychiatric Association reported on the basis of a nation-wide canvass of psychiatric personnel, made by the Association's Committee on Military Mobilization by arrangement with the Surgeons General of the Army, Navy and Public Health Service, 'that there is an ample supply of trained psychiatrists available for a maximum effort of an army of four million men'. The survey showed that over 700 specialists in mental and nervous diseases are available for home service, and over 800 for the armed forces, including 300 who are already commissioned reserve officers in the Army or Navy or who hold positions in the National Guard. Dr. Clarence M. Hincks, General Director of the Canadian Mental Committee for Mental Hygiene, reporting on mental health war work in Canada, said: 'While fatalities among the Canadian armed forces have been few and the general health of the troops good, mental and nervous disorders have been prominent among the disabilities that have developed, accounting for some 30 per cent of the men who have recently been invalided home from Britain. An additional 26.5 per cent, he said, had duodenal ulcer—a condition "frequently associated with emotional disturbances and tensions"'. Economic security sufficient to permit