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A LION HUNTER'S DREAMS

BY MARIE BONAPARTE (PARIS)

In the Kruger National Park, or Transvaal Game Reserve, where the African animals, amongst which thousands of lions are kept in their wild state, there is a ranger called Wolhuter. He is the hero of a drama which having taken place years ago, in August 1903, has since been retold many a time and has made him famous all over South Africa. This is how Lieutenant Colonel Stevenson-Hamilton, the warder and founder of Kruger National Park, relates Wolhuter's accident in his book, *South African Eden*.¹

'One day, Wolhuter, in the course of his return home from the Olifants River, having broken up his camp at the Ngwanetsi, set out to march to a place called Metsimetsi, where he intended to sleep at the permanent picket established there. He was accompanied by several Native police and some pack donkeys, but the pace of this form of transport being a slow one, and the afternoon already well advanced, he rode on ahead, accompanied only by his dog. While still some eight miles from his destination, the sun went down, the short twilight soon passed, and in the bed of a small dry water course, which he found himself presently crossing, it was nearly dark. Suddenly, the dog barked, and he saw an animal which, from its dimly discerned colors, he took to be a reedbuck, apparently approaching him from his right front. He was just thinking this rather an unusual proceeding on the part of an antelope, when he all at once realized that the animal was, in fact, a lion, and that it was coming straight at him. He pulled his horse sharply to the left, by which action he evaded the full force of the rush, but the assailant's claws caught the horse's quarters, and, as the latter bounded forward, Wolhuter, un-

¹ Stevenson-Hamilton, Lieutenant Colonel: *South African Eden, from Sabi Game Reserve to Kruger National Park*. London, Toronto, Melbourne and Sydney: Cassel & Co., Ltd., 1937, pp. 275-278.

seated, was shot straight into the jaws of a second lion, which had been coming up behind. This animal unhesitatingly picked him up by his right shoulder, and dragged him off. He found his face pressed against its chest, while his legs dragged underneath its belly. He was thus hauled over rough ground for some way (I paced the distance a few weeks later as ninety-four yards), his spurs catching continually, until they were pulled off. At first, he says, he gave up all hope, merely reflected rather bitterly what an ignominious end for an experienced hunter his was likely to be. Then he remembered his sheath knife, which he was wont to carry on the back of his waistbelt. On every recent occasion when his horse had come down with him, this knife had fallen from its case, and it was with little hope of finding it still where it ought to be, that, getting his left, and free, hand behind and under him, as he was being dragged along, he proceeded to grope for it. To his surprise and relief it was miraculously still there, and grasping it tightly, he pulled it out, and got it into a convenient position. He knew that this knife represented his very last chance of saving his life, and he held on to it, he says, as a drowning man grasps a floating plank. Then, with his one available hand, which it will be noted was the left, he felt very cautiously around the lion's chest, to the point where he judged its heart ought to be. He had to exercise the greatest caution in his movements, for his best hope lay in simulating death, and thus lolling the lion into a sense of security. The slightest attempt at a struggle, even any noticeable movement, would have invited a savage worrying from the animal, and, of course, the end. Presently at the base of a small tree, the lion stopped, and let go its hold on his shoulder. This was Wolhuter's chance, and he took it. With desperate back-handed strokes, he twice drove his knife, which luckily happened at the time to be sharp, into its side, and then a third time upwards into its throat. It sprang back, deluging him with its blood as it did so. Wolhuter scrambled to his feet, and for a few moments man and beast faced one another a few paces apart, the former anticipating nothing but a fresh attack. Calling to mind the frequently

stated influence of the human voice, he desperately shouted every approbrious epithet which occurred to him at his adversary, which to his astonishment and relief, presently turned round and walked slowly away into the darkness. Wolhuter lost no time in scrambling up the small tree by which he was standing, and managed to reach a branch some eight feet above the ground. Hardly was he ensconced in its fork with the trunk, when he became faint, and fearing he might fall to the ground, he loosed his handkerchief² and with it tied himself as securely as he could to the tree. While thus employed he heard the lion groaning a short distance away, and for the first time it dawned on him that he might have killed it. Presently the other lion, which had unsuccessfully been pursuing the horse, came trotting back, Wolhuter's plucky dog, which had never left it, and to whose efforts the horse no doubt owed its own escape, still barking at its heels. Having apparently first stopped at the spot where the attack had taken place, this lion followed the spoor of its mate and that of Wolhuter's to the foot of the tree, around which it continued to patrol, making occasional and cleverly avoided rushes at the dog.

'At the end of what seemed a long time, voices were heard, and, by shouting, Wolhuter attracted the attention of his "boys" who, greatly perturbed, released him from the tree, and supported him along the path towards camp. It was a terrible walk for the wounded man—appearing to him to be eighty miles, rather than eight—and during the first part of it, the lion, concealed in the bush, but close to the trail, followed the party probably hoping for a chance to get hold of one of the donkeys. Even when camp was at last reached, and he was able to lie down, there were no medical aids available, except some permanganate of potash, with which an attempt was made to wash his injuries, but after a few efforts, Wolhuter says he stopped his attendants from trying any more, on account of the excruciating pain which any handling of his shoulder or arm caused him. By the morning he was running a temperature.

² Or rather his leather belt, which he showed me when I visited him (August 1941) at Pretoriuskop.

There was of course no skilled assistance, nor indeed any white man anywhere within reach. He was able however to give directions to the "boys", and on a rough improvised litter of branches, was carried for a long two days' journey to Komati Poort. Arrived there, and the district surgeon happening to be absent at the moment, he was sent, still without attention, by train to Barberton, where, for the first time—nearly three days after the accident—his wounds were properly dressed. The shoulder was badly lacerated, and blood poisoning of course supervening, his arm became black, and swelled to an immense size. At first the doctor did not think he could live, and later, was sure he must inevitably lose the injured limb from the shoulder, but a wonderful constitution, and the fact that at the time of the accident he was in the hardest of condition, without an ounce of superfluous flesh in his body, ultimately pulled him through, and in a far shorter time than seemed possible under the circumstances, he was discharged from the hospital as convalescent. But so terrible an experience could not leave anyone quite scatheless, and his right shoulder became permanently stiff, with consequent inability to raise that arm higher than the horizontal—quite sufficient however for the trigger hand of a rifle!

Such was the terrible accident that happened to Wolhuter. When I saw him, thirty-eight years later, in August 1941, at Pretoriusskop, where he still works as a ranger, he was almost sixty-six years old. He looked still fit though no longer young. I also met his wife, whom he had married several years after the accident, and his two children. We all had lunch together. After he had, at my request, told me most vividly of his accident and escape, I asked him if he could recall some of the dreams he had had about it since.

He then told me that, while in the hospital, he had dreamt of the accident over and over again, but that later, and for a long time now, dreams about the lion had taken another turn. So it came about that he dictated some of his dreams for me to record.

'I am out hunting lions. I see a very big lion, with a very big black mane, a sort of a lion a hunter always hopes he will find one day. He stands broadside on and I aim at him just beside the shoulder. I pull the trigger of the rifle and the shot won't go off. I pull and pull and pull and pull, and finally the shot goes off. I can see the bullet traveling. It hits the lion behind the shoulder, but does not penetrate and falls to the ground. And then I wake.'

Subsequently I regretted not having asked Wolhuter to give me the wording of the dreams he had had in the hospital. I consequently wrote to him, asking him to write back. In his answer he said he could report nothing 'about the dreams that I used to get in the hospital. After so many years it is not so easy to remember them all, but one that stands out in my memory is this:

'I am out hunting lions, find a troop of them and fire at and hit one and it at once charges me. I fire again but the shot does not go off. I run to a tree close by, climb up it, and get out of reach of the lion whereupon a very big bull buffalo appears and starts butting the tree with his head. The tree sways to and fro and I fall. Then I waken to find it is only a dream, for which I am terribly thankful.'

It is a pity Wolhuter could not remember the dreams he had had in the hospital immediately following the accident, but these two are interesting from several points of view.

They no doubt are recurrent dreams inspired by the traumatic event, but they are not typical traumatic dreams. In them the traumatic event is not reproduced monotonously unchanged as is generally the case. The Wolhuter dreams diverge principally in that the dreamer fails where, in reality, the man awake had succeeded. He cannot kill the dream lion as he had killed the real one.

In one respect, however, the dream has improved upon reality. The lion does not seize the man, but it is shot at, or an attempt made to shoot it from a distance, a notable alternation of the situation of immediate danger.

In the second dream (probably the earlier of the two, as Wolhuter did not mention it as still occurring as does the first) one actual detail of the traumatic event is nevertheless reproduced in the episode of the tree. As in reality, the dreaming ranger seeks refuge in a tree. But the security he had in fact attained by climbing into the tree is not achieved in the dream: it 'sways to and fro' from the assaults of a butting 'very big bull buffalo', another fearsome animal into which the lion is now transformed, perhaps better designed to shake one down from a tree. That these strong animals, a bull buffalo and a lion, are, for the unconscious, incarnations of a phallic father need hardly be stated to analysts. And under the efforts of the big bull buffalo the tree shakes so that Wolhuter falls out, a fatal accident which in reality failed to happen. But then the dreamer awakens and finds, in his own words, that 'it is only a dream for which I am terribly thankful'.

These words help us to find the clue to these dreams. They are not, as we have said, really traumatic dreams. They remind us rather of another type of dreams.

In the Interpretation of Dreams,³ Freud writes:

'Everyone who has received his certificate of matriculation after passing his final examination at school complains of the persistence with which he is plagued by anxiety dreams in which he has failed, or must go through his course again, etc. For the holder of a university degree this typical dream is replaced by another, which represents that he has not taken his doctor's degree, to which he vainly objects, while still asleep, that he has already been practising for years, or is already a university lecturer or the senior partner of a firm of lawyers, and so on. These are the ineradicable memories of the punishments we suffered as children for misdeeds which we had committed—memories which were revived in us on the *dies irae*, *dies illa* of the gruelling examination at the two critical junctures in our careers as students. The "examination anxiety" of neurotics is likewise intensified by this childish fear. When our student days are over it is no longer our parents or teachers who see to our punishment; the inexorable chain of cause and effect

³ Freud: *The Interpretation of Dreams*. In *The Basic Writings of Sigmund Freud*. (Trans. by A. A. Brill.) New York: The Modern Library, 1938, pp. 316–318.

of later life has taken over our further education. Now we dream of our matriculation, or the examination for the doctor's degree—and who has not been faint-hearted on such occasions?—whenever we fear that we may be punished by some unpleasant result because we have done something carelessly or wrongly, because we have not been as thorough as we might have been—in short, whenever we feel the burden of responsibility.

'For a further explanation of examination dreams I have to thank a remark made by a colleague who had studied this subject, who once stated, in the course of a scientific discussion, that in his experience the examination dream occurred only to persons who had passed the examination, never to those who had flunked. We have had increasing confirmation of the fact that the anxiety dream of examination occurs when the dreamer is anticipating a responsible task on the following day, with the possibility of disgrace; recourse will then be had to an occasion in the past on which a great anxiety proved to have been without real justification, having, indeed, been refuted by the outcome. Such a dream would be a very striking example of the way in which the dream content is misunderstood by the waking instance. The exclamation which is regarded as a protest against the dream: "But I am already a doctor", etc., would in reality be the consolation offered by the dream, and should, therefore, be worded as follows: "Do not be afraid of the morrow; think of the anxiety which you felt before your matriculation; yet nothing happened to justify it, for now you are a doctor", etc. But the anxiety which we attribute to the dream really has its origin in the residues of the dream-day.

"The tests of this interpretation which I have been able to make in my own case, and in that of others, although by no means exhaustive, were entirely in its favor (see also pp. 334-335). For example, I failed in my examination for the doctor's degree in medical jurisprudence; never once has the matter worried me in my dreams, while I have often enough been examined in botany, zoology, and chemistry, and I sat for the examinations in these subjects with well-justified anxiety, but escaped disaster, through the clemency of fate, or of the examiner. In my dreams of school examinations I am always examined in history, a subject in which I passed brilliantly at the time, but only, I must admit, because my good-natured professor—my one-eyed benefactor in another dream did not overlook the fact that on the examination paper which I

returned to him I had crossed out with my fingernail the second of three questions, as a hint that he should not insist on it. One of my patients, who withdrew before the matriculation examination, only to pass it later, but failed in the officer's examination, so that he did not become an officer, tells me that he often dreams of the former examination, but never of the latter.'

Well, Wolhuter, in his recurrent dreams, seems to go through a kind of hunter's examination: he has to kill a dangerous wild beast, and has to succeed or fail. In the second dream he manages only to wound the lion, not to knock it out, as he did in reality, when the lion charges him. But in none of the dreams does Wolhuter manage to kill the lion. In each he is practically impotent. In the first dream the lion is invulnerable; in the second the wounded animal is transformed into an overwhelming 'very big buffalo'.

So Wolhuter, the triumphant lion killer, celebrated throughout South Africa for his pluck in one of the most dangerous situations in which a hunter could find himself, appears in his dream life without force against the same mighty wild beasts of prey. In his hunter's 'examination' he has failed.

On waking from his dreams he is enormously relieved; he is 'terribly thankful' that it was only a dream, a consoling equivalent to the reassuring hypnagogic dream thought to which Freud alluded: 'You are a doctor this minute . . .'.

How can we account for the fact that such a terrible trauma as that suffered by the young ranger gave rise to a recurrent examination dream rather than to a typical traumatic nightmare?

First, we must not forget that we have no text of Wolhuter's early dreams in the hospital, except what he told me at Pretoriuskop: 'While in the hospital I had dreamt of the accident over and over again' before the dream had changed to its later forms. So it is possible that the psychic work of binding the fear into anxiety, as Freud described it in *Beyond the Pleasure Principle* in discussing traumatic dreams, had been accomplished while the wounded man lay in the hospital, or for sometime afterward. Second, Wolhuter seems to have been and remained

a very healthy and hardy man, and to have withstood the traumatic event with as much pluck as he had shown in extricating himself from the lion's grip. After a few months of convalescence and rest he resumed his work as a ranger amid the wild animals of Kruger Park without any evidence of typical dreams or other symptoms of traumatic neurosis. Whatever other disturbances of his psychological-instinctual life there may have been could not be determined in a brief acquaintance and so long after the event. Third, Wolhuter had been severely mauled by the lion. Freud observed in *Beyond the Pleasure Principle*, that injuries and wounds sustained in a traumatic event tend to prevent the development of a traumatic neurosis by fixing the anxiety and diverting it from overwhelming the ego. Fourth, Wolhuter had extricated himself from the danger through his own initiative. In most traumatic events, as railway or motor accidents, plane crashes, the explosion of shells, one is usually saved by chance or 'good luck'; one gets passively saved rather than actively saving oneself. In Wolhuter's case, it was the reverse: the young ranger owed his life to his active presence of mind, courage and skill. This circumstance may have contributed to no small degree to turning the traumatic anxiety into an examination dream. We may assume that in each circumstance of life where Wolhuter may have doubted his own capacities, the recurrent dream came to reassure him, as do all examination dreams. 'See', it says, 'it is only a dream that you missed the lion! In reality you killed it', a feeling of satisfaction expressed by his reactions to the second dream: 'I awaken and find it is only a dream, for which I am terribly thankful'.

It would be interesting to investigate, from this point of view, the dreams of people saved from catastrophes at sea, of which there have been so many in these times, and in which the personal courage, skill and purposeful activity of the survivors have often made possible their survival and rescue. Do such survivors tend to produce, like Wolhuter, recurrent pseudotraumatic dreams of the examination type? If so, the part played by 'activity', in contrast to passively enduring a

catastrophe, would seem to determine the reaction of the psyche to anxiety incident to trauma. Excepting catastrophes that permit no choice, one may argue that the ability to be active, under circumstances that paralyzed others with fear, points to a particularly strong and relatively healthy personality which is less overwhelmed by painful realities, and has less need to adopt neurotic compromises than do most others.

The Jew and Adolf Hitler

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THE JEW AND ADOLF HITLER

BY GERTRUD M. KURTH, PH.D. (NEW YORK)

According to conservative estimates, six million Jews were systematically murdered in Europe between 1939 and 1945. There can hardly be any doubt that one man was the driving power and thus, in a moral sense, responsible¹ for this mass murder, the uniqueness and magnitude of which is but feebly reflected in the term *genocide* created to meet the very novelty of the crime. It is of psychological and of historical interest to look for the answer to the question: why did Adolf Hitler kill six million Jews?

No general discussion of anti-Semitism, or of such political or economic rationalizations as have been offered by Hitler himself, by some of his biographers, or by observers and historians of National Socialism, is intended here. The presentation aims solely at investigating the origin of such a violent and all-pervading anti-Semitism in an individual, by psycho-analytic interpretation of biographical data. This case study is no more than a small contribution to the urgent problem of the anti-Semitic character that at present is being investigated on a large scale by qualified experts.²

The main difficulty with this study is the paucity of material about the emotional development of Adolph Hitler. Available data are mainly of three types: factual material obtained by several reliable biographers; the frankly autobiographical sections of *Mein Kampf*; such utterances in *Mein Kampf* as reveal some of Hitler's fantasies. To the last category I believe to have discovered a valuable and hitherto unknown addition. At best, the scarcity of recorded and verifiable facts make some

¹ Cf. Hitler, Adolf: *Mein Kampf*. New York: Reynal & Hitchcock, 1939, pp. 155-156, fn. 12; also Hans Frank's testimony at the Nuremberg trial, The New York Times, April 19, 1946, and other testimony.

² Research Project on Social Discrimination, conducted jointly by the University of California Public Opinion Study and the Institute for Social Research, under the direction of R. N. Sanford and T. W. Adorno.

of the interpretations rather more speculative than might be desired.

To proceed consistently from the known to the unknown, a brief outline of Hitler's life up to the moment of his overt anti-Semitism, is necessary. Adolf Hitler was born April 20, 1889, in Braunau-on-Inn, a small Austrian border town, the son of a customs official. His father, Alois Hitler, could be considered a self-made man, having by hard labor during many years achieved his position from a start in life as a vagrant's illegitimate child. Adolf's mother was his father's third wife, and twenty-three years her husband's junior. There was a varying number of siblings in the house as time went on. Two children had survived from old Hitler's second marriage; Angela and Alois junior. Adolf's mother bore five children of whom only one girl, Paula, besides the ill-fated Adolf survived.

Adolf spent his early years in Passau, another border city of the old Austrian-Hungarian monarchy, to which his father had been transferred shortly after his birth. In 1895, the old man retired on pension and, after a period of restlessness and several changes of abode, the family finally settled in Leonding near Linz, the capital of Upper Austria. Adolf was sent to public school, first in a little village, then to the cloister of Lambach, finally in Leonding itself. His school reports of this time are mostly 'excellent'. Of his emotional life we know no more than that he adored and was spoiled by his mother, whereas he was treated strictly if not harshly by his father whom he feared.

Open conflict between father and son broke out when Adolf was sent to secondary school in 1900. The old man—fifty-two years older than his son—wanted to make a civil servant, an official, of him. Adolf wanted to become a painter. His means of combating his father's aims for his future consisted in deliberately failing at school. According to his own account, he learned only what he 'liked'; the rest he 'sabotaged'.³ Consequently, his school records deteriorated rapidly. One year he failed completely, had to repeat the grade at

³ *Mein Kampf*, p. 14.

another school, and in 1905 he left school. Before this, however, in 1903, at the height of his 'war' with his father, the old man suddenly succumbed to a pulmonary hemorrhage, leaving a weak and doting mother to continue the struggle for their son's future.

His mother had little success. After quitting school in 1905, Adolf spent the better part of four years at home, doing practically nothing, except fooling around with pencils, brushes, and paints. In 1907 he went to Vienna as a 'student of art', but he was refused admittance to the academy. He tried again in 1908 when he was not even admitted to the preliminary test, so poor were the drawings he had submitted. Allegedly he was told he was better suited for architecture; however, since he had failed to complete the studies of secondary school, there was no way or hope for him to prepare himself for this profession.

At the end of 1908, he returned to Linz to be with his mother who was dying of cancer. She died shortly before Christmas. After her death, early in 1909, Adolf returned to Vienna where, during the following four years, he went through the hardest time of his life. What little money he had was soon spent. He sank into utter destitution. A cot in a flophouse must have seemed comfortable to him after several nights of sleeping on park benches. He ate free soup from a cloister, or what his companions-in-misery gave him out of the goodness of their hearts. He earned a little by shoveling snow, carrying luggage at railroad stations, and, allegedly, as a construction laborer. It was a turning point in his career when a comrade, Reinhold Hanisch, persuaded him to paint postcards and colored sketches which Hanisch then peddled. In May 1913, Hitler left Vienna for Munich where, in August 1914, he joined the German Army as a volunteer.

While the foundations for his anti-Austrian and pan-German bias had been laid at school in Linz, there can hardly be any doubt that the full flowering of both his anti-Socialist and anti-Semitic convictions occurred during the years in Vienna.

'Today', says Hitler in *Mein Kampf*, 'I would find it difficult, if not impossible, to say when the word "Jew" gave me cause for special thoughts for the first time. At home, as long as my father lived, I cannot remember that I ever heard the word.' He then comments on his reactions of uneasiness when, at the age of fourteen or fifteen, he 'came upon the word "Jew" more frequently', and 'whenever confessional differences' took place in his presence. He professes to have been ignorant about the existence of 'organized hostility' against the Jews up to the time of his residence in Vienna.⁴

Attention is called to the significant omission in the above account of his years in Linz or anywhere else in *Mein Kampf*, of any reference made to the one Jew who, it is known, played an important part in Hitler's life during that time: Dr. Eduard Bloch, the physician who treated not only the adolescent dictator-to-be for minor ailments but, of much more significance, also his mother in her last and fatal illness.⁵

It has become a clearly established fact that it was during the years of misery in Vienna that Hitler developed his relentless hatred of Jews which he himself felt to be his 'most serious change'.⁶ Very probably, this is a correct self-evaluation. According to his own account he became slowly, and only reluctantly, convinced of the truth in the anti-Semitic propaganda of the Christian Socialist party and of its founder, the then Mayor of Vienna, Dr. Karl Lueger,⁷ whom he admired greatly.

That Hitler's anti-Semitism of that time was 'unmistakably of sexual origin'⁸ is, indeed, inescapable. In Hitler's own words, what really decided his attitude towards Jews was that '... in no other city ... could the relationship between Jewry

⁴ *Ibid.*, pp. 66-67.

⁵ Bloch, Eduard: *My Patient Hitler*. Collier's, March 15 and 22, 1941.

⁶ *Mein Kampf*, pp. 72 and 83.

⁷ Though Lueger's anti-Semitism was religious and not racial, it must be considered the immediate precursor of the latter. Its influence upon Hitler should by no means be underrated, particularly because of Hitler's over-estimation of Lueger's personality.

⁸ Olden, Rudolf: *Hitler*. New York: Covici Friede, 1936, p. 53.

and prostitution, and even now the white slave traffic, be studied better than in Vienna When walking at night through the streets and alleys of the Leopoldstadt,⁹ one could witness things which were unknown to the greater part of the German nation *An icy shudder ran down my spine* when seeing for the first time the Jew as a cool, shameless, and calculating manager of this shocking vice . . . *But then my indignation flared up.*¹⁰

From that time he was obsessed by the idea that was destined to find a comparatively mild expression in the Nuremberg racial laws, and its climax in the gas chambers of Poland, the obsession being an absolute and overwhelming horror of sexual relations between Jews and Germans. While Hitler dwelt at length on a variety of Jewish 'crimes' in the fields of politics, economy, and culture,¹¹ never did he become as emotional, as arbitrary and absurd as when he dealt with the sexual aspects of the problem. He persistently called the Jews the 'seducers of our people'.¹² In the section he wrote about syphilis and prostitution (altogether a very peculiar treatise), virtual identity of the venereal disease and '*Rassenschande*' is implicit in the phraseology. Having first deplored syphilis as a major national disaster, and blamed it on the institution of prostitution with its resulting 'moral devastation . . . sufficient to destroy a people slowly but surely', Hitler abruptly concludes: 'The judaization of our spiritual life and the mammonization of our mating impulse sooner or later befouls our entire new generation . . .'. The devastating consequences of syphilis are paralleled to marriages between Aryans and Jews, which lead to 'blood poisoning':¹³ '*The sin against the blood and the degradation of the race are the hereditary sin of this world . . .*'¹⁴

⁹ The Jewish quarter in Vienna (Second District).

¹⁰ *Mein Kampf*, p. 78. (Italics added.)

¹¹ A large part of this material he had obviously abstracted (more or less consciously) from authors such as Gobineau, H. S. Chamberlain, et al.

¹² *Mein Kampf*, pp. 80, 82 ff.

¹³ *Ibid.*, pp. 336-351.

¹⁴ *Ibid.*, p. 339.

In the course of exposing the subtle and devilish plan of World Jewry to undermine the racial foundations of other peoples, Hitler records the now notorious fantasy: 'For hours the blackhaired Jew boy, diabolic joy in his face, waits in ambush for the unsuspecting girl whom he defiles with his blood . . .'.¹⁵ There is no hint as to where the Führer may have witnessed—and witnessed repeatedly—such a shocking occurrence. Or are we to infer that it was one of those 'things . . . unknown to the greater part of the German nation . . .', that one could 'witness . . . when walking at night through the streets and alleys of the Leopoldstadt . . .'? This inference may be supported—as Olden points out¹⁶—by Hitler's explanation of why he hated and left Vienna: 'I detested the conglomerate of races that the . . . capital manifested . . . among them all . . . Jews and more Jews. To me the big city appeared as the *personification of incest*.'¹⁷

Olden, too, was struck by the obviously pathological character of the fantasy about the blackhaired Jew boy for which he offers an interpretation: '. . . is it perhaps not imaginary? Is it an experience? An experience in which, when he describes it, persons and situations have been changed around and confused? Was it perhaps someone else, dark-haired too, but Aryan who "for hours on end lay in wait" while the girl he awaited in vain went off "unsuspectingly" with a Jewish rival?'¹⁸ Doubtless, here Olden had an inkling of the truth. But it is not as simple as that; also, this interpretation does not take into account the biographer's own emphasis on the 'undeniable, unmistakable connection' between this fantasy and incest. Let us then first investigate the question of incest.

Relations in the Führer's family were 'so restricted as to border on incest . . . the degree of which can only be surmised'.¹⁹ It is certain that his mother was so closely related to his father that 'an episcopal dispensation was necessary

¹⁵ *Ibid.*, p. 448.

¹⁶ Olden, Rudolf: *Op. Cit.*, pp. 53-54.

¹⁷ *Mein Kampf*, p. 160 (italics added).

¹⁸ Olden, Rudolf: *Op. Cit.*, pp. 53-54.

¹⁹ Heiden, Konrad: *Der Führer*. New York: Lexington Press, 1944, p. 36.

for the marriage'.²⁰ Since, however, his father had himself been an illegitimate child (and had borne until late in his life his own mother's maiden name of Schicklgruber), there is room for doubt regarding his paternity, and therefore it is uncertain whether Alois Schicklgruber Hitler married (in his third marriage) the daughter of his cousin (his second cousin), or the daughter of his half sister (his niece). In any case, it is quite amazing to find an almost identical incestuous relationship in Adolf's own life.

We know of only one great, passionate love affair of the Führer. It ended in what 'may perhaps be called *the* tragedy of his private life'.²¹ The heroine was Geli (Angela) Raubal, a beautiful, buxom blonde, obviously very attractive, and almost twenty years his junior. She was the daughter of his then widowed half sister Angela (herself a daughter of his father's second marriage). In short, *the* woman in Adolf Hitler's life was his niece.²²

The nature of the relationship was unequivocal. It occurred in the late twenties, when Hitler had settled down to a more or less bourgeois life in Munich and on the Obersalzberg near Berchtesgaden. There he was joined by his sister, who acted as his *Hausfrau*, and her two daughters. Hitler's affection for his niece Geli was conspicuous and well known. She accompanied 'Uncle Alf' on numerous trips and shared his apartment. In fact, it was expected that they would get married.

Here, then, we have a situation that corresponds strangely to what are described in *Mein Kampf* as essentially Jewish characteristics: a 'dark-haired' man, 'defiling' a blonde girl, in an 'incestuous' relationship; needless to add that the element of 'diabolic joy' was presumably not absent.

After some time, however, the relationship seems to have become troubled, possibly from mutual jealousy, and because

²⁰ *Ibid.*, p. 43.

²¹ *Ibid.*, p. 384.

²² Heiden was impressed by the parallel. He feels that this relation 'seems like an echo of the many marriages among relatives in Hitler's ancestry'. *Ibid.*, p. 384.

their sexual tastes did not coincide. Finally, Geli decided to go to Vienna and to embark on a career as a dancer. On September 18, 1931, on the eve of her departure, which would have been clandestine because Hitler had refused her his permission, she was killed by a bullet. It has never been established whether this was a suicide or a murder, and if the latter, who committed it. In any case, Hitler was broken-hearted; also, had he been assumed to be directly responsible for her death, it seems hardly plausible that the bereaved mother would have continued to preside over his household as, in fact, she did.²³

At this point closer scrutiny of Hitler's relationship to this half sister seems advisable. We know very little about his attitudes towards his other siblings, his half brother Alois (also of the fathers second marriage), and his full sister Paula. We can only infer from the later Chancellor's complete aloofness from them that their relationships had been poor, or perhaps hostile. That it was different with his half sister, Angela, is corroborated by two incidents prior to the time when, over a period of years, she shared his life.

The second of these incidents occurred in Vienna, at the time when Hitler was at the nadir of his misery and lived in a flophouse. There he had made friends with Reinhold Hanisch, a wandering artist, who was in a similarly bad financial position. The two evolved the plan that Hitler should paint picture postcards and Hanisch would peddle them. However, they lacked even the little funds indispensable for buying the material to get their eventually successful enterprise started. Though neither before nor for many years after did he have any communication with any member of his family, Hitler was prevailed upon to write to his sister and ask for money. She promptly sent him fifty kronen with which the business was founded.

The most interesting part of the story, however, is the argument which Hanisch used to persuade Hitler this one

²³ Cf. Heiden, Konrad: *Op. cit.*, pp. 356, 384-389; also Strasser, Otto: *Hitler and I*. Boston: Houghton, Mifflin Co., 1940, pp. 71-73.

time to infringe upon his carefully maintained isolation. 'After his father's death', Hanisch relates,²⁴ 'Hitler's family received a pension of fifty kronen monthly, but his sister who had just been married received this pension and Hitler got nothing When he told me of this fifty kronen pension his sister was getting I asked him why he didn't approach her. He said he could hardly do that, as his sister was just married and needed the money . . .'; yet, a few days later he did write the letter soliciting funds.

This brings us to the first of the two incidents referred to. In order, however, correctly to evaluate the following, we must recall Hitler's situation at that time. To say that he was on the brink of an abyss is an understatement. He was virtually hurtling ever deeper into the depths of poverty; he was besieged by hunger, cold and hopelessness. Yet he was relinquishing his share of his late father's pension, though an ever so small monthly income in solid gold kronen would have made all the difference between utter destitution and some mild comfort. If additionally we take into account that generosity with money was certainly not prominent among Hitler's characteristics, the matter seems to call for some further investigation. This was carried out by Olden and resulted in this conscientious biographer's conviction that: ' . . . of the truth of the fact there can be no doubt, as it is confirmed by a second reliable person. Actually, it was not a question of an income from a legacy, but of the interest on the small capital yielded by the sale of their father's home. Their trustee, Mayrhofer, a landowner at Leonding near Linz, has stated that Adolf—at that time, as he expressed it—a wage-earner in Vienna, had instructed him to send his share, seventeen kronen a month, to one of his sisters.

'He thinks that it was his sister Paula to whom Hitler sent this small income. But this is unlikely. As we know, Hitler never bothered much about her, his full sister. Probably it was Angela Raubal, his older half sister. In her alone did he

²⁴ Hanisch, Reinhold: *I Was Hitler's Buddy*. The New Republic, April 5, 12 and 19, 1939.

show any brotherly interest, and in her case, as we see, he was extraordinarily generous.' ²⁵

Olden's conclusion is all the more convincing as it was Angela who had just been married at that time; moreover, we have another reliable witness of this transaction. Dr. Eduard Bloch,²⁶ the family physician, was struck by this magnanimous gesture for he records it: 'Hitler decided to go to Vienna to study at the Academy ²⁷ . . . his mother worried about how he would get along. I understand that she even suggested pinching the family budget a little tighter to enable her to send him a tiny allowance. Credit to the boy, he refused. He even signed his minute inheritance over to his sisters.' ²⁸

Considering that Angela, from what is known, was not in dire need, and certainly much less in need than her brother, Hitler's 'extraordinary generosity', indeed, looms as a strange, illogical, almost incomprehensible action. Linked closely in time, as it was, with the eruption of his boundless hatred against the 'incestuous' Jews, may we perhaps venture the guess that it signalized the operation, not to say the pressure, of some strong, though naturally unconscious, feelings of guilt? Was it perhaps Adolf himself who, at one time, harbored incestuous desires for this very sister whose daughter later was to wreak havoc with his emotions? ²⁹

The chief basis for this assumption is the obviously strong attachment that existed between Adolf and Angela throughout their lives. This stands out more sharply by contrast with his relationship to his full sister, Paula, whom he almost disavowed, who was hardly able, at a time when he was fairly well off and she in need, to elicit any modest support from

²⁵ Olden, Rudolf: *Op. cit.*, p. 41.

²⁶ Bloch, Eduard: *Op. cit.*

²⁷ This refers to Hitler's first trip to Vienna, undertaken before his mother's death.

²⁸ In various conversations I had the opportunity to have with Dr. Bloch (since deceased) on the subject of Hitler, I noticed that the old doctor's memory may no longer have been entirely accurate as to details. The above may, nevertheless, be accepted as strongly corroborative evidence.

²⁹ The fact that Adolf himself was 'dark-haired', while of no fundamental importance, may have contributed to the evolving pattern of reaction.

him, and who, at no time, was admitted to his 'court' over which Angela presided.

That this attachment had its origin in childhood seems plausible enough. The nature of this early attachment is open to speculation, and considering the semiproletarian milieu in which the children grew up, probably in quite crowded quarters,³⁰ various occurrences are equally conceivable. Children are likely, when they are given the opportunity, to play sexual games which not infrequently extend into a sexually tinged relationship in adolescence; or Adolf's incestuous fixation may have taken place purely in fantasies, or as a displacement from a similar unresolved attachment to his mother. It does not make much difference whether the feelings of guilt have any basis in reality because in any case they are judged by conscience to be 'justified'. Varying degrees of such reactions emerge regularly in the analysis of sibling relationships. What distinguishes the case of Adolf Hitler and his sister from other similar cases are two features: first, the intensity and persistence of the guilt feelings; second, the astounding fact that they did not prevent him from entering into an overtly incestuous relationship with this sister's daughter.

Some further reconstruction of the domestic scene may clarify the first point. When Adolf was born Angela was six, an age which would have just enabled her to participate actively in the care of the baby. It can readily be imagined that her stepmother, sufficiently burdened with the duties of a fairly large household and the demands of an exacting husband, would gladly avail herself of the growing daughter's help. When Adolf was five, i.e., approximately at the height of the *œdipus*, a brother was born.³¹ Thus, at this crucial period, care for the little boy Adolf was probably shifted almost entirely to Angela, then eleven. This shift in external circumstances might easily have resulted in a displacement of Adolf's original love object, the mother, to the mothering

³⁰ For an amplification and corroboration of this surmise, cf. p. 28.

³¹ Edmund, who died at the age of six.

sister, and such an early displacement would account for both the intensity and the persistence of the erotic attachment.

Yet, it was, in all probability, subsequent developments that gave the decisive turn to these trends. In the next critical stage of development, Adolf's puberty, the situation was reversed. His father died suddenly when Adolf was not yet fourteen. The rival for his mother's love was eliminated, and Adolf was master of the field. Having wheedled his mother into letting him quit school, there ensued a period of about four years (up to *Frau* Hitler's death) which the adolescent dictator practically loafed away at home. Though his sisters shared the household, he seems to have been the center of his mother's affections. Her spoiling and coddling was commented upon by all neighbors and acquaintances, and he returned her love with adoration. Even such a naïve observer as Dr. Bloch³² was impressed by the 'magnitude' of this relation: 'I attended in her final illness, the person nearer and dearer to him [Adolf] than all others—his mother Outwardly, his love for his mother was his most striking feature. . . . I have never witnessed a closer attachment. *Some insist that this love verged on the pathological.*³³ As a former intimate of the family I do not believe this is true. . . . Klara Hitler adored her son. . . . She allowed him his way wherever possible . . . allowed him to drop his studies . . . encouraged his boyish efforts to become an artist; at what cost to herself one may guess. Despite their poverty she permitted him to reject a job . . . so that he could continue his painting. . . . She admired his water-colors and his sketches . . .'

This idyll was harshly interrupted when Dr. Bloch had to inform the children that their mother was suffering from cancer of the breast. 'Adolf Hitler's reaction to this news was touching. His long, sallow face was contorted. Tears flowed from his eyes. Did his mother, he asked, have no chance?

³² Bloch, Eduard: *Op. cit.*

³³ Italics added.

Only then did I recognize the *magnitude of the attachment*³⁴ that existed between mother and son. . . .’ An operation was decided upon and performed. After the operation, *Frau* Hitler’s strength steadily ebbed away. ‘During this period Adolf spent most of his time around the house to which his mother had returned. He slept in a tiny bedroom adjoining that of his mother so that he could be summoned at any time during the night. During the day he hovered about the large bed in which she lay . . .’.

Frau Hitler suffered terribly from pain. ‘She bore her burden well’, says Dr. Bloch, ‘. . . But it seemed to torture her son. An anguished grimace would come over him when he saw pain contract her face . . .’ After her death, ‘Adolf sat beside his mother. In order to preserve a last impression, he had sketched her as she lay on her deathbed. In all my career I have never seen anyone so prostrate with grief as Adolf Hitler.’³⁵ The atmosphere of physical intimacy this description conveys, particularly if considered in conjunction with the immediately preceding successful ‘father-murder’, makes an intense revival of the *œdipus*, and its attendant feelings of guilt appear more than likely. If the doctor’s record of the date on which Adolf signed over the share of his inheritance to his sister is correct, that is before his first trip to Vienna, Adolf was then already aware of the fatal nature of his mother’s illness, and the sacrifice thus becomes explicable as an act of expiation.

Hitler’s plan to go to Vienna and become completely independent would then have had a double motivation: a frantic effort to break away from the unconscious fixation he had acted out for so long a time—an attempt to bribe his conscience at the last moment by saying in effect, ‘See, I did not kill my father; nor do I want to take his place and thus to endanger

³⁴ Italics added.

³⁵ It should be stressed here that this impression of the unusually strong attachment between mother and son was always uppermost in the doctor’s memory and was again and again reported spontaneously in conversations with him.

my mother as he did';³⁶ also, a partial identification with his father who, at about the same age, had left home with the conscious goal of returning only after he had 'made good'.

These facts establish, with a fair amount of credibility, that Adolf Hitler's œdipus complex had not only remained unresolved but that it had, through force of circumstances, acquired additional intensity and, with its attendant feelings of guilt, was exerting particular pressure at the period immediately preceding the outbreak of his anti-Semitism. Thus his mother's death (and death from cancer of the breast, at that!) must have considerably reinforced his feelings of guilt, unconsciously placing the blame for her illness and its fatal outcome upon him. Still under the impact of this trauma, with all its implications, he returned to Vienna there to be exposed to a veritable barrage of traumata: he was utterly lonely, he sank into abject poverty, nobody loved him, worse, nobody could love him;³⁷ but, above all, he had been definitely rejected by the Academy, and his dream of becoming an artist was shattered once and for all.

Such total failure can have for the unconscious only one meaning: condign punishment. He had been rejected by the Academy, according to his own account in *Mein Kampf*, by the Director of the Academy himself, a father-figure, who had in fact deprived him of the 'use of the brush'. He was castrated. It should be recalled, moreover, that this Director allegedly recommended to Hitler the School of Architecture, a suggestion that could not be accepted because the candidate lacked the indispensable high school diploma. Hitler must have realized clearly at this moment that his victory over his father by deliberately failing in his studies had resulted in his own total defeat. With this realization his ego proved unable to cope.

At this time, as happened repeatedly in his life, there is reason to believe Hitler was in imminent danger of some sort

³⁶ *V.i.* Hitler's conception of sexual intercourse as fraught with danger, p. 29.

³⁷ 'His poverty prevented him from having anything to do with women', says Hanisch. *Op. cit.*

of mental illness. He defended himself, then as always, from impending annihilation by the mechanism Anna Freud has described as 'identification with the aggressor': 'The moment the [external] criticism is internalized, the offense is externalized. This means that the mechanism of identification with the aggressor is supplemented by another defensive measure, namely, the projection of guilt.'³⁸

The mechanism of projection was a typical resort of Hitler throughout his life. Whatever happened was the fault of the 'bad world', of the 'other fellow', at best, of 'fate'. His failure at school he ascribes in his autobiography to a 'severe pulmonary illness',³⁹ the existence of which is highly questionable.⁴⁰ For his political defeats prior to 1933, he blamed his opponents; for the defeat at Stalingrad, his generals; and for his final defeat he fell back on his favorite projection, the Jews. In fact, such a mastery of this mechanism did he acquire, so well did it serve his purposes, that he undoubtedly became fully consciously aware of its usefulness. As Ernst Kris has so aptly put it: 'There is a connection . . . between the hysteric and the histrionic'.⁴¹

We have thus far established with a fair degree of credibility that Adolf Hitler's anti-Semitism originated as a projection of his own guilt, deriving notably from his incestuous fixations and their disastrous consequences, onto the Jew. It remains to make reasonably clear why the Jew was selected as a scapegoat and additionally—though this seems a side issue—to trace the rôle of the fantasy about the 'poisoning of the blood'.

Undoubtedly various factors contributed to the choice of

³⁸ Freud, Anna: *The Ego and the Mechanisms of Defence*. New York: International Universities Press, 1946, pp. 117-131.

³⁹ *Mein Kampf*, p. 24.

⁴⁰ Heiden is the only biographer who takes this mysterious pulmonary ailment seriously. Olden (*op. cit.*, pp. 22-23) discards it as wholly fictitious. Dr. Bloch, whom I questioned explicitly about it, was quite sure that he had never detected even the faintest traces of such a disease when he examined Hitler.

⁴¹ Kris, Ernst: *The 'Danger' of Propaganda*. American Imago, II, 1940, p. 37, fn. 33.

the Jew as an object for Hitler's projection of his self-hatred. Hanisch notes one factor which seems rather incidental: '... Hitler at that time looked very Jewish so that I often joked with him that he must be of Jewish blood ...'.⁴² From what we know of the future dictator, he must have resented such jokes, the more so as they might easily have revived early doubts and fantasies about his descent. In any event, the violent anti-Semitic propaganda that emanated from the Christian Socialist party of the Vienna of those days found in Hitler a ready convert, and its influence upon him was intensified by stimulating him to read authors like Gobineau and Chamberlain. It provided him with a target for his reaction to his personal frustration, and simultaneously it offered him the opportunity to identify himself with a venerated father figure, Dr. Karl Lueger. All of these influences, however, cannot account for the unique vehemence of this hatred that was to develop into the driving force of his life and proved implacable to the end of his days.

Hitler's first close contact with a Jew must have been heavily fraught with emotional significance. A Jew had been the family physician. It seems not unlikely that some of those 'confessional differences' to which Hitler refers in *Mein Kampf* as having taken place in his presence when he was fourteen or fifteen years old, may have referred to the doctor. One can well imagine this petty bourgeois, small-town family discussing what a wonderful man the doctor was 'although he is a Jew'. Be that as it may, there cannot be any doubt that Hitler's conscious attitude toward the doctor was one of confidence, gratitude, and even veneration. The evidence leaves no other interpretation. First, there are a number of self-painted post-cards sent to the doctor from Vienna and signed by Hitler with effusive phrases such as: 'With deepest gratitude' or 'With eternal gratitude'. More important, the Führer never forgot the solicitude and unselfishness of the man who had alleviated his mother's suffering to the best of his ability and for a nominal fee. As late as 1937, the Führer was reported

⁴² Hanisch, Reinhold: *Op. cit.*

to have said about Dr. Bloch: 'He is an *Edeljude* . . .'.⁴⁸ Moreover, orders were given after the *Anschluss* to leave Dr. Bloch and his family pretty much alone and to facilitate their emigration—which evidently were the maximum concessions feasible under the circumstances. One may well ask why this experience, which occurred before 1910, had not turned the Führer into a champion of philo-Semitism.

Hitler's conscious and unconscious attitudes towards Dr. Bloch were diametrically opposed. He experienced a father-transference to the doctor—most patient-doctor relations are of this nature—and in this case reality may have reënforced the trend by a vague, typological resemblance between the two men. But this generality only enables us to formulate the problem more precisely: granting that a displacement occurred from his father to the doctor, we still must ask what caused the attribution of all positive traits to the doctor and of all negative ones to the Jew? •

Turning once more to Adolf's early childhood, one should take into account that children know practically everything they are not supposed to know, that is, what adults would prefer them not to know. There is no reason to doubt that Adolf as a child was well aware of the blood-relationship between his father and his mother. It seems more than probable that the little boy heard talk about the impropriety of incest—in reference to the special permission that had been granted for his parents' marriage—and about the danger of incest with reference to the deaths of three of the five children his mother had borne his father. That such associations may have been responsible for the equivalence of sexual intercourse to incest and 'blood poisoning' is quite likely.

This constellation alone would suffice to explain why the incest motif should loom so large in the boy's œdipal phase. What his father was doing to his mother was doubly objectionable as a brutal attack and as the perpetration of a particularly hideous and forbidden crime—incest. Children frequently at that age plan to marry either a parent or a

⁴⁸ Bloch, Eduard: *Op. cit.* *Edeljude* corresponds to the term 'white Jew'.

sibling and are then told that this is impossible because 'one is not permitted to marry a blood relation'. To Adolf this would have been a particular discrimination against himself, and have added specific vengeful spite to his œdipal hostility against his father to whom this privilege had been granted.

Regarding the conception of sexual intercourse as a sadistic attack, we are on much firmer ground and need not rely on guesswork. The Führer himself has disclosed a memory of his observation of the primal scene, though he has done so in such well-disguised form that it has hitherto escaped notice. In Chapter II of *Mein Kampf*,⁴⁴ Hitler describes the plight of the Worker's Child. Outwardly, he is crusading for a non-socialist betterment of workers' living conditions. To anyone familiar with the author's biography this part smacks of an autobiographical fantasy. This assumption is justified because no attempt is made by Hitler to present the picture as a genuine observation. •

'Now', he says, 'let us imagine the following: In a basement of two stuffy rooms lives a worker's family. . . . Among the . . . children there is a boy, let us say, of three. This is the age at which a child becomes conscious of his first impressions. In many intelligent people, traces of these early memories are found even in old age. The smallness and the overcrowding of the rooms do not create favorable conditions. Quarreling and nagging often arise because of this. In such circumstances people do not live with one another but on top of one another. Every argument, even the most unimportant . . . leads to never-ending, disgusting quarrel. Among the children this does not usually matter; they often quarrel . . . and forget completely and quickly. But when the parents fight almost daily, their brutality leaves nothing to the imagination; then the results of such visual education must slowly but inevitably become apparent in the little ones . . . especially when the mutual differences express themselves in the form of brutal attacks on the part of the father towards the mother or to assaults due to drunkenness. The poor little boy, at

⁴⁴ *Op. cit.*, pp. 42-43.

the age of six, senses things which would make even a grown-up person shudder. Morally infected, undernourished, . . . the young "citizen" wanders off to elementary school . . .'

Stories from one-time neighbors corroborating the old man's alcoholic tendencies make the description unequivocal. There is the representation of the father who must have been a not too agreeable and rather aggressive old man whom the son abhorred and whose virility—or what he imagined it to be—he furiously envied. Here is, above all, the equation of sex and 'infection'. Displaced to the sphere of 'morals' of the witnessing child, we easily recognize the identity of this 'shudder' with the one that later 'ran down' Hitler's spine whenever he 'studied' relations between Jews and Gentiles in Vienna.

This ambivalence towards his father was never resolved. The crises in Hitler's life involved the conflict between, 'I do not want to become like my father', and, 'I want to emulate my father'; between, 'I want to be loved by my father', and, 'I want to destroy my father'.⁴⁵ At the beginning of puberty, the spirit of revolt gained the upper hand; he defied his father and was left a defeated victor by the old man's sudden death. We may assume that his eventual failure at school was only partially voluntary. One rather gains the impression that it was the first of his various 'nervous breakdowns' caused by his feelings of guilt which became the more overwhelming,⁴⁶ the nearer reality came to the fulfilment of his incestuous fantasies. Indeed, his deep emotional disturbance which actually amounted to a sort of paralysis indicates the intensity of the conflict.

An additional remark in his treatise on the Worker's Child⁴⁷ is particularly revealing. 'The three-year-old child has now

⁴⁵ This is no more than an adumbration of the involved relationship between father and son Hitler. It will be described in greater detail in a paper in preparation dealing with Adolf Hitler as a 'revolutionary'.

⁴⁶ 'Nervous breakdown' (with or without lung ailment) evidently had a double meaning: the continued opposition to his father's wishes, and self-punishment by wrecking his own future.

⁴⁷ *Mein Kampf*, pp. 43-44.

become a youth of fifteen who despises all authority. . . . Now the same mode of living, which he learned from his father during childhood, begins. Now he loiters about and God only knows when he comes home; for a change he may even beat the poor creature who once was his mother . . . ' Considering that his father retired when Adolf was six, he had indeed known him as 'loitering about' for the last eight years of his life. The parts of his father's personality with which Adolf wanted to identify himself and those which he rejected are here particularly clear.⁴⁸ Virtually he says: 'It is my father's fault that I loaf . . . '. He projects his guilt onto the dead father as at a later stage he projected it onto 'the Jew' who, through displacement, came to represent this father. He also fantasied himself as the virile father who 'beats' his mother.

This was the psychological atmosphere into which the Jewish doctor stepped as an integral member of the Hitler household. The intimacy between the doctor and *Frau* Hitler was conducive to a 'confusion' of the doctor with his father in Adolf's psychopathology. Brutal assault, mutilation, was represented by the ablation of her breast. 'Poisoning' by 'injection' was represented, during the last months of her illness, by the doctor's almost daily hypodermics of morphine to alleviate the suffering woman's pain. While Hitler was consciously imbued with gratitude towards the kind doctor, unconsciously he made him the 'incestuous, poisoning murderer' of his mother, the incestuous, lascivious and aggressive father with whom he could not identify himself—and now in reality a Jew.

Consequently, Adolf's signing over his share of the inheritance to his sister, who was a substitute mother, and his subsequent going to Vienna, 'to make good' were acts of atonement and attempts to identify with that part of his father's personality that he approved of and admired. His inevitable failure, then, assumed the meaning of his superego's cruel

⁴⁸ Cf. what was said about this split on p. 27. We may even go further and say that originally there was a triple split; the minus traits in turn were parceled out, at that stage (Vienna), to the Jews and to the Socialists (workers). Only later was this split resolved and the Jew also identified with the Socialist or Communist, i.e., made the absolute enemy.

punishment for also emulating that part of his father's personality that he not only rejected more or less consciously but with which, unconsciously, he was most strictly forbidden to identify.⁴⁹ Since the mechanism of projection was his habitual method of defense, his ensuing, all-pervading, unqualified and indestructible anti-Semitism was a logical and almost inevitable result.⁵⁰

To return briefly to the contradiction between Hitler's world-shaking indignation against the 'incestuous' Jews, and his own actual indulgence in incest, it must be assumed that the defense mechanisms of his ego had succeeded in dissociating it completely from the original source of conflict; not only had the Jew become the incestuous, blood-poisoning murderer,⁵¹ but the very concept of incest had subtly changed its meaning: from intercourse between the parents, and the relation between the Jewish doctor and *Frau* Hitler, it finally came to mean nothing but intercourse between Jews and Germans. This permitted Hitler not only to resume life with mother by having her representative, his sister Angela, keep house for him, but even to engage in sexual relations, if not with her, at least with her daughter.

Fully aware of the hypothetical nature of some of my deductions, due mainly to the scarcity of material about Hitler, particularly during his emotionally crucial years, I yet believe

⁴⁹ 'Primitive needs are rendered ego-alien and projected onto an alien group.' Else Frenkel-Brunswik and R. Nevitt Sanford: *The Anti-Semitic Personality, A Research Report*; from: *Anti-Semitism, A Social Disease*. Edited by Ernst Simmel. New York: International Universities Press, 1946, p. 110.

⁵⁰ 'Anti-Semitism is indeed a condensation of the most contradictory tendencies: instinctual rebellion directed against the authorities, and the cruel suppression and punishment of this instinctual rebellion, directed against oneself. Unconsciously for the anti-Semite, the Jew is simultaneously the one against whom he would like to rebel, and the rebellious tendencies within himself.' Otto Fenichel: *Elements of a Psychoanalytic Theory of Anti-Semitism*, from: *Anti-Semitism, A Social Disease*, p. 20

⁵¹ 'The Hitler blood-accusations against the Jew—that he wants to defile Aryan blood by penetration—is nothing but the well-known projection of denying [one's] own . . . tendencies by accusing the Jew.' Ernst Simmel: *Anti-Semitism and Mass Psychopathology*, from: *Anti-Semitism, A Social Disease*, p. 63.

to have built a structure with fairly solid main props, and to have relegated mere assumption to the function of brick-work which, by its very nature, is interchangeable. I have presented this as the case study of an individual anti-Semitic character with little reference to the far-reaching consequences that this one man's anti-Semitism happened to bring about. The connection I am bold enough to believe I have established is the paradoxical conclusion that the torrent of apocalyptic horrors that engulfed six million Jews, was unleashed in the futile endeavor to exterminate that incestuous, blackhaired little monster that was Adolf Hitler's Mr. Hyde.

The Jew as Symbol

Henry Loeblowitz—Lennard

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THE JEW AS SYMBOL

BY HENRY LOEBLOWITZ-LENNARD (NEW YORK)

A myth is an expression of unconscious, repressed forces of the human psyche. It represents a particular type of fantasy which succeeds in reaching consciousness only in a disguised, symbolic form (1, 2). If we succeed in deciphering the symbols employed by the myth we can understand its psychic content, its real message. Thus, analysis of anti-Semitic myths can be used as one method of learning about the real meaning of anti-Semitism.

The anti-Semitic myths of the Middle Ages, though created and functioning in circumstances far different from the present, can be said to articulate certain basic and universal reactions toward the Jew. Freud has pointed out that the cultural structure determines the form of a myth, and the form of the symbols employed (3). We may speak of a symbolic equivalence of the emotion projected by a myth, its content remaining constant while the superstructure is subjected to cultural alterations. Compare, for example, a medieval with a modern anti-Semitic myth. In the medieval myth the Jew is revealed as an international magician and sorcerer (4). A modern anti-Semitic myth represents him simultaneously as an international communist and an international capitalist (5). The literal content of the myth has changed, yet the structural composition is the same. In both the Jew is represented as an omnipotent threat. Both myths identify the Jew with a current subject of man's fears, the formal changes in the myths being the results of historical developments.

One of the most persistent of the medieval myths is called 'the ritual murder' myth, one that reveals an abysmal hatred and fear of Jews. The reappearance of that myth as recently as July 6, 1946 (6) proves that there is more continuity to group hatred than was hitherto suspected.

The myth revolves about the alleged murder of Christian

children by Jews. The temporal coincidence of this charge with the Jewish feast of Passover and its religious and ritualistic significance has not in all cases been connected with the charge (4). In investigating a large number of these accusations (7, 8, 9, 10) several repetitive features of the accusations are striking and significant. The charge in the myth of the ritual murder is frequently death by dismemberment and mutilation, the Christian child is almost always male (6), and the charge is leveled against the male Jews only.

Silberer, summarizing his own and Otto Rank's views of the meaning of the dismemberment motif in myths (11), said, and I translate approximately, 'In the interpretation of dismemberment as castration, Rank relies on the fact that after the reconstruction, one member is frequently missing or something else is not in order with the body'. Silberer referred to Rank's and his own work on ancient myths and not to medieval myths. Silberer adds that dismemberment motifs concern chiefly the relationship between parents and children, a statement whose significance will become clear in considering some other features of the myth.

The Jew, then, is charged with threatening or actually castrating Christian boys. Though this charge appears in most ritual murder myths in a disguised form, there are a few instances where the charge is made directly: 'In 1202, a Jew Bonefand of Bedford, was accused of totally cutting off the privy member of one Richard, the nephew of Robert de Sutton . . .' (12). In another case, Jews were accused of having cut off the penis and testicles of a boy, besides drawing off his blood (13).

Trachtenberg (4) and Fuchs (14) have collected a series of lithographs, etchings, and caricatures representing themes of ritual murder and other anti-Semitic myths. This material crystallizes various features of the medieval fantasies about Jews. Some of the peculiar features ascribed to the Jew—and their unconscious elaborations—are horns, tails, tremendous growths of hair and beard, enormous noses, extreme age (14, 15). The tail as a phallic symbol needs no elaboration,

and the symbolism of the facial features are described by Freud (16): 'But here may I draw attention to the frequent "displacement from below to above" which is at the service of sexual repression We have a case of such displacement when the genitals are replaced by the face in the symbolism of unconscious thought The nose is compared to the penis in numerous allusions, and in each case the presence of hair completes the resemblance.' The biblical myth of Samson, who loses his strength from having lost his hair, exemplifies the symbolism.

The features attributed to the Jew all have a phallic significance. This is further emphasized by the fact that the victim of this male threat is in most reported cases a boy. Two- to six-year-old boys are the most widely represented as alleged victims of ritual murder (7, 8, 9, 10). In this connection, some contemporary experimental work by Else Frenkel-Brunswik and co-workers at the University of California (17) revealed in an analysis of the Rorschach records of a group of individuals previously known to be strongly anti-Semitic, that 'the Rorschach records show frustrations producing unconscious inferiority feelings *centering mainly about the castration complex* (symbolized by the number of parts seen as missing or cut off)'. Furthermore, an analysis of the fantasy productions (Thematic Apperception Test) of these people showed that 'aggressive themes stand out, men are the victims of aggression, they are being perceived as killed and mutilated . . . also seen as crippled, etc. Fantasies attributing hatred, meanness, and suspicion to parental figures are frequent.' Schilder (18) reports a patient who in his youth developed a fantasy that all men were Jews and all women Christians.

The neurotic, incapable of remembering the infantile conflict, repeats it, relives it in the course of analytic therapy. The anti-Semite repeats, or rather, relives a conflict with the Jew. That there are patterns of 'reliving' was established by Freud in his paper, *Some Character Types Met with in Psychoanalytic Work* (19). The repetitive reactions are isolated and

displaced to people who are equated with the primary protagonists of the infantile drama. Is it possible, however, for masses of people to relive such primitive fantasies with another large group of people in concentrated form? In analytic therapy the analyst becomes the object of a transference relationship because of the rôle which he assumes. It is the rôle attributed to the Jew—or actually played by him—in the drama of human history which makes it possible for him to become the victim of a substitution. It is the rôle of the father, historically, the originator of the father, God (20).

In the life of the individual, inhibiting, depriving forces are associated with one's father. The Jew, a universal father symbol, came to represent inhibiting, depriving forces in society. It is as if the anti-Semites were aware of the Jewish fable that all Jews, born and unborn, were present on Mount Sinai to take upon themselves 'the yoke of the law' (superego). The Talmud states, 'From Sinai, the mount of revelation of the only God, there comes forth Sinah, the hostility of the Nations toward the Jew as the Banner Bearer of the pure idea of God' (21). A banknote for Jews (*Judengeld*) issued by the Nazi authorities in Theresienstadt shows the 'stereotypic' Jew (aged, bearded, with a large nose) pointing to the tables of the law.

The fear of the Jew, symbolized by the anti-Semitic myths, is the fear of the 'father', the Jew representing the punitive aspects of parental and societal authority. In the myth of the ritual murder the Jew is represented as threatening to exact punishment. The self-designation of the Jews as the chosen people of God, as instruments of the Father-God, lends credence to the superstition that they are instruments of revenge and retaliation.

The claim that the Jews killed Jesus (the Son) is the prototype of the ritual murder, although in the story of Jesus it is stated that he had to die to atone for the accumulated guilt of man. This atonement was demanded by the Father. The threat, then, continues to exist, and is expressed in myths, that

the Jews exact punishment (castration) for guilt, for the forbidden gratification of unconscious desires.

Following medieval epidemics of catastrophic proportions there appeared two manifestations of apparently similar unconscious thought processes. One reaction was the rise of Flagellants who interpreted the 'Black Death' and other catastrophes as manifestations of God's wrath, and who wished to atone and avert further misfortune by masochism. The other parallel reactions were outbreaks of anti-Semitism, the blame for the plague being placed on Jews (22). These parallel phenomena represent two stages in the resolution of the œdipus. The roots of anti-Semitism lie in fear which springs from an unresolved œdipus in which case the father has not been adequately internalized in the form of a superego.

The œdipus complex motivates no less the irrational reactions of social groups than it does the neurosis of individuals. Can psychoanalysis develop means of applying its knowledge in large scale prophylactic and remedial measures to correct the psychosocial disease that is anti-Semitism?

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The Dreams of Two Patients in Analysis Interpreted as a Telepathic *Rêve À Deux*

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THE DREAMS OF TWO PATIENTS IN ANALYSIS INTERPRETED AS A TELEPATHIC *RÊVE À DEUX*

BY JULE EISENBUD, M.D. (NEW YORK)

One of the most interesting aspects of telepathic behavior occurs when two or more individuals who are unknown to each other effect a psychological relationship in their seemingly separate dreams which seems to transcend the conventionally conceived barriers of time, space and ordinary sense perception. Such dreams appear to be by no means rare and are occasionally seen during the course of analyses, where the analyst may be privileged to explore the conditions of such an occurrence with greater or less success. In a previous publication, one pair of dreams in this category was described,¹ and another was mentioned in passing in the course of the discussion of a series of events following an experimental attempt to bring about the telepathic transmission of a number.² In this discussion, no description of the manifest portions of the dreams or analysis of their latent contents was given because this would have involved a lengthy and unnecessary digression from the main point of the exposition. Subsequently, however, many interested readers felt, on varying grounds, that the separate publication of these dreams was warranted and that the description of the entire series of events surrounding that experiment ought thereby be completed.

An analytic patient reported the following dream:

'I was walking the street in a very heavy downpour and came to the house of a next-door neighbor where I decided to ask for shelter. The house seemed to be a palatial mansion. I was a little afraid to go in because these people were very snobbish; but I reasoned that they couldn't refuse me

¹ Eisenbud, Jule: *Telepathy and Problems of Psychoanalysis*. This *QUARTERLY*, XV, 1946, pp. 74-79.

² *Ibid.*, p. 46.

shelter from such a downpour. When I came inside I was very conscious of my clothes which were not only soaked and dripping but very shabby besides.'

On the following night, another analytic patient dreamed:

'I was living in an old shack. Outside there was a heavy downpour. Some neighbors came in from the rain, of whom the only one I could identify was Selda X. Although she had just come in from a heavy rain she was absolutely dry and seemed faultlessly and even glamorously dressed. She was saying that she always had her things done at the Chinese laundry because they were returned so white and clean. She also said that she had a reciprocal arrangement with another neighbor whereby if she were out when the laundry was delivered, the neighbor took it in, and vice versa.'

Superficial inspection of the manifest contents of these dreams reveals an interesting coincidence: one patient seeks shelter from the rain in a neighbor's house; the second patient gives shelter to some neighbors who come in from the rain. The coincidence appears even more striking when one considers the strangeness of the fact that in each case refuge from the rain is sought not in the dreamer's own house, which would seem to be a more natural haven, but in a neighbor's.

Beyond these points of coincidence, there seem to be no obvious similarities in the manifest contents of the two dreams. Nevertheless, certain differences between them strike us at once as being differences with some relatedness rather than as unrelated or haphazard variants; in fact the points in which the differences are to be found appear, when we attempt to relate them in some way, to be negations of each other. In one case the house is a shack, in the other a mansion. In the first dream, the person seeking shelter is conscious of her drenched and shabby clothes. In the second, the dreamer takes special notice of the fact that a neighbor to whom she has given shelter is completely dry and faultlessly dressed. Now the process of negation or denial, with whose occurrence and significance in dreams as well as in every other area of behavior we are already familiar, ought in itself to occasion the analyst little

trouble. The difficulty here arises merely from the fact that these reversals occur not in the dream or dreams of one patient, but in the dreams of two people who are unacquainted with each other. Added significance to this set of coincidences is given by the fact that the name of the person seeking refuge identified by the second dreamer happens to be the first dreamer's name with change of only the fourth of five letters—a difference, let us say, like that between Selda and Selma.

For the sake of convenience, let us arrange these coincidences in parallel columns.

Dream I	Dream II
1. Heavy downpour	1. Heavy downpour
2. Someone seeks shelter from rain	2. Someone seeks shelter from rain
3. Refuge in neighbor's house	3. Refuge in neighbor's house
4. <i>Palatial mansion</i>	4. <i>Old Shack</i>
5. <i>Clothes wet and shabby</i>	5. <i>Dry and faultlessly dressed</i>
6. <i>Selma</i> (the dreamer seeking shelter)	6. <i>Selda</i> (the neighbor seeking shelter)

It is easy to see that even though some of these items are potentially linked with the idea of rain, such as shelter, clothes, house, they are far from being automatically threaded together, since a wide variety of other items could just as easily have been associated with the occurrence of rain in a dream. We may safely assume that the probability against their occurrence in such a manner, along with the other items in these dreams, through the operation of chance alone is very great, even though we do not have a precise mathematical means of assaying and describing such a probability ratio. It should be stated that there had been no rain or precipitation of any kind for days preceding or following the occurrence of these dreams, nor had rain or the other items in the manifest contents come up for discussion in the analyses of these patients at this time.

In any case, in addition to the evidence already cited to indicate that the assumption of a telepathic relationship between these dreams is far less improbable than that of a chance or non-

telepathic causal relationship,³ we have to take into account the fact that both dreamers were at this time involved in a dream series revolving about an experimental attempt to bring about the telepathic transmission of a three digit number.⁴ Everything considered, it should not require profound mathematical intuition to realize that the entire series, including the two dreams under discussion, is virtually outside the realm of chance occurrence.⁵

As if these considerations were not enough to compel us to assume that the two dreams we are discussing could profitably

³ The assumption of a telepathic process in a particular instance such as the one under discussion does not require that the general hypothesis of the existence of telepathic functioning be 'proven' by this instance. It merely requires that the relationship between the particular instance and the general hypothesis be such that the operational legitimacy for the use of the latter be adjudged more or less reasonable *in terms of this hypothesis*. The reader should bear in mind that I start by granting, on the basis of an enormous amount of indisputable evidence of various kinds, that the belief in the existence of telepathic functioning already rests on a foundation as firm as anything in the realm of empirical science; he should also be aware that if, at the conclusion of this article, he is inclined to feel that the existence of telepathy is 'still' not proven, he is simply indulging in a comfortable irrelevancy. It is necessary to make this point clear because of the methodological confusion which characteristically befalls the approach to any issue where the discussants are not thoroughly versed in the backgrounds of the assumptions utilized.

⁴ Eisenbud, Jule: *Op. cit.*, pp. 41, ff.

⁵ It is possible to structure one component of this series—*q.v.* the occurrence of four 'random' numbers in relation to the number chosen for telepathic transmission—in such a way that the problem of probability formulated from it is capable of precise solution. It turns out that even if we allow no psychoanalytic assumptions or manipulations whatever—that is, if we simply take the raw numerical data—the probability against such an occurrence by chance is about one hundred fifty thousand to one. On the other hand, if we choose to make one assumption based upon a perfectly legitimate use of our psychoanalytic knowledge, the probability against chance rises to about one and one half million to one.

It is not unlikely that similar experiments can be performed by others with substantially similar results. Even if only what might be thought to be a negligible percentage of such experiments were to yield data capable of formulation in accordance with the rigorous demands of the mathematician, the overall results of the few that might pan out would be overwhelmingly significant because of the magnitude of the probability ratios involved. This, of course, would only be a *tour de force* with less appeal to the majority of analysts than a more fundamental demonstration of the psychological aspects of telepathy.

be studied in relation to each other—as a *rêve à deux*, so to speak—we have, finally, a bit of significant *internal* evidence in the manifest content of the second dream to buttress (or rather, to overdetermine) the case for such an assumption. This is the portion of the second dream in which the dreamer represents the person to whom she gave shelter as having a *reciprocal arrangement with another neighbor whereby if she were out when the laundry was delivered, the neighbor took it in, and vice versa*. The symbol of the laundry with its variants—dirty or clean linen, having things cleaned, etc.—is, as everyone knows, a common representation of matters pertaining to the analytic process. The reciprocal arrangement described is highly suggestive of some sort of telepathic relationship which enables one patient to get a ‘delivery’ intended for another, should one or the other be ‘out’.⁶ We do not know as yet to what this refers—to the experimental situation, to the dream mixup, or to some fantasied advantage in the mind of one patient to be derived from such an arrangement. This is vague, but at all events so highly suggestive that one may justifiably proceed on the assumption that no complete understanding of either dream will come about unless both dreams are investigated with a full awareness of the possibilities of further links between the two to be looked for in their latent contents.

The first dreamer's association to walking the street in a heavy downpour was the central fact of her emotional life, her sense of loneliness and isolation.⁷ This inner sense of isolation

⁶ Telepathic dream symbolism will be taken up in a later publication.

⁷ The manuscript of this communication was submitted for checking and validation to this patient, merely because the charge is so often made that analysts can invent interpretations or unconsciously distort patients' associations to fit a preconceived pattern. Such a question, of course, would be particularly apt to arise in the present instance because of the controversial nature of the hypothesis employed. Although it is several years since the patient completed her analysis, and although her claims to a trustworthy recollection of the events described (on which I had taken full notes at the time) cannot perhaps be taken at face value, she has, in any case, gone to the trouble, for whatever it may be worth, of attesting in writing to the correctness, authenticity and validity of the associative details described. For reasons which will become apparent later, the manuscript was not submitted to the second patient.

was superficially cloaked by the external appearances of her extensive social relationships in which she laid claim to many—indeed, far too many—friends of both sexes. In fact her compulsive need for love and acceptance had led her to have intimate sexual relationships from the age of eight, when she became the sexual toy of a neighborhood gang of boys. Thus in connection with the representation of herself as ‘walking the street in a very heavy downpour’, the patient again touched on the fact that far from being able to remember the names of the men with whom she had had casual sexual relationships, she could not even estimate their number—any more than she could the drops of rain in a downpour.

The patient’s feeling about the drenched and shabby condition of her clothes, of which she was conscious in the dream, related to her feeling of having soiled herself in this behavior. Actually, she had never succeeded in accepting this ego alien, compulsive side of herself, and expressed great concern about what I might think of her.

The house she entered in the dream was actually the house of a priest who lived two doors away, adjoining a convent. She visualized this as a mansion; nevertheless, in the dream the occupants of this house were her next door neighbors who in reality lived in the house between hers and the priest’s. The patient stated her mother had taken a violent dislike to these people, saying they were snobs who had nothing to be snobbish about. The woman was ‘cheap, low, shanty Irish’, and it annoyed the mother particularly that the Jewish husband of this woman had been converted to his wife’s Catholicism. This woman’s brother, a prominent political figure, had just broken into the newspapers in connection with certain shady transactions which were being investigated.

The patient suspected that her mother’s violent reaction to the neighbors had something to do with her own conflicts since she too was a Catholic who had married a Jew, the patient’s father, but had assumed the distinctly Semitic name of her husband who had never been converted to Catholicism.

The patient surmised that this fact might account for her mother's almost chronic anxiety, since in the eyes of the church the marriage of a Catholic to a Jew was not regarded as valid and hence her mother, who had been brought up from childhood as a devout believer, must unconsciously have been suffering from the accumulated guilt of years of living in sin. The patient derived great satisfaction from this fantasy, since she was consciously hostile to her mother; but not until it was pointed out to her did she see the connection between her preoccupation with her own sinful status and her effort to prove that her mother too had been living in sin all these years. The patient's mother had strong symptomatic and characterological reaction formations against unconscious anal trends, and her marrying a 'dirty' Jew and assuming a semitic name was merely one form of the return of the repressed which had plagued her throughout life. Thus, besides the sexual source of anxiety of which the patient suspected her mother, there was another aspect of the latter's 'living in sin' that was just as troublesome to her and which she had never been able to resolve: the fact that she had for so many years been 'living in dirt'. She was constantly laboring under the onus of 'cleaning up' this situation and atoning for it. As a matter of fact, one could almost have postulated this about the mother simply from an awareness of the implications of that portion of the dream in which the patient was very conscious of her soaked and shabby clothes. However, we have no need to indulge in postulation at this point because in connection with this item in the dream the patient recalled occasions when she had endured painful tension (the mother's wrath and rejection) from fear that she might wet or soil herself.

Despite a strong desire formally to change her Semitic name to an Anglo-Saxon one, a change to which she felt entitled and one which she envisaged as having a great many advantages, the patient had nevertheless never been able to take this step because of her unconscious fear of alienating her mother. But she had never developed her mother's reactive prejudice against

'turncoats', and her tolerant attitude on this topic was one of a thousand issues which provided ammunition for constant bickering between her and the mother.

With the foregoing associative material, much of which was new since the patient was comparatively a beginner in analysis, an interpretation of the dream material can be attempted. The patient brings to the analyst (priest's house) the guilt of her soiled life, desiring absolution and forgiveness. To counteract the fear that her plea will be met not with absolution but with snobbish disapproval, she peoples the priest's house with her next door Catholic neighbors against whom she can defensively project her mother's attitude that there is no justification for such snobbishness, since the woman is 'low, cheap, shanty Irish' and her brother is being investigated for shady dealings. This is the familiar 'You're another' defense. From here, however, we either lose ourselves in vagueness, or deal with associative details which, although they seem to make some sense in themselves, are nevertheless confusing and contradictory in relation to the apparent scheme of the dream. Our specific difficulty is that it is from the fact of her *mother's* 'living in sin' that the patient is able to derive some comfort and not from the status of the neighbor next door, since the wife of that union in the eyes of the church is sexually guiltless, the Jewish husband having been converted to Catholicism. Thus the specific guilt from which the patient is suffering is not shared by the individual against whose snobbish disapproval she needs a weapon, and the question arises as to why this neighbor was brought into the dream at all. One wonders what advantage the dreamer hoped to gain by fusing the priest with the neighbors, since in respect to sexuality, the latter turn out to be virtually as guiltless as the former. In other words, the *association* (leading to the discovery of the mother's technical sinfulness) appears valid for the dreamer's purpose, but not the manifest portion of the dream into which we might suppose it to have been elaborated.

Passing on to the question of the reason for the transformation of the neighbor's house into a mansion, the patient

cited that the scandal involving her neighbor's brother had to do with his misappropriation of public materials for some building that he had planned around his country mansion. In this association the patient would appear to achieve some projective gain by the fusion; nevertheless, the gain is not in specific relationship to the sexual problem with which she is dealing, nor does this association, as a projective device, seem to be at all applicable to the patient's mother or the analyst, against whom the defense must ostensibly serve. The transformation of the house in the dream into a mansion would thus appear to be a completely unnecessary bit of dream work, an operation entirely lacking the specificity typically seen in such processes.

To sum up, the interpretation of this dream in terms of the associative material can only be accomplished when the focus is left blurred and vague. The moment we begin to adjust for a finer alignment, the superimposed images show a decidedly imperfect fit and the highly specific connection which we seek between the latent dream thoughts and the precise elements of the manifest dream is not to be found. It is possible, of course, that had more associations been provided and had a more exhaustive analysis been attempted, a precise fitting together of all the pieces might have been accomplished. As this was unfortunately not practicable, nothing remains except two alternatives: either to leave the analysis of the dream at this point and be content with what little we have been able to extract from its meaning, or, on the assumption that this dream might be telepathically linked to that of the second patient, to suspend further consideration of its analysis pending investigation of the latter dream. Since the second course appears to offer a less hopeless and in any case a more instructive prospect, we might as well make full use of our assumption and proceed to this task directly. Unfortunately, the very nature of such a step involves the temporary retention of a confusing mass of material 'in solution', as it were, and for this reason the reader might do well to turn back at this point and review the manifest content of the second dream.

From the dream of the second patient, the patient associated 'living in a shack' with the dissatisfaction she felt with her suburban house. She often called it a shack when discussing it with her husband and was very anxious to move to a smart apartment in the city which could serve as a base for her many social aspirations. It was precisely these aspirations, however, which reflected a continual conflict within her. On one hand she was incessantly preoccupied with fantasies of a glamorous rôle in society, feeling that her husband, relatives and friends were far beneath her; she felt uneasy, on the other hand, with the title of 'snob' which these fantasies earned her and which she, in fact, consistently applied to herself in her frequent self-critical moods.

When she came to analysis, the patient had been trying to solve this conflict by a sort of double or two stage reaction formation in which half of her activity consisted of the pursuit of 'swank', the other half consisting of measures by which she hoped to convince herself that she was not a snob. She married a man whom she considered considerably beneath her and whose lower class Jewish family she regarded privately with contempt, and she developed a secret slovenliness about her person and home which she misidentified with proletarian virtue. This return of the repressed from repression served merely to stimulate further reaction formations, such as her need to persuade her husband to change his Semitic name to an Anglo-Saxon euphonym (which he did) and, as mentioned earlier, her agitation for a smarter residence.

The patient's other association to 'shack' was the condition of her once beautiful face and figure which she now felt were beginning to show the dreaded but inevitable signs of middle age. She kept reassuring herself that if she chose to bestow the necessary amount of care and attention on herself, she could become as beautiful as she had been.

In these facts are two or three striking relationships to the content of the first patient's dream. First, it is apparent that the second patient is struggling unsuccessfully with unresolved anal difficulties which closely parallel the problems of

the first patient's mother. There appears to be a good deal of similarity in the character structure of the two, even in the ways in which they had attempted to handle their conflicts—each, for example, by marrying beneath them. There is thus no difficulty in conceiving of the second patient as an easily workable imago of the feared and hated aspects of the first patient's mother. Next, we have the second patient's aspirations, for both social and deeper symbolic reasons, to a palatial mansion, which the first patient provides, seemingly so casually, in her dream. (We suspect a catch to this largess: there is a suggestion of the illicit, of shady dealings and ultimate penalties attached to such aspirations, as in the case of the politician who figured in the associations to the first dream; but of this, more later.) Finally, we have the second patient's self-admitted snobbish tendencies (like the neighbors in the manifest portion of the first patient's dream) and the significant fact that she, like the neighbor in the association to the first patient's dream, had persuaded her husband to renounce—nominally, if not spiritually—his Jewish origin.

The patient's association to Selda X, the one 'neighbor' she recognized, was most striking of all. Selda X, it turned out, was not really a neighbor but a woman she had met at a summer resort who was known as the 'whore of X Beach' because of her indiscriminate and promiscuous amours. This woman she described as 'somewhat hard and tawdry on close inspection, but as always dressed expensively and in the best taste'. The patient had not seen or heard of this woman for many months and was at a loss to account for her turning up—out of the rain, as it were—in the dream. Nor did what this woman said in the dream about her laundry arrangements shed much light on her presence. The patient's association to 'Chinese laundry' was that she had recently sent all her curtains to such a laundry and that they had been returned in such a faded and shrunken condition as to be absolutely useless. Her house was temporarily without curtains, and this considerably disturbed the patient who felt that now all the domestic goings on would be visible to the neighbors. As related to her

deeper problems and as used in the dream, this association obviously applies to the embarrassment she feels at having her inner 'dirty' emotional life revealed in analysis and her fear that the analytic undermining of her defenses (taking down the curtains) would leave her shamefully exposed. However, in the dream 'the whore of X Beach' tells her that this is not the case—that she always patronizes a Chinese laundry and gets her things white and clean that way.

What the soiled Selda X said in the dream about a reciprocal arrangement with her neighbor reminded the patient of something she had discussed in analysis a few weeks earlier. At that time she had been complaining of the fact that her two young children, aged three and six, were lacking in playmates of their own ages and usually spent their afternoons in lonely play carelessly supervised by the maid. When I expressed my surprise at the inferential absence of other children living nearby, the patient remarked that there were in fact several children of this age group in the neighborhood—indeed, that her next-door neighbor, with whom she had only a nodding acquaintance, had two children of the same ages. Now the explanation of this 'poverty amid plenty' was that the patient, ashamed of her 'dirty' children just as she was ashamed of and defensive about the primitive 'dirty' core of her deeper emotional life, virtually prevented the children from having normal contacts with their own cultural group. Her rationalization—that is, her conscious fear—was that her children would never measure up to the standards of behavior, intelligence, beauty, charm and cleanliness of other children, and would always draw unfavorable criticism upon themselves and her. When the older child began to attend school, the patient felt considerably relieved that geographical limitations had obviated the question of the child's attending a private 'progressive' school where, the patient feared, she would certainly be outshone by the other children.

When I learned of the pathetic social imprisonment of these children, caught up as they were in the patient's anal conflicts, I suggested to the patient that she approach her next door

neighbor, whose children apparently were allowed to play with other children, and broach frankly the matter of some arrangement whereby the children could play together. The patient, as if this suggestion offered an unexpected solution that she could never have seen herself, replied that this was a very good idea and that perhaps she could work out a *reciprocal arrangement* with her neighbor whereby one day the children could play at one house, the next day at the other. The patient even calculated that this arrangement would leave each mother more free time to go out on alternate days—although, as I have hinted, the patient was away from home most of the time anyway and the care of the children devolved on the maid.

As it turned out during the analysis of the current dream, for which this material provided the associative background, the patient had not yet approached her neighbor with the scheme of 'taking in the other's laundry' when the one was 'out'.

Working backward from this associative material, we find that we are soon confronted with problems similar to those which confronted us in our attempts to analyze the first patient's dream. The associations appear to provide a general background which, however, fails to fit precisely into the specific framework of the manifest dream. A latent fear is felt that the analysis threatens to break through the concealments (curtains sent to the Chinese laundry) hiding the patient's inner, anal trends and that the patient will be revealed in all her essential dirtiness (domestic 'goings on' visible with curtains down). A wish for the opposite is expressed in the manifest dream: the laundry comes back white and clean—or, at least, so says the 'whore' who visits her as a neighbor. But here the fit becomes imperfect. First, there appears to be no ineluctable necessity for this 'whore' having been assigned a rôle in the dream; second, the 'reciprocal arrangement' equation—as it relates to the patient's need to be found 'white and clean' on trial—is decidedly not satisfied by the terms of an association which stresses the patient's fear that precisely the opposite would occur, for which reason, in fact, she had not

even yet made this neighborly contact (her fear, that is, that if she sent her fecal children to her neighbor's house her dirtiness would become apparent).

In view of the unsatisfactory results of attempting isolated, individual interpretations of these dreams, and invited forward by the several apparent points and planes of intersection between them, let us attempt a resolution of the contradictions by proceeding on the assumption that each patient had telepathic awareness of the problems of the other—just as might have been the case had they actually known each other intimately and been aware of the other's analysis. Let us then see what interpretation will yield under these conditions.

DREAM I

The patient is 'walking the streets' in a very heavy downpour. She is very conscious of her clothes, which are not only wet and dripping but very shabby besides. This refers, as we have seen, to the patient's feeling that she had soiled herself by the indiscriminate and casual sexual relationships in which she had indulged. Behind her anxiety on this score, however, there existed her fear that she would be found unclean in an anal sense besides, since this was one reason for her mother's early rejection of her. Thus it was her need to rebel against the rejecting mother's standards, as well as her great need for love and acceptance, that had led her to become sexually promiscuous at a very early age.

The patient decides to ask for shelter in the house of a next door neighbor. The house is a palatial mansion. In the dream the patient fuses the house of her next door neighbors with that of a priest, who in reality lives two doors away. Why does she insist on such a fusion? The priest represents the analyst, of course, since one can reasonably hope for absolution and forgiveness from him. But why does not the analyst-priest alone suffice? Why does the patient drag in the neighbors, of whom the woman seems to have some connection with her mother? Apparently the patient has not yet accomplished a comfortable substitution of the analyst for the parental imagos

(she has been in analysis only three months) and evidently still hankers for a blessing from the mother herself, the need for whose love, though doomed to perpetual frustration, she is not yet prepared to relinquish for the still untested security which the analyst might offer. Her attitude toward the analyst is unconsciously tinged with the same anxieties as those which characterize her attitude toward her mother, and under these conditions she needs a defense. Her defense is of the *tu quoque* variety. 'You too have been living in sin—both in sexual sin and in dirt', she wants to say to the mother. But here it turns out that the next door neighbor, a Catholic who, like the patient's mother, had married a Jew, has *not* been living in sin (in the eyes of the Church) because the husband of the union had been converted to Catholicism. However, my other patient—her neighbor in analysis—happens to be a very serviceable mother image on several counts and, like her actual neighbor, is a snob 'with nothing to be snobbish about'. In this woman, as a matter of fact, the patient has the fulfilment of an often expressed fantasy that her mother was the one who should be in analysis. Now she is in analysis, as it were, and is forced to reveal to the analyst all the hidden anal conflicts which had led her to reject the patient as a dirty child. This, then, is the person who rounds out the fusion with the priest-analyst (other determinants for this will be seen later) and this is really a good defense.

The patient still has something up her sleeve. '*I was a little afraid to go in because these people were very snobbish, but I reasoned that they couldn't refuse me shelter from such a downpour.*' The last phrase, 'I reasoned that they couldn't refuse me shelter . . .', is a subtle attack on the moral position of the second patient in which is also incorporated a possible allusion to a chink somewhere in the armor of respectability of her mother. The second patient, as it happens, had been leading a perfectly respectable sexual life ever since her marriage. Before this, however, she too had engaged in a series of more or less casual sexual relationships, not, it is true, to

the extent of and the variety of the first patient, but still sufficient to be conventionally termed promiscuous. This then must be the meaning of the phrase '*I reasoned that they (she) couldn't refuse me shelter . . .*' since, everything considered—that is, the sexual and anal derelictions of the second patient (who represents a fantasied image of the mother)—the argument would seem to be perfect.

As to the second patient's aspirations to social elegance and her fantasies about regaining her former beauty, this is neatly disposed of by the first patient's associations to the palatial mansion which the house she sought refuge in seemed to be. 'You are a fraud', she challenges, 'and you will undoubtedly be exposed in due time, just as was the politician whose shady dealings in building his mansion were ultimately brought to light'. Here too it would appear as though a perfect fit were obtained by incorporating the second patient into the triple fusion performed in the first patient's dream, a fit that could not be achieved, apparently, through any other assumption.

DREAM II

In terms of our analysis of the first patient's dream, and continuing to utilize the assumption of a telepathic interrelationship between the two, an analysis of the second patient's dream presents few difficulties.

'*I was living in an old shack.*' This, as we have seen, refers to the patient's anxious concern about the deterioration of her beauty, as well as to her frustration at not having a smarter residence and a more glamorous rôle in society. The first patient's dream provides a specific wish fulfilment, the palatial mansion. Unfortunately there is a catch in this, a threat of punishment which springs, I am inclined to think, from the the second patient's unconscious guilt and anxiety in these matters as well as from the first patient's vindictiveness.

'*Outside there was a heavy downpour.*' This is difficult to account for solely in terms of the second patient's associations, which were, as a matter of fact, not forthcoming on this specific point. The emphasis on '*outside*' might refer to the feeling

of comfortable sexual respectability that the patient's marriage afforded her, even though she felt her marriage to be frustrating and inadequate on other grounds. This, of course, is *my* association, not the patient's, but there are good grounds for believing that such an association is psychologically tenable. The relationship of this portion of the manifest content of the dream to the first patient's dream, however, and the analogy of similar occurrences in other dual dreams of this category, would easily explain its presence as part of the necessary stage properties, so to speak, without requiring us to look any further. Significant is the fact that both dreamers used the phrase 'heavy downpour'—not simply in one case 'it was raining' and in the other 'outside it was raining very hard', or some other variant.

'Some neighbors came in from the rain.' Here again the dreamer is at a loss for associations in terms of the day's residue or other material. The most likely explanation would appear to be that offered by the telepathic hypothesis in which 'some neighbors' refers to other patients in analysis with me—in particular, Selma, the first patient. The fact that this patient simply 'came in' without having been specifically invited would, of course, have been perceived on a level so far from the patient's consciousness that the connection could never have been apprehended by association.

'The only one I could identify was Selda X.' The names Selda and Selma (the actual names, have been changed) are almost identical and would ordinarily, I am certain, occasion the analytic interpreter little difficulty in identifying the person for whom the appellation was intended, provided such a person could be identified from a knowledge of the dreamer's acquaintances. In this instance, we have to extend our conceptual horizon to include the possibility of a person consciously unknown to the dreamer, but to whom the dreamer was nevertheless reacting on a telepathic basis.

Of course the identification of 'Selda X' as the first patient does not exhaust the sources from which this dream figure was derived. This person, who is identified as 'the whore of

X Beach', refers also to a fantasied image of the dreamer's mother, a shopkeeper whom the patient bitterly remembered as joking and carrying on with the men customers while she, a little girl, sat forlorn and neglected in a corner of the store. Later, the mother, who was reputedly a great beauty as well as a woman of great charm and wit, left the thriving business in the hands of others while she blossomed forth as a lady in local society. Here she held undisputed sway over the admiring men of the community, but over none was her hold so secure as over her own husband and doting son, the patient's considerably older brother. Thus it was that at a later age as well as in childhood, the patient, who was still trying unsuccessfully to outshine her mother in the eyes of her father and her older brother to whom she had turned for affection, was balked by her mother's secret charm. We can recognize in the dream figure and its associations an allusion to the sexually alluring mother not infrequently encountered under similar circumstances. But what in the current life of the patient had provoked her to revive this old issue and to elaborate upon it with such specificity in a dream at this time? And what specific determinants dictated the choice of this particular 'whore', Selda X, for whose perfect type casting the patient had had to drag the files of her memory for months back whereas, presumably, almost any woman of similar description, of whom there were several in the circle of the dreamer's acquaintances, could ostensibly have served as well?

The answer to the question of why this issue at this time, was not to be found in the patient's current and conventionally considered psychological stimuli. But with the assumption that the dreamer was reacting telepathically to the first patient's number scoop in the experiment (*q.v.*: her clever mother winning out all over again with father and brother) and then to this patient's dream two nights later, where the latter called the turn and dictated the symbolic necessities, we do not have to look any further. These patients are competing for the analyst. What the second dreamer is specifically replying to the first patient's dream, then, amounts to nothing more than a resentful slur: 'The absolution you hope

to gain from the analyst will never get you very far. You may clean yourself up externally as my mother and your near namesake Selda did, but you will remain a whore for all that; people will always recognize you as such despite your latterly acquired outer accoutrements of taste and respectability.' Thus in the item '*She was absolutely dry and seemed faultlessly and even glamorously dressed*', the dreamer appears to provide a specific resolution for the anxieties expressed by the first patient in her dream; but just as there was a catch in the first patient's gift to her of a palatial mansion, there is in her seemingly generous fulfilment of the first patient's wish to be found dry and immaculate a concealed booby-trap to be found only through deeper investigation.

As to the second question, the reason for the choice of the person who was known as 'the whore of X Beach' to represent both the mother and the rival patient, it might seem that we have only to look as far as the near identity of this person's name with that of the rival in question in order to arrive at an answer. According to the laws of ordinary dream interpretation, this fact would have been sufficient as a differential specification to account for the choice. In the laws of telepathic dream interpretation in analysis, however, there is usually—perhaps always—an added determinant: something referable to the analyst. In this instance I cannot but think that the dreamer was attempting to besmirch three women with one wild slur since it was at X Beach some years ago that I met and fell in love with my wife.⁸ X Beach, incidentally, does not happen to be a too well-known resort.

We come now to the remaining portion of the manifest con-

⁸ Theoretically, to complete the triangulation generally observed in instances of this kind, a more specific point of derivation for this dream element should have been looked for in a day's residue of mine—possibly something having to do with the kicking up of my latent ambivalence to my wife springing from similar repressed fantasies about my own mother in the 'immoral' oedipus. Unfortunately, any more specific material of mine bearing on this point must have gone down the drain when this episode was worked over because I had not yet at this time come fully to appreciate the almost invariable deep involvement of the analyst's unconscious when he is even slightly represented somewhere in the manifest content of a telepathic dream, and consequently I did not prosecute the exacting search for such residues that I habitually now do.

tent of the second patient's dream: *'She [Selda X] was saying that she always had her things done at the Chinese laundry because they were returned so white and clean. She also said that she had a reciprocal arrangement with another neighbor whereby if she were out when the laundry was delivered, the neighbor took it in, and vice versa.'* We have already seen that the patient's associations to 'Chinese laundry' were anxious ones (her curtains were spoiled), and that her association to a reciprocal arrangement with a neighbor was scarcely such as would serve to resolve this anxiety. It is apparent that we have to look in other directions in order to find the gain to be derived from the substitution of 'laundry' for 'children' and the incorporation of these unpleasant residues into the dream. Assuming a telepathic relationship between the two dreamers, this gain is to be found in the way in which the second dreamer turns an unacceptable suggestion of the analyst to her advantage by applying it in a situation other than that for which it was intended. It will be recalled that I had suggested to her that she make some arrangement for her children to play with the neighbor's children, and that the patient had thought at the time that a reciprocal arrangement in which she and her neighbor might alternately supervise the children would be advantageous. But the patient had actually done nothing about the matter, which merely illustrates the futility of an analyst's attempt to bring about a situation strongly opposed by a patient's unanalyzed resistances. What happens is that in her dream the patient utilizes this suggestion not to dispose of but to fortify her resistance. 'You are evidently very approving of and reassuring to my rival', she says, 'and I have the feeling that my rival gets all the absolution she seeks in analysis' (her things come back white and clean from the laundry). 'Since you insist on my effecting a *rapprochement* with a neighbor, why not let it be this neighbor in analysis? There a reciprocal arrangement will really net me something, since I will then get some of the reassurance I want about matters anal, of which I feel I am now deprived.'

And here, I must confess, the patient seems to have a point

since it has probably struck the reader that my countertransference attitudes toward the first patient were decidedly more benign than toward the second—or rather, perhaps, that my counterresistance is considerably more in evidence against the second patient than against the first. These attitudes on my part, of course, are derived from my infantile and childhood experiences and are related to conflicting identifications which more than once have caused certain difficulties in my analytic work. My attitude of counterresistance to the second patient springs from reaction formations in my character structure against unconscious trends basically similar to hers derived from identification with my mother, whose narcissistic charm and ‘gentility’, as well as whose extravagant anally-social ambitions for herself and for me, I consciously disliked and resisted while unconsciously seeking to please her. On the surface, I took more easily to the solid, plebian, humanitarian ideals of my father, a somewhat austere person whose having once been mistaken for a priest, incidentally, played a large part in my childhood mythology. Thus we see that the first patient, in representing me in her dream as a forgiving priest as well as a person who is related in some way to the very characteristics of the second patient and her mother which she is indicting, is quite within her rights, and the symbolic fusion she performs in so doing is entirely legitimate. I do not claim, naturally, that the patient’s perception of these trends in me, though perhaps completely unconscious, need have been in any way extrasensory.

Dream analysis based on the assumption of telepathic activity is often a complex affair, and were it not for our suspicion, in line with this assumption, that such processes mirror an aspect of common interrelationships between individuals that warrants deeper study, we would perhaps not be tempted to deal in two or three dimensions when one so often appears to suffice.

As Freud stated,⁹ the occurrence of telepathy in dreams

⁹ Freud: *Remarks upon the Theory and Practice of Dream-Interpretation* (1923). *Int. J. Psch.*, XXIV, 1943, pp. 66–75.

does not require us to alter our conception of the dream processes. It merely enlarges the field from which the dream sources are derived and raises the interesting question of the ultimate authorship of the finished product. Once we admit the possibility of telepathic activity in dreams, we are no longer at liberty to assume that a given dream is exclusively the private concern of the dreamer who had it, since analysis is capable of demonstrating that one dream may be the vehicle for the latent material of two, three or more individuals, or that two dreams are essentially one, existing separately only in the way that two intelligence agents may carry separately the complementary details of a plan which can be understood only when both sections are viewed together. Thus the dreams presented here would lead us to believe that the fulfilment of a repressed wish of one patient may be found in the dream of a second, and that this can be the case similarly with the dream manifestations of superego activity. Nothing of this as yet necessitates any assumption beyond telepathy.

The fact that the dreams occurred a night apart should not occasion any change in our point of view, since the timelessness of the unconscious is nothing new (phenomenologically, at least) even though we cannot profess to know much about time itself.¹⁰ But although we need not alter our interpretations of these dreams because of the interval between them, we still do not know why this interval occurred. This is a problem which at present we can afford to neglect since analytically we are on safer ground if we take as our basic axis the flow of anxiety rather than of time.

¹⁰ Experience with telepathic phenomena has convinced me, as it has many others, that time is an artefact belonging to the ego and simply exists in the realm of events which is structured by the ego. Other analysts have arrived substantially at this opinion without using the telepathic hypothesis (notably Bergler and Róheim, in their article on the *Psychology of Time Perception*, This QUARTERLY, XV, 1946, pp. 190-206.

Telepathy and Repression

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TELEPATHY AND REPRESSION

BY GERALDINE PEDERSON-KRAG, M.D. (NEW YORK)

This report offers corroborative evidence of one phase of telepathy as it may be seen in clinical psychoanalysis.

The observation in question, as enunciated by Eisenbud (1), is 'The telepathic episode is a function not only of the repression of emotionally charged material by the patient, but of the repression of similar or related emotionally charged material by the analyst as well'. This writer gives credit for the discovery also to Hollós(2) and Servadio(3).

The above statement has been confirmed by a series of recent experiences of my own. These started when my interest was roused by hearing a paper on telepathy read, and I wished that I too might participate in telepathic happenings. Upon discovering the motives that led to this wish, I suppressed it.

Three days later a new acquaintance came unexpectedly to see me. During his stay he told me that he had written several books and had been behind enemy lines during the war, both as a fugitive and as a prisoner.

Prisoners of war are conventionally considered with compassion and guilt because they suffered while others more fortunate did not. For me the phrase had associations with my family, connected with ideas usually repressed. Aware of my psychic discomfort, I brushed aside the memories which the words 'a prisoner of war' roused in me. I called my guest 'Major' until I discovered that he was a colonel. The discourtesy was slight and entirely accidental but gave me more concern than was warranted, unless it expressed an impulse which I could not happily admit to myself. I tried to consider my miscalling on a purely superficial basis and not to let it disturb me.

A few hours later my patient A had a dream which he told me the following day.

'I was a prisoner of war in a Japanese camp with my brother, Colonel A. It was after V-J day. Why was I there? I could contact the outside world but feared being beaten.'

His associations were the following. 'A Jap camp was the worst kind; you were tortured, beaten and starved. Being a prisoner is like analysis. A corporal of my name—but no relation—was behind enemy lines and sent back very good accounts of his adventure. I envied him. I have been trying to get the books of a writer who suffered under the Germans, because they disprove your ideas that neurotic behavior cannot all be blamed on present adverse circumstances. I have no associations about colonels; it is a high rank and I don't know any.'

Coincidentally, the writer whose books the patient sought was my visitor. Reviews of his books had led my patient to erroneous conclusions about their contents.

A had been long in analysis, and had a strongly dependent, erotic and hostile attachment to me. He was, according to his dream, a prisoner who could get free but excused himself for not escaping by blaming the cruelty of his captors. His habitual defense against the transference was intellectualization. He had not mentioned to me his unsuccessful search for books to confound my opinions. What he repressed, his feelings for me and his defense against these feelings, was told in the dream about what I wished to forget: prisoners of war and the rank of colonel.

During the same night a patient, B, had a dream which he related the next day.

'I was a deserter from the Army and hiding in a cubbyhole from the English Army. I was joined by two other escaped prisoners of war, a Jap and an English Colonial . . . we were caught.'

Associating, he stated, 'The English in Palestine are as bad as the Nazis. The colonials were more genial than the people from England. I don't know any of them. I felt inferior hiding in the cubbyhole.'

What little this patient B knew of my life and of my way of speaking, made him associate all things English with me. He had strong but inconstant feelings towards me of which he was ashamed. Their negative aspects were mainly concerned with the fact that he felt belittled in analysis: by the transference, by being a patient, and by the material revealed by the interpretations; yet he believed that analysis would eventually help him.

This phase of the transference is shown in his dream. B did not want to face his emotions, but they appeared in guise of what I was trying, that very night, to repress—prisoners of war, colonels or colonials.

At this time I had invited some friends to my house, and became troubled by doubts as to whether I had enough silverware for the number of guests. I debated whether to buy more and replace those missing from my original set, or to use inferior cutlery. My parsimony conflicted with my desire to entertain in a dignified way. This dilemma, common to hostesses, recalled childhood tensions which for a time made me shelve rather than solve this problem. Between the time when I realized the inadequacy of my silverware and of my acting upon this realization, patient C told me a dream she had had.

'I dreamt I had company coming to dinner. My hair was uncombed, I wore a Hoover apron. I was at my wits' end. A mean ruthless man associated with my father was there. There were a lot of guests. I discovered I had not set the table. At least one leaf was missing from the table in the middle, and I put a tray in its place. I put my silver knives, forks, etc. on the tray. The silver was all a mess. Was there enough? This important mean man looked down scornfully at my table.'

Her associations were, 'The table with the tray between two leaves was like the laundry tubs in my old home. In the middle one, my Christmas presents were always placed. I wanted a Christmas tree but never had one. I don't know why I worried about my silver. I had several sets of it and more than I can use.'

C has strong penis envy. In the dream this is shown by her desire that was never satisfied for a Christmas tree, the missing leaf in the middle of her table, and the feeling that the fatherly man despised her because of her unpreparedness. Her transference was an identification with me, while denying any relationship between us. This ignoring of differences and similarities between people and of her feelings for others was one of her principal defenses against her penis envy.

I was trying to forget my wanting silver forks, knives, etc. C placed the silver which she owned in her dream in the position where her lack was most evident.

When my friends finally came to the house, there was a stranger among them who brought a puppet which he manipulated. I wondered what my guests thought of this, as the performance was unnecessary and rather poor. This annoyance, so trivial in itself, caused undue discomfort and self-analysis showed it to be because of a connection with long repressed memories of former embarrassment. That night the patient B dreamt:

'I was back in a place where I was once unhappy and two other unhappy colleagues were with me. We were in a big room comparing notes.'

Associations were: 'We were acting like puppets. I don't often see puppets. I don't want to see them. I feel I am like a puppet being pulled around by my outworn emotions.'

In his first dream, B's sense of inadequacy which he hopes analysis will cure was depicted by his hiding in a cubbyhole. It was now expressed as being a puppet at a time when I was trying to forget the inadequacy of a puppet show with which I had been associated and made uncomfortable.

A few days later I became overtired and decided to start my working day with the patient C's hour. This entailed cancelling appointments with patients who came before, among them a young secretary who habitually wore a brown tweed dress. She came so much earlier than C that they had never encountered each other. On the day I began working at a later hour, C reported a dream.

'I came to your house . . . and your secretary came in and said, "The doctor is sick. Go away." She was a nice, quiet-spoken girl in a tailored tweed suit with brown shoes. I met your mother and she told me a lot of things about your family life [these details were mainly accurate].'

Associations revealed that my house was her childhood home and that she was learning things she should not know. This dream came as one of a series of dreams concerning the primal scene and a woman's sexual functions. Now C no longer identified herself with me, but considered me as her mother. The thought of C's parents having sexual relations was repugnant to her. She concealed her dislike of the idea by deriding it.

This differs slightly from the other dreams reported. C could not face what she undoubtedly knew about her parents, and instead dreamt of my private affairs. I do not consider the material she offered here as necessarily telepathic, as C might have arrived at the same knowledge by inference and observation. However, she could not have known by ordinary means the profession and usual garb of the patient whose hour had been cancelled.

Though my physical unfitness did not cause me quite the same kind of psychic distress as did the other dream contents I have mentioned, I was unwilling to let patients know about it. For my lassitude I received excellent care from a medical colleague who refused to take payment. I puzzled over what I could give her as a gesture of gratitude. I left the decision in abeyance as I did not know her tastes and lacked the time or energy to do extended shopping. This neglect made me guilty again for more than obvious reasons, and I tried to forget what I considered an obligation. During my wondering, patient B had a dream.

'There was a grey-haired bustling hostess who appeared very pleasant, but I didn't care for her because she was just like a woman who had asked a great deal of treatment from me, and then refused payment because she was related to a colleague in a remote town and said that professional courtesy was due her.'

Associating, B did not want to dwell on the incident because he felt he had not been firm enough with this woman. Her personality reminded him of mine. B told of what he wanted to forget, his inadequacy as exemplified in dealing with demands for professional courtesy, by mentioning what I wanted to forget, my inadequacy in dealing with professional courtesy and what this entailed.

Shortly afterwards, my children and I met a colleague for dinner in a restaurant. He wished to pay for the entire party. I insisted on paying my share which came to a little over six dollars, and his was only two dollars. I disliked the situation and the discussion because of certain implications and soon forgot them. That same night, B dreamt:

'I was taking my girl out to dinner. She ate about seven dollars' worth of food and my meal only came to two dollars. I was rather mad but said nothing about it.'

B's resentment at what women demand of him, shown in this and in the previous dream is the reverse of his constant disappointment that women do not give him enough. In each dream he used a current suppressed disturbance of mine to declare a feeling he usually denies.

I began to think that my wish for telepathic experience was realized and expected each new domestic vexation to be reflected in a patient's dream. This did not happen again until months later, when I was thinking of matters other than telepathy.

One Saturday evening I visited a street and neighborhood previously unknown to me. What happened there bothered me because it reminded me of other occasions I wished to forget. That same week end a patient, D, dreamt that he was in that same street.

He said he had lived in that street as a boy. His father's funeral had taken place there. D had an outspoken transference to me of a docile boy to a tyrannical father. He had been angry with me as he felt the analysis was driving him to maturity. He had not dared to show or even recognize this anger until it was revealed by the association with his father's

funeral. An emotion which he wished to hide was declared by mentioning a locality I wanted to forget.

Though other dreams occurred about this time which suggested telepathy, I choose only for demonstration those where there was no possibility that the dreamers could have inferred their knowledge of my mind from details seen or heard as they came into my office. All of these telepathic dreams have some common features.

1. All but one occurred when I had a special attitude towards telepathy of slightly suppressed eagerness to participate.

2. They occurred only in patients resistive to analyzing their transferences.

3. The manifest content of the patients' dreams relating to my life all had unpleasant connections for me, and I had decided to suppress each of them. They appeared in the dreams connected with the patients' anxieties.

4. The incidents occurred in the patients' dreams at exactly the same time I was trying to avoid them.

Why telepathic phenomena became recognizable in the dreams of my patients, and why they appeared frequently at a certain time and seldom at others would seem to be connected in time with my wish to participate in telepathic happenings. This wish had only been fulfilled very occasionally in reality. I had excluded it from conscious fantasy.

It is probable that this wish in operation helped overcome the anxiety which would usually prevent me from recognizing the repressed content of my own mind in the dreams of others. It is possible that this wish, communicating itself by means not yet understood, told my patients, 'Here is a matter about which the analyst is particularly vulnerable. You can hurt her by mentioning it, while at the same time pretending to please her with telepathic knowledge.' As the wish became fulfilled, the telepathic phenomena ceased.

Many speculations have been made regarding the nature of telepathy. Saul quoting Alexander (4) says, 'One possibility among others is that perceptions once operative have been lost or overlaid due to domestication and the development of the intellect along with other animal powers such as the sense of

smell'. Thouless and Wiesner (5), nonanalytic writers, offer a similar hypothesis.

The same idea may be considered in neurological terms. Before their sensory and motor apparatus were differentiated, our primeval unicellular ancestors displayed irritability, the faculty of reacting appropriately to variations in their environment. It is immaterial whether they were affected by the radiations to which we respond now or by others. Early the evolutionary process altered amorphous free swimming creatures into beings with something like a head and a tail, a fore and an after end. Greater importance was given to stimuli upon the end connected with alimentary intake and aggression rather than to those affecting the eliminative and more passive part of the organism. Prototypes of tactile, olfactory, auditory or visual organs appeared at the forward end. A nervous system was developed to interpret and to produce reactions suitable to the information these receptors predominantly provided. Stimuli from other parts arising from the innate irritability of the organism were redundant. The reflex paths of the nervous system were not designed to deal with them. Such stimuli therefore had to be ignored.

The persistence of early extrasensory perception might have hindered development. If men could have communicated by simple telepathic means speech with its cumbersome use of symbols and concepts would have been unnecessarily laborious, and never elaborated. Awareness of one another's naked erotic and aggressive impulses which telepathy offered had to be repressed when men became communal beings.

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THE SO-CALLED ENGLISH SCHOOL OF PSYCHOANALYSIS

BY EDWARD BIBRING, M.D. (BOSTON)

Before entering upon the discussion of the teachings of what is called here the English School of Psychoanalysis, I should like to make a few remarks about the title of this paper. It is not quite justifiable from a certain point of view and therefore apt to be misleading, since what is termed the English School is not identical with the British Psychoanalytic Society as a whole. The justification for this title, however, is based not only on the fact that the representatives of this system call themselves the English School, but also that so far, this group of British members is the only existent representative body of this specific system of thought. The use of the term 'school' is explicable not only in so far as this complex of theories deviates from that of other psychoanalytic groups and promises to do so progressively, but also in regard to the fact that the adherents of them comprise two or three generations of analysts.

It would lead too far afield to discuss here the whole system of thought characteristic of this school. Difference of opinion focuses less on clinical considerations than on theory, on technique, and on fundamental conceptions. Extensive critiques of the technique of this group and of the appraisal of the early development have been written by various authors, from both the clinical and theoretical points of view. This paper will be concerned with the basic conceptions. Though Melanie Klein, the originator of the teachings which later became the main body of thought of the English School of

Read before the Boston Psychoanalytic Society on April 10, 1946. The quintessence of the last three chapters of this paper was read before the London Psychoanalytic Society on November 6, 1940, as a discussion remark to Melitta Schmideberg's paper, *Proof and Error in Psychoanalytic Observation*. The present paper represents a part of a chapter of a larger (unpublished) work which discusses the major and minor Current Trends in Psychoanalysis along similar lines.

Psychoanalysis, modified her ideas to a certain extent (cf. 11 and 5) by putting more emphasis on what she describes as clinical facts observable in the infant of about three months, the fundamental conceptions remain unchanged, as is also proved by the most recent publications of her followers.

I

Melanie Klein obviously set herself the task of filling the gap left unexplored by Freud (between birth and the second or third year of life) to elaborate the so-called preœdipal phases of development, an enterprise of the greatest significance.

In addition to the problem of reconstructing the earliest development, which included the elaboration of the preœdipal phases as well as the vicissitudes of the somewhat neglected aggressive drives and the development of the primitive ego, Mrs. Klein attempted, it seems, to find answers also to some other problems which Freud had not followed up sufficiently, after formulating them. One of these additional problems is the sources of sexual excitement in childhood. According to Freud, '... sexual excitation originates in the organism, as it were, as a by-product in a greater number of processes, as soon as they attain a certain intensity; this especially takes place in all strong emotional excitements, even if they be of a painful nature'. And '... during infancy the erogenous zone of the genitals begins to make itself noticeable, either by the fact that like any other erogenous zone, it furnishes gratification through a suitable sensible stimulus, or because in some incomprehensible way, the gratification from other sources causes at the same time the sexual excitement which has a special connection with the genital zone. We found cause to regret that an adequate explanation of the relations between sexual gratification and sexual excitement, as well as between the activity of the genital zone and the remaining sources of sexuality, was not to be attained' (1, pp. 621-622).

In his paper, *The Economic Problem of Masochism* (1924) Freud stated: 'In my *Drei Abhandlungen zur Sexualtheorie*, in the section on the sources of infantile sexuality, I put for-

ward the proposition that sexual excitation arises as an accessory effect of a large series of internal processes as soon as the intensity of these processes has exceeded certain quantitative limits; indeed, that perhaps nothing very important takes place within the organism without contributing a component to the excitation of the sexual instinct. According to this, an excitation of physical pain and feelings of distress would surely also have this effect. The libidinal sympathetic excitation accompanying the tension of physical pain and feelings of distress would be an infantile physiological mechanism which ceases to operate later on.' Freud obviously thought of some kind of physiological processes. Melanie Klein apparently attempted to find a solution to this problem on purely psychological grounds.

II

Before discussing the solutions to these problems offered by Klein, it may be helpful to give a brief and, by necessity, rather incomplete outline of infantile development according to her teachings.

Mrs. Klein's point of departure is 'early anxiety situations and their effect on the development of the child'. From this point of view, the infant's reactions to various painful experiences (most fateful among the oral frustrations) are most important. These reactions are of a different kind. To confine the discussion to oral frustrations as imposed upon the infant by the environment: they lead first to an intensification of the need to suck, and of the desire for the object (fluid, milk, nipple, breast as identical unit); later, when continued, to feelings of sadness, anger, and rage. When the frustration is too frequently repeated and too intense, the reactive feelings are correspondingly intensified. This has far reaching consequences.

Since fusion of the similar (or what for some reason belongs together) is characteristic of the functioning of the primitive ego, the extremely intensified oral-libidinal need merges with the overwhelming 'oral anger' into one. This 'oral sadism'

disturbs the function of sucking, the infant's ability to obtain gratification from it, thus leading to a 'frustration from within'. The internal frustration adds to the external one and intensifies the reactive feelings of hate and anger to the utmost extent.

The infant reacts to these painful experiences with anxiety, to the 'tensions caused by his physical needs' (10, p. 182) as well as to the tension caused by the intense hostile reaction to frustration. The weak infantile ego not only feels helpless and unable to cope with these immense tensions, it also experiences its own destructive impulses as threatening its existence with extermination (10, p. 184). This constitutes the child's internal (instinctual) danger and multiplies its anxiety.

The 'horrible severe tension' resulting from all this mobilizes certain defense mechanisms, above all projection. The painful tension of the frustrated need and the reactive hatred, threatening with destruction (which present an internal fusion-unit), merge with the disappointing and therefore hostile object into a more complicated whole, while the ego withdraws from all of it, leaving it with the feeling tone of being non-ego. (There is also fusion of this 'ejection' tendency of the ego with the eliminating functions.) The frustrating object is now, after the projective fusion, also a dangerously destructive object with all fears focused on it. The internal dangers of destruction are exchanged for external ones. Thus the intolerable tensions force the ego to mobilize its defense mechanisms, to develop. Under certain circumstances, when 'the child's oral-sadistic tendencies are heightened too early and violently, the anxiety arising from such an abrupt increase of its oral sadism will exert great pressure on its (the child's) as yet immature ego' (10, p. 181). This apparently means that the infantile ego is prematurely forced, as it were, to mobilize mechanisms of defense, and to establish certain interests and differentiations in advance of its 'normal' development.

The ejection and projection of aggression, and the displacement of anxiety to the object are assumed to offer temporary but insufficient relief since the danger (this time

in the form of the 'dangerous' objects) and the fear of it still remain. The panic-stricken ego then 'seeks to protect itself from them by the primitive means of destroying them'. According to the oral stage this finds expression progressively in the sadistic need to suck the mother's breast, to scoop it out, to bite it, to devour it. The functions which originally expressed the overintensified libidinal need now serve also as an instinctive means of defense against the dangerous object. Oral-libidinal, oral-aggressive, and self-preservative tendencies are thus blended into one functional whole.

All these tendencies and their intimate fusions are of purely 'imaginary' or hallucinatory nature in accordance with Freud's hypothetical assumption that the infant hallucinates the fulfilment of its needs when frustration is prolonged and reaches a certain intensity. Since these hallucinations or fantasies are assumed to have nearly the complete value of reality, the infant not only has the impulse, e.g., to destroy the object, but also believes or feels it has really destroyed it.

The fact that the motor discharge of all these tensions is possible only to a very limited extent, and that the imaginary or hallucinatory satisfaction is even more limited in this respect, also makes the destructive defense illusory. It only leads again to a damming up of the tensions and correspondingly to an increase of ego anxiety. Another defense mechanism sets in at this point. The accumulated aggressive-libidinal tensions began to 'spread' to other functions of the child's body; thus crying, squeezing, pinching, gripping, the functions of elimination, etc., become 'vehicles' of sadism.

The mechanism of spreading of tension represents a theoretical conception of the first order in Klein's reconstruction of development. Its taking place can be conceived of in two ways: either the tension spreads in a kind of mechanical way from the point of high tension to the one of lower tension (automatic spreading); or it is actively distributed by the defensive ego to various similar or related functions (active spreading). It seems that Mrs. Klein considers both modes, giving preference to the latter.

In general, one can say that the spreading of oral-sadistic tensions takes place in two directions: in cross section, onto a variety of existing functions; and in longitudinal section, along what one might call developmental lines. The spreading of tensions to anal, urethral, muscular and similar functions seems easy to understand. These functions are more or less well established in the child, previous to the spreading, and only secondarily (in fantasy) become vehicles of oral-sadistic cravings, and later, of destructive-defensive tendencies. Basically the process consists of extension to, and fusion with given functions and activities.

Spreading along what I call developmental lines seems more difficult to understand. Consider the progression from the oral sucking to the oral biting stage as an illustration. When the sensations and impulses which probably accompany the physiological process of dentition make themselves felt, the oral tension complex is more or less immediately extended to them with the result that they too become vehicles of frustrated libidinal cravings as well as the defensive need to destroy.

To make the meaning of this process clearer, I should like to compare Abraham's conception of this developmental step with Mrs. Klein's. Abraham, relying on Freud's original conception of development in form of steps or subsequent stages, explained the relationship between the oral-libidinal and the oral-sadistic phases by assuming that frustration at the sucking stage increases the need for gratification in the following biting stage when this develops. The biting stage supplants the frustrated energies of the sucking stage and is intensified by them. The cannibalistic phase has to make up, as it were, for the frustrations during the sucking stage. Not so in Klein's system. According to her, 'impulses' or 'sensations', appearing at the earliest period of dentition as vague expressions of a biological change, are not only immediately intensified by and blended with the oral tension complex, which at the same time continues to exist, but they

are also forced to unfold. They are accelerated in their development.

There is, however, no essential difference between the 'spreading' to already existing functions, and to functions just developing in the course of natural growth (e.g., dentition). In both cases, irradiation of tension leads to intensification and fusion, the resulting various libidinal-sadistic-defensive-destructive tendencies existing simultaneously, all in one and each in all, so to speak. The difference between spreading in horizontal and longitudinal developmental lines appears thus to be only verbal, not real (except for the acceleration).

Serious difficulty arises, however, in connection with the early genital development. According to Klein, the various oral-sadistic tensions finally proceed to the genital zone. It is less comprehensible that the expanding tension complex should also include the genital function, which is vestigial at this very early period of life. There is no possibility of knowing to what degree this function is developed in the infant of a few weeks or months of age, or what the significance of occasional erections in the male infant during this period may be. We have reason to assume that the infant is capable of experiencing a purely autoerotic organ pleasure, without ideational content, but probably not more. The function of the vagina is even more obscure. What then would the spreading of tension to a not yet developed function mean?

Melanie Klein does not leave any doubt about the fact that in her opinion the expanding oral tensions have the specific influence of 'arousing' the genital function in the infant of a few months of age. If this is the case, then the spreading along the developmental line seems indeed to be a process different at least in some important respects from the expansion in the cross-section. She states: 'in the early analyses we find . . . that *oral frustration arouses in the child an unconscious knowledge of sexual pleasure . . .*' (10, p. 188; italics mine). Omitting the term 'unconscious knowledge' for the moment, the conception of activating the sexual

function seems to be in partial agreement with Freud's statement that intense emotional excitement, even of a painful nature, may contribute to genital sexuality. Freud thought of some kind of physiological processes though he emphasized our complete ignorance of their nature. Melanie Klein offers a psychological solution to this problem in what may be called her 'activation theory'. The mechanism of arousing of the genital function according to Klein I should like to demonstrate mainly with reference to the development of the female.

The orally frustrated infant girl, 'withdrawing' from the disappointing partial object (nipple), develops the exaggerated idea (hallucination) of a completely satisfying very big nipple, as overcompensating expression of her intensified (because frustrated) oral-libidinal needs. One may attempt to describe this ideal partial object as a big oblong something which is capable of filling the whole mouth.

What we meet at this point is Klein's theory of 'transitional links'. They represent intimate connections between different parts and functions in the process of tension-spreading. There is a series of such transitional forms or functions, from normal sucking to violent sucking, scooping out of the breast, to the 'dentition impulses and sensations' to the oral-libidinal biting fantasies, and finally to oral destruction in the service of defense. In the boy, early biting impulses (to 'penetrate' with the teeth) are an intimate link between the earlier oral-sadistic cravings of squeezing or scooping out, and later impulses of the penis to penetrate. The main characteristic of these transitional links is that they follow each other very closely, that the latter somehow emerges from the former. The conception of intermediary links holds a key position in the theory of tension-spreading, in that the spreading takes place along these lines. The construction of such developmental links occupies, therefore, an important place in this theoretical system. With the oral fantasy of a 'big, oblong something filling the whole mouth', the little girl demonstrates such a transitional link, representing a kind of inter-

mediary position between normal oral interest (nipple) and receptive genital interest (penis). It is a kind of common denominator.

An additional factor of symbolism is now introduced, the assumption being that the infant is fully capable of the 'unconscious understanding' of symbols. According to this, the conception of the big nipple comes so close to the conception of a 'penislike' organ that it actually arouses some dormant, unconscious understanding of the big, oblong something as a penis symbol. This is assumed to have significant consequences. Briefly, the symbolic understanding of the big nipple as a penis image establishes a 'link' between the oral and the genital zones and subsequently leads to the spreading of the oral tension complex to the vaginal function thus activating it, i.e., giving rise to vaginal (passive-receptive) sensations and feelings: '*. . . this equation of penis and breast, accompanied as it is by a displacement from above downwards activates the oral, receptive qualities of the female genital at an early age . . .*' (10, p. 271; italics mine). The infant's cravings for oral satisfaction still continue while the vaginal function is activated. This could be described: I want the big, oblong something to fill the mouth hole up here and down there. The transition from orality to genitality is thus completed without any gap or break: nipple—big nipple in mouth—penis symbol—big nipple penis in vagina—genital sensations.

We meet here another aspect of the theory of tension-spreading and transitional links, that of 'genetic continuity'. This conception refers to developmental spreading and is the opposite of the conception of development in steps or stages. According to the latter, the various stages develop according to the constitutional plan (we neglect the environmental influence for the sake of simplification) in more or less typical succession. Theoretically speaking, a later stage may or may not be influenced by the former. Not so with the conception of genetic continuity. There are no steps or stages, there is no break, no new start whatsoever. There is a continuous

uninterrupted development from one 'position' to the other, the former position coming in one way or another so close to the next one that it nearly 'reaches' it and finally activates it; thus, one position nearly literally emerges from the other. What is called 'genetic continuity' is a kind of chain reaction along the uninterrupted line of intimate transitional links.

To summarize, the unbearable early tension complex forces the primitive ego to mobilize certain defense mechanisms. When they fail, spreading of the tension takes place, partly automatically, partly or mainly (if not exclusively) actively by the ego. This spreading of tension leads not only to intensification and modification in fantasy of existing functions, but also of just developing still latent functions, and to the acceleration of their development. It finally causes the activation of the genital function, with the help of an unbroken line of transitional links along which the high pressure tension travels. The theories which are employed in connection with this part of the development are the theory of tension-spreading, the theory of transitional links (continuity theory), and the theory of arousing of function (activation theory).

These theories represent the answer Mrs. Klein gives to Freud's question as to sources of sexual excitement in infancy and to the ways in which 'strong emotions, even of a painful nature, cause at the same time the sexual excitement, which has a special connection with the genital zone'. This answer implies a new conception of development which in certain points differs from Freud's.

III

The activation process does not seem to be quite the same in both sexes. For the girl, the big nipple fantasy leads with the help of symbolic equation to the discovery of the penis which in turn gives rise to, or is accompanied by passive-receptive genital feelings, thus making the girl 'know' of the vagina, whereas in the boy the biting impulses arouse the somehow related penetration impulses of the penis. What follows is

again very interesting. The penetration impulses of the penis aroused in this way—Mrs. Klein states—implicitly refer to something into which to penetrate. Thus the infant boy acquires the vague feeling of a hole for the penis. He ‘discovers’ the vagina.

An entirely new developmental factor appears at this point, a vague ‘knowledge’ (in whatever form it may exist) about external facts such as the complementary sex organs, arrived at with the help of internal data like obscure reference sensations and impulses. Since this ‘knowledge’ is in a way a constituent part of the impulses and sensations in question, I propose to call it ‘sensation or impulse’ knowledge.

The theory of sensation or impulse knowledge is a very significant extension of the activation theory. Thus far this theory stated that genital sensations can be aroused in typical ways. Now it is added that the sensations somehow include feelings of the complementary sex organs and of the rôle they play.

This sensation knowledge, however, is assumed to take a very important part in the further development of both, boy and girl, far beyond the first vague feelings referring to complementary sexual organs. To quote Mrs. Klein: ‘. . . oral frustration arouses in the child an unconscious knowledge that its parents enjoy mutual sexual pleasures and a belief at first that these are of an oral sort’; and a few lines further: ‘. . . it appears that an *unconscious knowledge . . . about sexual intercourse between the parents*, together with fantasies concerning it, already *emerge at this very early stage of development*’ (10, p. 188; italics mine).

How is the infant supposed to acquire these complicated bits of information, and in what ways do the authors reconstruct this assumed knowledge about the objects from the data available, or assumed to be available, to the infant?

The feeling complex ‘nipple-penis filling the mouth-vagina’ or (in the case of the boy) ‘tooth-penis penetrating into something like a hole’ represents a first vague notion of sexual intercourse. At this point it begins to dawn upon the child that

the parents may 'enjoy mutual pleasures of a similar kind'. But it is certainly not thinking in analogies in the proper sense. One might say that what is called thinking in analogies in the adult is in the infant more in the nature of projection and fusion. The genital feeling complex described blends for some reason (similarity?) with the vaguely differentiated parent images, thus becoming to a certain extent 'externalized', part of the parent-object unit. In this way apparently the knowledge of a sexual relationship between them is established. Since there is not sufficient differentiation yet, this relationship between them is, it seems, conceived as a mutual one, both parents having both organs, being bisexual. This probably is what Klein describes as the combined parent images and as the child's 'unconscious knowledge that its parents enjoy mutual sexual pleasures and a belief at first that these are of an oral sort'. With this the infant enters the painful period of the early œdipus conflicts. It will now experience pain similar to that which we know the child of two and three years or more to go through. Yet, it is not quite the same. The infant's undifferentiated world is a kind of shadowy world consisting mainly of sensations and fantasies concerning them. It is perhaps more adequate to say that the undifferentiated integration of some perceptual data, and many more images compounded of sensations, impulses and symbols, constitute what the English authors call early unconscious fantasies.

How far this sensation or impulse knowledge may be extended is illustrated by a quotation from Jones's paper on the phallic phase. Having discussed the little girl's fellatic conception of sexual intercourse (the nipple-penis equation), he continues: 'The fellatic idea can hardly be confined to the notion of purposeless sucking. The child well knows that one sucks for a purpose—to get something. Milk (or semen) and (nipple) penis are thus things to swallow, and by the familiar symbolic equations, as well as partly from the child's own alimentary experience, we reach also the idea of excrement and baby—equally obtained from this primordial sucking act . . . in the unconscious there are very definite aims and the dis-

appointment is due to their not being reached.' Such an aim is for instance: '. . . to take the penis into the body through the mouth, and make a (feces) baby out of it'. Jones, therefore, agrees 'with Melanie Klein's view that the penis-child equation is more innate, and that the girl's wish to have a child . . . is a direct continuance of her autoerotic desire for the penis. She wants to enjoy taking the penis into the body and to make a child from it. . . . The insertion of the nipple into the mouth is followed by the anal-erotic pleasure at the passage of feces . . .' (8, pp. 22-23).

The connection between the swallowing of milk and the function of defecation is certainly not yet 'learned' at this early age. The assumption obviously is that this 'knowledge' is based entirely on 'sensations', though it seems difficult to believe that the infant possesses complete 'representations' of the process of intake of food and elimination as a functional unit. Be this as it may, the child is thought to 'know' the connection between 'the insertion of the nipple into the mouth' and anal elimination. Symbolic thinking now enters and modifies—probably under the influence of genital sensations—the common denominator, feces (something which comes out of the body after having gotten into it in some other form at some other place), into the fused unit: fecal child. In similar ways, with the combined help of sensations and symbolic equations, the child acquires 'knowledge' of procreation, of parenthood and children, of father and mother (in the biological sense of procreator and procreatrix), of a womb and its contents, of elimination and birth processes, and of many other details about life, neither possible nor necessary to enumerate. We meet here with a conception of unconscious knowledge in its fullest extent. It should be emphasized that all this complicated knowledge is developed by the infant of six to twelve months or so, almost entirely independently of and previous to any corresponding external (perceptual) experience. The nearly exclusive sources of this information are sensations and impulses, plus symbolic elaboration.

It is not necessary to follow up the remaining parts of Klein's

system since this would add nothing to the elaboration of the basic conceptions underlying it. Early infantile development consists of two parts. First, from oral frustration (especially in being weaned) to the activation of the genital function, development is reconstructed and explained by the activation theory (the theories of tension-spreading, of transitional forms, and of the arousing of function). Second, the unfolding of the early genitality and the beginning of œdipus conflicts is based on the theory of sensation and impulse knowledge.

We can now examine the two fundamental conceptions of the Kleinian school, the conceptions of development and of innate unconscious knowledge.

IV

There are three aspects of the infantile psychic development to discuss: first, its nature or general characteristics; second, the motors or impetus; third, the so-called mechanisms of development.

Infantile development is, in a way, a precipitate development. Not only does the ego develop in advance of the libido but under the circumstances emphasized before, develops in advance of itself from an 'immature' into a 'premature' ego. Libidinal development, too, is accelerated, as we have seen. In brief, early development in infancy, being predominantly psychological (imagination or fantasy), is largely independent of the total biological growth of the child. It is, therefore, justified to classify this development as a precipitated one, the acceleration being measured against the background of the 'normal' psychobiological process of maturation. It seems that there are two developmental trends, at least in the beginning, the 'normal' and the precipitated. Later, they catch up with one another when the child's internal and external adjustment coincide.

The motors of development are represented by the terrific tensions which first develop as a reaction to external oral frustration, but once established set a process in motion which takes place nearly entirely from within, being thus mainly an

intrapsychic process, and not a result of the interplay of growth and environment. The precipitate development is independent not only of the total process of growth, but also of environmental influences (external stimulation).

The term 'mechanisms of development' refers to the activation theory with the constituent theories of tension-spreading and of transitional links. The unbearable tensions compel the ego to employ a variety of self-protective devices, most fateful among them the spreading of the tensions along the developmental line. The general principle of the activation mechanisms seems to be that the later tendencies can be 'aroused' if they are in some way 'included' in the earlier as, e.g. the idea of a penis in the big nipple fantasy, the impulses of the penis to penetrate in the biting impulses, etc. It is, to use a simile, a kind of dial telephone mechanism of the infant's instinctual development. The instinctual tensions and the defense need of the primitive ego function as dynamic forces. The path along which the energy travels is through the links which connect the oral and the genital receptive or penetrating qualities. It may also be described as an associative mechanism of development (ideas [penis] being aroused by ideas [big nipple]) in a sense similar to the psychoanalytic method of free association where a tension center (the presently activated conflict or complex) radiates along associative lines, activating the related in the past and the present.

But above all, progress in development is the result of a 'flight forward'—an emergency measure of the ego. Development itself is a defense mechanism. One is reminded of Heine's verses quoted by Freud:

'Disease at bottom brought about
Creative urgency—for, creating,
I soon could feel the pain abating,
Creating, I could work it out.'

To what extent can the concept of precipitation (premature acceleration) be applied to infantile development? From clinical experience we are inclined to admit to infantile devel-

opment (instincts and ego) a greater degree of plasticity in regard to both precipitation and retardation. Lack of stimulation may have a retarding influence on the development of the ego or the instincts, whereas strong premature stimulation (e.g., seduction) may have the effect of precipitation (4, p. 295).

Precipitation cannot take place to an unlimited extent, however. Mrs. Klein obviously ignores the process of maturation according to which drives, interests, functions, organs develop (or begin to develop and finally mature) at a certain time. Erotic interests, for example, may become prematurely manifest or they may become prematurely intensified (consciously or unconsciously) when they begin to develop; but one can hardly assume that they can be forced to begin to develop ahead of the time and place assigned to them biologically. Precipitation is possible only within the boundaries of maturation. Sensations and impulses, including their unconscious implications, cannot be very far removed from the state of total psychobiological development of the individual. According to Klein, the development of drives and certain functions of the ego can be accelerated far ahead of the total development of the child as a nearly completely independent unit. It seems to be one of the implicit assumptions in Mrs. Klein's system that the age of maturation, the principle of growth, does not apply to the unconscious.

That factors such as frustration, accumulation and intensification of tension, and anxiety strongly influence the development of the ego and the instinctual drives are facts very familiar to analysis; also that the succeeding instinctual interests can strongly be intensified (or inhibited) or otherwise modified by the preceding stages. That these same factors may under certain circumstances and to some extent have a formative influence even on the infant of a few months is suggested by direct observation. Precipitation in the sense and under the conditions stated above may also take place under their influence. But it is difficult to accept the proposition that such emergency factors represent all or the most important 'motors'

of development. Development is more than a defense mechanism, and the 'motors' of development something more than tensions and anxieties.

What has been said about the exclusive rôle ascribed to 'emergency motors' applies equally to the contention that development is to a very large extent endopsychic and independent of any appropriate external stimulation. Experimental observation of the development of instincts in animals shows that phylogenetically determined (inherited) instincts are predominantly directed to external stimuli, since their aim is mainly regulation of the organism's relationship to the outside world. These stimuli, in the case of the instincts proper, are as a rule typical and specific, i.e., phylogenetically accounted for stimuli, evoking corresponding phylogenetically determined patterns. Such stimuli when offered before a certain stage of development of the instincts is reached have little or no effect. Conversely, lack of proper stimulation when a particular stage of development is reached may result in the non-appearance (loss) of certain instinctual functions.

Animal instincts are replaced in man by the interplay of drives and ego in the process of learning. This makes possible the abundant variety of modifications we observe in both normal and pathological behavior. Drives and ego are not only structured by internal conditions or reciprocal influence but are under the constant, direct or indirect, influence of releasing and formative environmental stimuli. All this is well known. There is no substantiation for the conception of a development nearly exclusively from within.

It is characteristic of Klein's system that she emphasizes strongly a theory of inherited instinctual tendencies. An infant's sexual drives develop according to an inherited plan ('a girl is born but not made'). This approach appears to be of strictly biological orientation. The thesis, however, that these inherited tendencies are activated exclusively by anxiety, tensions and symbolic equations is very far from being biological.

To contrast, I should like to quote from Freud's discussion of the rôle which 'obscure impulses and sensations' play in the older child in its quest for sexual information.

'Although they [infantile theories] go astray in a grotesque way, yet they all, each of them, contain a bit of the real truth, so that they are analogous to those adult attempts at solution, which we call flashes of genius, of the problems of the universe that are too difficult for human comprehension. What is correct and hits the mark in these theories is to be explained by their origin in those components of the sexual instinct which are already active in the childish organism; for it is not due to an arbitrary mental act or to chance impressions that these notions arise, but to the necessities of the psychosexual constitution, and this is why we are able to speak of typical sexual theories in children . . . [3, p. 65]. . . . If children could follow the hint given them by the excitation in the penis, they would get a little nearer to the solution of their problems. That the baby grows in the mother's body is obviously not a sufficient explanation. How does it get in there? What starts it developing there? That the father has something to do with it is probable; indeed, he declares that the baby is also his child. The penis certainly also has its share in these mysterious happenings; it testifies to this by the accompanying excitation in it during all this thought work. *Along with this excitation obscure impulses are roused, which the child does not know how to account for—to do something violent, to press in, to knock to pieces, to burst open a hole somewhere . . . the child seems thus in a fair way to arrive at the existence of the vagina, and to attribute to the father's penis an act of incursion into the mother which should create the baby in the body of the mother . . .* [3, pp. 67–68; italics mine]. . . . The sadistic theory of coitus, which itself becomes a false guide where it might have led to enlightenment, is again the expression of one of the inborn components of the sexual instinct, any one of which may be more or less strongly marked in any particular child, and thus the sadistic conception is to a certain extent true; in part it divines the essence of the sexual act and the "antagonism" of the sexes which precedes it' (3, p. 70).

To Freud, primary infantile sexual theories, though largely considered as expressions of constitutionally determined interests, sensations, and impulses, are developed in conjunction

with early observations of various kind which confront the child from about two or three years of age. To Mrs. Klein, 'innate' in this context does not only mean constitutionally determined, but also the capability of functioning before any appropriate contact with the object world is developed, merely in the vacuum of the unconscious.

The best illustration perhaps of this independence of external stimuli in which the activating process is supposed to proceed is offered by the instance of symbolic thinking as it is assumed to occur in the infant from nearly the beginning of life. Symbolic thinking, too, has presumably been acquired in the phylogenetic past as a particular way of conceiving and mastering reality. All these predispositions develop into functions in contact with—under the stimulation of and in reaction to—the external world to which our organism is definitely tuned, but not independently of it. We assume with Freud that the understanding of symbols is not 'learned' and that the child applies it to the object world 'spontaneously', in the same sense as a chicken after leaving its shell pecks its food 'spontaneously'. The parts of any symbolic equation like nipple and penis, feces and child, have to some degree to be known empirically before symbolic thinking can equate them. Symbolic equations are possible only if both ends of the equation are known. One can rediscover a penis in a nipple, but one certainly can never discover the existence of a penis from knowing only the nipple. Symbolic thinking establishes particular relationships between certain (conscious or unconscious) experiences, but it does not offer substitutes for empirical data. That it does is precisely Mrs. Klein's opinion: the female infant understands the big nipple as the symbol of a penis long before she had any experience which would suggest the existence of the latter; the second half of the 'equation' can be reached if the first half is known; if the image of the nipple reaches big enough proportions, a symbolic equation will discover the existence of the penis.

This conception of the infant's capacity for symbolic understanding seems to be based on the assumption that 'innate'

functions operate automatically from birth previous to and independently of any appropriate external stimuli.

V

The second basic conception in Mrs. Klein's system of 'innate unconscious knowledge', identical with 'early sexual fantasies', or 'early sexual theories' (used by Mrs. Klein interchangeably), represents another aspect of what we have called sensation and impulse knowledge.

However, not all innate unconscious knowledge consists of representations of sensations and impulses, such as the conceptions of complementary sex organs, and of 'mutual sexual pleasures', etc. There is a group of emotions as anxiety, anger and rage, feelings of helplessness and frustration, which 'include' certain characteristic feelings; thus, anxiety 'includes' a feeling of annihilation and death; anger and rage the feeling of destroying; the infant's helplessness with regard to his own violent emotions the feeling of being destroyed, etc. There seems to be no essential difference, however, between these two groups of sensations and emotions. In both, certain feelings or notions are considered to be intrinsic parts, as it were, of the total experience. However, a third group of 'ideas', such as procreation, child, childbirth, parents, can neither directly nor indirectly be reduced to sensations. Though the conception of 'mutual sexual pleasures' is furnished by nursing in the female, and the ideas of conception and birth by ingestion and defecation, it is only with the help of symbolic thinking that the progress from oral and anal to genital aims is constructed, and genital conceptions are introduced. The unconscious thus comprises two kinds of innate knowledge: representations of sensations, impulses and emotions on the one hand, and ideas which are not such representations, yet still are a part of the inherited endowment.

The conception of sensation and impulse knowledge is perhaps the most interesting proposition in Mrs. Klein's system. Implied in this conception is the assumption that biological processes and functions are in some form represented in the

unconscious, including not only the various pregenital and genital sensations, but also 'intestinal experiences', such as the functional connection between the intake of food and elimination.

The assumption that biological functions are 'represented' in the unconscious as 'urges', 'drives', or 'tendencies', is a legitimate working hypothesis and rather generally accepted in psychoanalysis. In Mrs. Klein's system the emphasis is not so much on drives as on knowledge. This becomes apparent in the conception of the big nipple fantasy as an expression of intensification of the oral drive, which, as we have seen, plays a central rôle in the little girl's transition from the oral to the early genital phase. Apart from this specific use, the knowledge aspect finds its predominant application on the 'early genital level', the early genital fantasies being derived from the assumed genital sensations and impulses. In whatever terms this knowledge is defined, as images, ideas, notions, or feelings, one always has to bear in mind that the English authors refer to faint, difficult to define, in some way 'conceptual' factors as intrinsic parts of the experience of needs, impulses, or sensations (cf. *ga*). The most significant feature is that they represent a first conception of the objects and their relationships long before any corresponding 'perceptual' knowledge is possible, thus leading to the complicated structures of the so-called early œdipus fantasies. This knowledge is called innate partly because it is determined by the child's inherited constitution (sensation and impulses), partly because it is pre-empirical. It is called unconscious because it is so far below the threshold of consciousness that it is unlikely to become conscious. It is a kind of elementary unconscious, a dawning of mental life, yet a relevant factor in the development of the child.

The conception of innate unconscious knowledge is identical with 'knowledge of instinct', the assumption being that there is in the unconscious a latent innate knowledge of the instincts (inherited behavior patterns) which refers not only to the biological meaning of the various functions but also to the parts of

reality toward which such functions may be directed. This potential innate knowledge may under certain internal conditions, i.e., without contact with actuality, become functionally active. Since the innate predispositions are assumed to be present from birth in all completeness, the unconscious is conceived as being all comprising, actually and potentially omniscient.

Only on the basis of such premises could the activation theory and the conception of a development from within become meaningful and effective. Once this principle of reconstruction was established, it was only necessary to prove that certain functions, sensations, and impulses became aroused and the rest followed from the premises, permitting the reconstruction of the most minute details and combinations of details of the early fantasies, in accordance with 'inherited instinct'.

Yet, not only the early fantasies and the way in which the underlying sensations become activated are constructed, but also the sensations themselves. The assumption that the sensations and impulses of the young infant (e.g., those connected with erections) are the same as one may ascribe to the older child or the adolescent is certainly not based on direct or indirect evidence nor does it seem very probable. It represents, in fact, rather a theoretical necessity in Klein's system following from her preconceived idea that the innate dispositions are potentially present in all completeness right from birth. It seems as if the past theory of the spermatozoon as being 'a little man' had been applied to the infant's unconscious mind. Such assumptions do not seem to be warranted. We have no evidence to justify their acceptance. This refers also to the ideas which are not 'images' of sensations and impulses but ecphorized with the help of symbolic equations, and which represent innate ideas in the strictest sense of the term.

VI

If our criticism is valid, all those parts of the developmental reconstruction which are based on these two conceptions are bound to fall with their removal, that is, the whole structure

of the early œdipal fantasies and conflicts compressed into the first six to twelve months of life. These reconstructions are more theoretical deductions from preconceived premises, than theoretical elaborations of directly or indirectly gained data. The influence on young infants of frustration, pain, feelings of anxiety, anger, rage, helplessness, of various sensations and impulses, of typical and atypical experiences, remains a very important subject for investigation, to be approached by improved methods of direct observation and careful, well-justified methods of reconstruction (cf. 7).

What are the facts which made all these assumptions necessary? Mrs. Klein states how difficult it is to get at the facts.

'It is true that on the surface the small child shows relatively little of that tremendous sadism which is revealed in the analysis of its deepest mental levels. But my contention that in the earliest stages of its development the child goes through a time in which its sadistic tendencies reach their maximum at every source is, after all, only an amplification of the accepted and well-established theory that the child passes on from a stage of oral sadism (cannibalism) to one of anal sadism. We must also bear in mind that those cannibalistic tendencies themselves find no expression commensurate with their psychological import; for normally we only get comparatively faint indications of the small child's impulses to destroy its object. What we see are only derivatives of its fantasies in that connection. That the child should express its intensely sadistic impulses towards its external objects in such a weakened form becomes more intelligible if we assume that the extravagant fantasies which arise in a very early stage of its development never become conscious at all. As far as can be seen, there exists in the small child, side by side with its relations to real object but on a different plane, as it were, relations which are based on its relations to its unreal images both as excessively good and excessively bad figures. Ordinarily, these two kinds of object relations intermingle and color each other to an ever increasing extent. . . . But in the mind of the quite small child its real objects and its imaginary ones are still widely separated; and this may in part account for its not exhibiting as much sadism and anxiety towards its real objects as would be expected from the character of its fantasies' (10, pp. 212-213).

In brief, the amount of information gleaned from direct observations of the little infant is extremely small. The bulk of underlying facts is gained from older children. These data have been interpreted as applying to the young infant. This is evident in connection with Mrs. Klein's theory of neurosis which explains neurotic disorders as the persistence of infantile fantasy, a direct continuation of genetically primary tendencies, as developmental residues. Mrs. Klein nearly completely discards the theory of regression. The index of her book, *The Psychoanalysis of Children* (10), gives reference to the term regression three times (regression in obsessional neurosis, in phobias, in superego formation), and in the text only to show in what ways her own differs from the 'accepted theory'.

There is nothing to be said against this theory of residues except for its exclusive application. Although many normal and neurotic phenomena have to be considered as developmental residues, the residue theory alone does not offer an adequate understanding of all neurotic disorders. Its exclusive application seems to be based on a failure to distinguish between clinical appearance and genetic origin. For example, not everything is genetically oral because it presents itself clinically in an oral guise. Genital conflicts may by regression reappear in oral terms. Regression is rarely a total reactivation of an earlier point of fixation or the complete abandonment of the later, too conflictful position. In other instances oral or rather pregenital residues may in one way or another be carried over to later genital positions. In both cases, the regressive fusion as well as the residual one, the clinical picture consists of genetically different phases. Not to keep them apart leads by logical necessity to errors in reconstruction. In brief, Mrs. Klein has 'retrojected' into the earliest phases of physical development much that belongs to later stages. However, many suggestions made by Klein and others with regard to early experiences will probably be of great value. There is, furthermore, a significant body of clinical findings and conceptions

which has to be evaluated independently of this system of reconstruction of earliest infantile development.

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In Memoriam

Jacob S. Kasanin & Emanuel Windholz

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IN MEMORIAM

Jacob S. Kasanin

1897-1946

Jacob Sergi Kasanin was born in Slavgorod, USSR, on May 11, 1897. He came to the United States in 1915, and received his M.D. from the University of Michigan in 1921 and his M.S. in Public Health in 1926. As Senior Research Associate at the Boston Psychopathic Hospital and as Director of the Department of Mental Hygiene of the Federated Jewish Charities in Boston, his interest centered around the study of blood sugar curves in epidemic encephalitis, in mental disease, in emotional states, etc. Then he turned to the study of psychoses in children, which became his favorite topic throughout the years from 1931, when he became Clinical Director of the Rhode Island State Hospital, and later as Director of the Department of Psychiatry at the Michael Reese Hospital in Chicago, from 1936 to 1939. His first papers on Personality Changes in Children Following Cerebral Trauma (*Journal of Nervous and Mental Disease*, 1929), and A Study of the Functional Psychoses in Children (*American Journal of Psychiatry*, 1929), were followed by a series of others leading to his studies of schizophrenia. While originally he was mainly interested in constitutional factors, on his trip to Russia (1930) he became acquainted with the psychologist Vigotsky and was greatly impressed by his work. He translated into English Vigotsky's *Thought in Schizophrenia* (*Archives of Neurology and Psychiatry*, 1934), and the chapter on Thought and Speech in Vigotsky's monograph on *Language and Thought* (*Psychiatry*, 1939). He published several papers on the concept formation in schizophrenia: (*Journal of Psychology*, 1936; *American Journal of Psychiatry*, 1938), culminating in his monograph on *Conceptual Thinking in Schizophrenia* (*Nervous and Mental Disease Monographs*, 1942), the collected papers entitled

Language and Thought in Schizophrenia (University of California Press, 1944), which he edited and to which he contributed, and two papers, On Misidentification: A Clinical Note, and Defense Reactions in Anxiety States of Central Origin, in *This QUARTERLY* (1940 and 1942).

As Chief of the Psychiatric Service of the Mount Zion Hospital in San Francisco (since 1939), he reorganized the Department of Psychiatry, mobilizing with unusual skill the interest of the community, and creating a mental hygiene and child guidance clinic which became one of the leading centers of psychiatric education on the West Coast. His organizational ability is well represented in the following papers: Mental Hygiene in a Social Agency (*The Survey*, 1929), Function of a Psychiatrist in a General Hospital (*The Lancet*, 1937), The Future of Orthopsychiatry (*American Journal of Orthopsychiatry*, 1942), etc. While engaged in research and unusually active in community organization, Dr. Kasanin never lost interest in the treatment of the individual and has been recognized as an efficient psychotherapist. This is best exemplified by the paper on The Psychological Structure of the Obsessive Neuroses (*Journal of Nervous and Mental Disease*, 1944), and Neurotic Acting Out as a Basis for Sexual Promiscuity in Women (*The Psychoanalytic Review*, 1944).

During the war Dr. Kasanin was consultant in Neuropsychiatry to the Eighth Service Command. He gave a series of lectures on the treatment of neuroses in 'war wives' and organized the Veterans Rehabilitation Clinic of the Mount Zion Hospital in 1944. He was past president of the American Orthopsychiatric Association. Dr. Kasanin initiated organization of the San Francisco Psychoanalytic Society, and took very active part in its development.

EMANUEL WINDHOLZ

Albert Slutsky

1895–1946

The news of Dr. Slutsky's sudden death in November 1946 has saddened all who knew him. For many years Dr. Slutsky had not been in good health, and illness in his family weighed heavily upon him; yet, it was unthinkable that we should so soon be deprived of him—the friendliness, the warmth, the serenity of his being.

Dr. Slutsky immigrated to the United States from Russia in 1908. In New York City he attended high school where he was an honor student and for distinction in the subjects of mathematics and science, he was awarded a scholarship in engineering to the Brooklyn Polytechnic Institute which he attended one year. The impersonal and material nature of a career in engineering proved unsatisfying to him, for he longed to work with mankind. In 1915, he matriculated at the Fordham University School of Medicine and was graduated a doctor of medicine in 1920. Internships at the Beth David and the St. Francis Hospitals in New York City followed his graduation; general practice then engaged him until 1925. In that year he began his formal psychiatric career as psychiatric resident in Kings Park and later as senior psychiatrist at Manhattan State Hospital.

In 1926 Dr. Slutsky married, and in 1927, with his wife, went to Vienna for his personal analysis and psychoanalytic training at the Vienna Psychoanalytic Institute. At this same time, he carried on two years of postgraduate work in psychiatry under Wagner von Jauregg, Schilder and others at the Psychiatric Faculty of the University of Vienna.

He completed his supervised analytic work in New York in 1932, when he was elected to membership in the New York Society. At this time, he published a paper, *Interpretation of a Resistance: The Analytic Treatment as a Neurotic Defense* in *THIS QUARTERLY*.

The Training Committee recognized his talent and ability as a training analyst and instructor and appointed him to that committee. Dr. Slutsky carried on didactic analyses and con-

ducted seminars in literature and technique until 1943. In 1941 he was elected to the Educational Committee. He held the position of Adjunct Psychiatrist at Mt. Sinai Hospital in New York from 1929 to 1939.

In 1943, Dr. Slutsky moved to Los Angeles, California, because a change in climate for a member of his family was desirable. He brought with him his rich and varied experience in training and teaching, happy to be able to contribute his ability to the Psychoanalytic Study Group and the Los Angeles Society. He immediately became a member of the training staff and of the Educational Committee which entrusted to him the important series of lectures and seminars on Freud's metapsychology—a task he so well performed, from the viewpoint both of interpretation of content as well as freudian spirit, that members of the student body and Committee alike, expressed approbation.

Dr. Slutsky's degree of devotion to any work that he undertook was tempered only by the measure of his physical energy, and with his many responsibilities, he had to use that energy most judiciously. Never did he allot any of it to a motive of pure self-interest.

In the period before the war, meetings of societies had frequently been storm centers of controversy—scientific, professional and often personal. It must be said that no member ever worked more conscientiously or more steadfastly towards constructive objectives during the controversies of that period than Dr. Slutsky. His manner was always mild and his viewpoint was always that of the greater good. His life was characterized by simplicity and depth of human understanding. As a doctor of medicine, he practiced the highest traditions of the healing art in administering to the mentally ill; as a colleague he was highly esteemed for his knowledge as a freudian scholar and skill as a teacher; as a person his gracious manner will never be forgotten.

Psychoanalysis has been enriched by his participation, and colleagues and friends honored by association with him. His loss is a great one to us all.

WALTER BRIEHL

Rudolf A. Fuerst**1898-1946**

Words are inadequate to express our emotions, although through words we may be able to share more fully our common feelings over the loss of one whom we all have come to hold in deep affection and esteem.

We all have known the sincere and genuine kindness of Rudolf Fuerst's generous personality, his loyalty to friends and to his adopted country.

His devotion to his life's work was founded upon a deeply humanistic attitude toward life, dedicated to the search for understanding of the human heart, and ever eager to assist others in removing obstacles to their natural capacity for love.

Those who came in contact with him, whether they were in health or in illness, soon realized that he was concerned with more than giving comfort. He was always striving to release the inner strength and creative energies in people. His vision was focused principally upon the processes of life and growth. Whenever it was possible he would assist those processes by a modest effort to free them from the various tyrannies imposed upon them by man's own limitations.

All of his colleagues were well aware of his skill as a physician. His earnest devotion to science and research will serve as an inspiration to those who will continue to carry forward the search for truth in human nature.

Others may find encouragement in his abiding faith in the constructive and creative forces in the universe.

EDWIN R. EISLER

Psychoanalytic Therapy. By Franz Alexander, M.D., Thomas M. French, M.D. and others. New York: The Ronald Press Company, 1946. 373 pp.

C. P. Oberndorf

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BOOK REVIEWS

PSYCHOANALYTIC THERAPY. By Franz Alexander, M.D., Thomas M. French, M.D. and others. New York: The Ronald Press Company, 1946. 373 pp.

In considering the application of psychoanalysis to therapy, it may be well to recall that Freud during the early years of his investigations was not primarily interested in obtaining therapeutic results. Perhaps it is fair to say that until the very end the scientific and cultural implications of his structure engrossed him more deeply than its clinical aspects. Historically we may note that Wilhelm Stekel, editor of the *Zentralblatt für Psychoanalyse* with its subtitle, Medical Monthly for Psychic Science, showed a decided predilection for the direct approach and quick results. One of the causes of his disagreement in 1913 with Freud lay in his eagerness for therapeutic success and his readiness to discard the careful investigations of the unconscious which Freud considered necessary.

Since 1913 psychoanalysts have been questioning classical psychoanalytic procedures and seeking methods by which protracted and stagnant analyses might be shortened. When psychoanalysis was introduced into America about 1907, the fact that the early analysts lacked the guidance and supervision, direct or indirect, of Freud fostered many procedures which Freud certainly would not have approved both in private practice and the out-patient clinics of Cornell, Columbia and Mount Sinai. Also abroad many dissidents from Freud's formulations lost little time in putting their differences into print—among them Jung, Stekel, Adler, Ludwig Frank's, *Psychocathartic Treatment of Nervous Disorders* (1927), and very recently (1945) Alphonse Maeder's, *Ways to Psychotherapy*.

The book of Alexander and French and their co-workers at the Chicago Psychoanalytic Institute represents the first attempt from within the ranks of freudian psychoanalysts to advocate openly and to estimate the value of psychoanalysis when applied briefly. They regard their work as 'a continuation and realization of ideas first proposed by Ferenczi and Rank', and state 'of more recent contributions, the work of Oberndorf comes nearest the orientation of this study', but do not indicate in which direction they extend or deviate from the attitudes of these men.

Many psychoanalysts will take exception to the title, *Psychoanalytic Therapy*, selected by the authors. It seems to the reviewer that some such designation as 'Psychoanalysis in Psychotherapy' might have more aptly conveyed the nature of the theoretical postulates and especially the clinical material presented.

From the standpoint of structure, clarity and readability, the book leaves little to be desired. The authors confine themselves to 'the application of psychoanalytic principles and techniques to the treatment of persons suffering from all kinds and degrees of emotional disturbance', and state that the object of their investigation has been to demonstrate that by a more flexible use of the therapeutic principles of psychoanalysis, 'the theoretic heritage from Sigmund Freud can be made truly useful, not merely for a small group but society at large'.

After a well-balanced review and critical examination of the development of psychoanalytic theory from the original catharsis under hypnosis and later through waking suggestion, free association, transference neurosis and emotional education, Alexander calls for a return from 'stereotyped psychoanalytic thinking' to experimentalism. He makes a plea for flexibility in the application of psychoanalysis and for the physician to adapt his technique to the needs of the patient. The reviewer would wholeheartedly endorse this emancipation from a hide-bound, methodic adherence to Freud's procedure in all cases, but he surmises that modifications fitting the needs of the patient and his reality demands have been a custom with most American and some European analysts in private or in clinical practice for a long time.

Following Alexander, Edoardo Weiss, a distinguished and clinically skilled psychoanalyst, takes up the argument for brief psychotherapy. After mentioning the handling of such factors directly under the control of the therapist as the frequency of interviews, the interruption of treatment and the utilization of favorable factors in the real life situation, Weiss asserts that it is in the manipulation of the transference relationship that the power of the therapist lies and it should be used 'as a medium of corrective experience rather than merely a repetitive experience'.

French contributes two interesting chapters and excellent discussions of the dynamics of the therapeutic process and planning psychotherapy. In the latter he expands the idea that at the outset of treatment the therapist should 'outline a sort of grand strategy'

instead of dealing with the patient's difficulties as they arise from day to day. This approach is far removed from a fundamental psychoanalytic principle—namely, that the patient be allowed to unfold the elements, conscious and unconscious, entering into his symptom formation and on the basis of interpretive clarification determine his own course of action.

It would seem that in most situations which would warrant the use of psychoanalysis, planning such as the authors advocate would not only be unsound psychologically but troublesome, if not dangerous, for the physician's active rôle must necessarily be based upon facts and conditions unknown to himself and to the patient as well at the time. He will inevitably project his philosophy of life, possibly quite unsuited to the patient, into such an overall plan.

The authors do not state whether the initial strategy in the clinical situation should be determined by consultation with the senior psychiatrist, psychoanalysts, or by group conferences or by each therapist independently. As a matter of fact, in most of the clinical cases which are reported one finds little attention paid to such 'overall initial strategy'. They are generally interesting case reports of well oriented psychoanalysts skilfully applying the knowledge gained from psychoanalytic teaching and their own experience to the alleviation of a great variety of conditions. It would be superfluous for the psychoanalytically trained readers of this periodical to expatiate on the theoretical concepts of freudian psychoanalysis which are ignored or violated by the approach advocated in this book. One may mention the intentional centering of attention on those aspects of the conflict which the physician regards as essential, the concept that the exposure of appropriate emotional reaction tends to repair the traumatic influence of previous experience, that 'only by changing routine procedure' can the chronic interminable transference neurosis be avoided.

The patients' difficulties in the case reports cover a wide range from somatic complaints, such as peptic ulcer, bronchial asthma, and psychically determined physical manifestations, such as frigidity and vaginismus, to depressions of various degrees of intensity, anxiety states, a phobia, potential psychosis and war neuroses. The 'psychoanalytic' therapy varies from a single consultation (Case C), to a treatment continued over several months with nearly one hundred interviews both direct and indirect. The methods used

include direct explanation, suggestion, interpretation on the basis of psychoanalytic theory, advising relatives, the use of contraceptives, etc. The results reported are usually favorable but in many instances the procedure is not too exactly described and the permanence of the results insufficiently established.

A more balanced picture of the value of the application of psychoanalysis to psychotherapy would have been attained had cases been included where brief psychotherapy had proved ineffective and even highly disturbing to the patient. Many instances have been observed where too precipitate attempts to disclose the unconscious tendencies to the conscious self have changed a borderline neurosis into a psychosis.

Some of the more important factors which seem to make for success or failure in psychoanalytic therapy, such as the sex of the analyst, the desirability of changing analysts when no progress is made to another with a known predilection for a different attitude in psychoanalytic therapy—for example, unusual activity in therapy or active therapy, or the deliberate choice of a certain type of patient for a certain type of analyst, are only sketchily mentioned. The important relation of the time in the patient's life situation when therapy is undertaken to the good results, so quickly attained, is omitted entirely, as well as any research into causes of those pitiable failures of the psychoanalytic method, brief or classical, in the hands of competent physicians when applied to presumably suitable cases.

As this reviewer lay down the book a thought which had recurred during the reading reasserted itself: the authors might have served the purpose of psychotherapy better had they devoted their efforts to reform in the education of psychoanalysts rather than present their position in a book designed to appeal to the general practitioner and the lay public.

C. P. OBERNDORF (NEW YORK)

UNHAPPY MARRIAGE AND DIVORCE: A Study of Neurotic Choice of Marriage Partners. By Edmund Bergler, M.D., with an introduction by A. A. Brill, M.D. New York: International Universities Press, 1946. 167 pp.

Dr. Bergler has attempted to compress his extensive knowledge of the problems of marriage into a small volume. He has produced a book which outlines many of the views of Freud and of a few

other well-known analytic writers. He emphasizes his own views that the neurotic is incapable of tender love and that the repetitive responses of a transference nature cannot result in satisfactory marriage. The review of the older formal literature, the many clear clinical examples given, and the discussions of the normal and abnormal sexual manifestations in marriage, make the book valuable for the student and for the interested psychiatric practitioner.

The book suffers from the author's attempt to cover so much material in small compass. It has led him to make dogmatic pronouncements which he might well qualify if not under the pressure of limitations of space. From some of these, the untrained reader might get the impression that the term neurosis is an epithet: 'The fact is neurotics are unfit for good marriages'; or, '... the majority of people today are neurotic ... and are therefore incapable of love' or, 'Neurotics ... psychically ... all have remained standing somewhere between the ages of one and three years'.

The omission of the psychic development of the girl as beyond the scope of the book because of its complexity, has precedent, but is unfortunate in a book dealing with a joint problem of the sexes. It could lead also to the incorrect impression that the point of view is predominantly a male one.

In his introduction Dr. Brill has suggested that physicians, psychologists, and intelligent laymen will find the work interesting, instructive and profitable, especially in view of the author's refreshing and somewhat provocative manner. To the reviewer, the condensation of the material carries the untrained reader too rapidly into deep material. A clearer and more meaningful picture would result if more of the important relationships closer to the surface were explored. Much is made of *œdipus* but little of sibling conflicts. It is doubtful if an effective way has been found in this book to carry conviction to the previously uninformed layman or to non-analytically trained physicians.

The author's thesis that divorce is no answer to unconsciously induced marital difficulties can be readily accepted. He offers no panaceas for the problem. Prevention by the psychiatric treatment of 'difficult children', psychiatric help for borderline marital problems, the continued use of organizations offering marital counsel (with psychiatric referral for recalcitrant cases), and the psychoanalysis of both partners in selected cases, are the methods held out

as possible answers. Dr. Bergler lays particular emphasis on the hopeful aspects of saving many marriages through analysis and challenges the concept that analysis tends to lead to dissolution of marriage. He makes the prediction that judges in divorce courts of future generations will demand proof of psychiatric treatment of both partners where children are concerned.

RICHARD L. FRANK (NEW YORK)

PRINCIPLES OF DYNAMIC PSYCHIATRY. By Jules H. Masserman, M.D.
Philadelphia: W. B. Saunders Co., 1946. 322 pp.

The author's professed purpose in this book was to get '... into print certain fundamentals of modern dynamic psychiatry now being taught by his colleagues and himself only through lecture and precept'. It is apparently addressed to undergraduate physicians, nurses, psychologists and social workers, and is intended to neutralize their popular misconceptions and possible morbid preoccupations associated with a narrow approach to psychiatry. To this end there are discussions of somatic, reflexologic (Pavlov, not Bechterew), behavioristic (Watson), psychobiologic (Meyer), semantic (Korzybski), psychoanalytic (Freud), and other points of view. These various systems of investigating, interpreting and applying psychologic phenomena are compared with each other and especially with the author's own base-line of reference to which he applies the term, Biodynamics.

The term biodynamic was 'adopted as the most meaningful designation for a biologically oriented and dynamic formulation of behavior'. It represents in a sense a multidimensional point of view in which established biologic principles (governing evolution, structure and physiology), behavior (phenomenologic) and environmental factors are simultaneously expressed. The author emphasizes that this conception of a dynamically interacting and interdependent complex of variables is a thesis in progress and will be subject to modifications as knowledge in psychology and associated disciplines will increase.

The book is truly an extraordinarily ambitious enterprise. It attempts to condense both outmoded and current psychologic systems as well as Masserman's own formulations, experimental work and general publications in the fields of neurophysiology, clinical psychiatry, psychoanalysis and propaganda analysis.

Taken at its face value, as a source book or a kind of textbook

for students, it would seem to defeat its purpose because of the diffuse and highly personalized interpolation of the author's own preferences and orientation. This observation is not intended to devaluate in any way the merits of Dr. Masserman's biodynamic theory of behavior. In fact, (like psychoanalysis to which it is indebted), it has dialectical validity that commends it as scientific methodology in psychiatry. It is unfortunate that in presenting it he believed it necessary to discard the established psychoanalytic terminology to the extent that he has, since in his own words, 'there are actually few disagreements between the special formulations of modern psychoanalysis on the one hand and the biodynamic principles of behavior in general on the other'. His terminological preferences require the reader to be well grounded in the instinct, libido and metapsychological theories of psychoanalytic psychology in order to understand how these terms have been translated into the vocabulary of mechanics, static and kinetic. These contrasts are rendered particularly vivid in Dr. Masserman's somewhat detailed report of an Illustrating Psychoanalysis of a Neurotic Personality. Here, the basic freudian scientific language is followed. The uninformed reader will be compelled to use the glossary in the book in order to apprehend the significance of the material. In view of the fact that the author admittedly did not attempt a thorough summary of psychoanalytic psychology, his treatment of it does not warrant detailed discussion in this review.

SYDNEY G. MARGOLIN (NEW YORK)

THE MENTALLY ILL IN AMERICA. A History of Their Care and Treatment from Colonial Times. By Albert Deutsch. Third Printing. New York: Columbia University Press, 1946. 530 PP.

Originally published in 1937, this sound and careful account of a most important chapter in American medicine makes its reappearance after having been out of print for some years. It is written by an indefatigable champion of the mentally ill. Few men are as familiar at first hand as the author with the vicissitudes which continue to be suffered by the victims of mental illness at the hands of forces in our society which throughout our history have valued narrow and shortsighted financial considerations above human welfare. It is ironical indeed to read that the same dreary shibboleths about economy, and individualism, and local rights

were invoked in the earliest years of our history to maintain human beings in conditions of the most unimaginable misery as are repeated today to retard progress in the most essential social services. This is not to say that such economic factors are set forth as solely responsible for the unhappy plight of the mentally ill, who for decade after decade were starved, beaten, and even tortured, sometimes in the name of scientific theory. Deutsch puts it all down to ignorance; unfortunately he does not give sufficient consideration to unconscious factors in the savagery practiced on such patients even by the kindly Quakers. A psychoanalytic consideration of such inhumanity would have added a valuable and fascinating chapter to his book.

The painful emergence of a sense of social responsibility for the mentally sick is sketched with skill and precision, as is the evolution of the custodial institution into the modern mental hospital. It is difficult, from our vantage point in history, to be too tolerant of the tedious disputes about asylum architecture which convulsed American psychiatrists in the latter half of the nineteenth century, but the author manages to maintain an admirable historical composure. He is at his best in patterning psychiatric history into the larger social background and in discerning the essential phases in the evolution of psychiatric care and treatment. Where he is perhaps lacking is in making the protagonists in the drama come to life. Except where the characters are of such scope and sweep as Benjamin Rush and Dorothea Lynde Dix, Deutsch is not a felicitous biographer. Most of the others, in a field which lends itself to more vivid delineation, are described in a routine and pedestrian manner. This does not detract from the essential value of the book, but it makes it less readable than it might be.

Two of the best chapters in the book, in addition to the unforgettable one on colonial times, are those on Mental Defect and Insanity and the Criminal Law. These are lucid, compact and thoroughly modern in concept and treatment.

It is regrettable that although the title page is dated 1946, one nowhere finds evidence that the material has been brought to date beyond 1937. This accounts for referring to the Nazi regime (with regard to such matters as sterilization) in prewar terms, to enthusiastic praise of Dauerschlaf as though it were still a promising method of treatment, and to an inadequate survey of insulin treat-

ment. There is, of course, no description of the impact of World War II on psychiatry.

These minor defects do not detract from the essential value of the book. It is a solid contribution to American psychiatry, and the author's unremitting efforts to better the lot of the mentally ill have earned him an enviable place in the history of this discipline.

NATHANIEL ROSS (NEW YORK)

MODERN ATTITUDES IN PSYCHIATRY; THE MARCH OF MEDICINE, 1945.

Number X of the New York Academy of Medicine Lectures to the Laity. New York: Columbia University Press, 1946. 195 pp.

These lectures, the tenth in an annual series of lectures to the laity given by the New York Academy of Medicine, summarize past trends and the accelerating tempo of modern changes in the field of psychiatry. The first chapter, by Iago Galdston, traces the history of psychiatry from Hippocrates and Asclepiades to the latter part of the nineteenth century. James Wall continues the historical review through the nineteenth century with emphasis on the work of Sigmund Freud, and, in America, Adolph Meyer. G. Canby Robinson, in the third chapter, gives instances, from the outpatient department of Johns Hopkins Hospital, of patients' emotional problems, particularly their reactions to social conditions, as applied in medical treatment.

The trend to reunite medicine and the care of the mentally ill is emphasized in a chapter by Franz Alexander, who notes a trend in modern medicine to include the total personality of the patient. The psychosomatic viewpoint is applied to schizophrenia, and it is suggested that altered biochemistry of the schizophrenic patient may be produced by emotional factors, and these biochemical factors may then, in turn, influence the mental state. Other problems of psychosomatic medicine that have yet to be explored, are mentioned. Shock treatment has not yet been sufficiently correlated with psychoanalytic studies of the patients. Cultural psychology, education and the sociologically prophylactic viewpoint are stressed as cogent problems.

William Menninger describes how 'the greatest mass psychopathological reaction in history', the recent war, was dealt with

psychiatrically in our Army. There is a summary of seven categories in which psychiatrists served, the types of care provided, rehabilitation problems, and some suggestions for applications to civilian institutions, with emphasis on morale and its importance in mental health.

Edward Weiss concludes with a chapter of special interest in which he characterizes the idea that an illness must be either functional or organic as outmoded, and presents a number of case histories in which psychotherapy and medical treatment were combined, psychoanalysis being unavailable to these patients.

The rise of interest among members of the medical profession as well as the laity, reflected in such lectures and volumes has increased the challenge to psychoanalysis to widen its scope.

MILTON L. MILLER (BEVERLY HILLS, CALIF.)

DIAGNOSTIC PSYCHOLOGICAL TESTING. The Theory, Statistical Evaluation and Diagnostic Application of a Battery of Tests. By David Rapaport, Ph.D., with the collaboration of Merton Gill, M.D. and Roy Schafer, B.S. The Menninger Clinic Monograph Series Nos. 3 and 4. Chicago: The Year Book Publishers, Inc., Vol. I, 1945, 573 pp. Vol. II, 1946, 516 pp.

The sheer volume of this ponderous work of one thousand, one hundred and eleven pages, its more than two hundred statistical tables, many of them in multiple sections, and its over fifty figures, strikes the reader with an initial impact that, to put it mildly, is slightly staggering. The quality, rescued from a tiresome and gratuitous exhaustiveness of presentation and from more serious errors of procedure which would have damned a lesser work, remains impressive. For this book exemplifies, contributes to, and to some extent indicates the future of much of the relatively progressive and effective current practice in diagnostic psychological testing.

Since the publication in 1927 of Wells's *Mental Tests in Clinical Practice*, clinical psychology has taken long strides in the broadening of its diagnostic scope, in the perfection of more searching test methods and in the fuller utilization of test results as indirect expressive and projective manifestations of important but not readily accessible ideational content and especially of personality structure and behavior dynamics. A good deal of this progress is competently if diffusely reflected in this book which may, therefore,

be regarded as bringing Wells's book up to date, and which is offered as an aid to clinical psychologists who work in coöperation with psychiatrists, or who themselves desire the comprehensive and systematic information which tests can give as adjuncts to their therapeutic work.

The authors present their experience with the clinical application of a battery of seven tests, selected to tap different, in some measure autonomous, aspects and levels of psychic make-up. For each test and for each major aspect there is presented a theoretical consideration of the psychological rationale underlying performance, suggestions regarding the mechanics of administration, and the statistical data resulting from application of the test to two hundred seventeen adult patients at the Menninger Clinic and to fifty-four Kansas State highway patrolmen who served as controls.

The patients comprised seven schizophrenic and two preschizophrenic groups, paranoid states, four depressive and five neurotic groups. The classifications are somewhat unconventional (e.g., coarctated preschizophrenia) having been determined in part by, in this reviewer's opinion, the perfectly legitimate consideration of the diagnostic areas within which the tests used might be expected, *a priori*, to yield effective differentiations. It is quite definitely a virtue, far too rare in research of this type, that the criteria defining each nosological group are quite clearly and specifically stated, that a high level of homogeneity as to psychopathological status was maintained, and that effective recognition is made of the importance of precisely characterizing the kinds of 'normality' represented in any 'normal' control group.

Volume I discusses the diagnostic testing of intelligence with the Wechsler-Bellevue Adult Intelligence Scale and the Babcock Test for the measurement of mental deterioration, and with the diagnostic testing of concept formation by the use of the Similarities subtest of the Bellevue Scale, the Goldstein-Scheerer Sorting Test and the Hanfmann-Kasanin Test. Volume II presents the diagnostic testing of personality and ideational content by means of a word-association test, the Rorschach and the Thematic Apperception Tests. The term, diagnostic testing, is not exactly a redundancy as used by the authors for, in accordance with good clinical practice, and with the projective hypothesis which underlies all their work, they seek from tests not merely the numerical measures of immediate performance level, but the qualitative features and

patterns of response which reflect the development and alteration of perception and thought as these may be characteristic and hence diagnostic of individual personalities and nosological groups.

The reviewer does not doubt the fundamental soundness of Rapaport's general approach with its emphasis on holistic, projective and dynamic orientations. On the basis of his own experience he is able to confirm many of the specific findings. It is all the more unfortunate that, despite a many-sided and almost forbiddingly detailed statistical treatment, Rapaport fails to make a clean demonstration of his case. The foremost shortcoming is his cavalier dismissal of the need for a more carefully matched control group. That age, cultural background and general level of intellectual performance have an important bearing on the organization of mental abilities, and of other aspects of psychic structure, has been attested repeatedly in the literature. Consequently, the differences in these attributes between the clinical group as a whole and the control group, and among the various clinical subgroups themselves must cast a shadow on the validity of the statistical findings no matter how cogent the rationale which supports and explains these findings.

This failure to control extraneous variables is clearly not accidental for it accords with the authors' expressed opinion, notwithstanding occasional lip-service to the contrary, that deviation in performance, at least on the predominantly cognitive tests, from some dead level of uniformity defined by general population averages means impaired functioning, and is correlated not only with the fact but also with the degree of maladjustment. Actually, it would be no violation of scientific determinism, nor of the projective hypothesis, to recognize that quite wide variations in intra-individual pattern may occur independently of psychopathological involvement, as the 'normal' outcome of individual development and correlated with the infinite richness of more-or-less successful modes of adaptation.

Even if the statistical demonstrations were on a sounder basis the emphasis they receive, in table after figure after table (which, incidentally, are often obscurely captioned and which must try the patience of readers who are not already trained in statistics and in the tests under consideration), creates a serious potential danger. It is not difficult to foresee a deluge of inept, preposterous, unbidden psychopathological diagnoses at the hands of unseasoned

psychological examiners who will blissfully take their authority from the impressive statistics of Rapaport's innumerable tables and the curves of his many graphs. The statistics of groups, with respect to one variable at a time, serve adequately to test the validity of general relational trends. They cannot make a diagnosis in the individual case unless there is complete absence of overlap between any one group and all other groups with respect to one or more variables.

The danger of misleading statistics is compounded by the fact that a number of quantitatively important clinical groups were systematically excluded from the investigation. While the exclusion of cases of organic pathology, of psychopathic personalities, alcoholics and others who might obscure the meaning of the results can be justified by the researcher's fiat to limit his investigation as he pleases, it cannot serve the aim of improving diagnostic practice if any of the excluded groups ever come into differential-diagnostic conflict, as most assuredly they do, with any of the groups investigated. Again, while restriction to clear-cut cases legitimately serves the validation of theory, it cannot be of much practical help to conclude after six hours of testing (and how much time for the study and integration of results?) that this hallucinating, grimacing, bizarrely productive patient with a premorbid personality characterized by extreme shyness, sensitivity and seclusiveness is indeed a schizophrenic and not a depressive neurotic.

Clearly, the emphasis on the statistics of groups with reference to isolated variables has been grossly misplaced, and what is conspicuously lacking is any example of the integration of the findings for particular individuals. It was an explicit aim of the authors to 'show how the eight¹ tests which are the subject of the investigation reported here were welded in our clinical work into a single diagnostic tool.' Notwithstanding the valuable if telescoped statement of general principles in *Diagnosing with a Battery of Tests*, the last chapter of the second volume, there is nowhere a clear demonstration of how the tests under consideration were actually welded together in the clinical work of the Menninger psychologists into a single diagnostic tool in the case of any single subject. Appendices giving for each case, clinical and control, various vital data, specific symptomatology, subtest scores and derived

¹ The eighth test was the Szondi which was not included in the book because it was unavailable and not in general use elsewhere during the war.

indices for the Bellevue, Babcock and Sorting Tests, the detailed Rorschach response summary and, in some instances, examples of deviant verbalizations in response to the Rorschach, may challenge the devotedly interested reader to attempt for himself the diagnostic welding together of at least some of the tests.

To this reviewer the consistent, often brilliant, effort to analyze the psychological rationale underlying performance on each of the tests and to interpret the clinical findings in terms of it is perhaps the most valuable part of the book. In this direction lies progress away from the mechanical interpretation of test scores and the shaky empiricism of the diagnostic 'sign' approach. Thus, too, the psychology of the development and expression of perception and thought and the psychology of the development and expression of personality are brought functionally together to the reciprocal enrichment of each and to the improvement of clinical practice. An inevitable consequence, very largely to the good, would be a reduction of emphasis on nosology and a focusing of the importance of striving with tests to achieve a comprehensive understanding of the psychology of the individual. With a sound psychological rationale for his tests the psychologist who works in conjunction with psychiatrists has no difficulty in justifying his work as offering an independent and efficient source of essential psychological data obtainable in no other way, indispensable for a rounded clinical understanding of psychopathological status and valuable as an aid to therapy.

The authors' discussion of psychological rationale is by no means uniformly successful in all tests. In particular, the assumptions as to what the subtests of the Bellevue Scale measure seem arbitrary and surprisingly narrow and abstract. There seems insufficiently effective recognition that the routes to test solution are multiple and that the operation of specific mental functions such as judgment, attention, concentration, varies with the context. It is manifestly hazardous to speak, for example, of impairment of judgment on the basis of responses to a very limited sampling of situations in which judgment may be expressed. Similarly, it misses the essential point to speak of impaired concentration in the case of an arithmetic defect resulting from resistance to the coercive, authoritative arbitrariness of numbers and number relations.

The treatment of the dynamics of memory distortion, the consideration of various types of concept formation and the discussion

of the rationale of the major dimensions of the Rorschach reflect an extremely rich experience vigorously, often quite originally thought through. The introduction of the concept of distance in the analysis of stimulus-response relationships with special reference to the Word-Association and the Rorschach Tests, but applicable in other tests as well, seems especially fortunate. The analysis of detailed verbalizations on the Rorschach, heretofore always considered but not formally classified, is sure to prove extremely useful.

There is so much stimulating discussion of theory, so many practical suggestions regarding testing technique, such provocative interpretative innovation and a detailed communication of such a wealth of clinical experience, that even the experienced clinician cannot fail to benefit from a careful reading of the text despite the tedium and the grave vulnerability of the statistical presentation. The psychiatrist who is interested in learning what the clinical psychologist can contribute to his work will not get a complete picture from this book. But he could do worse than read the introduction, the last chapter, and the discussion of the rationale of any test factor which interests him in between. In the reviewer's opinion, this work will find its most effective use in the hands of competent clinicians who can perform the necessary radical surgery to make of it an invaluable text for the training of graduate students. It is a pity that the work could not have been turned out in a single wieldy volume without misleading statistics, with tighter theoretical discussions, and especially with illustrations of the application of a battery of tests, 'welded into a single diagnostic tool', to particular cases.

SOLOMON MACHOVER (NEW YORK)

THE PERSON IN THE BODY. An Introduction to Psychosomatic Medicine. By Leland E. Hinsie, M.D. New York: W. W. Norton & Co., 1945. 263 pp.

The author unassumingly presents *An Introduction to Psychosomatic Medicine*, but his long clinical experience and wide theoretical knowledge enable him to go far beyond this task. The book is a splendid presentation of psychological medicine in action. The eighteen chapters cover a wide area ranging from the interdependence of body and mind through a description of personality types and the presentation of a large variety of psychosomatic syndromes, to the management of transference.

The interrelation of personality types with specific somatic complaints is an important addition to the psychiatric literature. However, the introduction of a concept 'genderism' in contradistinction to sexuality does not seem quite justified. It may easily appear as an attempt to desexualize the precedipal phase of development.

Extensive case histories and examples not only substantiate theoretical formulations but keep each vivid, clinical and convincing. Although the book is written for the lay reader, the specialist, too, will find a great deal of value in the wealth of clinical data. The style is exemplary.

ROBERT C. BAK (NEW YORK)

MOTOR DISORDERS IN NERVOUS DISEASES. By Ernst Herz, M.D. and Tracy J. Putnam, M.D. New York: Kings Crown Press, 1946. 184 pp.

In the preface of this publication the authors state that it developed from a descriptive syllabus designed for study before and after viewing a collection of teaching films. A list of these films is given in Appendix I of this book. They illustrate methods of examination, chemical differentiation, mechanisms involved and occurrence in diseases as follows: 1. Abnormal Involuntary Movements; 2. Disorders of Gait; 3. Disorders of Coördination; 4. Muscle Status; 5. Reflexes; 6. Skilled Acts; 7. Oculomotor Disorders; 8. Facial Palsy; 9. Disorders of the Vestibular System; 10. Disorders of the Motor Trigeminal, Spinal Accessory and Hypoglossal Nerve.

The contents of the book closely parallel subject matter of the films but when it was found that a purely descriptive syllabus seemed 'barren without illustrations', two hundred and fifty well-chosen illustrations were added, many of them being enlargements of the 16 mm. moving picture film itself. Appendix II provides a schedule of neurological and mental examinations and Appendix III a reference bibliography. The volume as published is a compendium of great value as a quick reference for those in the practice of neurology, in addition to its original purpose of providing, for medical students, a preparation for diagnosis at the bedside when used in association with the films. It is in itself an excellent addition to a neurological reference library.

C. T. PROUT (WHITE PLAINS, N. Y.)

THE FALLING SICKNESS: A History of Epilepsy from the Greeks to the Beginnings of Modern Neurology. By Owsei Temkin, M.D. Baltimore: The Johns Hopkins Press, 1945. 380 pp.

This book is a scholarly, historical survey of epilepsy from antiquity to modern times. The *Falling Sickness* is used as a title because the disease was so called throughout the centuries, serving as a vague descriptive concept of the illness. The author has studied the opinions of laymen, philosophers, and theologians as well as of physicians of the past. The book gains greatly by the inclusion of the cultural background of the times and its varying influence upon the character of the treatment and theories of the causation of the illness.

The book is divided into five historical periods: Antiquity, Middle Ages, Renaissance, Period of Enlightenment, and the Nineteenth Century. Beginning with the writings of the ancient Greeks from about the year 400 B.C., the author quotes extensively from what he believes is the first known monograph on epilepsy, 'On the Sacred Disease' in the Hippocratic collection, consisting mainly of an attack against prevailing popular superstition. In the subsequent chapters, Dr. Temkin records the long conflict of the magical superstitions and supernatural concepts of the disease with natural and scientific conceptions.

The book ends with a discussion of the writings of Charcot and Hughlings Jackson, who crystallized the more important scientific thoughts and observations of the past, and formulated relatively modern scientific concepts of epilepsy. Charcot, depending partially upon the fundamental concepts of Briquet, clearly distinguished between organic epilepsy and functional hysterical convulsions. Jackson, in the late 1860's began to develop his theories of the physiological organization of the central nervous system and applied them to explain epilepsy. He considered the disease not as a specific entity but a symptom of 'occasional, sudden, excessive, rapid and local discharges of grey matter'. He described various types of epilepsy and suggested the inclusion of migraine in the category of the 'epilepsies'. He received support in developing his theories by the observations of such contemporaries as Charcot, and the great physiologists Horsley and Sherrington. By 1890 when Jackson presented his theory of epilepsy in an advanced form, much of it seemed to be supported or substantiated by physiolog-

ical and anatomical data. Although Jackson's division of the central nervous system into three main hierarchal levels—with the highest level formed by the prefrontal lobes ('the organ of mind')—was originally highly speculative, it laid the groundwork for much of present day thinking about the physiology of cerebral functioning and the pathology of epilepsy. Jackson attempted to apply his formulations to the explanation of insanity. He was one of the strictest adherents to the doctrine of psychophysical parallelism and accepted Laycock's principles that even the higher functions in man operate according to the law of reflex action. He maintained that mental disease should be understood in neurological rather than psychological terms. Psychological knowledge, he contended, should be utilized only for the recognition of symptoms and not the understanding of behavior. He considered it an error to assume that the mind can be a product of the body. Jackson's basic principles precluded the possibility that fear or any other psychological condition could result in organic changes in nerve tissue.

The work of Jackson and Charcot marked the end of 'The Falling Sickness', and therefore this book. The author modestly considers that since he is not a neurologist, it would be pretentious of him to pass judgment on the work of recent decades; and indeed, it would be an extremely difficult task. In view of recent psychological studies of the personalities of epileptics it will be necessary to have a psychiatric orientation, in addition to a neurological viewpoint, properly to review the epilepsies since the time of Jackson.

Besides the value inherent in this book as an elaborate presentation of the history of scientific and lay views of epilepsy it provides a study of the development of thought regarding disease in general. It is highly recommended as a comprehensive and discerning account of epilepsy from antiquity to the late nineteenth century enriched by many quotations from the case histories of physicians, and the memoirs of scientists, philosophers, and theologians.

B. L. PACELLA (NEW YORK)

MENTAL DISORDERS IN LATER LIFE. Edited by Oscar J. Kaplan. Stanford University, Calif.: Stanford University Press, 1945. 436 pp.

This volume is a valuable and highly informative symposium on mental disorders in late life by sixteen authors. Some of the topics

overlap, particularly in nosology and pathology of the brain. Despite this, the chapters can be very serviceable as source material for reference. Appended to each chapter are numerous references.

The study of the psychological structure and development of the total personality of the adult gave the impetus to such understanding of the child as we now have. These studies have not been sufficiently extended to include a detailed consideration of the psychology and behavior of old age. Statistical studies show that increased expectancy of life is growing progressively and may be expected to continue. The elders cannot therefore be dismissed as an unprofitable liability in our society.

The chapters by Dunham on Sociological aspects of Mental Disorders in Later Life, and Jones and Kaplan on Psychological Aspects of Mental Disorders in Later Life are two of the most enlightening. The psychiatrist will find sufficient descriptive psychiatry and adequate pathological studies of organic brain lesions of the aged in his medical journals; but studies of the relationship of the psychology of the elderly people to changing social and economic forces are not easily found and are sorely needed. This problem is just beginning to be studied.

One investigator is not convinced that an adequate explanation of changes in behavior are mainly due to brain and vascular lesions and finds that difficulties in adaptation to changes in the social and economic forces may be even more powerful causes. Housing shortages, inadequate sensible and gratifying occupations, economic insecurity, economic crises with depressions, may need to be as carefully evaluated as have been organic brain changes. Types of personality and development need more study than have so far been given.

In a study of Alzheimer's Disease, it is recorded that only about one hundred and fifty cases are reported; but there are millions of elderly people who have led useless, vegetative existences and whose problems have not been studied. Mittlemann's chapter on Psychosomatic Medicine and the Older Patient is especially recommended.

I. T. BROADWIN (NEW YORK)

AGING SUCCESSFULLY. By George Lawton. New York: Columbia University Press, 1946. 266 pp.

This book is a highly successful combination of a scientific approach to a problem in a popular style of writing. The author

has had a wide experience in counseling the problems of older people and is already known to many for having edited *New Goals for Old Age* and for having written many popular articles on the subject of aging. There are fifteen chapters dealing with such subjects as *A Woman Grows Older*, *Jobs after Fifty*, *Love at Maturity*, *Can Age and Youth Be Friends?*, *A Philosophy for Maturity*. The author shows that he not only knows older people and their problems but also has a deep understanding of the emotional development and the problems of all ages. The psychiatrist, social worker, pastor, or counselor in any field can recommend the book for reading by the patient or client with profit. It is both inspirational and informative for the aging person with a problem, as well as for anyone who tries to help him with it. It is a much needed book in an area of human adaptation which has been slow in gaining the attention it has merited.

O. SPURGEON ENGLISH (PHILADELPHIA)

'IF THERE ARE PITS AS DEEP . . .' By Leo Liberthson. New York: The Diction Press, 1946. 126 pp.

In France the institution of the 'Sunday painter' has been well established for a number of years. Leo Liberthson who presumably is a practicing psychoanalyst, exhibits himself in this volume of one hundred twenty-six pages of pleas and complaints in the form of verse as a 'Sunday poet'. These sonnets and other poems are plainly the product not of a discipline in an art medium, but of a relaxation from the exactions of a scientific discipline.

There is no reason whatsoever why an individual should not use either painting or poetry as a vehicle for the expression of his personal discontent with civilization, which is precisely what Mr. Liberthson does. As moral protest and social criticism the author's comments on 'the invisible—and visible—devolutions taking place in the world today', while novel neither in content nor expression, will strike responsive notes in the minds of many persons whose professional work brings them into contact with what Mr. Liberthson calls 'the vortex of insanity that drags the hypersensitive along with the constitutionally inadequate into its outward rim of neurosis'.

A section of the book is subtitled, *The Analyst Speaks*, and in the sonnet which gives the collection its title, Mr. Liberthson writes:

'If there are pits as deep as those which man
Designs in pity for his own bleak lot,
Or cells as cold and dark, I know them not.'

In the foreword of the book—written, as is much of the verse, in the language of an angry tract—the author interrogatively suggests that the individual digs his own pits to escape from a dilemma, specifically and exclusively social: that is, either think 'of the increasingly downward slope of the curves of decadence that characterizes the current trends in every aspect of our civilization' and thereby 'take a step toward madness', or 'evade thought' and thereby 'take a step toward vegetative oblivion'. Some readers may wonder if Mr. Liberthson speaks as the analyst in suggesting that this dilemma is *the* mainspring of neurosis. Other readers who have given thought to the connection between civilization *itself* and neurosis may find a trifle excessive the author's assumption that neurosis is exclusively the result of the ills of *this* (to him) unmitigatedly evil civilization.

Mr. Liberthson has chosen to put in the language of poetry his moral protests against 'the desecration of every artist', the 'perversion of every art', and 'the drooling worship of every mediocrity'. In doing so, he invites criticism as the practitioner of an art. And it is unfortunate that the use of the external forms of poetry no more makes a 'Sunday poet' a real poet than the use of the jargon of psychoanalysis makes a 'parlor analyst' a real analyst. The melancholy fact is that most of the material in the book is not poetry at all; indeed, it is antipoetic in its feeling and fancy, in its imagery, metaphor and idiom.

Nor is this surprising in a volume of verse which opens with the words, 'To think', and then makes a fetish of rationality. Mr. Liberthson writes:

'I have not gone for naught into the dark,
The writhing catacombs of minds astray,
The festering corners wherein, held at bay
By reason, madness lurks, black—slavering—stark.'

Dante too said: '*Non e senza cagion, l'andar al cupo.*' Poets through the ages have gone into the depths and the dark, and come out with poetry precisely because, as Keats said, they were capable 'of being in uncertainties, mysteries, doubts without any

irritable reaching after fact and reason'. This formula, of the very essence of creativity in the poetic medium, is, of course, wholly alien to the clinical ambience of the psychiatric scientist. It is a pity that the resemblance between the raw material of the destructive process of neurosis and the creative process of poetry should have confused Mr. Liberthson into the error of believing that a scientific acquaintance with neurotic fantasy automatically gave him an artistic competence in poetic fantasy and fancy.

In fairness to Mr. Liberthson it should be noted that his verse is better as poetry than Rahnghild's childish illustrations are as art.

PERCY WINNER (NEW YORK)

Notes on Metapsychology as Process Theory. Marjorie Brierley. Int. J. Ps., XXV, 1944, pp. 97–107.

Otto Fenichel

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ABSTRACTS

Notes on Metapsychology as Process Theory. Marjorie Brierley. *Int. J. Psa.*, XXV, 1944, pp. 97-107.

Psychoanalysis as a dynamic psychology is not directed toward static description but rather toward the investigation of the laws governing mental processes. 'For such a psychology, mind ceases to be a thing, or entity, and becomes a nexus of activities. a sequence of adaptive responses.' Since this is the basis of freudian theory, we cannot agree with Mrs. Brierley's formulation: 'Indeed, it becomes increasingly evident that every aspect of analytic theory calls for re-examination in the light of process-concepts'. We agree, however, that it is useful to examine the dynamic and 'process'-nature of newer theoretical concepts. Mrs. Brierley does so with concepts like 'instinct', 'memory', and 'organization within the mental apparatus' (the repressed, once having been within the realm of the ego, is organized and, therefore, different from id proper). She furthermore investigates the question of whether Melanie Klein's theories withstand such a dynamic test and comes to the conclusion that they do. However, she adds: 'Some of the precocity attributed to the infant as described by Melanie Klein is due to the fact that an adult cannot interpret any infantile experience and make it intelligible to other adults without subjecting the experience itself to some degree of falsification or retrospective sophistication'.

OTTO FENICHEL

Forty-four Juvenile Thieves: Their Characters and Home-Life. John Bowlby. *Int. J. Psa.*, XXV, 1944, pp. 19-53 and 107-128.

Bowlby investigated the stories of all the juvenile thieves who went through the London Child Guidance Clinic in the years 1936 to 1939. Although well versed in psychoanalytic theory, he could not, of course, use the psychoanalytic method in such an extensive inquiry. He agrees with the findings of modern research in delinquency which stress the etiological importance of environment, especially the early relationship to the mother.

The precondition for a scientific study is a correct classification. The usual classifications of character are insufficient. Bowlby uses a 'relatively rough and ready' differentiation which is actually a classification of temperaments rather than of characters, namely, a differentiation between normal, depressed, circular, hyperthymic (manic), 'affectionless' and schizoid types. He then proceeds with the story and behavior of his forty-four patients, giving the 'diagnosis' of each in accordance with the above classification. The interesting 'affectionless' type is discussed more in detail. It appears that 'affectionless' behavior often serves the purpose of defending the individual against a depression. In the history of these patients there are, characteristically, early and decisive frustrations of love. There is usually an early separation from the mother, this separation occurring typically when the child's capacity for personal relation-

ships has already developed. In a majority of cases of this kind more than one interruption of the child's relationship with mother figures has occurred. This experience is in full accord with the findings of Aichhorn and others. The separation or frustration expresses itself through the establishment of an oral fixation and of a decisive disturbance in the development of object relationships as well as of identifications (superego formation) and through the falsification of the picture of the world by archaic revenge fantasies.

The etiological importance of both genetic factors and later traumatic experiences is relatively small compared to the importance of the early home environment. However, these factors are also discussed in detail. In conclusion, Bowlby talks about the necessity of prevention rather than treatment.

OTTO FENICHEL

On Appersonation. Otto Sperling. *Int. J. Psch.*, XXV, 1944, pp. 128-132.

Graber distinguished 'two types of identification'¹ one based on the idea of incorporating an object, the other on the idea of being incorporated by an object. The second type does not change the ego by making it more like the object, but it changes the ego in the sense that, by feeling united with the object, it regains a part of its lost omnipotence which it had projected onto external objects. It is this narcissistic gain of reparticipation in the lost omnipotence for which all orally fixated and dependent personalities are striving. They want to be saved by regaining the 'oceanic feeling' of participating in something which is much greater than their own small ego. The conflicts arising about the ways in which one strives for this goal form the basis of the psychopathology of depressions, addictions and impulsive acts. Practically, however, the two fantasies of being incorporated and of incorporating are frequently interwoven and there is no doubt that depressive people, addicts and impulsive neurotics are orally fixated and have fantasies of devouring their objects.

After this long introduction we can take up our task of reviewing Sperling's paper. Without discussing the above problems analytically, Sperling attempts to clear them terminologically. He describes the narcissistic gain of 'participation' as an extension of ego-feeling onto things which objectively are not ego. The mechanism by which this extension of ego-feeling is achieved he calls, following Bleuler, 'appersonation'. He does not discuss the question as to whether the idea of being incorporated lies behind the mechanism of appersonation. He is interested rather in working out the difference between 'appersonation' and 'identification', that is, the type of identification by introjection by which the ego becomes similar to the object. 'To listen to a singer and then study singing, is identification; but if a man invites a singer to sing for his guests in order to give vent to his own exhibitionism, it is appersonation'. . . . 'The believer achieves ecstasy through appersonation of the greatness of God, but he identifies himself with Christ when he dies a martyr's death.' Sperling continues: 'There is not only such a thing as courting for love but also a

¹ Graber, Gustav Hans, *Die Zweierlei Mechanismen der Identifizierung*. Imago, XXIII, 1937.

courting to be appersonated', and describes cases of this kind. Of course, there is such courting. It is the only aim with which certain persons with an oral narcissistic orientation approach their objects.

OTTO FENICHEL

Notes on Traumatic Neurosis and Allied Conditions. D. N. Hardcastle. *Int. J. Psa.*, XXV, 1944, pp. 132-142.

Hardcastle observed two hundred and fifty service men in Britain suffering from states of anxiety, disturbance of sleep, lack of confidence, diminished interest in sex, and aggressive behavior. He gives several case reports which illustrate 'that in each case there were indications of pregenital fixations and that these reinforced the external trauma or else made the man less able to cope with his high charges of anxiety'. He adds a description of three traumatic neuroses in civilian life in which the significance of the patients' aggressive impulses in their reactions to the trauma was prominent. There follows a discussion of Freud's theory of traumatic neurosis, especially of the attempts at an active repetition of what was passively experienced and of the displacements from actual helplessness to the expectation of helplessness.

OTTO FENICHEL

The Nature and Treatment of Traumatic War Neuroses in Merchant Seamen. Daniel Blain and Robert G. Heath. *Int. J. Psa.*, XXV, pp. 142-146.

Merchant seamen comprise a unique group in which the choice of work often represents a refuge from competitive life ashore. In treating such men, Blain and Heath warn against probing too deeply and stirring up the hornet's nest of unresolved prewar conflicts. War neuroses are divided into acute cases in which 'frustration of instinctual aggressive reactions to a real situation is outstanding', transitional phases, and chronic cases in which the war neurosis blends inseparably with the previously existing civilian neurosis. The acute war neuroses are so different from the ordinary peacetime conception of neurosis, so little tied in with conflicts interwoven with the personality, so similar in all afflicted individuals regardless of background, so strikingly without mental conflict, and so clearly a physiological disturbance, that the authors are tempted to remove them entirely from the category of neurosis.

The purpose of care at the rest center is to provide treatment before the chronic phase develops. Efforts are made to simulate a club rather than a hospital, and the attitude of old patients is that the mere coming to the rest center is sufficient to promote improvement so that newcomers feel duty bound to fall in line. Group therapy meetings encourage the men to speak openly of their illness and various subjects are discussed in an elementary manner with the aim of making the men realize that many of the physiological disturbances referred to as fear are normal reactions to danger about which no one need feel ashamed. Almost all the cases in the acute stage show an excellent response and so do many in the transitional phase. Cases showing conversion symptoms—of which the incidence is low—show gratifying results from hypno-suggestion, using sodium amytal intravenously combined with benzedrine by mouth, which produce a garrulous, euphoric hyper-suggestible state.

LINCOLN RAHMAN

The Formative Activity of the Analyst. Richard Sterba. *Int. J. Ps.*, XXV, 1944, pp. 146-150.

The annulment of pathogenic defenses through psychoanalytic treatment is supposed to bring back to the disposal of the patient the forces hitherto bound in defensive struggles. The repressed infantile strivings find connection with the mature personality and therefore can themselves mature. An ideal technique can be confident that the forces liberated through the psychoanalytic process will automatically be integrated by the mature personality. Practically it may often be necessary to spend a portion of that phase of the analysis which is called 'working through' not only in a repeated demonstration of infantile patterns but also in a discussion of the possibilities of a more mature behavior. Sterba seems to think that this is not accidental but rather very essential in psychoanalysis. 'In my opinion the analyst has the further duty of helping the patient in overcoming mental inertia, of showing him how to use the newly acquired insight into himself, into his pathological repetitions, anxieties and defenses constructively, so that a re-orientation towards his inner as well as his outer world shall result. . . . This additional function of helping the patient, which may even amount to forcing him to establish a re-orientation of his personality and a re-adaptation to his outside world, I should like to describe as the "formative activity" of the analyst.' The reviewer would think that if 'persuasion and threat, promise of reward, encouragement and praise' are really necessary in order to achieve this aim, this is a sign that the analytic annulment of the pathogenic defenses did not succeed very well. For a therapeutic procedure which uses such means as Sterba's statement that: 'The actual superiority of the analyst's personality to that of his patient is of considerable help' is correct; but what does Sterba do if he is asked to help a person whose personality is superior to his?

OTTO FENICHEL

On Some Aspects of Masochism. Hilde Lewinsky. *Int. J. Ps.*, XXV, 1944, pp. 150-155.

As an introduction, Hilde Lewinsky states that her paper attempts only to discuss 'the problems of the ego and the narcissistic satisfactions gained through masochism'. Within this limitation, her paper is both interesting and important. Her thesis is: masochistic behavior brings the narcissistic gain of the feeling 'I am able to bear suffering and tension'. Persons who actually are unable to tolerate tension and somehow know about this inability need artificial actions in order to contradict their inferiority feelings. The masochistic behavior has the significance of a proof of what one can stand—of denying the humiliation of a failure where pain was badly tolerated. The idea of 'I want to be beaten' may be simply a denial of a fear of being beaten. 'The masochist pretends to have reached the stage at which the pleasure principle is superseded by the reality principle.'

OTTO FENICHEL

Déjà vu in Proust and Tolstoy. R. W. Pickford. Int. J. Psa., XXV, 1944, pp. 155-165.

The phenomenon of *déjà vu* occurs as an objective phenomenon 'which has the power, through similarity to events of the past or through other forms of the well-known laws of mental association, to excite certain memories normally inaccessible to conscious attention'. (Strangely, Pickford quotes MacCurdy rather than Freud as the author of this theory.) Two examples from Tolstoy and Proust which are discussed in detail show its correctness. 'In both of these examples the peculiar position in which the ego often finds itself in frustrated personalities is clearly depicted. Figuratively, it is growing up itself, but is liable to be overpowered by the superego, excited by the environment and swallowed by the id at the same time.'

OTTO FENICHEL

Some Aspects of Political Ethics from the Psycho-Analytic Point of View. R. E. Money-Kyrle. Int. J. Psa., XXV, 1944, pp. 166-171.

Money-Kyrle tries in this paper to use Freud's psychoanalysis (and Melanie Klein's modification of Freud's psychoanalysis) in order to develop prolegomena for a system of ethics. His ideas are not convincing to a relativistic scientist to whom morality is but a mental phenomenon within human minds, to be investigated in the same way as other mental phenomena. Psychoanalytic understanding of the genesis of pathological ideological attitudes does not enable us to come to a definition of 'normal' ideals. Money-Kyrle, however, thinks that this is possible, and that the normal ideal consists in a militant constructiveness, able to judge the world objectively and truthfully. The three fundamental principles of such Freud-Klein-Money-Kyrle morality, which Money-Kyrle believes to be empirical, are: 'It is bad (immoral, that is, it arouses guilt) to threaten or injure a good object; it is good (moral) to love and repair a good object; it is also good (moral) to hate, attack and destroy a secondary bad object in the defense of a good one'.

OTTO FENICHEL

Freud's 'Moses and Monotheism' and the Three Stages of Israelitish Religion. Arthur A. Feldman. Psa. Rev., XXXI, 1944, pp. 361-418.

Arthur A. Feldman, who died in 1941, describes the results of his profound research work concerning the development of Jewish religion. The paper quotes Freud's *Moses and Monotheism* confirmatorily as well as critically, but Feldman's main thesis of the importance of disguised relics of the Astarte cult in Judaism is entirely independent of Freud.

According to Feldman, three stages must be distinguished from one another: 'The religion of Israel, the first stage of Israelitish religion, followed the religious pattern of the ancient Near East, in myth, belief, and ritual. It had mainly to do with cravings and longings in the relationship of mother and child and was basically interwoven with totemism. The mother-goddess and her son-consort were worshipped in the shrines and sanctuaries of pre-exilic Judaism by different names but in the same manner. One of the most favored names of the

son-god also in the lands that is now Palestine, was Adonis, pronounced in Hebrew Adon, Adoni, Adonai. That religion was the reflection of social conditions which were matriarchal. Attempts at the reformation of the religion of Israel were made by prophets and their circles, but without any notable success, as in the old religion the large masses of the people found compensation for libidinous urges and impulses, also of an incestuous nature.

'The second stage, the Torah-Judaism, was a protest against and a compromise with the religion of Israel. One main aim of it was to destroy root and branch the Astarte-Adonis cult.

'The Torah-Judaism signified a transition to the patriarchal system of society and to a more or less individualized religion. The founder was, in all probability, Ezra the Scribe, who flourished about the middle of the fifth pre-Christian century.

'Whereas the religion of Israel was a natural religion, a spontaneous creation and an expression of unconscious psychic forces, the Torah-Judaism was a product of articulate consciousness, a work of reflection and intelligence. Ezra and his circle wanted to impose the new religion on the Jewish people by royal Persian decree. . . .'

The following 'Pharisaic-Rabbinic Judaism accepted the Torah-Judaism of Ezra but within its frame it permitted the cult of Astarte-Adonis to return in ideas and forms elevated, purified, sublimated, satisfying by that the libidinous cravings of the people and winning their allegiance and love. Ezra's Yahweh was acknowledged as the only God, but it was pronounced Adonai, a name by which Tammuz was addressed in the religion of Israel.

'The mother-goddess and her son-consort got many substitutes, both in ideas and in rites and symbols, in Pharisaic-Rabbinic Judaism, the third stage in the development of Israelitish Religion, though they were officially denied.

'Freud, in his *Moses and Monotheism*, is inclined to give credit for the long life of the Jewish people in a world bent on their destruction to their high conception of themselves, to their ethical and spiritual monotheism, and to other great ideas of Judaism. While all this may be true, it might be truer to say that Judaism persisted because it satisfied the primitive in man and did it under the disguise and cover of higher things. Pharisaic-Rabbinic Judaism cleverly and ingeniously, although unwittingly, has hidden so well its primitive elements as to make great scholars of the Bible and religion categorically deny that the Astarte-Adonis cult and totemism have ever existed in the religion of Israel, and this in the face of a multitude of stubborn and irreducible facts. Pharisaic-Rabbinic Judaism can be rightly understood only on the assumption of those cults that lie behind it.'

RICHARD STERBA

Experimental Administration of Bensedrine Sulphate and Other Central Stimulants in Psychoanalyses and Psychotherapies. Tibor Agoston. *Psa. Rev.*, XXXI, 1944, pp. 438-452.

After preliminary experimental work with caffeine, theophylline and metrazol, Agoston employed bensedrine to overcome resistances at the beginning or in the course of formal psychoanalysis. Doses of five to fifteen mgms. were given

about one and one half hours before the analytic session. This procedure was employed in various types of patients with excellent results. The effect in releasing both data and emotion was quite dramatic in some cases, bringing the patient 'over the hump' and permitting progress after stalemate. Agoston repeatedly stresses that the benzedrine is simply an adjuvant and of value only when employed in conjunction with the usual 'working through' of psychoanalysis.

One wonders whether the same results could not have been achieved without drugs had adequate attention been given to the analysis of the resistance and whether the factual data obtained with drugs can prove of as lasting benefit as that resulting from a more active participation of the patient's ego in analyzing his resistances. These theoretical objections do not of course concern cases of severe schizoids, drug addicts, or others whose resistance to treatment have hitherto proved insuperable.

JOSEPH LANDER

The Lust for Power in Hedda Gabler. J. O. Wisdom. *Psa. Rev.*, XXXI, 1944, pp. 419-437.

The author tries to trace Hedda Gabler's lust for power to her obvious penis envy which forced her to gain control over men and made her afraid of any truly feminine heterosexual relationships. Her disgust with the unclean as identified with the sexual is traced back to her guilt about her own masturbation.

RICHARD STERBA

Five as a Symbol. Arthur N. Foxe. *Psa. Rev.*, XXXI, 1944, pp. 453-456.

Whereas three has a male symbolic significance and two a female one, five 'contains a conjunction of male and female elements'. In addition, its symbolic significance is rooted in the idea of the penis as the 'fifth limb of the body', and as the weapon of the attacking enemy. Instances from the Bible and from history are cited to show the deep anchorage of the symbolism of five.

The fact that man has five fingers on each hand is not mentioned. It also seems to the reviewer that the expression 'fifth wheel' is more related to the fact that four wheels suffice for stability and a fifth one is actually superfluous, than that it is 'but one face of the coin of ambivalence' of the 'deep symbolic significance of five.

OTTO FENICHEL

Dialectical Aspects of Psychoanalysis Misunderstood. Burrill Freedman and Walter Van Clute. *Psa. Rev.*, XXXI, 1944, pp. 457-467.

Jekel's paper *Psychoanalysis and Dialectic* (*Psa. Rev.*, XXVIII, 1941, No. 2) is utilized by the authors to criticize not only the tenets of freudians who misunderstand dialectics, but also freudian theories which are in themselves undialectic. The death instinct is demonstrated as an undialectic, and an especially dangerous thesis in time of war; the concept of repetition compulsion is held

superfluous if the pleasure principle is utilized dialectically. They criticize Horney for misunderstanding the dialectic unity of biological and sociological forces and for being overly sociological. The errors of Marxists like Bartlett in their lack of comprehension of the true dialectic motive of psychoanalysis also come in for attack. The paper is largely critical without much of a positive demonstration of a thesis. It contains a few unclear references to 'life instincts' and 'impulses of self-betterment' which seem to be primarily valiative concepts obscurely removed from sexuality.

NORMAN REIDER

On the Disease-Entity Boredom ('Alyosis') and Its Psychopathology. E. Bergler. *Psychiatric Quarterly*, XIX, 1945, pp. 38-57.

Bergler discusses the papers of Winterstein, Fenichel and Spitz on the problem of boredom and then proceeds to give his own interpretation. He considers boredom the result of three disturbances: (1) weakness of sublimations, (2) inhibition of voyeurism, (3) defense against masochistic pleasure. He refers to his concept of sublimation, a complicated five-layer structure, a defense against a defense covering an inner conflict. Failure to gain social approval may shatter a sublimation; masochistic enjoyment of the failure or escape into fantasy ease this painful frustration. But if these escape roads are blocked, boredom is likely to result.

Bergler distinguishes with Fenichel between the fidgety and the impassive type of boredom. He assumes that the fidgety type guards himself against libidinal impulses by defensive aggression, the impassive type against aggressive impulses by reactive libidinization. Besides being a transitory symptom, boredom may appear as a disease entity on a level with erythrophobia and depersonalization. The disease may result in suicide and demands psychoanalytic treatment.

EDITH WEIGERT

Psychosomatic Correlations in Migraine. Lewis R. Wolberg. *Psychiatric Quarterly*, XIX, 1945, pp. 60-70.

The migraine attacks of a twenty-eight-year-old male patient with anxiety hysteria came to an abrupt end during psychoanalysis. The patient's difficulty was rooted in a neurotic character structure with a compulsive dependency on an overevaluated mother figure. This attitude clashed with his wish for independence and he was unable to express the resulting hostility. He had an extremely overprotective mother who gave him little love. His first migraine attack occurred at the age of four when he was restrained by her from doing something he wished to do. At twenty-two he married a mother substitute. Because he was afraid that he would injure her and that she would desert him, he was never able to express anger toward her even when she did so. During analysis his migraine attacks occurred when he was frustrated but unable to express anger for fear of losing his security. He was finally able to defy his mother and the women upon whom he was dependent,

and with this capacity to express resentment his migraines as well as his free-floating anxiety ceased. It is especially interesting that this improvement occurred before he had gained insight into his deeper problems.

IRENE M. JOSSELYN

Report of Analysis in Conjunction with Convulsive Therapy. E. F. Baker. *Psychiatric Quarterly*, XIX, 1945, pp. 71-89.

This is an extensive study of a psychoneurotic female patient who was treated with convulsive therapy (metrazol) combined with analysis. Eighty-six analytic sessions were held prior to metrazol treatment and thirty-seven in conjunction with metrazol. The patient undoubtedly showed a much faster progress when shock treatment was administered than before. Baker concludes that analysis could be shortened were it combined with shock treatment. He states that six other cases have been similarly treated, one with metrazol and five with insulin. With the exception of one, all showed marked improvement, some of them 'recovery'.

JULIUS I. STEINFELD

A Coördinated Therapeutic Approach to Schizophrenia. L. K. Kaplan. *Psychiatric Quarterly*, XIX, 1945, pp. 90-122.

A twenty-year-old, intelligent hebephrenic 'recovered' after a course of insulin treatment without having gained any understanding of her emotional conflicts and still unable to emancipate herself from her parents and to develop a satisfactory heterosexual relationship. Two months after the termination of the insulin treatment she made a suicidal attempt. She was then placed on ambulatory insulin treatment. During this time an interesting reaction occurred: first she wrote down her thoughts during the period of hypoglycemia, then after a few weeks she started verbalizing her problems and after six weeks she talked freely at any time of the day. After four months of ambulatory insulin treatment, combined with psychotherapy and social case work, she developed considerable insight and started to handle practical matters by herself in a satisfactory manner. The patient's 'aggressive, oversolicitous mother' was treated simultaneously. The work of the psychiatrist and the social worker—whose 'understanding and orientation was based on the psychoanalytic theory of human motivation'—was closely coördinated.

JULIUS I. STEINFELD

A Somnambulistic Act, with Its Probable Meaning. S. Tarachow. *Psychiatric Quarterly*, XIX, 1945, pp. 195-198.

An analysand somnambulistically lit a bedside lamp during the night following an anxiety-producing episode of rivalry with a father-figure. This rivalry revolved about the fear that the father-figure would suspect the patient of having intercourse with his (patient's) wife, who represented for him his mother. The somnambulistic act served a double purpose: it allayed the fear of paternal attack in the dark, at the same time permitting the feared father to see that the patient was sleeping alone and not with the mother.

JOSEPH LANDER

A Seven-Year Survey of Insulin Treatment in Schizophrenia. Alexander Gralnik. Amer. J. of Psychiatry, CI, 1945, pp. 449-453.

Insulin treatment of schizophrenia is of definite value, but is not as effective as the earlier enthusiastic reports led one to believe. Impressive results are obtained only in patients who have not been ill more than one or two years. The number of treatments and the depth of coma bear no constant relation to the results obtained. Patients who, after twenty-five or thirty treatments, do not show definite improvement will not become sufficiently well after more treatments. Gralnik believes that the specific 'insulin-treatment-situation', the transference, is of definite importance.

JULIUS I. STEINFELD

Personalities of American Psychotherapists. Margaret C. L. and Edwin F. Gildea. Amer. J. of Psychiatry, CI, 1945, pp. 460-467.

Brief biographical and personality sketches are given of Mitchell, Salmon, and Riggs along with a few anecdotes illustrating some of their personality traits. Similarities in their development and character are evident. All came from medical families, were burdened by responsibilities early in life and turned towards psychiatry in reaction to blood and suffering. Each had enforced periods of inactivity early in life leading to periods of introspection which may have been an additional factor in developing their psychiatric inclination. They were capable of hard work but were subject to long spells of illness and fatigue. Their hobbies and relaxations were similar. All were empathic and could communicate their understanding dramatically.

NORMAN REIDER

Psychoneurosis, Combat-Anxiety Type. Robert B. McElroy. Amer. J. of Psychiatry, CI, 1945, pp. 517-521.

McElroy states that psychoneurosis of the combat-anxiety type was the most frequent diagnosis made in psychiatric casualties that had to be removed from the zone of combat. In his experience anxiety states occur more frequently in men who are not physically injured and if they are, the more disabling the wound the less the anxiety. Anxiety reactions occur in the healthy as well as in old psychoneurotics. McElroy describes the signs and symptoms of the typical acute anxiety reaction. He points out that these states are followed by bodily symptoms. The greater the combat stress the greater the tendency to develop this reaction. The treatment the author describes consists of sedation and reassurance and does not follow the dynamic techniques used in the Air Forces.

RALPH R. GREENSON

War Neuroses. Louis Minski. Amer. J. of Psychiatry, CI, 1945, pp. 600-605.

This English author states that in his experience, the keynote of all treatment for the acute war neurosis is promptness, and the longer the delay in treatment, the less chance there is of a patient returning to duty. He finds that patients

break down more readily as a result of some gruesome experience than from danger alone. He states that the majority of his patients show a mixture of anxiety states and hysterical reactions. Hysteria seems more frequent in the men with poor morale. In front line treatment continuous sleep seems to be of great value, particularly in cases suffering from severe exhaustion. In cases with loss of weight, insulin in sub-coma doses is indicated. The British used narcoanalysis in order to restore gaps in memory or in order to obtain insight into the psychopathology. Sodium amytal, or pentothal, and even ether were used. Occupational therapy is also stressed.

RALPH R. GREENSON

Psychiatric Problems on a South Pacific Island. Samuel Burack. *Amer. J. of Psychiatry*, CI, 1945, pp. 606-607.

Burack points out that during the first six months of their stay on a South Pacific Island there were few psychiatric casualties. During the second six months there was a gradual increase and after eighteen months there were numerous psychiatric casualties. Hypochondriacal fears predominated. When a rotation policy was instituted there was a sharp decline in the number of psychiatric patients seeking hospitalization.

RALPH R. GREENSON

A Mental Hygiene Program for the Military Hospital. Louis S. Lipschultz. *Amer. J. of Psychiatry*, CI, 1945, pp. 614-618.

The interesting part of this paper is the technique of deliberately arousing guilt feelings by discussion of the evasion of duties and responsibilities, followed by an attempt to guide the emotional forces so generated in ventilating hostility and aggressive drives and then to compensate for the guilt and inferiority by a full participation in the war effort on return to civilian status. The dangers of this procedure are not discussed. The anxiety states and the psychosomatic conditions seemed to respond well to this approach.

RALPH R. GREENSON

War Neuroses in Flying Personnel. Roy R. Grinker and John P. Spiegel. *Amer. J. of Psychiatry*, CI, 1945, pp. 619-624.

Grinker and Spiegel find that two types of neurotic characters are more susceptible to war neuroses than others. The first type are those who have an unconscious expectation of injury, the other type those with rigid egos, unable to tolerate free anxiety. They have also found that the loss of a buddy is more often the cause of war neurosis than exposure to danger. They feel that men who develop symptoms of war neurosis require definitive psychiatric care and will not recover with occupational therapy alone. They were unable to discern various stages in the development of anxiety in their patients. The first manifestations are tenseness, irritability and sleeplessness. This is followed by the development of phobic defenses. Finally, a regression takes place and the patient feels helpless and impotent.

The authors find that the loss of a buddy, in addition to remobilizing old

familial conflicts, produces guilt due to ambivalence. Another important source of guilt is the idea that they are now safe while their buddies are still exposed to hardships. Finally, guilt frequently arises when they are welcomed home as a hero after having undergone the terrors of combat. The inability to re-repress aggressive feelings necessary for combat is found to be a source of belligerence.

After patients have returned from overseas they do not express their emotions under sodium pentothal by reliving them but rather by reciting them. The administration of sodium pentothal is not in itself a complete therapeutic procedure, but must be followed by a working through of the material.

RALPH R. GREENSON

Review of Cases at Merchant Marine Rest Centers. Florence Powdermaker. *Amer. J. of Psychiatry*, CI, 1945, pp. 650-654.

Powdermaker reviews statistically the records of three thousand merchant seamen treated at rest centers and finds certain characteristic personality traits, especially in those who have gone to sea for a number of years. A considerable number stated that they had gone to sea to escape from home and responsibilities. Although frequently claiming they had had a happy childhood and kind parents, many had had no contact with their families for years. The case records described eighty-five percent as pleasant, social and outgoing, but actual close observation revealed that their object relations were very shallow and ambivalent, with very poor marital adjustment the rule. Eighty percent were irresponsible in their attitude towards money: they were broke in short order after being paid off at the end of a trip, were frequently 'rolled' when drunk, loaned money freely when flush and borrowed freely when broke. They showed a general lack of interest in improving their ratings, but had strong feelings about the opinions of seamen held by outsiders. An interesting point noted by Powdermaker is that the overwhelming majority of alcoholic addicts do not drink at sea and do not want to, suggesting the possibility (not stated by the author) that going to sea is itself the equivalent of an addiction which replaces alcohol and makes it unnecessary. About the meaning of going to sea, Powdermaker states: 'The family appears to be supplanted by the ship. It offers a life with companionship but without social or personal responsibilities except the job, which is very clearly defined and set. . . . The seaman appears to select this occupation because it provides a situation in which he can find satisfactions and avoid loneliness, responsibilities and emotional ties which are intolerable to him. The strength of the need can be measured by the former deplorable conditions with which seamen have put up through the ages.'

About ninety percent of the men had been exposed to enemy action and two thirds showed battle reaction, with anxiety and sympathetic nervous signs characteristic of fear. The results of rest center treatment, of rarely more than three weeks duration, were excellent if judged by the figure of seventy-eight percent discharged as fit to return to sea. This high recovery rate may have been due to the fact that most of the men had a strong unconscious as well as conscious drive to return to sea.

LINCOLN RAHMAN

The Rôle of Sex in Modern Society. Kate Frankenthal. *Psychiatry*, VIII, 1945, pp. 19-25.

The title of this paper provokes expectations which are not fulfilled. Frankenthal discusses the fact that we are witnessing a deterioration of the institution of the family, but she neither investigates the causes of this deterioration, nor its significance for the individual character structure. She limits herself to discussing the direct consequences of this deterioration in the sex life of adults.

Woman's biological 'weakness' lies in the possibility of being deserted when pregnant; man's, of never being sure whether he is the father of his children. The institution of the family was a social protection against the dangers of these biological weaknesses. No new institutions have as yet been found to substitute for this protection. However, modern cultural changes also have their advantages: Sex is no longer confined to marriage and women are no longer mere child bearing machines but are permitted to enjoy sexuality without paying the penalty of unwanted pregnancy.

Unfortunately, these reflections are accompanied by polemics against Freud based on misunderstanding such as: 'To those who think in accordance with Freud, women are inevitably inferior by reason of their anatomy and biology'. It is not difficult to polemicize against so oversimplified a presentation of Freud's ideas.

MARTIN GROTHJAHN

Motivation and Rehabilitation. Lawrence S. Kubie. *Psychiatry*, VIII, 1945, pp. 69-78.

Underlying the problem of rehabilitation is the problem of conscious and unconscious motivation which determine how a man uses his strength and his opportunities. Such things as the unconscious meanings of injury and disease, the unconscious functions of disability, the critical phases in the readjustment of the wounded, and the practical consequences of these considerations for a rehabilitation program must all be investigated. This problem requires the manipulation of conscious motivating forces through the influence of hospital procedures and aptitudes, of family and friends and of national morale. Three phases may be recognized in the adjustment of a wounded veteran: first, an initial or acute phase in which fear, distorted by the processes of conscious and unconscious fantasy, is more or less dominant. In the second or transitional phase emotional isolation and progressive loss of identification with the military unit takes place. This is accompanied by signs of shame and guilt. In the last or chronic phase the man's readjustment is dominated by his attempt to return to civilian life or to duty.

It is very important to help the patient in his fight against his feeling of being a 'sucker'. In this connection there was one notable omission throughout the entire reconditioning program: no consideration was given to post war goals. 'It is one of the finer aspects of democratic tradition that the military forces conscientiously lean over backwards to avoid any involvement in politics. But who has decreed that to talk or think about the future of his country constitutes "politics"? . . . When a man risks his life in battle, it is pre-

sumably not for his own sake, but for the sake of the future of his nation; yet it is decreed that he must not hear discussions of what that future is to be like.'

MARTIN GROTJAHN

The Problem of Controlled Institutional Change, an Essay in Applied Social Science. Talcott Parsons. *Psychiatry*, VIII, 1945, pp. 79-101.

It is assumed that there exists a typical German character structure which is defined in terms of dominance, submission, and romantic revolt. Such a character structure, although probably an independent factor, is supported by the institutional structure of German society. The dominant character structure of modern Germans had been distinguished by a striking dualism between an emotional, idealistic, active, romantic component, and an orderly, hard-working, preoccupied, methodical, submissive, gregarious, materialistic component. The rehabilitation of the German people must be brought about by institutional and characterological changes.

MARTIN GROTJAHN

Psychodynamic Aspects of Adjustment to Army Life. Irving L. Janis. *Psychiatry*, VIII, 1945, pp. 159-176.

Seven general behavior patterns exhibited by recruits during their first month in the army have been selected by Janis as typical 'adjustive reactions'. They are 'goldbricking', derogatory gossip about superiors, mimicry of superiors, joking about impotence, homosexual buffoonery, use of taboo words, and 'gripping'. 'Goldbricking' is analyzed as an attitude which enables the recruit to deny to himself that he is at that moment a garbage man, a street cleaner, or a janitor. Derogatory gossip and mimicry of superiors have a similar function: they reduce the recruits' intense inferiority feeling engendered by middle class morality which teaches that those at the bottom of the social hierarchy are unworthy persons deserving of their fate. The unavailability of beloved persons towards whom erotic impulses had previously been directed frequently causes an overidealization of the loved object and the well known salacious attitude of soldiers towards 'pin up' girls. One of the most important adjustments in army life is that towards the increased homosexuality stimulated by the military environment. An awareness of affectionate tendencies towards other men is at first deeply disturbing. This leads to 'kidding' rationalized by: 'I really have no homosexual inclinations. Otherwise I would never be so free about kidding around in this way.' Within a few days after entering the army the recruit starts seasoning his speech with 'filthy' language. Actually only a few taboo words are used and the so-called 'colorful' army language amounts to the repeated use of a very limited number of obscene words, which are so overworked that they soon become meaningless. In this way the soldier is able to prove to himself that he can violate the standards of his superego to which he adhered in the past so that he will be less inhibited about later 'dirty fighting'. 'Gripping' is one reaction to the total deprivational situation. It is usually not intended to be taken at its face value as a serious complaint but shows the soldier that he is not submitting without protest.

MARTIN GROTJAHN

Bibliotherapy and Hospital Library Activities for Neuropsychiatric Patients. Review of the Literature with Comments on Trends. Jerome M. Schneck. *Psychiatry*, VIII, 1945, pp. 207-228.

A review of the literature of bibliotherapy is given covering approximately seventy papers. The material is divided according to certain trends and further research possibilities are outlined.

The paper deserves the attention of the analyst who believes in the educational—and therefore ultimately in the therapeutic—potentiality of reading. In no respect does the review come up to the quality of Karl Menninger's introduction to *The Human Mind* (Second Edition) or of William Menninger's book, *Bibliotherapy*.

MARTIN GROTJAHN

Psychosomatic Problems in Ophthalmology—A Symposium. *J. of Clinical Psychopathology*, VI, 1945, pp. 433-483.

The symposium is opened by Dr. Otto Lowenstein's discussion of General Principles of Psychosomatic Relations of the Eye. He stresses the importance of the psychological situation for the processes of apperception, but primarily attempts to explain the 'psychosensory restitution phenomenon . . . the mechanism by which psychogenic symptoms which have not entered and cannot enter consciousness are brought about'. This phenomenon is illustrated in the eye by the sudden overcoming of the exhaustion of the pupillary light reflex when a psychological or sensory stimulus is interposed between two light stimuli. The center for this psychosensory restitution phenomenon is in the posterior part of the hypothalamus, and its effect is based partly on the liberation of adrenalin in the periphery, partly on central disinhibition of the parasympathetic.

In a paper, *Psychosomatic Phenomena in Vision*, Dr. Edward Hartman covers briefly 'all of the disturbances and diseases which may interfere with normal vision and which directly or indirectly can have been brought about or aggravated by changes in the mental status'. He relates an interesting case of intermittent diminution of hyperopia in a woman in her late forties. Fear that her son would marry produced an irregular hyperglycemia which caused swelling of the lens and a concomitant diminution of her usual hyperopia.

Dr. Bernard Kronenberg's paper, *Methods of Determining Psychogenic Factors in Disturbances of Vision*, describes a complicated apparatus and method for differentiating psychogenic and organic amaurosis. He also mentions characteristic field disturbances in hysteria.

Dr. Mark J. Schoenberg opens his *Remarks on Psychosomatic Factors in Glaucomatous Hypertension* with the following conclusions: '1. States of anxiety precipitate an increase of intraocular pressure in a certain percentage of glaucoma patients. 2. Some glaucomatous crises can be prevented by avoiding emotional upsets. 3. The diagnosis and treatment of glaucoma is incomplete without a survey of the emotional environment of the patient and of the degree with which his behavior is dominated by emotions. 4. A history of emotional upsets in glaucoma patients does *not* always imply a causal relationship between the two.'

In *Psychosomatic Factors in Eye Movements*, Dr. Alfred Kestenbaum emphasizes the emotional factor of 'attraction' in the reflex turning of the eyes of aphasics toward an object presented in the visual field. The strongest attraction is effected by the human face. He also analyzes the 'shine' of the eyes and shows that it depends on three factors, smoothness of surface, amount of illumination, and darkness of the background.

A paper on *Psychosomatic Factors in Exophthalmos* by Dr. Isadore Givner points out that the parasympathetic may play a large part in the production of exophthalmos, and that exophthalmos does not occur spontaneously with fright, fear or other emotions, but only through hyperthyroidism.

Pupillographic studies of the light reflex under varying autonomic and emotional conditions lead Dr. Kenneth Gang in *Psychosomatic Factors in the Control of Pupillary Movements* to conclude that 'Since it is demonstrated that many phenomena considered clearly involuntary can be modified by psychic influences, and that disordered function can be returned to normal by psychological means, it is clear that psychosomatic medicine has a firm basis to build upon, and may well be ultimately of great value'.

Dr. Henriette Lowenberg in *Psychosomatic Relations in the Function of the Lacrymal Glands*, discusses the central nervous system pathways and connections involved in lacrimation.

Discussions of the symposium by Friedenberg, Miller, Wertham and Gutheil dwell on more purely psychological aspects of the subject. No participant of the symposium mentions Freud's paper *Psychogenic Visual Disturbances According to Psychoanalytic Viewpoints*, in the second volume of his *Collected Papers*.

ELI MARCOVITZ

Psychiatric Education Number. Bulletin of the Menninger Clinic, IX, 1945, pp. 29-70.

This entire issue is devoted to a series of articles on the enlarged vista and scope of psychiatry, and criteria for the proper training of psychiatrists. There are contributions by Eli Ginzberg, John Romano, Karl Menninger, Robert L. Worthington, Robert P. Knight, Mary Leitch, George E. Daniels and Lawrence S. Kubie. All the contributors agree that adequate psychiatric training facilities are lacking. They all believe that this represents an urgent need since psychiatric therapy is in constantly growing demand. The significance of studying allied fields, new techniques, the importance of clinical and seminar work, and the need for strict standards of evaluation of residencies, as well as teaching staffs, are all stressed. Also included is a report of the Committee on Psychiatry in Medical Education to the Council of the American Psychiatric Association which includes some rather feeble recommendations, but takes no concrete or practical steps.

RALPH R. GREENSON

Psychiatric Aspects of Highway Traffic Law Enforcement. Karl Menninger. Bulletin of the Menninger Clinic, IX, 1945, pp. 18-26.

Menninger points out the need for change in the selection of police officers. He reports briefly on studies made in a State organization where progressive

policies are being pursued. It was striking that in this set-up officers were chosen for their psychological and intellectual abilities rather than their physical attributes. Menninger regards the police as an umpire whose duty it is to help the people avoid transgressing the law. People need policemen; people are more secure when they know rules and regulations are being enforced. The police officer must avoid the temptation of using his power and authority vengefully. Systematic educational programs, greater monetary compensation, and public education would aid in the function of policing and would contribute to a more efficient and healthy relationship between the public and police.

RALPH R. GREENSON

The Rorschach Test: A Clinical Evaluation. David Rapaport and Roy Schafer. Bulletin of the Menninger Clinic, IX, 1945, pp. 73-77.

The authors state in a very condensed and compact paper, the following observations on the Rorschach Test: (1) that it is beyond doubt the most potent single diagnostic instrument clinical psychology possesses; (2) that as an exclusive basis of diagnosis the test has serious limitations and its real potency is exploited only when used as the center of a battery of tests; (3) that the literature on the test can be used as a simple tool, and skill in handling it may be easily acquired, although its efficient use requires psychological and clinical knowledge, understanding and versatility.

The best attitude and procedure during the testing process is passivity. Extensions and refinements of the test tend to make it cumbersome, time consuming and prohibitive for clinical use.

RALPH R. GREENSON

Observations on Psychiatric Rehabilitation of Veterans. Emanuel Windholz. Bulletin of the Menninger Clinic, IX, 1945, pp. 121-133.

Windholz reports on the work of the Veterans Rehabilitation Clinic, Mount Zion Hospital, San Francisco, California. The therapeutic procedure usually employed is short psychotherapy, supplemented in some cases by group psychotherapy and hypnosis. The author describes extensively a 'hysterical psychosis' frequently observed in veterans, in which the outstanding causative factor is a conflict related to discharge. The clinical symptoms are a dreamy appearance, slight disorientation and depersonalization. Recovery may occur without treatment or upon verbalization of the ambivalence. Windholz then presents a case of a traumatic war neurosis in which a well-functioning 'counterphobic attitude' was broken down by combat stress, resulting in ambivalence and guilt. The infantile basis and the heavy prewar predisposition makes the clinical picture and the psychodynamics transparent. An additional complication in the war neurosis of veterans is the question of compensation and the subsequent ambivalence about it. Group psychotherapy, the reconditioning program and the rôle of the community as situational manipulations are briefly presented.

RALPH R. GREENSON

Psychic Concomitants in Wartime Injuries. Herbert J. Kupper. *Psychosomatic Med.*, VII, 1945, pp. 15-20.

Many organically injured merchant seamen admitted to the U. S. Marine Hospitals display a degree of physical and emotional disturbance which is disproportionate to the severity of the organic lesion. Four cases are reported in which psychotherapy in conjunction with hypnosis and/or amytal narcosis effected a notable improvement. The manifest symptoms included epilepsy, marked intellectual impairment with dullness and confusion, exaggerated deafness in a case of actual injury to the auditory nerve, and the signs usually associated with cerebral arteriosclerosis. Previously existing anxieties attached themselves to the organic lesion so that the latter became distorted or enhanced. Treatment must be vigorously directed toward the emotional maladjustment to avert the development of chronic disability.

ROBERT A. COHEN

Neurosis and Neurotic Syndrome. Alfred Schick. *J. of Clinical Psychopathology*, VI, 1945, pp. 484-491.

In rather labored fashion, Schick concludes that emotional factors and organic disease influence each other. 'A neurosis is a disease entity in itself. A neurotic syndrome, however, represents a symptom complex, a circumscribed psychological element in an organic disease.' Schick recommends psychoanalysis as the therapy for neuroses, but 'minor psychotherapies seem sufficient for the therapy of a neurotic syndrome'. Since he includes under the latter heading such conditions as hypertension and peptic ulcer, one cannot agree with his arbitrary general prescription of 'minor' therapy in such cases. The distinction he draws between neuroses and neurotic syndromes is sufficiently foggy to obscure the problem.

JOSEPH LANDER

Life-Instinctual Extensions of Psychoanalytic Theory. Burrill and Anitra Freedman. *J. of Clinical Psychopathology*, VI, 1945, pp. 509-517.

The senior author of this paper has been writing many papers in the past seven years on psychoanalysis as dialectic materialism. Though superficial, most of the papers have been clear and have had the advantage of adhering to the instinct theory, a basis usually abandoned by those interested in dialectics. In this paper, however, Freedman has fallen off the sled while rounding a curve. He advances a new terminology and a new sociological psychopathology which have nothing to add but confusion. In all his writings, Freedman seems to be oblivious of the fact that an extensive literature on the subject exists in foreign journals beginning over twenty years ago.

NORMAN REIDER

Treatment of Depressions with Hypoxemia. Gurevitch, Sumyanskaya and Khachatryan. *J. of Clinical Psychopathology*, VI, 1945, pp. 523-535.

The authors review the literature on shock therapy and find that the critical factor in shock therapy is anoxemia. Since complete anoxemia is very danger-

ous, the authors suggest that hypoxemia may be more suitable and will give just as good results. They use a technique of hypoxemia with comparatively rapid change of different gas mixtures and a return to the normal oxygen content of the air while internal atmospheric pressure remains constant. In a series of eight controls, consisting of physicians, the subjects noticed that after twenty or thirty minutes of hypoxemia they felt less fatigued. In all patients improvement was noticed after every treatment. Of six cases of reactive depression, five showed good results. Two schizophrenic depressions improved. In two cases of endogenous depression there was no improvement. The authors see no reason for resorting to shock as used in America.

JACOB KASANIN

Psychosomatic Factors in Pruritis. Milton Rosenbaum. *Psychosomatic Med.*, VII, 1945, pp. 52-57.

Rosenbaum reports two cases of *pruritis vulvæ*. In the first, the symptom recurred each year in the same month, an anniversary which was found to be determined by several historical and emotional factors. A striking result was obtained in the second case. A sixty-six-year-old woman, who for ten years had suffered from pruritis and 'burning of the bladder', became symptom free for the observation period of six months. During hospitalization she was given insight into the causal relationship between the disturbance and some of her emotional conflicts. However, she also underwent cystometry which apparently gratified her masochism.

The author considers *pruritis vulvæ* as a classical hysterical conversion symptom because 'it combines elements of both pleasure and pain'. It expresses unconscious hostility, guilt, and forbidden immature sexual impulses.

Why the skin is sometimes preferred for the physical expression of conflict seems answered by the development of goose-flesh and scratching in the second case which occurred coincidentally with the discussion of a traumatic erotic incident in early life, one in which exhibitionistic excitation was most obvious.

Chicago dermatologists contributed to the discussion, Becker pointing out the rôle of exhaustion in functional skin diseases, and Rothman revealing that chronic scratching causes epithelial changes which in turn increase the susceptibility to itching stimuli for which reason local treatment may be justified.

CAREL VAN DER HEIDE

The Sexual Psychology of Human Hermaphrodites. Albert Ellis. *Psychosomatic Med.*, VII, 1945, pp. 108-125.

A review of the English literature on hermaphroditism, covering eighty-four cases, shows that the patients' sexual longings are not primarily determined by their internal and external somatic characteristics, but rather by their upbringing. In the majority of the cases both true hermaphrodites and pseudohermaphrodites, if they are raised as males, play a masculine sexual rôle and if raised as females, a feminine rôle. The conclusion is drawn that heterosexuality or homosexuality in hermaphrodites are primarily caused not by direct hormonal or other physiological factors but rather by environmental ones.

BERNHARD BERLINER

The Incidence of Psychosomatic Affections in Britain. James L. Halliday. *Psychosomatic Med.*, VII, 1945, pp. 135-146.

This is a survey of the incidence during the present century of peptic ulcer, gastritis, various psychoneuroses, exophthalmic goiter, hypertensive cardiovascular disorders (a term including a variety of processes) and diabetes. There has been an upward trend—involving both sexes—in the incidence of anxiety states, goiter and diabetes. Peptic ulcer and hypertensive disorders have increased in males alone. 'In all affections the rate of increase [was] most marked in the younger age groups.' Those psychosomatic conditions formerly occurring preponderantly in females increased in males during the period studied, and conversely those conditions formerly preponderant in males have become increasingly more frequent in females. 'This finding suggests that the personality type of males was becoming more feminine and that of females more masculine.'

The diseases studied fall into two groups: those with a falling and those with a rising incidence. In the former group (hypochromic anemia, chorea, female peptic ulcer) 'environment in its physical aspect is . . . of high etiological relevance, whereas in the diseases that increased, it is environment in its psychological aspects that is known to be causally significant'.

The paper contains a wealth of highly interesting statistical data.

JOSEPH LANDER

The Therapeutic Rôle of Drugs in the Process of Repression, Dissociation and Synthesis. L. S. Kubie and Sydney Margolin. *Psychosomatic Med.*, VII, 1945, pp. 147-151.

The authors point out that in a neurosis there is the continuous repression of unacceptable ideas, feelings, and impulses, plus the dissociation of their attached energies. On the other hand, in every human being there is a continuous effort to lift the repression and to reunite the dissociated components. Kubie and Margolin have found that such drugs as the barbiturates, the cannibis derivatives, scopolamine, alcohol and the volatile anesthetics can influence the course of the neuroses. These drugs lower the abnormally intensified reaction to such unpleasant emotions as rage, anxiety and guilt, and allow the patient to explore the painful areas of experience without immediate psychic withdrawal. The authors believe that the recovery of the moment at which dissociation occurs may be the crucial part of therapy and these drugs may assist because they loosen the tight grip with which the patient clings to reality. Furthermore, these agents are helpful because they allow for an immediate period of sleep following affective discharge of violent emotions.

Kubie and Margolin find that a continuous dynamic relationship with the therapist is maintained under narcosis provided the dosage is not too large. This relationship influences the material produced and makes it possible for the patient to experience on a conscious level those affective attitudes, which were significant in early life, but which he disguises or attempts to erase in his waking state. Nonconflictual areas are subject to mild narcosis due to the drug and the conflictual foci are brought into high relief which permits a more direct recovery of early traumatic experiences. The effects of the

drug are dependent upon the unconscious and conscious emotional processes at work in the patient and upon the state of his transference. In this sense one is producing a controlled delirious state which may have dangerous consequences if the therapist is not adequately prepared for dealing with these powerful emotions. There are several clinical examples of these points. In conclusion the authors state that the therapist who is dynamically oriented can control the therapeutic processes by balancing the adaptive capacity of the patient to the exposed material and to the therapeutic interpretation. The actual technique of this aspect of treatment is not discussed.

RALPH R. GREENSON

A Psychiatric Adventure in Comparative Pathophysiology of the Infant and Adult.
Joseph J. Michaels. *J. Nerv. and Ment. Disease, C*, 1944, pp. 49-63.

Many neurotic symptoms of adults which occur in the somatic realm represent regressions to an earlier level of physiological functioning. In addition to a discussion of this hypothesis, the author surveys in considerable detail much of the literature on psychosomatics.

JOSEPH LANDER

Personality Changes Characterizing the Transition from Civilian to Military Life.
Gustav Bychowski. *J. Nerv. and Ment. Disease, C*, 1944, pp. 289-296.

Bychowski summarizes the causes of induction anxiety thus: (1) Fixation on the mother or on a mother figure. (2) Fear of physical injury or of narcissistic hurt. (3) Fear of an entirely masculine society in men with latent homosexuality. (4) Poor motivation in men who did not understand or accept the necessity of the war. Men whose passivity is combined with strong aggressions toward the father figure may have considerable difficulty in accepting discipline. Acting out of hostility in the form of extreme temper tantrums or even paranoid projections may occur in men with insufficiently controlled unconscious homosexual drives.

The findings of Knight and Orr, Jaspers and McCann as to the common sources of anxiety in servicemen are reviewed. An analogy is drawn from the fact that in British children anxiety was engendered not so much by physical danger as by the uprooting of family life and emotional ties.

On the other hand, certain personalities are peculiarly suited to military life. Among these are those with well-integrated passive attitudes, and those with underlying guilt which is relieved by subordination to higher authority. A plea is made for more accurate psychiatric study of selectees, both from the standpoint of the individual and of the group.

ROBERT A. COHEN

A Test for the Differential Diagnosis Between Retirement Neurosis and Accident Neurosis. E. Bergler and O. Knopf. *J. Nerv. and Ment. Disease, C*, 1944, pp. 366-380.

The authors offer the concept of a specific 'retirement neurosis' occurring in personalities with an orally determined character structure. This neurosis is

characterized by the attempt to achieve economically secured retirement in early adult life, this aim cloaking a deep masochistic drive having its inception in a pathological relationship to a refusing mother. The demands from life are small, and, having achieved a trivial fixed income, the patient retires to a life of emptiness and increasing neuroticism. The predominance of oral traits in such patients differentiates them from patients who exploit an accident in order to obtain insurance or similar compensation.

JOSEPH LANDER

Hebephrenic Fancies. Ben Karpman. *J. Nerv. and Ment. Disease*, C, 1944, pp. 480-506.

Karpman attempts to 'submit proof that delusional elaborations of the psychotics are nothing more than attempts to create barriers against committing the two basic crimes of mankind; namely, incest and parricide'. In order to stimulate work along this line, Karpman intends to present case material from two hebephrenics. However, in a footnote he writes: 'Owing to the extreme limitations of space all of the textual material on which the discussions are based has been omitted. . . . The discussions, however, are sufficiently explicit and suggest clearly the content of the omitted text.' Then for twenty-six pages he gives us very skilful and ingenious interpretations but very skimpy material.

The author also attempts theoretical formulations in differentiating neurosis from psychosis. Typical samples of his theoretical concepts are the following: in discussing the libidinal forces, he writes: 'One may picture' the neurotic 'as an eight-cylinder engine in a four-cylinder car', the psychotic, however, . . . 'a four-cylinder car with two cylinders', and: 'The sex life of the neurotic is persistently exuberant, certainly above the average; whereas in the psychotic one finds a rather conservative sex life. The psychosis results from the struggle between the primitive urge and the demands of culture. In the psychotic that urge is never strong and, even under normal circumstances, is likely to be below the average.'

In his introduction, Karpman states that it is possible to understand the mental content of a psychosis only if one accepts Freudian ideas. Since he does not even mention such fundamental concepts as regression or failure of defense mechanisms, his formulations differ quite a bit from those of Freud.

RALPH R. GREENSON

Relationship Between Obsessional Neurosis and Psychotic Reaction Types. E. Stengel. *J. of Mental Science*, XCI, 1945, pp. 166-187.

This is a study of fourteen patients originally suffering from obsessive-compulsive symptoms, seven of whom developed depressive states and seven schizophrenic (including paranoid) states.

Depressive conditions accompanied by obsessive-compulsive symptoms tend to display aggressive, destructive, obsessional ideas and compulsions along with suicidal impulses. The obsessive-compulsive symptoms often overshadow the depressive state which is easily missed.

In the schizophrenic group primitive impulses are often released which were previously kept under control with the aid of the obsessional and compulsive

symptoms. These cases and other schizophrenics with a background of obsessional personality tend to maintain more of an integrative function than is found in those schizophrenics unable to utilize these mechanisms. In them there is better reality testing and doubting of psychotic experiences.

Other studies in the literature are reviewed and comparisons made.

MALCOLM H. FINLEY

Psicoanalisi. I, No. 1, July-September 1945; No. 2, October-December 1945.

Psicoanalisi is the first psychoanalytic journal to be published in Italy since the recent war. It applies psychoanalytic knowledge to the fields of medicine, pedagogy, sociology, literature and art. Dr. G. Flescher, the editor, is a psychiatrist who is well-acquainted with psychoanalytic literature and has published several psychoanalytic articles in Switzerland. His effort, through this journal, to bring psychoanalytic concepts to the lay public and physicians is very commendable. Among the contributors are men who formerly were members of the Italian Psychoanalytic Society: C. Musatti (Professor of Psychology at the University of Milan), N. Perrotti, and G. Dalma.

The first number of the journal contains the following articles:

The 'Pessimism' of Freud and the Present Collective Psychosis. J. Flescher.

The supposed 'pessimism' of Freud, Flescher states, is based on a realistic evaluation of the aggressive trends of man which lead to fatal conflicts, demonstrated once again during the recent war with its unbelievable cruelties. Taking Freud's distinction of the two fundamental instincts and the diversion of aggressiveness (called here 'polarization') to people outside the 'psychic mass', as his point of departure, the author stresses the fact that such 'polarization' of the hostile trends implies a process of projection of the aggressive component of the superego so that the individual's own hostility is ascribed to other groups. He emphasizes the point that due to this paranoid projection, which he considers inherent in the formation of the mass, or, as he calls it, of 'psychic collectivization', demagogues have succeeded in leading the masses, through fear of 'the others', into wars and persecutions. (Typical are the accusations of Hitler against the Jews, whom he portrayed as a great danger to Germany.) Flescher sees as the only remedy for a collective-persecution psychosis an 'affective loosening' of the group by balancing the erotic and the destructive tendencies of the individual (which are the factors in group formation) and, in a prophylactic way, the proper instinctual education of the child.

Psychoanalysis of Our Opinions. N. Perrotti.

This is a simple exposition of the way in which our opinions are influenced by subjective emotional factors.

Concerning the Sexual Behavior in Primate Sub-Humans. L. Pardi.

Referring principally to the observations of Zuckermann, Pardi depicts the sexual and social behavior of apes, especially baboons, which is quite consistent with Freud's expositions of dominance and submission, of the œdipus complex,

polygamy, and the feminine-passive attitude of the submissive male toward the dominant male.

Equalization by Analogy as a Source of Errors. J. Flescher.

Flescher argues against drawing conclusions on the basis of analogy alone between two states or two phenomena. This is particularly aimed at Ferenczi who draws conclusions about the epileptic seizure in attempting to explain its psychology by comparing it with the psychodynamics of neurotic phenomena.

'Maltempo Street' of Onofrio Fabrizi (The Psychodynamics of Matricide). G. Dalma.

This is an exhaustive résumé of Fabrizi's story which deals with an extremely possessive, cruel widow who wanted to keep her crippled son tied to her and punished him severely when he displayed feeling toward another woman. The mother also made quite undisguised sexual advances toward her son, thereby arousing his disgust and hatred until finally in a psychoticlike state he killed her. Dalma explains the apparent contradiction of this case of matricide with Freud's theory of the oedipus complex, saying that as a matter of fact the mother had taken over the function of the prohibiting father. Thus this matricide is fundamentally a patricide. In the opinion of the reviewer this explanation is too simple. It overlooks the son's struggle to get rid of the overwhelming mother.

The second number of the journal is more valuable and interesting. It begins with the Italian translation of Thomas Mann's article on Freud's position in the History of Modern Culture, and continues with the following papers:

Sham in the Psychoanalytic Situation. C. L. Musatti.

This is an experienced analyst's very acute observation and interpretation of a patient's feeling in the transference situation—that the analyst is an impostor, that his attitude is simulated. Musatti explains this attitude in the negative transference as follows: the impression of artificiality arises from the contrast between the analytic situation and the patient's real life outside the analysis and is a reflection of the disillusionment and resulting ambivalence that the patient had in childhood in regard to his father, who little by little failed to correspond to the child's exalted opinion of him. Sometimes, however, the patient can preserve idealization, as did the son in Clarence Day's book, *Life With Father*. Musatti utilizes to a great extent studies which his teacher Benussi and he himself made on subjects experimentally hypnotized.

Music, the Language of the Unconscious. N. Perrotti.

So far, this short article is the most stimulating metapsychological study of the psychological aspects of music. Perrotti describes how the ascending and descending tone sequences reflect movements and thereby activate the primary process of the unconscious where the libido is free-floating, whereas an appreciation of harmony is due to the conscious elaboration of the ego. Perrotti argues against the belief that music expresses particular feelings or emotions and

asserts that in different persons the same music can initiate varied affects. Music elicits only those emotions which are ready to be unleashed in each individual.

Principal Elements of Psychoanalysis. J. Flescher.

This article is a reproduction of the first official chapter on psychoanalysis appearing in the special University Edition of the Lessons on Psychiatry in Neurology held in the Clinic of Rome. (Actually, lectures on psychoanalysis itself were not held, but the chapter was requested by the Director, Prof. Cerletti, for the enlightenment of the students.) Flescher succeeds in presenting the basic concepts of psychoanalysis in a very elementary and understandable manner.

EDOARDO WEISS

Archivio di Scienza della Cerebrazione e dei Psichismi (Giornale de Psicobiologia, Neuropsichiatria e Psicoanalisi). M. Levi Bianchini. Vol. 1, 1944, and Vol. II, 1945.

These are the first two volumes of a new journal whose editor is the director of the psychiatric hospital at Nocera Inferiore, near Salerno, Italy. He is not only the publisher, but also the 'proprietor, editor, and responsible director' of this journal, and in addition, is the sole author of its articles and the numerous book reviews. He uses the terms 'cerebration' and 'psychism' (which he introduced in 1913) even in the title of the journal. However, since he feels some doubt concerning the originality of this terminology, he says, 'In reality I cannot assert apodictically to be the first student to introduce these terms in scientific use; therefore I should be very glad if other men of learning, more competent than I, could give me the necessary information in this respect'. (As a matter of fact, he also introduces a third term, 'psychions' [organic psychic unities]—let the reader guess what they may be!) By 'cerebration' he means general cortical activity; by 'psychism', 'the specific activities of the brain's inferior and superior anatomic regions', that is to say of the prosencephalon and mesencephalon.

Whoever expects to hear something about psychology as related to these particular anatomical structures will be very much disappointed, for Levi Bianchini writes only of psychological mechanisms, and gives to his inquiries the above-mentioned terminologies only because, according to him, the psychological phenomena are bound to these regions.

The chief and most extensive article deals with epileptic neurosis, or psychogenic epilepsy. In it Bianchini seeks to demonstrate that the basis of the anatomic, physiologic and symptomatic monogenetic syndrome, such as psychogenic epilepsy, hysteric seizure, and other forms of spasm, is based on a mesencephalic constitution over a genotypic or phenotypic disposition of the brain stem and of its particular pathoclitic orientation.

Bianchini declares that he adheres closely to psychoanalysis, but not at all in an orthodox way. He says that he is quite free, like Wilhelm Stekel, whom he praises highly and whom he principally quotes in giving examples of Stekel's treatment of psychogenic epilepsies. In addition to the consideration of a great number of writers (175) of every school and kind, Bianchini indulges

in verborities and neologisms which impose heavily on the reader's understanding. To quote one of many examples: '... the psychogenic epilepsies represent according to our point of view abnormal, allergic reactions of the affectivity and of the unconscious instinctivity to psychotraumatic noxae, manifesting themselves at the exterior through the mechanism of the convulsive, mesencephalo-cortical, perhaps more prevalently mesencephalic, discharges, and of the analogous reaction of the stimulating or inhibiting type, but in every case "hypermegalic" and convulsive spasticities of the hysterias, as well as of the picno-narcolepsy and perhaps also of somnambulism and perhaps of catatonia.'

At the close of this lengthy article he reports the results obtained by psychoanalysis in cases of psychogenic epilepsy: fifty-five cases of Stekel and his pupils, fifty-three of which were psychoanalyzed, thirty-nine of this number being cured (70%); twenty-three cases of Levi Bianchini, seven of which were psychoanalyzed, of whom all were cured (100%).

What he did find in the analyzed cases were common inhibitions and traumatic experiences of different kinds, but nothing enlightening insofar as a specific etiology for epilepsy is concerned. He cites various hypotheses concerning epilepsy which have been formulated by other well-known scientists, chiefly Ferenczi.

The other two articles deal with cerebration and psychisms, but nothing would be gained by elaborating on them except the doubtful pleasure of conjecturing about the anatomical localization of the unconscious mental processes.

EDOARDO WEISS

Notes

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NOTES

The meeting of the Executive Council of the AMERICAN PSYCHOANALYTIC ASSOCIATION was held in New York City, December 14, 1946, Bertram D. Lewin, M.D., President, presiding; Secretary, Robert P. Knight, M.D.

On the question of multiple membership in two or more affiliate societies, since societies no longer vote as units, but instead individual members of the American Psychoanalytic Association vote as individuals, the question of duplicate membership is an issue only in the case of the elected Councilors representing affiliate societies, and the elected fellows on the Board on Professional Standards. A proposed amendment requiring a member belonging to more than one society to vote in only one of these affiliate societies, and to declare his selection when paying his dues for the year was not accepted and was then tabled, with no restrictions voted with respect to multiple memberships.

The Council voted to approve the application of the Baltimore Psychoanalytic Society, composed of those members of the Washington-Baltimore Psychoanalytic Society residing in Baltimore—for reasons of convenience.

The Council affirmed that the category of associate membership is an individual affiliate society matter, but that only those analysts who are active members of affiliate societies may be certified by the affiliate society to the American as members of the American. The roster will follow the affiliate societies' listings.

The President appointed a committee to define the relationship between the American Psychoanalytic Association and the International Psychoanalytic Association. A communication from the editor of the International Journal of Psychoanalysis was referred to this committee.

The work of the translation committee of Freud's works, whose chairman was the late Dr. Otto Fenichel, was discontinued in view of the plan of the British to publish an English edition.

The meeting of the Board on Professional Standards of the AMERICAN PSYCHOANALYTIC ASSOCIATION was held in New York City, December 14, 1946, Bertram D. Lewin, M.D., President, presiding; Secretary, Robert P. Knight, M.D.

After due consideration of the proposed curriculum, list of training analysts and faculty, and pledge to abide by the minimal standards, the applications for admission to the American Psychoanalytic Association of the Los Angeles Psychoanalytic Institute, the San Francisco Institute for Psychoanalysis, and the Psychoanalytic Clinic for Training and Research of Columbia University, New York, were unanimously approved.

It was the consensus of the Board that it would rely on the appraisals and recommendations of individual Institutes regarding their graduates, and thus would not regard itself as an examining board for individual applicants.

The following resolution was passed with one dissenting vote: Whereas, it is the opinion of the American Psychoanalytic Association that the practice of psychotherapy is a medical function, therefore, be it resolved: That para-

graph 1 of the 'Resolution Against the Future Training of Laymen for the Therapeutic Use of Psychoanalysis', as adopted by each constituent society of the American Psychoanalytic Association between January and June, 1938, and finally adopted by this Association as a whole at its meeting in Chicago in June, 1938, and published by this Association, be modified to read as follows: (1) All psychoanalytic institutes which are now recognized by the American Psychoanalytic Association shall henceforth not admit to training anyone engaged in or intending to engage in the individual practice of psychotherapy who is not a physician. Be it further resolved: That lay candidates for training in nonmedical professions shall pledge themselves in writing that they are not engaged in practicing psychotherapy, and will not engage in practicing psychotherapy, except under the direction of psychiatrists in an organized clinic or hospital. Be it finally resolved: That in all other respects the former resolution against the training of laymen be reaffirmed.

The following tentative schedule is planned for the annual meeting of the AMERICAN PSYCHOANALYTIC ASSOCIATION to be held May 17-19, 1947, at the Hotel Pennsylvania, New York City:

Saturday morning, May 17—Council and Board meetings.

Saturday afternoon—Closed meeting (members only) at the New York Psychoanalytic Institute, followed by a cocktail party. All papers to deal with technique.

Sunday, morning and afternoon, May 18—All day scientific session at the Hotel Pennsylvania. Papers to be grouped into symposia if they lend themselves to this; otherwise to be miscellaneous papers. Admission to be charged to Institute students—\$1.00. Admission to be charged to nonmembers of the American and nonmembers of the American Psychiatric Association—\$2.00.

Sunday evening—Annual Banquet. Entertainment, 'The Freudian Follies' (revised), by a cast of Fellows of the Menninger Foundation School of Psychiatry.

Monday afternoon, May 19—Joint session with the Section on Psychoanalysis of the American Psychiatric Association.

A report has been received from Charles W. Tidd, M.D., Secretary, of the formation of the LOS ANGELES PSYCHOANALYTIC SOCIETY. The Society was formed on February 22, 1946, with the following charter members: Doctors Walter Briehl, Ralph R. Greenson, Frederick J. Hacker, Norman A. Levy, Ernst Lewy, Milton L. Miller, Lincoln Rahman, Norman Reider, May Romm, Ernst Simmel, Albert Slutsky¹ and Charles W. Tidd.

The first meeting of the Society following its formation was held on March 11, 1946. It was a joint meeting with the San Francisco Psychoanalytic Society and was a memorial to Dr. Otto Fenichel. At that meeting Dr. Simmel

¹ Since deceased.

spoke of Dr. Fenichel's contribution to psychoanalysis and Dr. Norman Reider read a paper written by Dr. Fenichel on Acting which was subsequently published in *This Quarterly*, Volume XV (1946), No. 2. Dr. Emanuel Windholz, the President of the San Francisco Society, acted as chairman of the meeting. The Society holds regular monthly meetings. On April 11, Dr. Simmel read a paper, *Psychoanalysis on Psychotherapeutic Principles*. On May 9, Dr. Hacker read a paper, *Impulse and Defense Mechanisms*. On July 11, a guest speaker, Dr. Sandor Lorand of New York, read a paper, *Problems of Countertransference*. On September 17, Drs. Simmel, Romm and Grotjahn presented brief papers on technical problems. On October 17, Dr. Herbert I. Kupper presented *Some Psychosomatic Phenomena in Dreams*.

The semi-annual joint meeting of the *SAN FRANCISCO PSYCHOANALYTIC SOCIETY* and the *Los Angeles Society* took place in Los Angeles on November 30 and December 1, 1946. A Symposium on Modifications of the Standard Psychoanalytic Method was held in which the following participated: Emanuel Windholz, M.D., Erik H. Erikson, Martin Grotjahn, M.D., Norman A. Levy, M.D., and Ernst Simmel, M.D. Sigmund Freud the Hypnotist was the title of a paper read by Siegfried Bernfeld, Ph.D., and *Psychoanalysis and Anthropology* was read by Hortense Powdermaker, Ph.D. (by invitation). A joint meeting of the Educational Committees of the two societies was also held.

At a three-day meeting of the *THE TOPEKA PSYCHOANALYTIC SOCIETY* held in November, 1946, Dr. Rudolph M. Loewenstein of New York City, discussing *Psychoanalytic Technique*, read the following papers: *Forms of Resistance*; *Transference*; *Working Through*; *Some Problems of Tact*; and *The Handling of Regressive Phenomena*.

An announcement was recently received of the formation of the *THE NORTHWEST CLINIC OF PSYCHIATRY AND NEUROLOGY* at Seattle, Washington. On the staff are Jesse Lester Henderson, M.D., Edward D. Hoedemaker, M.D., Douglass W. Orr, M.D., Florence L. Swanson, M.D., M. E. Miriam Murray, M.S., and June S. Murphy, M.S.W. The services of the Clinic include complete diagnostic and out-patient treatment facilities, with psychiatric hospital beds available at an affiliated sanitarium. The clinical psychiatric examination includes diagnostic psychological testing.

The Board of Directors of *MOUNT ZION HOSPITAL*, San Francisco, announce the appointment of Dr. Norman Reider as Chief of the Department of Psychiatry, succeeding the late Dr. Jacob Kasanin.

Maurice Levine, M.D. has been appointed Professor, and Head of the Department, of Psychiatry, in the *UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE*. He will also be Director of the Psychiatric Service of the Cincinnati General Hospital. Dr. Levine was an Instructor in Psychiatry at the Phipps Clinic, Johns

Hopkins, from 1929 to 1932, and a student and graduate of the Chicago Institute for Psychoanalysis, 1932 to 1936. He is a training analyst and a member of the faculty of the Chicago Institute. He is the author of *Psychotherapy in Medical Practice*.

With the signing of the HOSPITAL SURVEY AND CONSTRUCTION ACT (Public Law 725 of the 79th Congress), the nation has embarked on the most comprehensive hospital and public health construction program ever undertaken. Congress has authorized the appropriation during the next five years of \$375,000,000 in federal funds for the building of hospitals and health centers. Since the Act provided that the federal share is to constitute one third of the cost and non-federal funds the other two thirds, the total expenditure for this nationwide hospital program would approximate \$1,125,000,000. Copies of the Hospital Survey and Construction Act may be procured at five cents per copy from the Superintendent of Documents, Government Printing Office, Washington, D. C.

The purpose of this Act is to provide federal assistance to the States to the end that 'the necessary physical facilities for furnishing adequate hospital, clinic, and similar services to all their people' will be attained. Federal grants-in-aid are authorized to assist the States: 1. to determine their hospital and public health center needs through statewide surveys; 2. to develop statewide programs for construction of facilities needed to supplement existing facilities; 3. to construct facilities which are thus determined to be necessary, and which are in conformity with the construction program constituting the approved statewide plan.

Hospitals include general, tuberculosis, mental, chronic disease, and other types including public and other nonprofit hospitals.

The federal administration of this program is the responsibility of the Surgeon General of the Public Health Service in the Federal Security Agency. He has the advice and assistance of a Federal Hospital Council with which he is required to consult in administering this Act. The Council consists of the Surgeon General as chairman, and of eight members appointed by the Federal Security Administrator. Of the eight appointed members, four are persons who are outstanding in fields pertaining to hospital and health activities, and three of these four are authorities in matters relating to the operation of hospitals. The other four members represent the consumers of hospital services and are familiar with the need for hospital services in urban or rural areas. After notice and opportunity for hearings, the Surgeon General may withhold federal payments if he finds: 1. a State agency is not complying substantially with the required provisions of an application for survey funds or of the State plan for the construction of hospitals; 2. funds have been diverted from the purposes for which they were allotted or paid; 3. any assurance given in an application for a construction project is not being or cannot be carried out; 4. there is a substantial failure to comply with approved plans and specifications for construction projects.