

Hanns Sachs 1881–1947

Rudolph M. Loewenstein

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HANNS SACHS
1881-1947

IN MEMORIAM

Hanns Sachs

1881-1947

On January 10, 1947, Hanns Sachs died. He was one of the very few remaining from the original circle of Freud's pupils. His passing was a blow to his family, to his friends, to his colleagues and to his students. He died on his sixty-sixth birthday, having suffered the past few years from an illness which he, in the full knowledge of its inevitable outcome, faced quietly and courageously. Although seriously handicapped physically during these years, intellectually and spiritually he was as alert as ever. Death surprised him in the midst of an important creative work, parts of which I fear will remain irretrievably lost, but some of which I hope we may be permitted to know.

Hanns Sachs was born in Vienna and studied law in that city. In 1904, he became acquainted with psychoanalysis by reading Freud's *Interpretation of Dreams*. The facts and theories revealed there interested him so tremendously that he attended lectures given by Freud at the Psychiatric Clinic. From then, psychoanalysis determined the course of his life, although for several years it was for him a hobby—though a very important one—as he was a practicing lawyer. Gradually it assumed greater importance than his own profession, and from 1919 psychoanalysis became his lifework. He became the first training analyst when in 1920 he was asked by the newly founded Berlin Psychoanalytic Institute to start and develop the important function of analyzing future psychoanalysts, some of them already practicing. He was one of a small group of analysts who had to learn by trial and error the intricacies of the unknown field of training analysis. He remained in Berlin until 1932 when he was invited by the Harvard School of Medicine to become a training analyst in Boston, a function

which he continued until his death. He was one of the few nonmedical members of the Faculties of the Harvard Medical School and of the Boston Psychoanalytic Institute, and the only nonmedical member of the Boston Society of Psychiatrists and Neurologists. The influence of his knowledge in teaching has been widespread.

The date of his first psychoanalytic publication was 1911 and he continued to write for publication throughout his life. Due to his unusual cultural knowledge and his personal interests, his publications were mainly contributions to applied psychoanalysis and were less directly clinical. In the first period, the great majority of his writings were about the analysis of dreams (these contributed greatly to the total of present knowledge on this topic), and psychoanalysis applied to the social sciences (*Geisteswissenschaften*), anthropology, mythology, literature and arts. His interest and his outstanding competence in this field were recognized by Freud who in 1912 entrusted to him and Otto Rank the editing of the newly founded journal, *Imago*. In the first number, the editors summarized the knowledge acquired on the subject, and presented a methodology and a program for future research. In this country, Sachs continued this publication as *The American Imago*. Within the field of applied psychoanalysis one subject always captivated his interest: the psychology of art and artistic creation which culminated in 1942 in a book, a synthesis of all the contributions he had made to this subject, called *The Creative Unconscious*.

Sachs's paper, *The Genesis of Perversions*, published in 1923, is extremely important. The clinical observations described there, the acuteness of Sachs's insight, the lucidity of his theoretical formulations, remain a model of psychoanalytic research.

Hampered by the difficulty of publishing case histories because his patients were mostly training analysts, Sachs in 1931 published a psychobiography of the Roman Emperor Caligula. His intimate scholarly knowledge of the history of

that period enabled him to describe the life history of this strange emperor in a work of great scientific and literary value.

His latest published volume was a history of his personal acquaintance and estimation of Freud, Master and Friend. It is a book describing faithfully and objectively his personal recollections of Freud.

Soon after he arrived in the United States in 1932, Dr. Sachs told his friends he felt more at home here than he had ever felt elsewhere. He had a feeling of deep gratitude and attachment to this country, and especially to the city in which he lived and worked, Boston. He exerted himself to assist many of his relatives, friends and colleagues in Europe to emigrate to the United States. I believe he was happy to show them the way to the country he loved and admired above all.

For his host of friends, admirers, pupils, among whom many owe to him perhaps their lives, others their ability to be useful members of the communities in which they live, there is an overwhelming debt of gratitude to the good fortune that brought Hanns Sachs to America.

For the science of psychoanalysis, the deep imprint which his scholarliness and his humane wisdom have made throughout his life through his teaching, his example and his writings, will remain indelibly engraved.

RUDOLPH M. LOEWENSTEIN

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Observations of a Training Analyst

Hanns Sachs

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OBSERVATIONS OF A TRAINING ANALYST

BY HANNS SACHS

Twenty-six years ago I was appointed training analyst in the newly opened Psychoanalytic Institute in Berlin. This has remained my chief occupation throughout the vicissitudes of my existence. Neither the lapse of time nor my special opportunities for collecting experience are in themselves sufficient justification for the following observations. The experience of an analyst—and I suspect it is the same with every experience beyond mere routine—is not a simple coefficient of the duration in time and of the amount of material studied. The truth can be sometimes acquired in a flash of insight, whereas the ways of error may lead further astray the longer they last.

It should be recorded that at the time I began to do training analysis, this institution was still in its experimental stage. The demand that the analyst be analyzed was theoretically acknowledged, but it had not yet been tried, and it was impossible to foresee whether it was feasible, and if so, it was not known how, when or by whom it should be done. My initiation into the new vocation coincided with its general development around me; far from being based on precedents and strictly prescribed, it was still inchoate and receiving its definition by a coöperation in which the foremost analysts of the period participated. I had the advantage of comparing my experiences and discussing them with Freud, Ferenczi, Abraham, Rank, Eitingon, Rado and Reik.

I was, moreover, given an unusual opportunity to make comparative studies of both training and therapeutic analyses. This came about through none of my doing. Before the Institute in Berlin was started I had practiced general analysis in Switzerland. At that time the 'training candidate' did not exist.

This contribution from Dr. Sachs, written at the request of the Editor in 1946, was received for publication posthumously.

Later, I was asked by my colleagues to undertake the therapeutic analyses of their own relatives or of the relatives (husbands, wives) of their analysands, or of the analysands whose analyses, for one reason or another, they could not continue. It was often impossible to refuse such requests, and although the training analysands largely outnumbered the others, there has always been a steady trickle of neuroses and character problems representing all varieties which the therapist treats—excepting children and adolescents whose treatment requires special techniques—and I have avoided, although not wholly successfully, working with patients who had marked psychotic trends.

I must say that I have found the difference between the analyses of training candidates and of neurotic patients negligible. The analytic technique being the same in both, this conclusion is the consensus of the experience of all other training analysts. Psychoneurotic trends in our present state of civilization are so universal that a person who is practically free of them or their equivalents is a rare exception, still less likely to be found among those who want to become analysts because the vivid interest in the psychoneuroses, their etiology and therapy, is regularly motivated by one's own neurotic problems, past or present, and more often the latter.

Seeing so many of my analysands become practicing analysts offered me the rare opportunity of checking my opinions and my forecasts of the future development of their abilities that I had formed during their analyses.

THE SELECTION OF CANDIDATES

To insist emphatically on such demands as intelligence, honesty, reliability, sufficient professional and cultural training, as is usually done in treating this subject, seems to me unnecessary and sometimes shifts the accent from the place where it belongs, not because these qualities are of a minor importance for the future analyst, but because they are not specific. They are requirements that have to be fulfilled by

every therapist, be he psychotherapist, pediatrician or urologist, or indeed, a lawyer or a clergyman. The aim should be to define as clearly as possible the special qualifications, uniquely different from those of any other profession, which give the promise of a good analyst.

Foremost for the future analyst is the faculty of access to and the will to face his own unconscious. Difficulties which spring from unavoidable resistances against admitting the repressed fantasies or feelings and living with them afterwards, or from clumsiness in handling unusual and intricate material, do not matter much. It is rather a question of the magnitude and persistency of the 'blind spots', the centers of organized resistance. When they are powerful enough to inhibit an intimate acquaintance with the mechanisms and contents of the unconscious, or to a substitution for it of theoretical academic interest, the prognosis is inauspicious for the making of an analyst. Judging the tenacity of these blind spots is a delicate problem. Sometimes they seem to be surmounted by analysis, yet reappear later as biases, impairing scientific objectivity on certain points.

In these matters, reliable judgment can be formed only by the candidate's analysis itself. Thus it follows that it is even much more advisable to start a training analysis under the condition that it is a trial analysis than it is in the usual practice with therapeutic analyses. Some notably discouraging trends to find in a candidate are: rigidity of character, inherent narrowness of his points of view, a tendency to avoid emotions and to withdraw from areas in which they come prominently into play. Of favorable import is a lively interest in and understanding of the works and thoughts of those intuitive 'psychologists' who have always had access to the unconscious, that is, of the great poets, writers and artists of all times.

It has been postulated that the candidate for psychoanalytic training should be 'normal' or, to give to this word a more concrete meaning, that he should be less beset by neurotic traits and symptoms than the average 'man in the street'. If

attainable, this requirement might be the ideal. It is, however, one of the characteristics of psychoanalysis that it does not build on what should be—either psychologically or normally—but on what *is*, and it has to be admitted as an indubitable fact that those who have experienced their own considerable neurotic difficulties are the ones who feel most attracted towards and, so to speak, are more at home with psychoanalysis and psychiatry in general. It may be said, moreover, in their favor that they are more apt to feel an intuitive understanding, an empathy for the mentally sick, than do others. This does not mean that a neurosis is considered to be a recommendation for the career of an analyst; but it is a prudent anticipation in regulating our methods of selecting candidates.

The symptomatology of a clinical neurosis by itself gives in most cases an insufficient clue to the personality of the individual. It is likely to vary a great deal according to circumstances, external or internal. Its gravity cannot be judged by the number and intensity of the symptoms until one is able to evaluate the influence they exercise on the life and social adaptation of the neurotic. The main question is, therefore, how much the integration of the personality has been preserved. If the ego, despite repeated defeats, has kept intact its will to win insight into its conflicts and to govern its relations to reality, then the hope is justified that, with the aid that analysis can provide in supporting the ego, final victory will ensure an approvable, workable personality. Now in making such decisions, the distortions of character, the general inhibitions or diffuse anxieties which one may expect to find in the majority of 'normal' candidates offer a less favorable starting point, and decidedly more difficult technical problems, than a downright neurosis.

In accordance with these considerations, those candidates should be excluded in whom the repressed forces have succeeded in constricting and depriving the ego of the free use of its functions, as in severe obsessional neuroses, or when the

ego has never attained normal strength as, for instance, when a neurosis starting in childhood has remained active without notable remission throughout adolescence. For the same reason, persons with psychotic trends, or psychopathic types, and those with antisocial tendencies (*'triebhafter Charakter'*) are decidedly undesirable, as are drug addicts of any kind, and individuals in whom perversions usurp the place of normal genitality. A special caveat is here entered against a type having several of these traits, although each to a harmless degree. This is evidence of an extremely weak ego which, being unable to master stout resistances and yielding to every pressure, goes perpetually in a circle; these unintegrated characters change rapidly from one position to another and find always a new pathological outlet which spares them the necessity of resolving any conflict.

It is paradoxical that there is a group that is unfit for the career of an analyst because there are too few psychoneurotic symptoms. They are well adapted to reality and, as far as any outward sign goes, well integrated, except that they show a certain rigidity due to an obvious prominence of narcissistic traits. These people have succeeded in a full repression of their psychic conflicts with the help of a powerful narcissistic defense. This freedom from discernible neurotic symptoms depends on firm repression with consequent inability to reach the unconscious and incapacity for understanding its utterances. Attempts to acquaint them with the language of the unconscious is like discussing color schemes with the blind. It is hardly necessary to add that this remoteness from their own unconscious precludes any real understanding of the unconscious of others, although they may have an intellectual grasp of its mechanisms. To tear down such a narcissistic wall of resistance would be a superhuman task; besides it is hardly justifiable to attempt the transmutation of a well-adapted person into something unpredictable for the sole reason of training him for the one career for which he is not and, in all probability, will never be especially equipped.

In recent times another problem has arisen. To enter a profession because one wants to make a living and hopes to make a good living by it is a perfectly honest and legitimate endeavor. All that is asked is a thorough training, conscientious work, industry and integrity. That earning money is a leading motive in the choice of a profession is no reason for withholding the training—except in psychoanalysis. This is a point of difference which springs from the fundamental fact that psychoanalysis is not just another medical specialty, not simply a branch of psychiatry, but emphatically a *res generis*. It is not a profession to which a man can devote his attention and industry during the working day and then, after business hours, turn himself into a private citizen who gives his whole mind and interest to his family, his friends, his social relationships and his hobbies. Psychoanalysis demands all of a man's humanity: it appeals constantly to the entire person. It is impossible to study successfully the unconscious of others—and this leads unavoidably to the investigation of one's own unconscious—and then put it aside. It is likewise impossible to go through life always and everywhere analyzing, aware of the problems of the unconscious and of nothing else. To achieve the necessary balance is a difficult task, and only those whose interest in the sources and motivations of human emotions and behavior is paramount and secondary to none other—only these will learn to maintain a balance that is *not* gained at the expense of knowing the unconscious. It should never be forgotten that for the psychoanalyst's work his own unconscious is a permanent factor. He is bound to devote himself to his work not with a peripheral part, but with the very center of his being. To apply his knowledge and technique, which every physician does, without the coöperation of this 'receiving set' which is an intrinsic part of the foundation of his personality, leads into barren professionalism.

Freud warned repeatedly against what he called *furor sanandi*—therapeutic overeagerness. To those who are impatient for quick therapeutic effects, psychoanalytic technique

will soon become a burden because it is neither apt to gratify their ambition nor to assuage their compassion. To them the great volume of psychoanalytic theory, so much greater than in any other psychotherapeutic method, will appear as so much deadweight. The long duration of the psychoanalytic process with the great amount of patience, which it demands from patient and therapist alike, will be unendurable for them. The severe criticism that the analyst brings to bear on the value, completeness and durability of his therapeutic efforts, which is a consequence of the profound and detailed process of analytic technique, contrasts sharply with the easy optimism that those interested in nothing but the visible benefits of therapy have to have. Candidates of that type will not remain analysts long after they have finished their training. They usually discover an 'improved technique' which considerably shortens the time needed for a complete cure. They retain much of the psychoanalytic form and terminology but little of its substance. In an extreme form this type is represented by 'miracle workers', hypernarcissistic cranks for whom psychotherapy is an enticing field of operation. These are easily recognizable and ought to be weeded out at once.

THE INTRODUCTION

Explanations of some sort are necessary before an analysis is begun in order to permit the analysand to understand what he is to do and to what end. How much is needed to influence his attitude depends on the individual needs, the general rule being that too much is more harmful than too little. Without infringement of this rule, the peculiarity of a training analysis demands somewhat more detailed initial information. The reasons for this are manifold. It is the unique occasion for explaining to the candidate the situation in which he will find himself with his future analysands, and to give him a technique for handling it. A great many mistaken notions about what the analysand's attitude and reactions are expected to be are current, and it is important to correct them before the work

starts. In this respect, the psychiatric hospital experience which is required for candidates by the regulations governing training is not an unmixed blessing. Psychiatry has adopted some psychoanalytic concepts, but they are usually misapplied, isolated from the context which gives them meaning, or otherwise distorted. It is, indeed, an advantage at the beginning of his analysis if the analysand is quite ignorant of psychoanalytic theory. If, by chance, he has never heard of any psychoanalytic terms, so much the better.

In these and similar instances the emphasis at first is negative: the correction of harmful errors and damaging misconceptions. Full reasons for the fundamental rules of technique should be given. A typical instance of misconception is the idea that free association is something quite extraordinary, a sort of stunt for which the analysand has to mobilize all his ability and energy, making the process unnecessarily cumbersome. It may be corrected by reminding the analysand that he has done it innumerable times in his quiet musings with the difference that he is now to do this musing aloud, being careful to omit nothing. It is another widespread fallacy that free associations pursued long and conscientiously enough will automatically lead into the unconscious and release all its repressed contents. To dispel such an unjustifiable expectation, the analysand should quickly be instructed that it is the aim of analysis to influence the dynamic relationship between the repressed and the repressing forces, and that the rule of free associations, indispensable as it is, cannot by itself produce this result. He should be told that the analyst is not a passive listener, a sort of superintendent, but an important part of this interplay of forces.

The subject of transference is best ignored until the course of analysis leads to it. Almost all candidates, however, have heard enough of it to form some grotesque misconceptions about it. These, later in the analysis, can be used as instructive indications of unconscious expectations and wishful fantasies, but in the beginning they are usually superfluous obstacles. A

woman analysand did not seriously try to talk because she had been led to expect from what she had heard about transference that she would fall in love with her analyst, and was waiting for this to happen. A technical description of transference would be decidedly disadvantageous. It will suffice to state that transference plays a great part in every psychotherapy, and that in psychoanalysis it is nothing different or unusual; that it is not used directly to produce a therapeutic effect ('cure by love') but is a reënactment of old or forgotten reactions and is used for reintroducing and reintegrating into the personality its hidden attitudes; in short, that it is subordinated to the final aim of everything that is done in psychoanalysis.

All these corrections and discussions should be confined to the specific points (mainly negative) involved, and ought not to overflow into discussions of general theory. The time given to them should be strictly limited; four or five hours is sufficient.

THE COURSE OF ANALYSIS

So far, there is little difference between therapeutic and training analysis. Both pursue the same end, the discovery of the unconscious by means of the same technique. The purpose of all analysis is to remove resistances obstructing the development of a freely functioning ego. In training analysis a further aim is added. The further objective is to make the understanding of the nature, language and the mechanisms of the unconscious sufficiently intimate, profound and intense that it becomes a permanent fixture in the mind and will be fully available when it is needed for sounding the unconscious of future analysands.

It is not the best attitude for the analyst to have his mind fixed on the ultimate purpose of training analysis. He ought to concentrate his attention on the current problems that arise: full comprehension of the analytic material, analysis of the transference, the form and motives of resistances, etc. If he thinks too much of the objective, be it therapy or training, the

analyst impairs the alertness and flexibility which are indispensable for his work, interpolating, therefore, an essential differentiation between what are only nominally two kinds of analysis.

Training analysis is not didactic in the sense of including academic teaching, the exposition of theory or abstract interpretations. All analysis keeps closely to concrete problems, emotions, attitudes and reactions which arise from day to day. Explanations and interpretations are confined to the actual difficulties, to connecting isolated psychological events, and retrospective reviews of the changes in trend of the associations during an hour—all these belong to therapeutic as well as to training analyses. When a problem has been solved and the next one has not yet emerged—a rare event in analysis—it is advisable to extend the retrospective review somewhat further with a candidate in training. Thus after a difficult but successful interpretation of a dream, one may show him what technical devices had been used to open the closed doors.

To the usual question of candidates whether it is advisable to read psychoanalytic literature during analysis, the best attitude is a neutral one, telling the analysand that he may do as he wishes provided that it does not interfere. He may be told it is a false hope to read with the purpose of getting direct access to his problems outside analysis, or in the belief that such study will further and eventually shorten the analytic procedure. A tendency to engage the analyst in theoretical discussions to the neglect of intimate problems is dealt with like any other instrument of resistance.

In a few exceptional cases, whether therapeutic or training, I have advised an analysand to read a certain article or a passage from Freud's writings. My purpose in these instances was not to give theoretical instruction or appeal to a higher authority, but to convince the individuals that a certain problem which to them seemed unique and outside the bounds of common humanity, had been studied before in many cases and that the result of these investigations, and often a great

many details, were the same as that to which our analytical work had led.

THE END

When is an analysis finished? There have been a great many excellent discussions of this question, but none of them yields a definite answer. If one could come to the point where all unconscious material had been analytically explored, all conflicts resolved, and all resistances removed, there would be no question. But, since the unconscious is an inexhaustible source of instinctual demands which cause conflicts and repressions, this is an unattainable ideal. It is comparatively easy to construct a norm representing what perfections a successfully analyzed person should have attained and what imperfections eliminated, but such models are useless for practical purposes. The answer to the question cannot be gained from one simple criterion. Several different psychological considerations and factors in reality have to be weighed and cautiously assessed to arrive at a dependable solution.

In this, the training analysis offers an advantageous position. The addition of one significant postulate facilitates the decision: the candidate acknowledges spontaneously, without reservation or need for persuasion, that the analysis he has undergone marks not the end but the beginning of his analysis; that its most important function is to enable him to go on with his own analysis indefinitely; that he must continue, correct, make more profound his own analysis in order to meet adequately the demands of his analytic work.¹ When the analyst is confident that this attitude (including as well the general terminal criteria) is firmly established, he may consider his work done.

Candidates for training in psychoanalysis share the common frailties of mankind and it is least excusable in an analyst to ignore this fact. However, it is sometimes one of his hardest

¹ Cf. Freud: *Analysis Terminable and Interminable*. Int. J. Psa., XVIII, 1937, pp. 373-405.

tasks to resist optimistic illusions. He must not be influenced by his personal bent, but maintain a strong, scientific, psychological scepticism. The analyst's scepticism should have its beginning and its end in himself. He must remember that his own shortcomings—the deficiencies of his individual development, the gross defects of the society in which he lives, the imperfections of psychoanalytic insight and method—these will always impose serious limitations on his efficiency however incessantly he strives to overcome them. When he is permitted at rare moments of elation to see himself as a descendant of Prometheus bringing the light to those walking in darkness, he will feel more often that he is an extremely shortsighted leader of the blind.

In closing, I shall relate a parable which Professor Freud used to tell when similar problems were under discussion. In the Austrian woods there is a species of large wild grouse, called the capercaillie. It is a tough bird, tough in every sense of the word, which cannot be eaten fresh after killing. To prepare it correctly, a pit is dug and its sides lined with branches of the fir tree. In this pit the bird is placed and covered with boughs. After six weeks it is taken out and, being too high for human consumption, it is thrown on the dunghill.

PSYCHOANALYSIS AND NONANALYTIC PSYCHOTHERAPY

BY JOHN D. BENJAMIN, M.D. (GOLDEN, COLORADO)

There are several reasons why a discussion of the relationships between psychoanalysis and nonanalytic psychotherapy is pertinent at this time. The integration of analysis with clinical psychiatry (19) has made considerable progress in the last few years, and to all appearances will continue at an even greater rate in the immediate future. Psychoanalytically trained psychiatrists in large numbers now occupy positions of leadership in academic psychiatry. Although we are still a long way from accepting and fulfilling the demand that every psychiatrist receive personal analysis and analytic training (23, 25), the trend is in that direction. At the same time, the limited facilities for such training (18) and the greatly increased demand for psychotherapy make it clear that for a good many years to come a large proportion of neurotic patients in hospital and dispensary practice will be treated through nonanalytic methods by therapists without analytic training.

These facts pose a variety of problems to analysts and psychiatric educators alike. To mention but three of them: (1) Can the analyst contribute to the training of the nonanalytic therapist, and if so, how? (2) Can the analyst utilize his own training and knowledge in the personal application of non-analytic and modified analytic techniques? (3) Is there, in the present apparently favorable position of psychoanalysis, a danger from the way in which the unquestionably desirable integration of psychoanalysis with psychiatry is going on that analysis will be so diluted as to lose much of its specific value as a research instrument? Except for stating my personal conviction, shared, as I know, by many others, that such a danger does in fact exist, I shall proceed to a brief consideration of the other two questions.

There is practical unanimity of opinion that the psychoanalyst can in some way contribute to the training of the nonanalytic therapist, but to what extent, and exactly how, is an open question. A serious qualitative study of exactly how analytic facts, theories, and techniques can be applied in the teaching of nonanalytic psychotherapy has, to my knowledge, not yet been attempted, perhaps because it is only recently that most analysts have recognized that there may be positive as well as negative indications for nonanalytic procedures. There is considerable divergence of opinion about the extent to which the unanalyzed therapist can, with profit to himself and his patients, be imbued with psychoanalytic knowledge and an analytic point of view. Dr. William Menninger, on the basis of his own teaching experiences, has expressed a high evaluation of the benefits of a psychoanalytic orientation in psychiatry (19, 20); others have been less optimistic. These differences of opinion stem from an obvious but often overlooked fact: the degree of analytic indoctrination possible without personal analysis and full scale training is not a constant, but a variable which varies not alone with the personality and talents of the student, but to a great extent with the personnel from which he receives his training. Where there is close supervision and frequent discussion of cases by a number of trained and experienced analysts, the chief factor which prevents the acquisition of analytic insight is overcome. This is not the case in the majority of psychiatric training institutions, and more careful appraisal and precise delimitation of the possibilities of psychoanalytic orientation are therefore required. No one will disagree with Rado's statement that 'from psychodynamic instruction which one cannot assimilate, one is likely to emerge more confused than enlightened' (23).

Within these limits, a convincing awareness of unconscious motivation can be given to the psychiatrist in training. If the teaching analyst is familiar with and practiced in nonanalytic techniques, he can best accomplish his aim by didactic supervision of therapeutic cases, supplemented by case seminars.

By centering the instruction around actual case material, much of the quality of unreality and arbitrariness which some psychoanalytic concepts have for the unanalyzed student can be avoided. The therapist can thus be trained to observe and evaluate the words and actions of his patients in terms of their unconscious emotional as well as their conscious intellectual meaningfulness; he learns to attach prime importance to emotional needs and attitudes, and to how these can be expressed in symptoms. With such instruction he becomes familiar with the workings of the common defense mechanisms, and their rôle in symptomatology and character formation, and the psychiatrist begins to understand dynamic as well as descriptive diagnosis. In this way a considerable part of the science of psychodynamics can be taught. The big stumbling block is, of course, convincing awareness of the unconscious, but a distinction can profitably be made between what is, and what is not in general assimilable. Such concepts as unconscious hostility, unconscious need for dependence, unconscious guilt, can often be well understood and applied; moreover, the more specific unconscious constellations around which much of the real work of analysis centers are seldom of theoretical or practical value to the nonanalytic therapist. Their demonstration and therapeutic utilization are both dependent upon strictly psychoanalytic techniques. The demonstration of infantile sexuality and the infantile neurosis (14) carry less conviction and are far less teachable to the unanalyzed student than are the dynamic, excepting the extent to which the former can be verified by the direct observation of young children. For this reason the importance of including the psychotherapy of children in the supervised training cannot be overemphasized.

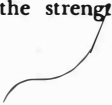
A further contribution of psychoanalytic science to the theory and practice of nonanalytic therapy ~~consists~~ in the investigation and explanation of the psychodynamics of some of the simpler psychotherapeutic techniques. Although much still remains to be clarified, there have been a number of valuable contributions to different aspects of the subject,

among which those of Glover (12), Knight (16), Reider (24), and Fenichel (8) are noteworthy. On the basis of such studies it is possible, to some extent at least, to estimate the chance of success for a given type of therapy in a given case, and thus to increase the range and precision of the therapist in choosing and, if necessary, changing his approach.

The training and clinical experience of the psychoanalyst can also contribute to the understanding and proficiency of the nonanalytic therapist in a negative way. The analyst supervising the treatment of patients frequently finds it advisable to give advice not only as to what to do, but rather what not to do. For example, one of the commonest mistakes made by the beginning student of psychotherapy is too great activity in the early stages of treatment, including too much 'digging' for material. The analyst can demonstrate why such a course is usually futile and occasionally dangerous, not withholding the fact that sometimes in the hands of experienced therapists skilled in dynamic diagnosis a vigorous activity including search for specific material may be productive of excellent results (5). Correcting the tendency to too great activity is often succeeded by compensatory overpassivity requiring dynamic interpretation of the varying degrees of activity indicated. It is possible, I believe, to formulate general principles covering these and similar problems, but difficult to couch them in terms plastic enough to allow for the many variables complicating each individual application.¹

The student of psychiatry can learn from the psychoanalyst to anticipate and interpret the psychological meanings during treatment of changes like symptomatic improvement and

¹ A good illustration is Kubie's (17) warning against the confrontation of a patient with painful facts about himself before the origin of these facts in the past and their function in the present can be explained. This is a sound psychoanalytic principle, one of great practical value to the therapist. Nonetheless, it is likely to be misinterpreted as a direction to overpassivity because of the number of variables involved, but not discussed: e.g., the nature of the painful facts; the degree of awareness of them which the patient already has; what one means by their historic origin, whether true genesis or dynamic analogies in the past; the strength of the patient's ego; the state of the transference.



exacerbation. Not that he will always be able to find such meanings with certainty; for that matter, neither can the analytic therapist always do so; but the habit of thinking in such terms appreciably sharpens his dynamic sensitivities and therapeutic effectiveness.

The supervising psychoanalyst occasionally observes potentialities for the development in patients of transference neuroses beyond the technical capability of the nonanalytic therapist. In such cases, appropriate technical measures for avoiding this development are recommended, especially the frequency of interviews. However, the purposeful manipulation and utilization of the transference as outlined by Alexander, French, Weiss and others of the Chicago group (5) is a technique which cannot and should not be taught to the inexperienced student of psychotherapy, although undoubtedly it has been used intuitively and with success by skilled non-analytic therapists. Indeed, no therapeutic technique is as important as the therapist who employs it. With little or no training, the exceptionally endowed individual, with a natural ease of access to his own unconscious, and a sympathetic intuitive insight into the conflicts of his patients, is always a better therapist than the most intelligent person who must depend on techniques. But the possession to an unusual degree by a few individuals of these perhaps indispensable qualities in no way obviates the need for basic scientific formulations of psychotherapeutic principles; nor does it help solve the immediate problem of training hundreds of psychotherapists, only a few of whom will be so felicitously endowed.

Whether the analyst can apply his psychoanalytic training and knowledge to nonanalytic and modified analytic techniques is a rhetorical question, because every analytically trained psychiatrist who has ever worked with outpatients or in a mental hospital has done just that. The application of modified analytic techniques and analytic concepts to brief psychotherapy has had a relatively short but intensive history. The pioneers were Europeans, coping with problems of education and delinquency in children, as for instance Zulliger (27, 28)

and particularly Aichhorn (1, 2), whose brilliant utilization of transference in the most casual contacts with his young patients anticipated current techniques. Knight (15) was one of the first to outline and illustrate procedures to be followed in obtaining, and basing therapy upon a dynamic diagnosis. Other publications (6, 7, 19), and the consensus of the majority of psychoanalysts, made a sharp distinction between the therapeutic goals, the potentialities of analytically oriented psychotherapy, and those of psychoanalysis. The same differentiation was made or implied in the early work of the Chicago group (11, 13, 22), but gradually this point of view gave way to another now held by Alexander and French (3, 4, 5), who, in the collaborative book of the Chicago Institute (5), explicitly state 'there is no essential difference between the various procedures, but that the difference lies merely in the extent to which the various therapeutic principles and techniques are utilized'. Many analysts do not agree with that statement, and in view of the fact that this book has found a deservedly wide audience in both nonanalytic and analytic circles, it is apparent that some of the interesting theoretical formulations on the nature of the curative process in psychoanalysis remain subjects for scientific disagreement (5, 9, 10, 26).

From the viewpoint of the application of analytic training, knowledge, and techniques to briefer forms of psychotherapy, the theoretical importance and practical value of the work of the Chicago group are beyond dispute. The formulation of the indications for various types of therapy, the use of analytic knowledge in dynamic diagnosis, the discussion of transference and transference manipulation, and the skill and flexibility of the individual therapists are all models of applied psychoanalysis. They constitute a step forward in the development of a widely applicable, scientifically founded, brief psychotherapy which all agree is badly needed.

In closing, I suggest that an analogous application on a large scale of psychoanalytic knowledge to psychiatric research might, in the long run, be even more rewarding.

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Vision, Headache and the Halo

Phyllis Greenacre

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VISION, HEADACHE AND THE HALO

REACTIONS TO STRESS IN THE COURSE OF SUPEREGO FORMATION

BY PHYLLIS GREENACRE, M.D. (NEW YORK)

On several occasions patients have brought material which showed quite clearly some connections between visual shock, headache and the development of a halo. Schematically the sequence is as follows. The child receives a stunning psychic blow, usually an overwhelming visual experience which has the effect of dazing and bewildering it. There is generally the sensation of lights, flashes of lightning, bright colors or of some sort of aurora. This may seem to invest the object, or objects seen, or it may be felt as occurring in the subject's own head experienced literally as seeing lights or seeing red. This is depicted in comic strips as seeing stars. The initial experience always produces the most intense emotions, whether of awe, fear, rage or horror. Extremely severe lancinating pain may be part of the disturbing experience.

The emotion is felt with great force, as if an explosion or a stab had occurred within the head. There is usually at first a feeling of unreality, or of confusion. The shocking stimulus arouses an erotized aggression which demands subsequent mastery. Sometimes the little voyeur feels impelled to repeat the experience as though to test its reality. Peeping or fantasies of peeping are accompanied by sensations of tension and strain in the eyes or across the frontal region. Headaches occur later when new situations reactivate the original trauma. Mastery is attempted by successive repetition in fantasy (reality testing), partial repression, or by the development of severely binding superego reaction-formations of goodness which are supplemented by or converted into lofty ideals. As the tense

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

goodness relaxes a little, the headache improves and the ideals are loftier but less exigent.

Figuratively the child develops a halo to which, if it remain too burdensome, the child reacts either by throwing it defiantly away—conspicuously in some psychopathic and psychotic states—or by endowing someone else with it. Such children and adults seem to overvalue enormously those whom they love, projecting onto them the extreme ideals and demands they first required of themselves. Quite often the loved one is seen as a saint on a pedestal, worshipped rather than loved, and kept almost inviolate in an overestimation which is in actuality a devaluation.

The infantile origins of this state, especially with reference to the superego, will be traced in two patients who have been psychoanalyzed. The symptomatology is fairly common, and may be recognized in varying degrees of intensity in different neuroses. It often appears strikingly clear in schizophrenic patients. It is my clinical impression that it is commonest with definite obsessional and compulsive trends, even when these are not the main symptoms of the disorder. Only those parts of the case histories and of the dreams which have a direct bearing on these aspects of the superego will be given.

CASE HISTORY I

This patient sought psychoanalysis because of overconscientiousness, lack of adequate forcefulness for effective functioning, fear of active aggression in others, and some symptoms indicating a repressed scotophilia.

At the beginning of analysis the patient remembered almost nothing of her childhood before her seventh or eighth year, although she had been told certain facts by her parents and her sisters. She learned from her mother that she had been a frail overly sensitive baby, definitely smaller at birth than had been her older sisters. She was a nervous, wakeful baby, too readily startled by sound, very easily aroused from sleep; hence, a habit of afternoon naps was continued until about the age

of nine. She was permitted to attend only the morning session of school and had to rest during the afternoon that she should not become unduly excited.

From a rather long analysis, the impression was gained that she had been one of those quivering, eager, easily stimulated children who sometimes hide behind a mask of vagueness. Intellectually she was somewhat precocious, but passive and too easily hurt. She elicited a good deal of protection from those around her. When she was sixteen the parents inconsistently sent her away to college, hoping to counteract her shyness and dependency. She was the most timid of three sisters, none of whom was particularly forceful.

It is noteworthy that a rather marked degree of myopia was first discovered when the patient entered school at about six, after which she wore glasses. She recalled a sudden increase in clarity of vision which the glasses gave, and the contrast of the external world in focus with her previous blurred peering.

She recalled no early sexual curiosity or experiences. She had been carefully informed by her mother about the birds and the flowers, and believed she had first masturbated in her twenties.

The patient had been nursed at the breast at least during the first year, weaning having been postponed for convenience while the family was cruising on a yacht. Perhaps during that year, and certainly during the second and third years, the patient had resorted to holding her breath—practically her only expression of anger—for which and for an infantile spasm she had been immersed in cold water. During this first year, too, she had slept in her parents' bedroom, or in the close quarters of their cabin aboard the yacht. Later she had a room of her own, but sometimes slept with her two sisters in a screened porch which after her sixth year she often shared with her brother, born when she was five.

Her third year was especially eventful. She had a tonsillectomy under a general anæsthetic; afterward she was given the excised tonsils in a bottle of preservative to cherish as a

memento of the occasion. That same year all three sisters had scarlet fever, for which they were quarantined separately as they did not fall sick simultaneously. The patient got it after the other two, while visiting a relative to whom she had been sent to protect her from becoming infected by contact with her sisters. During the illness she developed a mild nephritis in the course of which she was catheterized. Soon after this illness, her mother fell in attempting to get on a street car, and miscarried a stillborn boy, which especially grieved the parents as they had long wanted a son. Two years later, when the patient was five, a healthy boy was born. This whole matter of the miscarriage had been completely repressed by the patient, but presented itself so insistently during the analysis that the patient finally asked her mother about it and received a verification.

The infantile sexual experiences in the development of this patient were approximately as follows. During the first two years there were primal scenes which were not clearly visualized by the child, perhaps because they often occurred in the dark, perhaps also because of her markedly defective vision. She picked up the sounds, however, got the sense of turbulent motion, registered and reflected the heavy breathing and returned the aggression in her own attacks of holding her breath.¹ These attacks were then checked by immersing the child in cold water. The patient had been in an adjoining room when her mother miscarried, had gone into the mother's bathroom and discovered something in a pail as well as bloody linen. This made a profound impression and had the effect of an overwhelming visual trauma, but was dealt with by fairly quick repression, being fused with the memory of the tonsils in the bottle. Between three and five there was an increasing awareness of

¹ Dr. N. C. LaMar has told me of a case of his in which a child of three and a half years was known to have walked into the parents' bedroom while the parents were having intercourse, to have been obviously 'shaken' by the scene, and to have had her first attack of asthma the following night.

male genitalia. She had had, even earlier, some blurred impression of her father's genitals and attributed similar equipment to the mother. Before she was five she was visited by two male cousins, both several years older. One was a rather dull, enuretic boy, and in becoming aware of this boy's genital she did not elevate it to any particular position of grandeur, although certainly there had been this general feeling about her father's (and mother's) penis in the earlier primal scenes. With the other cousin, a mischievous headstrong boy, there was some sort of mutual sexual investigation which appeared in the analysis as a cover memory of having been terrified several years later when this boy tried to push her down a hole. In this sexual experience too, she had seen and been tempted to touch, or had actually touched the boy's genital. In this same age period between four and five, there was a memory of coasting with her father on the sled behind her, and of being so aware of his genitals that she thought she could feel them. She felt a frightened exhilaration with a fear that the situation might get out of control. This memory recurred several times in association to 'out of control' dreams, which also evoked association to the story of *Ethan Frome*. In other words, the child was in an early oedipus period of considerable intensity.

The patient's brother was born, presumably, at midnight. The patient saw nothing, and how much she heard or reconstructed in fantasy from what she soon overheard is not quite clear. The event had for her the accoutrements of the birth—and the death—of a hero, bringing associations of the *Erlkönig*, and fantasies of a doctor racing at midnight through a colossal storm of water and wind. It seemed pretty definite that this event was not nearly as overwhelming to the patient as the mother's miscarriage had been.

Between the patient's third and sixth years there was some mutual masturbation among the three girls on the sleeping porch, for which the oldest sister, about twelve, was blamed by the mother. My patient had two types of masturbatory fan-

tasies: one of being blindly smothered by a large overwhelming pressure which descended especially upon her head; the second, sadistic fantasies of hurting others, sometimes by magic, sometimes by direct torture. In the first, she was passively succumbing; in the second, actively attacking. The fantasies of smothering, on analysis, proved to be a fusion of rather forceful and prolonged breast feeding, identification with her mother in the primal scene, of having been anaesthetized, and birth fantasies. The sadistic fantasy became detached from masturbation and appeared at the age of about eight as symptomatic play when, at a seaside resort, she caught little fish left in shallow pools by the receding tide, and in solitary secrecy burned the tiny creatures alive. She was always startled that she, so mild a child, could have done so cruel a thing.

The birth of the brother was a severe disappointment to the patient in typical oedipal fashion, except that she seemed to renounce all hope of ever having a child, probably on the basis of guilt (masturbation) and fantasies that she had been responsible for her mother's miscarriage. Early in treatment there was an extreme resistance to analyzing the hopelessness of her pregnancy wishes. She would simply sigh and say in a bored fashion, 'Why bring that up? Haven't I enough problems without that?'

The birth of the brother focused the child's penis envy. She regarded his genitals as a cute little flower (the mother's term for all her children) and had impulses to touch them. Her awareness of his circumcision increased the notion of her own castration, also her ambivalence towards him to which she reacted by extra devotion to the brother which extended to small animals and toy animals. In relinquishing the idea of having a baby herself, she denied herself dolls but accepted in their place small stuffed animals. The burning of the fishes was a return of the repressed hostility clearly expressed in play. This displacement from penis to fish found symptomatic expression in a mild phobia of seeing, eating or touching any fish. The reaction to large fish was additionally determined

when, at six years of age, she saw her grandfather urinating into the water as he stood fishing from the shore. With her new glasses she could see quite plainly, and the sight awed and aroused in her a latent excitement connected with memories of past experiences and fantasies of birth, castration, death, dismemberment, fused together. The induced erotized excitement and aggression were quickly repressed, reappearing in dreams first of weeping and finally of rage. She became increasingly good, still more passively compliant than formerly, and withdrew into fantasy. Sexual interests were repressed and did not reappear with anything approaching normal intensity until analysis. She was fearful and ill at ease with boys, could not fall in love with any man although she made a conventional marriage at the proper age and was the formally adored wife of a quite unindividuated husband in a kind of make-believe marriage. She had only the highest ideals, found it difficult to bring any definite accomplishment to completion. She was whimsical, gentle, wrote delicate poetry and stories in which the theme of flames and burning reappeared frequently. She complained of vague feelings of unreality, sensations of heaviness, and occasional headaches which were not severe, consisting of aching superimposed on a general feeling of cloudiness and ineffectuality. In the early part of the analysis, she repeatedly asked with a childish naïveté, 'Could I possibly have felt that way?' or, 'Is it possible for a child to have such feelings?' as if requiring an authority she did not possess to permit her to claim her own feelings.

The patient's dreams clearly revealed the infantile sequence of events reconstructed, and demonstrated strikingly the light and color effects, which reached a climax with clear visualization of the adult male genital. This order was influenced by myopic vision. In other cases the intensity of the visual element appears earlier. It depends seemingly on the visual acuity and the intensity of the emotion aroused.

Early in the analysis the patient told a dream of a large puffing locomotive coming toward her, in danger of getting out

of control. She first related this to outbursts of temper of her father of whom she was partly frightened and partly reproving because of them. This theme of an engine with a large headlight had been in college the inspiration of a poem in which it was a dragon breathing fire, beautiful, awe-inspiring, and frightening. At times it was associated with the trolley-car whose lurching caused her mother's miscarriage. In this paper, however, I shall present dreams from only a few days in which the patient was working over, as she did again and again, the sequence of events which I have indicated at the beginning of this paper.

After a period of marked scopophilic fantasy, especially in the transference, she awoke one morning with the opening words of The Star Spangled Banner obsessively in her mind. Subsequently she dreamed '... About nuts and bolts, as though they might fall apart some way', with associations of having investigated contents of drawers, of male genitalia, and of her enuretic cousin whose name reminded her of a comic strip robot who had buttons all up his front; if the wrong one was pushed, the machinery would jam, and the robot get out of control. There was a cover memory of children at Halloween peeping in the window, and of her father squirting soda water at them in fun, at once associated with the possibility of having seen her father's or some other man's genital urinating.

In the next hour she related the dream:

'My brother had died, but he seemed to be confused with my father; yet I was wondering how I could break the news to my father. I was utterly overwhelmed and wept so hard that I awoke.'

During the dream she felt a tenseness across the eyes, almost from cheek to cheek. Later in the dream:

'It seemed that brother was really my child, and I felt vaguely guilty toward my mother; but I was responsible for something happening to my brother and was distressed that I would have to tell father.'

This dream had been stimulated by learning that her brother's wife's father had died, and realizing that she felt hostility toward her sister-in-law at a time when she wanted to feel only sympathy. In addition to the obvious œdipus, there was the trend of guilt, envy, and hostility toward the male with weeping substituted for urination.

During the next hour, as she heard the radiator make a rhythmic racket, she turned and said jokingly but sarcastically, 'If you just speak to it, it will be quiet'. In the transference, I represented the mother and the grandmother who ruled their respective husbands with a calm piety that suppressed both sex and aggression. She then told a dream in which she had felt enraged.

'This rage was so great it was like a fit. It was directed against an elderly white-haired man, a grandfather. He was not giving me the recognition I should have had and I was screaming at him. I had a pillow that I was trying to use as a club, but it would not do. Then a great big policeman came in, a kindly person with his shirt open at the neck like a woman's. He was going to put me away, but he was good and kindly and represented good law and order. Father came in and I thought the policeman and father confronting each other was going to be tough. It felt almost as though my rage would make me cross-eyed.'

The patient associated me with both figures, the grandfatherly man who looked like a psychiatrist of her acquaintance and did not give her the recognition which was her due, and the orderly policeman who took kindly protective custody of her and did not condemn her. Her anger at having soft parts instead of a firm penis, the conception of the woman as having a male genital, some excited expectation of a primal scene, and the reference to strain on her eyes in looking, are all clearly represented in the dream.

The following day she dreamed:

'I was writing a legal brief in self-defense. It was being written on *yellow* foolscap paper. Before writing on the

foolscap I had been writing in a stiff-backed notebook with *green* covers.'

This brought memories of having worn a dunce cap at a children's party and of having wept because she felt neglected; then of feeling that her mother was remote and too good. The patient had such a shorthand notebook on which was printed the amusingly suggestive description, 'Tumbler, lies flat, stands upright, turns quickly. Eye-ease paper.' She recalled that her pious grandmother had influenced her at puberty, against her inclination, to attend Sunday school. The unconscious question seemed to be whether grandmother too, like mother, had a penis.

In the next hour the patient reported that she had had a headache following the previous hour, and had awakened in the night with a feeling of confusion as though she might have hurt someone. Falling asleep, she had a terrifying dream which had the quality of a memory.

'Someone was standing on a rock fishing. The rod was given to me, or else I wanted it, but I did not know how to use it. Then I was to be shown those bright colored things, spoons, that are used in trolling.'

The memory of grandfather urinating into the water while fishing and other associations lead to the castration problem. The bright colored spoons were glittering and artificial like Christmas tree ornaments. The patient had seen the grandfather's penis as an illuminated, highly colored object, partly as a means of denying its existence as if to say, 'It can't be real. It is brightly colored artificial bait.' She asked in a puzzled way, 'What color is the penis? . . . Isn't it just skin colored?' The theme of colors continued during the next few days, with black, blue and scarlet predominating, in fantasies of sexuality as excitingly damaging and bloody.

'A horse stood outside a fence looking at the mangled body of a small dog which had been killed by a larger dog. Someone put a great big brightly colored tam-o'-shanter over the horse's head so that it would not see the body of the dog.'

In this dream the dreamer is still trying to resolve and relieve the guilt of forbidden seeing (dog fight = primal scene), for the horse represented her father, whose affectionate nickname was Tam, and the protective blinding brightness covers his head, as a few days before it had the grandfather's penis. Incidentally, the mechanism of pseudoimbecility and the magic cap of invisibility (1) is here nicely dramatized.

In my clinical experience the two events of childhood which are most likely to produce visual overstimulation are, first, the sight of the genitalia of an adult of the opposite sex; second, any glimpse of the process of birth. My fairly definite clinical impressions include too few cases to warrant assured generalizations. Either of these 'visions' is most stimulating in the pre-œdipal period, and definitely less so in the latency period.

The sight of female genitals has never, in my case material, been directly invested with a shining light, but is represented as something dark, gloomy or forbidding, but behind which some glorious adventure or secret hall may lurk. 'The blue embracing caverns of the night', (2) was quoted by two patients in an almost identical symbolization of intrauterine fantasies. Redness sometimes represents an illusory feminine penis, sometimes a bleeding castrated one. The halo of the vision is either given an intrauterine extension of this kind and appears as the mysterious luminous blue; or, it is a white or red shining light displaced to the head, as the figure of the Madonna, or of the redheaded woman (frequently a phallic prostitute) in dreams and fantasies. The memory of the adult male genital, however, is often represented as glowing white, blue or even a red-white-and-blue (probably a fusion of experiences and fantasies) as in the case of the patient who awoke obsessed with the words of The Star Spangled Banner, but could never consciously recall whether the erect penis of the man possessed any color. She recalled, however, having seen the erect penis of a dog and of a horse, in each instance being impressed with the bright color of the organ.

I am inclined to the opinion that the pedestal which is so often spoken of as the site of elevation of the opposite sex is determined in part by the observation of the erect genital of the father, seen by the girl as a luminous object, and as a monumental column beside which his own organ is very diminutive by the boy. The original visual stimulation is but one component in determining this isolation mechanism, which is further determined by all other experiences which increase the fear and hostility between the sexes and promote unconscious homosexuality.

CASE HISTORY II

This patient came to analysis in an acute homosexual panic, fearful of killing his wife and children, and most intensely jealous of his brother to whom he had previously been attached, but whom he had recently thrown into the closest relationship with his wife and then become frantic lest a sexual relationship might have developed.

Prematurely born, his anal and urinary aggressions were quite repressed in infancy from excessively severe, too early toilet training. This repression caused inner sensations of bursting for which urination gave the readiest relief, and formed a prototype for the discharge of erotized aggression. The patient was an eminently successful man of really enormous energy, drive and ambition. It was conspicuously apparent to his friends that he idealized and kept women on 'pedestals'. He was jocularly companionable with women but totally inhibited sexually with all except his wife, and with her only under certain conditions. He lived in the country so that he could escape from her to play golf at any moment. He could not tolerate to be confined with her in close quarters; yet so far as he knew he was passionately devoted to her, and unaware of any hostility until it erupted symptomatically in phobias.

This man masturbated in the rather long intervals between coitus with his wife with fantasies of intercourse with his wife,

or with a redheaded waitress whose name was Joy. He dreamed:

'I was looking for my wife and found her standing inside a door crying. We had been to a party which was not a success and which had ended in my getting angry and throwing the food, two buns with fish in them, at a man who had served them to me while I stood in front of a counter. Even though I threw the stuff right at his head this man ignored me. When I found my wife, she was weeping because the party had ended so badly. She had on a plaid wool dress. Our three-year-old son was beside her. She said something about a headache and the fifteenth of the month. I thought it referred to something about the baby. Then I realized she meant it was a good time to have intercourse. I kissed her and, by God, I would have had intercourse only just then the alarm went off.'

This dream represented the patient's current difficulty in having intercourse with his wife after a jealous quarrel from feeling exploited by her and their nineteen-year-old daughter. It states clearly his ambivalence about intercourse and fear of making his wife pregnant ('fifteenth of the month'). The dreamer is identified in some measure with every character in the dream, and its infantile content is being in bed with his parents, jealous of his father and wanting the breast of his mother by whom he felt rejected. Everybody's head is injured except the dreamer's and the baby's. His wife complains of headache and he throws buns at a man's head. He associated this with his mother's frequent complaint of headache, and remembered in childhood hitting his sister in the face, causing her to have a nosebleed, because she had stolen some cherries from his hat. Awakening from this dream, he had headache around his eyes which he attributed to a sinusitis.

Another dream:

'My wife's brother, Ray, was getting ready to dance with a twelve-year-old girl who wore the epaulettes of a commander with grooves between the stripes. Then somebody was talk-

ing about the *New York Sun*. I said, "That is a good newspaper; if you want any qualifying statement, it is a god-damn good newspaper and you can quote me as saying so".'

To this dream the patient commented that Sun was generally the name of a morning rather than an evening newspaper. From his early morning wakefulness and urinary tension, he was led to recall that when he was about eleven years old he rubbed his penis with his brother's, who was about six, and felt intensely guilty. In the dream verbal profanity takes the place of sexual aggression, and reflects the conflict about how much aggression may be considered as legitimate and conservative. The grooved epaulettes are a bisexual symbol associated with a time when he had been frightened by seeing his sister nude. Here too the dreamer is identified with everyone in the dream, with the aim of establishing his superiority. Ray especially was a highly esteemed man—too polite and downtrodden by his wife—but otherwise practically an ideal to the patient, 'The pride of the navy, and a shining example to others'. This, indeed, is an approximate description of the patient during his adolescence when he was secretly seducing his brother.

In so far as these patients may be representative of my general experience, I would say that such strong visual stimulation adds very much to the stress of the superego formation at whatever time it occurs. It seems especially to combine with the problems of the formation of the superego between the years of two and three when toilet training is being established; also, naturally, it combines with the oedipus when ego ideals are in their incipency. It is very much less disturbing for the child to have such experiences during the latency period when social outlets for the discharge of aggression are so enormously greater. While both of these patients border on that group of patients predisposed to exaggerated somatic reactions to trauma, the typical halo reaction-formation occurs also in patients whose birth and early development have been without known trauma.

The question is raised whether directly investing the adult penis with a halo (in contrast to its displacement in the case of the adult female genitals) is not due in part to the fact that there is a greater degree of focusing required, and that consequently defects in the vision of the voyeur, such as myopia or muscle strains, play a greater rôle in producing a central image with a peripheral luminous blur. For the male child observing the adult penis the intensity of his focusing may be modified somewhat by his knowledge—visual and tactile—of his own organ. The shock is then greater in not seeing the penis.

In the psychoanalytic literature there are several references to the phenomena which I have described, although I know of none in which it has been related to the development of the superego. Schreber (3) boasted that he could look at the sun without being punished or dazzled. During the period when he believed that his organs were being destroyed, he thought they might be restored by divine miracle, or 'rays'. At a later time in his illness, he believed that he was to be emasculated so that he might be impregnated by the rays of God. In interpreting this Freud remarked that the 'sun is nothing but another sublimated symbol for the father', and that Schreber had discovered again this mythological method of expressing his devotion to his father. Indeed, the Earth mother and Sun father are common symbols of mythology. Abraham in his paper, *Transformations of Scopophilia* (4), referred to the Schreber case, giving confirmatory reports from folklore and clinical cases among which one of his patients had two dreams resembling those of the patients here reported.

1. 'He was in school and the headmaster came into the room and spoke to him. At first the patient defiantly opposed his orders, but later had to obey them, while there appeared over the master's head a blinding light, at the sight of which he fainted.'

2. 'The father appeared to him as a ghost of a dazzling white form, rather than the faint pale white generally worn by ghosts.'

Abraham made no special comment about conscience here although it is obvious in the manifest content of the first dream. The second dream is a fragment. One wonders whether the returning ghost was a punitive authority, as the headmaster in the first dream so clearly was. In a footnote Abraham stated, 'I might briefly mention that in many neurotics the father is not represented by the sun but by lightning, i.e., by another phenomenon of light in the sky. Lightning here more especially represents the punishing (killing) power of the father.' It seems that in Abraham's case the fainting in the dream may have been the expression of the stunning blow which, if lesser, might have been a headache. Dr. Edith Jacobson has called my attention to an article by Marie Bonaparte (5) which presents much material suggestive of the observations I have outlined in this paper. Her case focuses on certain stresses of the œdipal period, with the identification of a little girl with a glorified mother who had died at the child's birth. This child who at the age of four suffered a pulmonary hemoptysis (the memory of which was subsequently repressed), had a hallucination of a brilliantly colored bird, possessing all the colors of the rainbow, resting on her lower abdomen. In analysis she associated the rainbow, which penetrates the earth, with the opal which was her father's gift to her mother, a stone of rainbow colors bringing bad luck. This was further associated with the father's penis which was responsible for the mother's pregnancy and death. The patient remembered vividly the red trousers her father had worn, about this same time or earlier, as an army officer. The girl had later in life identified with her father with an exalted ambition to conquer the world with the force of her brain. In another article (6) Bonaparte states that at the same age the child had witnessed in broad daylight repeated sexual intercourse and fellatio between her nurse and the coachman (actually the father's illegitimate half brother). This primal scene was first reconstructed by the author from dreams and screen memories but was later verified in conversations with the coachman-uncle, much as my patient

verified the facts of the miscarriage. The data presented by Bonaparte in these two articles do not particularly emphasize the superego which is represented chiefly with reference to the *œdipus*.

I have found only one other extensive reference to this subject by Stragnell in *The Golden Phallus* (7). Investigating dreams in which yellow or gold appeared, Stragnell came to the conclusion that gold was always associated with the father, 'a tabooed love object . . . a person of authority from whom emancipation cannot be obtained'.

In the cases here presented, the symptomatology is not as important as the character structure. The possibility is suggested that the phenomena described may have some relation to the scintillating scotoma and headache of migraine, which occur conspicuously in compulsive characters in whom individual attacks can sometimes be traced quite precisely to situations in which large quantities of aggression have been aroused without the possibility of adequate discharge.

Two psychophysiological problems suggest themselves: first, what are the pressure systems in homeostatic balance in the infant, and what homeostatic interrelation exists between the bladder or lower bowel and the intracranial space; second, what part does vision play? May visual sensations constitute some sort of intrapsychic shock which may later be neurotically reactivated; or is there a secondary stimulus centrally aroused by any shock, resulting then in an intensification of visual stimulation, as it were, because the eye is more closely part of the brain than is any other organ of special sense? (8) I am indebted to Dr. Ernst Kris for the valuable suggestion that the halo and color effects which I have described may be related to the peculiar characteristic of peripheral luminosity, or sharpness of edge, which commonly invests cover memories. It may be that this latter is due to the intensity of the emotional shock of the initial experience, no matter what its content, and that the sensation of light is then displaced to the cover memory. It also seems possible that these phenomena

may have some relation to the 'color shock' findings of the Rorschach test.

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Felix Deutsch

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ANALYSIS OF POSTURAL BEHAVIOR

BY FELIX DEUTSCH, M.D. (BOSTON)

Gesell defines posture (1) as the positions assumed by the body, as a whole or by its parts, in order to execute a movement or to maintain an attitude. In these postures voluntary and involuntary, conscious and unconscious motivations are always involved. During analysis the motor behavior of patients can be observed to be motivated by underlying and coördinated psychological processes. When a patient is invited to lie on a couch and relax, his posture illustrates not muscular relaxation but a pattern of behavior related to the situation and to a basic psychosomatic pattern.

Freud (2) has stated that the muscular movements of the body, face, fingers, hands and arms are motor discharges of psychic tensions that have become superfluous. He explains these movements as concomitant manifestations of emotional processes and as reactions to former experiences associatively stimulated. They represent also pleasurable gratification and may be a sensitive means of detecting conscious and unconscious psychic processes. Specifically, they may betray changes of affect, sensations of pleasure, ambivalence or the reappearance in consciousness of repressed fantasies and memories. Restlessness is an attempt to get rid of psychic tension, to overcome anxiety, or it may be regressive in content. Prolonged motor restlessness produces habitual motor reactions, inhibitory mechanisms, rhythmic voluntary movements, compulsive gestures and purposeless substitutive activities.

Freud (2) suggested that an impulse for forbidden gratification may lead to a restriction of movement of a hand, for example, as a partial denial of the motor pleasure. Motor gratification is easily susceptible to repression.

Abraham (3), in a paper on locomotor anxiety, states that during analysis patients show inhibitions of those bodily movements which derive from a repressed erotic pleasure in move-

ment. Walking especially frequently becomes erotized. Abraham observed a young agoraphobe who was continually clinching his fists or contracting the muscles of his arms. Such patients have a peculiar interest in the rhythm of their movements, performing them, so far as circumstances permit, in some definite rhythm which one patient stated quite spontaneously reminded him of sexual rhythms. Abraham (3) traced their origin in his patient partly to the rhythm of masturbation, partly to that of ejaculation.

Ferenczi (4) found regular parallelisms between motor acts and psychic functioning, their mutual conditioning frequently showing demonstrable quantitative reciprocity. He noted that many patients in states of resistance display an exaggerated stiffness of their limbs. In the progress of analysis, the physical tensions sometimes disappeared with the resolution of mental ones. Ferenczi (4) believed the left side of the body to be more accessible to unconscious influences than the right because right-handed people concentrate less interest in it. In addition it seems important to consider the symbolic significance of right meaning 'correct' and left meaning 'wrong', as well as right meaning heterosexual, and left meaning homosexual.

Landauer (5) studied the behavior of some patients during analysis and concluded that one can retrace in adults the whole complexity of motor disturbances which derive from the infantile motor restlessness and its relationship to former love objects. These associative reactions have undergone distortion in the course of life. He observed that many persons learn to put their extremities in certain positions which give the greatest relaxation or prevent the appearance of restlessness. Often the most insignificant movements are important brakes against infantile motor restlessness. They become automatic the more they are overdetermined. This is a source of inhibitory movements which are to some extent voluntary movements. Innumerable movements which are developed through ego or superego functions become automatized in the course of life by means of complicated mechanisms. By and large

motor behavior develops in several phases interrupted by continual regressions. It is the main instrument of the ego in contact with reality. Motor restlessness in the adult is a sign that the ego has not learned to develop reflex inhibitory movements as a barrier against disturbing id tendencies.

Fenichel (6) states that a patient in psychoanalysis who can no longer avoid seeing that an interpretation is correct, but nevertheless tries to, frequently shows a cramping of his entire muscular system or of certain parts of it. It is as if he wanted to counterpoise an external muscular pressure to the internal pressure of the repressed impulses seeking an outlet in motility. The original autoerotic libidinization of the muscular system is regressively revived. Just as repression represents a dynamic struggle between impulse and countercahexis, so does dystonia represent a struggle between motor impulse and a tendency to block the intended movement. Pathogenic defenses aim generally at barring ego alien impulses from motility. This inhibition of movements is a partial weakening of the voluntary mastery of motility.

Most authors agree that this development leads from diffuse responses of the whole body to the more specialized expression of specific parts until the whole system acts as a unit (7 to 13).

Kempf (14) arrives at the opinion that a man's posture should be regarded as a total organic response representing an equilibrium between the autonomic tensions and the demands of the environment. Allport (15) favors the hypothesis that there are organized psychomotor dispositions or expressive traits, and that the expressive movements of a person are consistent with one another because if personality is self-consistent its expressions are in turn consistent; that there is a functional unity between mind and body.

These investigations lead to the conception of successive grades of motor and postural behavior, from involvement of the whole body to isolated muscle groups. In the course of development, movements of single parts of the body become gradually independent from each other. Synkinetic move-

ments become rare, and auxiliary movements superfluous. It is debatable whether this is due to inhibitory influence in connection with psychologic development. Synkinetic movements as they appear in the adult might be therefore considered as an index of inferior motor development in which certain movements and gestures acquire symbolic meanings. By and large no adult muscular expression is entirely free from its early ties. Certain postural attitudes that have developed independently become finally integrated with each other, and when the personality is fully developed they become consistent with one another, presenting the characteristic expressive acts of the adult. Behind the specific expressive nature of a posture or movement is invisibly enacted the whole immanent latent organized structure of the integrated system.

In a previous paper (16), I gave several illustrations of psychosomatic research in motivation, based on observations made during analytic treatments. One patient, a man of twenty, kept his arms rigid and close to his body, which proved to represent an attempt to suppress thoughts of masturbation which soon afterwards became verbalized. When incestuous wishes towards his mother or sister came to expression in the analysis, he began holding his hands on his abdomen, above his genitals. As passive homosexual cravings emerged, he lay with his arms in a position resembling a sleeping baby. Incipient rebellion against his passive homosexuality was marked by a change in which one arm remained in the infantile position and the other moved downward, with the addition that in reviving feelings of competitiveness against his father, he put this hand in his trouser pocket. Under pressure of insecurities, and being afraid of his sexual desires, he kept shifting restlessly during the hour from one position to the other. Several times when strong homosexual feelings became directed toward the analyst, he bent his legs at the knees, expressing rudimentarily the fantasy of swinging his spread legs backwards from the couch to engage the analyst's head between his legs. There were almost invisible rhythmic oscilla-

tions of the fingers of both hands, precursors of memories of repetitive noises in the bedroom of his parents. These movements were related to a habit of knocking rhythmically with his fingers on the desk when he was studying. All these body movements were specifically psychologically motivated. Such observations are not at all rare.

Another woman patient had typical postures which presaged the direction of her associations. When she lay on her right side, she talked about her relationship to her father; she turned to the left when her thoughts centered around her grandmother or her mother. She almost never lay on her back, and did so only towards the end of her analysis. During a period of acute indecision, she developed symptoms resembling aural vertigo until she turned on her stomach, whereupon memories from her early childhood in which she lay prone in her grandmother's arms appeared. Following the emergence of these memories, the dizziness disappeared.

These random observations seemed to justify a more systematic investigation. The procedure followed was to record all postures and changes of postures during successive analytical hours and, likewise, the concomitant verbalized material. The position of the analyst permitted observation of the movements of arms, hands and legs, the body posture as a whole, but not facial muscular movements. The different postures of each hour were recorded on a posturogram on which the positions of the head, limbs and of the body (front and back) were recorded. These recordings were made of seventeen patients in analysis for periods varying from six months to three years. In twelve cases, the recordings were done from the first day of analysis, in the rest some months later. Five of the patients are still in treatment; nine have completed their analyses; three interrupted it.

CLINICAL EXAMPLES

A twenty-two-year-old woman, a professional pianist and dancer, was referred for treatment because of fatigue, diffi-

culties in the pursuit of her profession, and inability to feel at ease with men. She suffered from depression and states of unreality in which she felt 'submerged'. She was successfully analyzed in two and a half years.

Her basic posture was a dorsal position, arms next to her body and legs stretched parallel. During the first part of analysis, sudden feelings of coldness and numbness of her hands, or itching and tickling in her legs troubled her, feelings which accompanied memories of being reprimanded by her mother, or of playing piano or dancing for her father.

She clenched her fists when she recalled her mother's anger with her, calling herself an unhappy, abnormal person who never got what she wanted. This was accompanied by a prickly numb feeling in both hands which she started to rub. She put her hands over her chest and held her fingers crossed when feeling as if a snake were creeping on her. Lifting her right hand to her chest and holding it over her breast, she recalled, as a child, finding a condom. She did not know whether it was for a man or a woman. This was followed by thoughts about breasts. She noted a tickling between her legs. She scratched both thighs and was afraid of being scolded for that. This sensation was provoked by thoughts of her younger brother. This was followed by immediate withdrawal of her arms from under her head, accompanied by thoughts about her mother who scolded her for spanking her brother. She turned to the right, asking whether it was right to do it, characterizing it as her 'sleeping position'. Another time she turned determinedly to the right side and talked about a yellow orchid on the mantelpiece of the fireplace, with memories of her aunt's canaries which flew around the room and of which she was afraid. A molding on the ceiling brought a memory of being in a bathtub with her older brother; she then called the right-sided position her 'bathtub' position. For months this position accompanied fantasies and memories and dreams of her brother or father. Becoming aware of a tickling between her legs, she put them apart, and remembered forcing

her little brother between her legs and spanking him. She reported a dream about roughhousing with boys with fears of being raped, and memories of slapping her brother. Moving her hands to her head as if protecting it, she had thoughts of 'sins' which led to confessions of masturbation. Crossing her legs for the first time, she said she had had a 'tiff' with her mother the day before. She felt she had a pain in her left foot. From this day she kept her legs crossed, the right over the left. Homosexual fantasies then appeared. She played with her fingers, putting them into the hollow of her cupped hands, followed by numbness of her hands.

Whereas during the first six months of analysis the basic posture varied little, involving only three postures, modifications of these postures then occurred in greater number. The 'bath-tub' posture was exhibited when her thoughts centered around her father, brother or men like them. The left lateral posture appeared late in the second year of analysis, when homosexual fantasies or dreams were dominant and when her ambivalent attachment to her mother, a nagging and obsessional neurotic woman, was analyzed. Other postural configurations included holding her hands under her neck when fearful of being punished for masturbation; her right hand was lifted and her left hand held protectively over her head when she was angry with men. Her left hand was usually lifted when she was in a rage against her mother. Both arms were lifted when she felt hostile with both parents. Both arms were stretched backwards when longing for approval.

All these were, of course, involuntary movements. With memories in which as a child she had felt neglected and rebuffed by her father, and hated men, her ambivalence was expressed in restless changes of posture, until finally, with determination, she assumed the left lateral position: mother. In quiet phases of analysis, the basic posture was always resumed.

A forty-year-old married woman, in analysis four years with some interruptions, was a borderline case with blocking of

affect. She had severe pains in her joints for which she had been treated for years with little success, and which disappeared when the patient could release repressed hostile impulses. Analysis was difficult because of a persisting reticence, connected with an infantile fear of punishment and hatred of her domineering mother, which made her mute. Either she spoke only one or two sentences, or she related a dream at the very end of the hour to avoid interpretation. Unconscious material broke through only after a great struggle.

Every hour began with both hands resting on her abdomen, followed by an upward movement of the left arm, the left hand touching the forehead. Throughout almost three years of observation, the initial posture remained the same. Only five times in these years did the right arm move, the left arm remaining motionless on the abdomen. The left arm was the moving limb, the right arm acting as a defending and protecting agent. Synkinetic movements of both arms occurred less frequently, both arms usually lifted to cover the head as if defending it against a threat. Masturbatory feelings of guilt were often accompanied by concealment of the hands under the neck. As a rule, the head was covered with one arm or hand until late in the analysis when she was relieved of feelings of guilt centering about her mother. Ambivalence was represented by movements of the head from side to side. The posture of the legs, the right crossing the left, changed only a few times during three years of observation. The patient several times made a feeble gesture of turning to the right by crossing the left leg over the right; however, the turn was never completed. This posture accompanied the thought of defying her mother and symbolized a wishful turning to her father.

Usually when talking or listening attentively to interpretations no involuntary movements occurred. This is characteristic of many patients.

The most striking impression which the posturogram of this patient gives is the stereotyped and repetitious, almost automatized, sequence of her movements. This repetitive compul-

sion was so firmly established that the patient resumed the same postural patterns on returning to analysis after an interval of several months.

A twenty-three-year-old woman in two hundred thirty-eight analytical hours exhibited seventeen postures, the basic one two hundred sixty-five times, three only once and the rest up to eighteen times, all variables appearing only for seconds.

The patient's mother was a religious, compulsive person, the father an insecure, passive, dependent individual, unable to gain his wife's approval. The patient, with a sister of twenty-one and a brother of fifteen, was convinced her parents had wished a son as their first child. She was ambitious, willful, conscientious, craving her father's preference until the birth of her brother, when she became subdued, tearfully sensitive, and eager to please. In early adolescence she accidentally cut her right wrist and injured a tendon, requiring two operations to restore function of the hand. She felt different from other girls; considered herself a failure, ignorant, unimportant, fearful to move, afraid of doing the wrong thing.

In the first eight days of analysis she changed position frequently, after which she settled rigidly into a posture from which she has so far not deviated: hands resting on her abdomen, legs parallel. Occasional brief movements of her injured hand towards her head appeared when she related masturbatory practices, and when she touched upon hostile impulses towards her brother; otherwise, whatever her emotions, analysis has so far not altered the rigid, restrained, basic posture.

The basic posture of a fifty-year-old obsessional neurotic man with a climacteric depression was a dorsal position, the arms on his upper abdomen, the right leg over the left. During one hundred hours of analysis eighteen postures, of which some appeared only once (especially the tentative attitudes of the first days), were recorded. From the basic posture, two alternating variations appeared regularly at about three to five minute intervals during each hour. The cycle consisted of lifting the right hand to the forehead, returning to the original position, then repeating the same movement with the left hand.

The first break in this repetitive pattern came with memories and fantasies of passive relationships to men: an incident in which he had behaved 'like a sissy', and when a friend treated him like a cripple. In verbalizing these thoughts, he sprawled his legs, and spread out his partially flexed arms in a babylike posture which persisted only a short time. Associations followed in which he relived the anxiety of fighting against passive homosexual tendencies and the dread of being detected as unmanly. These fears brought a resumption of the stereotyped alternating movements of his arms which continued until one day he reported a dream of strong masculine assertiveness. This had been stimulated by meeting a woman who flattered him with her appraisal of his abilities. He felt accepted, superior, and put on 'an act', as he called it. He crossed his legs differently, putting the left over the right, and kept his arms rigidly extended. Another temporary alteration of movements and position appeared only once again after a similar experience.

A married man, twenty-seven years old, sought treatment for various allergies, vasomotor disturbances and mild hypertension—physical concomitants of severe anxiety, repressed hostility and neurotic compulsions. He had three hundred fifty-one hours of analysis during which twenty-nine postures and movements were recorded, of which twenty-five appeared on very few occasions, eighteen only once. He had many hypochondriacal fears of heart failure, appendicitis, skin disease, and so forth. Passive dependence conflicting with deep resentment against his parents made him a timid, cautious but stubborn personality. He often felt on the verge of fainting, or of being dizzy and unsteady. He was married to an ambitious but insecure woman (with whom he had in common a hatred of their respective mothers) who was deeply attached to her father.

During the first seven months of analysis, he expressed strong feelings of guilt about masturbation, and touched upon his unconscious homosexual tendencies. During the first three

months, he held his arms and hands together in a stiff defensive position on his chest. Later, he made specific movements of his arms suggestive of protecting himself against the punishment he feared or as if to attack the menacing figures. He expressed need for protection by holding both arms over his head. When rebellious, he lifted one arm, the other remaining as a safety device over his heart. Masturbatory ideas were accompanied by rubbing movements of his hands, or by covering his head with one hand, and the repression of masturbation by holding his arms motionless next to his body. During the hour he alternated equally putting one leg over the other, always beginning with the left over the right. These movements were believed to be rudimentary gestures which represented turning from right to left, an interpretation justified by observations of other patients in which such leg movements progressed to completed lateral positions of the whole body. Only twice during analysis did the patient put his legs in a parallel position: on both occasions he brought dreams which on analysis proved to be fantasies of giving birth to a child.

In the tenth month of his analysis, passive homosexual fantasies became conscious, accompanied by paresthesias in the tongue and the hands. He became silent and held his arms parallel to his body. This posture appeared repeatedly, whenever such thoughts were followed by these sensations. Relinquishing his feminine identification and expressing his hostility towards his mother freed him of his dependence which found representations in putting one or both hands into the pocket of his coat. This gesture increased in frequency with the progress of the analysis.

A very successful professional man of forty-three felt himself continually haunted by fears of impending dangers. He was analyzed about a year for symptoms of anxiety, and many phobias including syphilis, elevators, trains and tunnels. The sight of a policeman aroused his guilt to a degree of panic. His sexual relationships, which were numerous and casual, provided the rationalization for many of his fears. He lived a

double life, ostensibly observing all the tenets of his religious faith with the greatest zeal while secretly transgressing with feelings of sinfulness and need for atonement. These conflicts, deeply rooted in the *œdipus*, created unbearable tensions. He had to pretend, especially to his mother, to lead an immaculate life, an attempt which so far succeeded that he partially deceived himself. His sexual promiscuity was, in part, a flight from repressed homosexuality reinforced by the experience of a sexual seduction, at the age of eight, by a man.

On the analytic couch, he regularly regressed to a passive infantile state, frequently daydreaming. Of twenty-five recorded movements and positions, there were two leading ones which appeared in the first part of analysis with almost equal frequency: in both the arms were held over the abdomen or chest (defensive attitude), but in one the legs were held apart, in the other they were crossed. Spreading his legs was associated with his passive (anal) homosexuality, crossing them with his accentuated masculine protest. A protective hand-on-head posture with crossing of the legs occurred only in the first five months when fears of castration were being analyzed. The defensive position of the arms was abandoned and the arms lay extended on the couch.

Observation of the motor behavior of a forty-year-old married man was started in the seventh month of his analysis. In five hundred thirty hours of analysis, fifty-three positions were recorded.

He sought treatment for severe spells of anxiety and many phobias. He was striving in vain for the love of his mother, a powerful sadistic woman, by whom he was defeated when he was a little boy. He had tried to assert himself by being tough and fighting with other boys until his mother succeeded in breaking his spirit. He sought affection and support from his father, who was a drunkard, with whom he slept for a time. He believed, without being able to recover specific memories, that his father made sexual advances or had anal intercourse with him. The mother tried to cure her husband's drunken-

ness by mixing tartar emetic with his beer which she ordered the patient to serve his father, threatening to kill him if he told his father the truth. The boy became a completely submissive, dependent model boy. In his fifteenth year he developed a clinical neurosis with fears of impending death, claustrophobia, and agoraphobia. He could go nowhere without becoming panicky or nearly fainting. He was unable to read. He married a maternal woman who had sufficient money to give him a little of the security he needed.

During the first half year of treatment he lay motionless, either with his hands, fingers spread, lying on his belly, or his arms held uplifted. As the analysis progressed these postures began to alternate with more aggressive ones. The right arm took over the expression of rebellion, fighting, or defense. Movements of the left hand accompanied memories, charged with anxiety, of masturbation enacted first by rubbing the left side of his forehead rhythmically, later, by covering his head protectively with both arms.

At the peak of reliving his competition with his father and his brothers, he held his arms in a position for boxing. Newly acquired self-confidence coincided with putting his right hand (the left only twice) in the pocket of his trousers, the other in an attitude of readiness to strike. During three years of analysis the patient almost never changed the position of his legs: the left crossed horizontally over the right. This proved an intention to turn to the right lateral position, in which he habitually slept, and which for him was associated with heterosexuality. Occasions when he placed his legs parallel or spread them apart were: (1) with fantasies of fearlessly petting a dog or a horse; (2) with ideas of anal impregnation; (3) when he felt free of fears of castration.

A married man of twenty-seven sought treatment for a peptic ulcer of long duration. He was a narcissistic, passive homosexual, obsessional neurotic personality. He loved only his body over which he watched with continual apprehension. However, when he felt unable to do so, he broke down and

was tortured by guilt and inferiority feelings, unable to work or write or study. He was deeply contemptuous of his father, and strongly competitive with both men and women which led to his conviction of being a failure. He could not experience sexual satisfaction because he could not decide to which sex he belonged.

When feeling offended or unjustly treated, this patient crossed his arms over the lower abdomen. Hostility towards women coincided with putting the right leg over the left; the left over the right when hostile towards men. Acutely aware of sensations in his head, mouth, throat, stomach or genitals, he tried to avert these 'secondary sex sensations', as he called them, by directing the flow of blood from the 'congested areas'. This was accompanied by protective or aggressive attitudes of his arms, the right against the women, the left against men. The appearance of these postural patterns was accompanied by anxiety and restless movements from one position to another. Any kind of sexual impulses aroused severest feelings of guilt. A temporary compromise was the fantasy of a combined masculinity and femininity, the one represented by an attitude of fistic aggression, the other by spreading his legs apart. During this period he masturbated genitally with heterosexual fantasies, but at the same time with a rubber tube in his anus. From this he regressed to a passive femininity towards both men and women, in which he felt safe. Analysis of the infantile sources of his reactions aroused rebellion expressed in hitting movements of his right arm and transient crossing of his left leg.

Of twenty-five postures, which the patient exhibited during the nineteen months of observation, there was a predominance of five postures in the first eight months, one gradually becoming the usual one. In the first four months the position of the legs changed most frequently, the predominant position being one in which the left leg was crossed over the right, arms held in a defensive attitude protecting the head. The protective gestures disappeared almost completely after a few months of analysis. Spreading his legs first appeared in the fourth month, and con-

tinued for several weeks. It reappeared in the tenth month, almost replacing the originally predominant posture, the arms resting over the chest, or uplifted and resting on the pillow on either side of the head. In the last five months of observation, he began a movement of his left arm, bending it upward at the elbow with a quick rotating movement which seemed to presage an aggressive assertiveness.

The deterioration of postural behavior during analysis can best be observed in borderline cases when their defensive mechanisms are threatened. A man of twenty-seven with a severe neurosis bordering on paranoia, ran so rapidly through such a gamut of postures that they were recorded with great difficulty. In eight months of analysis almost two hundred positions were noted, fourteen postures contesting for supremacy. This seems to be characteristic for borderline cases with paranoid trends, who have difficulty suppressing their overwhelming aggressions which are acted out in involuntary movements during the analytic hour. In states approaching homosexual panic, he assumed as many as twenty-five different positions during one session, exchanging them frequently. Lying on his right side was associated with nursing, lying on his left side with the anal sadistic transference during which he defiantly presented his posterior to the analyst. Homosexual fantasies were accompanied by raising and flexing his knees on his abdomen, presenting his anus. He had been able to establish with women only the equivalent relationship of a child at its mother's breast. During an hour of treatment in which he reported planning that evening to attempt coitus with a woman, he felt he was 'playing with dynamite'. This analytic hour was one of ceaselessly changing movements ending with the patient lying prone when he expressed his decision to function sexually as a man.

DISCUSSION

Every patient has his characteristic postural pattern illustrating the integrated response of his motor apparatus to unconscious psychological complexes. As psychological changes occur dur-

ing treatment, the postural pattern becomes transitorily or permanently altered. These movements and positions resemble impressively the primitive actions and attitudes of infants, as if emotional regression provokes regressive postures; or perhaps the release of primitive instinctual drives, with the relinquishment of defenses, reactivates motor behavior of the corresponding period. While the motivations of motor behavior are always overdetermined, it is possible to discover, interpret and understand their meaningfulness when simultaneously the verbal expressions of the unconscious is accompanied repeatedly by the same gesture or position of the body. The language of the body frequently needs no interpretation because the patient becomes aware of its meaning. Calling a patient's attention prematurely to his motor behavior leads usually to an immediate suppression or control of involuntary movements.

A fixed posture illustrates, in my opinion, either that the instinctual need expressed in the posture is not satiated, or that the patient is too inhibited or anxious to yield to a competing drive. The fixed posture represents then a compromise between conflicts, protecting the ego from illicit unconscious impulses.

These infantile patterns of automatic behavior, which undergo progressive changes in response to the process of maturing and to environmental influences, become reactivated when unconscious infantile motivations become revived. Lying at rest on a couch during analysis restricts motility and favors the appearance of infantile postural patterns; furthermore, free association diminishes interference of ego control and favors involuntary movements. These are very likely initiated by cutaneous, visual and auditory sensations. Continuous observations of postures and movements during analysis demonstrate the alteration of habitual patterns of motility, and the emergence of partial patterns within the 'total pattern of integration' (17). Sensory disturbances, primarily those of an inhibitory character, cause motor inhibitions which may be hypertonic or hypotonic.

The correlation of psychological (verbal) with postural expression shows, that in states of instinctual conflict, the defenses and the repressed emotions are readily reflected in bodily behavior. The analytic removal of defenses is accompanied usually by changes in the postural configuration as repressed impulses seek an outlet in motility. While these alterations are highly individual, there are some typical configurations in connection with certain emotional conflicts.

Motor behavior being conditioned by intrapsychic and environmental sense perceptions past and present, postural configurations become more variable and free from restraint as analysis progresses. Their appearance depends on: (1) the degree of synthesis of the postural pattern within the personality; (2) the strength of ego control which prevents involuntary movements from breaking through; (3) the depth of regression; (4) the intensity of erotization and symbolic equivalence of various parts of the body; (5) the extent to which inhibitions and defensive mechanisms are rooted in habitual postures; (6) the need for the expression of the situation and emotional condition through the muscular apparatus; (7) the relative strengths of instinctual drives and inhibitions or repressions.

CONCLUSION

There are definite motivations for the postural behavior of every patient. Postural attitudes reflect or substitute, precede or accompany the verbal expression of unconscious material. Every individual has a characteristic basic posture at rest to which he returns whenever he has deviated from it.

Posture changes whenever a shift in the analytic process takes place for which another postural expression is needed. The signal to move very likely comes from subliminal sensations in the bodily sphere. Movements are made in relation to fantasied objects which may include the subject himself. The characteristic posture appears immediately or soon after the

analysis is begun. The number and variety of deviations from the basic posture depends on a variety of factors. New postures or movements are psychologically determined and are released through the emergence from repression of unconscious material.

The progress of an analysis may often be judged by the appearance of minor movements which can be analyzed in connection with what the patient is saying. The involuntary movements during analysis do not usually present a kind of acting out because they are not a substitute for insight but often accompany acquiring it. Some transitional postures express the uncertainty of the ego until there develops a more stable posture expressive of attitudes which the ego was not ready to accept.

Postures emerging in analysis seem to be the product of a developmental process similar to psychological development. Some movements and positions are infantile in character. The head seems to be strongly libidinized, posturally denoted by the disposition of the arms in relation to the head. Swaying movements of the head reveal the infantile origin of these movements. Calling the patient's attention to postures or motor reactions often leads to suppression (change or avoidance).

Postural reactions may express either an anxiety or its repression. Movements seem to aim at the release of tension, and are repeated until the tension is adequately discharged.

Everyone has prohibiting and permissive postures. When one extremity takes over the gratification of pleasure, the other often serves as a defensive agent. The unconscious significances of left and right plays an important rôle in postural behavior. The meaning of all postures and involuntary motor reactions is overdetermined.

It is my conviction that observation of postural patterns furnish the analyst with additional clues to psychodynamics. The better acquainted he is with the basic postural pattern of a patient, the more readily apparent, significant and indicative will deviations from this pattern become to him.

This description of postural behavior and the analysis of some of its components is to be considered only the beginning of an attempt to introduce an additional clue to the understanding of unconscious motivation in psychoanalysis.

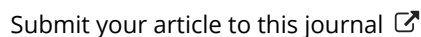
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Smiley Blanton

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PHALLIC WOMEN

BY SMILEY BLANTON, M.D. (NEW YORK)

It is an accepted fact that there is a fundamental antagonism between men and women. Ordinarily, this antagonism is conscious, although the depth of feeling and its sources are unconscious. The unconscious sources of this conflict are usually displaced to superficial, rationalized disagreeable traits; and since no individual is perfect, it is easy to find sources of irritation and anger that seem rational. This is the 'normal' ambivalence of the sexes. In neurotics, hostility and aggression are more deeply repressed; anxiety replaces antagonism, and ambivalence often manifests itself in hysterical symptoms. But 'normal' or neurotic, there is in everyone a certain fear of the opposite sex and more or less repressed hostility and aggression.

The unconscious fear in men of women is based on the early distortion of fact that to men they are castrated, and where the penis is in man, woman has a place where blood issues from time to time. The horror primitive man had, and many civilized men as well, of the menstruating woman is well known and has been studied by Daly, Frazer, and others. Another reason why man fears woman is his infantile dependence upon his mother for care and love. The mother's attitude is often such as to make the boy feel that he is in danger of being swallowed up, at least psychologically, by her. In folklore and poetic imagery all men are swallowed up again by Mother Earth in the grave, or in the sea which Swinburne calls 'the gray sweet mother'.

Independence from his mother is comparatively simple for the boy compared to the girl. The boy has only to shift his love to another woman, while the girl has first to turn from the mother to the father, a love for the same sex to the opposite. Even without complications, this is not an easy step, however organically facilitated by the anatomical facts, that the vagina

and the mouth are both recipient organs, while the nipple and the penis are spending, or giving, organs.

However, the mouth is not only passive-receptive, but aggressive. In the little girl, the nipple and vagina are scarcely recognized and not at all useful up to sexual maturity. That the boy is continuously aware of his penis, in some ways makes it easier for him to transfer his love from his mother to another woman, although he has to turn from a giving and intruding organ, the nipple, which is the first object of his love, to a receiving organ like the vagina. In addition, the suckling infant does not merely experience passively 'the spending bliss from the source of life, the mother's breast'. To suck means also to drain, to rob, to bleed, extorting contents like a leech. The frequently wounded nipple demonstrates the sadism of the baby's sweet mouth, to which corresponds the masochistic suffering of the *mater dolorosa*.

Sensual fulfilment at the mother's breast usually makes it easier for the girl at maturity to accept the man's penis, but one must differentiate between (a) normal oral development and (b) oral fixation. The development of the personality of the individual with an oral fixation is emotionally retarded. The usual sublimations are singing, public speaking, kissing, eating and chewing, smoking and drinking, and in the choice of love objects, with reference to the mouth, the breasts, and to maternal surrogates.

One further point is emphasized. Oral eroticism associated with the mother's breast cannot for the girl be satisfied in her relationship to a man. This oral eroticism (mother's breast) must be sublimated in female relationships. If this fails, there remains an excessive charge of homosexuality which may find direct expression or be disguised in a preference for fellatio, the penis replacing the nipple. If a mother excessively dominates a daughter, the resolution of the oedipus fails with consequent infantile fixation on the mother rather than a healthy identification with her.

Such dominating mothers often have the unconscious fantasy of having a penis. To a certain extent, this fantasy in women is imposed—contrary to biological values—by male phallic narcissism. In an androcentric civilization, men subjugated women by their superior strength and partly because of man's fear of woman, and made it 'a man's world' with inestimable advantages accruing to masculinity and the possession of a penis. Feminine values—beauty and charm—which are supposed to have been given women as a compensation for being female, are esteemed because they give enjoyment to men, while masculine qualities are regarded as having absolute value.¹

In oriental countries, it is common for parents to receive formal condolences when a girl is born, and in our own culture such attitudes are often only less openly expressed. A man with several daughters and no sons may be twitted about his lack of virility, whereas a man who begets several sons is often considered especially virile.

A grandfather, whose three sons have fathered only daughters, is quite frankly disappointed that his sons can produce no boys. A man and his wife invited to dinner refused because his wife had just given birth to a girl. They had two other children, both girls. The attitude of both father and mother towards their daughters was disastrous. The oldest girl, nine years old, was especially affected by this atmosphere of disappointment in the home where she was unwanted because she was not a boy. She was masculine in her interests and actions, rode horses like a man. She was inhibited, detached, unhappy, with never a smile.

Usually, when there are several boys and only one girl in a family, the girl identifies herself with her brothers. The legal status of women betrays the deep-seated feeling that women are inferior. Women often accept this devaluation, and some of them seem happy to accept it. Psychoanalysis

¹ Zilboorg, Gregory: *Masculine and Feminine. Some Biological and Cultural Aspects*. Psychiatry, VII, 1944, pp. 257-296.

regularly reveals this to be a reaction-formation, concealing feelings of destructive hostility towards men.

The envy centering around the possession of a penis and the castration complex in women may stem from overvaluation of masculinity, or be imposed on women by compensatory masculine overevaluation of the penis. According to Freud, the male child's conflicts about his penis and his castration fear are the main unconscious factors in the development of feelings of inferiority. Whenever psychoanalysis investigates the unconscious sources of feelings of inferiority, a sexual substratum is found.

Consciously, the coöperation of both sexes in nearly all fields of cultural endeavor and coeducation have diminished the contrast between purely feminine and purely masculine ideals, accelerated by professional equality of the sexes during war.

The effect of this cultural attitude is often indirectly responsible for such neurotic symptoms in girls as frigidity, painful intercourse, and vaginismus. As mothers they refuse to nurse their babies or care for them after they are born, leaving them entirely to nurses, or worse, absorbing their children to such an extent that the children remain in a state of infantile dependence on the mother.

In a series of psychiatric studies of surgical patients at Vanderbilt University Hospital, we studied the case of one woman who identified herself with her brothers and unconsciously assumed that she had a phallus. She was a pretty and very sensitive young woman who as a child was always trying to play the part of a boy. She had broken her collarbone twice and her arm once wrestling with her brothers. Married at sixteen, she was divorced at nineteen. Two years later she was to be married again, to a quite masculine and normally virile young man. Fearful that she could not adapt to the marriage, she tried unconsciously to get rid of the penis, with which her fantasy had invested her by sustaining a compound fracture of her leg in an automobile accident. The car that

hit her was on the wrong side of the road, but her two brothers and their girls stepped to safety, whereas the patient stepped away only about a foot and was struck. The unconscious motivation was analyzed by modified psychoanalytic therapy, including the analysis of dreams. Two years later, after the leg had partially healed, the girl went ahead with her marriage. The leg healed after three years, but her foot remained deformed and needed an operation to restore function. Knowing quite well what the operation would be—it had been explained to her by both the surgeon and the psychiatrist—she wrote nevertheless, 'I am coming to the hospital and I suppose the doctor will take my leg off'. The leg remained for her the equivalent of her fantasied penis, successfully offset by feminine charm and feminine attitudes.

Not infrequently a daughter makes an identification with her phallic mother, and it is interesting to note some differences between such women and those who have identified themselves with their brothers or father.

The woman who identifies herself with the men in her family is much more likely to have some sexual response, if only a clitoral one. However, these women may be quite masculine in their general attitudes, and have masochistic traits. They often wish for children and find satisfaction in them.

The woman who identifies herself with a phallic mother is likely to be frigid. Frequently such women are superficially very feminine, and pretend to respond in the sexual act. Often they do not want children. Castrative attitudes are combined with unconscious death wishes towards men. This unconscious sadism directed towards the male creates deep feelings of guilt, and a secondary masochism which induces the woman to seek or endure flagrant mistreatment. Such sado-masochistic relationships characterize all her erotic relationships.

An unusually beautiful woman sought analysis at the age of thirty-three because of her inability to form a suitable or lasting attachment to a man. In college, she had been engaged

to marry a very fine and charming young man whose father, like her own, was a lawyer. She broke the engagement and married the son of illiterate sharecroppers. The man she married was quite intelligent but unstable, and homosexual, although at first unconsciously so. The patient's dreams showed that she regarded her husband as inferior to her and as a sort of woman. Their marriage was kept secret several months. The night the marriage was consummated, the husband burst into bitter sobs and could not be consoled, reproaching himself for having 'forced' himself upon her. To him, apparently, the sex act was rape. The patient became pregnant and her husband insisted that she have an abortion, giving as a reason the fact that he was still a student. She had the abortion, followed by deep feelings of self-disgust and depression.

Three months after marriage, the patient went to work in a neighboring town. When she came home six months later, her husband told her that he had been having sexual relations with a girl, but he was so penitent she forgave him. The next summer he stated that he had had a mistress all winter, a girl who was a better sexual partner than his wife, more competent in every way. She forgave him again. For five years, while he was finishing his studies and getting established, she worked to help support him. He began to drink increasingly, and to stay away from home. He complained that she nagged and that she was stupid. He complained that she never had an orgasm. When they were first married she had had a tender affection for him and a sexual response, if not a complete orgasm. After the abortion she was frigid. Finally, he left her to get a divorce. The patient was very upset and one of her husband's friends consoled her. She had sex relations with him a half-dozen times but he was married, and she told him she felt they should not go on. He replied that it made no difference to him; he had other women so that one woman more or less did not matter.

The patient next became attached to a man of gentle disposition and mutual interests with whom she lived for six

months. He wanted to marry her, but she never cared much for him. Her husband was killed by an automobile, and the same night her lover insisted upon having sexual relations with her, despite the fact that the patient was greatly distressed from having had to identify her husband's body. She wanted to leave him at once; she delayed three weeks in doing so. Such indecision was characteristic of the patient. It usually took weeks or months for her to take a course of action after she had decided upon it.

Then the patient attached herself to a man who told her that he would never marry a Protestant, which she was; furthermore he was already engaged to be married, which the patient well knew. He treated her very much like a prostitute. After he left her, she chose a man who told her four months later that he had to leave because his wife was coming back to town and was going to have a baby. Then for three years she had a lover who told her: 'If you want to have an affair with me, all right, but nothing will ever come of it because my family would object to such a marriage, and I never go against their wishes'. Her next love affair was with an artist, a hypochondriac who was always worrying about his stomach, his intestines, his sinuses, and his throat. She left him after a month.

Her next lover was a married man who told her that he was going to divorce his wife, but after two months he left her. He was followed by a man who was almost impotent and very erratic, and to whom her reaction was almost purely masochistic.

Her last love affair was with a successful artist who, though lacking in vigor and personality, had a rather passive charm. Of this man she said: 'I really felt that I seduced him. He had never had sex relations with anyone except the woman to whom he was engaged, and I just decided I wanted sexual relations with him. When he became interested in me I felt that I had done him a wrong and should endure his love. I felt I had been the aggressor—had misrepresented my feelings by acting as though I cared for him when I didn't. I realize that, in a

sense, I rejected my body in having sexual relations with these men, but I felt that it did not matter. I used to say, "No one loves me, and if I died no one would care, and sex does not amount to anything anyway". One reason I tried so many men was that I thought the next man would give me some sexual response. But I realize now . . . they really were all shadowy figures to me. There was no warmth, no tenderness, before or afterward. It seemed that I rushed into these affairs, then delayed in breaking them off'. Of an earlier lover she said: 'I did not know anything about him. I did not want to know anything about him. He was not a person to me—just a sexual object. In the sexual act I got some satisfaction occasionally in one fierce moment of activity, but I never really had an orgasm.'

While she was living with the artist, she had dinner with a business man who took her to his apartment, and she had sexual relations with him which was shocking to her. She felt that this represented such amoral promiscuousness that something should be done about it. It was at this point that she sought analysis.

She had dreams of violent hostility towards her mother. There were many dreams in which the patient was a man, or a boy, or a baby boy. In one such dream a mother was holding a male child who was nursing from a bottle with a rubber bag inside it, preventing the child from getting the milk because there was a vacuum in the bottle. A psychologist came along, took the nipple off and adjusted it, and gave it back to the baby.

In another dream there was a fussy New England nurse scolding a male patient. As he started away she called him back and said, 'You forgot to say thank you'. He thanked her and scuttled away. She was the man; the analyst was the nurse scolding her.

In another dream she was being scolded by a very sadistic teacher. (She remembered such a teacher in school, who used to browbeat a little boy until he cried.) The teacher was

scolding her for writing with her left hand. She resisted writing with her right hand, protesting that it would make her stutter. Stuttering, to her, represented emasculation, and she knew that her analyst treats stuttering. Writing with the left hand represented the wrong way; writing with the right hand, the right way. The sadistic teacher (analyst) was forcing her to do the right (feminine) thing, that is, castrating her. The right thing, also, was to give up the artist with whom she was living. In her unconscious she considered him to be a woman.

One dream clearly showed that she believed her mother to have a penis. She was walking along the street with a friend of her mother who was a very dominating, aggressive woman and who bossed her husband a great deal. She said to the patient, 'I am going to send for my fine, beautiful car'. To the patient's astonishment an ancient T-Model Ford came by, completely covered with cretonne ruffles, almost concealing the car. The only thing that showed was the old brass snout. The mother's friend was, of course, the mother, making a great pretense of femininity, but insufficient to conceal her penis.

Later she dreamed of a large roll-top desk, the top rolled back exposing pigeonholes. There were papers to be stuffed into the pigeonholes but she did not want to put them in. Association revealed that the opened desk top represented the vulva, the pigeonholes the vagina. The papers were penises she was ambivalent about using. In the train of associations she described a revulsion of feeling towards her lover, saying that her intimacy with him was finished, 'even if I remain a virgin the rest of my life'.

A change in the patient's phallic reaction was observed in the dream: 'I was much concerned over a tooth, a tooth that was being fixed. I wondered if the cap were coming off. I looked and the cap had not slipped off; however, all my teeth were pink and soft. They were still shaped like teeth, but they were only mucous membrane. Mother looked in my mouth

and said, "The enamel is all worn off. You must go to the dentist and get your teeth fixed." But I was not at all disturbed over my pink teeth, and said to myself I would not go to the dentist.' This dream scarcely needs associations. The penis (teeth) has been replaced by the vagina (soft mucous membrane).

Towards the end of her analysis, in a dream, she was shopping in a store owned by a Jewish man. The shopkeeper said to her: 'I have something especially fine which I have saved for you. But it will cost you X dollars [the fee for her analysis].' He reached under the counter and brought out the most beautiful, delicate lace handkerchief she had ever seen and gave it to her. She was happy and proud. She felt that the cost was not too high. The analyst was the proprietor (association with Freud) and the handkerchief, by association, was found to represent the hymen which had been restored to her.

This patient's mother had repeatedly told her that both she and the father were very much disappointed she was not born a boy. Her father, though a kindly man, was aloof, away from home a good deal, and appeared to be fearful of women. He expressed little affection for his wife or daughter. The mother was critical of her husband. She often told her daughter that men were only to be endured sexually and that she had found no satisfaction in that aspect of her marriage. Apparently, the mother could not fulfil a feminine rôle with her husband. She fastened with dominating intensity on this child who could not form an attachment of sufficient intensity to her father to make the transition into the œdipus. She remained fixed to and identified with her mother, whom she endowed with a penis and strove to vanquish by 'identification with the enemy'.

This patient was successfully psychoanalyzed. She fell in love with an attorney who worked with her father. With him she had a true orgasm for the first time in her life.

A type of phallic woman is described, quite feminine in appearance and attitude, and eager to appear to respond in sexual relationships with men. They can usually react favorably to analysis if they are not so old as to have become too deeply fixed in a rigid reaction of habit. They are often able to make an ideal psychosexual adaptation following the analysis of their castration anxiety in the setting of the infantile neurosis.

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The Preschizophrenic Ego

Gustav Bychowski

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THE PRESCHIZOPHRENIC EGO

BY GUSTAV BYCHOWSKI, M.D. (NEW YORK)

There exist few data on the deeper structure of the personality of children who later in life have developed a schizophrenic psychosis. The importance of disturbances of the ego, not only in established schizophrenic symptomatology, but in the prodromal stages of the psychosis, justify a lively interest in the structure of the ego of the preschizophrenic child. Such knowledge might clarify the controversial problem of the choice of neurosis or psychosis; also, it is possible in some instances that the specific psychosis is potentially determined by early characteristics of the ego.

Clinical psychiatry provides abundant reports of schizoid personalities which were the precursors of schizophrenic psychoses; however, these are unsatisfactory for this study because they describe adult personalities; moreover, and this is most important, such studies are descriptive and without benefit of psychodynamics or the psychology of the unconscious.

Psychoanalytic deductions based on such material are inconclusive. The psychoanalysis of schizophrenic children, important as it is, interprets an established psychosis, not prerequisites for a psychosis. Comparative studies of 'normal' and schizoid children are what is required.

Despert arrived at conclusions which merit attention(1). She stresses the unity of the personality of normal children in contrast to the impairment of ego synthesis in schizophrenic children. 'Even in its most diversified identifications', she says, 'the child gives us an impression of personal oneness which the schizophrenic does not present'. She notes, furthermore, a difference in the testing of reality: 'The child's awareness of the "make-believe" quality of its play, or what one might call the volitional character of its fantasy, precludes a comparison between its orientation and the double orientation found in some schizophrenics'. Despert includes Karl Bühler and Susan

Isaacs, among others, as concluding that children from the ages of two to five do not confuse thought and fantasy. Her group of normal children's answers to questions regarding the reality of their fantasies fall within three categories: first, a denial of the character of reality; second, evasion; third, reiteration with apparent belief. She concludes accordingly that 'It is not possible to demonstrate in normal children true delusions and hallucinations or disorders characteristic of schizophrenic thinking'.

Despert does not agree that imaginative children may show borderline schizoid trends: 'In our group of normal children', she says, 'it is not among the most imaginative children that pseudohallucinatory or pseudodelusional experiences were most frequently encountered. . . . The experimental value and function of fantasy [is] a feature in sharp contrast with the schizophrenic delusions.'

One must agree with this conclusion that the characteristics of fantasy are different in normal, schizophrenic or preschizophrenic children. While the schizophrenic fantasy has the aim of withdrawal from reality, the fantasy of the healthy child has the goal of experimentation and preparation for a mastery of reality; accordingly, the latter serves the ego in its process of adaptation to reality, the former characterizes the attitude and behavior of the schizoid child.

Childers made a study of nineteen schizoid children selected from a group of one hundred and fourteen. They reacted to the requirements of reality by withdrawal rather than by attack or by conformity. Other characteristic evasions of reality were excessive daydreaming, dreams during sleep of one's own death, predominance of regressive—including prenatal—fantasies. He also observed hallucinations, 'exaggerated conscience' and bizarre somatic sensations (2).

Despert found that expressions of aggression and hostility also serve to distinguish healthy from prepsychotic children. Frequent severe temper tantrums and pervasive aggressiveness characterize the preschizophrenics: 'In relation to . . . diffuse

aggressiveness . . . group behavior in the nursery school is probably the earliest index of social attitude in our present social organization' (3).

The boundaries of the prepsychotic ego are progressively constricted by aimless aggressiveness, whatever may be the serious obstacles preventing the healthy transformation of primitive aggressive drives into activity suitable for mastering reality, and adapting the 'normal' individual to social existence.

The inability adequately to test reality is closely connected with the limitation of the boundaries of the ego, a basic disturbance in schizophrenia (4). Paul Federn has applied his profound insight into the psychology of the ego to the schizophrenic ego. I am greatly indebted to Dr. Federn for permission to quote some of his still unpublished recent conclusions.

'Schizoidism consists in a lack of separation of the object representations from the ego states in which the objects were met. . . . With the help of the ego, object relations can be rightly maintained; but for such a maintenance much more ego cathexis is continuously needed and, therefore, the hypothetical ego cathexis reserves can be expected to be more easily exhausted. . . . The schizophrenic disposition consists in the tendency of ego boundaries to lose their cathexis and, by this loss, to lose recognition of reality.'

Thus, intrapsychic object representations and instinctual derivatives are detached from the ego, and come to be regarded as 'real', as belonging to the outside world.

The moot question, whether in some cases schizoid trends are rather symptoms of a slowly progressing or arrested schizophrenia, was raised in a recent study by Bowman in which he analyzed the prepsychotic personality of 'functional psychosis' without providing an answer: 'It may well be', says Bowman, 'that functional psychosis starts with a slow, insidious personality change which continues for years and which is an integral part of the psychosis. It is also possible that many descriptions of the prepsychotic personality are based on the individual reactions of this period and are really a description of the early

symptoms of the psychosis, rather than of the prepsychotic personality' (5).

A man of thirty-five sought analysis with a diagnosis of paranoid psychosis and a history of lifelong neurotic behavior. Prior to developing a psychotic episode he had for months had homicidal impulses directed against his young wife and their first infant; in addition, he had a sense of unreality and disorientation, feeling at times with anxiety that he was existing in an empty space. While embracing his wife, he looked out the window and felt an impulse to embrace space. The world seemed strange, shrunken like a figure eight. Reading a poster, he observed wrinkles in it, and believed his thoughts were wrinkled too. He recalled in childhood being afraid of wrinkles in his bed sheets, with continued train of associations to terrors in childhood: snakes, original sin, Eve's apple, his father peeling an apple with a knife, wrinkles in the peelings, fear of his father, fear of sex. His hatred of his father and fear of retaliation were clearly œdipal.

He remembered that at the age of six he awoke in the night with a feeling of terror about being cast into a world which he believed might be unreal and intended to mystify him. He felt a horror clearly connected with the typical fantasy, carrying the full conviction of reality, about not being a child of his parents. Later he recalled an incident which seems to have fixed his early feelings of unreality. He was in the bathroom with his younger brother who embraced him with his naked arms. The patient had an impulse to strangle him, reconstructed as a homosexual impulse in response to his brother's affectionate gesture, projected onto the brother.

This patient reproduced in the analysis, and in the transference, similar reactions of his ego toward working through his incestuous, homosexual and aggressive drives. Somatic sensations of unreality served exactly the same purpose of escape from panic as they had in childhood. The œdipal conflict, both positive and inverted, accompanied by excessive diffuse aggressiveness, engendered strong feeling of guilt and need for pun-

ishment. Visions of hell or of heaven used to torment the little boy often in the form of illusions or hallucinations. He would wake up, hearing a voice advising him either to die presently and go to heaven, or to continue to live and be damned.

Homosexual drives were projected in the form of paranoid ideas at an early age. Between eight and eleven he took piano lessons with a feeling of terror that his teacher would do something horrible to him, although retrospectively he described the teacher as a perfectly nice, gentle person. He retained the insatiable narcissistic need for love and affection which can result only in disappointment, to which he reacted with bitterness and hostility which, naturally, made the chances for love even smaller and increased the threat to his ego. His initially weak object libidinal cathexis was progressively withdrawn and regressively reinvested in primary narcissism. Partial identifications and paranoid projections replaced object relationships. Primitive aggression, openly expressed and partly repressed, may be noted in connection with clinical hypertension which the patient developed at the age of thirty-two, a condition which first made him seek medical help.

This patient clearly exhibited schizophrenic characteristics of ego development both in childhood and in adult life: withdrawal from reality, tendency to hallucinations, paranoid projection as a defense against homosexual aggressive impulses.

A man of twenty sought psychoanalysis following medical discharge from the army for psychotic behavior. He repeatedly threw his gear out of windows, masturbated day and night, and fought in a completely unreasonable way with his superiors. Examination and trial analysis established the diagnosis of schizoid personality with hebephrenic and paranoid trends. The doubtful prognosis was somewhat improved by a sparkling intelligence which offset his spiteful aggressiveness and silly arrogance, and but for which he would have seemed a deteriorating hebephrenic.

This patient demanded complete instinctual gratification from his parents, including the typical wishes originating from

both the normal and the inverted œdipus. It was really unbearable and incomprehensible to him that his instinctual gratifications were limited. As a consequence, he resorted to gratifications in fantasy, upon which reality constantly intruded. He acted out the fantasy of being a veterinarian and owner of a hospital for animals at the age of twelve. At the age of thirteen, he was seriously planning to present Congress with a bill on economics. In early adolescence he was actively trying to seduce girls and women. With all his sexual sophistication, he believed, when he was thirteen, that from masturbating in bed, little beds would be born. Similar belief in magic persisted far into his analysis. Conscious anal and incestuous desires led to constant projections and fear of punishment, which often assumed characteristics of magic omnipotence.

A striking feature evident from his early childhood was an extreme paucity of repression, a well-known characteristic of the schizophrenic ego. In analysis, pregenital libidinal strivings, œdipal and homosexual attitudes were expressed with the greatest ease and almost without any resistance. In the development of the schizophrenic, the budding superego is invested with an excessive amount of narcissistic libido which enables it to oppose the process of adaptation to reality and of integration with the ego. This may be considered a basis for the split in the ego which is one of the main characteristics of schizophrenia.

The partial instinctual drives of a child with schizophrenic traits are not transformed. This patient, for instance, retained the anal habits of inspecting his feces and of eating his inspissated nasal secretions. He used his mother's underwear as fetishistic visual and olfactory stimuli for excessive masturbation.

With a weak superego and unmodified primitive instinctual impulses, his sublimations were a series of sporadic attempts, more like defense mechanisms or reaction-formations. For instance, his study of philosophy was designed to cover his ineptitude in practical matters and to protect him against

libidinal impulses; an interest in the ballet was both a disguised gratification of and a defense against homosexual and heterosexual voyeurism. The failures of sublimation alternated with outbursts of instinctual gratification. In analysis, stilted, formal speech was punctuated by most vulgar sexual and anal expressions.

He shifted imperceptibly from reality to magic and fantasy. The ego proved to be equally inadequate for dealing with libidinal or aggressive drives.

The reactions and characteristics of the preschizophrenic ego described can be considered specific only when encountered in a combination of considerable intensity, constancy, and interdependence. Every one of them may occur in the healthy ego as a temporary manifestation. The mechanism of depersonalization and feelings of estrangement are a part of neurotic symptomatology; however, when they occur in early childhood with great intensity they are signs of the specific weakness of a prepsychotic ego. The same is true of the mechanism of projection which, although fairly common, assumes delusional intensity only in prepsychotics.

A split in the ego with preservation of early stages of ego development, especially of the primitive superego, has been described in certain homosexuals (6). This would indicate, that from the point of view of ego psychology, perversions are more closely related to psychosis than to neurosis.

Schizophrenics with delusions of grandeur and of persecution, after few insulin shocks, temporarily repress these and exhibit a normal attitude. Further observation, however, showed that normal reality testing was only temporarily superimposed on the pathological ego. A subsequent insulin shock would sometimes be followed by a reappearance of the symptoms. In established paranoid psychosis, the infantile sense of omnipotence dominates the total personality and its attitude towards reality. Reality is then a source either of absolute gratification or unbearable frustration. Since primary megalomania can never be satisfied, reality becomes a target

for hatred and abuse. Shock overcomes the powerful barrier of countercathexis which keeps the healthy portion of the ego repressed and separate from the system of consciousness (7, 8, 9). In an established psychosis, it is completely dominated by the archaic superego. In a prepsychotic, no such definite separation has occurred; however, the archaic superego is sufficiently strong to interfere with normal development of the ego, especially with its adaptation to reality.

The second case summary is used to illustrate some of the changes in the functioning of the ego, from the prepsychotic deviation, during the process of treatment. This patient, for example, knew intellectually that if a bus on which he was traveling was late, it was not a deliberate plan to inconvenience him, yet he reacted as if it were, with unreasonable hostile and aggressive behavior, motivating, in turn, an anxious expectation of retaliation which sometimes, on the analytic couch, caused him to exclaim in fear of imminent death, punishment for an evil thought that had flashed through his mind. With the support given to his ego, and the diminution of his pathological sense of guilt, anxiety diminished, and the function of testing reality and mastery of pregenital instinctual impulses increased. As the synthetic function of the ego became established, the oedipus was analyzed as it is in neuroses. The transference at first alternated between outbursts of hostility and erotized passive compliance. In the progress of the analysis he slowly developed an adequate superego which permitted effective reality testing, the analysis of his infantile neurosis, and ultimate mature integration of his personality.

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Carl M. Herold

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BOOK REVIEWS

TECHNIQUE OF PSYCHOANALYTIC THERAPY. By Sandor Lorand, M.D.
New York: International Universities Press, 1946. 251 pp.

This is a series of lectures given in advanced seminars of the Psychoanalytic Institutes of New York and Philadelphia. In his preface, the author disclaims that in such a book all technical problems can be covered. He also states he is aware that his opinions are colored by his personal views, and expresses the fear that therein may lie one of the defects of his book. The reviewer cannot concur with him in this. The author not only offers a sound presentation of accepted psychoanalytic technique as developed by Freud and some of his outstanding pupils, but he emphasizes in addition the subjective conditions of psychoanalytic technique introduced by the psychoanalyst's personality. Lorand's personal approach can be taken as one example of a happy blending of personal traits of the analyst with available technical procedures which results from a thorough awareness by the analyst of his own faculties and limitations combined with a thorough knowledge of all available techniques.

This book is not a handbook of technique, but a loosely knit sequence of lectures, intended to stimulate the student to work out certain basic technical problems, but leaving enough leeway for questions. These and the author's answers could not, of course, be included in this volume, but one wishes they might nevertheless. Such an addendum would enhance the charm of the author's unpretentious guidance of younger colleagues, avoiding always rigid ex-cathedra pronouncements.

The best chapters are those which discuss specific technical problems as I Introduction, II Interpretation, IX Dream Analysis, X Problems of Counter Transference, and XI Termination. Parallel with these subjects of technique run, somewhat inconsistently, a series of diagnostic subdivisions: III Anxieties and Phobias, IV Sexual Difficulties in the Male, V Sexual Difficulties in the Female, VI Compulsion Neurosis, VII Character Neurosis, and VIII Neurotic Depression. Each of these chapters is almost entirely devoted to one case history which is necessarily incomplete, but packed with too many historical data which have little to do with

the essential technical problem involved, and liable to divert the reader's attention from it.

All possible technical problems of resistance or transference arise in any neurosis, and it may be somewhat more clarifying to discuss such problems and difficulties in relation to applicable technical measures. It is true that certain types of neuroses present special technical problems more often than others; but these are never so specific as to suggest different techniques in different types of neuroses—an opinion with which Dr. Lorand would wholeheartedly agree. Fewer case histories, and more characteristic clinical situations taken from case histories might have presented the arsenal of technical procedures more accessibly and clearly. A chapter of specific techniques—essentially a means of overcoming the patient's resistances—would be easily coördinated with the different diagnostic types of neuroses by discussing these different types and their characteristic resistance phenomena one by one. But this is merely a personal preference, and it does not mean that the reader cannot get all the necessary basic information about the quite evasive subject of technique from this honest and conscientious book.

CARL M. HEROLD (SARANAC LAKE, N. Y.)

PEOPLE IN QUANDARIES. *The Semantics of Personal Adjustment.*

By Wendell Johnson. New York and London: Harper & Brothers, 1946. 532 pp.

General semantics was born modestly, and to the public, most obscurely, out of the school of Logical Positivism. Its founders, Wittgenstein, Carnap, Schlick, set themselves the relatively modest task of demonstrating that philosophic problems arise from the inaccurate use of language and may be solved by clarifying syntax and definition. Relatively modest—because by the time Wittgenstein and Carnap had been driven West by the tides of fascism, the infant they had probably unintentionally sired had become a lusty youngster proclaiming a new way of life. Today, the semanticists, not content to sit in a cloistered *Wienerkreis* and philosophize, speak and write vigorously, offering us not only a basic methodology of science, but a solution to vast social problems and a technique for personal living. They have reached out intimately to the public, and in this book in an engaging and epigrammatic

manner invite them to join in an enterprise to make the world safe from Aristotle and the atomic bomb. There is nothing wrong in this emancipation from the coffeehouse, it is only that what the semanticists have to offer is so vast in its pretensions and so seductive in its apparent rationality. In a world torn by confusions the comfort of a simple, satisfying 'rational' philosophy, no matter how wide of the mark, attracts many tortured souls ('people in quandaries'), and a formula which seems so refreshingly modern is bound to appeal to many intellectuals. Few will disagree that there is a profound need to educate mankind to be aware of the pitfalls of the language it uses, to make speech correspond with fact in both thought and feeling and to be keenly alive to the serious dangers in using and being used by language which perpetuates archaic prejudices and new forms of social oppression. That this can be achieved by the technique of Korzybski's followers I most seriously doubt.

A detailed critique of general semantics would require much more space than is available in a review. That the author has been able to present its basic notions and working principles in a book intended for popular consumption is no mean achievement to those who are familiar with Korzybski's painful turgidities. It seems strange that the leading protagonist of syntactic clarity should be guilty of such linguistic obscurities, and the reviewer is apparently not alone in his struggles to understand the words of the master. I quote a plaintive remark by Stuart Chase, one of his leading disciples, 'A book on the clarification of meaning should not be so difficult to understand.'¹ But Professor Johnson's style is certainly not muddy. It is gay and light and fluent; he seems to make semantics easy to understand. But I am afraid it is not quite as easy as that. Perhaps the difficulty lies with the structure of semantics itself. It is barely possible that Korzybski's unintelligibilities in form may be reflections of those in content.

Let us examine the basic premise of general semantics. The most important is that of 'non-identity'. In a chapter called, *Never the Same River*, the author builds his theme around Heraclitus's metaphor about the process nature of reality. To quote, 'Upon the foundation of the process-character view of reality the

¹ Chase Stuart: *The Tyranny of Words*. New York: Harcourt, Brace & Co., 1938, p. 94.

whole structure of general semantics has been erected'. According to him, the Aristotelian law of identity (which Korzybski states as, 'whatever is, is') has been responsible for perpetuating a tradition of authoritarianism in education. Here, perhaps, is the nub of the semantic error. Despite all his insistence on the scientific approach, on going back to the facts, etc., the author is constantly attributing man's difficulties to his use of language. He appears to have no conception of the unconscious, of the forces which make man seducible by words, of the developmental phases of the ego, of underlying social forces which make the misuse of language inevitable. Aristotle is blamed for the sins of the schoolmen, who misused his logical system, just as semantics has been variously used by its followers in the interests of conflicting social and political views.

But let us return to the law of identity. Unfortunately for the semanticists' premise, it does not at present have the meaning Korzybski, and Johnson, give it. It is at least doubtful whether Aristotle meant it that way either. It says that each term and statement in a process of reasoning must retain exactly the same meaning. It seems to me that without such a logical premise, it would be futile to try to arrive at any conclusions at all. If by 'non-identity', Johnson were to mean one thing in one chapter, and another thing in another, what sense could we make of what he is talking about? Furthermore, if this logical premise did not correspond to the nature of reality, there could be no correspondence between the world around us and our statements about it. If the various 'process realities' Johnson talks about were not specific, identifiable ones, if they changed their identifiability as processes while he was referring to them, how could we possibly describe or draw any conclusions about them?

It is possible similarly to analyze the semantic attacks upon the law of contradiction, upon the law of the excluded middle, and other laws of logic, but such an analysis cannot be encompassed within the limits of a review. This is very far from implying that the Aristotelian system is to be swallowed whole, but it is to be doubted whether the semanticists are on as solid ground as they imagine in their attack upon logic. Certainly they have done much to call our attention to the universal confusion implicit in the use of language, but to reduce all problems to questions of verbalism

is not only to oversimplify the matter but to lead to a kind of paralyzing nihilism. Nowhere is this more evident than in the work of Ayer, an English Logical Positivist who has criticized ethical theory on the semantic ground that value-judgments are syntactically confused. According to this view, there is no issue of truth or falsity between two opposing ethical judgments. To quote Ayer, '... There is plainly no sense in asking which of us is in the right. For neither of us is asserting a genuine proposition.' It is not to be wondered that Stuart Chase complacently 'sat by' while that prelude to World War II, the Spanish Civil War, raged. Referring to it, he said, 'I am one of the greatest idle and contented sitters-by you ever saw'. In an elaborate analysis of the use of the word *Liberal*, Johnson concludes that it is factually meaningless. Granted that this word has been exploited by many demagogues, is it not possible for them to take over any word in the same way, and is not the issue one of economics and politics and the ownership of means of communication, rather than of semantics?

'Maladjustment' is the major theme of this book, and Johnson's 'system' of psychopathology is engagingly simple: 'If you destroy the terminology of maladjustment, you destroy the maladjustment'. This he states as a paraphrase of Korzybski's, 'If you destroy the terminology of science, you destroy the science'. Maladjusted people will undoubtedly be pleased to discover that they suffer from a form of science. In the semantic scheme, neuroses, schizophrenia and manic-depressive psychosis (the last hardly, if at all, differentiated from schizophrenia), all prove to be merely different levels of semantic confusion. 'A delusion', says Johnson, 'represents a reversal in the process of abstracting in that the verbal levels are evaluated as being more basic than the non-verbal levels. . . . Such a reversal of the process of abstracting may be regarded as the fundamental mechanism of delusion.' Further '... deep and persistent depression . . . is a cardinal sign of semantic ill health'. The author is a little more modest about homosexuals: 'To put it a bit too simply, perhaps, they have solved their sexual conflicts by means of a particular compromise which allows them some form of sexual expression but does not involve the risk of pregnancy or the violation of the moral code which forbids heterosexual relations outside

the conditions of marriage. All sexual perversions are, in fact, compromises in this sense. They are not always worked out very consciously or deliberately. . . . ' These truly extraordinary statements are made by one who professes a horror of confused thinking. Such examples can be multiplied.

It is not possible to resist applying the author's own hypothesis to his view of masturbation. Readers of *THIS QUARTERLY* will be interested to learn that masturbation is classified by the semanticists as 'a fundamentally unnatural form of behavior', 'a sexual perversion'. Now the semanticists are fond of indexing, which serves to make distinctions necessary to clarify the process nature of reality. If this is so, the author has failed to apply this principle to masturbation. Is masturbation at four or five the same as the compulsive masturbation of the obsessional neurotic? Would not the first be masturbation₁ and the second masturbation₂? Is the masturbation of the adolescent, accompanied by heterosexual fantasies, the same phenomenon as the masturbation of an impotent adult associated with sado-masochistic fantasies? Do not these deserve indexing? Such careless, and in a popular book, downright dangerous fallacies are simply inexcusable, and are typical of the amateurish and vague 'explanations' of psychopathological phenomena which characterize this book.

As for therapy, this is primarily aimed at correcting thinking by semantic training. However, even to the author, this does not seem to be quite enough, for he finds it necessary to resort to an eclecticism which appears to by-pass that holistic conception of the personality which we had thought to be a *sine qua non* of modern psychological theory. If he ever heard of transference, and he says he has been psychoanalyzed, he certainly never mentions it. In a bibliography of one hundred fifty-three items, there is one reference to Freud. Perhaps a little knowledge about transference might help his master, Korzybski, to understand why, as he categorically states, certain people in his audiences lost their tics and found relief from their sexual difficulties after listening to a few lectures on semantics. Then again, it might not.

It seems reasonably certain that general semantics has not ushered in the millennium in psychology.

NATHANIEL ROSS (NEW YORK)

MAN, MORALS AND SOCIETY, A PSYCHOANALYTICAL STUDY. By J. C. Flugel. New York: International Universities Press, 1945. 328 pp.

An admirable feature of this book is the liberal use of nonpsychoanalytic data and formulations to supplement material originating in psychoanalysis. Experimental psychologists are represented by Frankel and Weisskopf of Vienna, and by a number of English and American specialists. J. M. Baldwin and William McDougall are critically evaluated in relation to certain key conceptions of Freud. Extensive references are given to sociologists, anthropologists, and other contributors to the sciences of man, and woven into the exposition of the central theme.

Flugel adopts the same policy in dealing with psychoanalysts, quoting freely from 'deviationists' and 'orthodox'. One result is a particularly felicitous statement of how the theories of Melanie Klein fit into the picture in which Alexander, Reik, and others receive suitable acknowledgment.

Here and there points are developed along fruitful lines, as when varieties of asceticism are distinguished in Chapter VII. In Chapter XVI, where the 'psychology of moral progress' is described, the following sequences are summarized: from egocentricity to sociality, from autism to realism, moral inhibition to spontaneous 'goodness', aggression to tolerance and love, fear to security, heteronomy to autonomy, orectic (moral) judgment to cognitive (psychological) judgment. In Chapter XVIII the attempt to distinguish 'right' and 'left' social attitudes would have been strengthened by more attention to the relevant literature of social structure and ideology.

The author has picked up Saul Rosenzweig's term 'nemesism' for aggression against one's self, and christens the need for punishment the 'polycrates complex', reviving the dubious terminological practice, originating with Freud, of draping the mantle of Greek myth and history over the concepts of psychoanalysis.

Flugel's work on an important theme largely makes up by good taste and common sense whatever are its imperfections in originality, thoroughness and system.

HAROLD D. LASSWELL (NEW HAVEN)

ARE YOU CONSIDERING PSYCHOANALYSIS? Edited by Karen Horney, M.D. New York: W. W. Norton & Co., Inc., 1946. 262 pp.

This volume is intended to serve as a guide for those who are contemplating psychoanalytic therapy for themselves, friends or relatives. It answers in a simple manner such questions as the indications for analysis, the duration and frequency of treatment, the cost, the goal to be attained, the respective rôles of the analyst and analysand in the analytic work, the choice of analyst. In large measure, it covers the same territory as Kubie did in his *Practical Aspects of Psychoanalysis*. A significant difference lies, however, in the orientation.

Neurosis is presented, in accordance with the viewpoint of Horney, as mainly a disturbance in personal relationships, more specifically, as an imbalance of the three kinds of movement that one individual may manifest toward another. In the neurotic, 'moving toward' in a spirit of affection, trust and interdependency becomes distorted into excessive compliance; 'moving against' in healthy competition passes over into a need for domination; 'moving away', to secure the solitude necessary for full cultivation of one's personality, becomes withdrawal and seclusiveness. Since compliance results in being subjugated, and the wish to dominate evokes the threat of reprisal, and withdrawal leads to the danger of complete isolation, the equilibrium of the neurotic is inevitably unstable. Furthermore, since these trends coexist, the neurotic finds himself pulled in different directions at the same time. Various defenses must therefore be set up, such as repression and denial of certain of the conflicting trends, rationalization of the defect into a virtue, projection of internal difficulties onto the outer world, renunciation of all emotion with resultant detachment. The main work of the analysis is to render manifest the contradictory trends and the defenses set in motion to maintain them; then, by a process of working through and pointing up their unhealthy, indiscriminate and compulsive nature, reason finally dictates their abandonment. In this task the emphasis is on current, perpetuating causes of the neurosis rather than on early, genetic factors. While the recovery of the past is not discouraged as tending to facilitate regressive modes of behavior, as Alexander would put it, nonetheless it is assigned a subsidiary rôle, the chief preoccupation being with current conflicts.

The tone of the book is definitely tendentious. The Horney method and theory are presented as the keystone in the analytic edifice. Much is said, explicitly and by indirection, to cause the reader to beware of freudian analysts. To be sure, there is a great deal that is still debatable about some of the fundamental tenets of freudian analysis, and there need be no quarrel if a dissenting group attempts to put its case before the public; however, appeal to a reading public without specialized knowledge imposes the responsibility of stating facts as accurately as possible. When freudian analysis is represented as limiting itself to the analysis of the libido, it would appear that for purposes of polemic freudian analysis is pictured as it may have been practiced several decades ago, when the function of the analyst was largely to assist in the delivery of the unconscious. There seems to be no appreciation of the fact that the importance of the analysis of resistance was recognized fairly early, nor of the fact that freudian analysts, too, practice character analyses. The freudian analysis is portrayed as a grim, lugubrious affair, and Freud as a sour pessimist who invented, rather than discovered, destructive tendencies in man. The balm, that comes from a more cheerful outlook and the denial of primary aggressive trends, is doubtless soothing, but it does not dispense with the necessity of identifying destructive impulses where they exist, before they can be neutralized and made to yield to more benign forces. To say that 'according to freudian concepts, the desire to grow is narcissistic—an evidence of something sick' is, indeed, a dubious version of psychoanalysis.

In abandoning instinctual forces in favor of relations between people as decisive in the formation of neuroses, 'moving toward' and 'moving against' are said to be primary. But are not 'moving toward' and 'moving against' readily identifiable as love and aggression? And, if one seeks a genetic clue to the origin of character and symptoms, and considers the conflicts that arise in development in relation to various sensual gratifications, as occurring not in vacuo, but in relation to specific dominant persons in the child's environment, cannot one subscribe to the importance of personal relationships without discarding the importance of instinctual drives? Is not the 'needs' of the child another term for 'instincts'? Since Horney, in her description of the development of the child, traces the onset of neurotic tendencies to the

interaction of the child and its 'needs', with the discipline of parents, it is difficult to see why neurotic attitudes should be the almost exclusive object of study, and why there should not be equal preoccupation with those 'needs' and their vicissitudes in early life.

It is debatable, too, how far and how zealously the psychiatrist should explore with his patient certain topics which fall within the realm of ego functioning. I refer to the determination of values and ideals, or a philosophy of life. There is some danger of imposing unduly one's own appraisal of the world in applying psychotherapy in this way as a normative influence. What one person chooses to regard as cynicism, for example, may to another appear as realism and be supported by equally redoubtable arguments. The patient, after all, may be a better philosopher and dialectician than the analyst. And if he is interested in developing a *Weltanschauung*, he might, after he has been liberated from his unconscious biases, more profitably continue this pursuit with professional philosophers.

There is no need to underestimate the substantial contribution that Horney has made to psychoanalysis, her subtle delineation of character structure, the invaluable clues for meticulous 'working through' that she provides. But this is another instance in a recurrent series in the history of psychoanalysis in which, after a student of Freud has elaborated or amplified one segment of the field, he is misled by mistaking a byway for the highway, a part for the whole, to set up a 'new system'.

WILLIAM NEEDLES (NEW YORK)

THE EGO AND THE MECHANISMS OF DEFENCE. By Anna Freud. First American Edition. New York: International Universities Press, 1946. 196. pp.

The first American edition of this book is an exact replica of the edition published by Hogarth Press of London in conjunction with the British Institute of Psychoanalysis in 1937. At that time Dr. Thomas M. French made Miss Freud's book the subject of a paper, *Defense and Synthesis in the Function of the Ego*, published in This QUARTERLY, Volume VII (1938), pp. 537-553.

P. H. T.

SHOCK TREATMENTS AND OTHER SOMATIC PROCEDURES IN PSYCHIATRY.

By Lothar B. Kalinowsky, M.D., and Paul H. Hoch, M.D.
New York: Grune and Stratton, 1946. 294 pp.

The various shock treatments have represented to most analysts forms of therapy, which for many reasons, have evoked a critical reaction. Regardless of their feelings about the matter, there is scarcely an analyst who has not in some way come in contact with the problem of shock treatment either through patients who have been or who are going to be so treated. Some have had the experience of treating analytically patients who have had shock treatment. Many are asked as specialists what their feelings are about this form of treatment. They should therefore have at least some nodding acquaintance with the subject. This book will more than fulfil whatever they wish to know. There is a complete survey of all the forms of shock treatment as well as a brief consideration of other somatic procedures in psychiatry such as prefrontal lobotomy, refrigeration therapy, fever therapy, etc. The authors describe the various techniques clearly and explicitly, discussing indications, contraindications, prognosis, results, and what is of more interest to the analyst, various theoretical and psychological considerations. A chapter devoted to theory surveys briefly and critically some of the psychological concepts of the shock therapies.

The book is replete with references to the literature and there is a fairly good bibliography for those who are interested in specific aspects of shock treatment.

The authors, although quite obviously biased in favor of shock treatment, do not use the book for proselytizing, but in the main confine themselves to their own experiences, adding a summary of reports from the literature.

Although the book is too detailed for the average analyst, whatever his convictions, if he is interested in some aspect of shock therapy, he will either find an answer to his question in this book, or will find some reference which he may consult.

JOHN FROSCH (NEW YORK)

MODERN TRENDS IN CHILD PSYCHIATRY. Edited by Nolan D. C. Lewis, M.D., and Bernard L. Pacella, M.D. New York: International Universities Press, 1945. 341 pp.

In a preface, Dr. Lewis and Dr. Pacella state that the book is from a series of lectures on Child Psychiatry and Child Guidance

given at the New York State Psychiatric Institute and Hospital during the years 1943 and 1944, and that it is their purpose to make accessible the most recent thought, investigations and achievements in child psychiatry. This is a good purpose, since child psychiatry has not become established as an independent discipline in medical teaching, and the student who becomes interested in psychiatric work with children must seek widely through the literature for a perspective and a general orientation, more widely indeed than can be expected of the average student. Therefore, a collection of seminar presentations with a bibliography on the more important aspects of diagnostic and treatment procedures in child psychiatry by individuals, who on the whole are in the forefront of achievement in these respective fields, offers an acceptable addition to the recommended reading list for students who are gaining their first experience with psychiatric problems of children, especially in medicine, psychology and social service.

Considering the fact that psychiatry for children has hardly yet won its place as a recognized discipline in its own right, the title, *Modern Trends*, is somewhat misleading. To be sure, the early preoccupation of psychiatrists, with children as well as adults, of management or custodial care of the grossly retarded or abnormal individuals, is omitted. But included are the psychoanalysis of children (play therapy), the Rorschach test, group therapy, and the electroencephalogram, with nowhere, however, any historical note pointing to the origin, development and interrelationship of trends. This is merely by way of saying that a more appropriate title might have been *Various Aspects of Child Psychiatry*.

This collection of seminars is an important documentation of an ambitious teaching program in a field which presents special teaching difficulties, rather than an effective crystallization of important new material. The papers are very uneven in length and in value and clarity of content. At least four are quite frankly summarized from previous publications of the authors. This may be effective for the student but not for the more advanced professional reader. Several of the papers are poorly organized, verbose and repetitious, giving the impression that the book is hastily compiled and lacking in careful editing despite a handful of excellent articles. The papers of Hilde Bruch, Bernard L. Pacella, Laurretta Bender, and J. Louise Despert are noteworthy for their clarity and skill in presentation. Leona M. Hambrecht writes a conscientious review of *Psychiatric Social Case Work With Children*, giving due

emphasis to its importance as a trend in current child psychiatry, although somewhat too much involved with correlations. However, the problem of correlations (parent-child-therapist-social worker interactions) is the common denominator of every paper in the book touching in any way on the psychotherapy of children.

EDITH B. JACKSON (NEW HAVEN)

PSYCHIATRIC INTERVIEWS WITH CHILDREN. Edited by Helen Leland Witmer. New York: The Commonwealth Fund, 1946. 443 pp.

This book was commissioned by the Commonwealth Fund as an aid in the training of child psychiatrists. But it is addressed not only to students and beginners in child psychotherapy, but also to experienced therapists, as a means of presenting variations in their work. Still another purpose is to stimulate evaluative thinking of theory and methods in this relatively new field. It is gratifying to report that the book succeeds admirably in all three respects.

The volume consists of ten case records by eight psychotherapists and their psychiatric case workers, with a brief discussion of the rationale of diagnosis and treatment by each therapist. This is further elaborated by the editor. The discussion is limited to psychotherapy in child guidance clinics, staffed by the traditional team of psychotherapist, psychologist, and psychiatric case worker. Work with the child by the therapist proceeds simultaneously and invariably with work with the mother by the case worker, because the underlying therapeutic assumption is that a child 'can rarely be helped unless the parents achieve a new orientation toward him'.

Both theory and practice are eclectic, showing the influence of such teachers as Freud, Anna Freud, Adolf Meyer, David Levy, Frederick Allen and others. Of the eight collaborating therapists, five are physicians, two are doctors of philosophy in psychology or education, one 'is a widely recognized child analyst', and six have been psychoanalyzed. But the quality of their work varies more with their talents than with either their training or experience. It reaches an inspiring high in the treatment of a nine-year-old stutterer by Dr. Phyllis Blanchard, and a discouraging low in the treatment of a very neurotic nine-year-old girl, in which the whole gamut of therapeutic blunders is committed, from interviewing the mother in the presence of the child, to raising the threat of racial discrimination.

All therapists have in common the conscious exploitation of the therapeutic relationship for therapeutic gains. The more skilful therapists use the relationship as a screen on which the patient projects his pathologic behavior; others use it crudely as a bludgeon with which to influence the patient. All therapists aim at reducing the patient's anxiety and strengthening his ego. All work with current realities, too often not only as an expediency, but on the assumption that the present is *merely* a continuation and replica of the past. Catharsis, reassurance, and permissiveness are optimistically employed and heavily relied upon, whereas insight plays a relatively minor role.

The child guidance clinic has to its credit the standardization of collaboration between staff members on all cases, especially between therapist and case worker; also the delimiting of treatment aims and goals. The Philadelphia Child Guidance Clinic, which has probably made the greatest contribution in this direction, seems to carry standardization to fetishistic extremes, and to attach a ponderous importance to *details* of treatment: '... the therapist helps the child maintain a connection between the therapeutic hour and his everyday, living realities', if the clinic routine is so adjusted that 'the case worker and therapist go to the waiting room together to find the child at the first interview, starting and ending the hours at approximately the same time'.

On the problem of differential diagnosis, the child guidance clinic is as much at sea as most child psychotherapists. In the chapter devoted to the discussion of child guidance clinic patients, there are criteria only for the elimination of cases, but not for their selection, because of 'a lack of agreement among child guidance psychiatrists'. Mental deficiency, neurological disorders, and gross social pathology are excluded. Those treated range from mild behavior disorders to probable psychosis; and there is no well-defined, theoretically anchored, differential treatment to apply to the different diagnostic problems. This lack of agreement is the result of insufficient knowledge of basic developmental data on the personality of the child.

Thanks to the untiring efforts of Gesell and his co-workers, and of the psychometrists, there is a continuum of chronological, developmental data in the physical and intellectual areas. These are *topographical* data. The researches of psychoanalysis have made equally remarkable though less systematic discoveries in the *dynamics* of

development; what is lacking, as was pointed out in the 1945 volume of *The Psychoanalytic Study of the Child*, is a correlation of the two. It is because of this lack that Dr. Blanchard's criteria of the unneurotic child are only suggestive for differential diagnosis. For example, her first criterion is: 'Children who are not neurotic are aware of their real feelings and know toward what persons and objects they are directed. They do not have to repress, distort, or displace them but can admit these feelings to consciousness and endure them even if they are painful.' Assuming that the *absence* of such awareness and ability to tolerate painful feelings is a criterion of neurosis, is it equally pathognomonic in a preschool child, a child in the latency period, or older? While Anna Freud's criteria of neurosis, in her *Indications for Child Analysis*, included in the volume mentioned above, are somewhat more related to development, they still rest on the same uncertain foundation as Dr. Blanchard's criteria.

There is no need to despair. Research is progressing which will fill in precisely this gap in child psychology, and it is stimulated by just such books as *Psychiatric Interviews with Children*. A book which impels psychotherapists to objectify their work and to submit it to the critical judgment of fellow therapists is a courageous venture and a service to science.

AUGUSTA ALPERT (NEW YORK)

THE BIOLOGY OF SCHIZOPHRENIA. By R. G. Hoskins, Ph.D., M.D.
New York: W. W. Norton & Co., Inc., 1946. 191 pp.

This manual is an amplification of the Salmon Memorial Lectures presented at the New York Academy of Medicine in 1945. Hoskins surveys schizophrenia as a special biological manifestation in man as a product of integrative evolution. He believes that the fundamental approaches to the problems of schizophrenia are (1) the nature of the man who has the disorders, (2) the nature of the distorting forces, (3) the details of the distortions.

The first two chapters, *The Biology of Man in Relation to Schizophrenia*, and *The Pattern of Schizophrenia*, follow the well-known holistic concepts of Adolf Meyer and Angyal. An attempt is made to correlate function from cellular to organic and ultimate total somatic integration.

In seeking the etiological basis of schizophrenia, the author admits he is bound to fail because of the complexity of the problem.

He believes the enzyme systems of the body in determining levels and directions of chemical changes are important, and that adequate studies of enzymes, basically the enzyme systems of the brain, might disclose a genuine pathology of the psychosis. Very important, too, are vitamin deficiencies, for studies have shown marked deficits in the tissue stores. Certain amino acids are necessary to growth, others to maintenance, and still others to processes of maturation and differentiation. It is possible that the immaturity of schizophrenics, and hence the psychosis itself, might ultimately prove to be fundamentally due to an aberration of amino acid metabolism. Although well marked endocrinopathies are not seen, the speculation is advanced that the defect is not necessarily of hormone productions but of inadequate reactivity. This, too, might be the basis of the immaturity of the schizophrenic. Heredity is also considered, but so far no conclusive data are available.

In the chapters on the psychology of schizophrenia, a half page is given to psychoanalytic concepts of the disorder. The lowering of self-esteem and failure of social empathy warrant consideration as profound influences, weakening the ego and disintegrating the evolution of the personality. Most likely, the opposite is true: the defective ego creates a defective empathy.

There are fifty-five pages of the Psychosomatic Aspects of Schizophrenia, a comprehensive review of the physiological and metabolic researches of the author and his associates. Inconclusive endocrinological investigations do not prevent Hoskins from theorizing that hormones are significant intermediary links—characterized by abnormalities in the oxygen consumption rate, sugar metabolism, disturbances of the autonomic nervous system, and especially sexual aberrations—in the etiology of schizophrenia. The most constant metabolic disturbance in schizophrenia is of oxygen metabolism, closely related, he states, to endocrine deficiency and general reduction in the basal metabolic rate. The important cause or causes of defective oxygen assimilation may be found in the tissues of the body (enzyme systems) rather than in defects of oxygen supply. To Hoskins it seems obvious that all the symptoms of schizophrenia are the results of deficient oxygen assimilation. It is well accepted that emotional conflicts may result in somatic responses similar to those mentioned by the author and many of the same symptoms occur in the neuroses.

Studies of the mechanics of equilibrium, according to Hoskins, offer conclusive evidence that there is an organic change in the vestibular apparatus in schizophrenia. This results in difficulties in adaptation and the chronic fatigue that has often been postulated as an important etiological factor in schizophrenia. The vestibular apparatus, in the reviewer's opinion, is the most sensitive neural structure. Its function is easily disturbed by any strong emotion or conflict, and there is no justification to consider it as an important factor in schizophrenia.

The tremendous volume of laboratory investigations performed by Hoskins and his associates, although inconclusive, are justified. A disease should be studied from all possible angles. Despite these elaborate investigations, the etiology of schizophrenia remains unsolved.

Interestingly enough, Hoskins is sceptical about methods of treatment like endocrine therapy, electric and insulin shock. Despite his organic approach to the disorder, he believes that the schizophrenic should be addressed in the language he best understands. He is more impressed with improvement of a patient's empathic capacity than with any other, and he should be congratulated on his opinion that shock therapy is possibly coercive empathy, and that leucotomy is a selective type of partial decerebration.

While laboratory investigations should not cease in this perplexing disorder, the understanding of the schizophrenic remains a psychological one. The narcissistic neuroses, to which schizophrenia belongs, were at first not considered amenable to psychoanalytic therapy because these patients were incapable of transference. Federn and a few others have shown that some schizophrenics may by special techniques form transferences in their own peculiar ways, and with much diligence and skill become accessible to treatment and can be helped.

The riddle of schizophrenia, in the reviewer's opinion, will be resolved by psychoanalytic and physiological-metabolic investigations.

CHARLES DAVISON (NEW YORK)

PSYCHIATRY FOR SOCIAL WORKERS. By Lawson G. Lowrey, M.D.
New York: Columbia University Press, 1946. 337 pp.

We have had books on psychiatry for nurses, psychiatry for medical students, 'psychiatry for the curious' and now we have a volume on

psychiatry for social workers. That there is a need for a book on this subject has been recognized for some time. The growing number of practitioners form a hungry group. Courses covering this topic in training schools for social workers are as varied as the number of instructors. Numerous professional committees have been striving to condense the extensive data in this field for adequate training in psychiatric social work. Their findings have not appeared in book form. Consequently, the time is ripe for some contribution which might be widely used by training schools and thus reduce some of the confusions.

Dr. Lowrey has divided his material into eighteen chapters following the usual psychiatric nosology. An appended reading list on psychiatry, psychoanalysis, mental hygiene and social work is quite short and selective. Dr. Lowrey gives credit in his preface to teachers, colleagues, writers, social agency staffs and patients. The author is well known to psychiatric social workers as he was one of the pioneers in the child guidance movement in this country. He has worked in close collaboration with social workers both in a clinical setting and in a professional school. His practical experience as consultant to social agencies has given him a position of authority on this subject.

The reaction to the book is 'one of disappointment, both from a professional and from a literary viewpoint. Although it is from the pen of one who has been a successful editor of a periodical of wide circulation and high standards, his material sprawls through a wide range of subjects, sketchy short paragraphs follow fast upon each other, his description of the major types of disorders is carried on in a running fire of facts. The train of thought is frequently clouded by parentheses. More careful editing would have produced better results.

The title will sell the book in this day of psychiatry's popularity. The book contains what one psychiatrist thinks social workers should know. The well-trained worker will not find it too helpful and the untrained worker either will find it confusing or will try to follow it literally in lieu of practical training. It is almost inevitable that social workers not working closely with psychiatrists will endeavor to use this as a reference guide, attempting to integrate the theory given with their practice. Unfortunately, it is not in this way that skills are obtained. I am sure that this book, whether it deserves it or not, will be attacked and

defended vigorously. Social workers themselves will render their appraisal of it according to its helpfulness. Occasionally the author records his advice in definite blacks and whites, for instance, in speaking of venereal diseases he says that the social worker 'must assume the attitude that she is dealing with a sick person and not allow her ethical questions to stand in the way of securing proper treatment for the client' (p. 34). Such objectivity is, of course, needed by a social worker at all times and is a fundamental objective in training. In the second chapter he deals with the data of psychiatry, the social history, the examination of the patient and psychometric tests. His discussion of the 'anamnesis' almost turns our clocks back two decades.

Despite its promising and attention-getting title, this presentation is not one springing from a real dynamic approach to the subject. Undoubtedly the author knows many of the answers but his efforts bog down in a slipshod method. His definition of the problems a social worker faces is: 'The problems the social worker faces in dealing with the adjustment of the individual client are best presented in terms of the nature of psychiatric conditions, their origin or causation, their natural history, methods of investigation, and methods of treatment. These points, in the main, constitute the content of this volume' (p. 96). His admirable choice of the following quotation preceding his preface points up the converse, namely, that the problems a psychiatrist faces in the adjustment of the individual patient deal with social factors in the broadest and deepest sense: 'Of all the branches of medicine, psychiatry—by the very nature of the diseases with which it deals—requires both the highest degree of specialization and the broadest medical and cultural education. Mental diseases are apparently the only diseases which deserve the appellation of social diseases, not because they are caused by social factors alone but because a mentally sick individual functions with the totality of his endowments. A psychological conflict leading to a disease cannot but use as its vehicle the sum total of the cultural conflicts which are characteristic of the individual's age. One cannot understand the disease without understanding its language, and its language is always the language of the primitive cultural past intimately interwoven with the cultural present.'¹

ELISABETH BROCKETT BECH (CEDAR GROVE, N. J.)

¹ Zilboorg, Gregory: *A History of Medical Psychology*. New York: W. W. Norton & Co., 1941, p. 523.

THE CASE WORKER IN PSYCHOTHERAPY. New York: Jewish Board of Guardians, 1946. 49 pp.

This brief monograph covers a long and active period in the development of psychiatric social work, from the days when the social treatment of childrens' problems was relieving environmental pressures, to the present when the psychiatric social worker may assume major responsibility for psychotherapy.

At the Jewish Board of Guardians the need to extend the treatment service of the agency was a major factor in the development of the social worker as therapist. With this in view, the psychiatrist assumed the responsibility for training social workers to do therapy within the limits of a program which he had established both as to types of problems to be treated and methods to be employed. In training the social worker for therapy, they believe a new type of professional worker has emerged, who, in assuming responsibility for both social and psychological treatment, can see that all aspects of the therapeutic program are 'sensitively geared to the needs of the child'.

The methods of training psychiatric social workers to treat the psychological problems of children are outlined, their value to the case worker and the agency estimated, and the function of these workers in the various departments of the agency program defined.

While the sharpening of diagnostic acumen, and the increasing of skills of the social worker through the application of psychiatric and psychoanalytic concepts to case work, has been a part of the program of many case-working agencies during the past few years, the staff of the Jewish Board of Guardians has made a genuine contribution in making available, in brief form, their experience in training psychiatric social workers to be therapists, and the results they have achieved.

HESTER B. CRUTCHER (ALBANY)

MANUAL OF PSYCHOLOGICAL MEDICINE FOR PRACTITIONERS AND STUDENTS. Second Edition. By A. F. Tredgold, M.D. Baltimore: William Wood & Co., 1945. 308 pp.

In his preface to the second edition, Dr. Tredgold reminds us that the broad aspect of psychiatry is being lost sight of. Many non-medical psychologists are now treating mental disease, while a number of physicians are concerned solely with certain aspects of psychiatry. The failure until now to find definite brain pathology

for many mental disorders, it is stressed, does not necessarily indicate that they are mainly psychogenic. Psychological medicine includes not only the psychoneuroses but other forms of mental disturbance due to toxins, infections, vascular disease, injuries and other pathological changes in the brain. Finally, the subject has its special methods of investigation and treatment as well as special legal and social implications.

With this in mind, Dr. Tredgold has written this manual for the medical student and general practitioner, to acquaint them in 'a concise, practical and readable' fashion with the essentials of so broad a topic. He has succeeded admirably in his aim. The field of psychiatry is well covered and adequately presented in fine clinical descriptions. The sections on war neuroses and malingering and the chapter on mental disorder due to head injury are unusually well presented with a completeness not usually seen in a manual.

In the chapter on schizophrenia, Dr. Tredgold differentiates between schizophrenia and dementia præcox. Although these two terms are generally used synonymously, the author believes that this is not justified. Schizophrenia represents a symptom complex which may occur in many widely different conditions. It may be induced experimentally by the administration of mescaline or may occur as a special type of reaction to mental stress, or in the course of an idiopathic, or endogenous, degenerative process. Dementia præcox, he believes, is a disease entity, followed by permanent mental deterioration and is due to organic disintegration.

Throughout the book, Dr. Tredgold makes frequent references to constitutional predisposition as a causal factor of mental disease. He anticipates the criticism of this statement by stating in one of the last chapters that he does not deny the influence of external factors in the production of mental disease. And this brings the reviewer to one of the main criticisms of the book, the lack of a psychoanalytic orientation. Granted this manual was written for the neophyte; nevertheless, a simple explanation of the development of the psyche in analytic terms would have added immeasurably to the interest and value of this volume.

Several terms are included in the text which are not used in the United States, such as paraphrenia and chronic hallucinatory psychosis to each of which Dr. Tredgold has devoted a section.

'Chronic melancholia' and 'chronic mania' are conditions included with manic-depressive psychoses, while from the description given, they should be included with the schizophrenias.

PHILLIP POLATIN (NEW YORK)

NOÇÕES GERAIS DE HIGIENE MENTAL DA CRIANÇA. (General Ideas Concerning the Mental Hygiene of Childhood). By Durval Marcondes and collaborators. São Paulo: Livraria Martins Editora, 1946. 185 pp.

Dr. Marcondes and his co-workers have turned out, for so short a book, a remarkably comprehensive account of the main thoughts and problems in the mental hygiene of the child. In very simple language they give a brief survey of the development of the individual, describe the functions of the various persons who work in mental hygiene clinics, and outline the main problems of the home and the school. Much of the work that goes on in São Paulo is influenced by North American authors, and the authors do not fail to give psychoanalysis its fair share of credit.

B. D. L.

SOME PSYCHOLOGICAL HYPOTHESES ON NAZI GERMANY. By P. Kecskemeti and N. Leites. Washington, D. C.: The Library of Congress, Experimental Division for the Study of War time Communications. Document No. 60, July 30, 1945. 95 pp.

These authors have made an interesting contribution. They elucidate certain aspects of German culture. 'This study', they state, 'advances the hypothesis that a distinctive type of character structure in the Nazi variant of German culture approximates or falls under the "compulsive character" of psychoanalytic theory'.

Aware of the difficulty of their task, which they have carried out with extraordinary sagacity, the authors do not consider their hypothesis fully confirmed but useful for further studies. The hypothesis is pursued into all branches of German ideology and contains a wealth of observations which cannot be presented in a short review. The twenty chapters have such headings, for example, as Revolt and Submission, Destructiveness and Correctness, Order and Disorder, Doubt and Dogmatism, Self-Esteem and Self-Contempt, in which various traits, typical of the compulsive character, are discussed in their polarity. The authors are particularly suc-

cessful in describing and explaining the contradictions, so characteristic of German culture. Peculiar concepts of freedom and necessity are understood as expressions of compulsive attitudes and reaction-formations against them. Strong antiauthoritarian tendencies are counteracted by blind obedience; tendencies towards betrayal by emphasizing *Deutsche Treue* (German loyalty), a concept, emotionally highly charged in literature and history; passive-feminine attitudes are reactions against aggression; the unconscious feminine meaning of their submissive attitude towards authority and the emphasis of the 'manliness' of conformity in such groups as the army, the party etc., can all be considered part of a compulsive character development. Strong authority is needed to restrict individual destructive impulses typical of the ambivalence of the compulsive character. The constant emphasis on certain traits such as courage, will power, decisiveness etc., lead to the assumption that such traits were either lacking or often reaction-formations. Also interesting is the frequency of explicit norms for behavior in organizations, indicating the necessity to hold in check opposite trends. The meaning of 'order' and 'correctness' in contrast to the trend towards irrationality, freedom from all ties in romantic movements, wanderlust, and a general inability for compromise are all well described.

But this booklet evokes many doubts in the reader. It shows how far a compulsive attitude can be traced ingeniously through various philosophical and ideological rationalizations. Illuminating, as it does, the concept of the compulsive character, the authors stretch this concept too far. The coward who plays a bully uses a well-known mechanism of defense which is available to many different types of character, not only to the compulsive. For certain typical slogans, such as the 'new life', one could find similar examples (e.g. in Italy) where there is no particular prevalence of compulsive traits; moreover, various attitudes develop as expressions of and reactions to a given reality in a dictatorship, as the many psychological similarities between the different dictatorships demonstrate. Authoritarian systems of any kind evoke ambivalence and, under the threat of real danger, the defense mechanisms needed to keep the hostile attitudes in check. Power impresses and produces typical followers everywhere. Although there is doubtless a special attitude towards power in German culture, it is questionable whether this should be attributed to a

compulsive trait. The inclination to excuse aggression with an ideology or by submitting to a leader who carries the responsibility has obviously played a great rôle in the rise of Nazism. It is compatible with a compulsive attitude, but it is highly debatable whether this is a typical compulsive trait. Nazism is particularly suited to absorb and give an outlet to the ambivalence of man by justifying aggressive drives as a means for a moral end, but ambivalence, although strong in compulsive characters, does not prove the existence of it. The fight of the Nazis against the doubts of their followers, when the war situation became more and more serious, shows a rather realistic appraisal of the situation and is not indicative of compulsiveness.

The authors show how far the concept of compulsive character can be successfully applied, but their attempt demonstrates the present limitations of psychoanalytic characterology. The term compulsive character is compatible with a great variety of different personalities and attitudes. One can have typical traits and be a German Nazi, a Dutch puritan, or an English pacifist, using whatever means culture puts at the disposal of the individual. If one assumes that the authors are correct in their diagnosis, they explain quite successfully the ambivalence and certain contradictions, but one feels strongly inclined to emphasize that the essential quality of the type described is not the compulsive element in it, but the ideological concepts, with the help of which the compulsion neurosis is held in check. Thus, cultural traditions, ideologies, the influence of leaders in the national mythology are the elements which are used for building not only reaction formations but genuine sublimations as well.

Although the authors' only claim is to advance the hypothesis that the compulsive character is particularly prevalent in the Nazi variant of German culture, they arrive, by the force of their theory, at much wider conclusions and implications in regard to cultural phenomena. This provokes a certain emotional resistance to their painstaking and challenging work, an opposition to their methodologically false attempt to apply a rather narrow concept of the clinical pathology of a neurosis, to describe and comprehend the wealth and breadth of the cultural problems of a nation.

In our time, with the old faith in religious systems shaken, in his short span between birth and death, man tries to find his small place in a rapidly expanding universe. To this end, cultural

phenomena are ever changing attempts at solutions of man's relationship to man and the world in which he lives. Thus individuals try to find a balance between conflicting drives, social deprivations and instinctual restrictions, a process which, without his awareness, impinges on daily experience of all men as the vicissitudes of cultural development.

Despite these criticisms, this booklet is recommended to everyone interested in the intricacies of German character and in the complex relationship between neurosis and ideology which has become a major problem of present day civilization.

HENRY LOWENFELD (NEW YORK)

DARIO. *A Fictitious Reminiscence*. By Percy Winner. New York: Harcourt, Brace & Co., 1947. 175 pp.

Mr. Winner is a rare exception among eminent journalists in interpreting the contemporary history he reports with a thorough knowledge and understanding of psychoanalysis. He has contributed noteworthy reviews of books to *This QUARTERLY*.

For four years in Italy in the 1920's, Winner observed fascism *in statu nascendi*. For the next five years he was News and Foreign Editor of the New York Evening Post, wrote magazine articles for Harpers, The New Republic, The Nation, The Commonwealth, and other periodicals. He was chief correspondent for North America of the Havas News Agency of France and foreign radio commentator, speaking in French to France. During the war he served the government as chief of liaison with the British Political Warfare Executive, special assistant to the American Ambassador to Great Britain, deputy director of the Office of War Information, chief of propaganda operations on the staff of General Eisenhower, deputy commander of the Psychological Warfare Section of Allied Force Headquarters, and special field representative in Spain.

In Dario, Mr. Winner has written a composite narrative psychography of an Italian fascist. It is a book for the psychologically and politically mature reader, in which contemporary history and the psychological motivation of a paradigmatic fascist (compounded of personal experiences) are compactly and subtly woven into an absorbing personal diary which mounts to an inevitable but, to many, surprising denouement.

The author's psychoanalytic erudition is indistinguishable in his writing from intuitive artistry—an instance to be adduced to bolster one side of a moot question.

It is hoped that Mr. Winner will be influenced by the success of Dario to continue writing for the greater audience of readers of fiction.

R. G.

THE NAVAHO. By Clyde Kluckhohn and Dorothea Leighton. Cambridge: Harvard University Press, 1946. 258 pp.

One of a series of books, the authors summarize in it their accumulated knowledge of the Navaho tribe. The companion volume, *Children of the People*, to follow shortly, will deal with the individual and with personality. The presentation of Navaho culture in this volume is illuminating and often permits one to see what is psychologically meaningful. Many statements made in this book about the Navaho are valid also for other primitives, some for all. From history, through anthropogeography and social life, the authors proceed to discuss contacts with white civilization, and then religion, myths and ethics. A remark made by one informant on white and native medicine is one of the many worth quoting: 'You go to a hospital and maybe once a day the doctor comes around and he stays three, maybe five minutes. Once in a while they give you a little medicine, just a little bit of it. About the only thing they do is to put something in your mouth and see how hot you are. The rest of the time you just lie there. But the medicine men help you all the time—they give you lots of medicine and they sing all night' (pp. 99–100). In other words, the point is to get plenty of attention.

The whole culture seems to revolve around one main theme: healing the sick, which includes those who have had bad dreams. 'A dream of anything sick or weak or deformed is a cause for anxiety. If bad dreams keep coming, the hogan (house) will be torn down and a new one built some distance away, because the bad dreams are supposed to come from ghosts who are frequenting their old haunts and trying to draw their relatives into ghostland with them' (p. 142).

There must be a powerful guilt feeling in this culture, and the emphasis on elimination from the body (sudbath, sweatbath,

emetics) refers probably to 'bad' introjected objects. The fact that the natives are sometimes rendered bankrupt by costly rituals for cures is noteworthy (p. 161). Myth and custom are interlocked, the myth being the *raison d'être* of the custom. Custom determines the right way to do things without which they would be hopelessly disoriented. They react to the impact of white civilization by clinging to their traditions, and by an enthusiastic revival of almost forgotten rituals (p. 168). 'Incest and witchcraft are the worst of crimes' (p. 219).¹

The definition of what is a 'good man' is unusual. The good man is one who has 'hard goods' (jewelry), 'soft goods' (clothing), 'flexible goods' (textiles), narrative songs and other intangible property. 'An old Navaho said . . . "I have always been a poor man. I do not know a single song"' (p. 220). The equivalence of goodness and riches is the *esaesa* of Normanby Island.

The authors summarize the Navaho way of thinking in certain premises: (1) life is very, very dangerous;² (2) nature is more powerful than man (valid for all primitives); (3) the personality is a whole. Mind and body are not separable units (in the sense intended by the authors, this is also probably valid for mankind at large, excepting white civilization); (4) respect and integrity of the individual; (5) everything exists in two parts, the male and the female, which belong together and complete each other. 'With the Navaho this premise applies to much more than biology. The clear, deep, robin's-egg blue turquoise they call male, the stone of a greyish hue they call female. The turbulent San Juan River is "male water", the placid Rio Grande "female water". The mountains where harsh cold winds blow are "male country", the warm open lands of the south "female country". There are male and female rains, the one hard and sudden, the other gentle; male and female chants; male and female plants are distinguished on the basis of appearance, the male always being the larger. The supernatural as seen in the sandpaintings and mentioned in songs and prayers are nearly always paired, so that if Corn Boy appears one can be sure that Corn Girl will soon follow' (p. 230).

¹ Cf. Róheim, Géza: *War, Crime and the Covenant*. Monticello, New York: Medical Journal Press, 1945, pp. 104, 120.

² This is not applicable to any primitive culture studied personally by the reviewer.

This is a really specific trait, which might be called a 'primal scene' *Weltanschauung*. One is somewhat reminded of the Chinese *yin* and *yang*.

The remaining premises are: (6) human nature is neither good nor evil; (7) like produces like and the part stands for the whole (since Frazer we know this to be *the* universal principle of magic); (8) what is said is to be taken literally (valid for all primitives); (9) this life is what counts (valid for everybody).

Anthropologists need not be advised to read this book; they will do so anyway. The psychoanalyst, if he is interested in human psychology beyond the consulting room, may profitably follow their example.

GÉZA RÓHEIM (NEW YORK)

TWENTIETH CENTURY PSYCHOLOGY. Edited by Philip Lawrence Harriman, with the assistance of G. L. Freeman, G. W. Hartmann, Kurt Lewin, A. H. Maslow, and C. E. Skinner. New York: The Philosophical Library, 1946. 712 pp.

This book comprises thirty-nine articles by representative psychologists in a broad variety of fields. D. B. Klein starts with an article, *Psychology's Progress and the Armchair Taboo*, which pleads for the 'armchair' empiricism of William James and Freud in psychology. Freud is referred to as nonexperimental, despite the fact that Freud's work is based on experiments and observation in the medical consulting room.

David Boder's article on Nazi Science demonstrates how Jaensch, the German psychologist, worked out a theory of personality characterized by an Anti-Type, in order to prove that Jews and certain Germans belong to this category and are dangerous to the state, an example of the way in which psychological data can be distorted for political purposes.

A. H. Maslow, in *A Theory of Human Motivations*, enumerates five basic goals of the human organism: physiological needs, safety, love, esteem, and self-satisfaction. The author does not distinguish clearly between unconscious and conscious drives, and he equates physiological and psychological needs. He states: 'The perfectly healthy, normal, fortunate man has no sex needs or hunger needs, or needs for safety, or for love, or for prestige, or self-esteem, except in stray moments of quickly passing threat'.

Christian O. Weber, writing on Difficulties of Modern Psychology with the Body-Mind Problem, reviews traditional psychological concepts, and concludes that the dilemma of psychology is its hybrid nature. Incidentally, in support of this observation of the hybrid nature of modern psychology is the fact that the book has an extremely brief index, no doubt because only an interminable index could attempt to cover *all* the varieties of topics and terminologies in the various articles.

Isidor Chein, in Personality and Typology, advocates Freud's use of superego, ego and id 'types', as described in Freud's paper on Libidinal Types, published in *This QUARTERLY* in 1932. Chein states of this theory, 'We did not endorse it, although we felt that it strongly merits further exploration. We do derive from its discussion the encouragement that the kind of approach we are advocating is possible.'

In Part II, Social Psychology, Edward C. Tolman, in Identification and the Postwar World, criticizes Freud's concept of identification as too literal. After giving his analysis of group identification, Tolman proposes the formation of a world federation based on utilization of forces inherent in group identification. He suggests that the members of the world state should possess common features, distinctive symbols and rituals and a common mission; the world government structure should symbolize early family relationships, and it should have some outside enemy or enemies threatening it.

There are several papers on statistical sociological observations with regard to social classes as well as some analysis of social aspirations; and one is a quantitative study of mass reactions to a 'pseudo crime method of incitation' to mob action.

In an interesting article on Training in Democratic Leadership, Alex Bavelas and Kurt Lewin state that camp leaders of children, when retrained, gave up stilted ideas of discipline, fear and uneasiness, and learned how to interest children in group activities in a democratic fashion, substituting democratic goals for teaching of individual skills.

The section on Animal Psychology contains an article by Leonard Carmichael, The Experimental Embryology of Mind, which concludes, on the basis of studies on the guinea pig foetus, that when the stimulus is mild the foetus reacts locally, and when the stimulus is intense it reacts as a whole organism.

The section on Experimental Psychology contains an article, *The Acoustic Characteristics of the Ear*, in which Ernest G. Wever of Princeton University summarizes some of his important contributions in this field. J. Donald Harris, in *Recent Development in Conditioning*, reviews the more recent work on conditioned reflex, particularly theoretical aspects. He refers to Liddel and his co-workers in the production of experimental neuroses in animals, and to Horsley Gantt's work.

In the section, *Abnormal Psychology*, G. W. Kisker and G. W. Knox write on *Pharmacological Shock Therapy as a Psychobiological Problem*. They review a good part of the literature of shock therapy up to 1939 and 1940, and conclude that 'medical treatment alone is not sufficient; it merely affords the proper psychological setting for the development of the desired ego relationships'. There is no mention of the need for psychodynamic studies of individuals receiving shock treatment wherein psychotherapy begins after the shock is induced, and where psychoanalytic studies of the ego might show the relationship of the shock to the release of repressed material, as well as the manner in which the ego later integrates this material.

Brenman and Gill, of the Menninger Clinic (*Treatment of a Case of Anxiety Hysteria*), find much improvement in a case of anxiety hysteria after sixty-seven sessions of hypnoanalysis. During these sessions both authors were present after hypnosis was induced by one of them. They state the importance of analyzing the transference by this method. A case history is not given, but theoretical aspects are presented, the few examples of transference described representing the therapist as father or mother. The patients' reactions indicate conflict about parental sexual life and the birth of a sibling.

In the section on *Differential Psychology*, Marguerite R. Herz and M. R. Harrower-Erickson present concise papers on the Rorschach test.

The purpose of the book, stated by the editors, to give intelligent readers an idea of current trends in modern psychology, is achieved.

MILTON L. MILLER (BEVERLY HILLS, CALIF.)

SEX PROBLEMS OF THE RETURNED VETERAN. By Howard Kitching.
New York: Emerson Books, Inc., 1946. 124 pp.

The goal of marriage, according to the author, is the creation of the 'Us'. Wartime separation threatens to disrupt this unity. The husband's dilemma, the wife's problems during the separation are discussed and, in the last chapter, the Reunion in Reality is taken up for consideration. Neither unconscious motivations as, for example, the activation of homosexuality in the man, nor anything vaguely resembling the psychology of love is approached. Generalities substitute for the complicated individualistic scene.

Veterans, even though not all of them have had opportunity to prove themselves as heroes of bed and battlefield, have matured during the war years. Since they are still young, they are admittedly confused and vaguely searching for enlightenment, as is so movingly described by Gertrude Stein in *Brewsie and Willie*. They will find no help in this book. Not vague generalities, but human understanding of the specific problem of each by his fellow-men, or its scientific counterpart in psychoanalytic psychology, is what is required.

MARTIN GROTJAHN (LOS ANGELES)

SEX EDUCATION: A GUIDE FOR PARENTS, TEACHERS AND YOUTH LEADERS.
By Cyril Bibby, M.A. New York: Emerson Books, Inc., 1946.
311 pp.

With a modesty that characterizes the entire book, the author states in the preface: 'The fact is that so little attention has been devoted in Great Britain to sex education that there is no one who can write with real authority. I have undertaken the task simply because it is one that must be tackled, and so far no better qualified person has done so.' As one of the truly great teachers, what he has learned from the children he has taught, leads him to conclude: 'The children in particular have done more than they know to convince me that what difficulty there is in sex education lies in the mind of the adult and not in that of the child.'

The author gives in his book a surprisingly progressive, courageous and hopeful outlook for the future of sex education as a special field in modern education. If this book can be taken as an indication for the progress of British education since the war, a high standard in pedagogical progress has been achieved. This

book is not based on psychoanalytic, but on pedagogical principles. The rôle of sexual curiosity in later intellectual development, the stultifying influence of taboos and repression, are not clearly recognized. Libido development is mentioned only in appendices. The greatest value of the book is the progressive spirit in which it is written. It will encourage the inexperienced teacher (or physician, whose lack of experience is frankly criticized) and will help him to see what he must do and how he must do it.

Some lectures are appended, and in them too there is straightforwardness and courage with tact and humor. The lectures have a literary quality, for example, when the author proceeds from the sex habits of frogs and chickens to the functioning of human fathers in making babies—a topic especially difficult for children to understand and for teachers to explain. The chapter, *Educating the Educators*, should become a pedagogical classic.

The recommendation of nudism as a method of sex education may sound strange to American teachers. The book should be of great value to the parents, teachers and youth leaders for whom it is written.

MARTIN GROTJAHN (LOS ANGELES)

PSYCHODRAMA. Volume I. By J. L. Moreno. New York: Beacon House, 1946. 429 pp.

When he was five years old, Moreno told some other children, 'I am God and you are my angels', in pursuance of which he leapt from a pile of furniture and broke his arm. He continued this game by organizing 'kindergarten on a cosmic scale, a revolution among children'.

Psychodrama is a system of psychodynamics described in terms of spontaneity, 'creative revolution', 'warming up process', 'matrix of all identity', 'category of the moment' and 'cultural conserve'. Definitions of these concepts are elastic, and any resemblance they may have to other psychologies is purely accidental. Says Moreno: 'the distinction between conscious and unconscious has no place in a psychology of creative art—the unconscious is a reservoir which is continually filled and emptied by the "creator individual"'. 'Spontaneity', ill defined, is well illustrated by Moreno's prose style. Bizarre neologisms and simple Latin tags abound, as though

the author could not pause to consider his thoughts in conventional language.

Says the author, 'Psychodrama opens up new avenues of psychotherapy, especially for the infant, the child, the adolescent, the feeble minded individual, the manic depressive and the schizophrenic'. Psychodrama may consist in placing the subject in imagined and unexpected situations, as happened in the first public session in New York when the subject, Miss X, was told, 'You are the owner of a hotel in Alabama . . . our students . . . your guests for the week-end . . . have retired. You are alone. You walk towards your room, open the door and turn on the light. . . . You see somebody in your bed. It is Miss X, your double, yourself. Act now!' Sometimes the patient is asked to depict from a stage his marital or social difficulties, with other actors present if necessary, to complete the cast. Once, for instance, an uncongenial husband and wife actually aired their differences with the psychiatrist and the husband's new love. Mechanical trivia of these sessions are meticulously observed and recorded, sometimes graphically and by charts. Hence the inference is drawn that different people act differently. Such factors as the subject's conditioning, ability to project himself into fantastic situations, exhibitionism, inhibitions, and the absurdity of the premises offered are largely ignored. It is unclear whether many of the sessions described have actually happened or might occur. There is little diagnosis, and hardly any factual reports of results. Such devices as the talking picture are warmly recommended to augment the procedure. In conclusion Moreno says, 'It is advisable to organize psychodrama sessions to be broadcast from a television station to the world'.

What actually happens in psychodrama? The subject must experience narcissistic gratification and reassurance from the presence of a sympathetic audience when he feels himself inadequate in face of difficulties, whether these are neurotic or fantasied by the director. It is difficult to see any other intrapsychic result. Such acceptance as psychodrama has had would appear to be due to its originator's salesmanship, and to the public's desire for magic. Psychodrama offers external manipulations and mechanical devices, easily seen and understood by all, as effecting permanent emotional changes. Wave a wand and the villain becomes a public benefactor.

The diagnostician, seeking examples of the unusual in the by-ways of literature, will find ample reward in this book. The therapist, who wishes to increase his skill with well-tried methods based on sound reasoning, emphatically will demand his money back.

G. PFDERSON-KRAG (NEW YORK)

Abstracts

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ABSTRACTS

Dostoevsky and Parricide. Sigmund Freud. *Int. J. Psa.*, XXVI, 1945, pp. 1-8.

First published under the title *Dostojewski und die Vätertötung* as a preface to *Die Urgestalt der Brüder Karamasoff* (1928), and reprinted in the *Gesammelte Schriften*, XII, pp. 7-26, this paper is an analysis of Dostoevski's unconscious parricidal wishes deduced by Freud from fragmentary autobiographical data and from the attitudes inherent in his philosophy and writings. Freud points out the likelihood that Dostoevski's epileptiform seizures were psychogenic in etiology, representing his identification with his murdered father. The fact that he submitted to unjust punishment at the hands of the Czar without complaint is adduced as evidence pointing toward his sense of guilt and need for punishment at the hands of a father substitute. Further proof of this sense of guilt is found in Dostoevski's gambling which was a masturbatory equivalent entailing constant concomitant castrative punishment. Finally, it is in his major work, *The Brothers Karamazov*, that Freud finds the most conclusive evidence. He calls this Dostoevski's confession through identification with the father murderer.

H. A. W.

Reminiscent Notes on the Early History of Psychoanalysis in English-Speaking Countries. Ernest Jones. *Int. J. Psa.*, XXVI, 1945, pp. 8-10.

A brief sketch summarized as follows: 'Knowledge of Breuer and Freud's work was available in English periodicals in the nineties of the last century. The earliest publicists in England were F. W. H. Myers, Mitchell Clarke and Havelock Ellis—in that order. The first paper on psychoanalysis itself in English, an adverse one, was published by Dr. Putnam in Boston in 1906, the first one supporting it was by myself in 1909, the first one in England—more favorable than Dr. Putnam's—was by Dr. Mitchell, in 1910. Psychoanalysis was first practised in London in 1905, in New York in 1908 and in Boston in 1910.'

H. A. W.

Some Psychological Aspects of Prostitution: The Pseudo-Personality. Tibor Agoston. *Int. J. Psa.*, XXVI, 1945, pp. 62-67.

On the basis of his psychoanalytic experience with prostitutes, Agoston finds that the 'psychological essential in prostitution is the development of a pseudo personality which is manifested chiefly in (a) the psychological incognito of the partners, (b) false tales about themselves and their origin, and (c) false toughness'. He states furthermore that 'The etiology of prostitution involves two co-existent factors: (a) deep, intense castration fear with a special, existential quality [there is actual extensive material deprivation in childhood];

(b) complete emotional rejection by both parents, usually in actual fact, very rarely with a partial element of fantasy'. The prostitute makes a pseudo regression to the oral-anal level under the guise of money madness but this 'conceals regression to the completely infantile level of (a) exhibitionism, (b) scopophilia, (c) the enjoyment of magic power'. Agoston feels that the prognosis in this type of illness is fairly good provided that the symptom (prostitution) is 'treated nonchalantly and the patient's positive qualities are supported'.

H. A. W.

Georg Groddeck and His Teachings About Man's Innate Need for Symbolization.
A Contribution to the History of Early Psychoanalytic Psychosomatic
Medicine. Martin Grotjahn. *Psa. Rev.*, XXXII, 1945, pp. 9-24.

After having reviewed some of Groddeck's outstanding contributions to psychoanalysis, the author states that Groddeck achieved therapeutic results by reactivating and liberating the unconscious, using everyday language and the new terminology of early psychoanalysis as a means of communication. Georg Groddeck is the most outspoken representative of the intuitive type of analyst, in contrast to the learned therapist. It would be wrong to call Groddeck an artist—which he was—in opposition to a scientist—which he also was. The true problem of his personality and work is the interrelation of artistic intuition and scientific knowledge.

There are two basically different personality types among analysts, representing two basically different types of human understanding: the intuitive and the learned. The ideal analyst combines both types, as did Groddeck.

The importance of intuitive ability in the personality of the analyst is not clearly recognized in the psychoanalytic literature, perhaps due to an old anxiety about, and defense against slipping back into medieval mysticism. Theodor Reik succeeded in showing that intuition originates when the analyst uses his unconscious as a perceptive organ. Reik gives a psychological explanation and justification of the intuitive unconscious communication which Groddeck used naively.

Groddeck allowed his unconscious to erupt freely—almost as if he were constantly in the process of being analyzed. Only after his ideas, impressions and interpretations emerged did he put them into more or less socially approved forms. He seduced his listeners into following him, he encouraged them to abandon intellectual and logical censorship. He did not convince by reasoning or by facts—his evidence was of a different kind. He convinced by experience of evidence, leaving it up to his pupils to put the knowledge thus gained into the framework of science. The safeguard against the dangers of Georg Groddeck's methods and against losing oneself in wild fantasies is the constant, logical and rational open-eyed observation of the clinical facts.

Freud is not the opposite of Georg Groddeck as a type. Such an approximate opposite is found in the type of person Goethe pictured in Wagner, the pupil of Faust. It is the kind of man who constructs bridges over the unknown and then denies that there is any depth left below them, claiming

his bridges to be the only reality. This type of student believes in the omnipotence of learning. The danger of the Groddeck type lies in running off into fantastic mysticism. The danger of the Wagner type lies in his intellectual simplification or, as Groddeck called it, in 'the rape of the divine'.

AUTHOR'S ABSTRACT

Psychoanalytic Investigation of Reaction to the War Crises of Candidates for Induction. Sandor Lorand. *Psa. Rev.*, XXXII, 1945, pp. 25-32.

Lorand states that the anxieties and symptoms of the war neuroses arise in the ego, in contrast to the general neurotic anxiety which arises in connection with unconscious strivings. 'When one is in actual danger, the whole ego is threatened and the drive for self-protection induces a fight against the threatening external situation.' A young man in analysis when the war broke out—when childhood aggressions were mobilized to the point of threatening to engulf him—made a prompt regression. His narcissism rendered him unable to form strong or permanent object relationships and 'when confronted with a task that demanded conviction (military duty) he was unable to go through with it'.

JOSEPH LANDER

A Contribution to the Study of Wit. Ludwig Eidelberg. *Psa. Rev.*, XXXII, 1945, pp. 33-61.

Eidelberg opens his paper by reporting a joke: A famous actress returns home and finds ten sailors in her bedroom. She says, 'I am tired, two must go'. The analysis of this joke shows that it can be divided into three parts: (1) serving the satisfaction of infantile sexual scopophilic instincts; (2) serving the inhibition of these instincts, damming them up and mobilizing an aggressive tendency; (3) while superficially expressing inhibition of instincts, the joke actually favors their satisfaction. Furthermore, part (3) reveals: (a) a feeling of infantile omnipotence due to the easy victory over the infantile superego which is deceived; (b) a feeling of infantile omnipotence due to the easy victory over the infantile id which receives instead of scopophilic pleasure an exhibitionistic one; (c) exhibitionistic and aggressive pleasure from the satisfaction of aggressive and infantile instincts in laughter. The laughter represents for the listener and the narrator a victory of the ego over the id and the superego.

While one may have missed the point of Eidelberg's complicated paper, it is obvious nevertheless, that the author overlooks the importance of surprise in the dynamics of witticism so brilliantly analyzed by Freud and Reik. In addition, he seems to overlook the specific rôle of latent aggressiveness: the actress in question symbolizes the (promiscuous) mother and the joke compensates us for incestuous frustrations by exposing mother as nymphomaniac and hypocrite.

MARTIN GROTJAHN

Animism and Dreams. Géza Róheim. *Psa. Rev.*, XXXII, 1945, pp. 62-72.

This paper is a corroboration of the suggestion by Jekels and Bergler in *Instinct Dualism in Dreams* that sleep is an expression of the death impulse (Thanatos). Eros is the counterforce which, by mobilizing a powerful libidinal investment including the infantile sexual wishes, prevents Thanatos from overwhelming the ego. As evidence supporting this, Róheim draws on dream material and on many beliefs among primitives regarding the departure of the soul from the body during sleep and the hazards to the sleeper should the soul have difficulty reëntering the sleeping body.

JOSEPH LANDER

Psychological Aspects of Japanese and German Paradoxa. Judith Silberpfennig. *Psa. Rev.*, XXXII, 1945, pp. 73-85.

The 'paranoid' trends in modern Japanese and German political attitudes and actions are compared to the 'paranoid' trends of certain boys at the phallic phase of their libidinal development when castration fear creates severe conflicts around their feelings of masculinity and they use the defense mechanism of projection. Silberpfennig shows that the traditional Japanese ideology and methods of child rearing augment the phallic conflicts of the boys and states: 'Remembering the limitations of our method, we still wonder whether the Germans of today have not regressed to the attitude of the disturbed phallic phase, while the Japanese never really came out of it'. She admits that 'it is unreasonable not to remember the historic, economic and geographic aspects' which determine the national character 'in such a discussion', but she does, nevertheless, fail to consider these remembered 'aspects' when suggesting a 'post-war re-education program to start with a reorientation of child upbringing, with stress laid on recognition of reality, primarily related to realistic evaluation of one's own body'.

OTTO FENICHEL

The 'Mental Crisis' of John Stuart Mill. A. W. Levi. *Psa. Rev.*, XXXII, 1945, pp. 86-101.

John Stuart Mill (1773-1836), the English philosopher and economist, experienced a severe depression when twenty years old. He had been brought up by a very stern father, who professed the greatest contempt for passionate emotions of all sorts and for everything which had been said or written in exaltation of them. Mill's emotions were starved, his artistic instincts and æsthetic cravings thwarted, his feelings and sentiments ignored or thrust aside through his father's education. His mother, too, did not give the children any affection, warmth or love. Mill's attitude towards his father was ambivalent. Admiration and dislike, respect and the absence of warm affection, were curiously intermingled. In the first version of his autobiography he says, 'I thus grew up in the absence of love and in the presence of fear', a statement which he eliminated in the final edition of this autobiography.

Levi finds the depression of Mill caused by 'those repressed death wishes against his father, the vague and unarticulated guilt feeling which he had in consequence, and the latent, though still present dread that never now should he be free of his father's domination'. As a proof of this hypothesis Levi quotes Mill's own description of the incident which brought the first relief from the depression, the 'small ray of light' which broke in upon his gloom. It was the accidental reading of a passage in the *Memoires* of Marmontel, an insignificant French author. Marmontel describes therein his reaction to his father's death, expressing it in these words: 'Mother, brothers, sisters, we experience . . . the greatest of afflictions; let it not overcome us. Children, you lose a father, and you find one; I am he, I will be a father to you; I adopt all his duties; you are no longer orphans.' Upon reading this passage, Mill stated: 'A vivid conception of the scene and its feelings came over me, and I was moved to tears. From this moment my burthen grew lighter'. Levi states that this incident had a cathartic effect upon Mill: through identification with Marmontel he experienced his own father's death, and in this way discharged his hostile feelings towards the father which had caused his depression.

RICHARD STERBA

Thirty-some Years After Ferenczi's 'Stages in the Development of the Sense of Reality'. Edmund Bergler. *Psa. Rev.*, XXXII, 1945, pp. 125-145.

After recapitulating the four stages in the development of the sense of reality described by Ferenczi in his famous paper, Bergler presents nine clinical and one anthropological contribution which necessitate a broadening of Ferenczi's scheme. First is Freud's Totem and Taboo which describes specific types of magic not mentioned by Ferenczi. Second is Freud's concept of conversion hysteria which leads the way to modern psychosomatic medicine. Next are Abraham's ideas concerning the childhood concept of omnipotence of urine and feces which is a precursor of the 'omnipotence of thoughts'. Another clinical addition is the projection of omnipotence by the child onto other objects. Fifth is the aggressive component in magic. Sixth is Brill's contribution showing that omnipotence of thought may be largely oral in nature. Seventh, is a lengthy discussion of the various narcissistic attempts at restitution following injury or a sense of loss. Next are the clinical observations on oral neuroses and on gamblers in whom childhood megalomania leads to unconscious provocation and defeat. Ninth is the specific neurotic magic gesture described by Lieberman which always hides an unconscious aggression covering a masochistic approach. Last are Roheim's analyses of the various types of magic based on anthropological data.

Bergler then revises Ferenczi's scheme to include all these contributions. The specific writings of French and Fenichel on this subject are not mentioned.

NORMAN REIDER

Diacritic and Coenesthetic Organization. R. A. Spitz. *Psa. Rev.*, XXXII, 1945, pp. 146-162.

The nervous system is divided into sensory (diacritic) and emotive (coenesthetic) organizations, a duality which is useful in elaborating the 'functional approach'. Spitz largely uses Wallon's details in describing the properties and function of the two systems. The concept seems to clarify clinical details in the cases cited by Ribble of disturbed function in infants where the sensory system has failed in its function; the organism falls back on its primitive emotive organization which is insufficient for adequate response and reacts only with the cataclysmic manifestations well-known in psychiatry. Yet it is the emotive system which is amenable to treatment either violently as in the shock therapies, or gradually as in psychoanalysis. The advances in ego analysis point the way to use of the sensory system in influencing the emotive system.

NORMAN REIDER

A Psychosomatic Theory Based on the Concepts of Mastery and Resolution of Tension. S. Tarachow. *Psa. Rev.*, XXXII, 1945, pp. 163-181.

Psychosomatic symptoms represent an attempt to resolve tension within the organism. Tarachow distinguishes between psychoneuroses as 'psychic representations' of the conflict over the resolution of tension, and physioneuroses as 'somatic representations' of the same conflict. In each of a series of cases, either inhibition or excitation sharply colored the clinical manifestations in both spheres. Where there was strongly marked psychic inhibition, there was also profound inhibition of various somatic functions; where there was psychic excitation, there was analogous concomitant physiologic disturbance. Failure to master a situation realistically, with consequent accumulation of tension, leads to overmobilization (anxiety) or inhibition.

JOSEPH LANDER

Neurotic Acting Out. Otto Fenichel. *Psa. Rev.*, XXXII, 1945, pp. 197-206.

In neurotic acting out inner tension is relieved by the partial discharge of warded-off instinctual drives or guilt feelings. This becomes possible through an associative connection between present situation and repressed content.

The study of such clinical entities as 'impulse neuroses' and traumatic neuroses may help one to understand neurotic acting out. Impulse neuroses are characterized by intense, irresistible impulses like compulsive running away or kleptomaniac impulses. These irresistible impulses serve the purpose of either escaping from a (real or imaginative) danger or of denying or reassuring one against a danger. Depression must be included in the concept of 'danger'. Fenichel claims that most impulsive acts serve the purpose of avoiding depression; the basic disposition for pathological impulses and for depressions are identical in so far as both are rooted in an early phase of development in which striving for security and striving for sexual satisfaction were not yet

differentiated from each other. Certain types of acting out are dynamically related to these pathological impulses. Other types serve the same purpose as does the repetitions in traumatic neurosis, namely, the achievement of a belated mastery of experiences which were too exciting.

From the point of view of technique, acting out often represents a form of resistance but sometimes, especially in emotionally blocked patients, may have advantages. In any case it must be followed by immediate interpretation. The best prophylactic against 'acting out as resistance' is a well-timed interpretation of transference. It seems, however, that Fenichel overemphasizes the dangers of acting out. The new development of a technique which makes the analysis of the defenses the central factor of the therapeutic process, produces in every analysis sessions in which the patient comes very close to acting out. There is reason to believe that if nothing of this kind happens during the treatment, the analysis of the defense has been diluted by too early interpretations of repressed contents.

GEORGE GERO

Analysis of Patients with Acute Symptoms. Bela Mittelman. *Psa. Rev.*, XXXII, 1945, pp. 181-196.

This paper is concerned with the dynamics and management of ambulatory patients in states of deep distress and tension, with anxiety and agitation. Their working capacity and ability to adapt to everyday life is threatened. The patient faces an insoluble dilemma: 'Without mortal danger there will be no help, but the conviction of mortal danger creates intense anxiety'. Mittelman analyzes the transference reactions in such situations, and suggests flexibility in the analytic technique: active sympathetic reassurance, sitting rather than lying during treatment, and other devices to allay the acute anxiety.

JOSEPH LANDER

Samuel Johnson's Character. A Psychoanalytic Interpretation. Edward Hitschmann. *Psa. Rev.*, XXXII, 1945, pp. 207-218.

Samuel Johnson's character, full of contradictions, can be explained by Freud's formula that 'persisting character traits are either continuations of the original instincts, their sublimations or reactions against them'. Johnson showed obvious signs of a compulsion neurosis complicated by depressions and tics. His character belonged to those which Freud described as 'the exceptions'. After his wet-nurse infected him with tuberculosis, he became half blind and hard of hearing for which he demanded reimbursement from fate. His oral need developed to an unusual degree: he had an insatiable appetite, became an omnivorous reader, a nail biter, a tremendous talker and an aggressive debater. At the same time, he was dirty. Although full of hatred he developed gradually into a very kind and charitable man. He was constantly in fear of being condemned to hell. 'Johnson, an individual with partly inborn and partly conditioned invincible instincts—oral and anal aggression—develops

also an aggressive, very severe superego: a life-long fight between the instincts and the conscience is the consequence, a compulsion neurosis with tic and attacks of depressions originates.'

HENRY LOWENFELD

A Vacation Experiment. Eric P. Mosse. *Psa. Rev.*, XXXII, 1945, pp. 219-224.

Observations are reported on six analytic patients—three male and three female—during a month's vacation spent in a farmhouse together with their analyst and his family. All the patients were borderline cases with depressive trends. They were given electroshock therapy in addition to analysis.

In the new transference situation all the patients felt sheltered and less inhibited, and the situation became reminiscent of their childhood, the analyst representing the 'good' parent. This, Mosse thinks, activated the analytic process and brought about an improvement in the reality testing function.

MARGRIT MUNK

Psychoanalysis of Music. Angelo Montani. *Psa. Rev.*, XXXII, 1945, pp. 225-227.

Montani attempts to find an explanation for the difference in the emotional reaction evoked by the Major Mode and the Minor Mode. The third note of the scale determines the Major or Minor feeling. The number three is the 'phallic number'. The original designations were *Modo duro* (hard) and *Modo molle* (soft) which lead to sexual associations. The Minor Mode, diminished by a semitone, is unconsciously felt as weaker and associated with the castration complex.

HENRY LOWENFELD

Wearing and So-Called Oedipus Tendencies. M. F. Ashley Montagu. *Psa. Rev.*, XXXII, 1945, pp. 228-240.

Montagu describes an infant, three months of age, who accepted a sudden change from breast to bottle feeding without any obvious immediate disturbance, an observation which can be easily duplicated by any pediatrician. He, however, is of the opinion that observations of this kind disprove the 'psychoanalytic hypothesis of a trauma of weaning'. He quotes a paper by Melanie Klein according to which early oedipus tendencies are released in consequence of the frustration of weaning. But Melanie Klein also knows that the early infant prefers the bottle to the breast because it is so much easier for the child to get the desired food that way. A negative reaction to weaning develops only after the child has developed a relationship to the mother that is more important to him than his desire for quick nourishment, which does not happen within the first three months. In Montagu's infant the love for food has not yet been substituted by the love for the mother. That weaning at a later age is often rejected by the child is even described in the average textbooks of pediatrics.

The few psychoanalytic papers which deal with observations concerning weaning are not quoted by the author. The reviewer himself published a paper, *The Frustration of Weaning*, in the *Zeitschrift für psychoanalytische Pädagogik* in 1937, which has not been translated into English. Margaret Ribble, however, has published several relevant observations in easily accessible places. She reports a typical example of an infant's response to sudden weaning in Tomkin's *Contemporary Psychopathology* (p. 14). Nevertheless we agree with Montagu that more psychodynamically oriented observations of infantile behavior would be very desirable.

RICHARD KARPE

A Psychoanalytic Interpretation of the Mental Symptoms of Paresis. Isador H. Coriat. *Psa. Rev.*, XXXII, 1945, pp. 253-262.

Although the basic feature of paresis is an organic damage of the brain, a part of the mental symptoms are due to what Ferenczi called 'cerebral pathoneurosis'. The metaluetic infection has a traumatic effect on the individual, disturbing his mental equilibrium. Besides, the ego as a reality-testing organ has become weakened by the organic brain disease. A regression to an infantile level can be observed. Megalomania represents deeply buried infantile ideas of power. An exaggerated interest in money, for instance, is not only an outcome of regression to the anal level, but also increases the sense of power as a compensation for sexual weakness. There is a regression of both the ego functions and the libidinal activities to the pure pleasure-principle of early infancy. The ego may retreat into a (distorted) wish-fulfilling substitute world, withdrawing from objective reality. This is described in clinical psychiatry as 'lack of insight'.

JULIUS I. STEINFELD

The Psychotherapy of William James. Grace Foster. *Psa. Rev.*, XXXII, 1945, pp. 300-319.

The recent centennary of the birth of William James lead to many evaluations of his contributions to modern thought. One of these critiques, *William James and Psychoanalysis* by Norman Cameron, is so full of incorrect appreciation and interpretation that it provoked Foster to attempt an accurate appraisal of James's position in relation to psychoanalysis. Her attempt is a very successful one.

Foster shows that James's interest arose out of deep emotional needs, and that, while appreciating the importance of Freud's discoveries, he elaborated upon them more or less along mystical lines, not unlike some of Jung's extrapolations. This main thesis, along with other interesting and informative points, is well substantiated by numerous passages from James's writings.

NORMAN REIDER

Transference Situations in an Hour of Analysis. Simon Rothenberg. *Psa. Rev.*, XXXII, 1945, pp. 340-352.

This is a detailed report of an hour in the third week of an analysis in which the patient demonstrated his typical defense mechanism in dealing with his oral hostility and his retaliation fear during a sudden depressive mood. He thus afforded insight into the dynamics of his neurosis. His transference feelings were provoked by the fact that before starting his analysis with Rothenberg, he had been in treatment with a woman analyst for a year, and this change had reactivated his basic oral sadistic conflict with his widowed mother.

MARGRIT MUNK

Lemnos, Island of Women. Bernice Schultz Engle. *Psa. Rev.*, XXXII, 1945, pp. 353-358.

Engle reviews the story of Heracles and Jason visiting Lemnos, the Island of Women—how the women had 'ruthlessly slain' all the men because the men 'had rejected their lawful wives, loathing them', and how Hypsipyle, the daughter of the King, took the reins and governed the Island of Women. The author agrees with Bachofen that gynecocracy in ancient times arose from wartime necessity. In the case of Lemnos, gynecocracy became cruel 'Amazonachry'. The true temptation is not so much that of each sex getting the other to do its work, but of both considering themselves independent of each other. The Lemnian women tried to convince themselves that they could get along perfectly well without men. According to Engle the illusion of the Lemnian women now threatens the modern world.

MARTIN GROTJAHN

A Psychoanalytic Contribution to the Problem of Anti-Semitism. Henry Loeblo-witz-Lennard. *Psa. Rev.*, XXXII, 1945, pp. 359-361.

The Jews, by introducing monotheism created the image of a mighty superego God, demanding instinctual inhibitions. The author develops the rather abstract idea that anti-Semitism may be rooted in the fact that the non-Jewish people hate the Jews for this creation in the same way that a child hates a father who hampers his basic desires.

OTTO FENICHEL

Psychiatry and the United States Navy. R. T. McIntyre. *Amer. J. of Psychiatry*, CI, 1945, pp. 717-719.

The Surgeon General of the United States Navy reports on the history of psychiatry in his branch of the service prior to World War II and the lessons learned therefrom. As a result, the Navy employed civilian consultation, the screening of inductees previously examined, psychiatric examinations of enlisted women, immediate psychiatric treatment of overseas casualties, and follow

up treatment where indicated. Finally, the Navy pioneered to a considerable degree in the field of group psychotherapy. He believes that the contribution of psychiatry to the present emergency has been not only in the new field of psychosomatic medicine but also in clarifying the psychodynamics of everyday life. Thus psychiatry 'can no longer reside within an ivory tower divorced from medicine or education or our social life'. Psychiatric knowledge itself has been enriched by the wartime experience.

H. M. SEROTA

Developmental Roots of Schizophrenia. J. S. Kasanin. *Amer. J. of Psychiatry*, CI, 1945, pp. 770-776.

According to Kasanin, magic thinking, megalomania, confusion about one's own sex and the feeling that other people know one's thoughts are manifestations of the characteristic regression of schizophrenic patients. Kasanin points out that the idea of regression does not imply that the adult patient becomes a child again. 'All we can say is that a schizophrenic in his illness goes through certain phases in his regression which are somewhat analogous to certain phases in the maturation of a child.' The most important remark in this paper seems to be the admission that regression is a purely descriptive term as long as the underlying dynamic force which brings about the regression is not demonstrated.

GEORGE GERO

The Relationship of Psychoanalysis to Psychiatry. Robert P. Knight. *Amer. J. of Psychiatry*, CI, 1945, pp. 777-783.

The historical rôle of psychoanalysis in American psychiatry is traced briefly, along with an evaluation of its influence on leaders in psychiatry from 1914 to 1934. Knight then points out three main trends in psychoanalysis during the past ten years. First is the integration of psychoanalysis and psychiatry: the latter has become increasingly psychologic and dynamic and the former more oriented in psychiatry. A second trend is the application of psychoanalytic principles to hospital therapies other than psychotherapy. The third and most important trend is the modification of analytic technique in the psychoses and the general application of analytic principles to other types of psychotherapies.

NORMAN REIDER

Freudianism and the Psychoanalytic Tradition. Joseph Wortis. *Amer. J. of Psychiatry*, CI, 1945, pp. 814-820.

Wortis begins his paper by expressing his appreciation of some of the 'positive contributions' of psychoanalysis. He continues by raising criticisms, some of which are based on a distorted picture of psychoanalytic principles. The reviewer is of the opinion that Wortis, after a thorough study of Freud's works, would not agree that Freud's 'scientific method for understanding human behavior is essentially antiquarian and biological', nor with the formu-

lation: 'In actual treatment of an individual case, this means intensive biographical investigation and personality probing and dissection with only cursory attention to the problem of conduct and practical life'. To the reviewer's knowledge, it is being taught in all psychoanalytic institutes that an analysis without thorough attention to the problem of conduct and practical life would be a ridiculous thing. The present 'psychosomatic' literature also obviously contradicts the statement that psychoanalysis 'has almost completely lost interest in the material physiological basis of mental function'. The reviewer, while believing himself a follower of Freud's school of psychoanalysis, would nevertheless criticize 'most contemporary middle class standards' no less than Wortis, and he certainly does not 'regard comfortable adaptation to a static social order as either a possible or desirable standard or psychotherapeutic goal'.

There are a few sentences which give the impression that Wortis not only criticizes psychoanalysis without justification, but that he does not indeed understand some of the basic psychoanalytic principles, as for instance when he writes: 'The analysis, in other words, is a preliminary to treatment and is not in itself a treatment, just as historical analysis is a guide to social action but no substitute for it', or when he says about the play, *Lady in the Dark*: 'Actually the lady's conflict did not lie in the past, but in the present: the conflict between business success and femininity is a real conflict created by the position of women in our society'.

On those points where Wortis does not criticize Freud but explains his own goals positively, these goals are very convincing. He certainly is right in stating that social institutions and relationships shape the individual and his neurosis, and that these social institutions and relationships must be understood sociologically before the problems of neurosis can be solved for good. He states: 'Renewed emphasis must be placed on the material basis of mind, but mind must not be regarded as a phenomenon that can be studied in isolation, i.e., apart from its anatomical and physiological substrate and its sociological superstructure. . . . The key to an understanding of social behavior lies in an understanding of the organization of society—of its productive relationships in general, and the individual working relationships in particular. These economic motivations of behavior however should not be too narrowly regarded: individuals themselves are not always directly motivated by economic needs for there is a large intervening area of group ideology surviving tradition and past habit (all in complex interrelationship) lying between the laws of economic necessity and individual behavior in specific situations.' Formulations like this could certainly form a basis for cooperation between Wortis and psychoanalysis—if only Wortis would better and more justly recognize what Freud actually has written.

OTTO FENICHEL

Psychiatric Observations in a Combat Area in the South Pacific. James M. Henninger. *Amer. J. of Psychiatry*, CI, 1945, pp. 824-826.

This is a brief and simple description of the syndrome of combat fatigue, enumerating the well-known clinical features and the accepted therapeutic

steps. The author approves such measures as relief of tension by peaceful environment, sedation and other widely used principles.

JOSEPH LANDER

Childhood Schizophrenia and Childhood Hysteria. Ernest Harms. *Psychiatric Quarterly*, XIX, 1945, pp. 242-257.

Dr. Harms begins by noting that juvenile hysteria, which was common before 1915, is seldom seen today, while juvenile schizophrenia has become an increasingly popular diagnostic entity. This shift in emphasis makes the author suspect that terminological fads exercise an undue influence on diagnosis, and he, therefore, undertakes to examine the concepts of hysteria and schizophrenia with a view to differentiating clearly between them. One finds no new ideas in Dr. Harms's paper but rather a collection of high-sounding phrases which are abstract, meaningless and confusing because they are not tied in with any clinical material. The task which he sets himself has been performed much more ably by other writers, beginning with Freud.

A. H. VANDER VEER

The Evolution of a Schizophrenic Process in a Young Boy. Beulah Bosselman. *Psychiatric Quarterly*, XIX, 1945, pp. 258-266.

Bosselman's paper is a straightforward clinical account without much theoretical interpretation. She reports the case of a boy who attempted to adjust to his mother's rejection by means of a masochistic identification with her. This defense proved inadequate to withstand the twin pressures of puberty and rejection of the defense by the father, whereupon the patient withdrew into a deteriorating hebephrenic psychosis.

A. H. VANDER VEER

The Problem of 'Magic Gestures'. Edmund Bergler. *Psychiatric Quarterly*, XIX, 1945, pp. 295-310.

Bergler discusses four types of magic gesture. Type one, described by Lieberman, is an aggressive demonstration of how a person should suffer or perish in which the aggression is turned against the patient's own ego as a result of unconscious feelings of guilt. Type two is a dramatization of the unconscious thought: 'I will show you, my bad mother (father), how I wanted to be treated'. This is genetically psychic masochism, occurring in alcoholics, gamblers and other oral personalities. Type three is the 'negative magic gesture': 'I will show you how I did not want to be treated'. An example is the patient who uses silence as a weapon of resistance because he resents the analyst's silence. The last type is exemplified by a woman who was brought up with the philosophy that a cold and detached behavior toward her child was the best educational method, and who displayed rage toward her equally cold husband who unconsciously represented her mother to her. Her rows repeated her fruitless attempts to get some affective reaction, even hatred, from her cold mother. Bergler contends that no analysis is complete which does not change the need for neurotic magic gestures.

BERNHARD BERLINER

A Note on the Psychological Position of the Chief Executive. Sebastian de Grazia. *Psychiatry*, VIII, 1945, pp. 267-272.

In an effort to add to the small body of published psychoanalytic data concerning the psychological position of the chief political figure in a state, the reactions of thirty analysts to the death of the President of the United States were studied. It was found that the President personified for them the mother imago from early infancy, the figure that omnipotently satisfied all needs. The solution or lessening of anxiety, grief and guilt was accomplished through transferring the belief in omnipotence to some other persons closely connected with the President.

MARTIN GROTHJAHN

Transference as a Therapeutic Instrument. Clara Thompson. *Psychiatry*, VII, 1945, pp. 273-278.

In psychoanalysis the patient experiences a kind of drama and presently this drama seems to become more important to him than talking about his troubles. Thanks to Freud's genius and patience, he found a way of making this apparent obstacle the chief therapeutic instrument of psychoanalysis. According to Thompson, knowledge concerning the part played by transference in therapy and in relationships between people in general has greatly increased since Freud's first formulations. Whereas in most forms of therapy the transference attitudes are utilized to augment the authority of the doctor, in psychoanalysis and in some types of brief psychotherapy the transference is studied and interpreted in order to gain insight into the characteristic dynamics of the personality.

MARTIN GROTHJAHN

Some Observations on Character Structure in the Orient. Weston La Barre. *Psychiatry*, VIII, 1945, pp. 319-342.

This stimulating paper is an extremely interesting application of psychoanalytic theory and method to sociological research, carefully executed, and important in its results.

America having been built upon a mixture of cultures as well as of races, Americans have tended to minimize cultural-psychological differences. They have a most inadequate sense of the potential range of such differences. With a kind of easy naïveté they assume that everybody is the way they themselves are. Of course, the 'American character' itself is also historically determined. America was from the beginning the 'open continent'; here, feudal psychology had broken down. The experience of a successful revolution changed the American attitude towards the law. 'Southernism' now constitutes perhaps the most serious inconsistency in American life. In fact and symbolically, the American still wanders over the country searching for the lost frontier; pioneering experience played an important rôle in the forming

of the American character. The pioneer family in the West was the original economic unit and there is relatively little of the political parent-child organization of some European and most oriental societies in the American scene. La Barre believes that Americans have externalized their aggression. The constant externalizing of current emotion gives the American character its frankness, openness, lucidity and emotional unreservedness.

The Japanese are probably the most compulsive people in the world. This is expressed in their secretiveness, their hiding of emotions, their politeness. If an American 'sticks out his neck' and loses the fight, he is not disgraced for life; the Japanese, when losing 'face', (or, as the author calls it losing 'mask') is. For the Japanese there is little immediate externalizing of feeling, particularly of aggressive feelings. Other Japanese character traits, which La Barre could observe while working in a relocation center, are persistency and conscientiousness. There is apparently little difficulty rooted in the oral phase of infantile conditioning. But toilet training is instituted extremely early and vigorously carried through. This creates a severe hostility towards the mother, followed by a strong affection for the father, which may explain the relative 'patriarchal' stability of the Japanese character. The unassailable sense of righteousness is a direct consequence of the ego's faithful obedience towards a tyrannical superego. The same superego may tolerate or even ask for extreme cruelty against the unbeliever, or express itself in acts of fanaticism or in suicide. As a reaction-formation to its dependency on this superego, the person develops traits like arrogance and 'touchiness'. Neatness, cleanliness and ceremoniousness are other ubiquitous compulsive character traits.

Japanese life is noted for a quality which La Barre calls 'parentalism'. When less than one year of age, the Japanese child is taught to bow before his elders and to repress sternly any expression of hostility. The result is the development of sadomasochistic attitudes. The male world commands; the inferior, female world obeys. The Japanese character traits of jealousy and envy are explained as 'the reaction of a group with a tribal horizon to its discovery of the world'. In the presence of a ruthlessly rigid control of all spontaneous individual feeling, it is not surprising that sentiment is unskilfully and implausibly handled in situations where it is regarded as appropriate. Sentimentality is the display of feelings for the approval of an audience, edited, rehearsed. La Barre's surprisingly courageous conclusion is: 'Americans must actively see to it that freedom prevails among their erstwhile enemies. . . . Americans owe it to the Japanese to modify the Japanese social system with great drasticness, sureness of purpose and thoroughness. And this coincides with the least that Americans owe themselves.'

MARTIN GROTJAHN

Psychiatric Observations in Okinawa Shima. James Clark Moloney. *Psychiatry*, VIII, 1945, pp. 391-401.

There are few psychotic persons among the civilians of Okinawa Shima in spite of the dreadful traumata to which these people were subjected and in spite of the fact that after the conscription of both younger men and women,

the residue included a very high proportion of children, seniles and invalids. Among one hundred and fifty patients seen at the Psychiatric Hospital at Jinuza, thirty proved not to be psychotic. Of the one hundred and twenty psychotics, fifty-three were induced by the impact of war. Twenty-one recovered after supportive psychotherapy by the American staff.

The excellent start the Okinawan child gets in life is Moloney's explanation of this amazing psychological stamina. The Okinawan mother does everything within her power to prevent early frustrations: the child is comforted and given a sense of security and confidence in the protective powers of the mother by being nursed whenever hungry or disturbed until he is two years of age or older, while he is at the same time carried on her back wherever she goes. There is little corporal punishment. If he breaks a valuable object the mother chides herself for lack of wisdom in leaving the object accessible to one so young. The fact that there is an absence of masturbation in infancy and childhood lends support to the contention that a child not frustrated at the oral level need not establish narcissistic means of gratification. Enuresis is treated as an illness, not a willful act. Yet among four thousand children performing collective drills and games, there was not seen a single dissenter, not a single 'problem child'. They were calm, confident and without fear. At two years of age the child is entrusted to the safekeeping of the next elder sister. At five years of age he accompanies this acceptable mother substitute to school. The Okinawans have a distinctive culture which reveals at least as many Chinese as Japanese elements. The men are mothered and waited on as if they were children by the women who do most of the hard work. The crypts or tombs in which the bones of the deceased are placed are deliberately fashioned to represent the mother's womb. The 'Paradise Lost' by birth is the 'Paradise Regained' by death.

There is a distinct difference between the Okinawan and the Japanese character. The Japanese child is subjected to rigid anal training before he is a year old, whereas the Okinawan child is not trained until he is two years of age and then there is no force used, no threats made.

In summary Moloney states that in his opinion with genuine mothering during the first years of the child's life, the individual is strong enough psychologically to absorb almost any degree of psychic trauma without consequent disorganization of the ego. The author's observations are probably correct and his interpretation sounds quite convincing. There remains, however, some doubt as to whether the small number of manifestly insane people in Okinawa is not partly due to the use of those methods so efficiently applied by the Germans in their hospitals for mentally sick patients during the war.

MARTIN GROTJAHN

An Illustration of Non-Directive Psychotherapy. V. E. Madigan. *J. of Clinical Psychopathology*, VII, 1945, pp. 36-52.

This article apparently has as its impetus the work of C. R. Rogers at the University of Ohio, although nowhere in the paper is the theoretical basis for

the procedures mentioned. Madigan presents an illustrative case of 'non-directive psychotherapy': counseling a delinquent teen-aged girl. One has the distinct impression that the counseling proceeds in a manner quite similar to that of long term psychoanalysis; in fact, one could call the process 'psychoanalytic counseling'. There is nothing new for the psychoanalyst in the paper except in so far as it tends to demonstrate the value of psychoanalytically oriented counselors in schools and child study institutions. The verbatim record of the counseling sessions serve to point out certain pitfalls a counselor might easily make, e.g., interruption, too much leading, or overinterpretation.

JAMES E. BIRREN

The Convergence Between Delusion and Motor Behavior in Schizophrenia.
George Devereux. *J. of Clinical Psychopathology*, VII, 1945, pp. 89-96.

The question is raised as to whether peculiar forms of motor activity in schizophrenia are symbolic expressions, organically conditioned symptoms, or unconsciously motivated escape or substitute phenomena. No general answer is given but Devereux offers certain suggestive data from a case studied before and after insulin treatment. This patient, prior to treatment, had a rich fantasy life with some postural and motor disturbances. After treatment the postural and motor symptoms were far more pronounced, with a concomitant increase in apathy and emotional deterioration; at the same time the output of fantasy decreased sharply. A possible explanation is that there had been a 'shift from the cortical to the motor level' with primacy of the latter over the former. It is also suggested that the symptoms in a given schizophrenic derive from the level of integration at which the patient adjusts to reality.

JOSEPH LANDER

The Motives of Defense. Otto Fenichel. *Bulletin of the Menninger Clinic*, VI, 1945, pp. 180-191.

'The neurotic conflict [always] takes place between the id and the ego' and never between id instincts contradictory in aim unless the ego is making use of one of them as a defense against the other. With this as his thesis Fenichel describes the dynamic interrelations between id, ego and superego in the production of the neurotic conflict and shows how 'The problem of anxiety is the essence of any psychology of neurotic conflicts'. Anxiety—first experienced as a flood of unmastered tension by the passive infantile ego—is later used by the ego, when it judges the situation to be dangerous, as a signal indicating 'the necessity to start defensive action'. When, because of unconscious conflicts leading to severe repression, adequate discharge of an instinct is blocked, the anxiety meant by the ego to be no more than a danger signal sets off the original archaic flood of tension resulting in an anxiety 'spell' or panic. Since anxiety is the expression of an automatic occurrence in the depth of the organism as a consequence of the ego's reaction, it is used by the ego as a defense against the id, and thus 'the forces the ego uses against the instincts are derivatives of the instincts themselves'.

'Guilt feelings represent a topically defined anxiety, the anxiety of the ego toward the superego.' Disgust is a motive of defense directed against oral and anal demands. Shame is directed against exhibitionism linked with urethral eroticism and scopophilia.

'In the neurotic conflict (between the ego and the id) an instinctual drive seeks discharge against opposing anxiety (guilt feeling, disgust, shame).'

This paper is a simple, clear, exposition of the basic dynamics of the neurotic conflict.

H. A. W.

Practical Approach to the War Neurosis. Ralph Greenson. *Bulletin of the Menninger Clinic*, VI, 1945, pp. 192-205.

'After studying thousands of cases' of psychiatric war casualties, Greenson arrived at three distinct but by no means mutually exclusive categories of illness. (Incidentally, he notes that 'It is possible to see severe types of war neuroses in individuals who were formerly psychologically robust' and 'that many seriously neurotic and even psychotic individuals returned from severe combat stress relatively unscathed'.) He summarizes these categories with great clarity in a table which gives the clinical picture, therapy and prognosis of each type. Brief sketches of illustrative cases and their therapy are included in conjunction with a discussion of each category. In conclusion Greenson notes that 'The findings presented above do not contradict the expectations of the psychiatrist when he considers the important traumatic factors in the war situation. This new grouping is by no means to be considered complete or final, but it is intended to serve as a practical aid in brief psychotherapy based on psychodynamic principles.'

H. A. W.

Identification Mechanisms in Coronary Occlusion. Jacob A. Arlow. *Psychosomatic Med.*, VII, 1945, pp. 195-209.

The personality pattern of the coronary patient may be extremely unrewarding from the social standpoint; it offers the individual little happiness and solves few of his problems in a satisfactory manner. The compulsive striving for achievement and mastery never seems to end. Success does not bring with it a sense of gratification or relief from tension. The individual is constantly drawn into new situations in which he recreates the original situation of competition, which he attempts to master by identifying himself with his superior. Neither in the psychic nor in the somatic sphere is the patient ever at peace. The focal conflict with authority cannot be said to have been successfully repressed. Identification with a feared and envied parent has not solved the problem. As Dunbar stated: 'Coronary patients are remarkable in the apparent strength and extreme brittleness of their defenses'.

The material for this extremely interesting study consists of an analysis of thirteen cases of coronary occlusion, admitted to the medical wards of the Presbyterian Hospital. The paper is followed by a transcript of a very

stimulating discussion in which among many other people Doctors Weiss, Daniels, Binger, Warburg, Saul, Boas, Richardson and Cobb participated.

MARTIN GROTJAHN

Report of the Committee on Infancy and Early Childhood of The American Society for Research in Psychosomatic Problems. Attitudes of Women Towards Pregnancy and the Newborn Baby. Psychosomatic Med., VII, 1945, 224-233.

Under the chairmanship of Edward Liss, a group of obstetricians, pediatricians, and psychoanalysts had a round table discussion on their observations of women's attitudes towards pregnancy and their newborn babies. The verbatim record of these discussions contains much material of special interest to the psychoanalyst. Dr. Alfons Bacon reports that only few women in labor pray, but that they do call for their mothers' help. He also states that women are relatively 'unemotional' about their husbands and that there does not seem to be 'love at first sight for a newborn baby'. Of special interest is the debate concerning the meaning of hospitalization during delivery. Dr. Gerard discussed later developments of the baby, and Drs. Pratt, Seeley and Spock reported from their wealth of experience.

MARTIN GROTJAHN

The Significance of the Concept of a Psychosomatic Affection. James L. Halliday. Psychosomatic Med., VII, 1945, pp. 240-244.

Halliday suggests delimiting the concept of a psychosomatic affection to one meeting the following criteria: emotion is the precipitating factor; there is a particular personality type associated with each particular affection; there is a statistically significant disproportion in sex incidence, in contrast to the infectious diseases in which the incidence is about equal between the sexes; there is in a given patient a tendency to the alternation or sequence of different affections; a significant proportion of the close relatives of a patient with a psychosomatic disorder show the same or an associated disorder; the course of the disorder tends to be phasic. In other words 'diseases assignable to the psychosomatic category have peculiarities quite distinct from those of diseases primarily assignable to other broad etiological categories'.

One agrees thoroughly with Halliday's rejection of a recent criticism of the use of the term 'psychosomatic affection': exception was taken to the employment of the term on the grounds that 'the method of approach called psychosomatic medicine can be applied to the whole field of medicine'. While this is true, clarity of thinking is furthered by delimiting the term in so far as possible to those conditions which may be grouped under a unifying etiological category.

JOSEPH LANDER

Combat Neuroses: Development of Combat Exhaustion. Roy L. Swank and Walter E. Marchand. *Arch. of Neurology and Psychiatry*, LV, 1946, pp. 236-247.

The authors describe the development of combat exhaustion on the basis of their psychiatric experience with soldiers in combat. Briefly stated, they found that the majority of men adjusted adequately to combat in approximately five to seven days. They remained efficient until D+21. At about D+25 to D+30, most of them manifested abnormal fatigability, tremor, insomnia, startle reaction and generalized anxiety. This the authors designate as the 'hyper-reactive stage'. After D+40 a new group of symptoms appeared, characterized by a general slowing in mental processes and apathy which the authors call 'emotional exhaustion'. There are no attempts made to work out the psychodynamics.

RALPH R. GREENSON

Electroencephalographic Studies of Psychopathic Personalities. Donald J. Simons and Oskar Diethelm. *Arch. of Neurology and Psychiatry*, LV, 1946, pp. 619-626.

The authors studied sixty-nine psychopathic personalities with the electroencephalogram and with personality studies. They distinguished five distinct clinical pictures. Two of the groups had particular types of electroencephalographic abnormalities. To this reviewer, differentiating between 'psychopathic personalities with poor ethical standards', 'psychopathic personalities with loose organization of personality', 'psychopathic personalities with a generally inadequate type of personality', etc., does not seem to establish any clear-cut clinical pictures.

RALPH R. GREENSON

A Study of the Psychodynamics of the Art Work of a Nine-Year-Old Behavior Problem Boy. Margaret Naumburg. *J. Nerv. and Ment. Disease*, CI, 1945, pp. 28-64.

This paper is a further contribution to the thesis that children's art productions are pertinent material for psychiatric diagnosis and therapy. Emphasis is placed on the fact that while the child is in this case introduced to art as a medium of expression by a worker whose task is auxiliary to that of the psychiatrist, this work is quite distinct from ordinary occupational therapy in that it develops form and direction, and is the principal means by which the patient comes to grips with his problems and strives towards a solution.

This particular patient during weekly sessions, each of which lasted an hour, was encouraged to create spontaneously with any of the available art materials, including crayons, paints and plasticine. He seems to have accepted the opportunity avidly, and during five and a half months of work progressed from rather chaotic productions about jungle wars, sea fights and air battles to rather clearcut symbolic projections of his specific problems as they were

known to exist from collateral sources. The drawings and paintings were accompanied by the boy's commentaries. His total response was of the nature of cogent free associations to a dream in the process of construction. Indeed it suggests itself that here might be a valid technique for studying the nature of dream work. Naumburg however, presents no new theories, but confines herself modestly to demonstrating with her material that 'the language of images is the speech of the unconscious'.

MAXWELL GITELSON

Psychosomatic Aspect of Stuttering. B. C. Meyer. *J. of Nerv. and Ment. Disease*, CI, 1945, pp. 127-157.

This study is based on the physical and psychological examinations of a hundred stutterers. Meyer maintains the thesis that stuttering is a symptom based on chronic anxiety. The choice of the symptom may be partly determined by imitation. The distribution of stuttering in families does not indicate a clearcut hereditary pattern. No neurological or other physical deviations from the norm are consistently combined with stuttering, but marked emotional tension, nail-biting, bed-wetting and nightmares are frequently associated with it. The onset of the stutter is usually linked with a period of expanding verbalization and usually occurs after a period of undisturbed speech. Very frequently the stutterer and his family links the onset of the stutter with an experience of fright or intimidation. A symptomatic cure of a stutter has occasionally coincided with the outbreak of a psychosis, a fact which may throw some light on the defensive purpose of the stutter. The speech deficiency frequently disappears during the time that the stutterer expresses justified indignation. Meyer summarizes his 'dynamic' concept of the stutter, without further discussion of the psychoanalytic literature, 'as the result of an emotional conflict, the conscious wish to express oneself and the unconscious inhibition of speech'.

EDITH WEIGERT

Healing Mechanisms in the Shock-Treated Neurotic Patient. John D. Moriarty and Andre A. Weil. *J. of Nerv. and Ment. Disease*, CI, 1945, pp. 205-215.

This paper deals with the study of forty-two neurotic patients who were treated with convulsive therapy (electroshock). Remission was obtained in thirty-eight percent, improvement in an additional fifty-five percent. The effect, according to Moriarty and Weil, is due to a combination of physiological and psychological forces. Physiologically, the central nervous regulatory centers are stabilized, especially the hypothalamus. 'Psychologically', convulsive therapy mobilizes the 'lower level fear' and may be compared to other deeply rooted instinctive dreads. Psychologically, courage and self-confidence are developed. Psychotherapy is facilitated through the promotion of transference toward the therapist.

JULIUS I. STEINFELD

Psychiatry and Propaganda. W. Eliasberg. *J. of Nerv. and Ment. Disease*, CI, 1945, pp. 225-241.

Eliasberg's main point is that democracy allowed itself to be deprived of a great idealistic weapon by mistaking the fascists' propaganda psychology for propaganda in general and he suggests remedying this mistake. His paper contains many interesting but often barely related observations on social psychology. The disjointed character of the article is in part due to Eliasberg's need to refer to his nineteen other publications. The reader's difficulties are heightened by an unfortunate style which often reads like a poor translation from the German.

EMANUEL KLEIN

Problems of Orphanhood. Selina Schryver. *J. of Nerv. and Ment. Disease*, CI, 1945, pp. 257-264.

Orphanhood in itself is not a trauma, but through concomitant factors it may have a traumatic effect on the orphan. Some special factors concerning basic problems of orphanhood are: idealization of the image of the lost parent, guilt feelings toward the dead parent, especially if his or her death occurred during the climax of the child's oedipus complex, and hostility toward the surviving parent who may be felt to be responsible for the loss.

Identification with the dead parent may be the cause of hypochondriacal and phobic fears, or the loss may be the starting point for brooding about sickness and death, resulting in anxiety. Ambivalent feelings toward the dead parent may disturb all subsequent relationships with other people. Feelings of insecurity caused by the loss of the parent may develop into a clinging behavior, or into withdrawal and an overstressed emotional independence.

MARGRIT MUNK

Persistence of Symptoms in the Psychoneurotic Ex-Soldier. Dallas Pratt. *J. of Nerv. and Ment. Disease*, CI, 1945, pp. 322-329.

Pratt points out the fallacy in the thinking of many psychiatrists who believe that all a neurotic patient needs for recovery is to leave the military setting and to return to his family and familiar surroundings. Two hundred and fifty-six veterans were followed by a letter five months after they were discharged from the army. One hundred and forty-two of these replied. Most of them showed no improvement. Many complained of palpitation.

Ninety percent of those who answered the questionnaire stated that they were employed despite the failure of their symptoms to improve. In discussing the psychopathology of the breakdowns, Pratt compares the army with the patient's own home. As long as the patient is in the hospital and still in the service, the conflict remains external and tangible. Once he has returned to civilian life, the conflict becomes subjective and continues to generate attitudes which prolong the neurotic illness.

JACOB KASANIN

War Neuroses or Battle Fatigue? Roy R. Grinker. *J. of Nerv. and Ment. Disease*, CI, 1945, pp. 442-445.

Grinker discusses 'the relationship between states of fatigue and war neuroses' and finds the good formulations: 'Emotional or psychological stress fatigues the soldier's resisting powers against neurotic reaction', and, 'An important symptom of war neuroses is a state of fatigue'.

'Every person, no matter how strong he may be, will develop a war neurosis if the stress that impinges upon him reaches his personal threshold.' Those persons, however, who break down first are weakened in their power of resistance by latent neurotic conflicts rooted in their childhood. Grinker discusses especially the regression to passive-dependent patterns of behavior—called by him 'the syndrome of ego depletion'. His ideas are in full accord with Freud's concept of traumatic neuroses.

OTTO FENICHEL

Nightmares and Suffocation. Nandor Fodor. *J. of Nerv. and Ment. Disease*, CI, 1945, pp. 557-565.

The traumatic 'suffocation' caused by the interruption of the fetal circulation prior to the first breath results in the newborn's 'birth anxiety'. This registers for all time in the unconscious and returns from the repressed to plague the adult with nightmares of suffocation or claustrophobia. As evidence for this thesis Fodor cites dreams of his patients, a modicum of their associations thereto, and his interpretation of the latent dream symbolism.

One dream is presented with sufficient identifying data for the reader to judge the verity of the original thesis. It is that of a forty-four-year-old claustrophobic woman, the death of whose father shortly after her birth resulted in her somewhat masculine personality. The dream lends itself to superficial analysis as an expression of hostility to the husband and thus to a reluctance on her part to relate it. However, Fodor's interpretation of the implicit trauma of birth results in allaying her anxiety considerably. He then points out that such 'interpretation on a biological level relieves the patient of individual misfortune' and is thus, in his experience, of great practical value. It is, of course, unfortunate that the newborn is unable to speak and to corroborate the persistence of the birth trauma in later symptoms. Fodor's associations to the symbols contained in his dreams, as well as those of his patients in the analytic transference situation, are offered as a substitute.

H. M. SEROTA

The Conception of Integration in Psychoanalysis. Joseph J. Michaels. *J. of Nerv. and Ment. Disease*, CII, 1945, pp. 54-64.

The concept of integration is implicit throughout Freud's work. It is evident in many of the principles of psychoanalytic knowledge. The integrating functions of the ego have recently been studied, especially by psychoanalysts. Evolution from a primitive, undifferentiated state permeates the whole of psychoanalytic thought.

EDWIN R. EISLER

Character and Traumatic Syndrome. Harold Kelman. *J. of Nerv. and Ment. Disease*, CII, 1945, pp. 121-153.

The crucial point of Kelman's concept of traumatic neurosis centers around his statement: 'The traumatic neurotics hate themselves for failing. It was a failure that they did not live up to their secret ideal which for them is reality. It was a failure that they allowed the accident or situation to happen which allegedly was the cause of their present state. Because they have been so hyperalert, the occurrence of the unexpected, which overwhelmed them, feels particularly defeating and humiliating.' Inability to accept the failure explains the repetitive nature of the traumatic neurosis. Failure, the trauma, and even psychiatric help is described as being felt as a humiliation for the narcissistic person. Five case histories illustrate the author's theories.

MARTIN GROTJAHN

Primitive Habits in the Preterminal Stage of Schizophrenia. Silvano Arieti. *J. of Nerv. and Ment. Disease*, CII, 1945, pp. 367-375.

Most of the sixty-four hoarders and self-adorners studied were in advanced stages of schizophrenic deterioration, the others in other severe mental illnesses. The hoarded objects were endowed by the patient with the same typical overvaluation one finds in more socially acceptable collectors. As to the nature of the libidinal investment, several patients gave unequivocal evidence that the collected objects symbolized feces. Literal introjection of the hoarded objects was a final development in late cases.

Arieti's observations are further confirmation of the fact that the schizophrenic suffers from profound regression and manifests behavior which is appropriate to the level to which he has regressed.

JOSEPH LANDER

Protecting the Mental Health of the Veteran. Omar N. Bradley. *Mental Hygiene*, XXX, 1946, pp. 1-8.

Much of this number of *Mental Hygiene* is devoted to the psychiatric problems of the veteran. General Bradley's thoughtful paper can be read with great benefit by all concerned with such problems, and with particular benefit by those of us who, absorbed in the minutiae of clinical experience, all too frequently lose sight of certain fundamental objective realities. Bradley emphasizes sharply the importance of a job in the rehabilitation of the healthy and of the maladjusted veteran. One can only agree that in our absorption with his internal problems, there is a real risk of losing sight of the palliative and alleviating effects of a healthy employment situation in the veteran's reversion. As for society's rôle, more good works are needed to implement the many good intentions.

There can be no doubt of Bradley's sincerity nor of his determination to utilize, through the Veterans' Administration, a 'combined push' of all available resources to effect the objectives which appear so good on paper.

JOSEPH LANDER

Mental Hygiene in the Atomic Age. Franz Alexander. *Mental Hygiene*, XXX, 1946, pp. 529-544.

Alexander wrestles with the problem of the lags and discrepancies with which society is plagued today: emotionally we live in the past, decades or centuries behind science and technology. He points up sharply the 'incongruity between ideology and economy', due to the fact that the production of material goods has become so much the end rather than the means to the fuller life. It is a platitude that the productive capacity for material goods will sooner or later outdistance the absorptive capacity of our own or other markets—assuming we emerge from the current chaos, an assumption to which Alexander gloomily and justifiably refuses to subscribe. Historically, such a discrepancy between production and markets has led repeatedly to wars for markets and to widespread unemployment, with consequent insecurity, loss of self-esteem, sense of loss of social usefulness, and the many other emotional complications of physical deprivation and symbolic rejection (by society). Our culture has failed so utterly to help man's development along other lines—to instill an appetite for poetry or music as well as lounging chairs and shoes—that even if we were to achieve the millenium, even if we were to feed all the hungry and clothe all the naked, man would be left idle and wasted once he is no longer needed for more than the briefest periods at the machines or in the fields. Alexander does not minimize the urgent need today for vastly increased production of material goods, but in looking to the future he pleads for a drastic reorientation in our attitude towards the nonmaterial, lest man on a universal scale find himself 'on the shelf', lost and aimless—unless before that he has managed to blast himself and his civilization from the face of the earth. Barring that eventuality, man's likelihood of utilizing constructively the energy which has been liberated by ever more wonderful machines will lie 'only through education of the masses, with a greater emphasis on the liberal arts and on the merits of æsthetic appreciation and creative expression'. With such education we may possibly emerge from the current darkness, but responsibility for the achievement of that happy stage lies not with psychiatry, but with 'the family, the church and the school'.

JOSEPH LANDER

Directive Psychotherapy: II. The Theory of Self-Consistency. Frederick C. Thorne. *J. of Clinical Psychology*, I, 1945, pp. 155-162.

In this second article on directive psychotherapy the theories of the late Prescott Lecky are briefly discussed and related to the treatment of simple maladjustments. The theoretical presentations encompass (a) the concept of mind, (b) the principle of unification (all aspects of one's self tend to become integrated into a consistent whole), (c) the principle of internal consistency (ideas and attitudes are accepted or rejected according to their compatibility with the whole organization of mind), (d) a theory of conflict, (e) a theory

of learning, and (f) a view of symptom formation. Following the discussion of these theoretical constructs their relevance to psychotherapy is pointed out. Three steps are given as the usual pattern in aiding persons to achieve greater self-consistency. These are (1) pointing out that maladjustment is usually the result of inconsistent ideas, (2) indicating that there are more healthy alternatives to these ideas, and (3) presenting tactfully to the individual the essential nature of the incompatible ideas. Resistance and transference are not discussed. Although illustrative cases are presented their relevance to 'directive psychotherapy' is not always clear nor do they constitute evidence of the validity of the concepts and technique.

JAMES E. BIRREN

Notes

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NOTES

THE BULLETIN (Volume 1, No. 1) OF THE NEW YORK PSYCHOANALYTIC SOCIETY and THE NEW YORK PSYCHOANALYTIC INSTITUTE, 245 East 82d Street, New York 28, New York, was issued May, 1947 by the editors Emeline P. Hayward, M.D. and Otto Isakower, M.D. Excerpts are given herewith:

The formal opening of The New York Psychoanalytic Institute and dedication of the Society's new building on October 25, 1946, culminated the hopes, ambitions and efforts of members and their friends to establish the physical facilities necessary for the expansion and implementation of postgraduate training in psychoanalytic psychiatry. Drs. Chisholm, Brill, Stern and Lehrman addressed an audience of over a hundred persons. A portrait of Dr. Freud by Professor William Victor Krausz was presented and hung in the library.

An organized plan to raise funds to pay the expenses of a clinic, and to establish teaching on a full-time basis, is actively operating.

The meeting of the American Psychoanalytic Association opened May 17th with special meetings, limited to members, held in The Psychoanalytic Institute. On May 18th, meetings were held at the Hotel Pennsylvania, followed by a banquet. On May 19th, the joint meeting with the American Psychiatric Association was held.

The Institute Library was organized in 1932 to serve the members of the Society and the students of the Institute. Through the years it has been enriched by gifts and bequests, the most important being the library of Dr. Dorian Feigenbaum in 1940. Today the library has about fifteen hundred books and filings of ninety different journals and over one thousand reprints. Psychoanalytic journals in German and in English are represented by complete files, and the collection of Freudiana includes uniform editions as well as single works. The library currently receives twenty journals and adds new books on psychoanalysis and related subjects. The library serves about one hundred twenty readers a month with one hundred seventy books and journals for home use. An author index, continuing Rickman's Index Psychoanalyticus, is being compiled and a subject index on cards was recently begun. The library also publishes an annual bibliography of the Institute's members.

During the winter, 1946-1947, the Committee on Public Education acted in: (1) Assistance in the preparation of a brochure, *More Light*. (2) Preparation of a leaflet, *Facts on Mental Health*. (3) Assistance to *Life Magazine* in the preparation of an article on psychoanalysis. (4) Assistance to *Newsweek* (currently) in gathering facts about the present status of psychoanalysis in America. (5) Assistance to the *March of Time* in the preparation of a documentary film on medicine in general and on psychoanalytic psychiatry in particular. (6) Preparation of material for Dr. Karl Menninger to use in aiding General Bradley to balk congressional efforts to cut down appropriations for the psychiatric training program of the Veterans Administration. (7) Coöperation with the Josiah Macy, Jr., Foundation in a conference on the rôle of training in clinical psychiatry. (8) Service on the Committee on Medical

Information of the New York Academy of Medicine where a variety of psychiatric issues was discussed.

A Veterans Service Unit has been in operation at the Veterans Administration, 500 Park Avenue, with a full-time psychiatric social worker and one secretary since July 8, 1946. During the ensuing six-month period a staff of volunteer physicians (all members of The New York Psychoanalytic Institute), meeting one evening a week, saw an average of between two and five patients each and as many as thirty-five patients per session. Of one hundred sixty-six veterans, one hundred thirty-six were given treatment, and thirty were sent to other agencies. In the first twenty-eight sessions, four hundred eighty psychiatric interviews were given. Of the veterans, 57% had between one and two interviews, 20% had between three and four interviews, 17% had between five and nine interviews; the remainder having between ten and sixteen interviews. The Service Unit accepts only those veterans whose psychoneurotic difficulties are adjudged to be neither service-connected nor service-aggravated, since wherever such a relationship to service is recognized the veteran is entitled to out-patient care under the Veterans Administration. A large number of these men had had disappointing and frustrating experiences in their quest for psychiatric treatment before they reached the Service Unit of The New York Psychoanalytic Institute. Their genuine interest in receiving help was evidenced by the unusually high percentage of veterans who maintained contact until materially relieved of their difficulties. The value to the veterans of psychoanalytically oriented psychotherapy is dramatically demonstrated in a point by point comparison of the work of the Veterans Service Unit of The New York Psychoanalytic Institute, with a composite picture of the figures gathered from eleven other psychiatric rehabilitation services for veterans in this area.

	Veterans Service Unit of The New York Psychoanalytic Institute	Composite Figures from 11 Psychiatric Veteran Clinics
Percentage accepted for treatment	81.9%	72%
Percent who failed to return after three or four appointments	3.7%	19%
Percent who failed to return after four appointments	0.7%	5%
Summary of all accepted for treatment who failed to return for treatment	5.8%	35%
Therapeutic Results: Percentage who used various services constructively	94.2%	37%

On May 5th, 1947, the Service Unit was transferred to The New York Psychoanalytic Institute at 245 East 82d Street where eight clinic rooms, an office, and reception room had been furnished. This event marks the beginning of the goal to establish in 1947 (1) a psychoanalytically oriented psychotherapeutic service to veterans, (2) a psychoanalytic clinic, and (3) a diagnostic and consultation service.

The Educational Committee's chief function is the teaching and training of students. During this academic year an enlarged student body of over one hundred, with a first-year class of thirty, the largest in our history, presented many pedagogic and administrative problems. Therefore, to meet this need most of the seminars and reading courses were divided into two sections, also, whenever feasible, new teachers were introduced into the curriculum, and teachers who already had assignments were frequently asked to double their teaching assignments.

The activities of the various subcommittees of the Educational Committee are briefly outlined herein. More than one hundred thirty-five applications were received this year by the Admissions Committee. Of this number, about thirty will be accepted as regular students. The National Conference on Post-War Problems of Psychoanalytic Training held in February 1946, concluded that it would be short-sighted and unwise for Institutes to lower their standards, either for the selection of students or the appointment of instructors, 'but rather it would be wise to improve the quality of analytic science and practice in years to come by programs which perpetuate the policy of high quality standards of training'. As a consequence of the greatly increased number of students admitted to the Institute, instructors have been asked to increase the number of their training analyses to three students concurrently. Since in addition each instructor supervises about five students, it can readily be seen that each instructor is now devoting close to half of his working day to the training of students; and this at a considerable financial sacrifice.

Deliberations of the Curriculum Committee resulted in a few modifications in the curriculum. A dream seminar and a course on the discussion of controversial issues in psychoanalytic theory were added to the third-year courses. Continuous case seminars are to replace the majority of clinical conferences. First-year students may elect to work in the Veterans Service Center. The case material from the Veterans Service Center will be utilized by the students in several of their first-year seminars. The student body designed a questionnaire to record the students' reactions to the courses, the instructors, and the administration of the training program. The Educational Committee found the criticisms of the student body to be constructive, healthy, and mature. The present third-year class has requested that it meet in a seminar with various members of the Faculty next year. The Educational Committee enthusiastically approved of this wish of the senior students to continue their studies beyond their three-year formal training period.

All regular students admitted since April, 1946, will be obliged to analyze two patients at the Treatment Center when it is activated. This will constitute their required supervised clinical work.

Among those applicants who were not formally accepted by the Educational Committee were some twenty who were informed that they could reapply after the successful conclusion of a therapeutic analysis. To help these applicants who are free to choose any analyst, but who may find it difficult to get placed, the Educational Committee formed a panel of, at present, eleven members who have consented to undertake such therapeutic analyses. This will attempt to solve the above two-fold problem by (a) providing the analyses for those

applicants who wish to avail themselves of this opportunity, and (b) affording the Educational Committee a basis for the selection of future instructors.

It is planned to expand the curriculum in child analysis so that adequate preparation can be given to those who wish to specialize in child analysis. Students who fulfil the requirements will be granted a diploma.

Newly elected Regular Members: Dr. Elisabeth R. Geleerd, Dr. M. Ralph Kaufman, Dr. Nathan W. Ackerman, Dr. William Berman, Dr. Geraldine Pederson-Krag, Dr. Greta Frankley, and Dr. Paul Friedman.

Newly elected Associate Members: Dr. Joseph Lander, Dr. David Beres, Dr. Naomi Katcher, Dr. B. Mildred Evans, Dr. Joseph S. A. Miller, Dr. Bernard C. Meyer, Dr. Martin Wanhg, and Dr. Margaret Hohenberg.

Transfers: Dr. Daniel Blain to Washington-Baltimore, Dr. Samuel Futterman to Los Angeles, Dr. George Frumkes to Los Angeles, Dr. Ernst Lewy to Los Angeles.

Resignations: Dr. Sandor Rado, Dr. Carl Binger.

Deaths: Dr. Albert Slutsky, Dr. John B. Solley.

THE LOS ANGELES PSYCHOANALYTIC SOCIETY has been in the process of organizing a psychoanalytic institute. Dr. Ernst Simmel is the Director, and Dr. Charles W. Tidd the Secretary-Treasurer. Executive Committee: Ralph R. Greenson, M.D., Martin Grotjahn, M.D., Ernst Lewy, M.D., May E. Romm, M.D., Ernst Simmel, M.D., Charles W. Tidd, M.D. Instructors: David Brunswick, Ph.D. Mrs. Frances Deri, Ralph R. Greenson, M.D., Martin Grotjahn, M.D., Ernst Lewy, M.D., Milton L. Miller, M.D., May E. Romm, M.D., Ernst Simmel, M.D., and Charles W. Tidd, M.D. Lecturers: Walter Briehl, M.D., Hanna Fenichel, Ph.D., Mrs. Margrit Munk. The teaching schedule is a comprehensive program of lectures and seminars for beginners and advanced students.

THE TOPEKA PSYCHOANALYTIC SOCIETY held meetings, February 6, 7 and 8, 1947. Three scientific meetings took place: the first, Dr. Robert P. Knight, Chairman: 'The Pressure To Do Something' by Dr. Gregory Zilboorg, New York City; the second, Dr. Karl Menninger, Chairman: 'Culture and Religion in the Light of Psychoanalytic Understanding', by Dr. Gregory Zilboorg; the third, Dr. G. Leonard Harrington, Chairman: 'Culture and Religion in the Light of Psychoanalytic Understanding' by Dr. Gregory Zilboorg. At the meeting, March 29, 1947, Dr. G. Leonard Harrington, President, presided at the business session. Dr. Robert P. Knight was chairman of the scientific meeting in which a paper, 'Concerning Insight', was read by Dr. G. Leonard Harrington, Kansas City, Missouri.

The fifth annual report of THE MENNINGER FOUNDATION, Topeka, Kansas, covering the period, July 1, 1945 to June 30, 1946, states:

'Profound changes have taken place in the structure, organization and activities of The Menninger Foundation during the fiscal year which closed June 30, 1946.

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'The Menninger Foundation, a nonprofit organization dedicated to psychiatric education, research, and treatment, acquired the assets of the Menninger Clinic and Sanitarium on December 31, 1945. The Southard School, a nonprofit corporation, was merged in the Foundation on May 31, 1946 as the inpatient section of the children's division.

'Prior to these unions The Menninger Foundation had been concerned primarily with educational and research activities in the field of psychiatry and psychology. The gift of the Clinic and the Sanitarium by the Doctors Menninger and their associates and the consolidation with The Southard School makes the Foundation now responsible for all of the treatment carried on by the merged institutions. It also brings to the Foundation the combined assets of these institutions, including grounds, hospital, clinic, and school buildings, equipment, and good will.

'The treatment facilities thus incorporated have retained their identity and names within the Foundation and will continue to function as in the past. The combined staff of these medical institutions has continued its work under the direction of the Foundation carrying on programs in line with the threefold purpose to which the organization is dedicated: psychiatric treatment, education, and research.'

The complete report, a brochure of fifty-five pages, includes the report of activities: (1) Clinical Services; (2) Education; (3) Research.

THE NEW YORK SOCIETY FOR CLINICAL PSYCHIATRY ON January 21, 1947, unanimously adopted the resolution presented by Dr. Carl Binger:

RESOLVED: That the New York Society for Clinical Psychiatry be organized into two Sections, one to be called the Section of Clinical Psychiatry, and the other to be called the Section for Social Psychiatry, each of these sections to have as administrative officers a chairman and secretary who, while in office, will serve as members of the Council of the Society. The committee also unanimously proposed the following recommendations and suggestions for consideration by the Council of the New York Society for Clinical Psychiatry and presentation to the membership for action: (1) That the New York Society for Clinical Psychiatry become a regional organization of the American Psychiatric Association, and that, contingent upon the requirements of the American Psychiatric Association, members of the New York Society for Clinical Psychiatry not qualified for membership in the American Psychiatric Association be put in a special class as affiliate or associate members of the New York Society for Clinical Psychiatry. (2) That hereafter the Council of the New York Society for Clinical Psychiatry be comprised of the President, Vice-President, Secretary-Treasurer, the Chairmen and Secretaries of the two Sections, the recently retired President of the Society, and a member of the Society elected at large. (3) That each Section of the Society have autonomy as to order of business (number and dates of meetings, programs, appointment of committees and subcommittees). That at meetings, either of each Section independently, or of meetings of the entire Society, the business program be

the first order of business, that in a notice of the meeting the agenda of the business session be given, and that the business session will be limited to thirty minutes except that the time may be extended on a two-thirds majority vote of members attending the meeting. (4) That the action taken by either Section on any matter of a nature requiring the action of the Society as a whole, be presented to and voted upon by the entire membership of the Society. (5) In view of the proposed extension of the scope of the activities of the New York Society for Clinical Psychiatry, that consideration be given to a change of name of the organization. It is suggested that the new name might be the 'New York Psychiatric Association'.

At a regular meeting of the New York Society for Clinical Psychiatry held on February 13th, 1947, a motion was carried that a copy of these recommendations be sent in writing to each member of the Society with a request that each member give this matter due consideration and submit a written report of his reactions, recommendations and proposed changes at his earliest convenience.

Announcement has been made of the appointment of Dr. Robert P. Knight, Chief of Staff of the Menninger Clinic, Topeka, Kansas, as Medical Director of the AUSTEN RIGGS FOUNDATION, Stockbridge, Massachusetts, on the first of September, 1947. Dr. Knight has made many significant contributions to psychiatry and psychoanalysis, especially with respect to problems of alcoholism, the special techniques of psychotherapy in hospitals, the problems of adopted children, military neuropsychiatry, and a large number of investigations of therapeutic problems and of innovations in therapeutic techniques.

A century of THE NEW YORK ACADEMY OF MEDICINE, 1847-1947, was observed in a series of meetings and observances beginning March 6th, and ending April 18th, 1947. The Academy issues an illustrated brochure, outlining the history of the institution, from which brief excerpts are quoted.

'The New York Academy of Medicine was founded one hundred years ago. It came into being in a decade that witnessed the birth of many scientific organizations destined to have a profound influence upon the peoples of this nation and of the world. It was born when the world was literally in travail.

'The decade from 1840 to 1850 is in many ways reminiscent of the current period. Europe was in a turmoil, and the domestic scene was turbulent. The world was still sensible to the effects of the French Revolution and the Napoleonic dictatorship. Time had not yet dissipated the dread of invasion from the hearts of the English. Many were the lands and the peoples who, in the inspiration of the revolutionary ideals—*Liberté, Egalité, Fraternité*—sought to win political and social independence, and attempted to throw off the yoke of imperial dominance.

'The world at this time was keenly and painfully aware of great prospects. Every realm of culture and science was quickened with the promise of large and revolutionary achievements. The air was vibrant with expectancy, and men fostered large visions with the uncommon faith that they would be realized for certain.

'This was the decade in which Ralph Waldo Emerson published his *Essays*, and Jacob Henle his postulates on Miasms and Contagia. In this decennium Texas was annexed to the United States; Morton introduced ether anesthesia and the Smithsonian Institution was founded. Thackeray wrote *Vanity Fair*, and John Stuart Mill his *Political Economy*.

'The fifth decade of the last century witnessed the revelation of a large number of fundamental scientific data upon which the succeeding decades built the magnificent edifice of modern science. It was during these years that Schleiden and Schwann formulated and published their treatise on the cell theory; Claude Bernard discovered the digestive function of the pancreas and the glycogenic function of the liver; Helmholtz published his treatise on the Conservation of Energy, located the source of animal heat in the muscles, invented the ophthalmoscope and estimated the velocity of nerve current.

'These, too, were the times of heroic first ventures. . . . It was much in the same spirit, of an earnest concern with the public relations of medicine, that the Academy organized in 1943 its Committee on Medicine and the Changing Order with Dr. Malcolm Goodridge as chairman. The publication of this Committee's report, following upon four years of intensive study on the ways in which more and better medical service may be provided for our people, happily concurs with the Academy's Centenary Celebration. It is an earnest attestation that those who followed the founders have been faithful to the ideals upon which the Academy had been founded—to elevate the character of the profession, and to advance the science of medicine for the greater good of the people.'

This booklet is destined to find its appropriate place in the history of medicine.

An award to encourage research among American social scientists on the social aspects of the atomic bomb is to be granted by the SOCIETY FOR THE PSYCHOLOGICAL STUDY OF SOCIAL ISSUES, with a membership of six hundred American social scientists. Part of the program of the Society to stimulate research in areas of significant contemporary social issues, the Society offers the individual or group contributing the best action-related research in the field of the social implications of atomic energy the Edward L. Bernays Atomic Energy Award of a one thousand dollar U. S. Government Bond. All research published or completed in 1947 will be eligible for consideration. Manuscripts reporting such research but which have not yet been published are solicited by the Society's Committee of Judges. All reports, in duplicate, must be in the hands of the Chairman of the Committee, Dr. David Krech, Swarthmore College, Swarthmore, Pennsylvania, not later than November 1, 1947. The Committee of Judges: Dr. Ruth Benedict, Columbia University; Dr. David Krech, Swarth-

more College; Dr. Alexander Leighton, Cornell University; Dr. Rensis Likert, University of Michigan; Dr. Gardner Murphy, City College of New York; Dr. Talcott Parsons, Harvard University. All communications concerning the award should be addressed to the Chairman of the Committee of Judges: Dr. David Krech, Swarthmore College, Swarthmore, Pennsylvania.

The annual open meeting of THE JEWISH BOARD OF GUARDIANS was held Thursday, April 3, 1947, on the subject, Child Guidance in Community Mental Health. The program included (1) a case presentation of the treatment of a neurosis in a fourteen-year-old boy by Oscar Sternbach and Dr. Johan H. W. van Ophuijsen, discussion by Dr. Heinz Hartmann; (2) The Place of Child Guidance in the National Mental Health Program by Dr. Robert H. Felix, Director of the Bureau of Mental Health United States Public Health Service; (3) The Role of the Father in the Life of the Child by Dr. Johan H. W. van Ophuijsen, Consultant Psychiatrist of the Jewish Board of Guardians.

THE CONFERENCE OF JEWISH RELATIONS is sponsoring a social-psychological study of the survivors of extermination camps. Readers of This QUARTERLY who have material bearing on the subject are urged to communicate with the Project on German Extermination Camps, Conference on Jewish Relations, 1841 Broadway, New York 23, N. Y.