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THE SENSE OF REALITY

BY GREGORY ZILBOORG (NEW YORK)

I

The psychopathologies of the past were all aprioristic. Even those of Greek and Roman medicine, which appeared strictly empirical and clinical, were founded on a priori standards. They took it for granted that there was a right, a correct way of thinking. Any departure from the preconceived intellectual norm was considered pathological. These deviations would not be noticeable, of course, until they became gross enough and too obvious to escape even the man in the street. Historically, rationalism, or intellectualism, was not the only standard in psychopathology. It was also assumed that man naturally follows the good and, if he should turn to evil, he becomes abnormal. In other words, depending upon the prevailing criterion, mental illness meant being irrational or bad, or both. Even today, although the common prejudice against mental diseases is no longer officially upheld by medicine, the general public is still diffusely of the opinion that a mentally sick individual is an irrational, bad, weak or degenerate person. In point of fact, it is difficult if not impossible to define proper reason, good or strong character, health, or degeneracy, but they are taken for granted.

This a priori attitude is not limited to psychopathology and does not make it, though some would argue to the contrary, an unscientific system of speculations about the behavior of man. The biologist or physiologist, for example, deals with living tissues. He takes life for granted. He cannot define it very well, or even describe it adequately. He does not doubt that all his colleagues know, in the same way that he does, what life is; or better, he supposes that none of them knows any more than he, and they all proceed with their studies of life and living tissues, unembarrassed by their fundamental ignorance.

Read before the New York Psychoanalytic Society, April 30, 1940.

The same may be said of the physicist who deals with such fundamentals as force and matter. The major difficulty in a science is not the fact that it is frequently constructed on so called common sense assumptions of good, evil, reason, life, force or matter. The problem lies in how it deals with them. If, for instance, one accepts the inevitability of gravity, everything from a soap bubble to an aeroplane might be considered an illusion; since nothing can violate the law of gravity, anything that seems to deny it does not really exist, or is of the devil. On the other hand, the same respect for gravity might lead to the assumption that the contradiction is only apparent and we might proceed to investigate how the bubble circumvents the manifestations of gravity without violating the basic natural law.

This elementary and perhaps obvious principle of thought admits of mention because it is so often overlooked when we consider such a discipline as psychopathology, which is not an experimental science but is rather observational and descriptive. Paradoxical as it may seem, many a priori assumptions in psychopathology have proven psychologically correct, although their content has undergone considerable modification in the course of centuries. Irrationality is still accepted as a criterion of severe mental illness but we have learned to mistrust our absolutistic attitude towards what is rational. We study the thoughts and behavior of the psychotic and endeavor to discover the basic psychobiological rationale for the allegedly irrational reactions. That a mental disease may be an expression or result of sinfulness we still readily admit; but instead of endowing the concept of sin with an absolute, almost objective value which was the practice of the Catholic psychiatrist of the fifteenth century, or even the Protestant of the Nineteenth like Reil, we bear in mind the deeply subjective, mostly unconscious sense of sin which is the burden of the pathologically depressed patient. We call it the sense of guilt. We might call it the patient's private sin. When we consider a neurotic character or a schizophrenic, we still understand him to be a weak or evil character, though we have partially divested

ourselves of that sermonizing attitude which casts the shadow of opprobrium on the patient. We speak more euphemistically of a social maladjustment, aggressive impulses and weak ego organization.

These are not superficial parallels. One wonders to what extent we still pass judgment on the patient. Is it not here that lies what the physicist calls the element of uncertainty? Does not our human equation still contribute a number of subjective, evaluative attitudes towards the psychopathological phenomena which we are studying with what appears to us the most dispassionate detachment, a detachment we like to call objectivity? Upon the answer which psychology may ultimately find for this query will depend the future status of mental sciences: whether psychology and psychopathology will at length become strictly scientific disciplines or return to the domain of pure philosophy and become again the prey of prejudice and speculative flights. The question seems not only basic but timely, if not really urgent, for the development of psychoanalysis within the last one or two decades has brought us face to face with it. We must now expect either that psychoanalysis will find a scientific answer or, if no solution is forthcoming, the psychopathologist will rightly turn away from psychoanalysis as one would abandon an unfinished dwelling whose architect insists that for some reason there need be no roof. The problem is put here so sharply not because I presume to have an answer. I have not. But there is hope that, if we take cognizance of certain salient facts, we may open an avenue which will lead us to a solution of the difficulty.

II

There was a time when psychoanalysis was primarily interested in subjective symptoms—anxieties, depressions, hysterical paralyses. It has also concerned itself with certain incapacities which permit a lesser subjective awareness of illness—hypomanic or depressive states, or neurotic behavior. It discovered the unconscious and for a period concentrated on the intensive analysis of the unconscious content of sexual trends and on the

detailed study of dreams. As soon as the extent and activity of the unconscious sphere was established, it was recognized as part and parcel of the total functioning of man's mind; the concept of unity in psychological life suggested itself. The contour of the psychic apparatus began to take shape before Freud's mental eye. Further analysis of the ideational content of the unconscious was by no means abandoned but the center of attention was shifted a little and an additional problem arose: what are the characteristics of mental functioning? As early as 1911 Freud published his Formulations Regarding the Two Principles in Mental Functioning. Using as a point of departure a thought expressed a little earlier by Pierre Janet that every neurosis alienates the neurotic from actuality, Freud sketched in broad but poignant lines the developmental road from the pleasure principle to the reality principle. He concluded: 'Just as the pleasure-ego can do nothing but *wish,* work towards gaining pleasure and avoiding "pain", so the reality-ego need do nothing but strive for what is *useful* and guard itself against damage. Actually, the substitution of the reality-principle for the pleasure-principle denotes no dethronement of the pleasure-principle, but only a safeguarding of it.' [1]

Freud was not unaware of the fact that the process of testing reality was complex, often tenuous and fraught with uncertainties. Turning to the unconscious, he stated: 'There is a most surprising characteristic of unconscious (repressed) processes to which every investigator accustoms himself only by exercising great self-control; it results from their entire disregard of the reality-test; thought-reality is placed on an equality with external actuality, wishes with fulfilment and occurrence, just as happens without more ado under the supremacy of the old pleasure-principle.' [2] The importance of psychic reality thus became apparent but this phenomenon, though familiar to all students of analysis, has not been sufficiently correlated with the process of reality testing. It is recognized as an empirical

[1] Freud: *Formulations Regarding the Two Principles in Mental Functioning.* 1911. Coll. Papers, IV. p. 18.

[2] *Ibid.,* p. 20.

finding of fundamental clinical significance but, as we shall presently see, it is not integrated with the whole problem of psychological functioning in the direction of developing the sense of reality. Freud did not confine himself to the statement of this finding or to a cursory glance at the use to which it should be put in our clinical work. After he had formulated his topographical concept of personality and prepared himself to review and revise his conception of anxiety, he returned in 1924 to certain implications contained in the phenomenon of psychic reality. Writing on The Loss of Reality in Neurosis and Psychosis, he described the manner in which the neurotic abandons his claim on certain aspects of reality and puts restrictions on the id, whereas the psychotic 'in another, a more lordly manner, creates a new reality which is no longer open to objections like that which has been forsaken'.

> '. . . Neurosis does not deny the existence of reality, it merely tries to ignore it; psychosis denies it and tries to substitute something else for it. . . . It is hardly possible to doubt that the world represents the store-chamber from which the materials or the design for constructing a new reality are obtained. But the new phantastic outer world of a psychosis attempts to set itself in place of external reality. That of neurosis, on the contrary, is glad to attach itself, like a children's game, to a part of reality—some other part than the one against which it must protest itself; it endows it with a special meaning and a secret significance which we, not always quite correctly, call *symbolical*. Thus we see that there arises both in neurosis and in psychosis the question not only of the *loss of reality*, but of a *substitute for reality* too.' Freud also stated: 'A reaction which combines features of both these is the one we call normal or "healthy"; it denies reality as little as neurosis, but then, like a psychosis, is concerned with effecting a change in it.' [3]

The consistency of these conclusions and their implications should be noted for further reference. Freud said in 1911:

[3] Freud: *The Loss of Reality in Neurosis and Psychosis.* 1924. Coll. Papers, II, pp. 279–282.

the reality principle seems to have come about not in opposition to but in order to safeguard the pleasure principle. To put it in our more recent terminology: the ego as an institution of the personality at no time loses its need or purpose to find adequate outlets for the id. Freud said in 1924: the constant loss of reality (relative weakening of the ego and corresponding strengthening of the id) and establishment of substitutes for reality are common to neurosis and psychosis and healthy normal states. Apparently it is a matter of quantitative relationships; it is a matter of the ego's strength in the job of keeping the id properly harnessed and bridled—not in order to bring it to a standstill, for this is impossible without a lethal exodus, but to make it walk rather than trot, to make it trot rather than gallop and to make it pull the ego along the road without fits and starts and with as few jolts as possible. It is also a matter of the ego's ingenuity in mastering and cajoling reality.

After forty years of investigation, psychoanalysis finds that the major part of its attention is drawn to the functions of the ego in relation to reality. Neuroses and psychoses are no longer looked upon as mere manifestations of repressed impulses and ideas but as forms of adjustments to reality. Psychoanalysis is not occupied solely with symptoms as such and with the ideational content of the unconscious. The symptoms reveal themselves as accidental by-products which are sloughed off when the real core of the personality difficulty is properly attacked. We have made more than a little headway in our study of the defenses used by the ego, of its synthetic and integrative functions in relation to the various units of the personality, but the ego's actual manipulation of reality has hardly been taken into consideration. Our interest seems to have skipped over this particular aspect of the problem.

We may properly wonder why imperceptibly we turned away from a better understanding of the rôle of the ego in the problem of reality and instead concentrated on the biological and cultural forces that throw their impact against the ego. That we should be aware of these external forces is obviously of

utmost importance, but the question is whether we can understand their real significance as long as we do not fully know which of them are external and which merely externalized formations of the ego. The whole problem would be immeasurably simplified if we were able to establish once and for all what reality really is. We could then take it as an established datum, invariable under certain conditions, and proceed with our deeper investigation of the ego. Unfortunately, reality is one of the unknowables in science; it is for abstract philosophy to speculate about it. We must take it for granted in the same manner as the physiologist takes life for granted. We may, as we always do, call it diffusely the outer world, but we can also proceed to look at it from the standpoint of the ego and see what psychological components enter into the formation of our concept of it.

III

We envisage and always evaluate the relationship between the ego and reality by determining how much true interest we have in reality, that is, with how much libido we invest the object. The concept of cathexis proved to be so useful and convenient that we overlooked the essential characteristic of the process of investing objects (persons or things) with libido. This process certainly does not mean that a particular amount of libido, like so much ethereal substance, actually flows in space and time, invisibly but materially, from the individual to the object. It means that our psychic or perceptive apparatus bears an image of the object, not a photographic image, but something we call the representation of the object and, once within our psychic apparatus, this representation is invested with libido and in some unknown way correlated with our sensorimotor system. We are then able to feel and act in relation to the object. The representation is not a primary and spontaneous result of our psychic activity, but takes time both phylo- and ontogenetically to develop. In the beginning the images of the outside world do not produce representations; they remain

images and are taken for the objects themselves. Thus the dream has equal weight with reality. As a recent German writer puts it, this status of the image signifies not a lack of discrimination but a 'de-realizing' of external phenomena which are regarded by the primitive man simply as appearances that seek to report something to the individual, while the individual actually fills the world with his own images.[4] This is the animistic stage of primitive people and of children. The libidinous charges are concentrated not on the images of things but on the fantasies generated by them. This is the quintessence of psychological reality which ideally conceived is totally dereistic and animistic.

If we now try to conceive an equally ideal realistic state, one in which the psychic apparatus is guided only by the reality principle, we shall have to construct an individual who is never disturbed by any fantasy and who sees things only as they allegedly are and does not elaborate upon them. Such an individual, whose total energies are directed towards things, or their representatives, will actually have no desires, no feelings, no sense of contradiction. In his eyes the outer world will continue to function in its own way and he will have no impulse to alter it. Such a hypothetical man, devoid of the discomforts coming from the id and the inconveniences imposed by the superego, is no individual at all. One may conceive of his existence only as an abstraction without meaning.

Human beings function somewhere between these two absolute states of animism and realism. Naturally, there are infinite gradations between them, imperceptible transitions, mixtures of one with the other in a great variety of proportions. Nietzsche sensed this in his concept that any distinction between reality and appearance is purely arbitrary and destroys the unity of mental life. 'His emphasis therefore was upon mental attitudes and experiences as primary events, while sensory reactions were of secondary importance, since in each situation psychic

[4] Lipps, H.: *Die Wirklichkeit bei den Naturvölkern.* Fortschr. Deutch. Wiss., XV, 1939, pp. 353–354. *Cf.* Psychological Abstracts, XIV, No. 3, March, 1940, p. 152.

unity prevailed in the man-environment relationship.' [5] Psychic unity cannot be defined in any absolute terms. It is probably that state of the psychic apparatus which we call 'healthy' and which Freud referred to as a certain combination of loss of and substitution for reality.

This psychic harmony is subject to a variety of disturbances which are not strictly pathological. The child who begins to enjoy playing with toys is an illustration in point. It takes toy after toy with apparent realistic interest. It plays with the toy a while, then discards or breaks it. Broken or unbroken, the plaything is abandoned without regret and the child turns its attention to something else. This phase of childhood development is a definitive one and lasts for a considerable period, probably until the termination of the latency period. Its outstanding characteristic is the alternation of apparently intense interest in the object and complete indifference to it. Because the child displays great keenness of observation and a sense of detail during this period, one at first gains the impression that it is now fully attached to reality and then back in its semi-animistic state. Closer inspection reveals a different psychological picture. 'It would be incorrect to think that he [the child] does not take this world seriously; on the contrary, he takes his play very seriously and expends a great deal of emotion on it. The opposite of play is not serious occupation but—reality. Notwithstanding the large affective cathexis of his play-world, the child distinguishes it perfectly from reality [I would say its play is different from reality. It is questionable whether the child really distinguishes reality so perfectly. G. Z.]; only he likes to borrow the objects and circumstances that he imagines from the tangible and visible things of the real world.' [6] The child seems to strive not for mastery and control over reality but for a kind of temporary self-assertion over the object and

[5] Wagner, K.: *Über die Grundlagen der psychologischen Forschung Friedrich Nietzsches.* Ztschr. Psych., CXLVI, 1939. *Cf.* Psychological Abstracts, XIV, No. 4, April, 1940, p. 174.

[6] Freud: *The Relation of the Poet to Day-dreaming.* 1908. Coll. Papers, IV, p. 174.

appears to have no other goal than to enjoy the grasping. It is easy to discern a hungerlike need to 'take it all in' and a certain distractibility which are similar in psychological tone to hypomanic states and the other typical attitudes of oral incorporation. One is tempted to say that in this period the child constantly takes bites out of reality; it is tasting rather than testing. It does not synthesize and correlate realities well until later when the anal cathexes of the latency period become integrated with the ego and the superego. Before this integration takes place the individual functions not on the level of reality but on that of the concrete. If I may be permitted, I should like to say that the child is concretistic, not realistic.

The same attitude comes clearly to light in schizophrenics who seem to see and observe certain things quite well but somehow do not endow their relationship to the object with any affective tone. They drop it as easily as they pick it up. The nonpsychotic, schizoid person also lives under the domination of the concretistic attitude, which at times is very deceiving. Recently Helene Deutsch mistook it for a truly realistic attitude and considered it typical of Americans. The patients she cited appeared to be schizoid personalities and incipient schizophrenics, characters by no means confined to this side of the Atlantic. The lack of affective tone in such cases is easily understood in the light of the fact that oral incorporative reactions are closely associated with the animistic phase. Under these conditions there exists no true object representation that one holds and invests with libido; there is only an image of the concrete, not of the real. The sense of the concrete is orally destructive, whereas the sense of the real is retentive and constructive. Any destructive drive which cannot be mastered because of outside circumstances or inner disability reduces the contact with reality and leads to the reassertion of the animistic reactions, impoverishment of the ego and sometimes a nihilistic attitude toward the world or one's own self.

The sense of somatic unreality in certain profound depressions and schizophrenias, depersonalizations, ecstatic states of conversion, or other mystical experiences come to mind to

illustrate this psychological condition. I once observed the phenomenon *in statu nascendi,* where the process revealed itself with utmost clarity.

The patient, a man in his early thirties, appeared dull and depressed, blocked and retarded. He kept his eyes closed and, when presented at a staff meeting, he hardly responded to any of the questions put to him. At one point he seemed to be aroused from his semimutism. He opened his eyes and, looking away from the people in the room, his gaze fixed as if on a very distant object, he said that he did not know exactly what was happening, that things appeared close at first, then moved farther and farther away. His eyes became half shut as if trying to focus on a vaguely perceived and remote object. He was silent for a moment, then went on to say that things disappeared. His eyes filled with tears but his face remained masklike. At this point he said that he could hear a voice coming from the distance. He slumped into the state and posture which he had displayed throughout his stay in the hospital. He made no attempt to dry his tears.

The patient's representation of his parting with reality in terms of space is in itself not unusual; it is rather a universal propensity of human psychology. The striking features are the precision with which the patient described the transition to the loss of reality and the attempt to retrieve it by means of turning in the direction of an animistic condition which appeared in the form of a hallucinatory projection. On the borderline of this transition, one could observe the loss of affect, or rather the schizophrenic modification of it. The tears appeared just as he was psychologically losing his last hold on the object but at the moment it was gone from him his eyes closed, as if he did not need to try to look any longer. His tears were left to run down his cheeks as if he were no longer aware of them, for they or the feeling they expressed belonged no more to his world.

This schizophrenic episode illustrates but the extreme form of a process which is constantly operative under a variety of nonclinical circumstances. We know that the loss of reality

is accompanied, if not caused by a considerable reduction of ego functioning which is always intertwined with strong aggressive impulses. In Chekhov's play, Three Sisters, the old army doctor, Chebutikin, is a kindly, somewhat gruff, garrulous and sentimental old man; he drinks. We find him at the basin washing his hands. The wine clouds his mind a bit and leads him into the following somewhat surly soliloquy:

> 'The devil take it all . . . smash them all. . . . Here I am thinking that I am a doctor and that I can treat folks for all sorts of afflictions—yet I don't know a thing about medicine. I have forgotten everything I ever knew. I don't remember a thing . . . not a thing. . . . Damn it. . . . Last Wednesday I was called in to see a sick woman. Well, she died and—it is my fault that she died. Yes, sir. Some twenty years ago, I must have known a little, but I don't remember anything. I am not even a man but merely make believe that I am one, just make believe that I have hands and feet and a head too! Mayhap, I don't exist at all but it only seems to me that I walk, eat, sleep. (He weeps.) Oh, if only I would not exist. Damn it. The other day I was in the club; they talked about Shakespeare and Voltaire. I never read those fellows—but I made a face, as if I did. The others too did exactly the same thing as I did. Dirty—plain low and dirty—and that woman whom I killed last Wednesday came to my mind—everything came back to me and I felt low and dirty and went and got drunk.'

The old doctor dries his hands and goes out into the adjoining living room. Paying little attention to those present, he picks up an old porcelain clock, a family heirloom, and begins to examine it with utmost care. Suddenly it slips from his hands and falls to the floor. There is general consternation. The doctor takes a good look at what has just been a good clock and proclaims with humble solemnity, 'Busted to pieces', as if this were the logical outcome of his righteous and self-humiliatory disgust. And natural outcome it was. The aggressive impulses aroused by the death of his patient and the consequent sense of guilt were turned on himself and produced

an intense conflict. For a moment he had quasi-suicidal fantasies which led him to a denial of his own existence, but this solution his sufficiently strong ego would not permit. His aggression was again everted to the outer world. Displacement of the aggression to the porcelain clock is but a neat attempt to drag the world into perdition, even as a moment before he had tried to drag his own ego; at the same time it is probably an attempt on the part of the persisting ego to test its ability to master.

Drunk as the old doctor was, he represents a more or less normal reaction: he escaped the total loss of reality by managing to pick up and to master a substitutive part of it, thus restoring his waivering ego to a new sense of strength and reality. That the final stage in this brief drama presents a symptomatic act does not make it really pathological since it was a mere slip, an 'accident', rather than murder or suicide.

A so called normal reaction, however, need not necessarily run this course. The aggressive impulse may put the individual a step farther away or deeper down, and 'healthy' adjustment may be achieved by way of, for example, a simple religious fantasy which is the animistic level. It is 'healthy' even though it sacrifices a great deal of reality. A very nice instance of this type of adjustment is found in a scene from Dostoyevski's Brothers Karamazov. Dmitri is the quixotic and reckless, half-fallen nobleman, half-risen bourgeois. Tense and hectic, he sits in a carriage trying to engage the driver in conversation. The driver is one of those humble and gentle peasants of old Czarist Russia who carries the burden of life in a Christlike manner of nonresistance. He has borne oppression for so many generations that he represses even his awareness of protest. The official serf of the previous generation and the actual slave of the generation of the Karamazovs, he is not very communicative, but Dmitri continues to prod him and the driver finally speaks:

> 'You see, Sir, when the Son of God was crucified and died, He came down from the Cross and went straight to Hell, and He set free all sinners who had been suffering there for many

> years. Hell began to groan, for it thought that this meant no more sinners would be sent there. And Jesus spoke: "Oh, Hell, don't groan. Thou shalt not remain empty; there will be sent to thee all sorts of noblemen, rulers, judges and rich folk and thou wilt stay filled even as thou hast been for ages, until the day when I come again." This is the truth, Sir; this was the word.'

The appealing simplicity of this belief in a hell that is alive, endowed with thought and voice, is characteristic substitutive reality in such a case of apparently relentless, although unconscious hatred. The 'healthy' submissiveness of the ego takes the form of serene humility, denying and repressing the very existence of the cheerless reality and the protest against the need to make a living by driving reckless, rich drunkards from brothel to brothel. This submission could be reached only by creating a new religious reality which is achieved by means of a double identification. The philosophic driver identifies himself with the Christ, crucified and kind, and with the Hell which is going to torture the rulers, the noblemen, the judges and the rich—all those who are (unconsciously) held responsible for the stark fate of the peasants, the humble sinners released from Hell by Christ's own hand.

This normal adaptation by means of what Freud once called an 'illusion' is actually a substitutive reality. One is inclined to agree with René Laforgue when he said, 'I don't follow Freud when he calls religious belief an "illusion". It is only from a certain level of our ego development that religious belief appears to us an illusion, exactly in the same manner as some of our scientific beliefs of yesterday, and also of today.' [7]

It is obvious that in the so called normal states in which the sensorium is clear and the sense of gross reality is unimpaired, the ego, the central apparatus for realistic synthesis, possesses a sense of reality quite different from that which we seem to

[7] Laforgue, René: *Relativité de la Réalité; Réflexions sur les Limites de la Pensée et la Genèse du Besoin de Causalité.* Paris: Les Éditions Denoël, 1937, p. 64. (Trans. published by Nerv. and Ment. Disease Monographs, New York, 1940.)

assume. Our assumption, never clearly formulated but clearly pervading our attitudes and clinical writings, is that a true reality exists which, if we are to remain psychologically healthy, we ought to learn to perceive and to evaluate lucidly and factually. Our assumption does not seem to correspond to the true state of affairs. Each so called objective fact is actually a composite made up of the image of the object and a variable number of nihilistic and animistic qualities as well as direct projections of our fantasies into the image. In other words, when the image, a concrete, purely perceptive affair is incorporated orally, it becomes in the course of our ego development the prey of our anal-sadistic drives. It is engulfed as it were in a struggle which produces progressive combinations with these destructive drives, identifications, self-preservative reactions, projections and magic animation, all of which form a psychological alloy called object representation. The narcissistic or egotistic elements undergo a corresponding change which we call love. Our relationship to the object representation we call object love. The status of the representation and object love are constantly maintained through the eternal need for perceptive, concretistic reactions—that is, contact with and interest in the outside world.

The sense of reality is, therefore, not the static result of a certain psychological developmental process but is a fluid, changeable and, one is tempted to add, inconstant as well as inconsistent quality of the psychic apparatus, a quality that permits us to master and modify the concrete, to make it 'useful' to us. This usefulness depends upon the very inconstancy or the pliability of the sense of reality which guarantees its functional ability. It depends upon those instinctual elements which generate psychological reality and which become an integral part of every new object representation formed.

Perhaps the simplest example of this is our reaction to such an object as a picture. We never speak of a picture merely as a picture. We always speak of it or at least perceive it as 'beautiful', 'powerful', 'convincing', or 'weak', 'disturbing', 'indifferent', 'disgusting'. We always combine our awareness

of the picture, the image of it, with a number of animistic or sado-masochistic projections, and only in this combination does the picture become an object representation. Only then do we form a sense of reality.

IV

True scientific investigation, both theoretical and clinical, must consider the component of animistic projection of the object representation as a most potent element of uncertainty. It is highly subjective in its unconscious constellations and, coming as it does from the id, it carries a strong affective tone which adds to uncertainty. This feature of our sense of reality, although couched in different terms and approached from a different angle, led Laforgue to speak of the relativity of reality. The elements which make for this relativity have also another feature which we must bear in mind if we are to understand the functioning of the sense of reality at any given moment. In so far as our sciences are created by man, they cannot help but be colored by those psychological realities which are projected as animistic trends into the scientific constructions. Every time a body of knowledge is systematized, every time a scientific theory is formulated, the animistic projections are smuggled in and acquire the authority and weight of the scientific system itself. We are never able to rid ourselves of this body of animistic elements but, unless we recognize them and evaluate them accordingly, it will be impossible for us to discount the uncertainty and to increase our approximation to valid understanding of our observations. This is particularly true of mental sciences in which greater complications arise from the fact that the ego, which is the chief transmitter and regulator of knowledge, is called upon to perform a double task. It must investigate the animistic and projective factors which are the main sources of error; yet these very same elements present the foundation for the ego's existence and the guarantee for its functioning; they are the connective tissue supporting the nuclei of the ego.

It is incumbent upon every psychological investigator who

deals with the unconscious to understand the psychology of his own method. Unless he does so, scientific research is impossible or it becomes a mere displacement reaction as in every compulsion neurotic symptom. The work of research will then serve a biphasic purpose—a flight from the understanding of the animistic projective elements and at the same time a gratification derived from the vicarious manipulation of them. Sciences rise and fall through the centuries because of this characteristic, and one may say with Laforgue that 'despite appearances to the contrary the majority of intellectuals and scientists are still today more or less on the religious level of thought'.[8] I understand by 'religious' not the ceremonial elaborations of religion but its essential animistic content.

That the animistic drive is always present and is at times of intense power is revealed by the lives of certain scientists. They preoccupied themselves for most of their lives with concrete, seemingly 'realistic' subject matter, but in the course of years began to behave as if they never had learned much from their investigations. As the cohesion between the integral elements of their ego began to loosen (as a result of biological involution or a severe neurosis), they fell into the pit of a purely animistic world. Oliver Lodge turned from physics to commune with the dead. Charles Richet, a physiologist of great repute, spent his later years in the same preoccupation. Auguste Comte, the positivist and logician, became a mystic.

What is true of the individual scientist is true also of the various systems of thought which have dominated our sciences at various periods of history. Whenever animism with its projections claimed a part of the outer world, that part remained totally inaccessible to scientific investigation. The Egyptians are a case in point. Despite the relatively advanced state of their science they were unable to study the sun. Saussure in his excellent work on the Greek miracle called attention to the fact that 'In Egypt the sun was the chief divinity, Rha Amon and later Rha Aton. Like any father or father symbol, it was taboo, just as Jehovah was to the Jews. One recalls in this

[8] *Ibid.*, p. 87.

connection the commandment, "Thou shalt not create any image of thy God". Consequently, the Egyptian calendar was calculated not in relation to the sun but to the star of first magnitude, Sirius.' [9] There is an interesting and potent inference in this phenomenon: any magico-religious animism or its philosophic equivalent diminishes our curiosity, stunts the drive to master the world through learning what it is, reduces the passive sense of reality, which is the ability to perceive, and thus inhibits or dissolves the dynamic force of our sense of reality. This may explain the romantic fascination as well as the scientific sterility of Platonism or philosophic idealism in general.

It is worth pondering over this subject for a while. The idealist is basically an animist; he knows of no other reality than the ideas of things. His ego, like any 'primitive ego, puts itself in the center of the universe and believes itself to be able by its actions to set into motion all events of life, those which are desired as well as those which are feared'.[10] In other words, Platonisms or idealism make man's reasoned will the alpha and omega of the system of the universe. The outer world, not the one populated with his animistic projections, presents little interest for him. He is more concerned with how to make men behave and live within the sphere of his projections. Consequently Plato's chief preoccupation was not science but political sociology. Man, the center of the world, feels most central and most magically potent within the sphere of public activity; it gives him the strongest illusion of omnipotence. Platonism is essentially a religious system couched in political terms. Its reality is a purely individual, private reality which Plato tried to translate into terms of sociological constructions. One might express surprise that despite the preëminently religious nature of Platonism, it not only proved unacceptable to Christianity, the most powerful religious system of our civilization, but it was actually rejected and is still being combatted with utmost violence. From the standpoint of consistent monotheism, Plato

[9] *Ibid.*, p. 61.
[10] *Ibid.*, p. 94.

is totally unacceptable not because of his animistic ideology but because, having placed man in the center of the universe which was his Republic, Plato made peace with his homosexuality. He extolled its manifest sensual form and brought it down straight to earth in its socialized cultural form. He wanted the fathers, the wise, good and omniscient fathers, to rule his Republic and the sons to follow in simple, serene obedience, not in fear but in a blessed state of welcome passivity. In making the idea of the State and supreme reason his sublime authorities, Plato forgot God. Again citing Laforgue, one should not overlook that the prerequisite, the quintessence of established religious belief, is the surrender of one's omnipotence to the Godhead, the Father. 'It is only God who is omnipotent, but man gains or loses his right to protection from God depending on whether his behavior is good or bad.' [11]

Modern monotheism leaves to us the outer world, permits us to deal with it at will, grants us a moderate degree of the sense of reality—provided we give up our aggression and preserve our passivity. The primitive anthropocentric drive, never fully given up by any individual, finds itself best accommodated and least thwarted in the atmosphere of established monotheism. These circumstances may involve no sacrifice to the adult sense of reality, because religion is taught from childhood and the individual does not rise fully to that synthesis of ego formation which develops a sense of reality. On the other hand, if a sacrifice is offered, the individual is fully repaid by the libidinous gratifications tendered on the magic, narcissistic level. In either case, however, a certain balance of forces is established within the ego, a sense of harmony which in itself serves as a very restrictive force both on the libidinal development and on the sense of reality. In this orientation uncertainty in psychological investigation assumes considerable dimensions and the development of mental sciences becomes inevitably impeded. In some respects it even stops and our knowledge becomes static. This has been the status of mental sciences wherever

[11] *Ibid.*, p. 94.

and whenever the Thomistic edition of Aristotelianism has prevailed. Even in the Protestant world the mere deviation from formal dogma and the establishment of heresy have not removed the impedimenta of animism. The whole history of the controversy between the somatologists and the psychologists demonstrates this point conclusively. The somatologist left his animistic world undiscussed and untouched, while the proponent of the naïve psychogenesis of mental diseases merely claimed more territory for his animism and continued to reduce mental sickness to sin.

The struggle for and against the assertion of one's animism is universally one of the most decisive factors in the development of human thought and man's knowledge of himself. It is a force always present in our work and, therefore, our culture, and it can be recognized in every walk of human endeavor. We submit to it either under cultural pressure or under the pressure from within. Darwin first omitted to mention the Creator in his Origin of Species and was severely criticized. Huxley urged him not to pay any heed to the attacks but Darwin admitted the Creator to his second edition. The important fact is not whether Darwin was convinced that his was a serious omission, or whether he merely decided to make an insincere bow to bigotry. The point is that Darwin did not have sufficient courage. Perhaps Huxley would have lacked it too had he been the author of the Origin of Species. This lack of courage in Darwin, as in Galileo, cannot be disposed of with the reprobatory epithet, 'cowardly'. It is but a sign that somewhere both Galileo and Darwin had a lingering feeling that the 'world' was or might be right.

Wagner, as Nietzsche reminds us in a tone of morose sarcasm, started with enthusiastic hopes to write as his first opera a hymn of rebellion and hedonistic freedom. It was to be called Luther's Wedding. He never wrote it. He ended his work with the pious purity and mystic humility of Parsifal.

It is difficult for man to learn to get along in life without a father. In fact, it is not possible for him fully to achieve this independence. 'In the measure that he is obliged to act with-

out a father and without absolute values, that is with a sense of relativity, he becomes perhaps reconciled to death, which we have not yet learned to face rationally by pressing it into our service.' [12]

The basic difficulties of our scientific approach to the world are the same as the difficulties encountered in the development of the sense of reality. These stumbling blocks are of particular and detrimental moment in the growth of mental sciences. If we reduce them to a simple dogmatic enumeration they are: (1) the constant pressure of our idealized hedonism which forces us to perceive man as the most unique phenomenon of nature; (2) the animistic trends which are endowed with sufficient dynamic initiative to keep the ego in check and always threaten to overrun it; and (3) the projections of both the anthropocentric and animistic fantasies into the outer world, thereby forcing the ego to perceive these projections as if they were the outer world and not merely an integral, supportive component of that world.

The development of scientific attitudes tends to control the influence of those impedimenta, but at times these attitudes themselves fall victim to the forces they seem to combat. The sense of reality is again impaired by too great an admixture of psychological reality which weakens the useful value of the object representations. We can see in a more specific way how this process works in the field of psychology.

V

Psychology has made a definite effort to find for itself a place, no matter how modest, among the natural sciences. For a time, before the discovery of psychoanalysis, it assumed the guise of a materialistic discipline and always wore the uniform of anatomy and physiology. That this was only a mask is obvious. By reducing psychological processes to structure and physiological function, psychology actually set aside the whole problem of psychic activity and left it where it had always been—

[12] *Ibid.*, p. 65.

in the domain of idealistic or animistic philosophy. The real incorporation of psychology into natural science was brought about by psychoanalysis. This fact is true whether the official representatives of natural sciences fail to recognize it or summarily reject it. Under the influence of Darwin, and perhaps even more under that of Lamarck, a theory of evolution of the psychic apparatus was evolved. Man was removed as it were from his anthropocentric animistic throne, or at least the throne was given a very disrespectful, revolutionary jolt. 'By putting concrete problems concerning the development of human consciousness out of the elementary needs of organic life and up to its highest rational manifestations, modern naturalism claims to have actually and definitively incorporated man into nature. Reason itself, as manifested in science, is then only a continuation of the natural evolution of the animal world, the latest stage of adaptation of living beings to their environment; and all the forms of thinking on which idealism constructs its systems are products of the natural reality and, as instruments of adaptation, dependent both on their natural object-matter and on the natural organization of the living beings who use them.' [13] The claim that man in his totality belongs to nature evoked a double opposition. Confirmed idealism would not accept any such 'humiliation' of man. Opposition to the claims and scientific inferences of psychoanalysis can be easily understood in the light of the ego's inability or extreme reluctance to give up the sense of exclusiveness in relation to the world.

The motivations that led biological sciences to raise strict objections to psychoanalysis are less obvious. At first these objections seem to grow out of a candid wish to be strictly scientific and to avoid anything that appears to spoil by allegedly idealistic intrusions the realistic air in which science operates. Closer psychological inspection of the situation offers a somewhat different picture. It has been repeatedly emphasized that natural sciences were willing to accept man and to include

[13] Znaniecki, Florian: *Cultural Reality*. Chicago: The University of Chicago Press, 1919, pp. 3–4.

him within the realm of their endeavors only on the condition that the true operation of his psychic apparatus, with the exception of formal logic, be left to the speculative and affective fields, the idealistic philosophies, theology, metaphysics and that vague and chameleonic little idol called common sense. Science resisted and still resists the introduction of man in his totality as subject matter, not on scientific but on purely idealistic grounds. These idealistic grounds, as we have seen above, are the same anthropocentric, animistic ones that operate in other human attitudes. It would appear that philosophy and religion rejected psychoanalysis in the manner of a hysteric who, unable to accept certain libidinous claims, rejects them as foolish and bad fantasies which have to be repressed. The scientist completed the same process of rejection in the manner of the compulsive neurotic who isolates a given number of libidinous claims and treats them as foreign to his own self-conscious, voluntary, free activities.[14]

Whatever our formal claims for understanding and working with and on reality, the sense of reality is always marred by the ego's own fears of giving up not its realistic but its libidinous, animistic propensities. We cannot overlook this fact in the development of our own scientific peregrinations and vacillations in the field of psychoanalysis. That is to say, there is no reason why we should not expect ourselves to be involved in the same struggle and frequently in the same confusion as to a clear appreciation of reality and as to the limits of our ability to develop any degree of such appreciation. Involved we are indeed, even more than we realize and much more than the disciples of other sciences. For psychoanalysis the question which has become the cardinal problem of our work happens to concern our relationship with the outside world and the working of the apparatus within us which deals with this relationship. In many if not all productive sciences

[14] I am indebted to Dr. David M. Levy, who in discussion of this paper called my attention to the work of James K. Leuba. The statistical conclusions of Dr. Leuba regarding religious beliefs among various scientific groups seem to corroborate the point of view arrived at here through purely psychological analysis.

this question is not even raised; no other discipline depends so much upon a sober approach to the problem and no other discipline is so much in danger of serious breakdown if it does not effect an adequate approximation to a solution. We ought to appreciate fully the importance of this point. The fact that psychoanalysis may fail of solution and end in scientific dissolution is in itself not important because no science will survive if it fails to do what it is supposed to do. Though we may still use the word 'lunatic', astrology, so prevalent for centuries, has disappeared from the community of scientific systems and no one regrets or feels its absence. Of greater danger is the anxiety of those who, identified with a given science, try to save it by artificial means. The danger becomes more serious if these means prove to be dogmatic and consist of all the unconvincing but very stubborn methods of conceptual manipulation which never prove anything and never save anyone. For conceptual manipulations, particularly in a problem concerned with reality, by their very nature deal with absolutes and not with empirical and pragmatic relativities and they are bound to become more scholastic than enlightening. We may speculate a great deal about ego structure, ego weakness and ego strength, visualize a variety of mathematical permutations even greater than the Newtonian binomial complexities, and yet come not one inch closer to a better understanding of the sense of reality. One need not pursue the argument at greater length. It suffices to recall that any conceptual thinking is dereistic and leaves little room for the productive elucidation of a problem. In recent years, psychoanalysis has begun to show here and there trends towards such conceptualization. These trends are not necessarily signs of the failure of psychoanalysis itself; they are indications of the difficulties of the problem and the strength of our own resistances when we begin to test reality.

I do not wish to suggest that psychoanalysis in its totality has become conceptual, but there is no doubt that the humorous remark of Freud in which he called metapsychology 'the witch' contains more than a grain of truth. Any attempt to preserve psychoanalysis on the sole foundation of metapsychology, which

is the tendency in many quarters, would lead inexorably into more animistic projections and to less enrichment of the reservoir of scientific object presentations. The scientific position of psychoanalysis was vouchsafed not so much by its conceptual richness as by its empirical naturalism. It is close kin to truly natural sciences, to biology in the broadest sense of the term.

Once the problem of the sense of reality is confronted and once the major problems of psychopathology have become questions of ego functioning and adjustment to reality, it is inevitable that social or cultural reality should become one of the most important fields of our investigation and the most fertile testing ground of ego adaptation. It is not necessary here either to emphasize the importance of cultural factors or to recite the history of their inclusion in the orbit of our observation and study. Cultural anthropology and psychological sociology of today owe their impetus and their findings to psychoanalysis. It is interesting in this connection to mention as an example the original opposition to Totem and Taboo. Kroeber recently returned to this contribution of Freud [15] and, twenty years after his original attack on the little book, admitted its importance. In the light of what was learned by anthropologists in the last decade, he accepts a number of Freud's assertions which he had originally rejected, but he is still reluctant to consider Freud's topography of the personality as valid—in other words, the naturalistic approach to the genesis of what we call personality still arouses considerable opposition. Herein lies the most important source of our difficulties. Cultural reality, like any other reality, is a product of our general development. The termites, the bees, the ants also live in a social unification and also actively maintain their communal unity with a great deal of tenacity; but they are not human and therefore they do not talk or write and tell what they have performed; and they do not claim any special and unique credit for their biosociological performance.

It is a very interesting coincidence, one of the many coinci-

[15] Kroeber, A. L.: *Totem and Taboo in Retrospect.* Amer. J. of Soc., XLV, No. 3. November, 1939, pp. 446–451.

dences in this history of thought, that culturalism began to assert itself as the source of the many answers to questions about the human mind almost simultaneously with the beginning of psychoanalytic studies of the ego. Like many other systems of thought it proved a double-edged sword. It cut into the solid darkness of many a problem but it also cut the psychological solidity of many an analyst.

Let me quote a characteristic passage or two from one of the best exponents of culturalism. 'History of culture', says Znaniecki, 'is the only field in which we can follow directly and empirically at least a part of the evolution of the human "mind" and the only theory of mind which can be directly based upon empirical data is therefore a theory which takes mind as a product of culture.' [16] 'If therefore modern thought intends to avoid the emptiness of idealism and the self-contradictions of naturalism, it must accept the culturalistic thesis. . . . It must maintain against naturalism that man as he is now is not a product of the evolution of nature, but that, on the contrary, nature as it is now is, in a large measure at least, the product of human culture, and if there is anything in it which preceded man, the way to find this leads through historical and social sciences, not through biology. . . .' [17]

While these lines were not written by a psychoanalyst, they express many a claim brought forth in the course of the history of psychoanalysis by some of those whose relation to analysis is indisputable. These claims are partly reminiscent of the old dictum: *Tempora mutantur et nos mutamur in illis.* But the fact that we change the times does not necessarily imply that we change because of the times. One reason is most frequently put forward as to why culture should be considered a phenomenon apart from the rest of the world and why it should be taken as a self-made, self-sustained and self-improving entity. This reason is very illuminating and of particular value for the topic under discussion. It is that culture is supposed to make man, and man is supposed to have made

[16] Znaniecki: *Op. cit.*, p. 15.
[17] *Ibid.*, pp. 21–22.

culture. Something extrabiological, extranatural, is founded and man is considered part and parcel of his own creation. He is placed over nature, outside of his purely biological, purely natural status. We recognize in this cleavage from biology not so much an unscientific denial of biological forces, but a forceful assertion of the independence of the human psychic apparatus from everything except the creations of man himself. Theoretically such a premise would suggest a restitution of the animistic, idealistic world at the sacrifice of a good part of realistic orientation. The validity of this inference is subject to denial and its implications to rejection in the same manner and with the same intolerance as the somatologist rejects any suspicion that deep underneath he really has a purely animistic view of the psychic apparatus. Fortunately, it is not necessary to test this attitude by means of purely formalistic logic. The fact is that the culturalist definitely deals with such purely idealistic data or goals as cultural progress, ultimate achievements and justice. He cannot help but be a reformer. As soon as pure culturalism is espoused, one hears of ultimate truth not so much about man as for the sake of man, and one 'should not forget that for a number of people today truth has more the character of religious faith than that of scientific evidence'.[18] In addition to these idealistic components which are of general nature, we find the tendency to lift man to exalted heights. As Karen Horney aptly puts it, 'when the "ego" is no longer regarded as an organ merely executing or checking instinctual drives, such human faculties as will power, judgment, decisions are reinstated in their dignity'.[19]

There is yet another trend which enables us to test exclusivistic culturalism for the presence of animistic projection and anthropocentric idealism. This is the denial of the totality of the biological forces which are responsible for the formation of the psychic apparatus, the denial of the theory of instincts

[18] Laforgue: *Op. cit.*, p. 64.

[19] Horney, Karen: *New Ways in Psychoanalysis.* New York: W. W. Norton, & Co., Inc., 1939, pp. 10–11.

as well as the rhythmic, spontaneous repetitiveness of psychobiological reactions. In other words, culturalism in psychology seems to be derived from the same reactions as those other systems of thought which are unable to arrive at a true synthesis of the magic animistic components of the ego with the images of the concrete outside world. Having arrived at a point at which we are confronted with the fundamental problem of the sense of reality, it is psychologically inevitable that there be a convergence of all the lifelong conflicts with regard to how much absorption of the concrete the ego may permit at the expense of its own dependence on the magic projections.

This problem cannot be easily solved. It may never be solved. When psychoanalysis had to face the task of acknowledging the existence of the unconscious, it met the same difficulties. It seemed impossible for the omnipotent ego to recognize the existence of something that deprived it of a large part of its potency. However, when the ego learned that the unconscious could be reduced to a secondary position, where it could be recognized, understood, mastered, the ego began to show a willingness to let that unconscious be. The same is true of our aggressive impulses and anxieties. The ego finally learned to accept them only because it was convinced at length that it could dominate them, observe and hold in check these intruders into the harmony of life. When the problem of reality arises, the ego seems to be truly at a loss. The overwhelming magnitude of the macrocosm is so frightening that the ego has to fall back on the only resting place that once gave it comfort and a sense of well-being—on the genetically oldest and the strongest stage of animism from which and from the elaborated projections of which sprang that complexity called culture.

To surrender this support for the illusory hope of discovering its component parts is difficult for the human ego; it may never surrender it in sufficient measure and degree. The sense of reality is therefore bound to remain shifty, uncertain and in an eternal state of that unstable equilibrium which vacillates between knowledge and revelation and which at one and the same time produces health and generates disease.

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Psychodynamisms in Anorexia Nervosa and Neurotic Vomiting

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PSYCHODYNAMISMS IN ANOREXIA NERVOSA AND NEUROTIC VOMITING

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In these days of poignant insecurity, reactive aggressiveness, intense ambivalence towards authority and other manifestations of direct pregenital determinants in social behavior, it is significant from a psychosomatic viewpoint that functional disorders of the gastro-intestinal tract appear with great frequency and have become the subject of intensive medical and psychoanalytic interest and research. Recent studies at the Chicago Institute of Psychoanalysis (*8*) have demonstrated the relationship of gastric and colonic dysfunctions to neurotic attitudes of excessive passivity or reactive hostility, especially in insecure, dependent individuals who feel themselves frustrated and threatened in their familial or social milieu. With specific regard to gastric dysfunctions, Brosin, Palmer and Slight have recently summarized the psychiatric literature dealing with the highly interesting syndrome of anorexia nervosa. These authors, in their conclusion that no 'single psychiatric entity adequately describes all members of the group', confirmed the necessity of a psychodynamic rather than a purely phenomenological investigation of such organ neuroses. In the case about to be presented in which a medical diagnosis of anorexia nervosa had been made, psychoanalysis revealed with relative clarity the relationships of unconscious genital and especially pregenital psychodynamisms to certain character traits and also specifically to gastric and other dysfunctions. The case is believed to be of general interest and therefore to merit a special report.

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Condensed from a thesis read before the Chicago Psychoanalytic Society, April 26, 1940.

Case Report

The patient, a thirty-five-year-old, unmarried girl with a diminutive, boyish appearance and a diffident, overingratiating manner, stated that she came for psychoanalysis primarily because she had been troubled for the preceding five years by nausea or actual vomiting whenever she attempted to dine in the presence of a man and, more recently, even when she merely thought of such a situation. The patient with some difficulty had been able to continue her work as a stenographer, but to circumvent her symptoms she had found it necessary during the last four years to avoid the company of men altogether, to forego almost all cultural and recreational pursuits and to live in self-imposed isolation with her widowed mother as her only close companion. The patient also complained of recurrent 'chills', headaches and attacks of diarrhœa but regarded these and other symptoms as of relatively minor importance. Nevertheless, in view of the failure of past medical treatment, her many harrassing personality limitations and the deepening discouragement in regard to her occupational, marital and social prospects, she had decided to try analysis as a last therapeutic measure.

The youngest of three sisters, the patient was born into a middle class family in an eastern European city. When she was two years old her father departed for America. She was left in the care of her doting mother, a forceful, independent, ambitious, but emotionally unstable individual, who apparently at first indulged her youngest daughter greatly, as the patient recalled that the first few years of her life in Europe had been exceedingly happy. However, she soon learned that the family was really being supported by a paternal uncle, from whom she was taught to expect—and sometimes even to beg—not only her little luxuries but also the very clothes and food she required.

It is significant that only two unpleasant memories persisted from this period: in both instances *elderly men had offered her food* and then attempted to approach her sexually, and on both occasions she had been *too frightened to tell her mother.*

When the patient was five years old the family left Europe and rejoined the father in America. On the initiative of her ambitious mother, the patient was then placed on a regime of training that, it was hoped, would make her a famous violin virtuoso. She took readily to this plan, practised arduously and began to delight in exhibiting herself in many little recitals arranged by her mother. Up to about the age of her menarche she took pride in helping with the housework and seemed especially interested in the preparation of food for the family. She was frankly ashamed of her father who had never acquired what she considered an adequate American culture and whose work as a tailor, she regarded as a handicap to her anticipated social position as a musical prodigy. However, when at about fourteen the mediocrity of her talent became apparent even to her mother, the intensive musical training was discontinued. At this time the patient became consciously aware that the mother had shifted her favor to the eldest sister who had on her own merits achieved greater social and occupational success. She reacted to the withdrawal of her mother's support by becoming outwardly more aggressive to her mother and sisters and for a time even taking the father's part in the many domestic quarrels. During this period, significantly, she began to prefer boyish clothes, adopted various athletic pursuits and became a disciplinary problem at school, which she left at the age of fifteen. She then secured a series of positions which she held with fair success until the time of her analysis, although beneath a façade of independence and self-sufficiency she continued to be shy and hypersensitive, highly limited in her social contacts and interests and almost exclusively immersed in the minutiæ of the household and family relationships.

In tracing through the origins of her somatic symptoms during the initial anamnestic interviews, the patient recollected that her first attack of nausea had occurred at the age of twelve when a boy whom she admired had offered her a piece of cake at a party. After this episode, eating in the presence of men often induced vague abdominal discomfort or mild nausea and diarrhœa—reactions which became definitely worse after the

death of her father when she was eighteen. In relation to such memories, however, she emphatically denied that she had acquired any sexual knowledge or had experienced even a single erotic fantasy until her menarche at sixteen, at which time her mother 'explained' sexual intercourse to her in a depreciatory manner and stringently warned her against the 'animal intents' and seductive activities of men.

The patient's symptoms took their present form at the age of twenty-five under the following circumstances. During her first prolonged separation from her mother, she was visiting the summer home of her middle sister and was there introduced to her first prospective suitor. At first she disliked the man but then began to feel a guilty erotic attraction towards him. One evening, after dinner with him during which the patient felt peculiarly tense and uncomfortable, she permitted some sexual play, but when he began to caress her breasts, she began to experience unusually severe nausea and abdominal discomfort. She immediately informed the man that she never wished to see him again and the next day, in compliance with a sudden compelling desire, she returned to her mother's home. She remained relatively symptom free for a period, but only by the device of avoiding almost all heterosexual contacts. At the age of thirty she 'fell in love' with the son of her employer but found herself able to accept his attentions only through the strict observance of certain conditions: sex play had to be non-stimulating, her breasts could not be touched and, most imperative of all, the man *was not permitted to mention food or drink in her presence,* let alone invite her to indulge in them; otherwise she would develop severe nausea and sometimes vomit.

Such ritualistic defenses sufficed for several months, but later became much more elaborate. She soon found it necessary to forbid her fiancé even to telephone her while she was having a meal at home lest severe nausea, emesis or diarrhœa ensue. Vomiting became frequent despite all precautions, a persistent anorexia set in and her symptoms became so severe that in a few months she lost thirty-two pounds without, however, corresponding loss of strength or energy. Her family naturally

regarded her condition as of serious physical import, urged her to quit her job and finally induced her to enter a well-known diagnostic clinic. Thorough physical, laboratory and rœntgenological examinations showed completely normal findings, a diagnosis of 'anorexia nervosa' was made and the patient was discharged by the internist with the admonition to lead a 'more active and normal life'.

Significantly, the patient informed her mother that the doctor had obviously meant to specify heterosexual indulgence, but that she would virtuously refuse to follow any such recommendation no matter what the penalty in ill health might be. The whimsical result of these protestations was that her mother took the patient's misinterpretation at its face value, disregarded her professed scruples and insisted that the patient begin having sexual intercourse with her fiancé immediately, on pain of being disowned by the family; in fact the mother actively arranged the details of moving the patient into an apartment for the greater convenience of the couple. During the seven months that the liaison lasted the patient's symptoms improved somewhat and she regained considerable weight, although she remained sexually inhibited, was excessively dependent upon and demanding of her lover, and found it difficult to eat in his presence. Moreover, when he finally deserted her to marry another girl who possessed the added attractions of greater emotional maturity and considerable wealth, the patient's anorexia, vomiting and diarrhœa promptly reappeared and once again became severe and disabling. Pleading her lack of control of these symptoms, the patient then gave up all further attempts at sexual or other emancipation and returned to live with her mother. For a time she seemed comparatively content, but since her social isolation and various disabilities eventually became burdensome both to herself and her family, she yielded finally to their repeated urgings and applied for analysis.

Physical, laboratory and x-ray examinations preceding the analysis again revealed essentially normal findings. The patient's intelligence quotient on the second Stanford Revision

of the Binet-Simon scale was 134. It is of interest that her responses to the Fantasy Test *(43)* given for the purpose of a preliminary psychodynamic survey, accurately anticipated the essential determinants of some of the patient's main unconscious reactions as later revealed in the analysis. Thus, in association to a stimulus picture of a monstrous eerie dragon issuing from a cave in a mystic canyon, she produced a very unusual fantasy in which she identified herself with this threatening phallic symbol, yet anxiously represented it (herself by projection) as a depreciated, helpless, oral incorporative creature (a caterpillar) which, after a brief contact with the dangers and anxieties of the outside world, gladly regresses to the security of the mother's womb:

> 'Here's a little caterpillar that wanted to seek his fortune and he left his nice, cozy, warm, little home for the great, big world. (I don't know what else to say. Wait till I embellish this a little.) Somehow or other he was beset by dangers wherever he went, rocky paths to cross, dangerous enemies to pass, no food in sight and so he finally stopped and pondered: "This great, big world I was trying to find doesn't seem to be remarkable after all. Maybe I should have thought twice instead of giving up that nice, comfortable, cozy, little place I left and maybe it wouldn't be too late to turn back now." And so dear children, even though you don't see him returning, that's what he did and he's content to stay where he is, the big outside world no longer having any fascination for him.'

Course of the Analysis

The patient's initial transference was one of a self-conscious, puerile flirtatiousness in which significant oral components and naïve regressive fantasies were early expressed. Typical associations in the first three hours were the following:

> 'This . . . is like a first date, because I get the same sort of sick [nauseated] feeling. . . . Mother certainly has a queer daughter. . . . Once when I was four years old and sick she brought me a doll. . . . I'm not so sure of things when I'm

out with a man. . . . I won't keep this up if it makes me feel nauseated. . . . Why did even thinking of B [patient's lover] make me sick to my stomach? . . . I hope I'll be able to come tomorrow.'

True to these indications and despite simple, reassuring interpretations that she might be tempted again to react with vomiting as an escape from uneasiness over erotic or hostile feelings mobilized in the analytic situation, the patient spent the week-end after her tenth analytic hour vomiting almost continuously and insisting to her family that this proved the analysis to be not only useless but probably actually harmful. However, the patient's mother, apparently again sensing the patient's intense unconscious guilt and her need for explicit maternal solution, strongly urged resumption of the treatment. The patient therefore returned and for some twenty hours thereafter defended herself against her highly ambivalent genital and oral transference by picturing the analyst as a haughty, cold, unapproachable individual, or an unprincipled seducer sure to be thwarted by her strong moral resistance, or else—even more damningly—as an unsympathetic confidante who did not give her adequate support and solace. Closely connected with early oral fantasies was a series of dreams which indicated, with the naïveté of initial analytic material, the patient's desire that the analyst present her with a male organ with which to please and win her mother. In fact, the only defense she summoned was to regard the oral incorporation of the phallus—which she fancied her mother wanted her to have—as unpleasant and *nauseating*.

Dream: 'I reached for a hat, . . . It went over a partition, but a man gave it back to me. I wore it and brought my mother and sister some cookies which I hoped would please them. Then mother gave me a frankfurter and I ate it, but I said it tasted terrible, like pork.'

Associations: (Hat) Men's hats. A new hat makes me feel self-confident. (Man) You. I came back to the analysis to please mother. (Frankfurter) My mother and sister always joke about their being penises; I like to eat them, but this

morning the thought made me sick. (Pork) I don't let myself eat it, but *mother* always fed us well.

As may be expected, she did not at this time develop further these early indications of deep oral conflicts, but instead erected a categorical defense to the effect that she was not really a weak, dependent child who must please her mother in order to secure food and protection, but was instead an able, self-sufficient and even potent individual who, incidentally, needed no analysis. However, when she ventured the ultimate bravado of dreaming that her father and mother were dead, and that she was a famous violin virtuoso with the rest of the world at her feet, her reactive guilt was so great that she recollected a firm resolution of childhood *to swallow poison* if ever she were bereaved of her parents. Aggressive material also appeared in more frankly anal forms of attack:

'I want to be very destructive—tear things up and throw them out the window. . . . Your couch cover is filthy. . . . I hate all teachers. . . . Once in high school class I let wind from my rectum and it made a terrible noise. I was so embarrassed I quit school and never went back—I decided to study music instead.'

In further masochistic reaction against hostile urges directed mainly towards the analyst as a father figure, the patient brought the following dream:

'A man sang love songs in German to a woman who was with him on a balcony. I said I understood German too, so he came down and beat me.'

Associations: Dad used to sing love songs to mother. Germans are terribly cruel—they kill people. (Balcony) Our home bedroom.

These and other associations indicated that the dream expressed competitive identification with the mother but that in reaction the primal scene was conceived so sadistically that the patient's gratification was far outweighed by an overwhelming fear of female genitality. Analysis of this fantasy also led

to a franker expression of reactive castrative impulses towards father figures (as expressed in increasingly critical remarks about her boss, the analyst, and other men) accompanied, as usual, by a retreat in fantasy to the welcoming safety of the mother. This was typified a few days later in another dream:

> 'Men lay in hospital cots all bandaged up like with mumps. . . . I dreamed of my Dad, who's dead. . . . Then there was an avalanche and I was in danger, but finally I was at home with my mother all cozy and warm.'
>
> *Associations:* (Hospital cots) My father died there. (Mumps) Makes men sterile. (Avalanche) Danger. (Cozy with mother) Warm, clean house on Friday night and the wonderful meal mother used to feed us.

In connection with other covert avowals of aggressions against the father and retreat to the mother the patient remembered a fantasy which had recurred frequently between the ages of about eight and sixteen: she was not her father's daughter and he had found her in her mother's garden. However, when the origin of such fantasies of virgin birth in early rejections of her father was explored, she defended herself for a period against recollecting predominantly oral hostilities towards him by maintaining that in her girlhood it had actually been her 'happy task' *to bring him his meals,* especially (sic) during the frequent parental quarrels.

Positive œdipus memories also appeared, but with so little guilt as to make it obvious that these recollections of genital attractions towards the father were really defenses against great hostility towards him. For instance, as early as the first month of her analysis the patient brought a (screen?) memory that one day, at about the age of ten, she had actually encouraged her mother to leave home after a quarrel, and that night had 'innocently' entered her father's bed 'to make up for mother'—although this, she hastily added, had only made his grief all the greater. Nevertheless, as the reasons for her actual renunciation of men and the regressive flight to the mother were further analyzed, the patient was led to face her jealousies of the father not only on a superficial genital, but also on more

significant pregenital levels. The characteristic features of the patient's oral conflict then appeared more clearly: whereas she could admit her ostensibly erotic temptations towards her father or his surrogates with little difficulty (she dreamed frankly of marrying her cousin, 'which would be as bad as marrying my father'), she nevertheless wished to renounce her oral aggressive wishes to incorporate her father as a mother substitute and at the same time eliminate him as an envied, thwarting rival. Consecutive fragments of her defensive associations at this stage are self-explanatory:

> 'I fear marriage because I can't cook like my sisters and it wouldn't be right to let my husband feed *me*. . . . Often when I sat down to a meal, if the phone rang for a date I wouldn't be able to eat any more. I remember my father urged me to eat on fast days, but I just couldn't because I'd get nauseated. When B [former lover] kissed me after a meal I vomited all that night. . . . Once when I was fourteen mother went away and Dad cooked my meal . . . I also vomited all that night too. . . . I also avoid marriage because my teeth bleed at night and that would be embarrassing. [An indication that assumption of an adult feminine rôle would necessitate masochistic self-punishment for oral biting aggressions and would also symbolize self-castration.]

Yet more directly symbolic of her oral guilt, the patient cancelled several hours *to get treatment for a 'painful mouth and throat'* although no organic basis for these paresthesias was ever found by a competent oral surgeon. From a psychosomatic standpoint it was also interesting that periods of reactive aggression towards the analyst, conceived as a rejecting parent figure, were characteristically accompanied by urges to vomit, defæcate or urinate during the hour, whereas genital urges (which were less guilt-charged and which the patient characterized lightly as 'hot ideas') were reacted to only by minor bodily 'chills' and subjective tremors. In this connection she clearly recalled that she had habitually slept with her mother until she came to America, that she had then greatly resented the fact that her father joined her mother in bed, that she had insisted on con-

tinuing to share this bed until she was eight years old, and that even at that age she had energetically resisted being sent to sleep with her sister because at that time she 'wanted to keep on being warm and cozy with Mother and Dad'. Moreover, the substrate of this material in deep oral attachments to her mother and jealousies against the *first* father imago in her life, her uncle, soon appeared in other associations:

> 'My uncle in W——, where I lived until I was four, didn't like me and was mean to me because I took up mother's time—but mother said I should be nice to him because he was the breadgiver; once she even refused to feed me until he could bring us more food. . . . I think my boss should leave me this money, because Dad never provided enough for us.'

At this time the material also began to deal with the specific nature of her incorporative desires toward men; namely, to acquire their penises as a symbol of the masculinity desired by her mother and thereby eliminate them as competitors and displace them homosexually in her mother's affections. Such desires were soon indicated with increasing clarity in a multitude of dreams and associations. For instance, in the 78th hour the patient reported the dream:

> 'I aroused my sister R. sexually and didn't know whether to be glad or contemptous.'

In this dream the sister was definitely associated with the mother and the patient granted herself the power (phallus) to arouse a mother figure sexually, yet wished to depreciate that same power because of the accompanying guilt over its acquisition.[1] Early (screen?) memories also came to the fore:

> 'In W—— when I was in a hospital a nurse passed by with a tray of buns that I wanted. I then asked the doctor to get me one and he promised, but instead he stuck a needle in my stomach and it hurt.'

[1] The corollary or obverse interpretation of this bisexual dream, namely, that the patient reversed the sexual rôles and depreciated femininity, is equally characteristic of the patient's neurosis.

Similarly, the object she desired to incorporate from her father appeared in the next dream, in which, after a reiteration of her anxious rejection of the female rôle and a denial that she had ever been robbed of a fantasied penis, she allayed her anxiety by self-reassurance that she knew how to handle masculine appurtenances even though she did not openly despoil their envied owners—the analyst with the pencil and the little boy with the spear:

> 'A man who was with my father wanted to sleep with me, but I refused because people were looking. Then I thought a burglar had gone through my clothes and taken something, but found he hadn't. I then helped my nephew to select a tie that I liked and saw a Buddha with a pencil attached that I wanted. Then I was showing a little boy how to hold a spear and be a knight!'

While this material was being worked through the patient showed considerable clinical improvement: she no longer spent nearly all her free time with her family; she permitted herself a greater number of social and recreational outlets in mixed company and she even dined out alone on one occasion with an elderly male acquaintance. To test her newly found freedom (and also apparently in a more or less conscious effort to please the analyst to whom she had a concurrently strong maternal transference) she even ventured at this meal to eat strawberries despite her conviction, born of invariable experience, that she would break out in hives if she did so. To her surprise, however (as well as to my own when she reported it), she felt no nausea at the meal and suffered no ill effects afterward.

But much still remained to be analyzed. For one thing, the patient unconsciously continued to reject femininity in favor of deeply guarded fantasies that despite her own guilt-charged rejection of the fantasy of the oral acquisition of the phallus, she had somehow actually acquired a penis which was of value in cementing her exclusive solidarity with her mother and which therefore had to be cherished and defended from all

threats of castration. An amusing instance of this, related to many dreams and fantasies in which burglars had unsuccessfully attempted to search and rob her clothes or her room, was the following: one day, the patient playfully began to count the cylindrical buttons on her dress to the accompaniment of the familiar childhood chant of 'Doctor, lawyer, merchant, chief'. Suddenly she stopped in manifest consternation: the word 'thief' had come out on the button over her genitals! During this period she also professed great concern that her breasts 'were so very small', whereas her nose 'was so very large'—both ideas having the import of a denial of matronly or feminine qualities.[2] In the same significant connection, she frequently added that her mother had always admired her 'boyish figure'. In this period also she became interested in various girl friends whom she suspected of being homosexual, was jealous that R. ('the most mannish' of her sisters) was living with her mother and stated wishfully that the latter was 'disappointed because I can't get a raise and take care of her myself'. However, a beginning resolution of both her homosexual and heterosexual oral conflicts, arising from a partially relenting internalized maternal superego, appeared in her 168th hour in the dream:

> 'Mother offered me a sausage, and I again spit it out saying "I don't eat pork!" Then my mother said I could have men if I liked.'[3]
>
> *Associations:* (Sausage) penis. (Have men) You buying me a meal.

[2] These preoccupations with her bodily form at times approached the intensity of a 'dominant idea' [Benedek *(14)*] that not only must she abjure adult feminine activities but she also must not look like a woman. While this idea was never stated explicitly, the analytic material indicated that an ego-syntonic obsession of this nature may have contributed to the overdetermination of her vomiting and diarrhœa, in as much as these symptoms tended to keep her thin, sallow and heterosexually unattractive and thereby protected her from situations in which her oral aggressions and reactive fear of men would be mobilized.

[3] Material relevant to this dream indicated that at a deeper level the patient also desired to castrate her thwarting, aggressive, phallic mother, and therefore dreamed of the latter's forgiveness and indulgence.

After this initial working through of guilt over phallic incorporative fantasies, the patient could for the first time pleasurably visualize the analyst buying her food; moreover, in the next hour the defenses were sufficiently penetrated to permit the patient to have the sudden fantasy of *eating the analyst's penis*—a desire which, of course, had not been interpreted in specific terms previously. Similarly, feelings of nausea in subsequent hours were often associated with explicit ideas of having eaten and then vomited the analyst's or some other man's penis. In this connection the patient also mobilized material relative to her rejection of femininity and the fantasied identification with men in order to displace the father in the mother's favor. For instance, the patient remembered that whereas she had had no compunctions about entering the bathroom while her father was naked (as though she also were a man), she 'had always been ashamed' to expose her breasts or pubic region to her mother 'because I always felt there was something wrong with my shape'; likewise, menstruation always made her feel 'hurt' or deficient (castrated) in some way. Similar material led to the formulation of the patient's castration anxiety on the basis of a feared retaliation for the aggressive oral incorporation of the father's penis—an act which must therefore be partially expiated in compulsive vomiting. For instance, the patient felt *very nauseated* and almost vomited on reading that Ethiopian slave boys were castrated and that *savages ate testicles to become more masculine.* An even more direct reference to the oral method of incorporating the phallus was revealed in a dream to the effect that her cousin's penis was filled with peas (as though it were edible) and that then her own vagina began growing them—to which she associated that once, after eating pea soup prepared by her father she had become nauseated and had vomited severely. At this point the patient was finally able to formulate an explicit and basic fantasy previously deeply hidden:

> Any man to me is really more like food. . . . I feel like a cannibal when I eat with one. . . . I get nauseated and vomit. . . . The same thing happens when I see babies feed-

ing at the breast. . . . I never could stand that sight; I can't even yet.

From this and similar material the patient then formulated another previously inexpressible fantasy arising from fear of retaliation for her oral aggressions toward men: if she permitted herself to be 'feminine' and had sexual relations with a man, *somehow she would be physically hurt* by him. This masochistic concept she then elaborated by assertions that her mother 'had suffered and lost her health [sic] through sexual intercourse'; by specific phobias of menstrual blood, dentists, operations, etc., by an anxious play on the analyst's name as meaning 'knife-man' and by a peculiarly displaced obsession that 'If I parted my hair in the middle [i.e., exposed my vagina for intercourse] I would become bald (castrated)'. During this period the patient also felt compelled to urinate forcefully both before and after each hour, as though this characteristically aggressive and boyish activity had a definitely reassuring value for her.[4] Moreover, for the first time she could remember what she had really been acutely aware of throughout early childhood, namely, that both her mother and father had been greatly disappointed that the patient, their last child, had not been born a boy. Her conciliatory longing for her father and her jealous oral castrative reactions toward him were then simultaneously expressed in a 'duplex' dream:

1. 'A man had a dog I wanted to pet.'

2. 'I had a little dog that I cherished, and I protected him from a bigger dog. A negro couple were going to bed and I felt alone. A man came along and I avoided him. But my mother and sister petted the bigger dog and I was mad.'

Associations: (Dog) Penis. (Pet the dog) I would like to own a big dog. (Big dog) It threatened my dog. (Negro couple) My father and mother have crinkly hair (depreciated parents). (Mother and sister played with bigger dog) I felt jealous and wanted to chase him away but I was afraid.

[4] *Cf.* Alexander *(7)*, Gerard *(30)*, and Van der Heide *(54)* on the symbolism of urination as a penis fantasy in girls.

In response to the appropriate interpretations of such dreams and their related material, the patient then produced a wealth of deeper fantasies relative to her wish to acquire the penis by oral incorporation. For instance, an anxious dream about herself as 'a little boy becoming a little girl' (refeminized by the analysis) was followed by a reassuring one in which the patient concealed her genitals in a public bath, and was then *willingly fed by a man with 'almonds'* (association: 'nuts, testicles') *and 'chocolate'* ('fæces—penis—bad taste in my mouth like before I vomit'). Likewise, her desire to use the orally acquired penis to seduce her idealized mother away from the father was epitomized in a dream of limpid clarity:

> 'Ginger Rogers and Tyrone Power were making love, and I was in the way. There was some danger, but I went to a room in my mother's house and got some chocolate and nuts [rebirth as a male?]. I gave these to Ginger Rogers, and she was pleased. She paid no more attention to Tyrone Power and he disappeared.'
>
> To this dream the patient again associated that when she had slept in her parents' bed she had felt particularly displaced and jealous *when her father fondled her mother's breasts* (oral jealousy). Chocolate was again associated to fæces and penis (depreciated phallus) and 'nuts' frankly represented testicles. Moreover, not long thereafter the partial renunciation of this same desire to incorporate a phallus even to please her mother was indicated in the third and final dream of the 'frankfurter' series:
>
> 'My mother once again gave me a cut-up frankfurter that looked good to eat, but this time my father was there and I gave it to him because I felt it belonged to him.'

Concurrently, the anal components of her aggressive and incorporative fantasies about her father also appeared more openly: for instance, the patient played with the phrase 'eliminating father' and reported that whereas she now no longer vomited, thoughts of sexual intercourse still occasionally induced diarrhœa. To this she associated a childhood concept that intercourse was performed per rectum, in connection with

persistent fantasies that her fæces at the same time eliminated and substituted for an anally incorporated penis—an organ which, in specific relation to her father's phallus, was always conceived as 'dirty' and 'soiling'. Strong feelings of disgust with all mucous and 'slimy' things were also specifically associated with a revulsion to obsessive thoughts of fellatio and with a fantasy the patient had had of swallowing semen during possible oral contacts with the father's penis while she was sleeping in the parental bed.

With the self-punitive, 'undoing' and possibly restorative aspects of the patient's vomiting and diarrhœa thus disclosed, the analysis could then also attack the overdeterminations and positive cathexes of these symptoms. These were, in brief, the function of the vomiting and diarrhœa as disguised expression of oral and anal aggressions, the significance of these symptoms as reactions to coprophilic impulses, the masochistic gratification and various secondary gains (sympathy, indulgence, protection, etc.) the patient derived from them, and finally, their unconscious use in frustrating the analyst while the patient acted out fantasies of infantile narcissistic omnipotence in the tolerant and receptive analytic situation. At present (300th hour) her analysis is not as yet complete, but the following clinical improvements seem well established: the patient is for the first time of her own volition living apart from her family and is successfully pursuing extrafamilial friendships and interests. The vomiting has ceased, the diarrhœa is infrequent and mild, and the other minor symptoms have disappeared. The patient now experiences little or no difficulty in eating with men, is experiencing satisfactory sexual relationships, and is cultivating suitors with a view to eventual marriage and the establishment of a home.

Formulation

In fairness to this and other psychoanalytic 'formulations' it may be conceded at the outset that no simple running account of the emotional development of any individual can give really adequate consideration to the multiplex interplay and chang-

ing vector balance of the psychic forces operative even in childhood, let alone their multitudinous adjustments to the realities of later life. In the present case, nevertheless, the analysis seemed to justify a fairly specific reconstruction of the nature and development of at least the main libidinal trends and typical ego defenses, not only because these appeared with relative clarity in the analytic material, but also because the patient was permitted by circumstances to act out many of her childhood neurotic patterns in her daily life until the time of her analysis. The psychodynamic origins of her outstanding personality deviations and neurotic symptoms may therefore be reconstructed as follows.

The patient's primary oral attachment to her mother, represented in the formula 'to be loved is to be fed' and by the *Ursymbol* of sole possession of the maternal breast, was early intensified and fixated as her main libidinal drive by a number of intercurrent factors: her puny, delicate physique, the indulgences by her mother as the youngest child, her jealous rivalry with her elder sisters, the early departure of her father from the family, and the subsequent insecurity and poverty of her childhood. This passive overdependence on the mother, however, was threatened when she learned that the providing member of her immediate circle was really a paternal uncle who fed and clothed the entire family. Obviously, this posed what may be termed the patient's first major problem: how to divide her allegiance between this intrusive man and her mother without incurring the latter's jealousy and prejudicing her primary desire for the transcendent security of the suckling. The child's problem was further aggravated by the fact that the uncle obviously resented her presence in the mother's home. To the first three years of the patient's life, then, belong the pregenital screen memories of running to her mother with feelings of guilt when men tempted her *by offering her food* and the fantasy of summoning 'a nurse carrying buns' (breasts) in preference to a 'doctor who might hurt her'. To the latter part of this period, moreover, may belong the patient's earliest wishes actually to acquire a penis and thus, by becoming the

little boy her mother expressly desired, to secure for herself the latter's exclusive support and protection. However, these early conflicts gave rise to relatively little anxiety, in as much as the patient appears to have left Europe at the age of five in a fairly secure oral receptive relationship with her mother. Unfortunately, when the family rejoined the father in America her position was more gravely threatened, which led to a series of emotional reactions and countercathexes that determined the patient's subsequent character neurosis and furnished the basic psychodynamisms of her symptomatology. Thus, the patient's continuous desire for oral dependence on her mother, coupled with her need to remain physically close to the latter even in the parental bed, made the patient for a number of years an actual witness of the primal scene, the most harrowing and 'disgusting' detail of which she characteristically remembers as her father's fondling of the mother's breast. On the other hand, the patient's misunderstood persistence as an obtrusive third party in the marital relationship apparently also aroused the mother's suspicion and jealousy, with the result that the mother reacted not only by showing preference for the patient's eldest sister (the most 'masculine' of the daughters) but also by punishing the patient in a number of highly traumatic ways—including a reiteration of her disappointment that the patient had not been born a boy. In this manner, the mother in turn became for a time no longer a protective and all-providing figure, but an unreliable, rejecting, fickle person who, until she was won back, would not provide complete security. Concurrently, the patient's anxieties were accentuated by the emerging genital components of her œdipus impulses which, strengthened but at the same time rendered extremely guilt-charged by her nightly physical contacts with the father in the presence of the mother, themselves increased her guilt and fear and therefore pressed for adequate ego defenses. The urgent problem faced by the patient at this juncture was then: how resolve this now complex and highly conflictful emotional situation and escape the dangers that seemed to threaten on every side?

The patient's initial attempt at solving her dilemma seems

to have been simply to shunt the energy of her genital desires back to the *oral* sphere, transfer her dependent attachment from the temporarily unreliable mother to her kindlier father, and substitute in her typically passive receptive fashion the desire to feed from him (possibly, in an early misconception of anatomical equivalence, from his discharging penis) in lieu of the withdrawn maternal breast that had now been preëmpted by the father. In accordance with the lag in her libidinal development and the persistence of strong oral urges, this relationship at first constituted what might be termed an emotionally anachronistic 'oral œdipus'—namely, the emergence for a period of predominantly oral receptive desires directed to the father with concomitant fear of retribution by the mother who at the same time—because of the patient's need of such a fantasy—was wishfully conceived to be jealous of the loss of the patient's dependent devotion (cf. her self-reassuring statements of her mother's indulgence when she resisted other oral temptation). Nevertheless, the positive genital œdipus fantasies, continually stimulated as they were, could not long remain completely repressed, so that she began to wish more or less consciously to be not only the parental suckling, but also to displace her mother as the father's mistress. (This genital œdipal phase is related to the transient fantasies, predominantly prepubertal, of displacing the mother in the father's bed.)

This, however, was likewise an untenable situation, since the patient, still passive and insecure and now conceiving herself helplessly adrift from her accustomed receptive relationship to her mother, found no really safe refuge in the father, whom she soon perceived to be as vacillating and as subservient to the mother as she herself was. There remained then only one alternative for the patient's weak, anxiety-ridden ego: a repression of the hostile part of her ambivalence and a final strategic retreat to an oral passive relationship to the only strong personality in the family, the mother, who must therefore again be won at all costs. But now certain modifications even in this libidinal relationship were necessary in as much as the patient's oral desires, in response to repeated frustration, had

changed vectorially from a merely passive receptivity to an actively attacking incorporation, as expressed in the unconscious fantasy that *if her mother no longer willingly gives her the breast or the father his phallus, she must aggressively take them for herself.* Moreover, the second portion of this fantasy—the symbolic desire for her father's penis—was now overdetermined by her wish to displace the father in an exclusive homosexual relationship with her mother, a relationship designed to supplement and strengthen the primary oral dependent one. It was in this manner, then, that her main conflicts assumed their final form, since primitive cannibalistic fantasies such as the oral incorporation of breast and penis were so charged with guilt that not only repression but nearly every other ego defense from denial to sublimation needed to be summoned to assure the indirect discharge of their cathected energy. She therefore began to be governed both alloplastically and autoplastically by a number of interrelated emotional syllogisms which, as stated, were reflected not only in her symptoms but also in her distinctive character traits and reality maladjustments up to the time of her analysis. Some of these syllogisms, for the sake of simplicity of presentation, may be formulated separately as follows:

I *Regression.* Since all levels of libidinal satisfaction above that of primal oral attachment to the mother appeared to be beset by dangers and anxieties, the patient renounced nearly all her ambitiously aggressive and genital strivings and devoted her life to resuming and making secure the only comparatively safe relationship she had ever known—a passive infantile dependence on the mother.

a *Genital renunciation.* She surrendered her transient œdipal wish to preëmpt the father from the mother. In fact, she foreswore all outward semblance of genital or other possessive desires for all men and indulged in such relationships only if and when they were not only permitted but demanded by the mother. At all other times, the patient by unconscious compulsion made herself in both appearance and behavior actually unattractive to men.

b *Pregenital mechanisms.*

1 *Anal-sadistic depreciation and masochism.* The patient obsessively conceived of all genitality as obscene (forbidden) or dirty (aggressive and depreciated). In this sense she regarded everything her father touched as contaminated, as shown in many compulsions and fantasies, particularly in relation to his discharging penis. In the same manner she conceived the fantasy of sexual intercourse as a frightening anal attack, and equated the phallus with a column of fæces which she could then not only herself possess, but also eliminate aggressively by diarrhœa whenever threatened with the passive rôle in heterosexuality. Beneath these concepts, however, was an important element of masochistic gratification in her vomiting and other symptoms and in the few traumatic genital contacts that, with the mother's express consent, she had permitted herself.

2 *Defense of secondary narcissism.* In deference to the mother's expressed desires, the patient made a pretense of apparent emancipation from her, but only in ways that served really to cement their relationships. For instance, she studied music and played it showily as the mother desired, yet never sufficiently well to become independently proficient. Similarly, she held a job and made just sufficient money to help support the mother—but never enough to justify living apart from her.

II *'Penis wish'.* Still other defenses against anxiety were necessary since the mother once undeniably had discarded the patient in favor of the father's phallus and thus had severely traumatized the patient's narcissism. To emasculate and displace the father and at the same time regain the mother she therefore erected and cherished a fantasy that she also had a penis, acquired by oral incorporation from the father. Moreover, to preserve this fantasy that she had masculine attributes, she had to conceal her femininity. She therefore professed pride in the smallness

of her breasts and the 'boyish figure' she hoped her mother admired, yet she always avoided letting the latter see her naked and penisless. She played tomboy until her menarche which was delayed until sixteen, and even in her adolescence walked into her father's bath as though on equal terms with him. Later, she raged against menstruation and feared dentists, operations, and all other castrative threats however indirect their connotation.

III *Organ neuroses: vomiting and diarrhœa.* Finally, only through adequate self-punishment and specific restitution could she allay the obsessive guilt over desires that had led to the fantasy of the oral (and anal) incorporation of the penis.

a *Talion fear.* Because she hated the father for displacing her with the mother and then in turn thwarting her both orally and genitally, and because she therefore also wished to castrate him, she became fearful of physical retribution by all men and manifested this fear by chills, palpitation, and various neuromuscular disturbances in their presence.

b *Fantasy of oral rejection and restitution.* More specifically in relation to the main determinant of the vomiting, if she dared actually to take food in the presence of a man and thus repeated the symbolic act of oral castration of the father, she immediately experienced disgust and eliminated the phallus (more deeply, the breast—cf. nausea at the sight of infants feeding) by vomiting and diarrhœa. This she did not only in masochistic gratification and to deny deep cannibalistic desires but also *to restore* what once in fantasy she had actually wished to incorporate.

Such then were the main vortices of emotional conflict in the patient's character and organ neuroses. Unfortunately, the defects of the formulations are readily apparent: they are necessarily short and oversimplified; they assume a specificity of libidinal expressions and ego defenses not completely substantiated by the abbreviated account of the analysis; they artifically telescope into 'crucial' episodes of the patient's life emotional

actions and reactions that were probably worked through over long periods, and finally, they represent under separate rubrics various economically indissoluble intrapsychic mechanisms that really bore to each other a constantly varying relationship in determining the patient's internal and external adjustments. Only two considerations extenuate these difficulties: first, that the 'emotional logic' of the unconscious is in reality relatively direct and elemental; second, that even in the description of complex intrapsychic reactions the limitations of language unfortunately demand that only one topic be dealt with at any one time. It is hoped that despite these limitations the nature and derivations of the patient's main psychosomatic characteristics have been indicated.

Discussion

From the medical standpoint, the question naturally arises: was the diagnosis of anorexia nervosa 'correctly' made in this patient? The answer obviously depends on how rigidly delimited this syndrome is considered to be.[5] At the time of her admission to the medical clinic five years before analysis the severe anorexia, marked weight loss, cachexia with characteristically unimpaired energy and activity, intractable vomiting after food intake and absence of any positive indication of organic disease were almost pathognomonic of the syndrome of anorexia nervosa as originally described by Gull, although it must be remembered that other less determinative criteria, such as loss of hair and amenorrhœa, were not present. However, with particular respect to the menstrual function, it could easily be conceived that had the patient's rejection of this aspect of femininity and her castration fears been even greater than they were at the time, her menstruation, instead of becoming merely scanty and painful, might have been suppressed as completely as it had been previous to the age of sixteen. Finally, her partial symptomatic recovery after her hospitalization does not invalidate the diagnosis, since 'anorexia

[5] The author has elsewhere discussed the general nonspecificity of medical-psychiatric 'diagnoses' (*42, 43*).

nervosa' is often a phasic disorder [6] and, as has been noted, the unconsciously reassuring psychotherapy she received from her physician and her mother, combined with the special environmental arrangements made for her (removal from the home, expressly permitted heterosexual outlets, etc.) temporarily relieved some of her pressing emotional conflicts. It should nevertheless be made clear that the psychoanalytic findings in this patient are not necessarily applicable to every case of 'anorexia nervosa', since the term has a broad medical, rather than a specific psychosomatic connotation (*cf.* Brosin, Palmer and Slight *(18)* and Alexander *(11)*.

Review and Discussion of the Literature [7]

As early as 1892, Freud, in a paper with Breuer, mentioned 'chronic vomiting and anorexia carried to the point of refusal of food' as being of psychic origin, and stated that 'a painful affect, which was originally excited while eating but was suppressed, produces nausea and vomiting, and this continues for months as hysterical vomiting . . . [which] accompanies a feeling of moral disgust'. Freud, in his Interpretation of Dreams (1900) also speaks of a patient who had chronic vomiting both in fulfilment of and self-punishment for a fantasy of being continually pregnant by many men. The possible roots of oral conflicts are then further traced in Three Contributions to the Theory of Sexuality (1905), as follows:

> 'One of the first . . . pregenital sexual organizations is the oral, or, if one will, the cannibalistic. Here the sexual activity

[6] Wilbur and Washburn *(55)* in a two-year follow-up study of ninety-seven patients with functional vomiting studied at the Mayo Clinic, reported 'cure' or improvement in over 70%. For other clinical reports illustrating the wide variety of formulations and methods of therapy, cf. Pischer *(48)*, Middleton *(46)*, Hill *(32)*, Morgan *(47)*, Hurst *(33)*, Kiefer *(38)*, *Stengel (53)*, *Smith (52)*, Wilbur *(55)*, and Berkman *(15)*. The clinical psychiatric aspects of severe vomiting have been especially well reviewed by Meyer *(45)*.

[7] An excellent review of the literature and of the present psychoanalytic concepts of the gastro-intestinal neuroses, seen in manuscript by the author after the present article was prepared, is the chapter on The Gastro-Intestinal Neuroses, by F. Alexander in S. Portis' *Diseases of the Digestive System*. Philadelphia: Lea & Febiger, 1941.

is not yet separated from the taking of nourishment,[8] and the contrasts within it are not yet differentiated. The object of the one activity is also that of the other; the sexual aim then consists in the incorporation of the object into one's own body, the proto-type of identification, which later plays such an important psychic rôle.'

In 1911, Ernest Jones developed another thesis with regard to neurotic vomiting, namely, that the symptom expressed a rejection of an incorporated penis, conceived as an incestuous pregnancy. In effect, Jones *(37)* agreed with Melanie Klein that little girls 'enjoy taking the penis into the body . . . to make a child from it'. Similarly, Ferenczi attributed the vomiting of hyperemesia gravidarum to an attempt on the part of the patient simultaneously 'to deny the genital localization' of the pregnancy and to give up 'the phantasied "stomach-child" '. In another place [*26*, p. 326] Ferenczi also recognized that vomiting may be a reaction to coprophagic fantasies, as expressed in my case by the expulsive oral rejection of the dirty, distasteful penis.[9] While similar associations in my

[8] In this connection, Stärke speaks of the withdrawal of the mother's breast as the 'primal castration'.

[9] In such fantasies the equation mother = penis is often also depreciatingly and aggressively expanded to penis = fæces [*cf.* Abraham *(4)*, p. 485 *et seq.*] so that primary oral incorporative fantasies are reacted to with nausea, disgust and vomiting.

The primitive psychosomatic reaction of removing dangerous (incorporated) substances through diarrhœa and vomiting has been called by Rado the 'riddance principle' and is described by him *(49)* as follows: 'Control of pain is directed toward eliminating the source of suffering, if necessary even by the sacrifice of a part of one's own body. Such conduct reveals a principle ingrained in the organization of all animals, including man. In the phylogenetic scale of increasing differentiation and complexity of organization there gradually become apparent many reflexes designed to eliminate pain-causing agents from the surface or inside of the body. The scratch reflex, the shedding of tears, sneezing, coughing, spitting, vomiting, colic bowel movement are but a few well-known instances of this principle of pain control in our bodily organization. This principle I have called the "riddance principle" and its physiological embodiments the "riddance reflexes".'

Following the experimental demonstration by Cannon of the intimate interrelationships of emotional states and gastric motility, it has been demonstrated clinically that gastric peristalsis increases during hunger *(22)* and either ceases

patient might have been traced to deeply repressed fantasies of impregnation by the father's incorporated phallus, it must be stated that further material explicitly relevant to this complex did not appear in the analysis.

Abraham, in his study of The Development of the Libido *(5)* dealt with the unconscious desires of the melancholic patient for the oral incorporation of the lost and ambivalently loved object and stated that the refusal of food in depressive states could be traced to the corresponding cannibalistic guilt. That this mechanism was operative in my patient was indicated by her prolonged refusal of food and frequent vomiting during the several months of depression after the death of her father. It is significant, however, that mere anorexia was apparently insufficient to expiate the guilt attached to her previous aggressive incorporative fantasies towards the lost father, so that vomiting as a symbolic restitution was also economically necessary.

More directly germane to the present study is a series of papers published in 1934 on The Influence of Psychologic Factors upon Gastro-Intestinal Disturbances by various members of the Chicago Psychoanalytic Institute *(8)*. In his introductory section to this symposium, Alexander pointed out that in patients with gastric neurosis characteristic attitudes of 'parasitic receptiveness' are thwarted by internal or external circumstances and therefore become colored by oral aggressivity and strong narcissistic protests over feelings of inferiority. As a result, unconsciously weak, orally dependent patients adopt a defensive façade of great personal self-sufficiency, an exaggerated attitude of helpfulness toward others and a superficial optimism [10] that they in turn will always be provided for—traits characteristic of my patient. In the same symposium,

or is reversed during strong emotions and *especially in disgust (50, 51)*. However, as Alexander states in his *Medical Value of Psychoanalysis*: 'Even psychogenic vomiting itself may not always express anything psychological, for example, disgust, although conditions in the stomach which led to vomiting may have been called forth by psychological factors'. For a brief review of the psychosomatic aspects of vomiting, *cf.* Dunbar *(25)*, pp. 311–315.

[10] *Cf.* Abraham *(4)*.

Catherine Bacon described a woman with a gastric neurosis who was a frequent witness of the primal scene in her childhood, had intense rivalry with a sister, marked ambivalence to her thwarting mother and strong early heterosexual inhibitions. Bacon's analysand resembled mine in other ways: she associated genital sexuality with eating and 'when her oral desires were thwarted by external frustration, she went into a rage the content of which was a desire to attack the penis of the thwarting object and incorporate it'.

A corresponding case of a forty-one-year-old woman who suffered from a recurrent duodenal ulcer was reported by George Wilson,[11] who found that his patient had a 'retaliation fear because of the castration wish. . . . The oral dependent attitude toward the mother was transferred to a wish to incorporate the penis orally . . . due not only to resentment and fear but also to the wish to own something, the possession of which pleased the mother. . . . She wanted to possess a penis with which she can please the mother as the father does and in consequence continue to receive from her.' [12] One other comparison is noteworthy: in both patients, pregenital conflicts were manifested mainly in gastro-intestinal dysfunctions, whereas genital ones were expressed symbolically in the neuromuscular system. To illustrate: Wilson's patient, while working through the reawakened guilt over incestuous relations with her brother, suffered from various muscular pains and disturbances of locomotion; whereas my patient reacted to heterosexual fantasies with characteristic paresthesias (vaginal

[11] That corresponding unconscious mechanisms (compulsive disgorgements and restitution of gastric contents) are operative in male patients with gastric neuroses is indicated by the analyses of patients reported by Harry Levey and by Maurice Levine *(8)*. In Levine's patient the relationship of vomiting and diarrhœa to the neurotic character structure is especially well demonstrated.

[12] Felix Deutsch *(24)* attributes the rejection of food in two cases of 'anorexia nervosa' that he analyzed to early concern on the part of the mother as to the patient's food intake and 'stabilization of phantasies around the gastro-intestinal tract' after 'maternal rejection'. While, as Deutsch contends, this would lead to the 'choice' of the gastro-intestinal tract to express the patient's neurosis, the psychodynamism described does not seem sufficiently clear to be regarded as *pathognomonic* of anorexia nervosa.

itching; pilomotor 'chills', etc.) and sensations of generalized muscular tremors.

The various psychogenic roots of the patient's diarrhœa have not been treated as fully in this discussion as have those of the dysgeusia, nausea and vomiting, not only because the latter were more significant in her case from the standpoint of psychosomatic investigation but also because the subject of colonic dysfunctions has already received extensive theoretical consideration in the psychoanalytic literature, particularly by Abraham *(2, 3)*, Jones *(36)* and by the members of the Chicago Institute *(8)*. More specifically from a clinical standpoint, Alexander *(8)* cites the case of a female patient in whom 'the diarrhœa, apart from the meaning of restitution, had also the narcissistic significance of masculine activity and expressed the masculine strivings of the patient'. Similarly, Wilson *(8)* found that in women with colitic diarrhœa the symptoms signified a rejection of femininity, in that the female rôle was conceived to be either parasitically oral-receptive or else too aggressively castrative in significance. Freud *(28)* postulates that on a deeper level the diarrhœa may also represent the anal elimination of an incestuous pregnancy. However, it may be well to point out that in my patient the diarrhœa which developed in reaction to fantasied or actual threats of heterosexuality had the significance not only of a conciliatory gift to the mother and a guilty elimination or restitution of the penis per anum as well as per os, but at other times also represented a jealous and sadistic attack on the analyst or other parent imago for fantasied thwarting in the oral or genital spheres *(2)*. A corresponding explanation for the patient's urinary urgency as symbolic of masculine aggressivity may be found in Freud's Interpretation of Dreams (p. 512). From an economic standpoint, therefore, the patient's various symptoms—vomiting, diarrhœa and urinary urgency—served as channels for an autoplastic discharge through the eliminative functions of various guilt-charged aggressive or erotic impulses which the patient, because of fear and guilt, was inhibited from expressing in alloplastic social behavior.

Summary

The analysis of a patient with character difficulties, neurotic vomiting and diarrhœa and the syndrome of anorexia nervosa is outlined. The organic dysfunctions are shown to be somatic manifestations of a highly complex personality disorder arising from severe early emotional conflicts, especially in the oral sphere. The most important specific psychodynamism of the vomiting appears to be a symbolic rejection and restitution of the father's phallus, orally incorporated in an attempt to render exclusive her basic passive dependence on the mother; however, the symptom also expresses an aggressive attack on the thwarting parents, masochistic expiation and other psychic overdeterminants. These and other psychosomatic reactions are considered in relation to the present psychoanalytic concepts of the various gastro-intestinal neuroses.

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A PSYCHOANALYTIC STUDY OF A CASE OF EUNUCHOIDISM

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As a result of a study of the psychiatric and endocrine aspects of eunuchoidism carried out in collaboration with Dr. Allan T. Kenyon [1], I was led to make a further investigation of the psychosomatic relationships in this condition by the use of the psychoanalytic method.

Eunuchoidism is a syndrome characterized by hypoplasia of the testes and accessory genitalia, deficiency in secondary sex characters, delay in fusion of the epiphyses of the long bones and a tendency to elongation of the extremities. There is no particular impairment of health. Post-mortem histological studies have regularly revealed degenerative and hypoplastic findings in the gonads, but no characteristic changes in the other endocrine glands. Assays of the urine for androgenic and estrogenic materials have shown an excretion of about one-third of the normal amounts. Treatment by injections of testosterone propionate may produce remarkable physical changes similar to those which occur at puberty in the normal boy [2]. Claims that eunuchoids present a characteristic psychological picture are not substantiated by the available evidence which tends rather to support the conclusion that the sexual defect is the only thing that eunuchoids have in common and that otherwise they differ as other men do.[3] Although the

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[1] Carmichael, Hugh T., and Kenyon, Allan T.: *Eunuchoidism: A Psychiatric and Endocrine Study of Six Cases.* Arch. Neur. and Psychiat., XL, 1938, pp. 717–742.

[2] Kenyon, Allan T.: *Effect of Testosterone Propionate on the Secondary Sex Characters, Genitalia, Prostate and Body Weight in Eunuchoidism.* Endocrinology, XXIII, 1938, pp. 121–134.

[3] Carmichael, Hugh T. and Kenyon, Allan T.: *loc. cit.*

physical defect in sexual development is presumably congenital, it is almost impossible to make the diagnosis until the customary pubertal changes fail to appear.

Careful examination of these facts about eunuchoidism raises a number of important questions. What are the effects of the gonadal insufficiency on the psychosexual development and on the personality? Will any effects be apparent during childhood, or will they be manifested only after puberty? To what extent will successful treatment by endocrine products influence the behavior?

Since there is no definite evidence of gonadal insufficiency until the usual age for puberty is reached, it may be that there is little or no deficiency of testicular secretion in eunuchoids during childhood. If this is so, the eunuchoid may have sufficient libidinal drive to meet the problems of that period in an adequate fashion provided that he is subjected to no more than the ordinary hazards that beset all boys in childhood.

With the advent of puberty there are unmistakable indications that there is a failure of sexual development. There is, however, continuation of physical growth in other respects. It is easy to see how the failure of sexual development may constitute a severe emotional trauma to a boy. It is also clear that such a boy will not have the increased libidinal tension which is present in normal boys during adolescence. It seems permissible to assume that this may have a marked influence on the boy's behavior during the period when he should be going through adolescence and also on his personality during later life. At this point a further question arises. Will the boy continue to show the same basic reaction patterns that were laid down in his childhood or will he show an entirely new organization of behavior? With the production by treatment with endocrine extracts of changes of such a degree as to make him appear normal sexually, the eunuchoid is faced with the task of adjusting to a new set of circumstances. Will he then find himself able to carry out apparently normal sexual behavior? Is it not probable that the time between puberty and the age at which successful treatment is begun may play a

large part in determining how well he will handle the new problems confronting him?

It was with a view to answering some of these questions if possible that the present study was undertaken. With the coöperation of Dr. Kenyon I was able to find a eunuchoid patient who had some complaints of a neurotic nature and who was willing to be psychoanalyzed in the hope of obtaining relief from them. In this communication I shall present a report of the psychoanalytic findings, together with a discussion of the psychodynamic mechanisms involved; the rôle of the endocrine deficiency in producing the clinical picture will be considered, and the behavior of the patient after successful endocrine therapy will be examined.

When this patient began his analysis in September, 1937, he was thirty-one years old and was employed as a clerk in the accounting department of a fire insurance company. He was unmarried and lived with his mother and his six unmarried brothers and sisters. His chief complaint was his extreme sensitiveness over what he termed his 'youthful appearance' and his feeling that because of it he was set apart from others and greatly handicapped in getting ahead in the world. Injections of pregnancy urine extract (antuitrin-S) given under the supervision of Dr. Kenyon in 1936 had produced in him the changes usually seen at puberty in the normal boy. The changes were of sufficient degree to make it difficult to distinguish in him any physical difference from the normal man. He began to have an apparent sexual interest in women, and on his thirty-first birthday in August, 1937, he had sexual intercourse for the first time in his life. He was receiving testosterone propionate when the analysis began and for a short time thereafter. During the course of the analysis in 1939 he received a second series of injections of testosterone propionate and also a course of injections of pregnant mare serum (gonadogen). There has been little or no recession in the changes induced by the endocrine injections except for some decline in sexual desire. There was disappearance of spermatozoa from the semen during the period of injections with testosterone

propionate with a subsequent reappearance after cessation of the injections.

The patient had not behaved in a way that would be considered very unusual until the arrival of the customary age for puberty. Then his behavior became noticeably different from that of his siblings and his associates. It was characterized by lack of sex interest, religiousness, a restriction of friendships to those younger than himself and mostly to boys, marked sensitivity about his physical condition, inhibition of emotional expression and strong idealistic and perfectionistic trends. Other than for a brief account of his family history and some details about occupation, education, social and religious activities, he did not give much additional information about himself previous to the beginning of the analysis. The successful treatment with antuitrin-S and testosterone propionate had seemed to induce active heterosexual behavior, more freedom of expression and more self-confidence, but along with this his characteristic behavior had persisted essentially unchanged.

New anamnestic data appeared first in the second month of the analysis. Before this the patient had avoided speaking of his relations with his family. Direct questions resulted in the disclosure for the first time of his antagonism to the entire family. He admitted his surly behavior towards his mother and his siblings and ascribed it to his embarrassment about his physical condition, but he flatly denied that he had any conscious hostility towards them. Gradually his relationships with each member of his family were described and many new historical facts were given.

It had been known previously that he was the fourth child of Jewish parents, and that he had three older brothers and one younger brother, and two younger sisters. But nothing significant had been described of his relationships with them except the facts that his second eldest brother, five years his senior, was considered the black sheep of the family and had not worked for ten years, and that outside the home the family did not mix much with one another. Nor had there been any other knowledge about his parents than that his father, a strict

man, had died when the patient was eighteen years old; and that his mother, who was lenient with the children and who worried excessively over trivial matters, had run the house since the father's death in 1924.

It was now discovered that the patient had been his mother's favorite as a child and had been protected by her from his father towards whom he alone of all the siblings was wilful and stubborn. During adolescence this attitude towards his father had increased in degree. At the time of his father's death (when the patient was eighteen) he had felt so guilty that he decided to be an ideal boy and to try to be cleaner and to do things properly. He became very religious at that time, as did no other member of his family, and he alone continued thereafter to attend memorial services for his father each year. So far as was ascertained he had presumably been friendly towards his siblings during childhood and adolescence. He was closely attached to his next elder brother, two years his senior, with whom he slept and who defended him when he was in trouble with his father.

His overt antagonism to his siblings and to his mother seemed to be of relatively recent development and to have begun about 1933 or 1934, at which time he had first come under the care of Dr. Kenyon. He emphasized his dislike of his youngest sister, nine years his junior. He explained that he had formerly been antagonistic to his other sister, six years his junior, but had transferred this antagonism to the youngest sister. While he admired his eldest brother, seven years his senior, he was irritated by his brother's kindly attitude and by what he termed this brother's childish behavior. He felt guilty over his rudeness towards his mother, and over his resentment at her interest in his affairs and the attention she tried to give him. His younger brother, seven years his junior, he described as having a bad temper and as not wanting his affairs known at home. He resented his second eldest brother's failure to work and that this brother was given pocket money by his mother. Of his immediately elder brother he said that he had hardly spoken to him for ten years, that is since the patient was

twenty-one years old. He said of himself that he kept everything from the family, that he resented any interference with his activities, that he mixed more readily outside his home, and that he found it hard to make up to a person after his feelings had been hurt or if he felt he had been wronged. He was at home only to sleep and for his evening meal.

The patient's avoidance of his family and his antagonism towards them seemed to be motivated by three main factors. His narcissistic pride had been grievously hurt when he had to recognize his physical deficiency. His anger over this he directed mainly against his family since it was at home that he was most forcibly reminded of his difference from his siblings. Close association with the family exposed him to repeated narcissistic insults and increased his hostile feelings. Neither of these feelings did he wish to acknowledge. He attributed recognition of his extreme sensitiveness to his family. While they did react to his hostility none of them ever indicated any recognition of his physical condition which he never discussed with anyone other than physicians. Instead of admitting his aggressive impulses towards his father he projected them to his family and felt that they accused him of being partly responsible for the father's death because of his stubborn and argumentative behavior. He could in this way not only deny his aggression but also justify his antagonism to the family; furthermore, he could satisfy his need for punishment. His affectionate feelings for various members of the family were greatly augmented when he was at home. He was so afraid of these and to what admission of them might lead that he denied their existence. Though he wished to be affectionate with his mother and to receive affection from her he exhibited only antagonism towards her. If anyone else in the family displayed affection he was resentful no matter whether the affection was for himself or for some other member of the family. In short, his attitude to the family indicated a desire to deny all emotion and to protect himself from the dangers occasioned by his unconscious wishes. At the same time, however, he was revealing the latter more clearly.

Never did he admit conscious hostility or jealousy towards his family, although he acknowledged his guilt. Gradually however he was enabled to admit resentment and antagonism. While he agreed that the failure of any of his siblings to marry or leave home and their lack of closeness to one another indicated that his family was an unusual one, he also insisted that there was a closer bond between them than between the members of most families. He said he would rather have his family behave as it did than to show too much friendliness and sentiment openly. He enjoyed visiting his friends' families and liked the companionship he saw there. Apparently he was able to express his feelings more freely in the latter circumstances since he would not be as directly involved as he would be at home and would therefore have less need to restrict himself and less responsibility to assume. In spite of his overt attitude towards his siblings, he felt that his next elder brother was still close to him and would help him if he needed or asked for help. He also felt there was some sympathy between his next younger sister and himself. His younger brother's active resentment towards him enabled him to feel less uneasy about his own surliness. He seemed to have the most guilt about his antagonism to his mother, his youngest sister and his eldest brother.

The patient would not admit that he had displayed openly affectionate feelings towards anyone, past or present. Of any one of his apparently close friendships he always said that it was not the real nor the ideal friendship which he wanted. He seemed to demand that the other person pay attention to him alone. He himself refused to show any emotion towards that person. When he found his friend was not always at his beck and call, he would become resentful and break off the relationship.

Before the analysis it had been thought that his sexual experiences, other than those which ensued after endocrine treatment, had been restricted to erections during adolescence. He had denied sexual curiosity, masturbation or sexual desire. Under analysis he recalled that when he was eight years of age

his eldest brother, who was then fifteen, had put his penis into the patient's mouth. He remembered that he had had an interest in the penis of other boys when he was ten years old, and that at twelve he had first known, though he did not believe it, about intercourse between parents. He had had erections at twelve when walking on the street with other boys, had been curious about sexual matters and had, up to fourteen years, listened to the conversations of older boys about their sexual exploits with girls. Following this he had had no interest in sex until he received endocrine injections, and had looked upon free sex expression as animalistic and wrong. Thus we see that he had had sexual feelings before puberty. When puberty was reached he repressed them. Discovery of his failure to develop secondary sexual characteristics led him to make a complete denial of sexual interests and to forget his prepubescent sexual feelings.

His strong idealistic and perfectionistic trends, his tendency to worry over trifles, his concern as to whether he had done or said the wrong thing and his misgivings as to what other people thought of him had been recorded when the original history was taken. However, the strength and the extent of such trends were not apparent until he came into analysis. His general behavior during the analytic sessions soon demonstrated these, and in addition a number of symptoms. From the start he was meticulous and overexact in his observance of the fundamental rule of psychoanalysis as well as those regarding 'major decisions' and 'abstinence'. His indecision, doubt and quibbling over the meaning of what he said prevented him from ever learning to associate freely. He would admit a thing and immediately deny it. He protested much about his desire to be frank and honest. He rejected most interpretations. While he would admit grudgingly that a thing might be true unconsciously he insisted that it was not true consciously. He said his dreams and fantasies were imaginary and had no meaning and did not ever associate freely to dreams. He confined himself to much secondary elaboration of the manifest dream content. Interpretation of his dreams had to be made directly

from the manifest content and the secondary elaborations and the symbolization contained in these. He showed a marked tendency to 'act out' outside the analytic hours, failed to exhibit any real emotional reaction in the analysis and little or none outside it, and refused to recognize the transference. Later on in the analysis these resistances were not so marked, but throughout there was no fundamental change in his manner of reacting.

Among his symptoms was included the feeling that by looking at certain people he could affect them and that if he looked twice he would do away with any injury he had done them the first time. It was not clear just when this had first begun or to what degree it still persisted. He showed reaction formations in his abhorrence of anything unclean and his dislike of wet things. His great anxiety lest he do or see anything done that was not right morally or was done incorrectly pointed to his fear of the superego and his desire to be perfect. His preference for the works of man to those of nature, and his feeling that nature is not beautiful unless it had been curbed and cultivated by man is an example of his fear of his instinctual drives and his need to repress and control them.

At sixteen years of age he had left school to avoid his contemporaries whose interest in girls he did not share. For the first two years following this he had been lonely and depressed, had no friends and began to show religious interests. After his father's death when he was eighteen he had become friendly with some boys slightly younger than himself. Through them he met other boys and girls with whom he participated in the activities of semireligious clubs. From eighteen to twenty-one he was very happy in contrast to his loneliness and depression of the previous two years, and there was also a closer feeling among the members of his family. When he discovered that his clubmates were becoming interested in other things and in particular that the boys were going out with girls, he became keenly aware of his difference from them. His associations with them were dissolved and he was again left without close friends and companionship. At twenty-one he stopped talking

to his next elder brother. At this time he first consciously admitted to himself that his sexual development was deficient. Until then he had seemed to refuse to recognize anything other than social differences. He now worried a great deal about his physical condition, was much depressed and felt very insecure.

One of his more prominent compulsive habits arose about this time. It depicted his fear of his unconscious death wishes towards his family and his attempt to defend himself from expression of these wishes. It seemed to be related to having read a newspaper account of someone who had been asphyxiated by gas from a leaky gas stove. Ever after this he was afraid that someone in his house might be asphyxiated and felt compelled to try the handles of the gas stove to make sure that the gas had been turned off before he went to bed at night.

Not until he was twenty-three did he make any attempt to get medical advice and treatment for his physical deficiency. It was then that a second prominent compulsive habit made its appearance. This symptom portrayed vividly his aggressive sexual wishes towards his mother and his manner of denying and disguising them. He had read in a newspaper a report of sleepwalkers having attacked other people. He developed the fear that he might in his sleep hurt some member of his family, especially his mother. To prevent this he would loosen his pajamas so he would stumble over them and awaken if he should walk in his sleep. That he did not feel the need to take this precaution when he was away from home on vacations indicates the incestuous wish behind the fear.

Another habit was his custom of making sure that all knives had been put away carefully before he went to bed. Here we may see evidence of his sadistic tendencies towards his family and perhaps of masochistic trends as well. This is inferred because this compulsion was first described in relation to a dream in which his fear of castration and need for punishment for his aggressive desires were shown.

The relationship of these three compulsive symptoms to nighttime when during sleep there is relaxation of the vigilance

of the forces which protect one from emergence of repressed wishes should be noted.

The clinical impression gained by observation of the patient in analysis led to the hope that a fuller knowledge of the details of his childhood in particular and also of his early adolescence might provide an explanation for his adult behavior. New details about his childhood and early adolescence were added during the course of the analysis, but the extent and the degree of amnesia for childhood events were extreme. He recalled nothing previous to six years of age. Most striking was the almost complete absence in his recollections of any information about his siblings and about his feelings regarding them.

The actual situation during the patient's infancy and early childhood may be reconstructed in the following manner. He had been the last child born to his parents before his father left Europe to come to the United States. For two and a half years after this he and his three older brothers had remained with his mother and did not see the father. After they rejoined the father the patient continued to be the youngest child and youngest son for another three and a half years. When he was six years old a younger sister was born and he found that he had lost his favored position. At seven years of age he was first sent to school and about the same time a younger brother was born.

His reactions to these events, although not known in detail, may be inferred from the information we possess about this period of his life. We may conceive that his displacement as his mother's favorite was proved to him by his sister's birth. His father had usurped his position with his mother and a sister was now the youngest child. Further proof of his rejection was provided when his younger brother was born and when he was sent to school. Apparently in response to all this he began to exhibit an aggressive attitude towards his father by stubbornly refusing to obey and by demanding more attention from his mother. The fear engendered by his aggressive and demanding behavior forced him to defend himself by

becoming a model pupil at school where he won prizes for the excellence of his work and was the outstanding student. By again becoming dependent upon his mother and claiming her protection from his father's retaliation he was able to avoid punishment for his aggressive impulses. His homosexual attachment to his immediately elder brother and his defense by this brother when he was in trouble with the father served him as another means of protection.

For a period of four years between the ages of eight and twelve he had been afraid to go to bed and had spent many sleepless nights. Though he knew of no specific reason for this fear it is probable that it was motivated by guilt over his hostile impulses towards his father and siblings and over his erotic desires for his mother. Another motivation may have been the seduction by his eldest brother and his consequent fear of and desire for a repetition of this experience. It was during the early part of this period when he was nine that his youngest sister was born. In addition he was sleeping with his immediately older brother to whom he was closely attached.

An illness between ten and twelve years of age culminating in five weeks in a hospital with acute nephritis brought him a great deal more attention from his mother. When after six months he returned to school, he was publicly complimented by the teacher for achieving promotion despite his absence. Thus he succeeded in maintaining his position as the outstanding pupil at school and as the mother's favorite at home. His narcissistic desires were also fulfilled by his unique position as the only sibling who was openly defiant to his father.

His father believed in and followed orthodox Jewish customs in the home, though he did not observe Saturday as a day of rest. The patient participated in these observances and enjoyed the celebrations of the Jewish holidays. An incident which occurred when he was thirteen was destined to play an important part in the patient's future attitude towards life. He had been confirmed at home by his father and thereby tacitly admitted to the privileges of manhood. The usual custom of being confirmed in the synagogue was not carried

out, and the patient never had the privilege of publicly symbolizing his maturity as most Jewish boys do. Later on during the analysis he seemed to use this incident as proof of his immaturity and of his father's part in causing it.

The patient is undoubtedly an obsessive-compulsive character. It is a simple matter to deduce that he had great fear of his aggressive impulses and of what might happen to him because of them, and that he had a desire to punish himself for such impulses as well as a wish to avoid them entirely. He succeeded in defending himself from these conflicts, albeit only imperfectly. They had been given greater intensity by the newly established sexual maturity. His entry into the analysis increased his anxiety still further. There he found himself faced at once with a father surrogate and a repetition of the former situation with his father. His immediate reaction was to deny his aggressive impulses by projecting them onto the analytic situation and to conciliate the analyst by behaving like a model child with passive obedience to all the rules. His need for punishment was so great that he was compelled to disclose his aggressive tendencies towards his family. He sought to provoke the analyst to punish him by refusing to accept interpretations, by quibbling over them and by attempting to set up arguments. With great reluctance he admitted that he was displaying an attitude similar to the stubbornness which he had previously shown towards his father. His wish to be in a passive relationship with his father was portrayed in a dream in which he was a boy prodigy over whom a fuss was made by the father. Other dreams in which he was represented as a girl further emphasized this wish. He reacted against the passive homosexual transference at times by masculine protests, as seen in a dream in which he owned a house of prostitution and in his practice during the early part of the analysis of visiting a prostitute (the one with whom he had had his first intercourse) whenever an analytic hour was cancelled.

The transference brought out more envy and jealousy of his siblings, especially of his sisters. His anxiety over the transference became so acute that he retreated to a level of behavior

where he was irritable, whined and complained as might a petulant boy to his mother. An interpretation to this effect so wounded his pride, that he reacted by a direct statement of his resentment against the analyst, and by acting out his displaced hostility towards his siblings and his parents with open expressions of anger at fellow employees and friends. His unconscious wish to be a child and the youngest son was revealed in a dream of the celebration of the first night of the Passover. As a small boy he had enjoyed this ceremony and his part in it. Other dreams of himself and of children and babies crying bespoke still further regression.

At this point in the analysis he began to have insight into his passive homosexual transference. He said he was immature in his attitudes, and although he voiced the hope that he might make a better adjustment, he still was inclined to feel that he had a physical handicap which could not be overcome. He expressed pleasure at being able to bring out more freely his wishes and desires. The discovery that injections of testosterone propionate seemed to decrease the number of spermatozoa and that they increased in number again when the injections were stopped, drew from him a statement that he would like to have the injections continued anyway. That is, he wanted only the outward manifestations of masculinity as shown in the secondary sex characteristics, and would not accept the complete adult responsibility which would accompany fertility. He repeatedly stressed the feeling that he was different from the average man. His wish to remain at this level of adjustment was expressed by him when he said, 'A good excuse for not making a change now is the analysis'.

His great fear of making a change continued throughout the analysis. He would reproach himself for not having made definite plans for the future, for not looking for a better job, for not leaving home, for behaving immaturely, for associating mostly with younger persons, for being afraid to meet strangers or to go into new social situations, for being unable to express his feelings more openly, and for being inadequate heterosexually. Along with these reproaches he would state that he

was too handicapped physically and felt too sensitive about his appearance ever to be able to behave in a mature way or to assume the responsibilities of maturity, particularly of marriage. He did not accept the opinion that he was now virtually a normal man in his sexual development. He said he needed the support of the stimulation provided by the endocrine injections before he could act in a more completely heterosexual manner. He preferred to have injections of testosterone propionate rather than injections of gonadogen which might increase the amount of sperm production instead of diminishing the number of spermatozoa as testosterone did. He said he was afraid to impregnate anyone lest the resultant offspring be deformed. This was because he had once heard that some man had objected to endocrine injections on the grounds that they might have an injurious effect on him and thus on his wife or any children they might have.

He did make active attempts to behave in a more adult fashion and had affairs with several different girls. Most of these affairs consisted of some sexual foreplay. He not only denied that this was heterosexual, but also denied that in one affair in which he had intercourse successfully (on one occasion five times in one night) that his reactions to intercourse were normal. Never did he permit himself to feel affection for any of these girls. He spent much more of his time with girls who had no sexual attraction for him and with whom he could make a narcissistic identification. By far the majority of his activities were in the company of men. He became attached to several of his men friends, appeared to prefer their company to that of girls and at times showed jealousy when his men friends showed more interest in girls than they did in him.

As had been the case during the early part of the analysis he exhibited masculine protests in dreams, in 'acting out' and in fantasy. Regressive trends also continued to be shown from time to time during the entire analysis. When he was receiving testosterone propionate injections at one period his dreams and the other analytic material indicated that there had been much increase in libidinal tension which instead of leading to

freer expression of heterosexual drives, caused his anxieties and fears to mount to such a height that regressive trends became very marked.

His dreams began to give a clearer picture of deeper motivations and conflicts after he had been in analysis about eight months. The reasons for his excessive need to play a passive feminine rôle were exemplified in a dream in which the strength of his aggressive impulses and his tremendous fear of them were shown. In the dream he found it necessary to protect himself from his aggressions and from punishment for having them by triply distancing both wishes. This he did by having the aggressive act and its sequel, the punishment, take place at a great distance from him, while he became aware of it only through hearing of it by radio and seeing it by television.

> 'The action takes place away from where I am. It concerns a trial where someone is tried for doing injury to some male movie star. It is over the radio and I am listening to it. The person who did the injury is dead. There is television, as I see the picture of this person. The mob in the courtroom hiss. The judge recognizes that the person who did the injury isn't entirely to blame, and revises the unjust decision which was against the person and makes it more favorable. At this point I seem to be right beside the judge.
>
> 'M. A. is saying to my father, "I suppose you had a heck of a good time there", meaning a vacation I'd had at some cottage.'

This dream was the first of a series, each one of which threw still more light on the patient's unconscious conflicts and their probable origin. A second important dream pointed to the œdipus situation as the probable source. His erotic desires for his mother and his competitive aggressiveness towards his father because of these incestuous wishes, induced in him the fear that he would be hurt by his father in retaliation. Relief from his anxiety was obtained when he discovered that he would be safe if he assumed a passive conciliatory attitude to his father.

'I'm in a field encased by an extremely long fence. I make the remark that it's a fence belonging to an extremely illustrious family. In the field and at some distance away is Bertha and a girl friend. At a distance are two women of the illustrious family with a ferocious black dog. I feel fidgety about the time as it is almost six o'clock and I have to go to the analysis. The dog is barking and just before I leave the dog starts for us. I run for the car which is nearby, but just as I'm about to close the car door the dog catches me. I bend down and fondle the dog which has changed into a friendly collie.'

A third dream demonstrated that in spite of his passivity towards his father he had continued to have resentment and rebellious feelings when his father demanded that he should obey the restrictions placed upon him.

'It concerns Mr. S. It concerns the office. I'm speaking to C. who is at E.'s desk. Mr. S. walks over and asks me about a tornado policy. He is very angry that I didn't secure enough distribution of values in the policy on the house. I didn't answer him as I didn't know what policy he meant. For hours later I kept trying to justify myself in the policy as written. I reproached myself for not answering Mr. S. when the policy I had written was right.'

The fourth of these important dreams revealed that the patient had conceived of his father as a powerful, aggressive person who could command anything and who controlled everything, and as a person whom he had to obey by rigidly correct behavior even after his father's death. The key to the meaning of the dream was contained in one of his associations to it, namely, a 'contraption' that represented life after death and was a message of displeasure from the sky from his father for his bad behavior.

'I notice a strange-looking contraption of some sort flying in the air. It alights and a crowd gathers. Out of it come a crowd of officers. As each one comes out he stands stiffly at attention. They are Germans. The crowd are resentful. The

men disappear and destroy property. I examine the contraption and find that the men have to lie horizontally on top of one another in close quarters. I examine a book and find out that they are here to secure money that is just for their own advantage. The men had returned while I was doing this.'

At this stage of the analysis it seemed possible to make a tentative formulation. Presumably his œdipus conflict reached its maximum intensity during the period from his fifth to his seventh year. Then his next younger sister and his younger brother were born. His erotic desires for his mother and his aggressive impulses towards his father evoked in him a fear of castration. His reaction to this situation led to repression of his castration fear and the development of his superego. He became a model boy and an outstanding pupil at school, while at home he was passively resistant to his father. He retained his mother's affection by his dependence upon her. Towards his next older brother he developed a passive homosexual relationship and thus avoided competitive rivalry and its consequences. But on the whole he did not display any noteworthy deviation in behavior from that shown by his siblings or his contemporaries during the latency period. He was friendly to his siblings and cousins, mixed well at school, and was at times a leader of his group. When he became aware at puberty that he did not show the physical signs of sexual maturity which other boys had, he unconsciously interpreted this as evidence that his castration fear actually had been realized. Thereafter he acted as though this were true. This interpretation was given greater validity when he was deprived of the privilege of publicly symbolizing his maturity by confirmation in the synagogue. He at first defended himself from this realization by denial. He refused to recognize any difference in himself and mixed with other boys. When he was forced to admit that he was different his defense was isolation. He withdrew from all contact with his fellows and any thoughts of sex or any emotional expression. Another defense was to compete with his father by showing more overt antagonism. This aggressiveness also meant his rage at his father in retaliation

for his castration. His guilt over his hostility to his father led to depression and to religiosity. His father's death which seemed to him the result of death wishes against the father, caused in him so enormous a need for punishment that his religiosity increased to an extreme; he became a model of good behavior and accepted his immaturity by associating only with those younger than himself. Conscious admission to himself when he reached twenty-one that he was sexually immature brought in its wake a renewal of aggressive feelings and the necessity for new defensive measures in the form of obsessive fears and compulsive actions.

He defended himself from recognition of his unconscious erotic and aggressive impulses by complete inhibition of emotional expression. Consciously he would not admit that he had affection or hate for anyone. But both his affectionate and sadistic wishes were clearly depicted in his symptoms. His great fear of the superego and his extreme need for punishment are patently shown in his perfectionism and religiosity. His belief in the omnipotence of thought is demonstrated by his fear that his family may be asphyxiated and his defensive compulsion to see that the gas stove is turned off. He acts here as though his murderous wishes could really kill. The ambivalence is evident in his belief that by looking at a person he could injure him and that he could undo this injury if he looked at the person a second time. Reaction-formation is present in his orderliness, punctuality, neatness and abhorrence of anything unclean. His work as an accountant indicates the extension of his compulsive character into his choice of an occupation. Until he was twenty-seven and the hope of improvement by active endocrine treatment appeared, he presented this characteristic clinical picture.

When endocrine injections finally produced sexual maturity he was faced with a dilemma. The strong libidinal urges clamored to be put into action. This was not permitted due to the strength of his defensive mechanisms. Consequently when he made attempts to express his libidinal drives these were curbed and found fulfilment only in part, namely, in

fantasy and at the level of early adolescent sexual expression. Though he now had normal physiological potency, he isolated his feelings from the sexual situation. Intercourse was performed as a physical act alone. He could not permit himself to experience any emotional accompaniment. He felt no love for the girl and denied after the act that he had derived any satisfaction from it. He selected active aggressive women who made advances to him and who took the initiative in the act. He depended upon other men to find girls for him and usually had to have another man with him. He had closer friendship with men than with girls. He enjoyed receiving injections and the passive homosexual relationship with the physicians. In brief, his reaction to the increased sexual drives was expressed mainly at the homosexual level.

The subsequent course of the analysis, as well as his behavior outside the analysis, tended to confirm this formulation. His unconscious wishes and conflicts and his manner of dealing with them were portrayed in both situations, though still in a disguised fashion.

His masochistic wishes were given frank representation in a dream in which he submitted to a sexual attack by his father. His fear of castration was evident in a dream in which the penis was injured. His desire to avoid danger and to deny his sexual impulses was seen in his concealment for three weeks of a penile pruritus which had led him to scratch so vigorously that he excoriated the skin of his penis and developed a small infected area. His incestuous wishes were very well demonstrated in the feeling he experienced (on one occasion during the affair in which he had successful intercourse) that he had once before been in a situation where he was having sexual relations with a woman who belonged to another man. His attitude towards the heterosexual rôle was pictured in a dream in which he was quite capable of performing adequately as a man but depreciated this as something not quite good enough.

His wish to be unique and outstanding was prominently exhibited in his daydreams, in his insistence on being different from his siblings when at home, and in his persistence in asso-

ciating with younger people with whom he could more easily be the center of attention. His long continued experience as an interesting patient who received much free treatment served to confirm him in his narcissistic feelings and his desire to remain unique.

His avoidance of his family and his resentment towards his siblings and his mother appeared to be motivated by the anxiety and fear which had been stirred up by the results of endocrine treatment and by the analysis. He found himself faced by desires and wishes similar to those he had had in childhood. He resolutely refused to accept any affection from his mother, and felt resentful towards her when she showed him attention or when his siblings received any. This rejection of his mother's love was shown in a dream in which he diluted with water the orange juice which his mother regularly prepared for him and which he always refused to drink.

Some lessening in the rigidity of the patient's defenses occurred, and for a while he found it possible to give a little freer expression to his feelings. For example, there was a more open display of aggressive behavior at his office and at home. He no longer felt compelled to be religious, and became critical of religious customs and superstitions. He tacitly admitted that his need to be perfect and absolutely correct and his inhibition of emotional expression were reactions to his physical deficiency. He seemed to see that he had to get rid of these defenses before he could adequately fulfil the requirements of the adult male rôle. This apparent insight has not as yet allowed him to make the final readjustments. He has maintained a passive homesexual transference even though he has fear of it. At times he has avoided heterosexual situations completely for a considerable period and has been content to remain in a dependent relationship at home where he has found it possible to maintain more friendly feelings towards his brothers and sisters. After two years of analysis he has showed more active heterosexual behavior than ever before. He has permitted himself to have both conscious feelings of affection and sexual interest in a girl. He has considered the

possibility that this girl might be serious and desire marriage. He has also expressed his erotic feelings towards his mother and sisters in a less disguised fashion in dreams. For example, in one dream he depicted himself as living away from home and visiting his mother who lived alone. In another dream he indirectly portrayed his interest in his youngest sister by having his younger brother substitute for him in erotic activities with her; in a third dream he was dancing with the elder of his two sisters.

How far does the evidence provided by the psychoanalytic study of this patient permit us to go in answering the questions raised at the beginning of this paper?

It seems to me that the psychosexual development of this patient during childhood showed no great deviation from the general pattern, and that the patient probably had sufficient libidinal drive to meet the problems of that period in a fairly adequate manner. The available data point to the presence of a normal œdipus and to the occurrence of no particularly unusual reactions in solving the conflicts engendered by it.

At puberty a distinct change occurred in the patient's behavior. No longer did he exhibit the same general reactions as did other boys of his age in the same environment. It is obvious that he suffered a severe emotional trauma when, due to the failure of further growth of his gonads, he did not keep pace with other boys in sexual development. It is likewise certain that he did not experience the great increase in libidinal tension which normally takes place at puberty. I believe that it is possible to account for the major part of his changed behavior on the basis of these two factors. I have suggested earlier that the trauma at puberty also stirred up the patient's previous conflicts, in particular his castration fear. In my opinion the analytic material confirms the view that the weakness of his libidinal drives rendered him incapable of dealing with these problems in a real and satisfactory way and forced him to adopt new methods of ego defense. These defenses were later intensified and added to by real events of a traumatic nature to him, for example, by his father's death.

During the long period of years from puberty up to the time of successful endocrine treatment he continued in general to manifest the same defense mechanisms. This served to fix these into a rigid pattern. When he attained physical sexual maturity at the age of thirty and the sudden increase in libidinal tension made new internal demands upon him, he found himself greatly handicapped by his inability to discard these long continued methods of defense. The latter tended to repeat themselves in spite of his conscious desire for a new level of adjustment. His behavior during the analysis is a convincing demonstration of this. It portrays the fact that he could achieve heterosexuality in fantasy and in dreams, but that he has not actually achieved it in reality.

It seems to me that this patient progressed through the usual phases of psychosexual development in childhood up to the phallic phase. This phase coincides with the height of the œdipus complex and castration fear. His solution of these conflicts was not unusual. His growth was abruptly interrupted at puberty and he did not attain the genital level. His reaction to this failure of growth consisted in an intensification of the defense measures necessary to meet the greatly increased threats to his phallic organization. While he showed traits which are ordinarily considered to be anal in character he did not show regression as he had never reached the genital level. These facts suggest that in this patient the clinical picture of an obsessive-compulsive character was not brought about by regression from the genital to the anal-sadistic level, but is a manifestation of the patient's attempt to maintain himself at the phallic level.

The analysis was terminated by the analyst four months after this paper was submitted for publication. During these months the patient's immediately younger sister became engaged and was married. The patient was able to participate in the activities surrounding these events without experiencing the anxiety which formerly had characterized intimate association with the family. About the same time he discovered that several years earlier the girl towards whom he had developed

conscious feelings of affection and sexual interest had had amenorrhœa and other signs of hypogonadism for which she had received endocrine treatment with beneficial results. Shortly after this he was able to tell her about his former physical defect and the treatment he had had. Upon termination of the analysis he went on his vacation with a man. When seen upon his return he announced that he had given up his girl. But four months later an acute illness of the girl necessitating an operation led him to resume his close association with her, and to introduce her to his family and become engaged to her. He still hesitated about marriage offering the selective service act as an obstacle. He was rejected for active service because of defective teeth and two months after the engagement he married her.

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A Case of Pollakiuria Nervosa

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A CASE OF POLLAKIURIA NERVOSA

BY CAREL VAN DER HEIDE (CHICAGO)

In one of his earliest writings, The Defense Neuro-Psychoses, (1894) Freud (*1*) described a young girl who suffered from the dread of being forced to urinate and wet herself, a phobia which made her unable to enjoy herself socially, so that she felt comfortable only when there was a toilet near to which she had access without arousing attention. At home she was at ease and her sleep was undisturbed. Freud's investigation showed that the trouble had started during a concert when she had had a fantasy of being married to a man who was sitting nearby. She experienced a sensation comparable to an erection in men, which ended with a slight desire to micturate. She became frightened because she had decided to overcome her affection for this man as well as for all others, and the next moment the affect transferred itself to the accompanying desire to micturate. Freud commented that the very prudish, but sexually hyperæsthetic girl was quite accustomed to sexual sensations, and that the sensation of an erection was always accompanied by an impulse to micturate. This, however, had made no impression on her up to the time of the incident at the concert.

Such a phobia is not at all rare, especially in neurotic women. It leads usually to frequent micturition which is often only a measure of preventing the embarrassment which might otherwise occur. Clinically, abnormally frequent urination which is not dependent on organic disturbances is called psychogenic or nervous pollakiuria whether or not a phobia is present.

Few references in the psychoanalytic literature are made to this symptom, interest being chiefly directed to the closely related subjects of enuresis and 'urethral character'. Sadger (*2*) mentioned pollakiuria in his original study of urethral erotism and stressed the highly pleasurable gratification and unconscious self-consolation which some pollakiuria sufferers get from

Read to the Chicago Psychoanalytic Society, March 15th, 1940.

micturition. They sometimes enjoy the sensation of starting to micturate and therefore void in *refracta dosi.*

In another early study, Macfie Campbell (*3*) reported that in two neurotic women, pollakiuria was strictly connected with a 'not totally unconscious' hostility towards men. Smith E. Jelliffe (*4*) described a woman, widowed for forty years, who almost throughout her life had had to urinate at least every fifteen or twenty minutes and had completely adjusted her existence to this symptom. When in her sixty-fourth year a physician dilated the contracted bladder, she became able to retain urine for five hours but developed an agitated involutional melancholia. Jelliffe stated that with the removal of the symptom, an unconscious erotic gratification by means of which the patient had been able to function was taken away and that this precipitated the psychosis. Alexander (*5*) observed in a psychoanalysis a transient pollakiuria which had the meaning of an attempted denial of self-castrative wishes. Christoffel (*6*) gave some examples of the emphatic masculine meaning of urination in common symbols and folklore. He mentioned that the combination of pollakiuria with involuntary retention of urine from which (according to Christoffel) Emile Zola suffered, is known by the name of 'stuttering urination' or 'stammering bladder' which suggests a connection between the urethral and oral functions.

In the nonpsychoanalytic literature, one finds general agreement about the occurrence of purely psychogenic pollakiuria (Schwartz [*7*], Leshnew [*8*], Wobus [*9*]) but elaborated study of the individual history, the emotional and other psychic factors expressed in the symptom is lacking. A study by Barinbaum (*10*) deals chiefly with the differentiation between organic bladder disturbances and psychogenic pollakiuria.

The psychoanalysis of a young girl suffering predominantly from pollakiuria offered the opportunity to study intensively the significance of this symptom in the framework of the neurosis as well as in relation to its early development. In this

paper the manifold determination of the symptom will be discussed and an attempt will be made to examine the specific physiologic process involved in this particular neurotic symptom and its relation to the character.

The patient came to psychoanalysis when she was twenty-three years old. She was a rather tall, good looking blond girl, a piano student living with her elderly rather strict Protestant parents. She was the youngest of five children with two sisters and two brothers from seventeen to ten years older. All were married, the eldest sister when the patient was five.

In the first interview the patient, crying, told how guilty she felt because she deceived her parents with a mask of innocence which concealed her impure and passionate thoughts. Because Chopin's music aroused her, she usually concentrated on Bach in order not to indulge in masturbation. She believed that she would never be able to marry because she felt only passion and no frank affection for boys. She wondered whether she could love at all and did not know how she really felt towards her parents who overwhelmed her with care. Shortly before she came for treatment, her mother was sick in bed; the patient was anxious and so frightened by dreams that she went to her mother many times.

Worst of all, certainly, was a need to urinate frequently whenever she was away from home. Before the need became acute, she was in a painful state of tension awaiting the moment when she would be forced to leave. The amount voided was generally small, and often despite her efforts she had to wait a few minutes before she could void. At the beginning of the analysis it was an achievement for her to retain her urine for an hour, and almost all pleasures, such as meetings, trips and concerts, were impossible. She wondered whether she would be able to manage the analysis for which she had to come daily from out of town. To avoid embarrassment, she denied herself all liquids so that she had the feeling of being dried up whenever she was away from home in the evening. Urinalyses and general physical examinations at different periods never showed any abnormalities, and the most careful anamnesis was negative

for cystitis or other physical disorders at any time of her life; besides, the symptom was absent while she remained at home, and micturition during the night was exceptional.

The 'weakness of the bladder' had developed rather suddenly when she was sixteen years old, and the almost dramatic onset of her trouble became gradually clear in the course of the analysis. One summer evening the younger brother, at that time a charming naval officer, took her out in his new car. She enjoyed this tremendously because, in spite of his habit of teasing, she adored him and cultivated a secret wish to make her home with this ten-year-older brother some day. Meeting a girl in whom the brother was interested, the patient was put in the back of the car and had to witness the flirtation. After a time a strong need to void obliged her to ask her brother to stop. He paid little attention, but finally they went into a small beer cellar which was not well adapted for lady visitors because the toilet could not be used without passing the men's urinal. Highly tense and almost unable to control her emotions, she finally was able to relieve herself. Following this experience charged with anger, jealousy and shame, she suffered from pollakiuria.

She had been, according to information proudly given by her mother, 'clean before the usual time', and had subsequently never wet her bed. Being an 'after thought', she received an unusual amount of attention from the family, and her elder sister liked to be mistaken for a mother when wheeling her in her carriage. When she was four years old, during a serious illness of the mother, she had said, according to a family tale, that should her mother die she would still have her father to live with. She was five years old when shortly after the War an Austrian girl of about the same age was taken into the family because she could not be properly fed in her native home. The nice appearance and more mature intelligence of the intruder not only attracted everybody's attention but also impressed the patient. Although she was teased because of a recurrence of thumb sucking, she succeeded quite well in get-

ting along with the little Viennese who was soon calling her foster-mother 'Mummy'. During this period the patient once wet her clothes during the day. Another of her early recollections was of being frightened when her father came home with a newly killed pheasant in his hand. When the Austrian girl left after a year, the patient told her mother, she wanted to 'become number one' again. She went to school and was peculiar not only because of her use of German words, but also because she would not play with dolls. She found their artificial hair disgusting.

A short time later the family moved. Now seven years old, she no longer slept in her parents' bedroom but was given a room of her own which served as a passage to the bathroom. The daily procession of all members of the family gave her tremendous entertainment every morning and it was an exception if one of the brothers walked through her room without making some kind of fun. She developed moreover, a keen interest in the sounds emanating from the toilet, and particularly in its use for the purpose of urination. She tried to distinguish by ear the streams of her brothers and admired the long powerful noise made by her father. She scorned the sound made by her mother who 'did like a cow'. At about the same time, after watching a little boy cousin urinate, she tried several times to imitate him.

After her second sister married, she stayed occasionally with the elder sister whose marriage was childless. She witnessed some quarrels between this sister and her husband, and once during the night she ran into their bedroom because she feared her brother-in-law was going to do some damage to his wife. At home she had had similar fears in dreams, mostly with the content: burglars might kill her mother; then waking with anxiety, she would need the reassurance of seeing her mother alive.

More disturbing, however, was her tendency to vomit which started about the age of eight and lasted until the pollakiuria developed. After she had vomited a number of times in what

for the mother were highly unpleasant situations, special attention was given to the child's feeding and consequently quite an intimate contact with the mother ensued.

Living in the country, she had the opportunity to observe dogs and rabbits. Dogs gave her some sexual information withheld by adults. It was, however, not always very constructive; for example, a bitch once vomited parts of the pup she had eaten. With much tension the patient watched the docking of the pups' tails and the decapitation of chickens; regarding the latter, she was soon in a competition of skill with the gardener. At children's parties she was always proud when people said she behaved like a boy. Her father, a good hearted but quick tempered man used to organize cock fights in his garden. He allowed his little daughter to retrieve the birds he liked to shoot.

She attended a girls' private school and showed good intelligence. There was in school a vivid interest in sexual matters and soon she was involved in games of peeping and exhibiting. She had masturbated since her ninth year according to her conscious recollections, but refused energetically the mutual masturbation which was practised at school. She felt snubbed by the other girls who were chiefly rich daughters of the nobility. Transferred to a coeducational high school when she was fourteen years old, she became quite ambitious. She quarreled with some male teachers whom she disliked. Already at this time she felt unusually embarrassed whenever she had to go to the toilet, and was always afraid of being watched while she was sitting there.

She began to menstruate in her thirteenth year. Although well informed, it was nevertheless a terrible blow. She imagined that she was bleeding to death and screamed for her mother. She had never believed that it would happen to her. Menstruation stopped for half a year and later was irregular, always accompanied by changes of mood and physical complaints for which no organic cause could be found.

In the psychoanalysis the understanding of the almost conscious, long and intensive struggle against being a girl gave an initial feeling of relief. The attempts of the analyst to find out the determining roots of this conflict, however, were frustrated by a strong resistance, most of the material dealing with an intensive envy of the male urinary function. This proved later to be only an expression but not the cause of her conflict. Her recollection of the sounds from the toilet and a vague memory about the father using a pot in the bedroom were related alternately with furious complaints—almost reproaches—about the lack of public conveniences for women. Another complaint was that the use of a toilet for urination always caused a fear of being watched and heard. This found characteristic expression in a dream:

> The patient is in a department store. She uses the ladies toilet, but the door has to be kept open. Men and boys are looking at her and laughing. She is sitting ' before a screen ', which suggests a theatrical performance, but (in her native language) recalls an expression for ' looking cheap ' as well.

The unusual importance of micturition and its close relation to exhibitionism is further clarified by the patient's statement that the family still joked in a somewhat teasing way about the patient sitting on the pot surrounded by the brothers and sisters, an object of admiration. It is not surprising that she sometimes dreamt of urination as a response to their having been nice to her.

Many dreams dealt with urination, water and ships. A characteristic valuation of the male organ as 'urinator' (which as Christoffel [*6*] reminds us, means 'diver' in Latin) was shown in the following dream:

> The patient is in a train and watches a plane which is going alongside the train but dives many times under the water. She has a vague feeling of knowing the pilot. She is telling this dream to the analyst who is in the bathroom and she has the feeling of falling out of her bed.

To this dream the patient associated early urinary observations and experiences of seeing her brothers in the tub. Her daily train trip had a special meaning, not only because of her fantasies about male travelers, but also because it caused strong physical genital sensation, mentioned by Freud (*11*) in relation to railroad phobia and infantile sexuality. Falling out of bed used to be a successful way of engaging the brothers in play. The competition in speed suggested in the dream, reminded the patient of her general feeling of inferiority. Her competitive feelings, associated with urination, had led to a strong 'urinary rivalry' (*12*).

In the course of the analysis, many expressions of the wish to possess a male organ and a fear related to this were expressed. She felt unhappy because of the somewhat accentuated prominence of her nose which felt warm and swollen when she was in the company of boys. In her opinion it was an injustice that such a disfiguration should be less important in a man. She told of numerous games in her childhood with such objects as tubes with which she imitated male urination. It became obvious that the terms used in connection with the exhibitionistic games at school indicated an evaluation of her own genitals as masculine. According to one phase of her infantile fantasy about the sexual function, the male and female genitals were contacted and children were born per anum. Later when the vagina entered the picture, it served only as an instrument to give birth, somewhat connected with the bowel tube, but without any relation to the sexual act.

Dreams in which the patient was observing that she had some kind of male genital occurred frequently from the beginning of the analysis. In contrast to them is the following:

> Father swings her up in the air, playing. He and the elder brother have a look under her frock and are laughing, jeering at her.

Once she dreamt that she had masturbated in order to close the genital opening. Stimulation of the clitoris was accompanied as a rule by two peculiar sensations: first, a particular taste in her mouth; second, a feeling of stiffness in her left leg. There was a strong sense of guilt about the fantasies which led

to masturbation. In one of them, she relived experiences at school with the difference of indulging in mutual masturbation with the girls rather than refusing to do so, as had been the fact. More frequent, however, were fantasies of being a show girl or a prostitute in some seaport and 'giving herself' to everybody. In others, she suffered severely from a debauched life, got pregnant, did not know who was the father of her child and had to go through all sorts of misery.

The following dream introduced into the analysis feminine wishes towards the analyst:

> She had lost her fountain pen in the analyst's room. She searched a long time for it and when she found it, the glass tube holder for the ink was broken.

The patient imagined sexuality for women as a source of tremendous suffering and agreed with most of her mother's opinions such as that once married a woman lost any claim over her body and that the number of children in a marriage showed to what extent passion could be ruled. She succeeded in discovering that her mother had married on finding herself pregnant with a child which she later lost and furthermore that such 'forced marriages' were not at all rare in the family.

In many of her prostitution fantasies she was a seductive woman who used men as impersonal sexual tools. She blamed them for all kinds of perversions among which fellatio frightened her most of all. Unable to understand it, the patient stated that this kind of physical contact had come to her mind once at the age of eight when she was in church with her elder sister and her husband. The minister had preached about sin and the patient reacted very inopportunely with vomiting. In association, she related fears of swallowing hair pins and other objects which she put far away from her bed. She recalled that she had participated when she was eight in a Christmas dinner at which, much to her painful surprise, her favorite rabbit was served. She did not know whether the animal was a male or a female. Recurrent vomiting followed and in addition she felt a fear of eating in the presence of men, especially with her father.

In a dream she had swallowed the rubber finger sheath

which her father had worn because of an infection and with which he used to play during dinner. This dream awoke the painful recollection that once, as a child, she had bit his finger rather seriously when he tried to help her while she was choking.

Feelings of guilt towards the father made it difficult for the patient to accept any assistance from him, such as the psychoanalysis for which he paid. The same attitude was displayed also towards any direct favor from the analyst, and it increased when the father showed full agreement with the analyst concerning the treatment. That underlying fantasies of the same nature as these towards the father played a rôle in the transference is clear from the following dream which occurred three months before the analysis ended:

> The patient saw the analyst and his ears were not equal. The left one (which during the psychoanalytic hour, was turned towards the patient) was gnawed off and he looked pitiful.

In the psychoanalysis which lasted almost two years, first envy, then competitive feelings, and later plain hostility and help seeking affection towards the analyst were in the foreground. The envy and competition served a practical use in an ambitious but successful struggle to compete with her colleagues in the music conservatory where she was better able to utilize her opportunities after she had recovered from the pollakiuria.

So much about the psychoanalysis of this almost classical hysteria with anxiety, phobia ('phobic façade', Fenichel [*13*]) and conversion symptoms. It is obvious that in the conflict with the instinctual drives, all sorts of defense mechanisms in addition to conversion were abundantly applied. Denial and flight were regularly used in an attempt to keep down the large amount of anxiety. Feelings of inferiority leading to competitive hostility and guilt causing inhibitory self-punishment, as described by Alexander (*14*), were outstanding features.

Very little is known about the first five years of this girl's

development. It may be assumed that she got an unusual amount of love and adoration from the adults among whom she was growing up. Their admiration for her achievements 'on the pot' would have increased the childish tendency 'to pay back' with urination and the satisfaction she felt at being thus exhibited. The first five years were noteworthy because of unusual opportunities to hear and observe. She slept in the bedroom of her parents until she was seven and lived among much older brothers and sisters whom she could easily regard as additional parents. Nevertheless, judging by her reaction to the illness of her mother, the first steps in the direction of a normal oedipus were made.

When at the age of eight neurotic vomiting occurred, a special care for her food by the mother was gained, recalling the little Austrian girl who was taken into the family because she could not be properly fed in her own country. In addition, the analytic material revealed the fantasy of appropriating the father's penis by oral incorporation. The hysterical vomiting and guilt feelings can be considered as the reaction against this unbearable idea.

After a period of extreme spoiling by the mother and other members of the family, the inclusion of a strange child of the same age as a member of the family was an injury of traumatic proportions. The consequent oral regression led to inferiority feelings. Her father contributed unwittingly to her sado-masochistic fantasy about sexuality. The defense against her exaggerated feminine masochism was an identification with the aggressor (father), and a fantasy of gaining the penis by oral incorporation was reacted to with guilt and vomiting. Identification with the father took a part in the superego formation.[1] Consequently her defense against the feminine acceptance of castration and the wish to be impregnated took the form of a denial of the lack of a male organ, active castrative tendencies

[1] More exactly 'the superego formation of a primitive stage', according to Hanns Sachs (Int. J. Psa., X, 1929) who states that a real superego cannot be attained by women without renunciation of the specific oral incorporative wishes.

and phallic activity acted out in boyish behavior directed towards the mother.

The beginning of the pollakiuria during the automobile ride with her brother was contingent on the displacement of the patient by the girl in whom he was interested whose appearance revived the same feelings she had experienced when the little Viennese girl threatened to take her place as the favorite of the family. The patient's fear—which later proved to be a fact—of losing her brother to this girl aroused strong anger and jealousy based on phallic identification and unconscious incest wishes. Both the ride and her observation of the flirtation aroused the patient who had at that time matured physically. It may be supposed that she was overwhelmed by feminine competitive wishes, and the result was that 'the affect was transferred to the accompanying desire to micturate' (Freud [*1*]). This was however, also a regression to an archaic way of pleasing and asking for attention. Moreover, the urgent need to urinate accompanying the sexual excitement, served as a particular form of defense against the forbidden feminine wish. In a remark on the two functions of the male sexual organ in The Acquisition of Power over Fire, Freud (*15*) reminds us: '. . . . the two acts are incompatible—as incompatible as fire and water . . . . we might say that man quenches his own fire with his own water'. The anatomical incompatibility of the two acts in women may be less precise but urination nevertheless can well be understood in another sense as a defense against feminine sexual strivings: it is an act of active elimination, in contrast to passive reception and impregnation.

Her anger too found expression in the impulse to urinate. It is well known that many times an abnormal desire to urinate expresses, besides anxiety, hostile feelings. Anecdotes, observations of children, and transient acute bladder pressure during psychoanalysis disclose fantasies of aggressive soiling.

The wish to be a man was not only to be able to urinate as he does, but in our patient also expressed homosexual feelings which were easily awakened whenever she did not succeed in

a feminine way. Thus the brother's girl aroused in her the unconscious urge to compete with the brother in a masculine way.

In accordance with the repetition compulsion, subsequent erotic fantasies touched off the same mechanism. The situation usually was such that she was forced to expose herself by leaving the social group very unexpectedly, attracting everybody's attention. When in the analysis she was sometimes reluctant to leave the analytic couch to go to the toilet, she lay doubled up in a cramped position, giving an impressive show of painful suffering. There was much 'masochistic deformation of the genital drive' (Rado [*16*]) in our patient which found expression in the symptom. The numerous 'manifestations of the female castration complex' (Abraham [*17*]) were clearly present in this case.

That in the beginning during short periods when the pollakiuria did not yet worry her so much she felt nausea and was inclined to vomit, depended on whether unconsciously she fought with vomiting against the oral fantasy or indulged in urinary struggles to defend herself against genital tension. These two attitudes towards the male organ represented two relationships. In accordance with a note of Helene Deutsch (*18*), the oral fantasy and vomiting were connected with the object libidinal wish for the father, whereas the urinary rivalry, expressing envy, was especially directed towards the brothers. In addition the early impressions and the circumstances of the automobile ride with her brother might explain why not vomiting but pollakiuria became the leading symptom.

The two symptoms, vomiting and pollakiuria, are both expressions of elimination. A third should be added, diarrhœa amounting to slight colitis which occurred, as far as could be observed in the analysis, when the anxiety increased. The outstanding tendency to eliminate was obviously connected with the guilt for taking (the oral fantasy), or in more biological terms, the inhibition of the intaking tendencies led to exaggerated elimination. The dynamics of this conflict as mani-

fested in the father transference in the analysis has been formulated by Alexander (*19*): 'I cannot accept anything from a person whom I really want to rob'.

A recent organic-urological study by McLellan (*20*), based upon cystometric observations in different kinds of bladder disturbances, shows in a measurable way the cerebral inhibitory control over the reflex activity of the bladder. Distension of the bladder wall gives rise to the pelvic reflex mechanism, causing contraction of the detrusor muscle and relaxation of the internal sphincter. The reflex activity of the bladder comes with the growth of the cortex under cerebral inhibitory control. McLellan states that 'this cerebral inhibitory function may be lost from purely psychic or emotional states'. In illustration he gives cystometric charts from neurotic enuretics which are characterized by uninhibited rythmical reflex contractions of the detrusor at low bladder content. 'The desire to void is not that of the normal full bladder but may coincide with the rhythmical contraction of the detrusor and be interpreted as urgency by the patient.'

It is suggested that such an 'emotional' insufficiency of cerebral inhibitory control, resulting in abnormal detrusor activity is the neurophysiological process involved in neurotic pollakiuria. This also would explain why our patient sometimes had to wait; apparently the contraction of the detrusor did not yet cause a relaxation of the external sphincter. Similarly, Schwartz (*7*) states that neurotic pollakiuria is due to a disturbance in the coördination of detrusor and sphincter muscles and that 'with the increase of culture, the tonus of the detrusor decreases'.[2]

[2] Recently Karl A. Menninger discussed pollakiuria (*Some Observations on the Psychological Factors in Urination and Genito-Urinary Afflictions.* Psa. Rev., XXVIII, 1941). On the basis of interesting clinical data, he stresses the pathological erotization of urination which sometimes serves as an equivalent of masturbation and may have a considerable 'aggressive component'. Mention is made of an actual contracture of the bladder which may presumably develop in cases of psychogenic pollakiuria and, in turn, may anatomically influence the bladder function.

In 1908 Freud (*21*) mentioned the occurrence of extreme ambition in former enuretics.[3] Sadger (*2*) later worked out the significance of enuresis, urinary competitive feelings and typical urethral sublimations. He placed emphasis on the disposition in certain families to develop neurotic urethral symptoms. Jones in 1915, (*22*) stressed the connection between urethral erotism and ambition. An attempt to define an 'urethral character' was made by Coriat in 1924 (*23*). He showed, however, important similarities to character traits known to develop in connection with oral and anal functions. In the same year Glover (*24*) and Abraham (*25*) stated that 'the character trait of ambition is rather of oral origin and later reinforced from other sources, among which the urethral one should be particularly mentioned' (Abraham).

The character development in our case should be formulated somewhat differently. Quite obviously the patient showed an oral regression after a psychic trauma. But it was in particular the regression which caused the feelings of inferiority leading to the envy and ambition predominant in the total personality and emphatically expressed in the attitude towards urination. For the rest the picture of this neurosis appears in many respects similar to what has been described as 'urethral character'. However this concept nowadays is considered as 'an anatomical, nondynamic concept' (Alexander [*26*]). Ambition simply stood for sublimation of urethral libido. It is exceptional that our patient never suffered from enuresis; yet the main features which Margaret Gerard (*27*) regularly found in her female enuretics (fear of a destructive aggressor and consequent identification with the active male) were present. That the conflict was so near to consciousness and was already expressed in a urinary symptom, might be considered as a reason why enuresis did not occur. Moreover Christoffel (*6*) states that if, during sleep, the stimulation of the filled bladder can be satisfactorily

[3] Abraham's statement (25) may be misleading because Freud did not literally 'derive' ambition from urethral erotism.

worked out in dreams, there is no need for bedwetting. As stated, such dreams in this case were not at all rare.

Bladder pressure in the case described by Freud also started at a concert. This may not be a mere coincidence. Van Ophuijsen (*28*) reported strong urethral erotism in a girl with a high musical development. He stressed the importance to the patient of the sound of urination and was able to trace the influence of the father on the musical as well as on the urethral development.

An intimate relation between hearing and urination was also present in the early development of our patient who in later life chose music as her profession. Although surprising, it would not be impossible that in some cases, perhaps in girls especially, such an exaggerated interest in the urinary function might contribute to a specific valuation of hearing which could be gratified in musical activity. More extensive experience and further investigation may answer this question.

Summary:

The case of a girl of twenty-three, suffering since the age of sixteen from pollakiuria, is reported. The symptom was preceded by a long period of hysterical vomiting which occurred after a fellatio fantasy in childhood. The accompanying 'urinary envy, competition and ambition' were found to have developed as a reaction to an oral regression which resulted from traumatic experiences. The pollakiuria had the significance of an unconscious, aggressive defense against sexual wishes. It occurred when adolescent sexuality became a source of conflict and was determined by a history of extreme urinary rivalry secondary to oral regression. Competitive feelings towards men as well as towards women, but also the wish to give in a positive sense, found unconscious expression in the pollakiuria which permitted as well gratification of exhibitionistic tendencies, although in a masochistic way.

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A Psychoanalytic Study of a Fraternal Twin

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A PSYCHOANALYTIC STUDY OF A FRATERNAL TWIN

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Introduction

Twins have been studied extensively, especially from two points of view: (1) twinning itself, including particularly the physiological and developmental phenomena of twins from conception to death; and (2) heredity versus environment, in which cases of identical twins separated very early in life and reared in widely different environments seem to offer crucial physiological and psychological data. The work of Rosanoff [1] in this field is well known to psychiatrists. The monograph of Newman, Freeman, and Holzinger [2]—a biologist, a psychologist, and a statistician—is representative of the literature on twins prior to 1937, and probably contains everything that biologists and academic psychologists can tell us about twins.

The deeper psychology of twins is still to be studied thoroughly. The psychoanalysis of twins should be of great theoretical value, adding to data already accumulated on the subject of sibling relationships and perhaps to a more complete solution of the problem of heredity versus environment. Ideally, we should have psychoanalytic case studies of identical and fraternal twins of both sexes, including pairs reared together as twins, pairs reared together but without emphasis on their twinship, and pairs separated in early life and reared in dissimilar environments.

The problem of fraternal twins is patently different from that of identical twins. Their origin from separate ova makes them as different, from the point of view of heredity, as any two siblings. Their simultaneous birth, however, creates many of the same situations within the family group as does the

[1] Rosanoff, A. J.: *Manual of Psychiatry.* New York: John Wiley & Sons, Inc., 1938, pp. 258–259, ff.

[2] Newman, H. H., Freeman, Frank N., and Holzinger, Karl J.: *Twins: A Study of Heredity and Environment.* Chicago: University of Chicago Press, 1937.

arrival of identical twins. In many instances, too, fraternal twins are reared *as twins,* especially when they are of the same sex: i.e., they are dressed alike, given identical toys, and in all respects dealt with in ways which tend to emphasize their accidental twinship and overlook their hereditary differences.

This report deals with the analysis of one of male fraternal twins reared together and closely associated until college days. We might assume *a priori* that such a study would shed light on some aspects of the following problems: (1) sibling relationships in siblings who happen to be born at the same time; (2) twin psychology in so far as rearing (as opposed to heredity) influences this psychology, and (3) possible psychological complications resulting from rearing *as twins,* siblings of different heredity. We cannot hope, however, to clarify all aspects of these problems from the analysis of a single case, nor must we attribute all of a given twin's psychological peculiarities to the fact that he is a twin since many of the vicissitudes of heredity, birth and development will operate independently of or in interaction with the accident of twinship.

Previous Psychoanalytic Studies of Twins

The published material on the psychoanalysis of twins is limited. In 1935 Grotjahn reviewed the existing literature and cited psychoanalytic observations by Hartmann [3] and Cronin [4]. Steinfeld [5] read a paper on twins at a meeting of the Chicago Psychoanalytic Society in 1939, but this has not been published. Knight and W. C. Menninger also have unpublished material on twins.

Hartmann stresses the importance of studying twins in an effort to evaluate the relative importance of inherited and environmentally conditioned factors in personality development. He observed ten pairs of identical twins of whom

[3] Hartmann, Heinz: *Psychiatrische Zwillingsprobleme.* Jahrb. f. Psych. u. Neur. Vol. L and LI.

[4] Cronin, Herbert J.: *An Analysis of the Neuroses of Identical Twins.* Psa. Rev., XX, 1933, pp. 375–387.

[5] Steinfeld, Julius. Unpublished paper kindly lent to writer of this article.

three pairs became psychotic, one pair proved to be imbecilic, and the remaining pairs were 'normal'. Evidence of infantile neuroses was discovered in all of the so called healthy twins but these, says the author, were not necessarily connected with their twinship, and indeed were distinguished by their dissimilarities. He states further that the anal-erotic character traits of twins are especially dissimilar.

Cronin describes the analysis of young adult male identical twins who came to analysis because of the threatened loss of their common love object, who was the wife of one and the mistress of the other. They had been reared as twins until in college they grew tired of their twinship and deliberately set out on different paths. Despite their identity and similar upbringing, one twin became happy, optimistic, and psychosexually mature enough to marry and get along until he became involved in the acting out of the other, while the second became sad, pessimistic and somewhat depressed, remaining psychosexually immature, unmarried, with a tendency to form incestuous attachments. The first twin became involved when his wife seduced the second and then forced them to set up a triangular household in which she decided each night with which one she would sleep. The twins came to analysis when she made up her mind to leave them both; but she also came to analysis, and after about two years all three were much better adjusted.

Cronin is convinced that for this pair 'twinship was a distinct handicap . . . and from it arose the intrapsychic conflicts precipitating the situations that led up to their neuroses'. He found strong feelings of inferiority in both, primarily due to their twinship: both resented the attention it brought and the hampering of all independent initiative. They felt themselves 'equal parts of a divided unit' and as a solution developed a singleness of purpose, behavior, and outlook which, however, they later resented. Cronin found little rivalry for the mother's love, but discovered in the immature twin a divided love pattern with erotic feelings going out toward seductive, servant girl images and filial feelings going

out toward mother images. Their homosexual strivings were satisfied through the medium of the common love object, and in the tricornered domestic situation. Twin rivalry was not conspicuous, but in the less mature twin there was a strong need to prove himself and to establish his equality with the other.

Steinfeld has analyzed one each of two sets of female fraternal twins, one nineteen and the other thirty-one years of age. In the first case there was marked ambivalence toward the twin. She said: 'I feel that we are like one organism; I do not feel that I am an individual myself. I cannot stand her leaving me, but when she comes back I hate her and then blame myself for doing so.' The second patient thought of herself as a 'complement' of her twin with whom she had 'formerly been of one body'. In the case of both there were strong feelings of jealousy. One had a dream which was interpreted as a dream of rebirth as the 'only one' but filled with anxiety concerning the fate of the twin. It is interesting that both of these patients had hyperthyroidism as one of the presenting symptoms; the younger patient produced primal scene memories with anxiety lest her mother be suffocated, while the other spoke of her twin as someone who disturbs her (perhaps suffocates her?) throughout life. The subject described in the present paper, who was cyanotic at birth with the umbilical cord around his neck, was likewise treated for hyperthyroidism during adolescence, and produced many references to suffocation as well as developing symptoms of chest and neck constriction during moments of anxiety in the analysis. It might be interesting to speculate whether such sensations are evidence of some very early anxiety connected with intrauterine and birth disturbances, or whether they are predominantly a physical expression of repressed hostilities due in part to the 'suffocating' effects upon the personality of being a twin.

In summarizing his observations, Steinfeld stresses the fight for identity and the intense rivalry in twins. He believes that sibling rivalry in twins arises earlier and is more intense, that

it leads to stronger reaction formations, and that it involves two individuals who identify themselves with each other and still try to maintain their own identity. Jealousy, he believes, exists almost from birth, and is so intense as to be morbid; the rivalry engendered by it is the keystone of the neurotic structure. Ambivalence is very prominent because of the balance of factors which push the one toward, and at the same time pull him away from the other twin. Steinfeld feels that there is no security for a twin in a homosexual adjustment, and that the tendency is for them to develop a severe compulsion or anxiety neurosis.

Knight's patient was one of identical twins in whom the need to recreate a twin relationship was likewise prominent.[6] When alone, this patient felt incomplete; he was never comfortable in meeting new persons until his twin also had met them. Knight has stressed too the crippling effects on ego development of always being confronted by a mirror image of oneself and of the unceasing reminders from the environment that one is thought of almost entirely in connection with this mirror image.

Summary of Psychiatric and Psychoanalytic Data

Professional discretion dictates that this material be limited and abstract. The patient is a male fraternal twin in early middle life, hospitalized ' as a last resort ' after many years of acute maladjustment which included marital and business failure and addiction to alcohol and barbiturate sedatives. He has recently passed the three hundredth hour of analysis.

The family configuration of this patient resembles in many respects that described by Knight[7] in his studies of male alcohol addicts. The father was self-made, aggressive, successful and domineering; the mother, ineffectual, often indulgent, and quite neurotic. Siblings included a brother, twenty-one months older than the patient; the twin, born five

[6] Knight, Robert P.: Personal communication.

[7] Knight, Robert P.: *The Dynamics and Treatment of Chronic Alcohol Addiction.* Bull. of The Menninger Clinic, I, 1936–1937, pp. 233–250.

minutes after the patient; and a brother, born when the twins were three and a half, who died in infancy when the twins were nearly five. It is of considerable importance that the parents strongly wished for a girl both when the twins were born and again when the last child was born.

Except for several upper respiratory tract diseases and appendicitis complicated by peritonitis, the patient's childhood was considered uneventful. He is described as having been 'a confident, loving, happy child, perhaps a little sentimental, and easier to handle than his twin' who was given to violent temper tantrums. Growth and development varied in the twins, and in general the patient lagged behind; the twin reached puberty first and seems generally to have been the dominant one of the pair. In later life, when the twins joined their father and elder brother in the family business, the rôles were somewhat reversed, the patient becoming more active and successful. The acute maladjustment followed two events which occurred at about the same time: his marriage and his attempt to work independently of the family firm but in the same business.

The patient came to analysis with superficial insight into psychological mechanisms and with a desire to change. His initial attitudes, both in analysis and in the sanitarium, were marked by friendliness, passivity, and dependence. Stimulated partly by reading and by conversation with other analytic patients, he was able to bring in a wealth of homoerotic material, both dreams and memories of adolescent experiences, against which he defended himself by joking and kidding. At the same time there was at first a considerable amount of oral incorporative and oral sadistic acting out.

As is the case with many addict personalities, this analysis was concerned with the patient's passive, unconscious homoerotic adjustment with respect to masculine competitors and with the divided heteroerotic object—'sacred versus profane love'—described by Freud many years ago.[8] The patient's

[8] Freud: Coll. Papers, IV, chapters XI and XII.

hostilities toward both sexes were considerable, so that many defenses had to be analyzed. Throughout his analysis, the patient tended for the most part either to act out (especially when taking alcohol or drugs) both active and passive aggressive demands or else to reëstablish himself in a ' family situation ' where he could find a ' twin ' and also become the nice, passive preœdipal child of his ' parents '.

The twin material may be given in somewhat greater detail. The patient soon became aware of his tendency to mimic people, especially men, and then of his unceasing attempt to ' find a twin ' in any new situation. He verbalized feelings of inferiority towards his own twin who was the first to mature sexually and who was 'born with all the cock for both of us'. He was very passive towards sanitarium twin and father figures, and he joked about being 'a kept woman'. He realized his reluctance to discuss his twin in analysis, but had a series of dreams indicating a need to be like his twin and also his intense rivalry. In two episodes involving rivalry with his sanitarium 'twin' the patient defended himself against intense hostility in one instance by fantasies of fainting, in the other by getting drunk.

Shortly after the second of these episodes, the patient recalled posing with his twin for a photograph. The twin had a temper tantrum, and was given his father's watch to hold. When asked what *he* was given, the patient said: 'I, of course, had nothing'. Analysis of this 'of course' was productive of considerable material concerning feelings of inferiority, jealousy, and hostility in many competitive situations with the twin and twin surrogates.

Using various twin substitutes, the patient acted out his rivalry and competitiveness in relationship to both father and mother images. In the analysis, the patient first acted out, then learned to express directly his hostile transference. After he was able to recognize his anxiety because of expected retaliation for these hostilities, a new aspect of the twin relationship appeared. In this the patient apparently reached a turning point in his analysis.

The patient remarked at this time that he did not wish to be like anyone else; he wished to be an individual. He recalled again that he and his twin were not permitted to fight; their mother, especially, compelled them to suppress their rivalry. Nevertheless, there were competitive sports and in these he was often superior, especially in competition for team positions. He was not always happy at beating his twin however. He recalled being furious at coaches who put him into first team positions, sending the twin to the second team. This, and similar material, revealed that the patient felt as much anxiety in excelling his twin as he felt hostility at the twin's excelling him.

Two sides to the coin of twin rivalry thus became apparent: if the twin excelled and was preferred, the patient felt rejected and became hostile towards the twin as well as towards those who showed this preference; but if the patient excelled, he felt anxious lest his twin hate him with the same intensity he felt in the reverse situation. This dilemma could be solved only if neither excelled or was preferred; that is, if the patient were as much like his twin as possible. A premium was thus placed upon their being ' identical '; but such a twin adjustment could be maintained only by sacrificing individuality and development as a separate personality. Confirmation of this came in a dream in which the patient deliberately delayed the progress of a bus in which he was riding until a twin figure, who was walking behind, could catch up with him.

After this the patient spoke again of his early childhood, and recalled that both twins were dressed and treated like girls until the age of three or four. He spoke of having an appendectomy followed by peritonitis at the age of seven and then, after recovery, going on a trip with his father, the twin remaining at home. Following this period of analysis the patient developed a mild agoraphobia which was related both to various derivatives of castration anxiety and to his attempt to detach himself from all twin adjustments. He felt very much 'out of the nest', especially after moving out of the sanitarium, but was able to work through many anxieties without utilizing the

old patterns of acting out through the use of alcohol or sedatives. Both heteroerotic and other interpersonal relationships were greatly improved, and the patient has been able to hold a job as assistant to a business executive.

The Psychology of a Fraternal Twin

For the purposes of this paper, the following reconstruction of the patient's analysis illuminates the material related to his twinship. In this we do not overlook the fact that his maladjustment was the product of multiple factors among which, however, twinship was one of the most important. In focusing attention upon twinship as it affected the patient's total personality and his maladjustment, moreover, we are content to see broad outlines.

Reviewing the psychiatric history we recall that the patient and his twin were born two years after the birth of another male child and at a time when the parents desired a girl. As a fraternal twin, the patient was presumably unique in his inherited patterns; nevertheless, he was reared as a twin; the two were dressed alike, treated alike, and generally kept together. Only in late adolescence did he make sporadic attempts to assert his individuality.

From the analytic material we have learned that there were intense feelings of rivalry with the twin, characterized by jealousy and hostilities which, however, had to be repressed. The patient developed deep-seated feelings of inferiority, and the conviction that his twin was preferred. He became passive in the twin relationship, and quite dependent; nevertheless he developed such a degree of security in this relationship that, in later life, he always attempted to reëstablish it. In the face of severe conflicts between forces calling forth his individuality and other forces cementing his twinship, and between drives to remain passive and other drives to assert aggressive masculinity, the patient compromised by developing a generally dependent, unconsciously homosexual personality with many obvious passive and sadistic oral traits.

The analysis revealed a number of conflicts which seem to be

fundamental to this patient's maladjustment and which were directly related to twinship. One of these arose from his status as a fraternal twin, and affected the whole course of ego development. This may be phrased as follows: 'Am I an individual (as heredity dictates) or am I only half an individual (as the environment dictates)?' We have seen that there were individual differences, and that the patient attempted in adolescence to exploit them; but having been reared as a twin he became so relatively secure in this adjustment that in all situations he mimicked others, had to be like his 'twin surrogates', and found himself ever returning to his twinship in one guise or another. This conflict was never completely solved, and along with other conflicts tended to drive him back into a passive, oral family dependence and a sort of pregenital homosexuality.

Superimposed upon this situation, however, was another. The parents had wanted a girl, and they proceeded to treat the twins as girls until they were three or four years of age. The patient was especially affected by this, perhaps because he soon learned to exploit it, and was singled out by his grandmother as the one who 'ought to have been a girl' and by the rest of the family as the one to whom to give a girl's nickname. A second fundamental conflict then arose: 'Am I a boy or am I a girl?' or, perhaps, 'Is it more to my advantage to be like a girl or to be like a boy?' From the point of view of the patient's twinship, this second conflict is adventitious; and yet it was within this twin relationship that the drama of this conflict was experienced and acted out.

Whether partly because of heredity, or entirely because of environmental influences, the patient became the more passive, more girlish of the twins. Instead of emulating his twin's temper tantrums, the patient became ' the good little boy ' of the two. The blessings of this outcome were not unmixed, however, since while increased parental (especially maternal) approbation appeared on the positive side of the ledger, there appeared on the other side, feelings of weakness and of inferiority. Besides, any marks of favor for the one were almost

certain to arouse feelings of hostility in the other. The questions that then appeared were: 'What happens if I excel my twin?' and 'What happens when my twin excels me?' From this arose another fundamental conflict closely related to the others: 'Is it more advantageous to be "identical" with my twin, or to be quite unlike him?'

This last was perhaps the predominant 'twin theme' of this patient's analysis. Time and time again he attempted to reëstablish a twin relationship, often within the framework of a recreated family situation. Towards parental figures, the patient vacillated between being the submissive, passive 'good boy' and especially when drunk, being the active, excessively masculine son of his father. In the twin relationship, however, the patient always tended to mimic his 'twin', and to be as friendly with him as possible. The formula has apparently been this: 'If *he* excels or is preferred, I become angry; if *I* excel or am preferred, he will become equally angry towards me; therefore, it is better to be identical'.

This conflict of identity or difference with respect to the twin comes into a close relationship with the basic love and aggressive tendencies of the patient. As it worked itself out, the patient found himself in much this situation: 'To win love from my parents, I must often be different from my twin; but to win love from him, and especially to avoid hostility (both his and mine), I must be like him'. This was all the more the case because the twins were not permitted to fight and hostilities had to be suppressed. There was, however, one type of adjustment that worked fairly well: by acting out the 'good boy' rôle, by being passive and somewhat feminine, the patient was able to win the approbation of the parents and also of the twin. Even though it meant renunciation of any rewards of successful competition with the twin, the patient was thus able to reduce hostilities to a minimum—both his and the twin's. This adjustment was necessarily precarious, however, in that many sacrifices had to be made, much hostility inhibited, and many feelings of inferiority endured. It is not to be wondered that the patient was unable to carry this adjustment over into adult life and into marriage.

There are other aspects of this patient's personality that may well be related to his twinship. Outstanding among these is the predominantly passive and sadistic oral character of the patient seen pathologically in his addictions. Being a twin meant oral deprivations from birth; and in this connection the patient quoted another twin in his neighborhood as shouting, when teased about his size: 'Yeah, but we had only one tit to suck on, and you had two'. Likewise the patient's deeply rooted hostility towards women and his tacit expectation of treachery from them, may well have had its roots in his mother's 'treachery' of having two children at the same time. Certainly there was a strong desire in the patient to be 'the only one' in relationships with girls or women. Gregariousness is another outstanding trait of this patient; he hates to be alone and, as we have seen, he passed through an agoraphobic phase in analysis.

Both the patient's castration complex and his agoraphobia are apparently related to his twinship. As a twin he was 'incomplete' from the beginning, and for him castration means the inevitable mutilation of his personality, especially since he was reared as a twin and in early childhood as a girl. In attempting to win independence through analysis, the patient finds himself lonely and anxious. His agoraphobia reflects his uncertainty in facing the world without a twin or without parental support. More important than the hostilities implied in the patient's death fantasies about analyst, parents and twin was the anxious query: 'What will happen if I am left alone?'

In terms of the *a priori* assumptions suggested at the beginning of this paper, a few closing remarks on twin psychology may be justified. Twinship creates an unusual sibling relationship in which the familiar loves, hates, and other feelings seem to be greatly intensified. In the patient described, there was a strong psychological drive to be like the twin, but this came into conflict with inherited differences and with other needs to assert his individuality. Although born with a unique hereditary pattern, the inevitable difficulties created by his simultaneous arrival with another sibling were accentuated by the persistence of the familial and larger environment in rear-

ing him as a twin so that in effect he could hardly call his ego his own. There ensued a struggle to obtain love in part by acting the twin, but in part by being different; and there was a concomitant struggle to avoid hostility in the same ways. It is thus apparent that rearing these two individuals of unlike heredity as twins was for our patient, at least, much more detrimental than their fraternal twinship made inevitable. Many of this patient's conflicts might have been avoided had the twins' samenesses been minimized and their differences emphasized.

Summary and Conclusions

This paper summarizes the analysis of a male fraternal twin. The outstanding psychological peculiarities connected with the patient's twinship were the following: (1) a struggle between his unique inherited potentialities and an environment that accentuated his twinship; (2) a closely related conflict (not necessarily related to inherited differences however) between individuality (separate ego) and fusion with the twin (joint ego); (3) a secondary struggle, arising from the first two sets of conflicts, to obtain love and approval from the parents, at times by conforming to the twinship pattern, but at other times by being different from the twin; and (4) another secondary struggle to avoid the anxiety arising from his own hostilities in case the twin excelled and was preferred, or arising from the twin's hostilities in case he (the patient) excelled and was preferred, anxieties that could best be avoided if the patient became as much like his twin as possible.

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On: 'The Attitude of Neurologists, Psychiatrists and Psychologists Towards Psychoanalysis'

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ON: 'THE ATTITUDE OF NEUROLOGISTS, PSYCHIATRISTS AND PSYCHOLOGISTS TOWARDS PSYCHOANALYSIS'

BY K. R. EISSLER (CHICAGO)

Dr. Myerson undertook the laborious task of sending four hundred and twenty-eight questionnaires to psychologists, neurologists, psychiatrists and psychoanalysts in order to check the remark of a psychoanalyst 'that practically all informed scientists accept psychoanalysis'.[1] It will surprise no one to state at the onset that the conclusion reached is that the contention of the psychoanalyst was wrong. The investigator need not have gone to the trouble of making so many inquiries to prove this point since as an informed scientist he does not accept psychoanalysis.

Dr. Myerson's undertaking nevertheless is of some importance, and it is to be hoped that the full answers to the questionnaire will be completely published or at least preserved for the future historian of psychoanalysis. Assuming that psychoanalysis is the first scientific approach to the total human personality—previously this domain was accessible principally to the intuition of artists—this is an opportunity to study the reaction of a group to science conquering a new field.

Since Myerson devotes much of the article to his own opinion of psychoanalysis, a report of his statistics will be followed by a discussion of his arguments against psychoanalysis.

Each recipient of a questionnaire was asked to classify himself in one of the following groups:

> I. Those individuals who completely accept psychoanalysis. (In a second questionnaire the term 'completely' was modified.)

This article is a condensation of Dr. Eissler's original, unpublished manuscript.

[1] Myerson, Abraham: *The Attitude of Neurologists, Psychiatrists and Psychologists Towards Psychoanalysis.* Am. J. of Psychiat., XCVI, 1939, pp. 623–641.

II. Those who feel very favorably inclined towards it, but do not wholly accept it and are, to a certain extent, sceptical.

III. Those who, in the main, tend to reject its tenets but feel that Freud has contributed indirectly to human understanding.

IV. Those who feel that his work has, on the whole, hindered the progress of the understanding of the mental diseases and the neuroses and reject him entirely.

The author and most of the recipients agreed that the questions were hard to answer since the categories of the classification are somewhat vague and do not correspond to real attitudes. Smith Ely Jelliffe's candid response was: 'Questionnaires of this type do not mean much to me. I think they are usually very stupid'. Three hundred and seven replies, however, were received, and if the few answers quoted by the author are representative of the average, the questionnaire was taken seriously and the recipients tried to define their attitudes regarding psychoanalysis. The following table summarizes the statistical results. It is noteworthy that five members of the American Psychoanalytic Association were 'sceptical or non-committal'.

Dr. Myerson classifies himself 'mainly in group three with a flow towards group two and an equal flow towards group four'.

The negative attitude towards psychoanalysis increases as one proceeds towards those who have less contact with Freud's original subjects of investigation, i.e., neurotics and psychotics. Members of the American Psychiatric Association surely are more interested in and have more opportunity to study the dynamics of mental diseases than members of the Neurological Association; the latter in turn more so than psychologists and physiologists. This difference in interest and opportunity is paralleled by a difference of appreciation or rejection of psychoanalysis. Whereas no member of the American Psychiatric Association completely rejects psychoanalysis, five per cent of the members of the Neurological Association and eighteen per cent of psychologists and physiologists belong to group IV.

	I	I-II	II	II-III	III	III-IV	IV	?	Total	Col. 1–3 posit. to psychoanalys.	Col. 4–7 negative to psychoanalys.
	1	2	3	4	5	6	7	8	9		
Am. Neurol. Association	5	8	23	4	25	3	4	3	75	36	36
	7%	11%	31%	5%	33%	4%	5%	4%	100%	48%	48%
Am. Psychiatric Assn.	25	15	54	32	39	8	0	6	179	94	79
	14%	9%	30%	18%	22%	4%	0%	3%	100%	53%	44%
Am. Psychoanalyt. Assn.	16	4	3	0	0	0	0	5	28	..	..
	57%	14%	11%	0%	0%	0%	0%	18%	100%	..	..
Am. Psychol. Assn. & Physiologists	2	0	5	6	7	3	2	0	25	7	18
	8%	0%	20%	24%	28%	12%	8%	0%	100%	28%	72%
									307	137	133
									100%	49%	47%

The horizontal columns show the distribution of the recipients among the classified groups. Vertical columns indicate the classified groups. The last two vertical columns show the distribution of recipients with positive attitudes to psychoanalysis: groups I, I–II, II; and of the recipients with negative attitudes: groups II–III, III, III–IV, IV. The members of the Psychoanalytic Association are not included in these two columns.[2]

[2] Compilation of the table, and computation of the percentages and the figures in the last two columns are by the writer of this paper.

The last two vertical columns of the table demonstrate the same trend in these groups.

A 'very well known neurologist, who does not wish to be quoted by name' writes: 'All doctors in all institutions for the care of the insane that I have been in touch with in the United States were so saturated with the freudian concept that real investigation of mental diseases was almost entirely excluded'. If this be true it should demonstrate that among psychiatrists there is a select group, namely those who spend their time exclusively in close contact with mentally diseased patients, that accepts psychoanalysis with many fewer reservations than Myerson's figures from selected members of the American Psychiatric Association would indicate. This reminds one that in the early days of psychoanalysis it was the staff of Switzerland's famous state hospital, Burghoelzli, under the leadership of Bleuler, which first opened its door to psychoanalysis. Although the 'evil spirit' of psychoanalysis has since been driven out of Burghoelzli, it was nevertheless the psychiatrists of a state hospital who were the first to confirm Freud's findings.

A second point of great significance would have been revealed by a correlation between age distribution and group classification. The names of eighteen are given; hence their ages can be established. Of fourteen falling in groups I and II, three had not yet been born when Freud published his first psychoanalytic paper in 1893, and seven were between the ages of four and twelve. The ages of the four who completely reject psychoanalysis ranged at that time between seventeen and thirty-five. Of course, the number is too small to draw any general conclusion and obviously the factor of age alone does not explain acceptance and rejection of psychoanalysis in the individual case. It is nevertheless very regrettable that the author did not publish the age distribution of his informants since this might well have served partly to explain the strange fact that 'informed scientists' are approximately evenly divided between acceptance and rejection of one and the same science.

The sole conclusion that Myerson draws from the answers to his questionnaire is 'that as a therapeutic system, psycho-

analysis has failed to prove its worth . . . it has not conquered the field as is the case with any other successful therapeutic approach. . . .' (p. 640).

It is appropriate here to quote a passage from Freud's autobiography in which he expressed the opinion he held on the future of his discoveries before the scientific world took notice of him: 'I imagined the future somewhat as follows: I should probably succeed in sustaining myself by means of the therapeutic success of the new method, but science would ignore me entirely during my lifetime. Some decades later, someone else would infallibly come upon the same things—for which the time was not yet ripe—would achieve recognition for them and bring me to honour as a forerunner whose failure had been inevitable'.[3]

Myerson uses the important data he collected as a point of departure for a severe attack on psychoanalysis. His arguments with few exceptions are not original. The psychiatric and psychoanalytic literature contains refutations of most of them.

For purposes of discussion the author's polemic is condensed to ten assertions. In the following paragraphs I will try to disprove the author's contentions by referring as much as possible to experimental facts which were not established by the application of the psychoanalytic technique *per se* whose validity is denied by the author. This mode of procedure should prove that attacks against psychoanalysis such as that of the author are unwarranted, if *all* those empirical facts which can be established without psychoanalysis proper are taken into account. Of course, the entire body of Freud's findings cannot be presented in this way.

On the Nonexistence of the Unconscious

The author does not frankly deny the existence of the unconscious, but his opinion about it is tantamount to a denial of it. He writes: 'To me, the unconscious is the sum total of those drives, instincts and activities which the viscera would natu-

[3] Freud: Coll. Papers, I. p. 304.

rally bring into action' (p. 637). This might correspond to a part of the unconscious, the id, and comes close to Freud's definition of one aspect of the id. Closer examination of this definition, however, reveals some ambiguity and vagueness. What is the significance of 'naturally' and what does the author wish to convey by the term 'activities'? That part of the id which originates from repression is rejected: 'I do not believe the unconscious is an organized personality [neither does psychoanalysis] or is a place where complexes, forgotten experiences, so to speak, roam around looking for chances to express themselves . . . in neuroses, dreams. The social structure, through the forebrain, tries to limit . . . the activities, let us say, of the male genitalia. . . . The struggle between the visceral drives and the forebrain and society . . . can easily be brought into consciousness and, in fact, is a component of the consciousness, whether acknowledged or not' (p. 637).

Here is a confusing mixture of anatomy, sociology, physiology and psychology, that makes it difficult to understand what the author really means. What he seems to say is that the visceral drives are unconscious, the forebrain is conscious, and the struggle between both can easily be brought into consciousness. Consciousness by definition means only awareness of thoughts, feelings, ideas, emotions. It does not mean forebrain. But let us accept this bad terminology for a moment. Either something is conscious or unconscious. Whatever is *un*conscious the individual is not aware of. A concealed struggle which is 'a component of consciousness, whether acknowledged or not' is a monstrosity and leads to the contradiction of an 'unconscious conscious' or a total denial of the unconscious.

Freud based his conception of the unconscious on experimental facts such as Bernheim's posthypnotic experiment and on facts easily checked in the treatment of neurotics. Moreover it is a fact that the overwhelming majority of people do not remember the first phase of their development. It is also a fact that those recollections are not destroyed. Every psychiatrist, whether psychoanalytically trained or not, knows that old people frequently recall early experiences which previously

had not reached consciousness. Schilder proved that experiences during deep postepileptic twilight states can be recovered in hypnosis. Both of these examples prove Freud's basic contention that nothing psychic perishes. Bernheim's simple experiment and Schilder's clinical findings are scientific proof that forgotten experiences are psychic structures which, like drives, are part of an *un*conscious.

On the Nonexistence of Infantile Sexuality

Many have tried to prove by behavioristic methods of investigation that the period of childhood is devoid of sexuality and have attacked Freud's definition of sexuality. Dr. Myerson is ambiguous in his discussion of infantile sexuality. He does not state, as others do, that there is no infantile sexuality. He writes: 'The doctrine of infantile sexuality is completely against the facts of patent type. There are no sexual acts corresponding to the postulated sexual attitudes' (p. 638). Does he mean that sexual acts occur in infancy, but not those acts to be anticipated from Freud's conception of infancy? Does he mean that infantile sexuality is not patent—but hidden? His statement that the infant's urine contains no hormones rather indicates that he believes sexuality is absent in infancy.

The discovery of infantile sexuality by Freud followed from the application of the psychoanalytic technique to neurotic patients. The entire body of direct observations on children made by analysts and nonanalysts (the first large-scaled report on the subject can be found in the American Journal of Psychology of 1902, obviously independent of and uninfluenced by Freud) apparently is rejected by Myerson who holds from his own experience that children manifest no sexual behavior. This situation is, indeed, a great scientific dilemma, since here is no disagreement about theories but about facts. According to the author's statistics forty-nine per cent of informed scientists believe that children have sexuality, and forty-seven per cent deny that the assertion is based on fact. This prompts the question of how the 'patent facts' about infancy are obtained.

The infant in Western civilization is subjected to a process aimed at prohibiting instinctual expression. Surely it is no exaggeration to say that the observer of the infant perceives educational activity, but not the genuine activity of the infant. There are no 'patent facts' of infancy. And the more a child is allowed to develop unmolested by education, the more apparent are those 'postulated sexual attitudes'. Any social worker in a slum neighborhood will attest to this. It is to be hoped that Dr. Myerson is not a victim of the fallacy frequently encountered among child psychologists who refute Freud's concept of childhood by proving that the male child almost never kills his father nor marries his mother.

The only patent fact supplied by the author is the small amount of hormones in the child's urine. The selection of such an argument seems typical of the author's approach to the human personality. The first objection to such a procedure is that biological facts as such do not permit speculation about personality. If this were possible we would not need psychology, i.e., direct observation of the infant. Physiology, histology and chemistry give no understanding of the psyche. Biological facts may make psychological assumptions more or less probable, but they never prove or disprove them. Endocrinologists are very cautious about making general inferences from isolated observations. Furthermore no supplementary meaning can be attached to this fact since castrates exhibit sexuality. The kidney threshold may play an important rôle, and calves have a low hormonal excretion in spite of active glands. If the author is entitled to draw any conclusion in this respect, it is that the infant's sexuality is different from that of the adult which is exactly what Freud holds. I believe that if the infant's urine contained the same or approximately the same amount of hormones as the adult's, this could be used as an argument against Freud who asserts that the infant never reaches psychologically adult sexuality in childhood. The author's endocrinological argument is directed against someone who has said that children reach sexual maturity before puberty.

Although biology does not furnish succinct answers to the problem of infantile sexuality, the following four points support the facts independently discovered by psychoanalysis: (a) the genital organs show a continual growth until about the age of six; this is followed by a period of loss of weight or arrest of growth, roughly coinciding with the latency period; (b) R. E. Scammon's relative velocity ratios show that the velocity of growth of body and genital system, though differing numerically, increase and decrease at the same time; (c) the ratio of life duration to age of sexual maturity in animals, if applied to man, would make the age of five the starting point of sexual maturity; (d) Bolk, in his studies on the origin of man, concludes that the predecessors of man were sexually mature at the age of five.

On the Invalidity of Findings Established by the Technique of Free Associations

With this argument the author attacks the core of psychoanalysis as a method of psychological research. Of the numerous arguments which might be raised against the technique of free associations, the author chose one to which validity can scarcely be ascribed. 'I submit that you can take ten words of a time-table and get at any hidden struggle of the individual and reach as many mental situations and complexes as you can by the words of the dream' (p. 638). Jung's association experiments prove definitely that only certain words lead to the disclosure of complexes and not, as the author asserts, any random word. Let us suppose, however, that the author is right in stating that a patient gives the same associations to ten words picked at random from a time table as to the manifest content of a dream. This would indicate that the technique of free association is more extensively applicable than it has hitherto been known to be. It does not seem reasonable that this assumption should lead a scientist to the rejection of the technique *per se,* since by his very statement the author states that free associations lead to the disclosure of 'hidden struggle . . . and complexes' and obviously contradicts his

aforementioned assertion that 'complexes . . . [do not] roam around looking for chances to express themselves'. A patient so under the domination of a conflict that he spilled his problems in associations to whatever stimulus, would be either in an acute psychosis or have an organic disease, probably of the central nervous system. For the information of those who are inexperienced, let it be stated that the free associations to a certain percentage of dreams are different from other associations in so far as more emotions of the patient are attached to them, and they contribute more to the explanation of the patient's symptoms than other associations. Nearly every investigator of the topic of dreams (Myerson excepted) has concluded that the dream is a psychic structure different from other structures of the normal psyche.

Freud's technique of free association and his conception of the laws underlying this process are not a foreign body in the development of psychology, but a logical link between the old psychology of associations and modern psychology. Whereas modern psychologists usually reject the psychology of the eighteenth and nineteenth century *in toto,* Freud succeeded in synthesizing the early psychological theories with modern discoveries into a new system of the total personality. It is almost always overlooked that Freud rescued the work of those great philosophers who laid the foundations of present day psychology; that he was not only a great revolutionary, but a great conserver in psychology. Anyone who 'reject[s] entirely the so-called free association technique' (p. 638) is ignorant of the very basis upon which psychology of the last three hundred years has rested.

That 'the patent content of the dream has nothing to do with what is called its latent content' (p. 638) is disproved by an experiment of O. Poetzl who exposed tachystoscopic pictures to subjects and demonstrated that that part of the picture which was not consciously perceived by the subject entered the manifest dream. This experiment objectively confirms Freud's statement as to the rôle of the recent and indifferent in the manifest dream. One does not have to accept the psycho-

analytic method of investigation to be convinced by Poetzl's ingenious experiment. It is remarkable that Freud's findings are so frequently confirmed by experiment.

On the Invalidity of Psychoanalytic Findings Due to the Factor of Transference

Psychoanalysis is also discredited because of differences in the patient's associations according to the sex and appearance of the psychoanalyst. The patient's associations, Myerson says, are conditioned by the sex and age of the analyst. If this had escaped Freud's attention, he would have been unaware of the basic laws of science. It is well known that many measuring instruments change the object measured, e.g., the thermometer changes the temperature of the object. The scientist solves this predicament by constructing an instrument which decreases the change to a minimum and furthermore, he works out a formula to correct the error. Freud, who spent many years in laboratories before starting psychotherapy, knew about this basic fact of research. He wrote innumerable pages about what he called transference, and worked out a method of avoiding detrimental consequences of it in psychological research.

If a scientist recognizes that a certain factor disturbs the correctness of his results, and devises an additional method for rendering this factor innocuous, a critic cannot quote the disturbing factor as proof of the nullity of the method without presenting any evidence for the unreliability of the correction. Dr. Myerson, however, does exactly this by pointing out that the analyst's personality conditions free associations but without discussing Freud's technique of coping with the transference.

On the Arbitrary Selection of Symbols

Dr. Myerson asserts that Freud's concept of symbolism is without the slightest proof and impresses him as 'an exercise in ingenuity'. Again the author's statement does not indicate whether he rejects Freud's belief that thinking in symbols is a part of human psychology or whether he confines his argument

to what he calls Freud's 'arbitrary selection'. The knowledge that symbolism plays an important part in our social institutions, customs, and thinking is by no means confined to psychoanalysis. It is easy to quote numerous religious symbols whose meaning is completely unknown to the faithful. To offer behavioristic proof of sexual symbols operating in dreams is more difficult. Dr. Myerson has taken strong exception to this contention of psychoanalysis, offering the rather strange argument that the universality of 'straight things, round things, enclosed things' makes it impossible for them to be symbols. On the basis of this fact alone one might more easily draw the opposite conclusion.

Without drawing on experiences acquired in psychoanalytic treatment, let us refer to Schroetter's study of experimental dreams in hypnosis and Betlheim and Hartmann's study of Korsakoff psychoses. Schroetter requested hypnotized subjects to dream about immoral sexual topics, and the subjects reported dreams full of 'freudian' symbols. Betlheim and Hartmann told patients suffering from Korsakoff's psychosis stories of gross sexual content. When asked to repeat the story, the patients replaced the distasteful sections by 'freudian' symbols. Hypnotized subjects are in a condition comparable to a state of normal sleep. The capacity for symbolizing is no stronger in patients presenting Korsakoff's psychosis than in the normal. Both experiments are valid proofs that Freud's concept of symbols is correct. They do not prove anything about frequency and importance of symbols in normal psychic life, but this question is not discussed. Myerson continues his polemic by stating: 'Vigorous objects, like bulls and horses, can be symbols for everything under the sun, as well as the father'. They can be, but are they? If he means that different psychologies can be postulated like different geometries, each based on a different set of axioms, he is correct; but only one of those psychologies will correspond to reality as only one of innumerable imaginable geometries enables mankind to build bridges.

On the Identity of Methods of Investigating Physical and Psychic Matters

The conviction of psychoanalysts that 'informed scientists' may reject psychoanalysis because of emotional factors, i.e., resistance, and that in most instances only one's own analysis furnishes full understanding of many of Freud's discoveries evokes repeated protests from Dr. Myerson. At one point he defends himself as follows: 'But I am not a surgeon and yet I can judge the results of surgery'. After exemplifying several instances of activities he can judge without being able to perform, he concludes: 'The general criteria of science can be utilized by a nonpsychoanalyst with validity in judging both the analytic ideology and its results' (p. 639).

Physical matters and psychic matters are different in many and very important respects. Both have to be investigated scientifically but the differences in the objects to be investigated necessitate a difference in methods. This difference as such cannot be used as an argument against a proposed method since it is inherent in the topic under investigation. Freud was very well aware that the demand for personal analysis as the first step for psychoanalytic understanding was unparalleled in the investigation of other scientific fields. Nevertheless he insisted upon it because of one factor which he called resistance. Although Myerson assures us that anything like this does not exist among scientists, the following amazing statement occurs in his paper: 'Obviously, there was to some extent a distaste for or fear of that controversy implied in the whole procedure, so that it appears at once that a great deal of emotion is involved in any study of the psychoanalytic movement in a way which would undoubtedly not be found in a similar study, for example, which would involve the treatment of syphilis by arsphenamine or by fever therapy' (p. 627). May one ask why a great deal of emotion is involved in discussing psychoanalysis and why 'informed scientists' do not have the same attitudes

in forming their opinions of the treatment of syphilis and of neurosis?

The above quoted statement expresses exactly what Freud meant, and the difference in attitudes which the author describes in such a concise manner is called resistance. However, eleven pages further on he writes that psychoanalysts use resistance as 'a very ingenious subterfuge for escaping criticism' (p. 638).

Answering the author's questionnaire a neurologist writes: 'I would say, offhand, that less than five per cent of the patients in my office were cases where the major causation of the condition was such as to include them in the freudian group. By this I mean that the other ninety-five per cent of the cases were amenable to other forms of therapy, and the therapeutic results were to be obtained in a much shorter time and with more lasting effect. Of the five per cent of the cases, these were treated, and very successfully, with the freudian technique' (p. 635). So far so good, except for one contradiction. A neurologist treats mainly organic diseases, and only a certain percentage of his patients are psychiatric cases. Some of the psychiatric patients are, of course, amenable to psychiatric treatment, and five per cent of the total of patients needed psychoanalytic treatment—a rather high percentage in my opinion. But how does it come about that psychiatric treatment resulted in a 'more lasting effect' than analysis, although five per cent were 'very successfully treated with psychoanalysis'? A patient is very successfully treated only if the effect of treatment is lasting, and it is somewhat difficult to imagine results which are more lasting than those of a very successful treatment.

But although this authority reports that five per cent of his patients were successfully treated by psychoanalysis (the report implying that the application of psychoanalysis was avoided whenever possible, i.e., those five per cent would not have been cured without psychoanalysis), he writes: '. . . In reply to question four, I think that psychoanalysis has been the greatest block in the study and understanding of mental disease . . .'; moreover his complete answer was such that he was classified

between groups III and IV which is pretty close to total rejection of psychoanalysis. My assumption is that in no other field would a physician reject a science furnishing the means of treating five per cent of the total number of his patients 'very successfully'. The neurologist's answer to the author's questionnaire should have convinced the latter that Freud was correct in advancing the concept of resistance as a powerful factor in judging psychoanalysis.

On the Absurdity of Psychoanalytic Findings

Here Dr. Myerson is right. Nearly everything that Freud discovered is absurd and presents a grave transgression against common sense. But this quality of absurdity increases the probability of the veracity of his discoveries (but is by all means no proof of it), since everything that science has discovered is characterized by this factor of absurdity, beginning with the discovery that the earth is round to the discovery that insulin cures schizophrenia. Had it not been against common sense, it would not have been necessary to discover because it would have been known from the start. Generations become accustomed to 'absurdities' and act as if scientific discoveries were in accordance with common sense, as happened in the case of the earth moving around the sun. But even this discovery is denied when we say that the sun rises, which strongly indicates that we still believe that Copernicus' discovery is absurd. Absurdity is an emotional factor which indicates our response to something that is contradictory to what we believe to be manifest truth. Absurdity does not endow a discovery with reality or unreality.

The absurdity of psychoanalysis is illustrated thus: it is 'a biological absurdity . . . that the child is the symbol of the lost penis.' Attention is called to 'mother love operating with vigor throughout the whole animal scale' and 'the lioness probably has no particular complexes due to the operation of the superego'; therefore 'one can only reject the interpretation of human mother love as given by Freud and his followers . . .' (p. 639).

Freud did not say that the child is the symbol of a penis in

actual mother love; he found that the child compensates the woman for the *lack* of the penis (women never *lose* a penis). The truth of this discovery is confirmed in dreams and corroborated by certain languages which use the same word for penis and child. This process of compensation has nothing to do with establishing the superego, although both occurrenses may be simultaneous.

The author's reference to the lioness and to the universality of mother love throughout the animal kingdom is a specious argument, since we do not know why lionesses love their litter. Perhaps a similar mechanism is active, who knows? But one thing is obvious: mother love in animals and mother love in mankind are essentially different. Two basic differences in the instinctual aspect of the matter may be quoted. Animals do not have the incest prohibition, the parent generation engaging in intercourse with the succeeding one; furthermore, animals occasionally eat their litters. Obviously these are indications that some sort of superego is actually at work in the human mother. Again the author applies biology unscientifically to psychology. One cannot discuss intricate problems in the following casual manner: women and lionesses possess the faculty of mother love; the lioness has no superego; therefore there is no superego operating in mother love. And to boot this syllogism is applied to a psychoanalytic discovery which has nothing to do with the superego.

On Freud's Negligence of the Present and the Overestimation of the Past, or on the Biased Evaluation of Etiologic Factors in General

Quotations from Dr. Myerson are followed below by relevant quotations from Freud's writings. Myerson: 'One would never know from Freud that the society in which the patients live is clumsily adapted to their individual needs and, in fact, often maladapted to the human being and his mental health' (p. 639). Freud: 'Our civilization is, generally speaking, founded on the suppression of instincts.'[4] 'The man who in

[4] Freud: Coll. Papers, II. p. 82.

consequence of his unyielding nature cannot comply with the required suppression of his instincts, becomes a criminal, an outlaw.'[5] 'Experience teaches that for most people there is a limit beyond which their constitution cannot comply with the demand of civilization. All who wish to reach a higher standard than their constitution will allow, fall victims to neurosis.'[6]

Myerson: 'The long lag between sexual maturity and the legitimate and proper satisfaction of the sexual impulses would seem to me of huge importance, and the other strains of mankind are given, practically speaking, no weight or importance by him [Freud].' Freud: 'The retardation of sexual development and sexual activity . . . is certainly not injurious to begin with; it is seen a necessity when one reflects at what a late age young people of the educated classes attain independence. . . . But the benefit for a young man, of abstinence continued much beyond his twentieth year . . . may lead to other injuries even when it does not lead to neurosis.'[7] 'The injurious results which the strict demand for abstinence before marriage produces are quite particularly apparent where women are concerned.'[8]

Myerson: 'The arduous preparation for life which we call education and which often is a crucifixion of all the natural desires of the child has no weight so far as psychoanalysis is concerned.' Freud: 'The limitation of aggression is the first and perhaps the hardest sacrifice which society demands from each individual. . . . Looking at it from a purely psychological point of view, one has to admit that the ego does not feel at all comfortable when it finds itself sacrificed in this way to the needs of society.'[9]

Myerson: 'The struggle to develop constant purposes in an organism which is built up around shifting polarities of expression and which is poorly designed for the coördinated life of

[5] *Ibid.*, II. p. 82.
[6] *Ibid.*, II. p. 86.
[7] *Ibid.*, II. p. 91.
[8] *Ibid.*, II. p. 92.
[9] Freud: *New Introductory Lectures on Psycho-Analysis.* New York: W. W. Norton & Co., 1933. p. 151.

a civilization apparently has no importance.' Freud: '. . . our mental life as a whole is governed by three polarities, namely the following antitheses: Subject . . . Object; Pleasure . . . Pain; Active . . . Passive.' [10] 'We have come to realize that the difficulty of a childhood consists in the fact that the child has, in a short span of time, to make its own the acquisition of a cultural development which has extended over tens of thousands of years. It can achieve a part of this alteration through its own development; a great deal must be forced upon it by education.' [11]

In these instances discussion is unnecessary, since Myerson comes so close to Freud's formulation that similarity outweighs difference. But in other instances he refers to two arguments which are contradictory to Freud: the importance of current reality and of economic factors in the etiology of neuroses. Freud was not at all unaware that an immediate conflict may cause a neurosis, as a study of even his early papers will reveal. After further investigation he found, however, that the current conflict was important only as a precipitating factor responsible for many details in the symptomatic picture, but not determining the nature of the disturbance. It is very easy to conclude that a symptom is due to a recent predicament, this theory being in full agreement with the patient's own opinion of the symptom. Quite frequently a tuberculous patient ascribes his condition to a recent cold while the physician knows that the disease may be an infection which started when the patient was a small child.

The patient's reality situation is of course of the utmost importance to every psychoanalyst, and no student of Freud's case histories will deny that he wrote the most brilliant analyses of the patient's situation at the onset of the symptom, demonstrating the relation of many details in the symptomatology to occurrences in the patient's recent past. Still all these intimate interrelations do not explain the general pathway to the pro-

10 Coll. Papers, IV. p. 76.

11 Freud: *New Introductory Lectures on Psycho-Analysis, loc. cit.* p. 201.

duction of the symptom in the common psychoneuroses. Freud attributed etiologic importance to the recent past in traumatic neuroses and to the present in the so called actual neuroses. But these neuroses do not invalidate the general law that the past continues to live in the human psyche and that the psychoneuroses are active remnants and noisy witnesses of the infantile period. The first six years of life are as significant to psychic health as the intrauterine period to physical health, and no psychiatrist, biologically oriented, should deny at least the probability of Freud's assumption since biology demonstrates essentially the same principle.

Greater difficulty is encountered in discussing the etiologic bearing of economic factors on the psychoneuroses and psychoses. An adequate treatment of this subject would require a long treatise. Since Dr. Myerson limits himself to the statement that 'one would never know from Freud that patients live in an economic world, have a struggle for existence', it might with equal cogency be said that one never would 'know from Freud' the histology of the liver—which does not exclude Freud's patients from having a liver. Freud's earliest case history was that of an aristocratic lady with an enormous income in a period of great financial security. She never had to struggle for her daily bread, but she feared snails and suffered, among other things, from a kind of tic. Publication of her income tax would have been of interest, but of little value in accounting for the tic. Has Myerson observed a greater frequency of neuroses among the economically underprivileged? Did the psychoneuroses increase in Europe during the World War, at a time when millions of people were exposed to hunger, strain, and financial ruin? I rather believe that the neuroses increased among those who were children when this tragedy took place. It was most disastrous in those cases in which the father had to leave the family when the child was two years old, and returned four years later. Under those circumstances the adjustment of the child was really endangered due to an unfortunate structure of the œdipus complex.

On Freud's Unbiological Attitude

Freud has been attacked by so many scientists because of his biological orientation (German psychiatry rejected him mainly on this ground) that it is very strange indeed to find Myerson stating that many scientists disagree with Freud because of his unbiological attitude. He writes: ' . . . psychoanalysis is reactionary. . . . Essentially analysis harks back to the ancient separation of mind and body, even though analysts continually give lip homage to the relationship of mind and body' (p. 640). This he tries to prove by the fact that psychoanalysis uses no sedatives, tonics, exercises, and physiotherapy in the treatment. S. D. Ingham even states, 'that enthusiasm in regard to a psychoanalytic viewpoint has tended to inhibit progress in psychology on the basis of a more strictly biological approach' (p. 634). W. L. Russel objects: 'There is a tendency to neglect the more obvious factors in the understanding and the treatment of the patient. There is also a tendency to neglect the physical' (p. 633). One pauses to wonder what Myerson understands by 'biological approach'. Is it biological simply to substitute forebrain for consciousness, hormones in the urine for sexuality, to study mother love by observing lionesses and to prescribe sedatives in preference to psychotherapy? Is it not rather the limitation responsible for the common prejudice that only that is scientific which is material and can be measured? A psychology which is based on the principle that the individual is a product of his entire past and that a stimulus induces a reaction in the total system, is essentially biological.

Sedatives, tonics, exercises and physiotherapy were in full use when Freud started to treat neuroses. The desperate predicament of neurotics, the complete inability of physicians to combat this disease induced him to look for other means of treatment. A physician who chooses, may wholly or in part adhere to earlier methods of treatment and he may or may not be correct; but no reasonable argument against psychoanalysis can be derived from this choice.

On the Therapeutic Futility of Psychoanalysis

The indictment is pressed on four points: (a) psychoanalysis has not conquered the field; (b) pharmacological measures have proven more efficient in the therapy of psychoses; (c) psychoanalysis is not specific since 'neuroses are "cured" by Christian Science, osteopathy, chiropractice, nux vomica and bromides, benzedrine sulfate, change of scene, a blow on the head, and psychoanalysis'; (d) 'since many neuroses are self-limited, anyone who spends two years with a patient gets credit for the operation of nature' (p. 641).

This leads into one of the crucial problems of psychopathology. It is the question of cure. Do we know the objective signs of mental and emotional health? Freud raised this problem in one of his last papers. Myerson uses this serious predicament of mental science as an argument against psychoanalysis. What is Myerson's definition of a cure? Is a pharmacologically induced remission in the course of a schizophrenia a cure? There is no clear cut end point in the treatment of many organic diseases such as tuberculosis and syphilis; yet it does not prevent medical science from determining the relative efficacy of various methods of treatment. It is a matter of record that psychoanalysts are more critical of the results of their work and more conservative about promising cures than most therapists in any field. Freud especially was conservative, almost to the point of pessimism. The lack of emphasis on therapeutic success in his papers is noteworthy. The cure when mentioned is recorded as a biographical datum in the patient's case history like any other pertinent event. No quotations from Freud's writings can be adduced to prove the correctness of psychoanalysis by describing its therapeutic success. His reserve in this respect—in spite of ample opportunity to boast—was certainly in part at least based on his knowledge that the disappearance of a symptom is no proof of cure.

Dr. Myerson tries to appeal to the prejudices of his readers

by lumping psychoanalysis with systems of magic, and superficial suggestion with not too subtle implications of quackery.

By taking into account the patient's belief in magic and by studying the process of the element of magic in the patient we are enabled to understand the therapeutic effects of many procedures. In The Ego and the Id, Freud describes a method of overcoming a certain therapeutic obstacle but warns his students against making use of this method because it is an easy but temporary and unscientific short-cut. It is difficult for the therapist to resist the demand of his patients for magic, the easy, sham success that relieves the discomfort and ignores the disease. Some psychiatrists may prefer the 'total push' method (Myerson) to the arduous and exacting psychoanalytic approach. One does not blame them for valuing therapeutic success above science, but the comparison of psychoanalysis with magic coming from this author seems strange.

The enthusiastic acceptance of shock therapy of psychoses would offer a good opportunity, if space permitted, to demonstrate the credulity of scientists in welcoming a therapy that does not disturb their habitual way of thinking.

The argument that many neuroses are self-limited (how true this is each psychiatrist may decide for himself) makes it hard to explain why psychoanalysis did not conquer the field. If psychoanalysts are the only psychiatrists shrewd enough to observe and exploit this alleged fact and just sit and wait for patients to recover spontaneously and then take the credit, why was not psychoanalysis more successful in 'conquering the field'? Psychoanalysis being the treatment which of all has a method that requires the longest time should for this reason alone be the most successful psychotherapy. The success, of course, would be based on a ruse, but nevertheless one would expect a tremendous success. But the author stresses at the beginning and at the end of his paper that psychoanalysis did not conquer the field because of its therapeutic 'worthlessness'.

Because it requires long and careful documentation to refute

facile generalizations, one must reluctantly forego answering more of the misleading arguments of the author and of those who replied to his questionnaire.

Proof of the falsity of Freud's basic discoveries would be a vast step in the progress of mental science, but careful study of Dr. Myerson's discussion fails to reveal that it has any scientific value unless considered simply as a *document humain*.

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Facts and Theories of Psychoanalysis. By Ives Hendrick. Second Edition. New York: Alfred A. Knopf, 1939. 369 pp.

Thomas M. French

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BOOK REVIEWS

FACTS AND THEORIES OF PSYCHOANALYSIS. By Ives Hendrick. Second Edition. New York: Alfred A. Knopf, 1939. 369 pp.

The second edition of Ives Hendrick's excellent popular presentation of psychoanalytic practice and theory has been made more comprehensive by the addition of sections on psychoanalytic investigation of organic disease and the applications of psychoanalysis to nonmedical fields, and by the inclusion of a brief resumé of controversies about infantile female sexuality. A few other sections have been expanded or rewritten, notably the historical chapter on the organization and training of psychoanalysts which contains an excellent summary of the history of psychoanalytic training in this country as well as in Europe.

As is to be expected, the second edition is characterized by the same comprehensive and sound knowledge of psychoanalytic literature and by the same plastic vividness of presentation that were the particular merits of the first edition.

THOMAS M. FRENCH (CHICAGO)

SKETCHES IN PSYCHOSOMATIC MEDICINE. By Smith Ely Jelliffe, M.D. New York: Nervous and Mental Disease Monographs, 1939. 155 pp.

This is a collection of papers originally appearing between 1923 and 1937 and now republished in monograph form. There is some unevenness in the book as a whole because of the differences of time and occasion at which the papers were presented; there is also a certain repetitiveness. The first characteristic adds variety, and the second helps to drive home the author's main theses. His vigorous style is interesting and arresting. Yet one feels some dissatisfaction with what might be considered the more original contributions contained in the papers. There seems to be something out of perspective.

The first chapter, entitled What Price Healing, deals with a practical and extremely important point: the warning, illustrated by pertinent case histories, against indiscriminate and precipitate removal of long-standing physical disease that is the expression of neurosis. This should have wide circulation and is presented in

a form that could not be missed, no matter what the medical background of the reader.

Two chapters, one on Psychopathology and Organic Disease and the other on Psyche and the Vegetative Nervous System, are useful for general orientation and have a cosmic quality which is on the whole convincing, and is one of Dr. Jelliffe's real contributions to medical literature. 'The unconscious', he writes, 'contains all of the chemistry, the vitalism, and the symbolism. It has everything from the beginning. The psychology of the conscious is but a momentary flash of what the hundred million years of life have concealed in the living human being. It expresses only the numerator of the fraction which represents life. The immensely more important part of life, which is hidden, is the denominator, i.e., as the numerator one second is to the denominator, one hundred million years, so is our conscious knowledge of what is going on to that which really makes it happen (the Unconscious).'

It is in such chapters as Dupuytren's Contracture and the Unconscious, The Skin: Nervous System and the Bath, The Neuropathology of Bone Disease, and Psychoanalysis and Organic Disorder: Myopia as a Paradigm, that one's critical judgment is arrested. First the problem of evaluation is made difficult by references to the prehistoric past which brought into relation to rather meager clinical material, makes one suspicious that the very momentum of the background conjured up may furnish the chief impact. One cannot feel sure to what extent some of the psychoanalytic deductions are examples of brilliant insight, or may prove to be analytic mythology. The use of trained intuition is most important in psychoanalysis and myths like that of Œdipus have been shown to have a guiding influence on human behavior and disease. It is not unscientific, therefore, to agree that such unconscious fantasies can shape reality, even physiological reality, into fantastic shapes. Increasing caution, however, needs to be exercised in applying the method, successful in conversion hysteria, to organic disease in general as has been emphasized by Alexander. Psychological conflicts may be of great importance in the causation of the disease; yet the lesion may be an end product without symbolic significance. The following passages should be reviewed in such light.

> 'As now for many years, I have emphasized, and, as specially pertinent to this discussion, again call attention to the two outstanding chronic

skin disorders which have challenged the skill of dermatologists for years—eczema and psoriasis. In very general terms, the former is more often found on flexor surfaces and the latter on the extensor parts of the body. Eczema is preëminently exudative and wet; psoriasis scaly and dry. They both probably have a number of factors involved in their causation, but one set of factors is rarely if ever mentioned in any work on dermatology; that is, that flexor surfaces are the embracing ones; extensor surfaces the repelling ones. The one aspires to caress, the other to rebuff. Here the psyche of the skin in its creative, life renewing cravings, by displacement from more maturely evolved zones of activity, give rise to the wet eczematous reaction. The death instinct of anal erotic drives shows also by displacement in the scaly repellant aspects of psoriasis. These are all hidden from consciousness, but are ways by which the skin speaks the secrets of the psyche. Dermatologists use calming lotions, as calamine, for eczema, and hostile, biting substances, like chrysarobin for psoriasis.'

In discussing myopia, Dr. Jelliffe writes:

'Thus St. Paul's pronouncement has been chosen as the central theme of this intuitively arrived at formula: "If thy right eye offend thee, pluck it out." The mystics' meaning of "offense"—as well as the "means" by which the relative destruction has taken place—may be opened up by the psychoanalytic discipline and the "symbolic" truth reduced to rational terminology in terms of a dynamic pathology, and ultimate therapeutic relief of a different type than the wearing of glasses, which after all must afford but a partial compromise with the inner conflict.

'Innumerable considerations, possibly of absolute value in a strict logic, are here pushed aside, conditioned by individual insufficiencies, or temporal considerations, but chiefly because of the purely preliminary nature of this presentation. I can present but a moiety of the numberless torsos of observation which have passed before my eyes. I cannot claim to have as yet satisfied my own canons of sincerity of exhaustive research. The majority of the observations have been extremely fleeting and belong to a crude natural history—a few have been more fortunately offered for more detailed study, and as yet but tiny fragments of psychoanalytic research—but even so, with the crudity said to so persistently stamp the cultural processes of the far West, I have the temerity to offer them.'

Furthermore, one has to bear in mind that Dr. Jelliffe enjoys bold statements that are stimulating and provocative, and that many of them are brilliant shots. Some of these, however, by their very boldness, overshoot. I remember attending the session of the American Neurological Association in Boston in 1923 at which the paper on The Neuropathology of Bone Disease was given. The rather rigidly organically minded audience was wondering how to take the communication, when Dr. Jelliffe threw in another bombshell by remarking that the probable source of

the music of a well-known modern composer was an irregular heart in the mother who carried him. In the use of bold intuitive assertions the author has much in common with Groddeck.

After reading the book, one is left with the impression that it is the work of a vigorous pioneer, and Dr. Jelliffe is the first in this country to have seen the implications of psychoanalysis for internal medicine. Boldness and quick intuition are qualities necessary in the pioneer who has been among the first in the Promised Land. Those of us who follow have for the most part to be content to gain title by intensive tillage and cultivation. We do need contact and inspiration from such masters as Dr. Jelliffe, and any worker interested in the field can read Dr. Jelliffe's book with profit.

If one wishes a good summary, he can find it in the last chapter. This paper, The Ecological Principle in Medicine, is one of the best in the book. It was originally given before the Central Neuropsychiatric Association in Topeka, Kansas, in the fall of 1935, and has packed into it the essence of Dr. Jelliffe's approach, philosophical, historical and clinical.

GEORGE E. DANIELS (NEW YORK)

PSYCHO-ANALYSIS. By Edward Glover, M.D. London: John Bale Medical Publications, Ltd., 1939. 139 pp.

Dr. Glover's book is addressed particularly to the medical practitioner, who is to be informed briefly about the essence of psychoanalysis. 'The task of condensing the theory and practice of psychoanalysis within the space available in a monograph series is by no means easy', says the author in the preface. Even if the book is not intended as the psychoanalytic textbook which is asked for by so many students, it fulfils its limited task very well. Though Glover states 'that clinical psychoanalysis concerns itself with a number of subjects which are not usually regarded as medical', and that 'actually a study of anthropology is a useful preamble to the everyday practice of medical psychology', the book in general is limited to the medical aspects of psychoanalysis, dealing less with technique and more with the neurotic mechanisms and with the indications and prognosis of psychoanalytic therapy. The book is divided into three sections. The first deals with psychology ('an adequate grounding in the structure and function of the normal mind is as necessary to the clinical psychologist as a knowledge of anatomy and physiology is to the organic physician'). The second

discusses the special neuroses from the descriptive point of view, but always emphasizing the unconscious and the specific pathogenetic mechanisms. The third part discusses practical applications.

The first section, starting with the definition, 'neuroses and other mental abnormalities are simply forms of unsatisfactory discharge which take place when the psychic organ has failed to deal adequately with the instinct tensions to which it is subjected', explains first the 'embryology of mind' and then the dynamic, the topical (structural) and the economic point of view. Though Glover promises: 'controversial views have been omitted or have been specifically referred to as controversial', not everything he states will meet with complete agreement among analysts. He takes the biological helplessness of the human infant as his starting point and explains that the impossibility of immediate discharge causes instinctive tensions to become unpleasant and consequently dangerous. From the emphasis which Glover places on this inevitable factor, he underestimates environmental factors and sees neuroses almost as a biological phenomenon. 'The accepted psycho-analytical view is that the most important factors in neurosogenesis are endopsychic.' In the discussion of the first phases of mental development Glover frequently takes the point of view of Melanie Klein that 'The infant, however, practically from the time it draws breath creates imaginary terrors' which are projections of the oral-sadistic strivings with which he answers the 'inevitable and increasing frustrations of instinct'. The outer and inner world are full of 'good' and 'bad' images: 'His inside is possessed of demons or sometimes of angels'. 'Some analysts believe that the superego develops shortly after birth or at least that it is in active function by the end of the first year.' These viewpoints become especially clear when Glover in his chapter, Phases of Mental Development, discusses the 'first year'. Adaptation to reality is for Glover almost exclusively the result of struggles against instinctive tensions and anxieties.

Discussion of the dynamic, topical and economic principles offers opportunity to introduce and to discuss all the important basic conceptions of psychoanalytic theory. Especially important and interesting are Glover's remarks about affects. In the chapter about libido economy, the defense mechanisms of the ego are described and discussed. It contains a new differentiation of 'introjection' and 'identification' that is particularly impressive. Some

statements seem to be oversimplifications: 'Generally speaking the guilt manifestations associated with the neurotic and psychotic illnesses are due to conflicts over unconscious aggressive (hate) drives'. It cannot be denied that conflicts about unconscious erotic drives likewise initiate tense guilt reactions.

In the discussion of symptoms, the part played by the unconscious ego is much more stressed than the fact that many symptoms are expressions of the id which make their appearance against the will of the ego. 'Theoretically regarded a symptom is an attempt on the part of the unconscious ego to adapt to some instinctual stress. Stimulated in most instances by the primitive moral interference of the superego, the unconscious ego mobilizes a number of unconscious mechanisms which are intended to control or distribute the energy causing tension.'

The second section dealing with the special theory of neuroses describes the symptomatology and specific mechanisms of hysteria, obsessional neuroses, which are described as disturbances of libido development rather than as regressions, mixed types of psychoneuroses, the manic-depressive group, paranoia, including what we usually call paranoid schizophrenia, schizophrenia, including the hebephrenic and catatonic forms, and drug additions. Of the last, he writes, 'A dangerous substance is chosen because, owing to the projection of the individual's sadism, parental objects are felt to be dangerous'. Is not a dangerous substance often chosen because the pharmacological effects sought by the patient can be achieved chemically only by substances which unfortunately simultaneously are dangerous? Psychosexual disorders are unsystematically subdivided into sexual inhibitions, perversions and marital difficulties. Finally there is a discussion of social difficulties, and an added chapter about child analysis.

The practical applications discussed in the third section are: 'Examination, diagnosis, prognosis, recommendation of treatment, the nature of psycho-analysis, duration of treatment, cost of treatment, the family situation'. In accord with the aim of the book the problems of correct examinations and therapeutic indications are discussed at length, whereas the description of psychoanalytic technique is dealt with in a rather short way.

One is grateful to Glover for a book that satisfies the need of many doctors who ask for brief, yet thorough and competent information about psychoanalysis.

OTTO FENICHEL (LOS ANGELES)

LE MASOCHISME: Étude historique, clinique, psychogénétique et thérapeutique. (Masochism: Its historical, clinical, genetic and therapeutic aspects.) By Dr. S. Nacht. Paris: Editions Denoël, 1938. 124 pp.

In the introduction to his well documented book, Dr. Nacht sets forth the thesis according to which a primary masochism seems to be contrary to clinical observations, particularly if conceived as an expression of autodestructive instinctual tendencies or as a manifestation of the death instinct. This leads him into contradictions, when he has to admit the existence of clinical manifestations of pain as a biological sexual stimulus. He circumvents this contradiction by stating that masochism, which in his definition is the acceptance of pain as a pleasure, can never be an aim in itself but only a means to achieve pleasure.

He gives a series of examples in which mental as well as physical suffering is endured for the sake of permitting oneself a certain degree of libidinal satisfaction. The function of masochism in these cases can be the neutralization of guilt. Suffering is endured to obviate greater suffering, for example, castration. A part is sacrificed to save what remains. This is a conception of masochism that has been propounded by Wilhelm Reich.

Another form in which masochism is put to use according to Nacht is the erotization of suffering. This mechanism he investigates in cases of perversion, limiting himself, however, to male patients. He sees the origin of the masochistic behavior in these cases in the sadistic conception of intercourse witnessed in early childhood. The fantasy and the desire to be chastised by the father is used as a means to safeguard virility with the help of the formula: 'Since father is content to beat me, I need not fear anything worse (viz., castration) from him.'

In the masochistic adult male's fantasies however, it is regularly a woman who inflicts chastisement. This is explained by the theory that the little boy, after having built up the father as the one who punished, turns his love to the mother. Consequently his anxiety is again increased; he now transforms the mother into a cruel punishing personality, into the phallic mother. This alleviates anxiety by neutralizing the guilt feeling according to the formula: 'Since she ill-treats me, she does not love me. Therefore I cannot be reproached (with having a love relation with my mother).

The frustration of the primary libidinal urges throws the child back towards pregenital sex phases. The gratifications experienced in these, particularly in the phallic phase, are essentially passive in character and thus reinforce the masochistic behavior.

The author next investigates the 'masochistic character' as described by Reich, of which he distinguishes two types: (1) that of total insuccess: the chronic failures; and (2) those wrecked by success (Freud: Coll. Papers, IV). Both are types of autopunishment.

The masochist constantly solicits sadistic treatment from his environment because he is greedy of love and must constantly receive proof that he is loved; ill-treatment for him equals love. He provokes ill-treatment by his aggression toward the love object. The larger part of the aggression, however, cannot be exteriorized because of anxiety and it is this transformation of aggression into anxiety by which masochism is characterized.

Nacht differentiates three types of moral masochism:

(1) Autopunishment to avoid castration.
(2) Courting failure plus pleasure derived from suffering.
(3) Autopunishment plus inaccessibility of the personality to anything but suffering. The totality of primary sadism is transformed into masochism. While in paranoia all hate is projected onto the surrounding, here all hate is turned towards the self.

Turning to masochism in females, Nacht refuses to consider as masochistic the acceptance of relative feminine inferiority, of passivity and those manifestations of female sexuality which are connected with pain, since all this is imposed by the laws of nature and hence represents normal femininity. He recognizes as masochistic only behavior going beyond these limits and, of course, the so called masochistic perversions.

As to the normally painful phenomena of female sexual life, the author believes that defloration is soon forgotten, whereas the maternal instinct is supposed to triumph over the pain connected with pregnancy and delivery. Such opinion sounds like wishful thinking and cannot be substantiated by this reviewer's clinical experience.

Nacht proceeds to outline the female child's development. He gives two possibilities of malformation in its course which would be conducive to masochism:

(1) Denial of the lack of penis followed by the formation of a masculine superego; desire to compete with men; consequent tendency towards self-punishment in order to avoid castration.
(2) Castration (lack of penis) is accepted, but explained as punishment for masturbation. Persisting guilt feeling for continued masturbation imposes autopunitive behavior.

The author does not recognize biological factors as justifying female masochism. As one explanation for female masochism he offers something along the lines of a defense mechanism against the reproach of having an incestuous love object, in the formula: 'He beats me because he does not love me, consequently I am innocent.'

The masochistic perversion in the female, alleges Dr. Nacht, is much rarer than in the male, a statement which appears questionable to this reviewer. He explains this theoretically by the less rigid and severe female superego. As to the masochistic character, he does not believe it to be different clinically in male and female.

Nacht discusses male potency disturbances as one of the manifestations of masochism and distinguishes four types:

(1) Passive attitude toward the father; general recession of aggression, depriving the individual's virility of the important aggressive component.
(2) Fear of castration induces the individual to behave as if already castrated. These cases are characterized by loss of erection in the moment of penetration.
(3) Hypertrophic active aggressive component of phallic phase dominates the erotic component. When the aggressive component is repressed, the totality of the sexual act becomes inhibited. Such patients often declare that they are afraid to hurt the woman in the sexual act. (A variant of this type of aggression is the man who expresses this hostility, causing suffering to the female partner, by refusing her everything, sexuality included.)
(4) Impotency which turns out to be latent homosexuality. The little boy puts himself in the father's place, in a passive attitude. All suffering invited by him is but the substitute of the violence he had wished to be subjected to by his father; and thus he becomes impotent.

The essential therapeutic problem of the above-mentioned forms of impotency consists in the liberation of the aggressive tendencies and their redintegration in their appropriate place in the genital pattern.

After a short discussion of the rôle played by masochism in the

origin of male homosexuality, where the regression to pregenital levels is manifest, Nacht proceeds to compulsion neurosis, which he regards as an essentially sado-masochistic neurosis, as seen from the terribly sadistic superego of the compulsive, the aggressive content of compulsive symptoms and the punitive reaction they entail.

The investigation of the rôle played by masochism in melancholia finally forces Nacht to recognize that here autoaggressive phenomena take place which coincide precisely with Freud's description. With this concession, Nacht's thesis that primary masochism is not substantiated by clinical observation becomes untenable.

The author concludes with a chapter on Therapy. The treatment should begin by avoiding concessions to the patient. Thus the treatment will play the rôle of autopunishment in the beginning. The patient's attempts to provoke the analyst's pity, his anger, his severity, his activity, his punishment, will have to be resisted by tireless interpretation, until the patient begins to recognize what he desires. From here on the analysis of the transference will enable the patient to reinforce his ego. In this phase, negative therapeutic reactions are frequent. Further analysis of transference enables the patient to liberate his aggression, which should be kept within the limits of the transference situation. In the final stage of the analytic treatment the patient experiences great difficulties in giving up his analyst. Sometimes it seems advisable to keep up a certain contact with the patient after having concluded analysis, letting the patient's attachment weaken gradually.

As to prophylaxis, education should steer a middle course between granting and frustrating, and strive to achieve in the child a strong ego and an adaptable superego. The effects of punishment, the author believes, are not of much consequence one way or the other as long as they do not represent an injustice.

Taken in its totality, Nacht's book is a useful orientation in the field of masochism, well documented as to bibliography and observations on the author's own clinical cases.

R. A. SPITZ (NEW YORK)

PAVLOV AND HIS SCHOOL. By Y. P. Frolov. Translated by C. P. Dutt. New York: Oxford University Press, 1937. 286 pp.

For some time it has seemed to the reviewer that nothing might prove more helpful to the progress of psychoanalytic technique

and theory than a thorough understanding of the phenomena of the conditioned reflex and of hypnotism. In Frolov's volume there is a wealth of suggestive information and data.

In one short volume the author has attempted to present a picture of Pavlov the man, Pavlov the working machine of gigantic proportions, a résumé of the scientific background out of which his work arose, of the evolution of his experimental procedures and theories, an analysis of the impact of his work on physiology, neurology, and psychiatry, of its implications to philosophy, and finally of Pavlov's place in the social and economic world of Soviet Russia. In so short a book it is impossible for the author to fulfil this ambitious plan in more than a sketchy fashion.

The book is written with a reverence which finally becomes contageous, even though occasionally it is perhaps somewhat blindly and naïvely eulogistic. For instance, it is evident that Pavlov lived and worked with an obsessional meticulousness and precision, which at times took rather amusing forms, such as his riding to town daily with a stop watch in his hand. The author speaks of this reverently as Pavlov's 'strictly defined coördinates in time and space . . . strictly adhered to' (pp. 268-269). However, these occasional expressions of blind adulation are compensated by vivid vignettes of the simple scientist at work in his laboratory (pp. 60-62), and by the picture in Chapter VIII of indomitable courage in the pursuit of his studies through the most trying periods of the revolution.

The book is somewhat too condensed for the layman, whereas for the technically interested reader clearer and more detailed expositions are already available; nevertheless as a running story of the evolution of Pavlovian theory it is exceedingly interesting. Of profound importance to the psychiatrist and analyst, in Chapters IV through VII the author brings together for the first time a wealth of fact and theory from the last years of Pavlov's life, during which he became wholly absorbed in the problems of the neuroses and psychoses.

In the earlier chapters one may be annoyed by the author's occasional touches of Russian chauvinism, or by the ever recurring attacks on philosophy, psychology and psychiatry. A few of these are sufficiently interesting to be worth quoting; for instance: '. . .if . . . there exists even a single psychical act of the animal that can be fully explained in a purely physiological way, then the whole

long-standing structure of zoöpsychology will collapse in ruins' (p. 42); or the somewhat tedious controversy (p. 76) over the issue: should an animal's anticipatory movements be characterized as 'voluntary'. Emphasis is placed on the fact that whereas a conditioned reflex leads to movements which in turn lead to salivation and the appearance of hunger—in the presence of spontaneous hunger the animal, under the stimulation of his activated food center, salivates and finally is brought to perform seeking or masticatory movements. This is termed the 'reverse movement of the physiological process', seeking by this circumlocution to avoid the word 'voluntary'. It is, of course, wholly valid and necessary to define the physiological basis for a psychological phenomenon. But after one has found such a definition, one still needs terms for the psychological fruits of the physiological process. Otherwise it is as though having discovered that water is composed of hydrogen and oxygen, one forever after refused to speak of or recognize the existence of water itself.

The book outgrows most of these limitations, however, just as it becomes evident that Pavlov himself outgrew them. At one time Pavlov exacted fines of any student in his laboratory who used words like 'voluntary' or 'consciousness'. In the end, carefully and guardedly, Pavlov came to use them himself.

In part at least, this aspect of Pavlov may have been the result of oppressive features of Czarist Russia. Pavlov felt that he had to defend his right to make scientific investigations of the physiology of psychological functions. Only a few decades earlier, one of Sechenov's books on physiology had been banned by the Czar. Perhaps it was for this reason that Pavlov tended to treat psychiatrists and psychologists as though they were theological and philosophical opponents. For instance, a discussion of gestalt psychology is capped (p. 188) by referring to the fact that Koehler had been a member of a 'theological faculty', as though this automatically explained and invalidated his work.

There are several amusing examples of the intrusion of economic and sociological theories into the scientific thought in the Russia of today, much as theological considerations did in the past: the 'disintegration of Behaviorism' is attributed (p. 15) to the World War and 'the world economic crisis'; Karl Marx is quoted (p. 187) more or less in opposition to Koehler; investigation of the use of tools by apes (p. 190) is vaguely linked to the problems of Labor

and machine tools. It is as though it were necessary to give the work an air of immediate economic applicability in order to win the support of the State.

The technically trained neurophysiologist must also not allow himself to be thrown off by the inadequacy of the author's survey of the status of neurophysiology before Pavlov, or by the occasional misconceptions of the historical significance of the work of others. One such misconception, however, plays a rôle of some importance in the structure of Pavlov's theories: muscle tonus (p. 22) is explained as being due to 'the strength of the nervous process taking place in the nerve cells of the anterior horns of the spinal cord. The greater the stimulation of these cells, the stronger is the tonus of the contracted muscle'. This concept of variations in neurone 'strength' is an important element in Pavlov's theories of the neuroses. Modern physiology has substituted for a concept of varying *strength* of individual anterior horn cells or muscle fibers, a variable *number* of active individual units. Similarly for Pavlov's picture of 'strong' and 'weak' cortical cells it might be better to substitute a concept of varying numbers of cortical cells involved. For his theories the result may be the same, even though the physiological mechanism is fundamentally different.

Without summarizing in detail those chapters which deal with the fundamental work on the elaboration and extinction of various kinds of conditioned reflexes, it is worthy of note that according to the evidence presented here, reflexes can be conditioned not only to basic instinctual reactions such as hunger, but also to proprioceptive impulses from muscles, to the effects of the administration of thyroxin and adrenalin, to the effects of the passage of an electric current through the brain with the production of convulsions as a conditioned reflex, etc. The author passes over without comment this truly astonishing and provocative extension of the field of influence of conditioned reflexes.

As psychiatrists and analysts, our chief interest is in the chapters on the experimental production of sleep, various degrees of catalepsy, and of that state of chronic agitation which has been called the 'experimental neurosis'. The extraordinary number of parallels which can be drawn between the findings of Pavlov and those of Freud, many of which Pavlov himself had no hesitation in acknowledging, is impressive. The author makes no reference to published studies of the relationship between Freud and Pavlov, such as those of French, Ishlondsky, Kubie and others.

First among the basic concepts which are held in common by the two systems is the idea that the body's instinctual needs are the source of all psychological energy. What Freud called the 'id', Pavlov described as the system of 'unconditioned reflexes'. For instance (p. 170) the author speaks of the ebb and flow of excitatory and inhibitory waves in the cortex 'which . . . can consist only in the close relation of the conditioned reflexes to the unconditioned needs of the animal'. Further on (p. 223): 'Every change in the functioning of the lower centers that control the life and nutrition of the internal organs and tissues . . . immediately produces a corresponding change in the activity of the cortex'. Here one sees clearly Pavlov's recognition, with Freud, of the instinctual basis of all processes of fantasy.

It is of further interest to note that in elaborating his ideas of the importance for the whole psychological superstructure of the animal, of the needs which are represented by the unconditioned reflexes, Pavlov, like Freud, placed sucking in a predominant rôle. It was no accident that the first conditioned reflex to be discovered and studied was feeding. It is unfortunate that there have been no equally objective studies of the conditioned reflexes which are built up around the excretory and sexual unconditioned reflexes. It is a striking omission in the work of Pavlov's school that up to the present time it has concerned itself so exclusively with feeding, sleep, and in a rudimentary way with the aggressive drives.

Of interest to all students of psychopathology is Pavlov's beautiful experimental demonstration of the fact that the basic instinctual demands are not fixed entities in any individual animal, either quantitatively or qualitatively. The strength of these instinctual unconditioned reflexes are measured by the strength of the conditioned salivary or motor reflexes. It is then observed that the basic instinctual needs themselves are played upon by a vast superimposed structure of conditioned reflexes which can increase them, decrease them, render them insatiable and repetitious, or even reverse them, so that the animal can be made to choose that which is harmful and to reject that which his body needs. Conversely, pain itself can be converted into a conditioned signal for eager anticipations. One could not ask for clearer demonstrations of the physiology of obsessional mechanisms, or of those distorted pleasure-pain reactions of which masochism is the most dramatic clinical example.

In the course of the evolution of his theories of sleep, Pavlov

came upon experimental data which convinced him of the essential soundness of Freud's basic concepts of the mechanism of dreams and of the minor psychopathology of everyday life. He found no difficulty in accepting the idea that dreams might express needs which were 'even unknown to the subject himself' (p. 173). In such experimental observations as the undulatory and rhythmical variations in the magnitude of conditioned reflexes (p. 108), in the phenomena of trace and delayed conditioned reflexes (pp. 124, 169) and in the manifestations of positive and negative induction (p. 172), he offers a physiological explanation of slips and dreams, of memory, of obsessive recall, of æsthetic judgments, and of the automatic recording of the passage of time.

In his interpretation of these phenomena, Pavlov's concept of inhibition becomes almost identical with Freud's concept of repression. From the inhibition of reflexes to the repression of conscious functions was not a difficult step for Pavlov because of his picture of psychological processes as the expression of superimposed chains or hierarchies of conditioned reflexes of increasing complexity. It is only to the 'purposeful' nature of Freud's concept of repression that Pavlov objected; and one may suspect that had Pavlov understood 'purpose' not in its original somewhat naïve sense, but in the 'economic' and 'dynamic' sense in which Freud finally used it, it would have offered no serious difficulty to the great Russian physiologist. Here as well, it seems to be an ill-chosen word with unfortunate philosophical overtones, to which he is objecting.

In the development of these points of view, experiments on skin stimulation played a rôle of primary importance. It was found under certain circumstances that skin could become a pacifier, and its stimulation could lead directly to the inhibition of established reflexes and finally to sleep; whereas under other circumstances it could become so strongly exciting as to bring on serious disturbances in behavior. Out of a wealth of such data, Pavlov evolved his ultimate picture of the cortex as a dynamic system (pp. 78, 158, ff.). In the functioning brain as conceived by Pavlov, unconditioned reflexes, which are mediated primarily through subcortical ganglia, give rise to conditioned reflexes of many kinds, all of which can be either excitatory or inhibitory, localized or diffuse. Their seat is in those cortical fields of sensory perception which Pavlov calls 'the analyzers'. From these, in turn, arise a complex third system of cerebral reflexes (i.e., a second system of cortical conditioned

reflexes), involving primarily the frontal association areas, and subserving all abstract thinking. These reflexes receive their signals from the lower system and all of them may be either excitatory or inhibitory. Thus Pavlov viewed the cortex as an intricate mosaic of excitatory and inhibitory processes, sometimes sharply localized, sometimes widely diffused.

Mutual interference between such processes would appear to be inevitable, and it is in the conflicts between these excitatory and inhibitory mechanisms that Pavlov sees the origin of the neurotic process. Neurosis, writes the author (p. 222) is 'due to *conflict between various unconditioned reflexes or emotions* [reviewer's italics] with a corresponding conflict of opposing processes in the cerebral cortex'. Pavlov explained the well-known neurotic difficulties of childhood as due to the fact that irradiation of inhibition occurs less fully in the child than in the adult, plus the fact that his excitatory processes are so vigorously reënforced by his basic instincts (p. 140). To the analyst these are wholly acceptable formulations.

At this point more must be said of the concept of inhibition and of its relationship to hypnosis, catalepsy and sleep. Pavlov's first step consisted in isolated observations in the laboratory which led to the conclusion that there were a wide variety of situations which could inhibit both unconditioned and conditioned reflexes. Later it was found that this inhibitory process could itself be linked to an unconditioned stimulus and thus become a *conditioned inhibitory reflex*. Then, to the surprise of the observers, it was found that this inhibitory process did not always confine itself to the particular reflex to which it had originally been linked, but that its influence might spread throughout the cortex so as to induce varying stages and degrees of immobility and sleep.

More or less concurrent with these observations it was found that animals confronted with too prolonged frustration or with problems they were physiologically incapable of solving might react in the opposite way with frantic restless excitement, inability to accept the experimental situation, inability to eat, and the like. In other words, apparently the excitatory process as well as the inhibitory process could leave its accustomed and restricted channels and spread diffusely through the brain.

A particularly clear example of the diffused inhibitory phenomena is the case of the dog, 'Prima' (pp. 174-176). The beat of a

metronome was established as the conditioned stimulus for a stable reflex of some years' duration. Then for two years the sequence of a single note on a trumpet followed by that same metronome beat was used to inhibit completely the reflex to the metronome beat, forming ultimately what the author calls a 'localized clot of inhibition'. When the effect of a buzzing noise was tried on the dog, a strange thing happened. It was as though it were both like and unlike the trumpet note. The inhibitory process suddenly broke out of its corral and became completely diffuse. The dog constantly fell asleep. All conditioned reflexes began to fail. Finally, the only way in which 'therapy' could be achieved was by persistently presenting food along with the trumpet note which had been the source of the original inhibition and to which all of the subsequent diffuse inhibitions had been linked. This is an experimental demonstration of the aim of an analytical procedure.

It would appear, therefore, that in Pavlov's view pathological phenomena can occur as the result of an uncontrolled spread either of inhibitory or of excitatory processes, or as a result of conflict between the two. Many complex examples are given of apparent interaction between the two processes (pp. 138, ff.), but here the text is not always easy to follow in detail. One gets the impression, however, that Pavlov's picture of the neurosis may have been unduly influenced by the special case of the traumatic neurosis which in turn colors his concept of the 'rupture of higher nervous activities' (pp. 210, ff.).

The complicated concept of constitution and temperament is described in Chapter VII. The author's version of Pavlov's views outlines three fundamental units of psychological constitution—strength, balance, and lability—with various methods for testing for them. Out of the various permutations and combinations of these three units Pavlov deduces twenty-four possible theoretical types. He readily acknowledges that not all of these necessarily occur in nature, and he finds the three that are most frequently encountered correspond to the ancient Hippocratic concepts of the sanguine, choleric and phlegmatic dispositions. Frolov's presentation of this material is somewhat more dogmatic than the evidence seems to warrant, nor is it free from many puzzling inconsistencies of detail. There is no discussion of how the various types arise. It is noteworthy that both in his discussion of temperament, and in his discussion of the Rupture of Higher Nervous Activity, Pavlov, like

Freud, realized that the study of the production of neuroses was at the same time an investigation of the production of what he called 'individuality'.

Pavlov correlates his data with Minkowski's (p. 82) who pointed out that in the fœtus all excitatory processes are entirely diffuse. Pavlov demonstrates that conditioning does not become possible until localized channels are established in the nervous system, and that in the development of such channels an inhibitory process is necessary. This develops later than the excitatory process both in phylogeny and in ontogeny.

From this point it is a logical conclusion, and one which was borne out by experiments (pp. 217-218), that every focus of excitation in the cortex is surrounded by areas of inhibition. If this is true, *then we are forced to conclude that the state of hypnosis is nothing more than a physiological extension of any state of thoroughly focused activity,* just as *sleep* is shown to be merely a physiological extension of a state of focused inhibition. Hypnosis loses all of its mystery and becomes the inevitable physiological by-product of any state of complete 'concentration'.

This leads one to ask further what physiological basis there may be for the fact that some people cannot concentrate without falling asleep, whereas others seem to be able to sleep only if their attention is constantly wandering; and is there any relationship between this well-known variable in human behavior and the varying susceptibility to the hypnotic state? Is it possible that in some individuals more than in others the cortical field may tend to react as a unit, the whole going into a state of excitation if any part of it does, in place of Pavlov's picture of a focus of excitation surrounded by more or less widespread areas of cortical 'sleep'? And conversely is it possible that once an inhibitory process is begun in a cortex around an area of focused activity, that in certain individuals this inhibition immediately irradiates and induces rapid sleep?

These possibilities lead to further questions. Although in general it may be true, as Pavlov points out, that the irradiation of excitation is rapid in the cortex of dogs, and that of inhibition relatively slow, is this difference necessarily true for man? Or at least is it true to the same extent? Would it not seem probable that the greater psychological evolution of man depends upon an increase in the rôle of inhibitory irradiation as a necessary concomitant of the process of thought? And may it not vary greatly from one indi-

vidual to another? Also we might well ask what the rôle of anxiety may be in all of this. Pavlov links the emotional state to the irradiation of the excitatory process; but we know that some animals are immobilized by danger, just as some men are energized psychologically and others paralyzed by anxiety. Is it then possible that in the one anxiety increases the irradiation of excitation, whereas in the other it increases the spread of inhibition? To this in turn would be linked the problem of the influence of drugs such as caffeine and benzedrine, as well as the action of sedatives. One may hope that the electroencephalogram may bring us answers to these questions in the not too distant future. At all events, such possibilities are all of utmost importance to many basic problems of psychopathology.

In this connection it is of interest that Pavlov looks upon sleep not as the *product* of exhaustion but as a protective mechanism to prevent exhaustion, much as Freud looks upon the dream not as the violator of sleep, but as the more or less unsuccessful effort to protect it.

The work on sleep (pp. 152-155) involved minute studies on the stages and phases of falling asleep and of awakening from sleep. It was possible to gauge the depth of sleep without waking the subject by using the posture of the head as a measure of the tonus of the cervical neck muscles, and the salivary secretion as an index of other phases of cortical activity. With these guides many interesting observations are briefly suggested on the pharmacology of hypnotic drugs, on states of catalepsy and suggestibility, and the like. Unfortunately, here too the data is scanty, and the descriptions somewhat obscure. One cannot escape the conviction however, that this type of cortical inhibition is closely related both to the everyday phenomena of sleep and to the clinical phenomena of hypnotism and catalepsy, and that the phases described by Pavlov deserve careful clinical study. For instance in discussing the basic importance of the restriction of muscular movements (p. 157), Pavlov divides the observed phenomena into three degrees: (1) states of cortical inhibition in which the trunk and limbs alone are immobilized, (2) states of deeper inhibition in which the neck and eyes are involved as well, (3) and finally the state in which the muscles of the head and face are involved with ultimate inhibition of vocalizing mechanisms and the development of full sleep. One is impressed here by the

closeness with which these stages parallel one's clinical experience with hypnotism.

To the reviewer, it has been a matter of regret that the school of Pavlov was so bound by its rigid antipsychological bias as to overlook one of the important by-products of its own magnificent experimental work: namely the fact that this work has defined so clearly the legitimate sphere of psychology itself. It has shown that unconditioned reflexes are always immediate and direct, whereas conditioned reflexes depend upon a time interval between stimulus and response. It has shown that in this temporal gap something happens: a central reverberation to a stimulus which has ceased. It has proved that it is this central reverberation that subserves the processes which we know subjectively as imagery and memory, and it has demonstrated that these reverberations go on irrespective of that special aspect of psychological phenomena which we term 'consciousness'. Thus Pavlov really has taken the curious mystery of thought and has given to it a clear and simple place in science, by linking it specifically to that gap between stimulus and conditioned response upon which depends the whole phenomenon of the conditioned reflex. This gap may be a split fraction of a second in the simplest manifestations of the phenomenon; or it may endure for minutes, hours, days, weeks, months, and even years without altering its basic physiological properties or its psychological implications. It is this simple solution to the most ancient mystery that we owe among so many other things to Pavlov.

Something should be said about the make-up of this book. It is not easy to forgive the Oxford Press for the errors in typography, editing and proof-reading. Figure 8, page 50 is referred to but is missing. Typographical errors and neologisms abound: 'Sleep' for 'steep' (p. 12); 'Vicariation' (pp. 56, 118); 'Pedology' (p. 90 and elsewhere); 'Expiry' for 'expiration' (p. 105); 'Storey' (pp. 61, 152); 'Introductions' for 'innovations' (p. 229); and innumerable examples of unidiomatic translations which should have been corrected, such as (p. 269) 'something that could be already immediately applied'. All of this would point either to a degree of ineptitude in the translation, or of carelessness in the editorial office which should not mar the products of a house which devotes itself to responsible scientific publishing.

LAWRENCE S. KUBIE (NEW YORK)

MODERN CLINICAL PSYCHIATRY. By Arthur P. Noyes, M. D. (Second Edition). Philadelphia & London: W. B. Saunders Company, 1939. 570 pp.

The material in this volume constituted lectures given to small groups of senior medical students at Norristown State Hospital where the author is Superintendent. These lectures, with certain modifications, were put into book form in 1934 at the request of some of the students. This is the second edition.

It is evident from reading this volume that the author is familiar with the literature of modern psychology. He approaches his subject with sympathy and a genuine desire to understand mental mechanisms. But it appears that he has not completely digested the material he read. He remains eclectic and sceptical of the value of any one point of view. The teachings of Freud, Rank, Jung, Stekel, Adler, Adolf Meyer and many others are interchangeably used without any attempt at orienting the reader as to who is who and why. This is most bewildering and gives one the impression that the author is no less bewildered than the reader. He seems on the defensive and always in doubt, at no time committing himself to a clear-cut categorical statement. Everything is qualified by 'sometime', 'rarely', 'often', etc.

In his discussion of psychoanalysis, the author displays thinly veiled hostility. The subject is covered in ten pages, and while he accords psychoanalysis a place as a method of research and as a science of the unconscious, he feels that it has completely failed as a therapeutic method. He admits, however, that it has 'elucidated many aspects of human behavior that had baffled interpretation. It has lead to a greater realization that dreams, fantasies, the play of children, casual gestures and slips of the tongue afford significant clues to an understanding of personality' (p. 368).

While he states that the greatest value of psychoanalysis is in the psychoneuroses, he does not recommend it in hysteria and feels it is inefficacious in what he calls "neurasthenia and psychasthenia'. He does not mention it as a method of choice in the anxieties. He leans very strongly to Adolf Meyer's distributive analysis, although his outlook for the neuroses generally is rather gloomy.

The chapters on the organic psychoses find the author on more solid ground. The treatment of the psychoses due to syphilis of the nervous system, especially paresis, is particularly good. Here he shows a fine grasp of both the clinical material and the liter-

ature. He is equally able in his discussion of alcoholic psychoses. It is evident that the author's experience and training have been largely limited to the psychoses as seen within the confines of a hospital and that his knowledge of the neuroses comes principally from books. This is regrettable. Far too many medical writers secure their material in just this manner, rather than from the original source—the patient.

SARAH R. KELMAN (NEW YORK)

MENTAL HEALTH. Publication No. 9 of The American Association For The Advancement Of Science. Lancaster, Pa.: The Science Press, 1939. 470 pp.

This volume presents the forty-nine papers, twenty invited formal discussions and twenty-one informal discussions which were given at the Symposium on Mental Health held under the auspices of the Section on Medical Sciences of the A.A.A.S. at Richmond, Virginia, in December 1938.

Of the ninety printed papers, some are very good, many are informative and provocative, and some are very bad. But with the syphilologist, the epidemiologist, the pathologist, the statistician and the psychobiologist each hawking his separate ware, one must expect to find that the sum of the parts does not add up to any particular whole. Furthermore, although there are a good many highly interesting facts and results of surveys presented, one can not escape the impression that what in general is being talked about bears only a very oblique relationship to *mental* health, either of the individual or the community. What seems patently lacking is any philosophical attempt to evaluate critically what is going on in terms other than those of current focal illusions or ideological slogans, and what is needed is less advancement of science and more clarification of human values.

The tendency of science to outrun its supposed goals and to grow away from basic human values is indeed less characteristic of psychiatric science than of the physical technologies. But that this tendency exists at all in a department of science presumably sensitive to the deep and timid needs of the individual is disturbing; and it is in just such a 'broad' symposium as the present one that we begin to detect that subtle shift of emphasis from the individual to the group, from the bee to the hive, which is elsewhere so ominously evident in the complex texture of our time.

Thus we see much written in these papers about the economic loss to *industry* of psychogenic illness or accident proneness when the problem of peak *production* has long since ceased to be a crucial social concern. We see, again, the tendency to view mental health in terms of x number of hospital beds per annum and y millions of government dollars expended rather than in terms of the fulfilment of individual needs. Worst of all is the growing itch to apply the half-won insights of psychiatry to the ever fascinating task of solving social and political problems, with little thought to the methodological difficulties involved.

Psychoanalysts will recognize in these trends an old and powerful protean enemy—man's resistance to facing the realities of his instinctual life. Just as we are about ready to admit that there is such a thing as the unconscious and just as we have gained some insight into the powerful infantile drives, resistance takes a new turn: we admit all these things about the individual but find it more important now to study the individual as he acts in larger corporate entities—industry, political bodies, the state itself. The human being, having won his place in the sun, becomes once more an atom. Quite apart from the threat which this tendency presents to the continued growth of genuine psychiatric knowledge, there exists also the danger that the sudden need to see man as a unit in larger and larger environmental contexts will seduce psychiatry into pandering to allegedly 'inevitable' historical processes.

When Sullivan writes that psychiatry should 'employ its newly found knowledge of interpersonal relations to aid in directing human affairs and countering the waves of propaganda and prejudice that block efforts at a scientific reform of our national life', he should realize that psychiatry is young, is not yet able to stand by itself with the authority of indisputable truth and may easily fall to the highest bidder in the game of power politics, itself become a pawn of propaganda. What can psychiatry tell us about a 'scientific' reform of our national life? Nothing. And in so far as it makes pretensions in this direction it ceases to be psychiatry and becomes instead another puffed-up purveyor of dogma. When Lasswell, concerned with the 'delusions of the community' and the health of the body politic, writes: 'Integrative politics depends upon finding the *key persons* [reviewer's italics] who are capable

of initiating and facilitating the sequence of policies which . . . will bring about integrative acts in the most economic way'; and, 'Methods will need to be devised of discovering and treating persons in different organizations who do sick rather than sound thinking', he should be made aware that what he is saying could essentially be said by Goebbels who too is interested in the health of his organization, is eager to devise methods of 'discovering and treating persons . . . who do sick rather than sound thinking'. To protest that there are great and obvious differences between the two instances is to overlook the methodological identity of the two procedures once a set of prime values has been established for each. And when these prime values have to do with the health of organizations rather than of individuals, the technique of achieving these values is no more psychiatry than the building of a house is mathematics simply because arithmetical computations have to be made in the process; the use of the best mathematics, furthermore, is no guarantee that the house will not be an uninhabitable monstrosity. With all due apologies to Lasswell, it should be pointed out that Hitler too fancies himself a political psychiatrist. His discussions in *Mein Kampf* of the 'psyche of the masses' and the psychological mechanics of perfecting his organization are nothing short of brilliant; but his interest lies only in the organization. Therein lies the danger of any so called political psychiatry, and well meaning psychiatrists who are bent on applying this new instrument to national and international problems had better look twice to see that they have not cleverly caught hold of a live wire.

Some will say that these trends are significant of something deeper than and beyond the preoccupations of individual psychiatrists. Perhaps so. If these trends are significant of a blind evolutionary submergence of the individual in the group—(and not even in the group, in fact, but in its modalities or, better, its compulsions)—and if this is destiny, so be it. But why in such a case rush to take destiny by the tail? The reverse will undoubtedly occur in its own good time. Till then, let it be said to his critics, the psychoanalyst will continue to do an honest job by his study of the individual *qua* individual and not as an industrial loss or as a monkey wrench in some organizational machinery.

JULE EISENBUD (NEW YORK)

IST DIE AGGRESSIVITÄT EIN ÜBEL? (Is Aggressiveness an Evil?) By Tora Sandström. Stockholm: Albert Bonniers Förlag, 1939. 186 pp.

In Stockholm, where this book was written and published, as well as elsewhere, people may have unkind free associations to such a title as 'Is Aggressiveness an Evil' and the author may find herself caught in her own catch-question.

The psychoanalyst attempting to read this book finds on the second page a statement which arouses his resistance. According to the author, Freud says 'the aggressions are destructive under all circumstances'. Either this statement (which we hope was not intended to be taken as a quotation from Freud) may be simply considered to be meaningless, implying that aggressions are aggressions, or it is a misstatement implying that aggressions are, according to Freud, always 'evil'. Adler too is supposed not to see anything 'good' in aggressions. It is clear that the author uses the term 'aggressiveness' very vaguely. Aggression, according to the author, is a part of the self-preservative instincts.

The author's summary of her conception of a neurosis may be quoted: 'We maintain that a weakness of the self-preservative instincts is always to be assumed as the cause of functional neurosis; a weakness which induces the self-preservative instincts to work in negative direction, that means not useful for life but harmful'. (p. 20.)

MARTIN GROTJAHN (CHICAGO)

PUBLIC OPINION AND THE INDIVIDUAL. By Gardner Murphy and Rensis Likert. New York: Harper & Brothers, 1938. 316 pp.

In this clean cut monograph Professor Murphy and Dr. Likert have added to our tools for the study of attitudes. The chief contribution is a method of scaling the distribution of opinion that is much simpler than the epochal method perfected by Professor L. L. Thurstone. Thurstone's procedure calls for a panel of judges to sort out the significance of statements; the Murphy-Likert method dispenses with the judges and depends upon the assumption that opinions are distributed according to the 'normal curve', an assumption sharply in dispute among specialists.

The authors administered their opinion tests to college students in 1930 and to a retest group in 1935. Each student was asked to

prepare a brief autobiographical sketch, and a small group of volunteers was studied more intensively. The purpose was not only to show how attitudes were distributed and how they had changed, but by what factors they were determined.

The findings were in the main negative; and this is to be attributed to the lack of intensive knowledge of such factors as the personality of parents and the reading experience of students. The investigators freely admit the imperfections of the observational standpoints which they were able to occupy, and they call for more intensive knowledge and more adequate theories of childhood and adolescence.

As social history the data are of interest, quite apart from their usefulness in relation to the fundamental propositions of social psychology. In 1930 the seriousness of the great depression was not evident; in 1935 the low point was past. Attitudes in the test group moved in a more 'radical' direction; they favored more fundamental changes for the benefit of the underprivileged groups in society. The direction is not surprising, but the *rates* of change are important. If we are to keep abreast of the changing 'climate of opinion' in different parts of the social structure of America and of the world, we must provide for the regular reporting of the responses of selected groups. Even the low correlations obtained with many environmental and predispositional factors are valuable to the student of social development, however disappointing they may be to the searcher for high correlation coefficients. The Murphy-Likert results put an important brake on tendencies to exaggerate the importance of certain short term factors in the stream of political development. Moreover, the results emphasize the importance of exposure to the stream of communication in society rather than to direct material deprivations. The authors remark that 'Data on income suggest that personal economic adversity is less important than general awareness of the seriousness of the world scene'.

There is a sense in which no personality data are superfluous if we are to perfect our knowledge of society. Every psychiatrically studied person occupies a definite position in the social structure of the community. He is to some extent typical of those who enjoy a certain income or belong to a high or low deference group. (A high deference group is 'eminent scholars', a low deference group in America is the 'Negro'). Attitudes toward public personalities and

public issues are distributed differentially among these several groups, and formative factors impinge with varying potency upon the members of these groups. Thus the data obtained by the psychoanalyst are not only relevant to private attitudes but to public attitudes as well; and psychoanalysts who look at a report of the Murphy-Likert type may become aware of the bearing of their own data upon the cultural-historical processes in which they are themselves concerned.

HAROLD D. LASSWELL (WASHINGTON)

THE PSYCHOLOGY OF SOCIAL MOVEMENTS. A Psychoanalytic View of Society. By Pryns Hopkins. London: George Allen and Unwin, Ltd., 1938. 284 pp.

This volume attempts to satisfy an urgent current need, to describe the psychology of social movements. There is however little in the book that satisfies this need. What there is, is an extremely disjointed account of various aspects of individual psychology based largely on a static use of the libido theory, in which respect the author repeats many of the errors which have been made along these lines by many others.

The reasons for this failure are clear. The criteria for evaluating personality are extremely vague. Drives are chiefly used for this purpose, with the implicit assumption that drives can be examined in pure culture. Such loose use is made particularly of the concept of ego drives. A second failure is the absence of any conception of the influences that mold the ego into these attitudes which he is satisfied to call for instance, 'anal sadistic'. Despite much talk, nothing conclusive is derived from their use.

On the other hand the book is written in a pleasantly conversational tone and contains some excellent appraisals of the importance of psychology for sociological research. What mars the book is its technical failures and the substitution of scientific deductions by bromidic banalities. Here's one: 'Inner peace is, after all, the very beginning and end of the happy life' (p. 264). Another irritating quality of the book is that the author is constantly referring in the text to solutions of problems which are supposed to have been offered earlier in the work, solutions which apparently exist only in the author's mind. It is hardly a work for the ages.

A. KARDINER (NEW YORK)

BERNADETTE OF LOURDES. By Margaret Gray Blanton. New York: Longmans, Green & Co., 1939. 265 pp.

One of the most astounding stories of modern times is that of the development of the shrine and great healing center at Lourdes to which travel yearly from many parts of the world thousands of ill and maimed seeking—and often finding—miraculous cures.

Lourdes, once a small isolated village in the French Pyrenees, is today a prosperous modern town whose shrine and spring have become a goal for the yearly pilgrimages. Mrs. Blanton has written in a most understanding and charming fashion of the half starved, sick and neglected little peasant girl, Bernadette Soubirous, whose visions seen in 1858 in her 14th year had such far-reaching effects. The touching story of the little girl who saw a tiny girlish figure, called The Virgin by her townsmen, reads like a medieval tale and it is hard to believe that it occurred in modern times. The author has reconstructed the background of Bernadette and the credulity of the country folk in a way that makes the occurrence more understandable: a tiny semi-isolated community with a simple folk whose life centered about their market and religion, and among whom visions were a frequent occurrence and always a source of excitement and enthusiasm. The healing spring was at that time a tiny, muddy place in which the Virgin bid Bernadette bathe her face. The desperate wish of a mother who washed her dying baby in the spring and claimed a cure, established the healing qualities of the water at once. It is pathetic to read of the great eagerness of the people at that time to believe in miracle after miracle, though many were disproved before their eyes.

The author makes no attempt to discuss the psychological aspects of either the visions or the cures of modern Lourdes. The famous doctors of Bernadette's time, among whom was Charcot, considered her visions to be hysterical manifestations connected with the severe tuberculosis of which she died at the age of 35. Presumably the modern medical viewpoint would coincide with theirs. However, Mrs. Blanton stresses the fact that the child was not obviously neurotic in any other way and bore the privation, suffering and humiliation of her illness and difficult convent life in a way that appeared very normal. She also emphasizes that in the community visions were not only accepted but acclaimed as quite believable and not infrequent occurrences.

The cures of today at Lourdes are very difficult to understand.

Discounting the many cases where the cure is temporary and the others where the illness is obviously of a psychological nature, there remain a number, eight to fifteen a year, whose past medical and laboratory findings have presented over a long period of time a severe physical disease often in its terminal stages. The medical board at Lourdes accepts as real cures those cases only which show a clinical cure after thorough medical and laboratory examinations, not only at the time but in follow-up studies. An interesting fact, in view of the illness of the founder of the shrine, is the large percentage of cures of advanced tuberculosis.

Dr. Smiley Blanton's subsequently published Faith is the Answer [1] (written in collaboration with Dr. Norman Vincent Peale), in which he discusses from the psychological point of view both the original visions and the present-day cures, is an interesting sequel to Mrs. Blanton's volume.

SUSANNA S. HAIGH (NEW YORK)

HOW TO STUDY. By Samuel Kahn. Boston: Meador Publishing Company, 1938. 144 pp.

In this book Dr. Kahn shows himself as a deliberate wit in a field not yet professionally acknowledged as humorous. Warning us of the dissipations that interfere with study he condenses complexes to a compact ninety, of which 'Homo Sexual' is number 52 and Sex is 17a subheaded under Ancestors, 17. . . . He quotes wise men of all ages, amending their statements when they fail his purpose, and adroitly avoids getting serious by never implying that it could be fun to study.

ELIZABETH H. ROSS (PHILADELPHIA)

MINOR MENTAL MALADJUSTMENTS IN NORMAL PEOPLE. By J. E. Wallace Wallin. Durham, N. C.: Duke University Press, 1939. 298 pp.

It is not very difficult to satisfy Professor Wallin as to the etiology and therapy of 'mental maladjustments'. One may discern this in the following captions which the author has attached to autobiographical case studies of normal people: 'Fear of the dark and of being grabbed, continuing at thirty-three; possibly due to hearing a newspaper being snatched from the porch, and to being scared by a

[1] New York: Abington-Cokesbury Press, 1940.

robber.' 'Fear of electrical storms attributed to mother's fear; overcome apparently by faith in Bible teaching that a protector watches over us.' 'Fear of death due to unwillingness to face the disagreeable.' 'Fear of traffic accidents with sensations of injury apparently leading to a tendency to avoid going out; possibly due to prophecy of fortune teller and vivid imagination.' 'Inexplicable dread of being alone in a building driving the respondent to inspect room after room before locking herself in the last room; possibly caused by a fright in early childhood occasioned by some happening behind her back.' 'Fear of being kidnapped by gypsies ascribed to tales of kidnapping; concealed terror of having leprosy and tuberculosis due to trivial causes; deadly fear of country drying up and death from famine due to a protracted dry spell.'

The author has an abiding faith in the ability of the average individual to discover the causes of his difficulties. To be sure, it is 'freely admitted that the causal explanations offered by the respondents are sometimes incorrect', but after all 'the formation of character traits is often a relatively simple matter of conditioning, instead of the obscure, mysterious process posited by some of the metaphysical obscurantists in the field of psychopathology'. 'In the appraisal of psychogenic factors of maladjustment the student should so far as possible adhere to the law of parsimony according to which the fewest, simplest and most natural explanations that will account for all the facts should be preferred. . . . ' A glance at the captions cited earlier will readily enable one to decide whether it is simpleness or simplicity to which Professor Wallin refers.

If it were merely a matter of questionable taste, the use of terms such as 'quirks,' 'twists' and 'oddities' would scarcely attract notice in a book written in the most redundant and pedantic of styles. But these reflect a more important trend, the author's failure to conceive of the personality in an orderly and unified way. His preoccupation with symptoms is as outmoded as his grasp of the literature. If he has read Freud after 1900 there is precious little to show for it. On the flimsiest of grounds, he even discounts the existence of the unconscious, though there is hardly a term he uses which fails to bear the imprint of psychoanalysis. Such anachronisms as 'the Jehova complex', 'the fussing [fastidiousness—perfectionism] complex' abound. The antithesis 'unconscious—conscious' still represents for him the psychoanalytic definition of a conflict. It is one of his startling discoveries that when people begin talking

or writing about themselves they remember a good deal which they thought they had forgotten. One may ask without levity, where has Professor Wallin been all this time? The answer is obvious. But J. F. Brown has recently assured us that the cloistered halls of academic learning will not remain forever closed to analytic doctrine.

NATHANIEL ROSS (NEW YORK)

SOCIAL WORK YEAR BOOK, 1939. Edited by Russell H. Kurtz. New York: Russell Sage Foundation, 1939. 730 pp.

The purpose of this biennial publication is described in its subtitle: A Description of Organized Activities in Social Work and in Related Fields. It is composed of three major sections: Part I, topical articles written by authorities in the fields discussed; Part II, a description of the public assistance programs in effect in each of the forty-eight states; Part III, a directory of national and state agencies, both public and voluntary.

An improvement over other issues is a reorganization of the material covered in the topical outline, resulting in the bringing together of a number of closely related topics hitherto treated separately. These articles are descriptive of functions, organized activities and programs rather than of individual agencies. Of the eighty-two articles included, two are written by psychiatrists; one on Mental Hygiene by Dr. Karl M. Bowman, and one on Behavior Problems by Dr. William Healy and Dr. Augusta F. Bronner. In the others there is a striking absence of up-to-date psychiatric concepts.

One feature of this edition which makes it different from the four previous volumes is its inclusion of the state-by-state description of the public assistance programs in effect throughout this country (Part II). This reflects the current increased emphasis upon governmental services. The frequency of its publication (every two years) is of value especially in this field where organizations are changing so rapidly and where reference books become unrepresentative of what is going on in as brief a span of time as five years.

This book has value to numerous groups of people, including not only social workers and practitioners in related fields, but also agency board members, legislators, public administrators, reference librarians, teachers, publicists and students of the social sciences.

Many instructors of nurses, medical students and law students would find this volume helpful as an orientation to the broad field of social work. For the social work practitioner perhaps one of the most useful features is the bibliography at the end of each topical article. Part III and the index provide concise encyclopediae. This book should be included in any social work library.

ELISABETH BROCKETT BECH (CEDAR GROVE, NEW JERSEY)

THEORIES OF SENSATION. By A. F. Rawdon-Smith. Cambridge: The University Press; New York: The Macmillan Company, 1938. 137 pp.

The title of this monograph is rigorously correct if one restriction is noted: only two sensations, vision and audition, are considered in the book. The title is otherwise exact, for within these two fields the author has concerned himself with physiological changes, and attendant theories, resulting from quantifiable changes in amplitude and frequency of visual and auditory stimuli. This is to say he has limited himself strictly to problems customarily classified as sensory as distinct from perceptual.

The author explains in his preface his failure to consider skin, olfactory and gustatory sensations, by deferring to von Skramlik's classical monograph on taste and smell, and to J. P. Nafe's summary of the state of general sensibility published in Murchison's Handbook of General Experimental Psychology. Taking Mr. Rawdon-Smith's explanation at its face value, and remembering the excellent publications already in the field of vision and audition, it is easy to ask why he did not excuse himself from writing altogether. Such a question, however, is unjustified. For while the book falls somehow between the two stools of a short, semipopular summary and a complete, concise, critical review of recent work in these two fields, it nevertheless has a definite contribution to make. It is the shortest, not too technical survey available of recent experimental literature considered in relationship to auditory and visual theories.

However, even this specific contribution is further limited—if not actually weakened—by the author's bias toward a modified Young-Helmholtz theory of vision, and toward a modernized Helmholtz resonance theory of audition. While this bias does not cause Mr. Rawdon-Smith to distort pertinent experimental facts, it does lead to a constriction of the experimental points considered.

Certainly, Mr. Rawdon-Smith's monographs will not take the place of Parson's Colour Vision; of Stevens' and Davis' Hearing; of Beatty's Hearing in Man and Animals; or of the various excellent summaries on vision and audition by Troland, Hecht, Graham, Banister, Hartridge, and Davis in Murchison's Handbook of General Experimental Psychology. But within its peculiar limits, Theories of Sensation is notably clear and well considered.

Mr. Rawdon-Smith has done considerable experimental work on physiological and psychological aspects of the activity of the middle and inner ear. His research includes work on the electrical responses of the cochlea, upon the influence of intrinsic ear muscles on cochlear responses, and upon difference limens and auditory fatigue effects.

Theories of Sensation is one of a comparatively new series, Cambridge Biological Studies, begun recently by the Cambridge University Press. These studies, according to the publishers, consist of 'a series of monographs on special aspects of biological research, with particular reference to recent work, written by authors actually engaged in the work'. Besides the present monograph, at least two other studies, Form and Causality in Early Development, by A. M. Dalcq; and Evolution of Genetic Systems, by C. D. Darlington, have already appeared. C. H. Waddington is the general editor of the series.

FLETCHER MC CORD (LAWRENCE, KANSAS)

EXPERIMENTAL PSYCHOLOGY. By Robert S. Woodworth. New York: Henry Holt & Co., 1938. 823 pp.

Instead of offering a vitally new and inspiring approach to his subject, the author here presents us with a mausoleum of ancient concepts and methods based on a nondynamic, atomistic psychology which carefully avoids any fruitful theoretical implications. This is the more regrettable since a book coming from a person of Woodworth's experience and reputation cannot fail to have great influence on the teaching of experimental psychology in our colleges.

Typically free from the bias of any constructive point of view ('controversies between the schools can be happily left aside'), the author launches into a stale eclectic potpourri quite in the best tradition of the journals of academic psychology. Human behavior becomes a series of odd laboratory curiosa divided up into chap-

ters based on the usual academic categories (Memory, Problem Solving Behavior, Thinking, etc.). The organismic approach to the psyche as studied by the Gestalt School, the one encouragingly rebellious group of the academic field, is given insufficient recognition. The problem of motivation is thoroughly omitted.

An experimental psychology is sadly needed in the field of personality research. Also needed, however, are investigators who have enough antivivisectionist feeling to be a little more sensitive to the agonies of the personality which they are dissecting to death with their instruments of quantitation. The ability to speculate, theorize and think beyond the slide rule and the memory drum would also be helpful.

MICHAEL B. DUNN (NEW YORK)

THE ADRENAL CORTEX AND INTERSEXUALITY. By L. R. Broster, Clifford Allen, H. W. C. Vines, Jocelyn Patterson, Alan W. Greenwood, G. F. Marrian, and G. C. Butler. With a foreword by Sir Walter Langdon-Brown. London: Chapman & Hall Ltd., 1938. 245 pp.

In the foreword to this book, Sir Walter Langdon-Brown singles out the fuchsin staining cell as the pivotal point around which the various observations and hypotheses concerning virilism gain reliable anchorage. In the hands of American investigators, the special staining method described has not been impressive nor altogether satisfactory as an aid in endocrine studies. Virilism, pubertas præcox, pseudohermaphrodism and related clinical conditions remain obscure in many directions and any hypothesis constructed to reveal and clarify this relatedness which derives its basic premise from an inconclusive staining reaction is destined to an uncertain future.

One section of the book is devoted to psychological studies. The theoretical orientation and the case histories are disappointing. No serious effort is made to distinguish between conscious data and unconscious trends. Oftentimes terms such as *homosexual* and *heterosexual* are used in so vague a manner as to leave the reader in doubt as to whether the subjects actually had overt sexual experiences or had simply shown a preference for the company of their own or opposite sex. The deeper conflicts were not explored; the material suggests primarily, concern with the subjects' attitude towards somatic alterations.

At the close of this section Dr. Allen peevishly writes: 'In this paper the psychological side has been stressed, but it has also been deliberately simplified, since, if it had not been shorn of most of its complications, it would not have been intelligible to endocrinologists and others who may read it and who have no specialist knowledge of psychopathology. Those who are psychiatrists who may be angered at the glossing over of difficult problems should remember that when criticizing it.

'It is easy to sit in one's study and attack the work of those who have spent their time at the side of the patient; there are always some points which the most conscientious must miss and some work which, through the refractoriness of the material, the limitation of the patient, or opportunity of the psychiatrist, has had to be omitted or could have been performed otherwise. All that we can do is to build as solidly as we can, and hope that those who follow shall find even the ruins of our theories worthy foundations for their own edifices.' EDWARD S. TAUBER (NEW YORK)

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Über Trophäe und Triumph. (Trophy and Triumph.) Otto Fenichel. Int. Ztschr. f. Psa. u. Imago, XXIV, 1939, pp. 258–280.

Annie Reich

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ABSTRACTS

Über Trophäe und Triumph. (Trophy and Triumph.) Otto Fenichel. Int. Ztschr. f. Psa. u. Imago, XXIV, 1939, pp. 258–280.

From abundant clinical material the methods of regulating self-esteem are reviewed, methods for recapturing the narcissistic feeling of omnipotence of early childhood. All these mechanisms are based upon the sharing of the weak infantile ego in the power and strength of adults, of the persons who once limited the omnipotence of the child and who therefore are considered omnipotent themselves.

The strong person has to be removed and be replaced by weakness in order to get power; or the organs that represent power have to be robbed, have to be devoured or appropriated. Another possibility is to become a part of the great one, to become fused with him, to be devoured by him. Identification is a modified equivalent of robbing and devouring. Partial identification, that is identification with an organ of the object, for instance with his penis, may replace the complete destruction of the latter. Similar mechanisms function in a certain type of homosexual, described by Nunberg, who loves strong men and who wishes to incorporate the penis of the object orally, to gain his strength in that way. Similar is the structure of certain animal phobias that are transformed later into animal love. Here the defense against anxiety is performed by identification with the aggressor (Anna Freud) that is, by taking possession of his strength. Strength and power originally are perceived materially and are represented by the mighty organs of the great: penis, fæces and so on. This is clearly to be seen in cleptomania and the psychology of collectors. Totemistic rituals (as described by Freud in Totem and Taboo) serve as defense against the repetition of the murder of the primal father. Here too, the incorporation of a fantasy of power is substituted for the cannibalistic devouring of the paternal body itself. Trophies are substitutes for those forcefully appropriated organs. In this group belong more immaterial values, like medals, flags, uniforms, symbols which are offered by the mighty ones in the society to the simple individual. In that way it is possible to share in symbolic form in the power of the ruling class, without sharing their power in reality. This symbolic sharing in the power of authority by incorporating the authority into the ego leading to the formation of the superego, or even giving up parts of one's own ego, seems to be one of the most important premises in every society built on authority. Compliance with the demands of the superego is accompanied by increase of self-esteem because of the ego's approximation to the authority. A particular increase of self-esteem takes place when feelings of guilt are overcome very rapidly. Then manic states result. A feeling of triumph very similar to these manic states results if it is possible to take away the power from the great ones or to take possession of their trophies without any anxiety or inhibition. Sometimes such a feeling of triumph is followed by intense anxiety, whose content is fear that the great one is alive again and comes to take revenge. In the same way the savage fears that the murdered father will reappear as a punishing avenger. This sequence resembles very much the

sequence of intoxication and hangover. The author has repeatedly observed feelings of triumph based upon the fantasy that the analyst was castrated by the patient. These feelings of triumph found their expression in vehement laughing spells. The ideas just referred to are, as the author himself stresses, mostly an extract of known psychoanalytic facts. They are put in a new and interesting order and enlarged by many new supplements which are a valuable contribution. Especially interesting is the attempt to understand in that way the psychologic bases of class society. Up to now psychoanalysts did not give very much attention to these problems, with the exception of the works of Erich Fromm.

ANNIE REICH

Phantasie und Wirklichkeit in einer Kinderanalyse. (Fantasy and Reality in a Child Analysis.) Dorothy Tiffany Burlingham. Int. Ztschr. f. Psa. u. Imago, XXIV, 1939, pp. 292–303.

As a consequence of the greater competence of the ego, open methods of acting out like playing and drawing are of less importance for psychoanalysis in the latency period. On the other hand children of that age are not yet ready to use free association and direct communication as the means of expressing themselves. Therefore daydreams and fantasies are very important. This material is mostly readily offered because its unconscious meaning is unknown to the child.

The accessibility of this material is demonstrated from the psychoanalysis of a six-year-old girl who was brought to the analyst on account of depressions and temper tantrums. It is demonstrated how, with the aid of fantasies, the different conflicts of the child are made tangible and open to interpretation and how therapeutic use is made of them. The material that is offered in that way comprises the child's wooing of the mother, her jealousy of her brother, her sexual theories and anxieties and fantasies about the primal scene.

ANNIE REICH

Psychoanalytic Tendencies in Mental Hygiene in Switzerland, Especially in Enuresis. Hans Christoffel. Psa. Rev., XXVII, 1, 1940.

Christoffel points out that 'enuresis is a disturbance in healthy bodies', which therefore cannot be treated medically. 'Prophylaxis and treatment of enuresis constitute a purely educational problem. What is somewhat too briefly designated as enuresis is a function relationship between child and educator.' (p. 49) It is important to correct this disorder because enuresis is closely connected with character formation and sexual development.

Interesting statistics show how widely spread enuresis is in educational institutions. Among 6,304 inmates of both sexes from early childhood to adolescence in 60 institutions, 1078 or 17.10%, are chronic enuretics (20.12% of the boys, 12.57% of the girls).

Christoffel criticizes cruel methods of treatment. Waking the enuretic out of his sleep is also strongly advised against. As an expression of the functional relationship between child and educator, he advises treatment directed towards improving this relationship. Punishment and harshness have the opposite effect. The use of soporifics does not help. He also advises occu-

pational therapy. 'Fear of cold water', the only anxiety which Christoffel mentions specifically, should be overcome in playful ways, for example by swimming and diving. We certainly agree that anxieties and fantasies about water in general are an important factor with enuretics. We have not found, however, that accomplishments in swimming and diving have a therapeutic effect. It so happens that some enuretics are excellent swimmers and divers—maybe as a compensation for that fear—and yet they continue wetting the bed.

Though the author raises the question as to 'how great the necessity of a psychoanalytic-hygienic attack' on this problem may be, we find practically no psychoanalytic point of view in this paper. It is, of course, impossible or at least very difficult to apply analytic therapy to the residents of institutions. It might nevertheless be helpful to train educators and social workers to know that enuresis as a neurotic symptom has some unconscious meaning, is an expression of certain fantasies and may be analyzed.

The classification of enuresis not as a neurosis but as an 'educational problem' may be responsible for the author's disregard of the analytical findings on this subject. No comment is made by Christoffel about those cases which did not improve even under the best educational conditions and therefore demand analytical treatment.

EDITH BUXBAUM

Zum Problem de oralen Fixierung. (The Problem of Oral Fixation.) Georg Gerö. Int. Ztschr. f. Psa. u. Imago, XXIV, 1939, pp. 239–257.

The author attempts to define more clearly the somewhat vague conception of oral fixation. He investigates the various conditions that are termed oral fixation and tries to determine whether they are based on special qualities of the oral libido or whether there can be found a special reciprocal effect of oral impulses and specific defense mechanisms of the ego. Denying the first possibility, this interrelation is demonstrated in two cases and is stressed as the decisive factor. The particular lack of emotions of the first patient and his incapability of loving is interpreted as a defense against oral-sadistic impulses. The latter were based upon early infantile traumas, like abrupt weaning and the birth of siblings. Early independence, a strong ego and developing of normal genital sexual relations at an early age brought about a solution of the conflict characterized by diminishing of the emotions without resulting in the formation of symptoms or inhibitions. The second patient was tied by exaggerated love to her husband. She could not live without him, but though she was completely devoted to him, she was incapable of having normal sexual relations. The exaggerated love changed repeatedly to coldness and feeling of strangeness as soon as her partner showed some independence of her. The love object was loved only as long as it could be thought of as identical with the ego of the patient. As soon as this delusion had to be given up the repressed oral sadistic aggression broke loose. The author thinks that in this case oral sadistic impulses similar to those of the first patient were conquered by a different mechanism which consists in making use of oral libidinal instincts. The oral libidinal attitude substitutes the deeper repressed sadism. The author explains how rather similar instinctual set-ups result in different structures depending on the form of the defense

mechanisms and on the special qualities of the ego itself. The ego of the first patient is an early matured and independent one, whereas in the second case a disturbance in the development of the ego is very characteristic for the personalities of the orally fixed persons in general. Perhaps it seems necessary to stress this fact somewhat more than the author does. This fusion with a sexual partner is not only an expression of the patient's oral libido that is used as a defense against aggression but is primarily the sign of an undeveloped ego that is only capable of existing when fused with a strong ego of the adult love object. The retroaction of oral traumas on the development of the ego and the particular qualities and specific defense mechanism of a thus injured ego require still closer investigation to work out an applicable systematic order and a really thorough understanding of oral fixations.

ANNIE REICH

Fehlleistung infolge unbewusster Todeswünsche gegen das einzige Kind. (A Symptomatic Act Following Unconscious Death Wishes Against an Only Child.) Hugo Klajn. Int. Ztschr. f. Psa. u. Imago, XXIV, 1939, pp. 333–338.

Klajn describes a very impressive case of a complicated symptomatic act built up by acts of forgetting, errors, and by acts of omission performed by two persons, the parents of a young morphinist, who were worried that their son might commit suicide. This was objectively absolutely unjustified because the son had not the slightest intention of doing so. They sent him a package of clothes in which he found, to his surprise, a gun that had been included by mistake. A thorough investigation showed that this mistake had been accomplished by a series of slips. The mother had asked the father to remove the gun from his night table where it would have been too easily accessible to the son. The father intending to bring the gun to his office, put the gun in the pocket of his overcoat, and forgot it entirely. When the package was to be mailed to the son, the father proposed to the mother that they send the son the father's overcoat because the son might need it more than he did. The cautious mother looked through the pockets of all the clothes to make sure that no morphin was hidden there, and in one of the pockets of the overcoat she placed a camera: but she omitted to examine the pocket containing the gun.

OTTO FENICHEL

Die Wirkungen der Erziehungsgebote. (The Effects of Commands in the Rearing of Children.) L. Eidelberg. Int. Ztschr. f. Psa. u. Imago, XXIV, 1939, pp. 281–291.

In an earlier paper (Imago, XXI, 1935) the author investigated the effect of prohibitions in the rearing of children and in this paper he treats of the effect of commands. Whereas prohibitions cause damming up of drives and narcissistic insults, commands effect satisfaction of a drive and narcissistic insult simultaneously. This is demonstrated by an example of early feeding education. Three different reactions to change in food routine are described.

The persistence of these reactions in adult neurotics is exemplified by three patients. Their symptoms represent an attempt to attain satisfaction but to avoid the narcissistic insult they experienced in childhood when the command was pronounced. Various patterns of 'normal' behavior are drawn, some of which seem distorted to the reviewer. The author will discuss the application of this thesis to education and psychotherapy in a further paper.

It is the opinion of the reviewer that the effects of prohibitions and commands on the child cannot clearly be described in such a general sense and that they cannot be reduced to so minimal a number of factors as presented in this paper.

KURT EISSLER

The Correlations Between Ovarian Activity and Psychodynamic Processes: I. The Ovulative Phase. Therese Benedek and Boris B. Rubenstein. Psychosomatic Med., I, 1939, pp. 245–270.

The combination of day-by-day study of vaginal smears and bodily temperature with the material obtained from daily psychoanalytic interviews, gave precise insight into the biological cycle of the woman. Both methods prove to be so reliable that the day of ovulation could be diagnosed.

Seventy-five cycles, twenty-three of them ovulative, were studied. (The study of the premenstrual and menstrual phase will be publishd later). The extremely interesting and stimulating results are difficult to summarize:

1. The estrogenous phase of the cycle is characterized by active heterosexual libido (œstrone hormone). The psychoanalytic material shows desire for heterosexual gratification which may turn in the case of neurotic women to aggressiveness or fearful defense mechanisms: the 'preovulative tension'.

2. The corpus luteum phase is characterized by passive and dependent behavior (erotization of the female body, preparation for motherhood).

3. The ovulation phase is characterized by the sudden increase of luteum hormone and the sudden decrease of œstrone hormone. The patient shows a further influx of narcissistic erotization.

In the conclusion it is stated:

(a) That œstrone activity (folicular hormone) is related to heterosexual desire on a genital level. In neurotic cases it is related to an activation of aggressive and incorporative tendencies (penis envy, castration wish), to masochistic concepts of female sexuality and their defense reactions (fear of being attacked and masculine protest).

(b) That progesterone activity (corpus luteum hormone) is related to passive receptive tendency on a genital level—the desire to be loved and the wish for impregnation. These tendencies may be elaborated in neurotic women on regressive level in the form of oral receptive and oral dependent wishes.

The œstrone production covered the time of follicle ripening and the late preovulative phase. The progesterone production covers the time of actual ovulation and the postovulative time.

The authors try to bridge the gaps between physiology and psychoanalysis with the help of graphs, schemes, diagrams, tables. The reader looking from the bridges to the rapidly flowing stream of histological descrip-

tions, anatomical findings, endocrinological terms, physiological facts, psychoanalytic formulations, interpretations and case histories, agrees full-heartedly with the author's final remark: 'This method affords an approach to the study of the biological foundations of instincts'.

MARTIN GROTJAHN

Some Cardiovascular Manifestations of the Experimental Neurosis in Sheep. O. D. Anderson, Richard Parmenter, Howard S. Liddell. Psychosomatic Med., I, 1939, pp. 93–100.

It is possible to make sheep 'neurotic' when positive and negative signals are closely similar or when long delayed reactions are attempted and when regular alternations for signals announcing a 'mild' electric shock and no shock are separated by equal rest periods. The three 'neurotic' sheep show overreaction to stimulation, extreme restlessness, irregular and rapid respiration. A detailed case history of a neurotic sheep showing a cardiac disorder is given. It is worth while to mention that this sheep showed a peculiar behavior even before it was used for experimentation in the laboratory. The cardiac disorder was characterized by rapid and irregular pulse, extreme sensitivity of the heart's action, spontaneous variation of its rate, premature beats and sometimes coupled rhythm. It would be better to call these sheep shocked, confused, traumatized or frightened than to use the misleading term neurotic. Some of the animals are under observation for seven years, but nothing is told about their instinctual life.

MARTIN GROTJAHN

The Hypothalamus: A Review of the Experimental Data. W. R. Ingram. Psychosomatic Med., I, 1939, pp. 48–91.

The variety of functions attributable to such a small structure as the hypothalamus seems incredible. A review of four hundred papers covering experimental data is given.

MARTIN GROTJAHN

Hypothalamic Functions in Psychosomatic Interrelations. Roy R. Grinker. Psychosomatic Med., I, 1939, pp. 19–47.

A detailed review of eighty recent contributions to study of the hypothalamic functions is given. Of interest for the psychoanalyst are the reports about the sleep regulating function of the hypothalamus and the statement, 'regression in the psychoneuroses and organ neuroses probably does not extend lower than the hypothalamus'.

MARTIN GROTJAHN

The Application of Psychoanalytic Psychiatry to the Psychoses. Dexter M. Bullard. Psa. Rev., XXVI, 1939, pp. 526–534.

'Everyone who analyzes psychoses is doing pioneer work', says Fenichel in his Outline of Psychoanalysis. An alert and courageous group of such pioneers have headquarters at Chestnut Lodge, Rockville, Maryland. The physician-in-charge, Dr. Bullard, sketches in this paper some of the basic and ele-

mentary principles in a specifically psychoanalytic approach to psychotic patients. History taking is enriched by the physician's psychoanalytic understanding. Attention is then devoted to what the sick patient unwittingly reveals about himself by attitude, behavior, and speech, it often being necessary to read between the lines for the significance. Equally important perhaps, is a similar awareness of the attitudes of relatives: 'One may occasionally anticipate the concealed hostility of some relatives by being alert to the implications of their wishes in regard to patients. . . . The husband of an agitated, suicidal patient said he felt so sorry for her he wanted her to get some rest, so he sent her drugs in a carton of cigarettes. She achieved a very long rest and now he is attempting to set aside a will which disinherited him.'

Especial care is taken in the approach to patients lest a nontherapeutic transference be set up, as when a physician's naïvely superior or judging manner serves as a barrier to the tentative pseudopodia put forth by a shy personality. The mental status is obtained gradually and informally without any probing of such sore spots as details of sex life or any questioning that might be regarded as an accusation. Questions about sensorium such as absurdities are omitted lest they distort the relationship. 'Rather, we ask the patient to tell us what he can of his difficulties—mindful of the fact . . . we may not be the person he can confide his innermost feelings to in a first interview. It is often helpful in establishing rapport, to say to the patient, that we know it is difficult to reveal much of himself to a person he knows but slightly and that we do not expect him to talk about anything that he doesn't wish to. This may result in much more being elicited than can be a bland assurance that the physician is his friend and everything he says will be held in confidence. Past experience may have taught him quite the contrary.' Likewise with the physical examination great care is needed that it may not violate the psychotic ego, as by taking a rectal temperature in case of panic, or by lightly assuring a patient with somatic complaints that 'there is nothing the matter with him', thus, as he may indignantly conclude, making him out a liar.

With such pathologically sensitive patients as the psychotics are, chance remarks may be unintentionally barbed. A friendly nurse remarked jokingly to a paranoid who was watching a bridge game, 'Are you the fifth wheel?' and set off a long-lived fury at the alleged insult. Even the failure to greet each patient in a group individually may be regarded as a slight by one with excessive feelings of inferiority. One might conclude that the personnel must have to learn to be pretty adept at tiptoeing around the psychotic ego, but fortunately a fundamentally good attitude towards these patients, informed by some understanding and instruction, automatically guides one's steps.

The paper does not go into the more detailed aspects of psychoanalytic technique with psychotics, since this would have been inappropriate to Dr. Bullard's audience, the Southern Psychiatric Association. For further descriptions of the Chestnut Lodge approach, reference might be made to Bullard's paper, Organization of Psychoanalytic Procedure in the Hospital, presented in San Francisco in 1938, and Fromm-Reichmann's recent paper, Transference Problems in Schizophrenia.[1]

JOSEPH CHASSELL

[1] This QUARTERLY, VIII, 1939.

Euphoric Reactions in the Course of Psychoanalytic Treatment. B. Mittelmann. Psa. Rev., XXVII, 1940, pp. 27–44.

A transient, mild, euphoric reaction characterized by elation, exaltation, hopefulness, talkativeness, increased activity and appetite, without flight of ideas but with concomitant awareness of anxiety is observed occasionally in the course of psychoanalytic treatment.

Three euphoric reactions during the analysis of a woman, aged 28, treated for attacks of anxiety, homosexuality and various disturbances in social relationships, are discussed in detail. They occurred when the patient successfully worked on an essential problem, but still used a pathological device. They were 'attempts by the patient to enable herself to function in various situations in a manner she had not been able to heretofore'.

The author limits his investigation mainly to the patient's present situation, giving particular emphasis to the patient's attitude towards the analyst. He applies the concepts of Karen Horney to this problem.

KURT EISSLER

Terrorization of the Libido and Snow White. A. N. Foxe. Psa. Rev., XXVII, 1940, pp. 144–148.

Where an organ is invested with libido we say it has been libidinized or cathected. We know that a libidinization may tend to diminish anxiety. We do not have a verb in the terminology to describe what occurs when an individual is threatened with castration. He becomes 'anxious' or 'is placed' in a state of anxiety but there are no specific terms. It is proposed to call such a state 'terrorization of libido'. The tale of Snow White is a striking example of this process of terrorization.

MARTIN GROTJAHN