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PSYCHOPATHOLOGY OF SOCIAL PREJUDICE

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For some years it has been customary to approach many psychological and sociological phenomena from the statistical point of view. Official objectivity and disindividualization seem to be combined in this method. In the interest of understanding a certain phenomenon questionnaires are drawn up, and the conscious responses to the many questions are then tabulated, enhancing the impression of tangible objectivity. The individual behind the answer remains anonymous not only from the formal but also from the psychological point of view. That this psychological anonymity automatically reduces to naught the very human being who is supposedly being studied is unfortunately overlooked, and all too often this type of objective psychological study represents only an imitation of physicochemical studies, which require more and more beakers and test tubes, and less and less individualization. Such imitations may appear formally successful, but substantially they evaporate the psychology out of psychology. They leave only the precipitate of measurable entities which apparently come from man but are not *of* man as an individual in action, with all his thoughts and feelings in full play. Thus, the objectivity of anonymous, conscious answers is truly lifeless.

There remains a word to be said about the objectivity of the questions themselves. These questions are usually formulated by the investigator 'with an idea in mind'; moreover, the investigator cannot in detail know in advance what to look for in a phenomenon which he does not yet understand and which he wishes to study. Consequently, the questions formulated must contain a heavy admixture of subjective preconceptions which, to say the least, vitiate the objectivity of the results sought. Add to this the fact that conscious answers to conscious motivations are not very reliable guides to truth, psychological or sociological, and the whole edifice of the so-called exclusively objective method in psychology and sociology be-

gins to crumble. For unless some hint of the psychological dynamics of a given social or individual pattern is found, there is no way of seeing this pattern well defined, and no way of understanding it.

It has become a truism that psychological dynamics represent a set of forces interrelated in action which are rarely, if ever, conscious. Very little light is shed on the psychological dynamics of suicide if we limit ourselves to reading the suicide's last note and accepting the note at its face value. Almost a century ago Brierre de Boismont wrote an imposing monograph about the causes and motives for suicide, all of his conclusions being based on the conscious statements in the mass of farewell notes and letters of those who had killed themselves. No understanding of the problem of suicide accrued to Brierre de Boismont or his readers, however interesting the monograph.

The statistical approach is frequently combined with the method of free speculation. This method does seem more appealing and engaging. In recent years, under the influence of the growing popularity of psychoanalysis, a cross between the speculative and the pseudostatistical methods of conscious motivations, pervaded with psychiatric and psychoanalytic terminology, became the accepted manner of talking about psychosocial phenomena, particularly in times of historical crises. In accordance with this manner of speaking (one may hardly call it a method), the individual and society became psychologically equated; society was arbitrarily endowed with an unconscious, affective life, and it was averred that whatever one felt justified in saying about an individual, one might also say of society. This thinking led easily to some comforting, though misleading, conclusions.

On the wings of the most modern and most penetrating psychoanalytic psychology, we soar with considerable freedom into the very mists of old errors. For instance, we seek to identify that which is evil socially and morally with that which is pathological clinically; that which is evil in, and to, society with that which is neurotic or psychotic. We then speak

glibly of 'maladjusted societies' and of 'pathological groups', and we stand before the world's issues and problems like a modern edition of an erudite Molièrian diagnostician, who had a name for it but no remedy. We appear as poorly revised editions of the fifteenth century mentors of social and individual behavior or as singular representatives of a new clinical imperialism, who by sheer weight of our clinical terminology hope to conquer the whole world of human activities.

That these attacks of clinical expansiveness on the periphery as well as in the center of our profession are of little scientific, empirical, or pragmatic value, is becoming increasingly evident, particularly in the light of postwar events. For what should more discourage our ambition to attain clinical world conquests than the phenomenon of the ever growing waves of prejudice which, since the end of the war, have become even more frequent and more pronounced.

True, Jews are no longer being slaughtered and cremated en masse, but the anti-Jewish bias has hardly quieted down at home or abroad; on the contrary, it appears to have increased.

Nor have anti-Catholic feelings diminished. True, the Church is no longer being rejected with the philosophy of a Wagnerian Twilight of the Gods, but the agelong suspicion of, and attacks on, the Catholic Church seem to have become accentuated since the war.

The passions of social conflicts have scarcely abated among those nations who fought so passionately for so great a variety of freedoms. These conflicts indeed seem to have deepened, and in them are accentuated many harsh prejudices in all planes of our civilization. On the economic plane, capital and labor are involved in a welter of passion and prejudice; on the religious plane, it is the materialist and the Catholic who cross emotional swords of prejudice; on the racial plane, we find the old standbys, the Negro and the Jew, and lately the German, used as butts of our intolerance.

If one rejects the equation of individual and social psychology, is there then any reason for speaking of a psychopathology of social prejudice? If prejudice is so widespread and if,

as it appears to be, it is so constant an accompaniment of our civilization, why then infer that it is a pathological phenomenon? I do not consider social prejudice any more pathological than war, economic depressions, revolutions, or death. All are very disagreeable, painful and highly undesirable phenomena. Humanity is inspiring and pathetic in its struggle against them, in its hope of eradicating them, and in its chronic affliction with them. Would that they were as easily got rid of as inflamed appendixes or gall bladders. But prejudices seem to persist, economic depressions recur, wars erupt.

A person who dies a natural death must 'die of something'; that is to say, a terminal pathological condition must set in to cause a lethal exodus. In this sense, there is an individual pathology of dying. The person who lives in peace and who from his cradle has been taught not to kill and not to condone killing—this person, in order to get into a war wholeheartedly, must overcome the natural fear of death and the almost natural fear of murder. He must learn to kill directly and indirectly, by his own hand and by proxy, in a straightforward manner and vicariously, and at the same time maintain himself on the level of peaceful, fraternal functioning in a good society of good citizens. In other words, he must develop a number of psychopathological attitudes in order to function as a good soldier, general, or any other kind of combatant. There is thus a psychopathology of war, an individual psychopathology of warfare, though war, like death, appears to be a natural and normal concomitant of living.

The person who hates the Negro or the Jew because of their alleged racial inferiority, the person who is absorbed by the passion of establishing white supremacy in Georgia or Berlin, or of destroying the infidels in order to establish the kingdom of love on earth—this kind of person must give up a certain amount of realistic thinking. He must make severe compromises with his sense of justice; he must lower himself to the level of predominantly emotional, rather than rational, attitudes. In other words, this person must develop an unrealistic and irrational set of attitudes.

There is a psychopathology of prejudice, an individual psychopathology which is put in the service of an unjust, immoral, but apparently normal, or at any rate nonpathological, social reaction. This individual psychopathology reduces the individual to purely conceptual thinking in the manner of an obsessional neurotic, or further, to that sort of mentation which uses shibboleths and words in place of rational, realistic thinking, in the manner of the schizophrenic. Take the story (it is a true story) of the Negro charwoman who, after some vicissitudes, succeeded in finding a job. Her new job was in a convent, and she felt very happy. On her occasional visits to friends she expressed complete contentment with her work and with her treatment by her employers. One day after four happy months of working, she reappeared looking for employment; her friends were surprised. Was she not paid well? Oh yes, her salary was very good. Did she have to work too hard? Oh no, her hours were not too long. Was she treated poorly? Oh no, the Sisters were always polite and kind, and so friendly that they said a prayer for her now and then. Well, was the food all right? Oh yes, the food was good and there was plenty of it. 'Then why did you leave?' 'Well, I'se told that the Sisters was Catholics. I won't ever work for Catholics for anything.'

This charwoman was not an obsessional neurotic, nor was she a schizophrenic; but her reason for leaving her job is tinged with both these psychopathological trends. The psychoanalyst should be the last person in the world to be surprised at this conclusion, for since Freud wrote his Psychopathology of Everyday Life we have known there is a psychopathology of normal, social life. It is not a little dangerous, however, to equate psychopathology, in the sense in which Freud used it in this connection, with morbidity and disease, and to make this the occasion to arouse in ourselves our curative impulse and wed it to the fantasy of saving humanity by psychotherapy.

Of course, the most bigoted and prejudiced person is unwilling to acknowledge his biases as prejudices. To proclaim

one's self opposed to prejudice or as being free of prejudice is almost as universal a habit as being always officially against sin. We might all feel more than a little squeamish to hear prejudice pronounced a normal phenomenon; it is so much easier to denounce sin than to recognize its universality. Was this not one of the main sources of the resistance with which the world met Freud's discovery of the œdipus complex, or of infantile sexuality? There are so many things at which we love to look with eyes half closed, and social prejudice is one of them. This attitude, as it grows out of our need to conceal from ourselves some of our own biases, serves only to enhance our opposition and intensify our rebellion against those prejudices of which we choose to disapprove, and in turn to help us to believe even more in our own chastity, as far as social prejudice is concerned. It is easy for us unwittingly to fancy ourselves immaculate saints not soiled by the sin of prejudice. As soon as we reach this sense of being exceptions in a bad world corroded with prejudice, we inevitably become the very victims of prejudice. Many a Catholic's opposition to the Jews, much opposition of industry to labor, is based on this simple, though obscure, denial of the universal bent toward prejudice from which we run, only to run into it within and without ourselves.

Let us take one step beyond the purely etymological meaning of the word. When we say prejudice, we mean more frequently than not a certain type of prejudice, one which is wedded to intolerance and tempered sooner or later in a mixture of hate and blood. That bias which is being 'prejudiced in favor of' something, is excluded, for it is based on predilection, on love, on an affectionate partiality—as one is prejudiced in favor of one's children, or one's friends. Social prejudice, however, does not mean being prejudiced in *favor* of something or someone; it always means being *against* something or someone. Even the prejudice in favor of one's college or fraternity or club is only a manner officially of covering up one's 'being against' something or someone. Belonging to an 'exclusive' group does not mean self-restriction at all; exclu-

sivism means social exclusion of others from a self-appointed inner circle; it means organized embattlement against others. The one who is a member of an 'exclusive' class or club or fraternity does not isolate himself from others; he may go into the outside world, mix with whomever he wants, even enjoy going 'slumming', as it were. But he and his colleagues stand constant guard against the intrusion of outsiders; his dislike of the outsider must never be permitted to diminish, and his aggression against any intrusion must always be on the alert.

These few considerations should convince one that the etymological meaning of the word 'prejudice' is rather misleading, for it suggests—and many, we must admit, see no further—that in order to remove prejudice, all we have to do is proceed to examine things and people 'as they really are'; in short, all we must do is stop prejudging. This point of view would lead one to presume that prejudice is a mere mistake in judgment, rather than an emotional attitude. There is little doubt, however, that prejudice springs almost entirely from emotional sources, and that mere enlightenment by dispelling ignorance serves little purpose. Prejudice is an attitude established independently of judgment. It is, in fact, a conviction that manipulates all the facts available in order to conform the subservient intellect to this very conviction. Gobineau was not an unenlightened, stupid man when he became the spiritual father of Rosenberg's anti-Semitic philosophy and Goebbels' anti-Semitic rhetoric.

It is the emotional origin of social prejudice, and its psychological dynamics, that makes one suspect that all forms of social prejudice must bear the earmarks of a common source. Purely emotional attitudes being rather primitive, one should be able to observe them in all the manifestations of social prejudice, both as the latter's common denominator as well as its constant, irreducible ingredients. Even a superficial glance at the phenomenon of social prejudice seems to bear out the correctness of our assumption.

The prejudice against the Jews is universal. It is expressed

in clichés and shibboleths. The Jews are dangerous; they are clannish; they are extremely well organized; their's is an empire of monetary power; they are an extremely intelligent, gifted, selfish, cheap, and loud lot. Beware of them, for if you do not watch out, they will 'take you in', deceive you, take advantage of you for their own, and only for their own, all-pervasive, selfish, clannish purposes.

That there are underprivileged Jews is forgotten. That many Jews do not like their own racial confrères is not considered. That they compete with one another within the framework and with the methods of our throat-cutting civilization is not recognized. That there were Jews who would have welcomed a Hitler if they had not been afraid for their own skins, that many of them welcomed Mussolini wholeheartedly —all this is forgotten. That so many of them bend every effort to lose their racial, religious, and cultural identification marks is not even suspected. That the Jews are the least cohesive and most loosely-formed layer of our social fabric is overlooked. And that there has always existed a certain type of Jewish anti-Semitism is not even assumed. Everything and anything that interferes with the maintenance of the fundamental prejudice against the Jews is summarily rejected.

The prejudice against the Roman Church is widespread. It, too, is expressed in clichés and shibboleths. Beware of Catholics; they might 'get you'; they have their ways; they are extremely well organized; they always stick together; they are only concerned with their own; the Church is extremely rich; it strips the poor of their pennies to fill its coffers; it is very powerful; its priests and monks eat well, drink well, live well; their chastity is a joke. Catholics are extremely keen and intelligent and try to make inroads wherever and whenever possible. Yes, they are a minority in this or that place or country, but you would be surprised how well they manage to get into key places; they are disingenuous; they want power, and they get it.

That the power ascribed to the Roman Church might not be its fundamental aim is not considered by the prejudiced.

The hosts of frugal and poor monastic believers who lead a truly ascetic life of constant and honest devotion to an ideal are overlooked. That faith and spiritual values blended with centuries of the tradition of learning represent the foundation and heritage of what we now call European civilization seems to be ignored by the biased. That true learning has been saved by the very Church which was supposed to have repressed it for a thousand years is forgotten. That the Church proved the most resilient and adaptable institution in our history—that it was able to adapt itself to, without being able to interfere successfully with the course of, the French Revolution, the Industrial Revolution, English Parliamentary and Anglican Monarchy, and American Democracy is overlooked.

The prejudice against the Negro is widespread. It is also expressed in clichés and shibboleths. The Negro is ignorant; he is venal, sensual, and delinquent; his sense of social responsibility is low; he is promiscuous. Negroes grow more and more organized, and are already becoming clannish; they are cowards but they stick together; they must be curbed or they will overrun us. They are stupid, but keen like animals of prey.

That the Negroes are for the most part economically as well as politically underprivileged, and that their cultural, social, and artistic achievements are unique in the face of so many odds, is more or less glossed over. That the Negroes in their family and spiritual life show no deviations from which the whites do not suffer, is not discussed as a rule.

The prejudice against labor is well known. It is expressed in well-established clichés and shibboleths. Labor is lazy; it is not reliable; it is not steady. If workers are paid too much money, they lose their incentive to work; they are inclined to sit and do nothing, or get drunk, or run after women. Labor leaders seek only power. Labor unions are dangerous, or potentially dangerous; they are too rich, too well organized. They should be curbed, or they will overtake everything and undermine production and industry.

That workingmen are more steady and much less nomadic

than the rich is not considered. That their families are more often too large than too small and that they are attached to their families, is forgotten. That alcoholism among workingmen is probably not greater, if not smaller in proportion, than among the rich is not seriously considered. That workers are vitally interested in working because theirs is a hopeless life when there are no jobs is not considered. That they must stand together because of the very nature of their social value as an economic class is not understood by the prejudiced.

The widespread opposition to the Communists is well known, and it is expressed in terms of clichés and shibboleths. Beware of Communists; if you don't look out, you will find yourself in their clutches. They are extremely well organized and their power spreads all over the world; they are immoral people; they want power, and once they obtain it all is lost: family, morality, religious faith. They are cruel. They stick together and know no pity or loyalty to friends; they are specialists in destruction.

That the revolutionary impetus of Communist philosophy, with all its destructive and sanguinary impact, has preserved some of the most valuable spiritual aspirations of man is overlooked. That women, after all, were not nationalized in the Soviet Union is forgotten; that divorces and abortions are almost entirely forbidden in the Soviet Union is not discussed. That the fundamental cult of the Communists—faith in human labor, in man's work and his self-conscious effort—is a recognition of the greatest value in man is thrown out of consideration by the passion of prejudice.

Those groups which harbor a prejudice against an agnostic ascribe to the latter a number of the attributes already enumerated above in relation to Jews, Catholics, or Communists.

Those who oppose capitalism on ideological grounds frequently find themselves attacking capitalism with all the force of prejudice, in terms of clichés and shibboleths. The capitalists are powerful and do nothing but seek more power; they are a lazy lot who want to live and do live on the fruit of other people's labor; they are an immoral, lecherous group,

who travel from place to place, from one resort to another, only to play and eat and drink and dissipate. They have no respect for humanity or human values.

That ever since the French Revolution the bourgeoisie has been primarily responsible for the establishment of civil liberties is forgotten. That industrial civilization, while in the hands of reactionary capitalism, has made a variety of great contributions to art, philosophy, and sciences seems to be disregarded. That the rich 'patrons of the arts', whatever their personal motivations, have sustained, maintained, and inspired great painters and musicians from Michelangelo to Wagner is not considered.

It is obvious that the ideological, racial, and spiritual values or defects of the Jews, the Negroes, labor unions, Communists, capitalists, or the Catholic Church are not of primary consideration when the force of prejudice is at play; it is rather this force itself which is most prominent. Its most visible characteristics are: suspiciousness; fear of the power of the group, race, or institution against which the bias is directed; mistrust of the moral and spiritual aspirations of the group in question, to the point where these aspirations are frequently presented—or misrepresented—as a cloak for perfidy and selfish hypocrisy. There is hatred in all this; there is contempt and fear combined; there is a sort of intellectual blindness duly cultivated and supported by the prejudiced, through the maintenance of constant emotional tension against the 'enemy'.

Another aspect of the problem: the prejudiced person or group seems as a rule to be unable to express his hatred with that direct impulsiveness which is characteristic of such primitive hate; it is usually masked by a sort of inspired, noble justification. We hate the given group 'because' we convince ourselves that we must protect society against the greediness of the Jew, the sensual delinquency of the Negro, the selfishness of labor, the destructiveness of the Communists, the selfish exclusiveness of the power-seeking Roman Church, or the thieving, lazy dissipation of the capitalists. Prejudice seems always to bathe itself in spirited exaltation of humanitarian

service and salvational enthusiasm; the resulting hatred becomes euphemistically known as intolerance.

What can be the nature of this hatred which resides and functions in all sorts of people without regard for the level of intelligence or the historical period or economic class? It has affected the dark and the enlightened ages, the educated and the ignorant, the educator and the tramp, the minister of the Gospel and the scientific materialist, the 'balanced' normal and the neurotic.

It is not entirely accidental, of course, that one finds one's self preoccupied with this problem. In the wake of social crises there is always a certain melancholy awakening that taxes the intellectual and moral aspirations of man to understand man's staggering failure to foresee and prevent these crises. There is always a search for some explanation of the disquieting puzzle. What is it that happens to man during certain critical periods of history? How does it happen that his will and judgment become enmeshed in a mass of obscure emotions, become enslaved, as it were, by elemental forces which are not perceived as such at all; and that by some mysterious process the whole motor system of man becomes mobilized into a superhuman effort to fight, to kill, to destroy? And when the storm seems to be over, there is left in addition to the physical, external devastation an aftermath of suspicion, a residuum of active hatred, prejudice, and social harshness.

These questions arose after World War I, and they found their way into medical psychology. Trotter's revived discussion of the herd instinct attracted attention for a moment, and then the discussion died down and we seemed to have forgotten that the problem even existed. Freud's very brief essay on Reflections on War and Death was apparently the only contribution that touched on the psychodynamics of some of the aspects of the issues involved. The brief discussion of war neuroses by Simmel, Abraham, and their colleagues limited itself to purely clinical issues. During the war just ended the discussion of man at war and immediately after was revived, but all this was done more or less in the manner of a restate-

ment of a prejudice. We hated our enemies and we tried to prove to ourselves that they were psychopathic, perverse, criminal. We let our hatred be our guide, and we surrendered to it our intellect with all its armamentarium. We introduced unofficially but forcefully the false principle of collective responsibility, making all the survivors responsible for the deeds of the leaders. It is a little amusing in a disappointing sort of way to observe that in this war for the most part we followed the pattern of the last and, even less consoling, that we followed the pattern of the Germans themselves who in the last war through many of their scholars and philosophers and scientists tried to prove to the world that the British were hopelessly perfidious psychopaths, the French—degenerates, and the Russians—'Asiatic' sadists. In the light of the events of World War II, this extreme form of intense prejudice is rather instructive, for it might not be entirely accidental that the accepted practices of German authorities, military and quasi-civilian, displayed so flagrantly were the host of sadistic and degenerative trends which they ascribed to their enemies during the Wars of 1870 and 1914–1918.

We are apparently entering a period during which many attempts will be made to reappraise our behavior in the light of modern psychology. In Europe, which has hardly had time to shake off the fog of the near knock-out, voices are already raised by those who try to answer the many burning questions of our everyday social psychology. It is impressive to find that out of Belgium should come one of the first attempts to discover what our psychosociological troubles are, now that the formal shooting is over. Etienne de Greef, professor of criminology at the University of Louvain, has published two books since the Germans left Belgium. One, Our Destiny and Our Instincts, was written in part in 1939, and under the influence of psychoanalysis.[1]

Says de Greef: 'A very strong force holds men together quite independently of the ties of love and sympathy; it is a force

[1] de Greef, Etienne: *Nôtre destinée et nos instincts.* Paris: Plon, 1945.

that can be compared with the one that is responsible for the cohesion which characterizes the herds of wild beasts or the schools of fish. This force, in order to come to expression, does not need the act of man's consent, nor even the presence of social virtues. It is in man itself that the force resides. A person not possessing this force would be socially blind, a person who would never miss the human group; he would be indeed a monster. No power on earth could change such a person, no dialectic would be able to explain to him what friendship and love are. . . . [Yet] man could not rise to heights of physical and intellectual independence if he were unable to escape every now and then and to a certain degree, the hold of this blind force, and to accept the anxiety or at least the insecurity of living for a moment outside the protective wing of the group. When this does happen to a person, it happens because as a result of certain circumstances this person becomes momentarily maladapted or nonadapted to his environment—because this individual makes an attempt to assert that it is not he who is wrong, that it is not he who is maladapted, but the outside world that is at fault. If it turns out to be true that the external world does happen to be wrong at that moment, the history of mankind would add one more to the list of geniuses and our patrimony would be enriched. But one can be maladapted without being a genius, and this is most often the case.' [2]

It does not matter what we call this force; the appellations, 'herd instinct' or 'gregarious instinct', shed little light on it. What we must fix in our minds is that this blind force of group cohesion seems to have no creative value of its own; it appears to de Greef, and he seems to be right, that this force acts as a catalyst for various psychosocial reactions. Without this force there is no friendship, no social virtue. However, this force is apparently unable to act in a directly positive manner; its presence produces only 'the getting and staying together', and that is all. It is the failure to satisfy this need

[2] *Ibid.*, pp. 2–3.

for togetherness that produces anxiety, insecurity, and the concomitants which go with these emotions.

Bearing these tentative formulations in mind, let me offer an hypothesis, the study, verification, further testing, refutation, or corroboration of which will have to be left to the future.

When the culturalist, who seeks to rid himself of some of Freud's theories which annoy him, speaks of 'basic' anxiety, he shows perhaps that he has simply caught an intuitive glimpse of this anxiety which is generated when man is for some reason deprived or for a moment threatened to be deprived of the sense of cohesion with his herd, his school of fish. But this 'basic' anxiety cannot develop and express itself *in vacuo*. To come to expression in some tangible, observable form, it must use man's psychic apparatus, by means of which man can devise methods of warding off the anxiety, or discarding it, or mastering it. In other words, this basic anxiety must be filtered through the totality of the given individual's instinctual forces and their ontogenetic constellations.

One of the preferred reactions to intense anxiety, if it is not straight panic and flight, is that form of adaptation which one might call 'combative projection'. When the individual in his anxiety strives to reëstablish his contact with that from which he feels segregated or threatened with segregation, or from which he unconsciously wishes to segregate himself, he at first apperceives it as someone else, outside himself, who disturbs his sense of security. He then readies himself to fight that force, or that person, or that group which he considers the cause of his loss of security. All this is not a very simple psychological process and it has so far defied systematic description. The close coöperation of the sociologist and the psychologist (who must also be a clinical psychopathologist) is required if any solution of this riddle is ever to be attained. It is doubtful whether further theoretical and other speculative approaches to the problem will shed much light on the subject, unless more and more pertinent, empirical data are accumulated. The speculative approaches to this issue which

have been used heretofore have naturally discouraged a proper accumulation of such data. Mere atrocity stories or the recounting of endless injustices perpetrated on, or by, minorities represent but repetitious and unfruitful testimony to the systematic cruelty of which a human group is capable, and which has been known to us since time immemorial, even long before the Egyptians started the exploitation of the Jews. The Egyptian 'pogroms', Herod's sadistic performances, Nero's circuses and the burnings on crosses, the prosecution of the early Christians, the prosecution of the witches, the noyades of the French Revolution, the many 'purges' and other pseudojuridical forms of getting rid of actual and imaginary opponents or enemies, the debasement of man by man, and of groups of men by groups of men, the rise and fall of Hitlerism with its mass destruction and self-immolations, the lynchings of Negroes, the revival of the Ku Klux Klan, the bigoted nobility and ostentatious pseudo patriotism of the haters of every color of the spectrum, the various drives against so-called un-American activities—all are phenomena of the same psychological order.

True, the pragmatic exigencies of life and the dialectic gyrations of human history make things look somewhat less grim at times. Mass trials of men for the crimes of history and for the psychopathic blindness of man may, at times and to some of us, acquire the appearance of something just and good, or honorable and kind, or sublime and heroic. But essentially, from the standpoint of psychological dynamics, all relationships of large masses of people are the same. Only the values which seem to set these relationships into motion, the ingredients of moral issues, as origins and goals, may differentiate or color the acts of one group against another.

If we now turn our attention to the essential features of so-called mass, or herd, psychology, and if we attempt to divest it of its various rationalizations, we shall have no difficulty in recognizing the fact that a herd, whether it be of beasts or of men, does not know how to love and to be tender to others. Herds are explosive; they are ready to attack and to kill without hesitation.

But, it might be pointed out, there are crowds which are capable of love and adoration, such as those which worship a hero; such crowds, it might be contended, are passive, non-aggressive crowds. This objection has only the appearance of validity, for crowds which follow a living, mortal hero are masses of people of extreme lability; they are at the same time loaded, as it were, with that hatred and aggression for which they need and must find an outlet. At first it may be a trivial provocation, but this outlet is sooner or later provided by the leader they worship. The members of the crowd either throw themselves into battle to kill, or they riot, or they die in mass suicide.

In other words, the hatred and the aggression of man as a member of a herd is always available. These emotions must find a means of expression, and this means is always primitive in form; there is great intensity of feeling, impulsiveness, and destructive, kinetic energy. We do not know, perhaps we shall never know, why beast and especially man need to be herded together in order to be able to give full expression to their destructive hatred. But we do know, I believe, that nothing is more cruel and less intelligent of human beings, more explosive and more destructive, than a herd, or a group which has let itself become a herd. Members of a herd, as long as they remain a part of a herd, cannot be domesticated if they are beasts, and they cannot be educated if they are humans. When I say herd, I mean that uniform mass of beings who either by virtue of extreme regimentation from above, or by virtue of that uniformity which is at times—and mistakenly—called democracy, produce an almost total disindividualization of man. A well-organized and balanced society, while never free from influences and expressions of herd reactions, functions in a more complex and less impulsive, less destructive manner. Man, as a member of an organized, well-balanced society, feels deeply rooted in this society by way of those roots of the herd instinct which keep him together with his fellow humans. Man, as a member of such a society, might be looked

upon as a member of a herd whose hate and aggression are restrained, constantly kept in check, but never abolished.

We may well recall here Freud's remark that man experiences an unconscious sense of guilt as a result of repressed aggression, even if this aggression has never been conscious—or, we may add, even if it has never been directed against any specific object.

It is this repressed herd aggression, with its concomitant sense of guilt, that represents one of the major burdens of civilized man, and is one of the major sources of the 'discomforts of civilization'. It is this burden that constantly generates anxiety, fear of being alone, fear of not having the support of the herd (which is quite different from approval by society), fear of becoming a person in one's own right, with personal responsibilities, personal hatreds, and all those 'maladjustments' which are covered by the formula, 'individual versus society'. It is under the weight of this burden and this anxiety that the individual gravitates toward the loss of individual identity within the group (herd). At the same time he rebels against that very society whose protective shelter he seeks. Thus, he gets lost at times between the horror of being self-conscious and alone and the horror of being nobody within the herd.

It should be remembered that these severe inner conflicts—almost always unconscious, but always acute—these conflicts between being a revolutionary individualist and a reactionary particle of an amorphous whole are never clear-cut. These conflicts are displayed inwardly on the background and in the matrix of the total history of the individual, with all the difficulties, shortcomings, traumata, and instinctual contradictions which are the lot of man as an individual. In other words, the herd instinct cannot manifest itself in pure form; it must present itself mixed with and colored by all our infantile conflicts, the need to be loved and fear of not being loved, the need to square one's self with one's social and religious conscience, the need to avoid being dominated and suppressed by others, and the need to dominate and to sup-

press others. It is the complexity of our reactions that lends our herd aspirations a particular intensity which, as de Greef correctly points out, generates anxiety which in turn might be the source of great inspiration or psychological disintegration.

We know that the more intense the psychological conflict and the more repressed the aggression, the greater the consequent anxiety. The greater this anxiety, the more will a way out be sought in passivity; the more passivity is sought, the greater the consequent homosexual anxiety; and the greater the withdrawal of the individual from the true scene and true nature of the conflict, the stronger the tendency to project one's own aggression, invidiousness, slothful submissiveness into the outside world. All this, in order to find a modicum of unstable psychological peace, at once to justify and to be relieved of one's own anxiety and sense of guilt.

Social prejudice seems to spring primarily from the bottom layers of this basic anxiety, and its chief mechanism appears to be projection. This is probably what is responsible for the psychological uniformity of our attacks on and accusations of those groups, racial or religious or economic, against which our prejudices are directed.

Many of our own unconscious strivings are apperceived in a vague, affective, inarticulate way as antisocial, antimoral, selfish, acquisitive, lecherous, dictatorial, contemptuous of our fellow men, power-seeking for the sake of power, ogre-like, beastly. Yet we think of ourselves as more or less respectable citizens; we do as one does; we keep up with the Joneses; we comply, conform and submit; we vote the 'right' ticket, go to the 'proper' church. But within us rumbles a still, annoying voice, warning us that behind the veil of respectability there lives and rages something which is in constant contradiction to the bland exterior of misconceived good citizenship. What better, psychologically more economical, more efficient way out of this difficulty than to find other people, other groups, and by way of projection consider them a compact herd, and by way of the same projection endow them *in toto* with all those repressed drives which threaten us inwardly with

social ostracism and amputation from the herd? What better and more efficient way is there to be relieved of discomfort than to ostracize others for those very sins of which we know we are guilty unconsciously, and perhaps consciously, the burden of which we want to shed? What other method would permit us so efficiently to mobilize a great deal of what we hold back, return it from the repressed, and thus find a legitimate outlet or vehicle for our hate, murderous aspirations, and destructive acquisitiveness?

From the moment the process of projection is set into play, every psychological device is also set into play for the protection of the newly-acquired illusion of security, of belonging to a good, or better, or best group or herd. Heretofore, we were absolutely forbidden to kill; but inwardly our desire to kill is not quenched, and we suffer and torment ourselves with our sense of guilt. But what a relief and righteous glory it is to 'discover' in time that the Jew, the Negro, the Communist, want to kill us and take our bank accounts away, and perhaps even our wives and daughters. What a relief and righteous glory it is to rise and take measures of self-defense and curb and kill, socially and individually the Jew, the Negro, the Communist, the Catholic, in accordance with the best tradition of the talion principle. We can then kill without feeling that we violate God's Commandment; we can satisfy our needs and yet not only be freed from a sense of guilt, but feel noble. We can do the very thing we were always afraid might cause our ostracism and leave us alone in the world, frightened and lost. We can do it and for the very fact of doing it be accepted by the herd, protected by its impetuous, impersonal, murderous self-righteousness, and stand no more alone. We can achieve what appeared psychologically impossible: remain ourselves and yet not 'maladjusted', but in full conformity with the sameness and amorphous impersonality of the herd. If there happen to be others who criticize us, who attack us for our convictions, who try to combat us, we feel no concern because we know that they must be Jew- or Nigger-

lovers, or Reds, or capitalists, or union leaders, or atheists, or white trash, or putrid parliamentary democrats.

The circle of this psychological economy is thus closed, perfect, and immutable. Here lies the very secret of the constancy, tenacity, and intensity of social, racial, and religious prejudices. This is the price man pays for the quieting of his anxiety. To defend his illusory security and his manner of unconscious, irrational self-deception, he rises to heights of effort worthy of much better causes. To defend his security man protects the herd's 'herdness', opposes any form of originality, any form of individual nonconformism, strives to rule the world by elevating his own herd to the level of an everlasting closed corporation. Frightened by an occasional deviation from amorphous sameness, members of the herd and the herd itself reject the nonconformist in the same manner as the primitive tribe used to reject an offender by noxal surrender, by turning the criminal over to the enemy tribe for 'justice', thus denying that the offender was part and parcel of the whole tribe. It is therefore psychologically in keeping with this trend that the nonconformist is usually endowed by the herd with the same faults as the minority against whom there exists a prejudice: the faults of greed, power-seeking, licentiousness. This is the evil trinity of social prejudice, which displaces the labels and pastes them on those who are the least guilty, or not guilty at all.

In the light of all this, it is highly instructive to recall that the ascetic ideals of monastic orders are expressed in the principles of chastity, poverty and obedience, the very reverse of hedonism, greed, power-seeking. The material pragmatic civilization of man is based on power, on accumulation of wealth (greed), and on gross or subtle but undeniable hedonism. Spiritual civilization is based on the maximum restraint of personal greed, on ultimate abolition of man's power over man, and on the maximum restraint of the purely hedonistic proclivities of our lives. We find these strivings in religion, in the hope for an ultimate establishment of universal social-

ism, in the faith that in a gradual evolution of ethos, man's willingness to work rather than his eagerness to stay lazy will some day become the measure of social values. We find these aspirations wherever man lives with some faith and hope. But all these aspirations are easy to avow and most difficult to accept—difficult, because in order to accept them in the real sense of the word men must first of all give up their exclusive demand for the sense of herd security, and stand as self-conscious, object-libidinous individuals who are not afraid to stand alone when necessary and yet love, although they usually find it much easier to stand together in hatred.

This is the reason that capital, labor, the revolutionist, the soldier, while officially inspired by love for their own, are actually able to set their power into motion only on the basis of common hatred of the group which they set themselves to combat, rather than on the basis of common love for the group they have to fight for. This is the compelling force that leads the group against the individual, or against a minority group, or against anyone or anything which might disturb the equilibrium of herd security.

The narcissistic, anal-sadistic strivings to gain a sort of purely passive, intrauterine existence in the womb of the mass, or nature, are brazenly projected into the enemy and then aspired to and approximated by the projector who himself is the accuser.

We thus may conclude that those who claim that social prejudice is based on ignorance are right, only if and when they do not use the word in the purely intellectual sense. It is a self-imposed ignorance based on emotional blindness that one should have in mind. It is an ignorance which misleads man to believe that he succeeded in renouncing those things which a civilized human being must give up. It is an ignorance that does not permit man to realize that he holds on to and endeavors to preserve to the end of his days the very things he thinks he has rejected.

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PROBLEMS OF THERAPEUTIC MANAGEMENT IN A PSYCHOANALYTIC HOSPITAL

BY FRIEDA FROMM-REICHMANN, M.D. (ROCKVILLE, MARYLAND)

Psychoanalytic therapy has been applied in the treatment of hospitalized psychotics for about twenty years. Since then, there has been much thought and discussion about how to change and adapt conventional state hospital management to the requirements of a psychoanalytic hospital.

We are still far from having all the answers; hence I feel that the best I can do is to outline some of the questions with the tentative answers which have emerged so far, from any discussions between our staff members, from the exchange of opinion among the psychoanalytic hospitals of the country,[1] and from the literature which has been published on the subject. This may contribute to further clarification of administrative psychotherapy, and may provoke further constructive discussion.

I

The psychoanalyst who works with psychotics in a psychoanalytic hospital realizes more than his colleagues in other mental hospitals that undue curtailment of the patients' freedom i.e., misuse of authority by previous authoritative figures especially by the parents in the patients' childhood and by their later representatives in society, is most frequently among the reasons for the rise of mental disturbance. Therefore, he is inclined to give the patients as much freedom and as many privileges as possible, and he will try to force on them the least number of regulations and restrictions. However, the hospitalized psychotic's conception of, and need and desire for freedom is not identical with that of the healthy person. How then can the

From the Chestnut Lodge Sanitarium, Rockville, Maryland.

[1] Forest Sanitarium, The Haven, The Menninger Clinic, Chestnut Lodge Sanitarium.

hospital reduce a freedom which the psychotic is incapable of utilizing judiciously, without repeating the old traumatic authoritarianism? In other words, how does the psychiatrist succeed in granting to the psychotic the right amount of privileges for the time of his hospitalization?

The psychotic patient who needs hospitalization has not been capable of living without guidance and help; thus to patients who are apparently opposed to hospitalization, admission to an institution is frequently a great relief from the unbearable burden of managing their lives independently, and of making decisions.

The psychoanalyst is aware that, in our culture, all his patients have had imposed overauthoritative restrictions of their freedom by at least one, if not both parents, or other important adults in their childhood. Many patients have subsequently been forced to submit to similar authoritative pressure from later parental surrogates in school, college or work, or by society at large. The latter may be the interpretation which those, who have been severely thwarted in their early lives, cannot help giving to their later interpersonal experiences. The therapist may therefore be inclined to counteract such traumatic influences by giving them the gift of more freedom than the psychotic patient can handle. While it is most undesirable for the psychiatrist to create additional frustrations in a thwarted psychotic's life, he cannot undo the evil consequences of the past merely by safeguarding against their repetition. The evil influences of the past have to be counteracted by recollection, 'working through', reëvaluation and integration of what happened in early life in terms of the present. The psychotherapist's attitude alone will not accomplish this.

The psychotherapist's conception of 'freedom and independence', which he may cherish for himself may not at all seem desirable to his psychotic patient, who may sense that the psychoanalyst, or other staff members, expect him to be desirous of the type of freedom they want for themselves. If the psychotic is protected from developing wishes for freedom which are of

the psychiatrist's making, he will ask less frequently for privileges which he cannot handle, be spared the frustration of being granted privileges and having them withdrawn; also, the psychiatrist will make fewer errors in handling the patient's privileges.

The psychiatrist should, of course, not be overconcerned with the conveniences of hospital routine, nor with his own prestige, in conducting a patient's therapeutic management. He should not lack the courage to give the psychotic a chance, when he believes that the patient is ready to derive therapeutic benefit from it, even if a repeal of these privileges may become necessary later on. This may or may not reflect unfavorably on the therapist's judgment in the eyes of the patients, or of the staff which is inconvenienced by it.

I remember two patients who were temporarily more upset after they were taken for a shopping trip and to the movies than they had been during a long period of hospitalization without privileges. The administrative psychotherapists and the other staff members thought that a great mistake had been made. In the course of the further treatment of both patients, however, it became apparent that these trips, disturbing as they had been at the time, had, in the long run, meant a great, legitimate encouragement to the patients. This subsequently facilitated and speeded their collaboration in psychoanalytic therapy. I also remember the three or four patients who misused their privileges, ran away and discontinued treatment. The psychoanalytic hospital has such patients, as does any hospital.

The newcomer on the staff of a psychoanalytic hospital will find himself easily misled in the evaluation of a patient's ability to handle town privileges for the reason that even a very disturbed, delusional or hallucinated paranoid or disoriented patient may, on the surface appear rather well composed and rational as compared with an equally disturbed patient in another type of mental hospital. This is due to the consistent interpersonal exchange and rational, verbalized contacts which are offered to the patients by all the staff members of the psycho-

analytic hospital, and particularly by the psychoanalytic therapist.

II

The attitude of the psychotic toward his own difficulties and toward many problems in therapeutic management is determined to a large extent by the attitude of the members of the hospital staff, particularly of the psychiatrists. How can staff members in a psychoanalytic hospital use this influence for the benefit of the psychotic and how can they prevent its working hardship on the patient? This is the problem of the general significance of attitudes and evaluations which the psychiatrist communicates directly or inadvertently in his contacts with psychotic patients.

Be we healthy, neurotic or psychotic, we are all bound by the acknowledged or tacit code of values of our fellow men especially those to whom we are tied by any kind of dependent relationship. The psychoanalyst knows how this cultural pattern is reëxperienced and magnified under the special conditions of the transference. The former psychoanalytic opinion that there is no workable transference with psychotics has been reversed *(17)*. We know now that the contrary is true. The psychotic's relationship with the psychoanalyst and his empathic sensitivity to his environment and to the psychoanalyst's personality are often much more intense than the transference reactions of average neurotics. By the same token, he is more sensitive to and dependent upon the psychiatrist's and the hospital's attitudes and judgments than is the average healthy or neurotic person in our culture towards the attitudes of his fellow men.

It frequently happens that physicians, nurses and other institutional personnel are justifiably afraid of a psychotic patient because of threatening or assaultive behavior. Some psychotics are skilled in playing upon the vulnerabilities and sensitivities of some staff members, or sometimes sense unfriendly feelings of staff members for which they expect retribution. In the first case, the patients have to be managed, of course, by physically capable, skilful personnel able to con-

trol them with a minimum of force. Psychotherapy by psychiatrists or nurses can be instituted only when the patient's assaultive tendencies are under adequate control.

Sometimes outbursts of physical violence are a negativistic response to orders given by the personnel or by the physicians and can at times be stopped by rescinding the orders which aroused them. An attempt at doing so is, therefore, recommended whenever the safety of the patient, of other patients on the ward, or the personnel is not endangered. Hostile words or threatening attitudes sometimes evoke fear or anxiety in the psychotherapist. The patient senses the doctor's or the nurse's discomfort, no matter how skilfully dissimulated, and will derive a feeling of unworthiness, if not despair, from the realization that he evokes fear and anxiety in people on whom he relies for change and recovery. A patient who, while in a pack had been given psychotherapeutic interviews throughout a period of agitation and assaultiveness, was one day removed by me from the pack in compliance with her insistent request. When asked, after her recovery, whether she recalled any experience which she believed responsible for regaining her mental health, the patient's prompt response was that her recovery started the day I took her out of the pack, which meant to her that she was not too dangerously terrifying, after all *(17)*.

Excepting active violence requiring physical control, it is best for psychotherapists and psychiatric nurses to stay away from patients of whom they are afraid; they are liable to manage the patient according to their fears and anxieties instead of being guided by the needs of the patient *(21, 22)*. I do not mean that psychiatric personnel should or could avoid being fearful of certain psychotic patients; however, since psychoanalytic therapy is an experience between two people, it will depend upon the personality and the emotional problems of both the psychotic patient and the psychotherapist and on the interplay between them (transference and countertransference) whether or not fear and anxiety will interfere. It is wise to replace the nurse or psychiatrist who becomes frightened of a patient with another

who does not without, of course, implication of reproach. If, however, the member of the staff recognizes that there are unconscious reasons for his anxiety, and he is able to overcome it by analyzing it, then it will not be necessary to replace him.[2] If the psychiatrist or the nurse wants to continue work with a patient despite fear, they should speak about it with the patient. Once the therapist is aware and not ashamed of his fear, and is free to make it a topic of discussion with the patient, it does not necessarily interfere with his usefulness.[3] For example, a patient hit me and asked me the next day whether or not I resented his having done so *(17, 18)*. My answer was that I did not mind his hitting me as such because I realized that he was too inarticulate to express, other than by action, the well-founded resentment he felt against me at the time. 'However', I went on, 'I do resent being hurt as everyone does; moreover, if I must watch lest I get hurt, my attention will be distracted from following with alertness the content of your communications'. The patient responded by promising spontaneously not to hit me again, and he kept his promise despite several severely hostile phases through which he was still to progress.

Another problem in the hospital management of patients, which is greatly influenced by the attitude of the staff, is the question of how long to keep a patient on, or when to transfer him to a closed ward. Every mental hospital should strive to develop a sound policy with regard to the therapeutic functions of its closed wards for disturbed patients. If it is the sincere conviction of the members of the staff that the function of the disturbed ward is only therapeutic, and by no means punitive, and if transfers to closed wards are administered exclusively for therapeutic reasons, hospital patients will have no feeling of humiliation, frustration or resentment, and will have no sense

[2] *Cf.* p. 340.

[3] Great demands are made upon the training, skill and endurance of the psychiatric nurses who—unlike the psychotherapist—spend not one but eight hours daily with psychotic patients. These special problems which arise for nurses who work in psychoanalytic hospitals have been discussed by various authors *(10, 11, 12, 23, 24, 27, 28, 34, 35, 36)*.

of discrimination or ostracism on the part of the staff and open ward patients. Our patients will, at times, ask voluntarily to be transferred temporarily to the disturbed ward as they feel the need for protection from acting out uncontrollable destructive impulses against themselves or their fellow patients.

One of the most impressive examples illustrating the great influence which the psychotherapist's inner attitude towards psychiatric symptomatology has on the therapeutic prospect of the hospital patient is the history of the psychiatric evaluation of the symptom of smearing feces. Formerly this was considered a symptom of grave prognostic significance in any psychotic patient. Since psychoanalysts have learned to approach this symptom in the same spirit of investigating its psychopathology and its dynamics as they approach any other symptom, it has lost its threatening aspects.

A schizophrenic young woman was given to compulsive anal masturbation followed by touching herself and her therapist with her hands which were soiled with fecal matter. The psychoanalyst could not help resenting having her arms and her dresses soiled by the patient. She dreaded therapeutic interviews with the girl until she decided to wear worn-out, long-sleeved washable dresses while seeing this patient. There followed a marked feeling of relaxation on the part of the psychoanalyst, to which the schizophrenic girl responded immediately by ceasing to smear feces. Soon she was able to participate in therapeutic discussions of the dynamics of her compulsory anal masturbation and to discontinue it. She has since recovered from her severe mental disorder.

Every psychoanalyst knows about parallel, though less dramatic, experiences with neurotic patients. The patients reacted to any interruption of interviews as a major disaster as long as the psychoanalyst conveyed by his own attitude that it was; likewise they objected to emergency telephone calls or noises outside as serious interferences with the therapeutic procedure. When the psychoanalysts learned to be relaxed and matter-of-fact about the inevitable interferences,

the neurotic patients no longer minded occasional interruptions.

It used to be considered most important that patients in analysis have not even an accidental meeting with the analyst outside of his office; consequently, the patients reacted to any such accidental meeting with intensive emotional reactions. This does not mean the advocacy of relinquishing the principle of a strictly professional relationship between doctor and patient, nor a denial of the wisdom of avoiding extraprofessional meetings with certain patients who are, at times, so overwhelmed by their current problems that they should be protected from any possibility of additional emotional complexities. The quality and number of these difficulties are largely dependent upon whether the psychoanalyst expects them to occur and whether he creates the expectation of their occurrence in the patient. The psychoanalyst is justified in safeguarding his private life and his leisure against professional interference provided—if the issue arises—he give the patient no false rationalizations as reasons. However, the psychoanalyst who feels so keenly about his personal needs that he cannot endure making occasional exceptions is not suited for psychotherapy with hospitalized psychotics. There is no place in psychoanalysis—be it in ambulatory or hospital practice—for a state of splendid isolation to maintain the patient's transference-glorification of his therapist to bolster the latter's security. Done deliberately or unwittingly, the patient will suffer in either case. As the psychoanalyst makes rounds, he will meet his psychotic pyschoanalytic patients on the wards. Quite often, if the psychoanalyst feels securely comfortable about it, it will prove beneficial to the psychotic to meet the psychiatrist in a social atmosphere which is less conventional and nearer to the requirements of reality than psychoanalytic interviews.

Psychotic patients, whose condition warrants hospitalization, may have to be seen more frequently than their scheduled psychoanalytic interviews, as emergencies such as panic, arise. Whenever this happens while the psychoanalyst is busy with another patient, he may interrupt the interview without disturb-

ance if he have no conflict about it himself. Giving his patient frankly and matter-of-factly the reason for the interruption, the patient will, as a rule, not only not mind, but will often react with an increased sense of security from the seriousness and sense of responsibility with which his psychoanalyst meets the emotional needs of his patients when an emergency arises. Psychotics seldom either take advantage of such considerateness or try unnecessarily to force the psychiatrist to interrupt work with other patients for their benefit. Unlike the neurotic, particularly the hysteric, these patients are too sick and suffer too much to play tricks or inconvenience the psychiatrist whose help they need.

III

The psychoanalytic hospital should be a therapeutic community. 'Social adjustment' to this community should not be forced prematurely upon the psychotic patient. For schizoid personalities, it should not even be made a goal. The staff (physicians, psychologists, nurses, occupational therapists, social workers) should be trained to help with a successful solution of this problem under the special guidance of an administrative and a psychoanalytic therapist assigned to every patient.[4] How can that be accomplished?

Enthusiasm in applying a new type of psychoanalytic therapy to a new type of patient originally led to overemphasis on psychoanalytic treatment above all other aspects of hospital treatment. The psychoanalysts on the staff treated 'their patients', knew other patients, if at all, from staff presentations, and left therapeutic administration to the younger psychiatrists who, in turn, were not doing any psychoanalytic therapy. This hierarchy was damaging to the self-esteem of the administrative psychiatrist and detrimental to his prestige among patients and

[4] The terms 'psychoanalysis' and 'psychoanalytic therapy' and 'intensive psychotherapy' are used alternately and synonymously to indicate that the psychoanalytic approach to the psychotic is different from the psychoanalytic therapy of the neuroses, yet constitutes a modification and amplification of techniques in psychoanalytic therapy whose development Freud predicted in 1904 *(13)*.

personnel. The psychoanalysts did not make rounds, nor participate in social activities, partly because their time was filled with analytic hours, partly because they did not want to meet *their* patients outside of their scheduled interviews.

Incidentally, staff members of a psychoanalytic hospital should not refer to 'Dr. X's patients', but to 'Mr. A on Ward B'. All patients are in need of the help of the hospital's therapeutic facilities, including the help offered by the psychoanalysts of the hospital. Psychoanalysts are familiar with the magic power of words. Moreover, some psychoanalysts will be better liked, others less well-liked by the members of the hospital staff, especially by the nurses. Dr. X's patient may more easily suffer the positive and the negative reflections of the degree of appreciation which the nurses feel for the doctor if referred to as the patient of Dr. X, than if he is just a resident of a ward.

In the present state of our limited skill and experience, the number of favorable results with modified psychoanalytic therapy of psychotics remains small. William Alanson White's suggestion that the causes for 'spontaneous recoveries' be investigated has not been thoroughly followed. The psychoanalyst should join the administrative therapist as part of the therapeutic hospital community, which is a factor in these 'spontaneous recoveries', even at the expense of his time with individual patients [5] *(46)*. He should make rounds on the wards, visit the shops, participate in some of the social activities in the hospital, and he should do a little more than just pass the time of day with responsive patients whom he happens to meet on the grounds, thus contributing to the 'spontaneous' recovery of the one or another patient who is not under personal analysis.

The staff members of all psychoanalytic hospitals agree that

[5] I want to state my agreement with those psychiatrists who feel as William Alanson White did, that few, if any, among the recoveries of hospitalized mental patients which are accomplished without psychotherapy are actually spontaneous. The attitude of the personnel, the atmosphere of the hospital and the interchanges among fellow-patients are contributing factors in these recoveries. It was the thorough investigation of these factors which White wanted to encourage.

it is desirable to have a psychoanalytic therapist and an administrative therapist for every patient. The psychoanalyst analyzes the patient the administrator assuming responsibility for privileges, visitors, participation in recreational and occupational therapy, diet, medical care, medication. Originally this division in responsibilities was an attempt to apply in a hospital the conventions of the psychoanalytic treatment of ambulatory neurotics. Experience proved it to be right for other reasons as well.

A schizophrenic woman patient who suffered from delusions of food poisoning used some factual information about the handling of the cows or the milk on the hospital farm—which did not conform to the standards of her farm relatives—to corroborate her fears. The patient tried repeatedly to get the psychoanalyst involved in a discussion of the merits of her data which she held responsible for her fear of drinking hospital milk. This she used unwittingly to evade investigation of the mechanism of her delusions. The psychoanalyst recommended that she discuss her complaints with the administrative therapist whom he informed about the problem. With this help the patient's delusion was relieved without discouraging her therapeutic need to test reality.

A schizophrenic, who had attempted suicide by swallowing lye previous to her admission to the hospital, required dilatation of an esophageal stenosis at regular intervals. She made an issue about the physician by whom, and the place where, the dilatation should be done. In having this problem managed by the administrative psychiatrist, the psychoanalyst was free to investigate and bring to consciousness problems of personality and irrational implications. Action and decision by the administrative therapist who arranged the necessary practical details could not, of course, be delayed until the patient could analyze the related problems.

Some hospitals have designated the responsibility for the administrative therapy of all patients to one psychiatrist on the

staff; others had all of their psychoanalytically trained psychiatrists do psychoanalysis with some patients, administrative psychotherapy with others, giving each patient a psychoanalyst and an administrative therapist. We felt, after some years of experimentation, that this led up to the encouragement of an unrealistic, overindividualized and, at times, too demanding attitude in some types of patients like alcoholics and psychopaths; therefore, recently we have assigned the patients of each ward to one administrative therapist.

Experiments with administrative group therapy are being made, with the participation of the nurse in charge of the ward, in which all patients of the ward who can are encouraged to join. This seems to counteract successfully the danger of overindividualization, and reduces at least to a certain extent, the rivalry between competitive patients for the time of the administrative therapist. One hardship for some patients is the change of administrative psychiatrist each time they are transferred from one ward to another; however, the degree of this hardship is, by and large, proportional to the attitude of the staff towards it, in keeping with our observation that the patient's reactions depend much on the attitudes of the staff. The time the administrative therapist spends with each patient is determined by the patient's state or by the nature of a practical problem for which a solution may have to be found. To develop sufficient insight, skill and psychiatric wisdom to sense when a patient actually needs the time for which he is asking, and to know when it is prudent to reduce the time spent with a patient who wishes the doctor's attention without being able to use it constructively is one of the difficulties of administrative psychiatry.

Administrative group therapy on wards affords the opportunity of learning something about the environment in which the hospitalized patient lives. Insight into the dynamics of personal relationships on the ward are, therefore, as important for the psychoanalytic investigation of the patient's difficulties as is the home environment for the understanding of the psychology of ambulatory patients.

IV

The psychotic patient is most sensitive to the violation of the personal confidences he may entrust to his psychoanalyst. Once a relationship between him and the psychoanalyst is established, he wants, as a rule, to think of it as a strictly private experience. Generally speaking, it seems that most psychotics take it for granted, at least as long as they are seriously disturbed (hallucinated, delusional), that everybody in their environment knows about their experiences. How can the hospital staff resolve this contradiction? How can the psychotic's problems be discussed among the members of the medical staff, the nursing staff, the social workers and the occupational therapists without violating the patient's quest for privacy?

Psychoanalytic interviews are scheduled for set periods, regardless of the nature of the therapeutic problem. Both, successful psychoanalytic therapy and successful administrative therapy, are dependent upon constructive exchange of opinion between the patient's two therapists, and on intelligent information about the patient imparted to the nursing staff.

It has been said that such exchange of opinion is unfair because the psychoanalyst betrays the patient's confidence. I am of the opinion that—if he is sufficiently in contact with reality to give any thought to the problem—a patient whose condition is serious enough to warrant hospitalization expects the joint therapeutic endeavors of the staff of the hospital. He soon comes to know that there are conferences of the medical and nursing staffs to discuss patients' problems. The therapeutic value of discussing a patient's problems and needs among members of the staff is far greater than an indiscriminate allegiance to a nontherapeutic concept of confidence, the sanctity of which is overestimated in our culture. This information should be used only to help in the understanding of the patient's needs and problems, and thus to facilitate nursing care and administrative decisions.

Nurses have greater tolerance and less fear of difficult patients if they are kept abreast of the dynamics of the patient's psycho-

pathology in terms of progress or retardation, as the case may be. The psychoanalyst finds it useful at times to introduce information he obtains from other staff members into interviews with his patient, especially if it deals with emotionally important material which the patient omits to report.

In our hospital, for example, there is a weekly staff meeting for the discussion of new admissions and current administrative problems. In addition there are two weekly conferences, with participation of the whole medical staff and one or two charge nurses, for a clinical presentation, discussion of the psychological mechanisms of progress or failure in psychoanalytic and administrative therapy, and discussion of the present status of the patient and of further psychoanalytic technique, therapeutic management and nursing care. When there are disagreements between the administrative and the psychoanalytic therapists about managing a patient, the decision lies with the staff. Weekly, one of the physicians confers about a patient with the nurses and the recreational and occupational therapy workers. Every month there is a meeting of the entire therapeutic hospital staff at which the occupational therapy department presents a patient for general discussion. All of the supervising nurses, some of the practical nurses and the recreational and occupational therapists have been or are being psychoanalyzed.

New patients are visited by the superintendent and the director of psychotherapy prior to their first clinical presentation to the staff. The admission conference comes to a tentative conclusion about the choice of a psychoanalyst for the new patient. Psychoanalysts who have hours available have interviews with the new patient. Final decision is made by the staff and, if possible, consideration is given to the patient's preference.

No patient is subjected to the ordeal of appearing at any of the staff conferences. Patients do not convey as a rule, a true picture of the nature of their difficulties when 'performing' before a group. If a patient expresses the desire to be presented to the staff, it usually proves the patient's lack of serious intent

regarding treatment, change and recovery. If he seriously wants to give vent to and to get help regarding doubts, grievances or complaints about treatment, management, personnel or physicians, he is encouraged to ask for an interview with the superintendent or the director of psychotherapy. Such interviews are always granted and arranged for with the patient's therapists.

It is important that the psychoanalytic work with every psychotic patient be supervised to avert complications of transference and countertransference. Such occur more easily than they do in psychoanalysis of neurotics because modified psychoanalytic therapy of psychotics is still in a state of experimentation. The long duration of the treatment, the special intensity of the analyst's work, and the heavy emotional display in word and action on the part of some of the patients are additional items which invite transference and countertransference difficulties of a specific quality and complexity.

Despite the many local, national and international meetings at which this subject has been discussed ever since it was introduced as a requirement in psychoanalytic training, the criteria for establishing what constitutes good analytic supervision remains highly controversial. At one of our staff conferences we listened to the recording of a psychotherapeutic interview with a psychotic.[6] When the staff members were asked for suggestions, none approached the interpersonal problems involved in the same way.

A woman patient succeeded in making me afraid of her. She threatened repeatedly to hit me, throw stones at me, or to get me jammed in the door as I entered or left the room; however, nothing much actually happened except for a few slaps in my face. Having worked with potentially more dangerously aggressive male and female patients without being afraid, I knew that there were unconscious reasons for my fear of this patient. Following a discussion of this negative countertransference of

[6] Both the recording and the discussion were, of course, not done without asking explicitly for the patient's permission.

mine, I became conscious of the reasons, upon which it subsided.

After the discussion, I met the patient on the grounds of the hospital, and she greeted me as usual shouting, 'God-damn your soul to hell'. I replied, 'For three months you have successfully tried to frighten me, yet neither you nor I have gotten anything out of it, so why not stop it?' 'All right', she said, 'God-damn your soul to—heaven!' 'That would not help you either, because if I should die, I could not try to be of use to you.' By then she had become aware that my fear, which had been an offense to her, was gone; she bent to the ground, picked a flower and handed it ceremoniously to me, saying, 'OK, let us go to your place and let's do our work there', which we did. Constructive psychotherapeutic collaboration between the patient and me was resumed.

After conferring with the administrative therapist each patient's participation in hospital activities is invited, but not pressed, by nurses, occupational and recreational therapists. Most patients will volunteer participation when they are emotionally ready for it. The atmosphere calls for it as a matter of fact. Precaution against pushing participation in group activities is especially indicated in the case of catatonic schizophrenics. It takes a good deal of psychiatric experience and empathy to know how much the reluctance of these people to take part in group activities is the outcome of a psychotic dread of and a defensive withdrawal from others, and how much it is due to the need for partial aloneness.

Similar caution should be taken against forcing the psychotic to be 'coöperative'. The idea has to be brought home, by word and action, to those patients who can listen, that they are members of the human community which the hospital represents, with privileges and obligations. Coöperation makes for smoothly running wards, but it is not infrequently the sign of a patient's hopeless submission. Coöperative behavior may be deterioration *(44)*. What appears to be coöperation is frequently the psychotic's defense designed to lead personnel into leaving

him alone. To many psychotics, suggestions from members of the staff are identical with arbitrary aggression to which they were subjected in their childhood. If they come at a time when the patient is not ready to verbalize and work through his resentment of them in psychoanalytic interviews, negative therapeutic results are the inevitable consequence. The administrative therapist should keep in mind that advice and suggestions, though at times useful and needed are always liable to increase the patient's state of dependence upon him and the institution, and his resentment and hatred of this dependency.

For these reasons, it is wise, in principle, to be rather thrifty with advice to psychotics, as all psychoanalysts are trained to be in their therapy with neurotics. Discussion should be useful to any patient with whom communication is possible, as long as it remains an exchange of opinion. If a patient remains defiant, the therapist has to seek the reasons for such behavior: is it something in his personal attitude; is the patient's defiance directed against the hospital, or against the psychoanalyst, from whom he displaces it to the administrative therapist; is the patient's defiance a defense against a positive attachment to the therapist or to the hospital? The therapist, or nurse, will not pose these questions to the patient, but will use them as a means of orientation for his technique in handling the patient's defiance.

There are only three types of behavior which make administrative interference with psychotics imperative: first, suicidal and homicidal acts; second, running away (psychotics); third, sexual relationships between patients.

From suicide, every psychiatrist knows, there is no absolute protection. Suicidal patients are placed on closed wards where special nurses and the removal of all dangerous implements serve, at least, to safeguard the patient as best one can, and to remind him of the psychiatrist's and the whole staff's serious intention to do so. It may also facilitate keeping alive what is left of the suicidal person's own tendencies toward life and health. We have found it helpful in some cases to frankly

admit to a patient our inability fully to protect him from his suicidal impulses unless there is some tendency toward life left which we can try to reinforce by our protective measures.

A patient who refuses to eat should not be tube-fed unless there is actual danger of starvation. It has always the implication of temporarily desocializing the patient. It is a seriously traumatic experience and the psychiatrist should wait before forcing it on a psychotic until it becomes inevitable for physical reasons. The patient should be encouraged by making his tray especially attractive; his food should be left with him over a long period of time even though this may inconvenience the nurses on duty. The regular meal may be replaced by a sandwich which may be left in the patient's room indefinitely. Some patients who refuse food from fear of being poisoned may be induced to eat if the nurse or the psychiatrist invite themselves to share a meal.

V

The limitation of psychoanalytic interviews to one-hour periods does not make sense to the psychotic who has no sense of time. The same holds true for the psychoanalyst's passive acceptance of a psychotic's refusal to keep his appointment. There may be hours when the psychotic cannot communicate anything; at other times he may be so productive that it works great hardship to interrupt him, as in the not infrequent event of his becoming communicative at the end of an interview. But the psychoanalysts' need to keep their time scheduled makes such limitations inevitable. What is the attitude of the psychoanalyst towards the hospitalized psychotic who refuses to keep his psychoanalytic appointment?

When a psychotic refuses to come for his interview, it is, as a rule, wise to go and see him on the ward and, if necessary, stay with him for the scheduled duration of the interview, even if he remains uncommunicative the entire time. This is recommended because the psychoanalyst has no way of knowing

initially why a psychotic refuses to keep his appointment, whether the psychotic's 'resistance' can be analyzed, or whether his refusal calls for immediate action. Suspicious schizophrenics may want to test whether the psychoanalyst will come to see them, despite their refusal to go and see him. One patient was reluctant to come to see the analyst because she did not want to leave her special nurse, to whom she was jealously attached, so that the nurse would not take care of other patients. Acknowledging this, she asked for the psychoanalyst's help in resolving this possessive attachment. Another patient, a traveling salesman, sent the message, 'Tell her I won't see her today. I'll see her tomorrow.' His reason was not that he did not want to see me that day, but that he wanted to get even with me for saying each time at the end of the interview, 'I'll see you tomorrow'. This was the formula customers used who wanted to get rid of him. A stuporous catatonic with whom I sat through many mute hours would break through his muteness to say, 'Stay', each time I changed my position.

Sometimes it happens that an otherwise communicative psychotic refuses to come to his interview because he feels he needs time to digest the material discussed in previous hours before he is ready to continue. If on investigation this appears to be so, it may be wise to follow the patient's suggestion. The psychotic either has different ways of expressing reluctance and resentment, or he needs more of the psychiatrist's help to give them expression than does the neurotic. If the psychoanalyst is successful in getting the psychotic to state his reluctance and the reasons for it, this may counteract outbursts of acts of violence.

The traditional one-hour interviews do not, as a rule meet the needs of the psychotic. As was pointed out above, the psychotic has no conventional sense of time and cannot help defying the psychotherapist's attempt at making their communicative efforts timebound. The psychotherapist must try, as a rule, to keep his interviews with each patient on a set schedule because of his scheduled obligations to the others.

The rule or rationalization that the psychotherapist must keep rigidly to schedule with his patients to emphasize the professional character of the doctor-patient relationship does not work with psychotics. The decision as to when to terminate a psychotherapeutic interview should be determined by the patient's clinical needs in the judgment of the psychiatrist, and not by a compulsive attitude about time.

Some psychotherapists are experimenting with working three times weekly with hospitalized psychotics only, seeing them for longer or shorter periods as the need may be, the remainder of their working week being spent with ambulatory patients. The experiences derived from these experiments are still of too short duration to draw conclusions.

The great benefits experienced by some psychotic patients from having their doctors give them psychotherapeutic interviews of several hours' duration have been most rewarding *(20, 39, 40)*. A thwarted, schizoid personality had gone for twenty years through several schizophrenic episodes. Once we talked without interruption for three hours. The patient was deeply moved, and was temporarily less rigid: 'I wish somebody had talked to me that way twenty years ago; then I would not have turned out to be the person I am now', this rather inarticulate patient commented. Another example is furnished by an equally uncommunicative catatonic girl. One day, after sitting mutely through the greater part of her scheduled psychotherapeutic interview, appearing quite grieved and depressed, she succeeded, towards the end of the hour, in starting to talk about what she considered the causes of her sadness. I allowed her to continue. When she had finished, she said warmly, quite in contrast to her usual rigid manner and look: 'I realize that you kept me overtime. I needed it today. I am very grateful, and I can accept it from you. Maybe that is progress.' In subsequent interviews the girl discussed freely the reasons for her unhappiness, referring repeatedly to the prolonged interview and its beneficial influence on her relationship with the psychoanalyst, and on her improved ability to collaborate in our mutual psychotherapeutic endeavor.

An objection to prolonged, special interviews is that psychotics, who have suffered in part the consequences of thwarting and warping experiences of a lifetime, are exceedingly sensitive to disappointment, and one interview lasting several hours may pave the way for painful disappointment, unless the psychoanalyst take every possible precaution to make it clear to the patient that this cannot be the regular pattern for their therapeutic relationship. Some years ago, I saw a young catatonic, at his urgent request, for prolonged evening interviews during a recess in my teaching activities. When the classes reconvened, I had to change the appointments with the catatonic to shorter daytime interviews. Unfortunately, I had not succeeded in impressing the temporary character of our evening appointments sufficiently on the young man; hence, he added this disappointment to some previous minor grievances, complained eventually about all of them and discontinued psychotherapeutic collaboration. There is enough evidence in the patient's treatment history to believe that this unfortunate incident was paramount among the causes for my ultimate therapeutic failure.

To remain alert, spontaneous and yet cautious continuously for many hours with a rigid and poorly communicative person is an extremely fatiguing experience. The psychiatrist should not avoid fatigue in the pursuit of his professional duties, but he must be able to keep free from resentment toward the patient, and must learn to avoid undue expectations or demands as to its therapeutic results. He should have an unmasochistic awareness of the limits of his endurance and he should not overstep the margin; otherwise what seems to be an unusually devoted therapeutic effort will work nothing but hardship on the patient and the therapist.

The timing of psychotherapy with hospitalized psychotics is a controversial question. Some psychoanalysts advocate not seeing psychotics for psychoanalytic interviews while they are acutely upset. I do not agree with this viewpoint. While the patient is acutely distressed he needs evidence of the psychiatrist's willingness to be therapeutically useful just as much,

if not more so than at other times; moreover, appointments during these episodes do not constitute a waste of time and effort even if little is said and nothing is worked through. The fact that the psychoanalyst has observed the patient's disturbed episodes, and that he has not shown any sign of disapproval or rejection, greatly facilitates referring to them and making psychoanalytic use of them in the interviews which follow *(46)*.

If a patient is so actively assaultive that the psychoanalyst feels threatened and his attention distracted by considerations of self-protection, the patient should be seen in a pack. One can explain to most patients the reason for seeing them while they are in a pack. This is preferable to seeing such patients with an attendant present because of its inevitable interference with psychoanalytic therapy which is, in essence, an experience between two people.

VI

Every psychotic patient suffers from a serious loss of self-respect, no matter how disguised his low self-esteem is hidden behind a mask of narcissistic self-sufficiency, haughtiness, seclusiveness or megalomania; therefore, he needs reassurance and acceptance. Indiscriminate reassurance, however, will be met with suspicion or taken as a sign of lack of understanding. Indiscriminate acceptance and warmth will clash with many psychotics' distrust and fear of intimacy. What, then, is the desirable way for the psychoanalyst and the other members of the hospital staff, to approach the hospitalized psychotic?

The psychotic's low self-esteem and his self-recriminations, as well as his words and actions which are liable to produce fear and anxiety in his environment, may call forth quick reassurance from the therapist or the nurses. Frequently, however, these may feel the need for reassurance in their own behalf. This problem is familiar to every psychoanalyst who treats ambulatory patients; however, the reactions of hospitalized psychotics are frequently more conducive to indiscriminate reassurance because they are more frightening to the patient

and to the psychiatrist. No matter what the motivation may be, such direct reassurance is more ill-advised with the psychotic than it is with neurotics. A seclusive and withdrawn catatonic became suddenly overtly anxious and upset after the nurse had told him that she could not see why such a well-meaning, friendly and good-hearted fellow as he had to remain in seclusive isolation. He offered in explanation: 'They say I am a menace and I frighten them'. The patient, it proved, had sensed the nurse's anxious discomfort about his asociability and his inaccessibility. He, therefore, understood that her invocation of all his allegedly good social qualities was her need to reassure *herself* as well as him about the frightening potentialities of his culturally unacceptable aloneness.

Patting on the back to a psychotic shakes the belief of a suspicious psychotic in the sincerity of the psychiatrist and even if the patient believes him nothing much is accomplished psychotherapeutically. This too ready reassurance may mean that the psychiatrist does not understand the seriousness of the patient's predicament, and prevent subsequent psychoanalytic investigation and resolution.

A psychotic may, for example, be able to put into words his murderous impulses. If the psychoanalyst or the psychiatric aids are too hasty in drawing the patient's attention to the great difference between thought and action, etc., the psychoanalyst may never again hear about the patient's very real fear of homicide. If, however, someone says, in effect, 'I wish you could let me know sometime what hardships you endured from other people to arouse murderous impulses in you', then, with good luck, the patient may submit to psychoanalytic therapy the related events.

Knowing that the damaged self-esteem of psychotics is often associated with a developmental history of being unloved, unwanted, the psychotherapist may want to be helpful by showing great appreciation, friendship, or even love, only to discover that too much friendliness clashes with the psychotic's marked fear of closeness. If a psychotic is able to respond to

friendliness, it may come to mean so much to him that he becomes reluctant to reveal his difficulties for fear of losing the friendship of the psychiatrist or nurse. Too much appreciation by the psychiatric helper may be interpreted as an acknowledgment of the patient's compliance rather than as an acceptance of his personality in its own right. Too much gentleness may be conceived as flattery, as a lack of respect or, even worse as an expression of condescension. In warning the psychiatric staff against displaying too much friendliness and warmth, they should be warned against the opposite extreme. If too little acceptance is shown to the previously thwarted psychotic, it will be a repetitive traumatic 'other rebuke', as one patient put it *(18)*. Sometimes it may be wise and desirable to give reassurance to the patient by showing one's respect for him and his developmental possibilities, or by showing dissatisfaction with his failures, implying one's expectation that he can do better.

A young woman with a right-sided hemiplegia, mental retardation and traumatic epilepsy from birth came to the hospital at the age of seventeen. She had learned to do all types of needlework with her left hand with considerable skill, and she was evidently accustomed to be commended for it by everybody who saw it. The first time I saw her doing some elaborate embroidery, I turned it to the reverse side which did not look at all tidy. I commented that one who had her obvious skill could certainly improve the appearance of the reverse side. Many years later, after she had succeeded in making great progress in improving her life and her personal relationships under modified psychoanalytic therapy, she volunteered the information that her success was due to my initial remark about her embroidery. This had convinced her that she was not just being patted on the back, and made her believe that I had confidence in her potentialities for growth and maturity.

Psychiatric personnel should keep in mind to what degree many psychotics are sensitive that the appreciation of their accomplishments is made at the expense of their personality

per se. A sculptor, whose work I wanted to evaluate for its psychological and artistic aspects, seemed very pleased when I first told him that I had traveled to his home town to see his sculpture. He answered some questions about his work although he was as a rule quite uncommunicative. At the next interview, this catatonic was more disturbed than he had been for some time. Eventually he said with great emphasis 'I warned you yesterday not to go on with this; but it seems you didn't hear me'. We never found out whether he had warned me without my hearing, or whether it was only a fantasy. What we did learn was that my psychoanalytic discussion of his art meant to him that I was now only interested in his work and not in him.

An inexperienced psychotherapist suggested to a schizophrenic patient that he and the patient were friends. 'Oh, no', the patient replied emphatically, 'we are not; we hardly know each other and, besides, you want me to change; so how can you say that you are a friend of the person I am *now*'. The hospitalized psychotic should be given respect and friendliness based on the knowledge that the difference between the psychotic, the neurotic, and the 'healthy' psychotherapist is only one of degree and not of kind. This should extend to seemingly unimportant details such as calling the patients by their last names with appropriate prefixes, unless they specifically ask to be called by their first names, or until the duration of the mutual acquaintance with psychiatrists and nurses brings this about in the natural course of events.

VII

What is the attitude of a psychoanalytic hospital towards the administration of chemical sedation? Psychoanalytic therapy aims at bringing into awareness the unconscious roots of the problems of the mentally disturbed. Pharmacological sedation beclouds alert awareness of what happens during disturbed episodes and reduces the psychotic's ability to work through and understand it, either at the time or later. While it furnishes relief from states of acute tension, it may delay perma-

nent relief through recovery by psychoanalytic insight. Hospitalization should provide for psychotics the opportunity of going through their disturbed episodes with as little restrictive interference as possible; hence it follows that a minimum of chemical sedation is desirable. There are, however, psychotic states of such severity, or states of grave disturbance of such prolonged duration, or prolonged states of such degree of anxiety, that it would constitute an error in medical judgment to ask of the patient to endure them without any pharmacological help. The same holds true for prolonged states of sleeplessness, not only because of the increase in anxiety which may result from a succession of sleepless nights but also because of the resulting state of fatigue *(44)*. The physical condition of a patient who suffers from prolonged agitation may be endangered by overexertion unless he is temporarily sedated, and a patient may become so noisy that he must be quieted for the sake of the other patients. If and when possible, continuous baths and packs deserve preference over chemical sedation except with patients whose anxiety increases under restrictive measures; otherwise hydrotherapy proves quite helpful if administered strictly as a therapeutic and not as a punitive measure. Some patients experience a great relief from tension if they are given something to eat, be it before retiring or as they feel threatened by sleeplessness in the course of the night.[7]

There should never be a standing order for daily or nightly sedation. Every patient's need for sedation should be reviewed and reconsidered daily according to the nurses' day and night reports and consultations with the administrative therapists, sometimes in conjunction with the psychoanalytic therapists. On the basis of these consultations, those psychotics who suffer from the above-mentioned conditions are given sedatives at night or, in grave cases, during the day. All attempts aimed at

[7] Research should be done regarding the question of how much the sedative effect of food intake is due to its infantile pattern of procuring material protection and security, how much oral intake per se conveys a sense of security, and how much physiological reasons are responsible.

quieting disturbed psychotics routinely should be barred from the therapeutic management of the psychoanalytic hospital.

Some nurses and administrative therapists favor giving sedatives to newly admitted patients to offset states of anxiety which may arise in the first night after their admission. I believe these states can and should be counteracted by general psychotherapy. All staff members who have initial contacts with a patient on the first day should make a point of indoctrinating him about the philosophy and the goals of the hospital, the responsibility of the nurses, attendants and physicians, and the function of the admitting physician, of the administrative therapist and of the psychoanalytic therapist. As a rule, the patient comes to the hospital for intensive psychotherapy. He should be told, therefore, that some initial examinations must be completed and that the medical staff and the patient must become acquainted with one another before the choice and appointment of his psychotherapist can be accomplished.

To patients who are seemingly not in contact upon their admission, part of such information may be conveyed through attitude and gestures if not in speech. If this indoctrination is adequately done by the organized joint efforts of the staff members, the patient's adjustment to his stay in the hospital may be greatly facilitated and the rise of initial states of anxiety successfully counteracted.

VIII

The relatives of a psychotic are as a rule among those responsible for—though frequently not guilty of—the rise of the mental disturbance; hence many psychiatrists are inclined to cut down as much as possible on the patient's and the physician's contacts with the relatives, although the hospitalized patient needs the visits of his relatives for the sake of his prestige and self-respect. The psychiatrist needs their help in securing collateral information, and he should try to teach them how best to get along with the sick member of the family.

In working with psychotics, psychoanalysts learn they need the collaboration of relatives. It should be kept in mind that

a relative, unlike a patient, has no opportunity to develop a workable transference relationship with the psychiatrist; therefore, it is much harder for him to follow any of the psychiatrist's suggestions than it is for the patient; moreover, relatives may have good reasons to dislike the psychiatrist or to fear him, as they realize that the patient has told the psychiatrist about the hardships occasioned him by the family. While the relative may feel badly about this, the psychiatrist, in his turn, should keep in mind that the relative's being instrumental in the rise of unhappy developments in the patient's life does not necessarily imply his being responsible for, or guilty of, having brought about these unfavorable developments; they may have come into being due to actions or attitudes which the relative assumed because he actually did not know better.

The psychiatrist should be alert to a tendency to see relatives not objectively, but through glasses dimmed by his countertransference to his patient. It is therapeutically beneficial to side with the patient, at least at the beginning of the treatment. Especially with psychotics, it must be made clear that he is being treated because he wants treatment and not because his relatives want him to have it. Nevertheless it will be neither for the patient's benefit, nor help the psychiatrist in getting along with the patient's relatives, if he sides with the patient at the expense of correct and unbiased evaluation of the data the patient offers regarding his relatives and his relationships with them. In addition, the psychiatrist ought to remember that he may have to make allowances for the relatives' possible resentment of a mentally ill family member and for ambivalences about the patient's treatment and recovery.

With all these considerations in mind, it will work a minimum of hardship on the psychiatrist to establish a constructive relationship with the relatives by which the patient may be greatly benefited. The psychiatrist should, as a rule, be able to secure reliable collateral information from the relatives of the psychotic and to get them interested in accepting suggestions regarding their approach to and attitude toward the psychotic member of

the family. Recently we have succeeded in influencing the course of the treatment of some psychotic patients most favorably by teaching the mothers, through personal interviews and letters, how to alter their behavior towards the patients.

As to the visits of relatives and friends with hospitalized psychotics, institutional psychotherapists have been inclined, by and large, to eliminate or curtail them if they seemed to make the patients more disturbed. This practice seems undesirable to me because it encourages prejudice and makes for weird fantasies regarding mental hospitals. Of more importance than this is the repeated experience which every hospital psychotherapist has with the majority of the patients: the visit of their relatives may disturb and upset them temporarily. While discussing an impending visit, they may seriously consider declining to see their relatives. Yet, as the visitor actually arrives, it becomes evident that a great number of patients have wanted the visit after all. The sense of belonging, the heightening of their self-respect and the increased prestige in the eyes of other patients caused by visits from relatives and friends, mean so much to the hospitalized psychotic that he should not be deprived of them although the patients, at times, have to pay with a seeming, temporary setback in their progress. Autobiographical accounts of previously hospitalized people who have recovered point in the same direction *(2, 6, 7)*.

In the small number of cases in which visits are inadvisable whether because of a relative's inability to approach the patient adequately or because of the reluctance of the patient to see him, the staff of this hospital will encourage the relatives to visit the hospital. We encourage them to see the superintendent, the administrative and the psychoanalytic therapists and, sometimes, the head nurse and the ward nurse. That way, we hope to counteract prejudice and ill feeling and to obtain and give valuable information for the patient's benefit.

The rôle of the relative is, of course, less important in the lives of ambulatory psychoanalytic patients, who try to free themselves from their infantile ties with the significant rela-

tives of their childhood, than it is in the lives of psychotic people whose difficulties in living are so great that they need hospitalization. They must, of necessity, remain dependent upon other people, at least for the duration of their hospitalization.

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PROJECTION, EXTRAJECTION AND OBJECTIVATION

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I

In psychoanalytic literature the words 'identification' and 'projection' have been used in so broad a sense as to have caused a semantic confusion. Defining the various concepts and limiting the use of terms according to agreement would render a service to analytic discussion.

In psychoanalysis identification is never employed according to its common English usage, that is, proof of the identity or recognition of somebody, but is employed chiefly to indicate introjection. This means that one assumes traits of another object which may imply unconscious incorporation of this object. From the metapsychological point of view the process of identification consists of the extension of the ego cathexis over an object representation (Federn [1]). If the term 'identification' were employed only in this sense it would be unequivocal. We also read, however, that an individual 'identifies' two or more objects with one another, when it is meant that he equates one with the other. When one says that somebody 'identifies' an object with himself, or himself with another object, this term is employed to cover projective as well as introjective processes. One speaks of identification when one acknowledges actual traits which two or more objects have in common with one another or with oneself, and also when indicating that the individual only ascribes to one object some features of himself or of some other object. Still another meaning of identification is the coinciding of one aspect of a person or of oneself with the whole person. For instance, if a woman feels only motherliness, she is said to 'identify' herself with her maternal function. For the sake of clarity one should rather say that her ego feeling limits itself to this function of being motherly.

The term 'projection', in current usage, refers to every kind of externalization, particularly to every process in which ideas, impulses or qualities belonging to oneself are imputed to others. This definition is too loose. In an effort to distinguish the various pheonomena broadly grouped under this term, two new terms will be introduced. The converse of introjection, which is the transformation of a part of the ego into an object representation, and which has been included under the general term of 'projection', will be designated here as *'extrajection'*. From the metapsychological point of view extrajection consists of the withdrawal of the ego cathexis from an aspect of oneself; thus the representation of this aspect remains outside the ego boundaries. With this meaning the term in unequivocal. The object representation which emerges will be called the *'extraject'*. Every hallucination, the content of which may be due either to memory traces of object images or to extrajects, is also called projection. Hallucinations falsify the data of the external world, as do the incorrect imputation of traits or desires to external objects. These aspects of projection will be called *'true projection'*. Thus true projection implies an incorrect externalization of mental contents. When, however, a subject finds actual traits of an extraject in a real object, the process will be called *'objectivation'*.[1] The subject's emotional attitude towards such an object will depend upon the nature of the objectivated extraject; a positive affective attitude towards the extrajected part of oneself will determine love for that object; a negative affective attitude, hate.

In the case of true projection we shall call *'subject-related'* a hallucinated image of an extraject (or the incorrect imputation of qualities of an extraject to an external object), and

[1] The term 'objectivation' is not used here in either sense indicated by Webster's dictionary. 'Objectify' is defined in this dictionary as: '(1) To cause to become, or to assume the character of, an object; to render objective, especially to give the status of external or independent reality to (that which is in the mind). (2) To externalize, as in hallucinatory vision.' Objectivation and objectify will be used here only in the sense of finding in a real object an actual representative for an extraject. In the second sense we shall speak, as indicated, of 'true projection'.

'object-related' a hallucinated image of a remembered object (or incorrect imputation of some of its qualities to an external object).

In almost every case in which a subject establishes rapport with an object due to extrajection, there will be a combination of true projection and objectivation, and not infrequently there will be some difficulty in determining the relative degrees of correct perception and incorrect imputation. We do better to consider true projection and objectivation as two factors which determine what one 'sees' in an object. The better the reality testing, the more must the ego objectivate and the less can it resort to true projection.

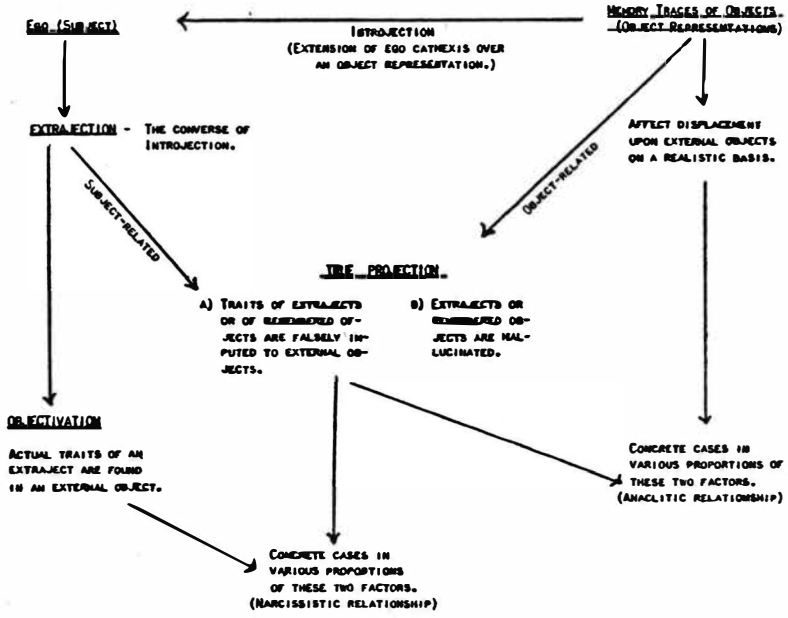
When an 'introject' is extrajected we shall speak of *'re-extrajection'*.[2] This frequently occurs in cases of externalization of the superego. What has been object representation before, becomes object representation again. In a paper, A Phase of Development of Heterosexual Love (7), the author considered the fate of introjects before they were re-extrajected (and referred to them as 're-projected'). To illustrate let us take the case of a boy who identifies himself with his mother, assuming some of her traits. The mother image becomes an introject, namely part of his own ego. When at a later time, he re-extrajects this acquired part of himself, the female image which emerges is no longer the same as the original mother image since it has been altered by some characteristics of the subject, i.e., by his own genuine feminine traits. Features of the ego are bestowed upon the re-extrajected image in its passage through the ego. In German the author referred to this process as *'Ich-Passage'*. The main modification of the introject in the case of the mother image appears to be its rejuvenation.

The encounter with a proper object for a potential extraject may enhance the process of extrajection. The extraject than appears objectivated in this representative. An unexpected

[2] Perhaps it would be more appropriate to speak in this case of 'secondary extrajection', in analogy with secondary narcissism, since it leads to 'secondary object-love'.

encounter with a person who stimulates the formation of an extraject may fascinate the subject—as in love at first sight.

The following diagram may clarify these concepts and their designations:



The transformation of an aspect of the subject into an object representation, which in dreams and in psychoses may be hallucinated (true projection), was first described by Freud in his Interpretation of Dreams (*3*). He noted that the dreamer's ego, or rather some split-off part of it, could appear in a dream as a dream person.

Extrajection is implied in many mental phenomena. For example, Freud's 'love according to the narcissistic type' is due to objectivation. (Objectivation presupposes extrajection.) The subject himself, or what he once was or would like to be, appears mirrored in an object. According to the myth, Narcissus fell in love with his own image mirrored in the water which he took to be another individual. As Freud pointed out in his paper on Narcissism (*4*), object love of the narcissistic

type generally leads to homosexuality since one usually finds oneself mirrored in a person of the same sex. The love of parents for their children is also narcissistic since it is to a great extent some aspect of their former selves or some resemblance to an ideal of themselves which they love. Of the same nature is a woman's love for a man who corresponds to the masculine image of herself, were she a man.

In original self-love no objectivation—in fact, no extrajection —occurs, while in narcissistic object love objectivation does occur. Applying Freud's comparison of the narcissistic libido to an amœba, we can say that objectivation causes the narcissistic libido to emit 'pseudopods' towards a particular object—as it does in the case of love according to the anaclitic type.

When extrajection takes place prior to meeting a real person in whom the self or a loved aspect of the self is mirrored, it is manifested by a desire or longing for such a person. Thus an object choice may be determined by extrajection. Whenever extrajection is not followed by objectivation (or objectivation combined with true projection—which seems to be the rule) frustration or daydreams ensue.

Through extrajection, and even more through objectivation, as in every instance of object love, the ego is relieved of an excessive libidinal tension. As Freud stated, too strong a concentration of libido on the ego is unbearable and results in symptoms such as hypochondria. He also maintained that the megalomania of paraphrenics is the result of an elaboration of the excessive narcissistic demand, i.e., an attempt on the part of the individual to master an overwhelming narcissistic tension. When such an elaboration fails to materialize, the patient breaks down because he is unable to handle the tension. One clinical type of depression can be characterized as a frustrated narcissistic state. If such patients could objectivate to a greater extent, even towards homosexual objects, their narcissistic need would decrease. They do not extraject enough, however. Instead they have a strong need to be loved, to be popular, and to excel. Since this need is frustrated they suffer from general envy and inferiority feelings. In mothers, for example, such

narcissistic need may be stronger even than their love for their children. These patients present a hopeless picture indeed.

Objectivation not only eases narcissistic tension but also facilitates gratification since the ego can find in proxy that which it lacks.

Another phenomenon based on objectivation is one which Anna Freud calls 'altruistic surrender' (2) and which she describes under the general term of 'projection'. As a matter of fact, it resembles object love of the narcissistic type. The woman who gives up her sexual desire, the wish to have children, etc., as if she had repressed all these drives, illustrates this phenomenon. Upon closer examination we find that she did not repress them but that she 'surrendered' them instead, i.e., that she finds her pleasure in procuring such satisfactions for another woman with whom she identifies herself in fantasy. Her gratifications are obtained by proxy. In the light of our orientation we recognize that the 'altruistic surrendering' presupposes extrajection and that actual surrender to a real person is objectivation.

Although object love of the narcissistic type and altruistic surrender are similar there is some difference between the two. In narcissistic object love the subject wants to enter into a personal reciprocal relationship with the object, as a mother who wants to mother the child and would be jealous of anyone who attempted to displace her, or the lover, jealous of rivals who might displace him as the love partner of his love object. In altruistic surrender, on the other hand, the subject wishes to find a suitable love partner for the love object and therefore the partner rôle of the love object is extrajected as well. In altruistic surrender extrajection and objectivation are *bilateral*, while in love according to the narcissistic type they are *unilateral*. As stated by Anna Freud, in altruistic surrender, bilateral—and sometimes unilateral—objectivation is an evasion of the ego in the face of a condemned striving. Inner difficulties, that is superego forces, as well as external obstacles, are responsible for the substitution of a part or an aspect of oneself by an object. The draining of ego libido through unilateral

objectivation has been mentioned. In bilateral objectivation it becomes pronounced to the point of ego impoverishment. Anna Freud, who speaks only of projection without mentioning (though implying) the factor of bilaterality, states: 'In conclusion, we may for a moment study the notion of altruistic surrender from another angle, namely, in its relation to the fear of death. Anyone who has largely projected his instinctual impulses onto other people knows nothing of this fear. In the moment of danger his ego is not really concerned for his own life. He experiences instead excessive concern and anxiety for the lives of his love objects. Observation shows that these objects, whose safety is so vital to him, are the vicarious figures upon whom he has displaced his instinctual wishes. . . .'

The duration, intensity, and content of extrajection—and consequently of objectivation—vary considerably from person to person. A certain degree of objectivation is always present in every feeling we have towards another person. Complete lack of objectivation means lack of human feeling for others. If we do not interpret the Christian maxim 'love thy neighbor as thyself' to mean that we should love everyone with the same intensity of feeling with which we love ourselves, but in the sense that we love our neighbor in *the same way* in which we love ourselves, it expresses a psychological truth. You love yourself in another, i.e., you find in him an object which fits an extrajected part of yourself. So, 'love thy neighbor as thyself' may mean 'love according to the narcissistic type'.

II

There are specific extrajections which are quite ephemeral. These may appear only in dreams and be withdrawn upon awakening. Others of longer duration may appear during the course of a neurosis or psychosis. While some function as a temporary defense under given circumstances, others are more lasting and stronger, and we may consider them as 'organically fixed' or 'constitutional'. These, when followed by objectivation, play an indispensable rôle in personal relationships.

The simplest and most obvious examples of extrajection in

dreams are those in which a bodily sensation of pain is 'ascribed' to a dream person. In his paper, Bodily and Mental Pain (*8*), the author mentions such dreams. The following is an example: a female patient dreamed that her brother and his friend were punished by putting slices of lemon on their heads which gave them severe headaches. The dreamer felt compassion for them. When she awoke, she realized that she was the one who had the headache.

The two dream persons have been re-extrajected. Since the extraject appears as a dream person (let us consider only the patient's brother), i.e. hallucinated, this is also a case of subject-related true projection. In reality her brother did not suffer from a headache. The patient had identified herself with him (introjected him), and the headache occurred to this introject. The only association obtained from the patient was that lemons pucker the mouth. She added that puckering is like shrinking. If the head is taken as a symbol, we might say that the masculine prerogatives of the patient's brother shrank. We are not interested here in the exact significance of this dream, however, but rather in the general acknowledgment that the patient's headache (in waking life) was connected with her identification with her brother, and that something must have happened to this introject. As long as she maintained her identification she had a headache. As soon as she re-extrajected the introject, as in her dream, the image of the object which arose had the headache—and she did not. However the extrajection ceased immediately upon awakening.

How can we explain the pity of the dreamer towards the suffering of the boys? We might say that in every sympathetic feeling there is identification with the suffering individual. But did not the dreamer undo the identification through extrajection? It is necessary to examine this case more closely.[3]

[3] We realize that extrajection, and especially hallucination, like every kind of projection, absorbs pain-tension. Evidently its absorbing effect was insufficient in this case, since some residual, unabsorbed tension was left which appeared in the dream as compassion. But we follow in this presentation another train of thought.

We understand that the dreamer's pity was her own suffering, which means that the extrajection (we could say 'disidentification') was incomplete. This is a very important point for a full understanding of the process of extrajection. In extrajection the affect does not undergo the same fate as the ideational content. The suffering and enjoyment of extrajects remain one's own suffering and enjoyment. An analogous phenomenon occurs in repression. While the ideational content may be repressed, the pertaining cathexis undergoes its own fate. In this dream a split-off part of the dreamer was extrajected, while the physical pain was transformed into compassion.

Our conclusion is based thus far on an example of a dream. Let us now discuss this concept in instances of objectivation, i.e., in cases in which the subject finds a part of himself in waking life in a real object. The subject then reacts emotionally to comprehended experiences of this object. If the object experiences pain, the subject himself suffers. He is like the dreamer who felt compassion for the dream persons. We call this participation in someone else's experiences 'empathy'. When a real person assumes the rôle of an extrajected aspect of the subject, the subject 'identifies' himself with this person throughout his understood experiences. But now we may ask: if identification (introjection) is the converse of extrajection, how can one identify himself with an extraject, without re-introjecting it? This is only an apparent contradiction, since extrajection does not fully include the affective side. Extrajects and persons upon whom one objectivates *remain emotionally a part of the subject.* When we say in a case of objectivation that the 'ego identifies itself in fantasy with the love object', we can only mean that this object—or rather the extraject which it represents—has not been emotionally excluded from the ego. What we call identification in this case is in fact a *failure of extrajection of the affect.* Through extrajection and objectivation, narcissistic libido is transformed into object love—or hate. In the latter, homicide may be substituted for suicide. Replacement of part of the ego by objects facili-

tates the mastery of emotional demands. The ego distances itself, so to speak, from some part of itself, and does not share as a whole the fate of that part. In this way its integration is safeguarded or at least a detached part of the ego is made safe, thus escaping a possible destruction of the remaining ego.

The following dream will illustrate extrajection from another point of view. An alcoholic patient who severely condemned himself during a remission following a debauch in which he drank excessively and misbehaved, dreamed that he was a policeman chasing a gangster. Here is a beautiful dramatization of his inner conflict! In this dream the dreamer's ego adhered to the superego, while the part he condemned was extrajected. The dreamer confined himself to his policeman function. Instead of feeling sorry for the pursued gangster, he acted aggressively towards this aspect of himself. This unilateral extrajection lasted only as long as the dream lasted. There are cases, however, in which such extrajection materializes in waking life when in reality a person looks for rascals in order to pursue them. In other words, extrajection creates the need for objectivation, unless the subject is satisfied by daydreams or detective stories. In psychoses extrajection is followed more by true projection and we obtain the picture of a hypomanic state.

The patient who dreamed of being a policeman had previously dreamed that he was the one who was chased by policemen or other representatives of authority. In these dreams he confined himself to his objectionable side, while he extrajected his own conscience—which, as a matter of fact, was a re-extrajection. In waking life such conditions lead to phobias, and in the case of true projection, to paranoiac fears.[4] Our patient also had dreams in which he witnessed pursuits—this was a bilateral extrajection.

[4] It is more difficult for the subject to sever from himself id impulses than introjects. Therefore, through re-extrajection ('secondary extrajection'= what originally was object-image becomes object-image again) a lasting mental condition ensues more easily than through (primary) extrajection. Paranoiac states have a greater tendency to become chronic than hypomanic states.

Objectivation is illustrated in many novels and plays. For instance, Robert Sherwood's play, The Petrified Forest (1934), portrays one man who killed another because the latter exemplified weakness, cowardice, and other qualities which he despised in himself. Suicide was thus replaced by homicide. We are tempted to say that just as there is object love of the narcissistic type, there is also object hate of this type, that is, self-hate which is expressed in a way analogous to object love. This is particularly noticeable in the many examples of racial prejudice, in which extrajection is usually followed by true projection.

We would be mistaken if we thought that female figures in dreams of men, and male figures in dreams of women, when subject related, always indicate homosexual wishes in the dreamers. Some mental attitudes when extrajected usually appear as female images, others as masculine images, according to their nature which must be analyzed in each individual case. We are very often unable to correctly interpret subject related dream persons if we consider only the patient's spontaneous associations. Usually we have to ask him to characterize the person of whom he dreamed.

A male patient, who feared to disappoint the analyst and therefore attempted to make a favorable impression upon him, had the following dream:

> 'I came to my analytic hour with Miss N who remained in the office during the whole session, inhibiting me very much.'

His associations were: 'Miss N was my sister's schoolmate and spent a summer vacation with us. We went hiking and swimming together. I was never fond of her; as a matter of fact, I don't like her.' He also complained that he was not progressing in his treatment.

From his associations alone the analyst could not understand the meaning of this girl in the dream. Did she stand for his sister? Then the interpretation would be that she was an intruder whose presence inhibited and disturbed him. But in the light of what we already knew about his emotional in-

volvement with his sister this interpretation did not make very much sense. Then the analyst asked him to characterize Miss N and he described her as an 'insincere person on whom one can never rely and who makes every effort to impress people favorably'. This was precisely the patient's attitude towards the analyst and the patient recognized his own insincerity. Now the dream made sense and the analyst asked him: 'How can you make any progress in analysis as long as you take Miss N along with you to your analytic sessions?' From this and many other examples we can draw the conclusion that the patient's spontaneous associations to some dream person are often not enough for a correct interpretation of that person. Whenever we have the suspicion that the dream person may be subject-related—and we should often have such a suspicion —we must ask the dreamer to characterize this person. It is surprising how frequently such characteristics coincide with some emotional or mental attitude of the dreamer himself.

III

The following examples will illustrate the defense character of extrajection.

A patient who suffered from severe anorexia and had lost a great deal of weight in a short time, presented at the beginning of this state of progressive weakness an intense feeling of pity for every living thing that had to suffer. This feeling reached such a degree that he felt horrified by the very thought of anyone killing a fly, and even revolted at the thought of hurting an ant.

A second patient was tortured by the mere thought of suffering beings, and felt compelled to look at the world in a manner which brought into sharp focus every type of suffering inherent in life, and every sort of injustice and cruelty to which living beings were exposed. In his abnormal pity the most torturing pictures constantly forced themselves into his mind, e.g., a poor innocent, unsuspecting calf led to slaughter, tied up, reduced to impotence, its throat cut, the blood flowing out in a stream, and the calf looking around for help in a heart-

rending way. Just one week after the patient had given the analyst this pitiful description he developed a hemorrhagic sore throat with fever which was later diagnosed as an acute leukemia. He was taken to the hospital and there had to experience his own slow extinction. The analyst visited him in the hospital every day, and the patient looked at him in a strange, helpless manner, hopelessly seeking aid—an attitude which perfectly reflected his mental picture of the calf being slaughtered.

As a rule, one who suffers becomes less and not more sensitive to the sufferings of others while engrossed in his own troubles. These patients did not show feelings of pity for others once they became keenly aware of their own suffering. The defense by extrajection worked only in the beginning when the pity-provoking images forced themselves upon their minds as a vicarious cause for their own suffering. Thus one kind of suffering was replaced by another, as it was in the patient who felt pity for the boys of whom she dreamed, instead of realizing that she herself had a severe headache. We can also describe this mechanism by saying that a strongly cathected portion of the subject remained excluded from his subjective feeling and was substituted by intense and persistent ideas of suffering objects. The selection of one's own thoughts is then due to extrajection, which is not true projection but can lead to it. Freud described true projection in an early phase of ego development in several papers, among them, Instincts and Their Vicissitudes (5). The child projects every unpleasant sensation of his own body onto the outer world, while he introjects every source of pleasure from the outer world. He equates ego with the pleasant, and the outer world with the unpleasant—which leads to what Freud called 'the purified pleasure ego'.

Here is an illustration of the defense character of extrajection followed by true projection as it occurred in a schizophrenic. The patient had from time to time a great fear of a 'ghost' which appeared to him in dreams as an indistinct nebulous shape, usually in a dark room, and tended to enter

right into his mind. This frightened him considerably because he was sure he would become mentally disintegrated once this 'ghost' actually entered his person. As he felt secure when he was still able to perceive the 'ghost' as another being, distinct from himself, he could not give up the urge to keep it present in his conscious thoughts. His struggle to maintain in an extrajected state some disturbing portion of his self, as a protection against disintegration, is very evident. It was a difficult task for him to keep this disintegrating factor at a distance from that mental attitude which could adapt itself to reality. This effort kept him under a constant strain. There was something that he could not repress, so he had to defend his inner harmony in another way, namely, through extrajection. He had to make the greatest efforts not to feel that this factor belonged to himself. Not to be able to think of it as an object located in the outer world would have meant a collapse of the defense-measure, indicated by his fear that it would enter his mind.

Sometimes neurotic patients dream of some dangerous individual whom they have to keep constantly in front of them. Losing him from sight causes them the greatest anxiety. Such dream persons are usually subject-related, and these dreams show that it is difficult for the patient to maintain the extrajection of some disturbing urge, be it a feminine trend or an aggressive drive.

Extrajection is chiefly at the service of the integrative function of the individual. If some drive or aspect of a person is not compatible with the rest of the personality and causes conflict, fear, feelings of guilt, or whatever may disturb the inner harmony, it can be repressed. Repression affects the ideational content of the drive and hinders extrajection. Repression is usually an emotional loss, and often requires reaction-formations which bind emotional libido, whereas when extrajection occurs there is no repression and then objectivation permits an emotional satisfaction consistent with reality. Without objectivation interpersonal relationships would be very poor.

To illustrate how integration is saved by objectivation and how emotional gratification is obtained in a relationship with individuals who represent objectivated aspects, let us examine our relationship to children.

Everyone passes through childhood and thus experiences the aspect 'child' within himself. But the adult does not understand every feature of the child in equal measure. One usually understands the way the child has fun, realizes that it is unable to feel responsible for its actions the way an adult person does, perceives its narcissistic orientation, its attachment to the persons who care for it and so forth—all of which are in accordance with its physical appearance and qualities. On the other hand, the child's peculiar sexual trends and aggressive tendencies are ignored by the average adult. As psychoanalysis uncovered this part of the child's mind it aroused great indignation, a reaction which showed that the adult had condemned and repressed certain traits of himself in his own childhood. This repression deprives him, however, of his ability to accept the repressed drives in the child, and therefore his concept of the child is one-sided.

The growing individual is gradually forced into the attitudes of the adult person with that feeling of responsibility which is so difficult to endure. As adaptation to reality is forced upon him he is sooner or later compelled to relinquish childhood. This he is able to do because of maturing experiences, the development of intelligence, a growing sense of reality. It would be a mistake, however, to think that the 'child' disappears in the personality of the adult, or that it undergoes complete repression. It only becomes incompatible with the ways the adult must feel and act and is therefore excluded from the way the adult ego feels itself. In various situations, however, the 'child' reappears in the adult—almost every person feels the need to 'play the child' once in a while. Disregarding the fact that the psychotic, and sometimes the senile, regresses to that state to a great extent, it is evident that the pleasure which some well-adjusted people

find in certain social entertainments and games is due to the feeling of being a child again. It takes place as a temporary refuge from the strain of reality. Everyone knows how much people regress to childish expressions in love play and flirtation.

However, no one is spared the great tragedy. Reality does not allow the adult to keep feeling as a child, except on rare occasions, because life itself, with its exigencies and tasks, compels us to feel adult with a sense of responsibility for our behavior and actions, and to give up immature attitudes and childish ways of thinking.

The 'child' within ourselves does not, as a rule, undergo repression but undergoes extrajection. No longer feeling ourselves to be children, we surrender childish attitudes to *actual* children—which is objectivation. The 'child' remains an aspect in ourselves, more or less cathected, but arousing very little subjective feeling beyond that of occasional nostalgia for our childhood. The normally developed individual accepts his adulthood and succeeds in giving up his childish traits and needs because he is able in some degree to objectivate his own 'child-nature'. This process of surrendering in favor of suitable objects, i.e. objectivation, makes some renunciation of self possible. Instead of being worried about himself, the parent is much more concerned about his children.

In the analysis of a disturbance in the relationship of an adult person to children, one has to consider three points: (1) how is the 'child' developed in that particular adult; (2) what is the degree of extrajection in him of the aspect 'child'; (3) what affective attitude—positive or negative—has he developed towards the individual features of the 'child'. In the ideal case the adult has been allowed to develop and enjoy the main childish features. He must, further, have reached a high degree of extrajection without repression of such features. If an adult was not allowed to be a child in his childhood, if every innocent childish attitude and pleasure has been disapproved of and has been pushed too early, pre-

maturely forcing it into an adult attitude of responsibility, then he will be very intolerant of children.

Another kind of disturbance in the adult's relationship to the child arises from the fact that an adult may continue to feel like a child. It is not always easy, however, to detect this feeling in an adult because his intelligence and other functions are frequently normally developed and act as a façade. In the course of an analysis we come to realize that such individuals lack a full sense of responsibility, or, like children, feel protected by society or other persons. As a rule, children irritate these individuals since they continually remind them that only children have the right to feel themselves 'children' and that they, the adults, should give up this attitude. A young mother felt completely protected by her husband and took no responsibility for her actions. She mistreated her babies particularly when they showed the most characteristic childish behavior. Extrajection did not take place. The child was a rival of the adult mother.

This type of intolerance towards children is of a very different origin from that previously mentioned which was due to repression of childish traits with reaction-formation. Such adults do not feel themselves children—in antithesis to the second type—but they will not show any comprehension of, or attachment to children either.

This objectivation of the aspect 'child' is not transitory, but lasting and 'constitutionally' fixed; and so, in most people, is the objectivation of features of the opposite sex. Love for persons of the other sex presupposes an understanding of the specific features of the love object. One would think, however, that the specific inner nature of femininity is obscure to the male, as is the specific inner nature of masculinity to the female. Every adult went through childhood, but no male went through femininity and no female through masculinity. Nevertheless objectivation plays a very important rôle in normal heterosexual love in a way not dissimilar to that of the process of objectivation of the 'child' on the part of the adult, for, as

Freud has taught us, every individual is bisexual. It would be wrong to believe that in each individual only one sex develops while the other undergoes an involution.[5] This is true of the external appearance and of such mental features as are integrated in one's own ego. If, however, the aspect of the opposite sex underwent actual involution, the individual would not care for that sex. Both sexes develop feminine and masculine features which reveal themselves mostly in secondary mental characters, biases, and drives. In accordance with his psychological development and function in society, the male feels subjectively as a male and the female as a female. In the male, however, since he is not able to satisfy his femininity—nor the woman her masculinity—the tendencies and features of the opposite sex appear, normally, extrajected and give rise to longing for the other sex.

Extrajection and objectivation of traits of the other sex is portrayed in many myths. For example, Plato developed a theory that there once existed individuals who were simultaneously men and women and who had both masculine and feminine sex organs. Everything was doubled: they had four hands, four legs, and so on. Zeus decided to divide them in two, so that males and females were separated. Freud reported this theory in support of his statement regarding repetition compulsion, while the author quoted it as a support for the finding that the opposite sex is extrajected. The theory goes on to state that both parts then longed to unite again with each other. The myth of Adam and Eve contains the same idea. A part of Adam, a rib, was taken away from him and Eve was made from it; thus a part of Adam was extrajected and objectivated. The author cited many other examples of this kind from myths and fairy tales in the paper, A Phase of Development of Heterosexuality (7).

In connection with objectivation of the opposite sex, we have to consider two different sources of disturbance of relationship with persons of the other sex which are quite analogous with

[5] *Cf.* the theories of Fliess and Weininger.

the disturbances of the adult in his relationship to children. If, in a male, 'femininity' is not sufficiently developed, or if it is repressed, he will not be able to understand the woman and her specific nature, and will become intolerant of typically feminine traits. In some social circles children of both sexes get the misconception that the woman is an inferior being. Analysis has studied this topic from the viewpoint of the castration complex. This misconception extends itself to all attitudes and characteristics which are considered feminine. The boy feels humiliated if he is called a 'sissy' and is induced to overestimate 'masculine' characteristics. He wants to be strong and courageous, not 'emotional' and weak. He feels ashamed to display his feelings or to cry. Such a repression robs him, however, of the ability to understand those specifically feminine features which a normal man looks for in a female companion. Instead of longing for a tender, receptive, affectionate, and emotionally responsive being, he will despise the weakness, awkwardness, incoherence, and whimsicality of the 'woman'. Such men often concentrate their whole interest in women on sexuality but their sexual longing occurs at the expense of interest in and understanding of the feminine nature so that they cannot enter into a full mental relationship. In some cases their sexual life itself is disturbed.

Quite a different kind of disturbance is due to the lack of extrajection by the male of his femininity. Often the boy does not dare to develop fully as a man who loves a feminine extraject. He may fear, for example, the rivalry of his father. Analysis has detected many factors which induce a boy to take on a feminine rôle, identifying himself with his mother or some other woman, and once the ego feels as a female, the woman as a love object is obliterated. Such men are effeminate, do not care for women, and very often extraject their masculinity instead.

In women we are confronted with an analogous disturbance in their relationships with men. The overmasculine type of man, however, and the masculine ego of the woman who represses her femininity are the most frequent types in which

such disturbances occur. When an intelligent active woman succeeds in accepting and enjoying her feminine functions in sexuality, love, and motherhood, she represents a well-balanced development of masculinity and femininity.

Opposite sexual trends in the bisexuality of individuals may be kept structurally apart from each other. In this case neither masculinity nor femininity is sufficiently extrajected. As has frequently been stated in psychoanalytic literature, in very tenacious cases of self-punishment, especially in melancholia, the superego assumes the masculine sadistic rôle, while the ego feels feminine (which fosters its masochism). In paranoia masculine trends together with the superego are often projected.

So far we have illustrated for the most part cases of unilateral objectivation. The best examples for the study of bilateral objectivation are offered us by the study of a father's attitude towards his son-in-law, and a mother's towards her daughter-in-law. As long as the mother wants to be her son's love partner (unilateral objectivation), she is jealous of every woman whom her son may love. She finds in her son her masculine ideal and wants to remain his female partner. Only when she also objectivates her feminine demands on him, can she be glad that her son has found his happiness with another woman. Bilateral objectivation may occur in various degrees. A father, for instance, may be completely unable to surrender his masculine claims on his daughter to his son-in-law—especially if she is his only child—because his masculine objectivation is incomplete. He would hate his son-in-law as his rival. Sometimes he can cede her to him only if he corresponds closely to his own masculine ideal. Thus he often wants to choose his daughter's mate. Only in the ideal case is bilateral objectivation of the parents complete in regard to their children so that they even love their children-in-law.

With the aging of the individual, bilateral objectivation occurs to an even greater extent, thereby enabling one to be more and more reconciled to the idea of approaching death (as stated by Anna Freud in relation to altruistic surrender [2]).

Conversely, the feeling of approaching death often enhances bilateral objectivation. If a person, strongly bound to his love partner is about to die, or learns that he will soon die, he may react in one of two ways. Either the person cannot tolerate the idea of being replaced by another man or woman, or, on the contrary, he feels relieved by the idea that a worthy person will take his place when he must abandon the welfare of the love object. In this way does the feeling or knowledge of approaching death enhance bilateral objectivation. Only then can we speak of altruistic love. Analogously we find in some ancient religions two different precepts in regard to a widow: in some religious sects of India the widow was burnt with her deceased husband so that no other man could have her; in other religions, however, such as the ancient Hebrew, it was the duty of the brother of the deceased husband to marry the widow.

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ON THE PSYCHOPATHOLOGY OF ORGASM

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Freud states that the 'behavior of a human being in sexual matters is often a prototype for the whole of his reactions to life'. To this it should be added that the sexual act is the quintessence of the expression of all libidinal drives. Relatively little has been published on the psychoanalysis of coitus, correlating the different stages of coitus with the dynamic forces involved. Reich *(7)* and Bergler *(4, 5)* have written extensively on the psychology of orgasm and given useful criteria for the evaluation of its normality.

During sexual intercourse all levels of psychological development, from infancy to adulthood, are reëxperienced in a highly charged, intensified, and sharply focused form. This psychological recapitulation must be tolerated without conflict if the sexual act is to be fully enjoyed. Sexual foreplay utilizes various infantile erogenous zones such as the mouth and the nipples. Ejaculation is achieved, in part, by contractions of the urethra which also serves as a passage for urine, the latter having instinctual pregenital representation in infantile urethral erotism. The innervation and muscular control of the bowels and bladder are closely related to the sphincteric control of the genitals. Oral, anal, urethral, and genital libidinal drives are all stimulated and satisfied in the sexual act. In addition, the œdipus is represented and must be integrated if the sexual act is to be fully enjoyed. Thus, the act of intercourse summarizes the total dynamic growth of the individual and his integration at various levels of development which are all relived in each sexual act.

Intercourse may be interpreted as having two components: passivity and activity, which must be in equilibrium and work in harmony. Activity is defined as that phase during which pleasure in perceived through one's own mobility, and

passivity as receiving pleasure without motor effort. Normal intercourse seems to have an active and a passive phase for both men and women. Neither activity nor passivity need exist as such as is demonstrated by the sensation that is passively experienced during moments of sexual activity. Schilder once remarked that intercourse represents the ultimate in social relationships since two people are completely dependent on each other for their gratification. The 'social' simile may be extended to include the need for each of the sexual partners to fantasy himself unconsciously in multiple rôles: the man may be father, mother, husband or son; the woman one or more among mother, father, wife and daughter. Coitus combines the impulses to love, to be loved, to give and to receive, to assume responsibility for another person and to abandon all restraint for narcissistic satisfaction, to accept aggression and to express aggression.

To study a particular moment in the sexual act—the period just before orgasm—patients who enjoyed sexual pleasure but could not fully gratify themselves were most suitable for observation because the active suppression of their sexual sensation was more easily discernible.

Reich, who published detailed studies of inadequate orgasm and the associated disturbances, corrected the mistaken assumption that any type of orgastic potency is a criterion of normalcy; however, his hypothesis that the toxins released by an imperfect orgasm are the etiologic factors in all neurosis is untenable. The symptomatology that develops in a normal person who is unable to have sexual intercourse is not a true neurosis, an example being conformity to the standard of virginity until marriage. The virgin's symptomatic relief after marriage results not from a diminution of toxins, but from a loss of tension following orgastic relief. There is frequently spectacular clinical improvement in patients who begin to experience satisfying coitus. Fenichel questions whether lack of sexual satisfaction causes neurotic symptomatology, and concludes it is more likely that the disturbance is an expression of an underlying psychoneurosis *(1)*.

Of the time required to achieve an orgasm, Bergler *(4)* states that from two to ten minutes of friction are necessary to develop full orgastic discharge. How he arrived at these figures is not clear since neither a statistical survey nor an estimation of his informants' reliability is offered. Both Reich and Bergler present well-known criteria for judging the normal orgasm. Despite their standards, many patients do have a normal orgasm in less than two minutes, while others may require more than ten minutes. Many women whose sexual partners' intromission endures for only a minute or so are still able to reach full orgasm. Such women can develop sexual excitement from the forepleasure to such a degree that they nonetheless achieve a satisfying climax from the brief sexual act. The prevalent belief that women require a longer time to be aroused is probably a persistance of the Victorian prejudice that a lady does not enjoy sex. Retarded sexual response is regularly accompanied by an unconscious sense of guilt. Only after she has acted out a fantasy of seduction and rape, has been 'forced' into a state of passion, may she experience sexual pleasure without guilt. Another variant is the integrated, uninhibited, married woman whose need for foreplay steadily diminishes through the years to a point where intercourse is enjoyed with minimal preliminaries; not that foreplay has no value in sex relations, for a wide range of variations is consistent with a normal sex life. For some women, the male's ejaculation provokes the final stages of her own orgasm.

Comparable to the woman just described is the man who can sustain intromission for more than ten minutes, whenever necessary, to satisfy his partner. Though he can maintain the act with conscious control in order to conform to her needs he can still abandon himself at the proper time for a normal ejaculation. This, of course, is true only for the healthy man who chooses a partner with the capacity for full sexual enjoyment. A man with ejaculatio retardata or ejaculatory impotence may spend hours trying to gratify a frigid woman.

Fenichel discusses impotence, vaginismus and frigidity, and states that they may be conversion symptoms of unconscious

conflicts in an otherwise healthy person. The sexual act, he says, has become an expression of infantile sexuality, closely related to the danger of castration and losing love. These unconscious mechanisms are probably present among 'normal' people as well as psychoneurotics. Ferenczi concluded that normal genital functioning requires a synergism of urethral and anal innervations. Róheim adds the oral zone, believing it to be implicit in Ferenczi's hypothesis. Róheim *(6)* states further that '. . . orgasm is not only a getting rid of tensions combined with a fantasied return into the womb, but also a refinding of the first extrauterine pleasure, that of the union of mother and infant in the act of *sucking* and *suckling*'. Lorand too has stressed the oral significane of intercourse for the frigid woman with her fears of deprivation and separation from the hostile mother.

The phase of coitus selected for analysis—the moment which immediately precedes orgasm—reveals many fears. Psychotherapy has relieved some patients of their sexual inhibitions sufficiently to permit sexual enjoyment up to the point of orgasm.

It is extremely difficult for patients to describe the sensations that pervade their bodies in the preorgastic state, as is the description of any primary sensory excitation. The word used most often was electricity, but it was not considered adequate by the patients, who were reduced to such words as 'it', 'the feeling', 'the thing'. It was soft, warm, glowing, and verged on the ecstatic. The feeling had often the sensation of its 'filling the body', something vital that pervaded the insides with an intense feeling of pleasure steadily mounting, but ultimately replaced by a fear of bursting.

One patient had a chronic fear of being too full (food, feces). Another man feared his erect penis was being pumped so large it would burst; he recalled from his sixth year that his mother's belly had grown progressively larger until one night, hearing her scream during labor, he concluded her belly had burst. Some women, during mounting sexual excitement, had discomforting fantasies that the vagina was growing larger,

relaxed and gaping, associated with childhood fantasies of mother's large vagina. An extension of this fantasy was the anxiety that something would fall out of the vagina (castration). For others the fear was of being 'taken control of' (masochism). Others fantasied that nothing good could come from within them since nothing good had ever been put into them. During the childhood of one such patient, all those foods that most richly symbolize love, that children most want, had been prohibited; only tasteless but nutritious foods had been approved. She stole ice cream, cakes and candy with feelings of guilt, rage and anxiety. A man whose mother had been overconcerned about his health, and insisted that he eat only nutritious foods, developed neurotic anxiety about an inner weakness which required special food for support; associated with this he also doubted his strength to tolerate sexual intercourse from fear that his body would be annihilated as by an explosion (castration anxiety and anal aggression).

The analysis of this fear of 'being filled' with sexual tension disclosed a masking of anal and urethral controls. Behind an apparent ease about bowel and bladder functioning, there was anxiety lest too much urine or feces collect inside them, with consequent explosion or rupture of organs. When the obsessively controlled evacuation was inhibited until the urge became acute, the response was a slow, partial emptying, followed by a second emptying; only when complete relaxation had been attained would the normal peristaltic rush, with rapid relief, occur. These patients not only feared being too full but also an uncontrolled emptying of their viscera from which too much might fall out. This paralleled the fear of the uncontrolled, spasmodic, expulsive sensation of orgasm.

Comparable to the fear of physical annihilation is a fear that sexual tension will lead to 'insanity' (loss of all inhibition with the release of the id), including fantasies of murdering or being murdered by the sexual partner, and of insatiable, uncontrollable sexuality (guilt and fear of punishment for masturbation).

In the analysis of women, intromission is found to evoke anxiety, the fear that erection will not be maintained until they

are satisfied. This includes incestuous fantasies about a father's superpotency, and rage against a mother's oral deprivations; it is an unwillingness to suckle without a guarantee that it will last indefinitely.

The fear of having a convulsion is the most common of all fears in association with having a complete orgasm. Convulsion also included loss of 'the feeling' (food, love), suppression of sexuality being an avoidance of intolerable oral deprivation. This fear of losing control was further associated with dismemberment, not a simple elaboration of castration anxiety, but rather more closely resembling death wishes of the epileptic without the euphoric expectation of rebirth. It may be that to tolerate the momentary loss of consciousness during orgasm requires the belief in rebirth; otherwise it releases neurotic fears of death. Castration anxiety and the impulse to castrate, with enormous guilt feelings, are also encountered with the fear of having convulsions.

A feeling of flying, of suspension without physical contact with the earth, is provoked in some patients by sexual excitement, and is a great source of anxiety. For one patient it was 'sailing off into the unknown', separation from the parents, and particularly the castrative, depriving mother toward whom there was unconscious hostility. For another, it was the evil spirit of death taking possession of her body. When she was a young child her father died suddenly ('had flown to Heaven'). She either heard or fantasied his death cries, from which she imagined her all-powerful parent to have been seized by a monstrously evil spirit against which he was helpless. The evil spirit proved to be her mother who had created such a powerful sexual sensation in her father that it killed him; therefore, the feeling of flying meant incest and death. In a third patient the feeling of flying revived terrifying dreams of childhood in which planets collided (primal scene). Fears of convulsions and of flying are always accompanied by fears of incontinence (anal and urethral aggressions and eroticisms).

Some patients, being aware even temporarily of their intolerance of frustrations, fear an insatiable craving, an addiction or an enslavement to sexual indulgence once uninhibited orgasm

is experienced (linked to the hopeless, adolescent struggle against masturbation). Like drug addiction, the unconscious wish is for a state of continuous exaltation, bliss and oral gratification. Direct oral gratification being inhibited, there is a futile attempt to make the genitals serve as organs of orality.

There are patients who anxiously believe their sexual sensations to be uniquely violent or, if unleashed, must incontinently lead them into prostitution in contrast to their mothers and other respectable adults in whom sex was properly relegated to a minor rôle. Other patients fear that a complete orgasm with one partner will enslave them to that partner since they believe that only the parent should ever be entrusted with their complete dependence. This expectation had resulted only in frustration and disappointment, too intolerable to risk repeating. Only with a good parent could complete abandonment of all defenses be entertained. Unconsciously there is the infantile fantasy that only a parent has the superpotency or exquisite understanding to produce an orgasm.

An anxiety underlying all others in sexuality, common to both men and women, is of passive yielding to the mounting sexual pleasure which enters and pervades the individual if he or she is to react with an orgasm. This in varying degrees is believed associated with orality, the first comparable sensual pleasure, the genitals of both sexes serving either as active or passive agents.

The dynamic development of a state of incomplete orgasm is illustrated by the history of a woman, married twice, with a six-year-old child from the first marriage. She sought analysis for relief from a sense of frustration, a repetitious changing of jobs and fields of work, fear of suicide. She assumed the major share of the responsibility for her divorce, and saw herself repeating the same neurotic pattern with her second husband. He had at first been sexually exciting to her, but never to the point of orgasm. Her sexual response was steadily diminishing.

She had had a fear of birds and feathers associated with a memory at five of a chicken, decapitated by her father, running about the yard. Compulsive stealing, including shoplifting, at work, and from friends, had persisted from childhood until a few years before analysis. From earliest childhood she was a pathological liar. Her intelligence test score was unbelievably high, and her childhood intellectual performances in general were undoubtedly unusual.

Her mother was an aggressive woman who adored a younger son but treated the patient with nothing but criticism, scorn and humiliation. The mother admitted years later that she had tried unsuccessfully to love her daughter.

Her father idolized the girl and showed all the pride and interest in her intellect that her mother scorned or ignored. She enjoyed her father's company but was inhibited in his presence. He was a successful business man, dominated by his wife. He died after a brief illness when the patient was twelve. She could not react with tears or deep feelings of grief until two years later. Six months after her father's death, she herself almost died from pneumonia. She learned, as an adult, that her father had wanted to separate from the mother because of the latter's treatment of the patient.

Resentment and jealousy of her younger brother was completely repressed. In her childhood she frequently ate sweets in secret. Until adulthood she fell asleep with her fingers in her mouth. From ten to twelve years of age, she ritualistically fantasied that a hot needle was pricking her arms, nipples and genitals; as a reward for this punishment she was showered with presents, and she could then fall asleep.

Clitoral masturbation was begun around twelve, probably shortly after her father's death, and continued up to the time of analysis. She would lie prone and have fantasies of rape and torture. Stories of mutilation and castration excited her sexually.

With her first husband, she had one orgasm experienced in the first coitus with him. She subsequently had sexual sensation without orgasm which steadily diminished. Similarly, she began by reacting with tremendous excitement to her second

husband's sexual advances, but this too steadily decreased. During analysis her sexual pleasure increased but she tended to become anxious during coitus. The anxiety was related to a fear of death which was equated with her father's death. Death then symbolized sexual unity with her father. She always felt that orgasm would have resulted had her husband delayed his ejaculation a little longer, even though he might be active for as long as twenty minutes. Her greatest pleasure was in fully satisfying him, and to feel his dependence upon her. Her fear of orgasm reached such proportions that she suppressed her wish for it. She wanted in sex to suckle her husband short of orgastic intensity which provoked the fear of sudden outpouring, of being drained dry. Further analysis disclosed cleverly concealed masculine strivings, the fantasy of having a penis which orgasm would require she renounce.

The content of a delirium accompanying pneumonia was later repeated in dreams.

> She saw stacks of envelopes that grew bigger and bigger, came closer and closer to her, and then receded.

To this she associated fears of sleep, anesthesia and death; also, fears of her mother and of suffocation—ultimately of her mother's breasts—to which she had reacted with disgust.

> She is fighting with her mother, biting her and feeling nauseated.
>
> She is in a room holding the door shut against mother who wants to kill her. Her father at first supports her mother whom he knows to be wrong. Finally he locks the door against her mother.

This dream expresses her feeling that her father had not properly protected her against her mother. She feared her mother's jealousy, violence and aggression, and was anxious in her mother's presence.

> Her mother has two long cylindrical breasts encased in a special brassiere and dress. At the top they form a cleft, but the breasts form folds like the labia of the vulva.

This displacement of the vagina to the breasts is a literal representation of the fantasy that her vagina serves to nourish the man, a condensation of vagina, breasts and penis.

According to Róheim, the phallic woman believes that the orgastic sensation can be derived only from within a penis. To this observation it should be added that the sexual sensation helps reënforce the illusion of a penis in such women; to be passive and allow orgasm dispels this fantasy. Maintenance of a state of sexual excitement short of orgasm strengthens the illusion of having a penis.

Lorand has found in frigidity that oral deprivation predisposes anticipation of a similar frustration in coitus. The vagina remains the mouth, the penis, a nipple evoking traumatic memories of maternal deprivation. This fantasy requires the frigid woman to suckle the penis as well as to be suckled by the man, and this she cannot do.

Helene Deutsch says that the frigid woman takes possession, in fantasy, of the man's penis, as if it were hers, and gives sexual pleasure to the man. It is more probable than the man's penis evokes the fantasy of having a penis of her own which may operate both to give and to receive pleasure. In its passive rôle the illusory penis becomes an organ through which sexual sensations enter the body, the fantasy in intercourse being of feeding the man with the illusory penis (nipple) within the vagina *(6)*. Identification with a nursing mother is impossible because of the unloving and selfish character of the mother. On the contrary, the unconscious fantasy is of having her illusory penis devoured by the man, as she had fantasied devouring her disappointing mother's breast.

A successful man in his early forties, married, with two children, complained of a suppression of sexual sensation prior to ejaculation which prevented the development of a complete sense of fullness and subsequent satisfaction. He could at will either have a quick ejaculation or withhold it for as long as two hours.

The only son among four siblings, this man's father was

passively dominated by the patient's grandmother at whose home he spent most of his time. His mother was an aggressive woman who prohibited her son's participation in the usual activities of boys with terrifying emphasis on the dangers of physical injury. After nursing him at the breast for two years, she persistently urged him to eat excessively. He would resort to biting when angered by his playmates. At four years of age he sucked the nipples of his six-year-old sister, and at twelve he had sexual play with another sister. During adolescence he several times swallowed his own semen. Masturbatory fantasies included enormous women at whose large breasts he, a little boy, sucked. To peep at an aunt's pregnant belly and enlarged breasts was expecially exciting but he was terrified at the thought of being caught. (He had to preserve the reputation of a 'good' boy.) Later in life he disliked the sight of a woman with her legs apart, but his voyeuristic trend continued unabated. Throughout childhood he heard his mother refer to women as dangerous creatures whose genitals were 'dirty holes'; nevertheless she forced his sister to observe all sorts of nonsensical precautions to protect this delicate region.

His first heterosexual experience occurred at twenty-three, after much anxiety about his potency. Thereafter, he led a very active, promiscuous sexual life, characterized by great erective potency, but always with a feeling of genital inadequacy and inferiority. He believed his penis and scrotum were too small and sought constant reassurance. He could use neither persuasion nor any other expression of force for seduction, but during coitus he was aware of a deep desire to hurt the woman with his penis, and fantasied drawing blood. It was gratifying to him to have relations at the end of menstruation and to feel that his penis was large enough to cause bleeding. During the act he always fondled the breasts and sucked them into his mouth as deeply as possible, and he so intensely enjoyed biting them that he had to exercise restraint. Intense pleasure from manipulating the clitoris, and from rubbing his penis against the cervix, were part of a prolonged affair with a frigid woman whom he preferred to his orgastically potent

wife. Only on the two occasions when he permitted the woman to perform fellatio did he have complete orgasms, but so much anxiety followed these experiences that he never again permitted this type of gratification. Complete orgasm had frightened him because of the postorgastic feeling of depletion which to his unconscious signified weakness, helplessness and castration. This anxiety was made conscious with difficulty, but it convinced him of the inhibition of gratification in his usual orgasm. Retarding ejaculation for an hour or more served to gratify the fantasy of being suckled at the breast continously, and was regularly associated with cannibalistic oral drives. A low level of sexual tension averted the fantasy that intense excitement would cause his penis to explode. By choosing a frigid woman he avoided his neurotic fear of the normal woman's sexual need which would reveal his own inadequacy. A complete orgasm also threatened unconsciously that he would become enslaved to the only woman (mother) who could fully satisfy him. If the woman were to have an orgasm it would be proof that she did not have a penis, or that he had destroyed her penis, and his desire to castrate the woman, with all its related fears, would be activated.

In this patient there is an intense ambivalent conflict. Prolonged nursing created the insatiable oral need, and intensified the attendant threat of castration. Intercourse revived the infantile incestuous attachment, and the craving to be suckled. As is usual in such instances, he identified himself with the suckling mother.

The intimate connection between orality and sexual disturbances has been described by many authors. Lorand *(8)* reported male patients who endowed women with a phallus, and men with female genitals. Zilboorg *(13)* reported a female patient whose orgasm was dependent on the fantasy that she had a breast in her mouth and was inserting her penis into a woman's vagina; the man's penis had to remain inactive to enable her to have an orgasm. It has been repeatedly observed that coitus, like nursing, terminates in satiation and sleep.

The act of sexual intercourse is a complicated psychological phenomenon which condenses the whole libidinal development of the individual. The period prior to orgasm is selected for the study of neurotic disturbances of the orgasm. Detailed analysis of subjective feelings and fantasies during the sexual act indicates that the anxieties center about passivity in both male and female patients. Men equate the penis, women a fantasied penis with the maternal nipple, and both fear the hostility that was activated by their oral conflicts. The men regard the penis with which they have in fantasy endowed women as a nipple and regard their penises as oral receptive organs.

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A Psychological Theory of Formal Beauty

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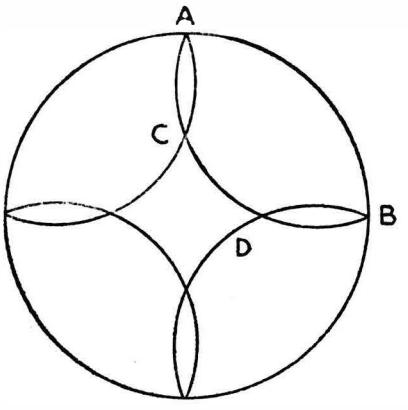
A PSYCHOLOGICAL THEORY OF FORMAL BEAUTY

BY JOSEPH WEISS, M.D. (CINCINNATI)

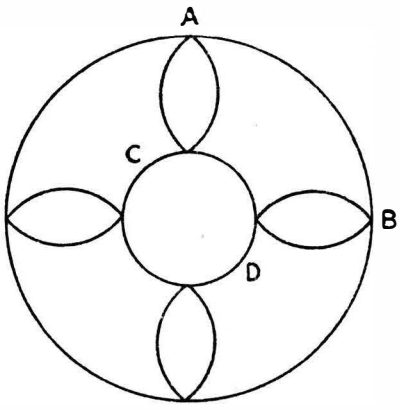
The pleasure one gets from the perception of a painting derives from two sources, the subject matter and the form. The aspects of form in art are several: the colors, shapes, lines, and their arrangements considered both abstractly and in relation to the subject matter, and the manner of presentation such as the use of perspective, three dimensional form and the like.

Freud, in his discussion of art, analyzes the effects of the subject matter but has little to say of the formal aspects of painting. He does say, however, that formal beauty in some way affects the spectator so that he may more readily receive the pleasure offered by the subject matter. In his book on wit, Freud makes an analogous statement concerning the function of formal wit techniques, viz., they often allow the emergence of pleasurable sexual or aggressive tendencies which could not otherwise be expressed. His discussion of wit contains many hints for the understanding of art—hints which will be utilized throughout this paper.

An analysis of children's designs may serve as a starting point in establishing a connection between wit and art. Compare these somewhat similar designs:



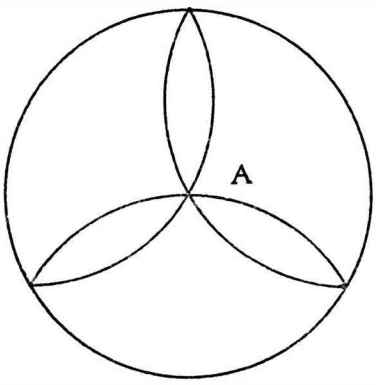
No. 1



No. 2

A large majority of the people whom I questioned as to which they preferred, chose the first. All the relationships between lines and points that hold in the first design also held for the second. The only difference between them is that in the first, the line that joins points C and D is a continuation of arcs AC and DB, whereas in the second it is not. This suggests that the difference between the designs which gives the first greater æsthetic value is the economy of the means used to produce it, for in the first, one continuous arc connects A and C, C and D, and D and B, whereas in the second three separate arcs are necessary. In the first design, then, one line is serving in three capacities at once. This pictorial economy is the analogue of a verbal economy operating in wit technique which Freud calls 'condensation'; one word replaces several words in the witticism, one line replaces several lines in the design.

The principle of economy explains the beauty of this children's design:



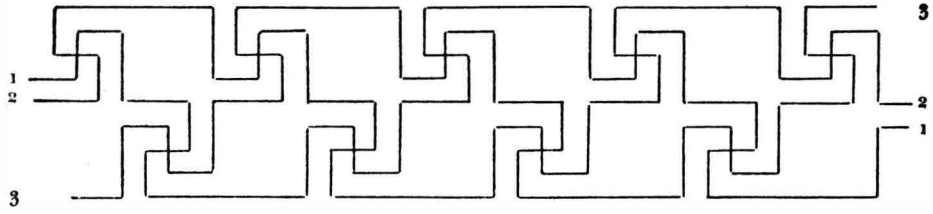
Here one large arc serves as a boundary for two enclosed spaces and just three arcs enclose three separate areas. Also point A serves as the vertex of all three areas and so represents an economy in points.

One could analyze similarly hundreds of children's designs. Almost everyone remembers his own pleasure, when as a child

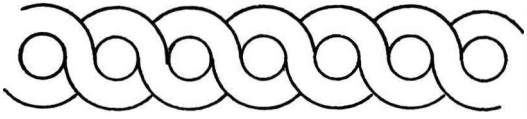
he was able 'to make things come out' by enclosing several areas with one line or by drawing an arc through a series of existing points without creating any new ones.

The spiral and circle are two simple motifs that are found in the art of children and ancient peoples. Consider the line A———B, bent so that A and B coincide forming a circle: ○AB. This figure is more economical than a line, for now the same point serves the functions of both point A and point B. The spiral may be looked upon as a series of concentric circles formed with only one line.

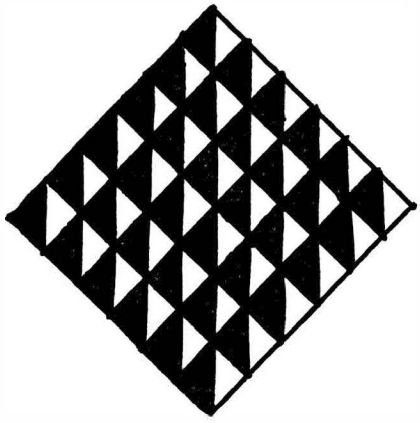
Below is a typical continuous design from a Greek sarcophagus. It looks very intricate, but on analysis one finds that the whole design is made with only three lines. This design, like many similar ones, strikes one as being 'clever' (again showing similarity to wit). One is surprised and pleased that so complex a design may be formed from so few elements.



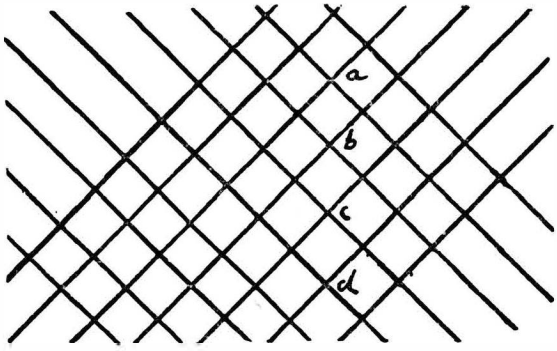
Here is another example of a continuous design (from a Greek floor pattern) which may be analyzed in a similar fashion. In this, as in all continuous designs, there is the additional economy of one section serving as both the beginning and the end of another.



In the following design the economy may be understood if one considers the steps by which the design might be made.



First perhaps, the artist drew two sets of parallel lines that intersected to form many series of points:



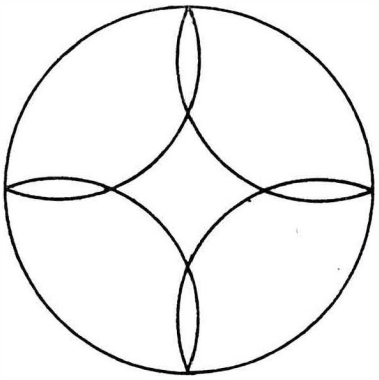
Then he saw that each series lay in a straight line. A new line drawn through A, B, C, D, E is straight and at the same time creates no new points—an economy, this time in points.

The economies that play a part in these simple designs are those in which one pictorial element serves several functions at once, or in which an apparently complex design is actually made with few elements. These principles may be generalized and given wider application. Two types of more general economies suggest themselves, simplicity (quantitative economy) and what may be called qualitative economy.

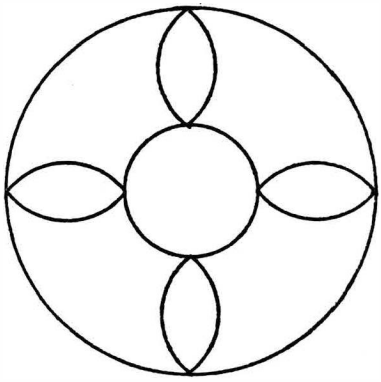
The form of a work of art may be analyzed in terms of certain abstract elements such as color, line, plane, and various shapes such as circles, squares, triangles, etc. For a picture to have quantitative economy (simplicity) there need be no restrictions on the kinds of elements employed, only a limitation of the number of times these elements can be used. Qualitative economy, on the other hand, does involve a restriction of the kinds of elements which can be used while no limitation is placed on the number of times the chosen elements may appear. Thus if an artist limited himself to the use of lines alone he would achieve a qualitative economy—no matter how complex the picture or numerous the lines. Or if an artist chooses to use but three colors such as red, orange-yellow, and blue he is employing a qualitative economy. Some art such as a Persian rug design or a cubist painting depends very heavily on qualitative economy. The Persian rug design appears very complexly made up of a large number of elements. These elements, nevertheless, all fit into a common category. Thus a triangular shape is repeated many times or two or three colors are used over and over again. Thus also may the cubist picture be composed primarily of square shapes. Of course both qualitative and quantitative economy are very often found together.

Now how do these pictorial economies cause pleasure? To transfer Freud's explanation from the field of wit to art: pictorial economy results in an economy of psychic energy in the observer. All the pictorial economies so far considered make for ease of perception. Thus it is easier to perceive a design made of few elements than of many, or of a design made of only one kind of element rather than of several kinds. But how does ease of perception cause economy in perception? Ease of perception itself does not give pleasure; rather it is the comparison of the ease with which we now perceive with the difficulty we might have had without the economies. Economy, or saving, implies comparison with a more confusing or complex condition that might have existed and from which we are saved.

Consider again, our first example.



A



B

When we look at design A we are reminded of a design such as B, which is perceived with more difficulty, and the realization of the saving of effort in perception gives pleasure. We are similarly pleased when we perceive something that has been simplified, for we are reminded of how it would have looked before its simplification. Thus, mere paucity, such as a black square or a few straight lines on a piece of blank paper, does not give pleasure for it does not remind us of a more complex condition that would have offered greater difficulties in perception.

Some effective designs are simple yet appear complicated as in the example from the Greek sarcophagus. The appearance of complexity reminds us all the more forcibly of what we might have had to perceive and the energy which we are saving. The greater the contrast between our present ease of perception and the difficulty that might have been, the greater our pleasure from the design. This pleasure is analagous to what a man might feel the first few times he rode in an automobile to work when he had been used to walking.

Conversely, when the perception of a picture causes a comparison with a more economical treatment of the same material, psychic energy is not saved but wasted, and a disagreeable feeling is produced. Thus if two colors are too sim-

ilar, they can be perceived easily neither as one color nor as two separate colors. The resulting increase in psychic work causes displeasure and we say the colors clash.

Economy of pictorial means is not the only cause of economy in perception. Let us again consider some ideas from Freud's theory of wit. There is a greater pleasure, Freud points out, in aggressive and sexual wit than in harmless (purely formal) wit, for in the former a repressed sexual or hostile thought is expressed and hence an inhibition is overcome. Since the inhibition is overcome, its energy is freed and discharged as laughter. Pleasure is also derived from the fulfilment of the repressed wishes. Even the pleasure of the most harmless wit is derived partly from the discharge of overcome inhibitions and the satisfaction of repressed desires. All of us have critical faculties that decry nonsense, illogical thinking, relating things by word sounds instead of for logical reasons—the very devices used in wit. These are the ways in which children think, ways of thought which are given up as the reality principle replaces the pleasure principle. Our desire to gain pleasure through these childish devices still exists in a repressed state and we allow ourselves these methods of thought, when in a witticism, they take a socially acceptable form, or when alcohol has dulled our inhibitions. To produce a witticism, inhibition against such thinking must be overcome and, just as in aggressive wit, the inhibition once overcome is momentarily unnecessary and its energy may be saved or discharged in laughter.

These observations may be carried over directly into the sphere of art. Thus, just as we have repressed childish ways of thinking, we have repressed childish ways of perceiving and representing. A child knows nothing of the difficult system of perspective, a system that man learned only after thousands of years. The child and the primitive are not concerned with optical truths. They often tend, for instance, to represent things not as they are seen, but as they are remembered. This memory image differs from the adult perception of the object, for like all memories it is already simplified and

economical. The child perceives only the most vivid aspects of things or those that seem clearest or most important to him. The childish representation of an object is the easiest for the mind, is learned long before the adult, and is repressed by the adult in the process of education.

That adults have inhibitions against representation in the direct simple manner of children is demonstrated by the resistance they show towards drawings lacking perspective, three dimensional appearance, etc. That artists themselves may only overcome these inhibitions with effort, is shown by the following statement of a modern American abstract painter, Stuart Davis (quoted in *Time* November, 1945).

> "I resolved I would quite definitely have to become a modern artist. It took an awful long time. I soon learned to think of color more or less objectively, so I could paint a green tree red without batting an eye. Purple or green faces didn't bother me at all, and I even learned to sew buttons and glue excelsior on the canvas without feeling any sense of guilt. . . . The result was the elimination of a number of particularized optical truths with which I had formerly concerned myself with.'

Stuart Davis was having trouble representing as a child and forgetting learned truths. But when an adult is able, by looking at a picture, to break through his inhibitions and enter into the psychic processes of the child, he perceives with much less expenditure of psychic energy. Thus again the comparison of the amount of energy expended when perceiving as a child to that necessitated in adult perception, causes pleasure. It is for this reason that cultivated modern man enjoys the paintings of ancient man, modern primitives and children, and that modern artists have learned so much from them.

How is the adult modern artist related to the child and the primitive? Simply in that he is himself part child and primitive. The childish ways of perceiving and thinking are, as Freud has shown, merely repressed and forced into the unconscious. And from a study of dreams and memories, Freud has demonstrated that condensation (economy), the first device we

considered, is a process originating in the unconscious. Since economy and primitive methods of representation are both found primarily in the unconscious, and since these properties are of great importance in formal art, one may deduce that it is to the unconscious that the artist goes for inspiration.

All artists, the modern and the old master alike, draw inspiration from the unconscious. Modern art has laid great emphasis on the formal aspects of painting and hence has utilized blatantly certain childish devices that are not seen in academic painting. However, the formal beauty of even the works of the old masters rely on certain economies that find their source in the condensation of unconscious thought. To prove their use of qualitative economy, it is only necessary to notice the limited number of colors employed by them. Only two or three colors give the impression of many more. The modern artist often is more concerned with how he paints than what he paints. He is not forced, like the old master, to concern himself with the representation of reality. It is only natural that, having no inhibitions against painting in an unrealistic manner, he may allow himself much greater freedom in the use of certain devices that make for economy.

The theory that the sources of inspiration even for the formal aspects of art come from the unconscious explains why many artists assert that self-consciousness is the greatest barrier to be overcome in artistic production. For self-consciousness implies the examination of the artistic process by critical reason, and this hinders the flow of inspiration.

The question may perhaps be raised, why do we not laugh at beauty? In wit, the unnecessary energy is discharged as laughter; in art, it is not discharged but perhaps channeled for use in some other capacity. Freud points out that it is only because of certain special characteristics of wit, such as its novelty and ability to surprise and misdirect the listener's attention that it causes discharge (laughter). For the mind, if on guard, is always ready to channel energy for some use at hand. Wit is able to misdirect the attention by an interesting idea expressed before the word which plays an economical

part is spoken; or the meaning of the sentence or the speaker's intention may not be clear until the sentence is complete. On the other hand, a work of art does not depend on a misdirecting situation in which it is seen, and though all parts of a picture may not be seen at one moment, there still remains little opportunity for surprise. Certainly that we do not laugh at art is not reason to discard the idea of economy in explaining its effect. Thus poetry contains all the economies found in wit—rhyme, double meaning, condensation, and illusion—and these are no doubt a source of much of the pleasure. Yet we laugh at wit, but not at poetry.

Freud completes his theory of wit with a series of formulas: wit is the economy of expenditure of psychic energy in inhibition; comedy is the economy of expenditure of psychic energy in thinking; humor is the economy of expenditure of psychic energy in feeling. We may perhaps add a fourth: formal æsthetic pleasure is economy of expenditure of psychic energy in perception.

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Men and their Motives. By J. C. Flugel. With Two Essays by Ingeborg Flugel. First American Edition. New York: International Universities Press, Inc., 1947. 289 pp.

B. D. L.

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BOOK REVIEWS

MEN AND THEIR MOTIVES. By J. C. Flugel. With Two Essays by Ingeborg Flugel. First American Edition. New York: International Universities Press, Inc., 1947. 289 pp.

Unfounded allegation to the contrary, psychoanalysis has been interested, in its own way, in moral and social problems. Since Freud's early paper on the rôle of sexual morality in the etiology of the neuroses, the ethical and social implications of psychoanalytic theories have been constant topics for thought and discussion. No psychoanalyst has concerned himself more deeply with these matters than Professor Flugel, the author of Man, Morals and Society, a very important book published in 1945. In the present collection of eight essays, seven of which are reprints or partial reprints, similar problems in papers first published at different dates are better held together by the unity of the author's interest than is usual in such collections.

The first essay, The Psychology of Birth Control, is an excellent example of Flugel's method: he states the case that has been made out for and against the practice of birth control; he then proceeds to single out unconscious motives in the opponents of birth control. These are 'the blow to man's vanity involved in the recognition of the fact that, in spite of his exceptional capacity to bring about the satisfactions of his desires by the appropriate modification of his environment, he is nevertheless still subject to the law of Nature which ordains that the maximum of any given species shall be rigidly determined not by the reproductive inclinations or capacities, but by the supply of necessaries that is available for its use'—in other words, a narcissistic resistance to Darwinism of which Freud made us aware. Second, there is an unwillingness to abandon the childlike attitude of 'taking no thought for the morrow', with the analytic implications of this position. Third, there is, similarly, an unwillingness to face that Nature is at fault, which is a resistance to being disillusioned in our good Mother who should love all her children, and there is instead a tendency to blame other human beings. Fourth, the doctrine of Malthus makes us unpleasantly aware that rivalry and struggle are the rule in nature, a point of view we suppress or try to suppress consciously in our daily civilized life. Fifth, Malthus opposes a large com-

munity, a large nation, to which it has always given man a narcissistic satisfaction to belong. Sixth, there is a residuum of belief in the magic effect of human reproduction on the fertility of plants and animals, and in general a narcissistic premium put upon free breeding. Seventh, the very fact that Malthus promises peace may unconsciously breed resistance in those who like wars and fights, for the aggressive outlet they provide.

But if the opponents of birth control have their seven motives, the supporters of birth control have their seven too, which correspond number by number as the Seven Virtues and Vices. The proponents, by relinquishing their special privilege narcissism, reveal themselves as enjoying a masochistic position, identifying themselves with animals and underdogs generally (especially in their social feeling), and showing hostility to the privileged. They have displaced their hatred of parents to Nature; they are sublimating tendencies to murder children, usually representatives of siblings; they are snobs in that they preach 'Quality not Quantity'; they take the stand that sublimation is superior to sex, but in the long run are motivated by a desire for freer sexual expression.

In general, Flugel believes that the analytic principle of favoring the ego as against the superego makes for the analytic support of birth control, and that the present position of society is 'an insecure triumph for the libidinal forces of the id, a triumph which is in harmony with the "reality principle", but one which is unstable because unconscious forces of the superego have been little if at all modified in their attitude of disapproval'.

The essay on Sexual and Social Sentiments deals very profoundly with the antagonism between the manifestations of sexuality and those of 'sociality', a term used to describe conveniently and without prejudice the internalized demands of society and training and their satisfaction. Flugel states the four important ways in which social tendencies differ from sexual tendencies: in the absence of the sensual element, greater permanence, greater identification, greater diffusion (reference to a larger number of individuals). It is these tendencies which are discussed as values, the point being what social satisfactions have to provide as contrasted with sexual ones under the 'topographical' circumstances, as the Gestaltists put it, of possible attainment. Flugel believes that all four of the above make social relations between members of the

same sex ('homosocial relations') easier than social relations with members of the opposite sex ('heterosocial relations'). He lists six reasons why male 'homosociality' is better developed than its female counterpart: woman's greater narcissism, their greater sensual tendency, monogamous inclination, advantage in marriage, inferior facilities for meeting, male jealousy. He points out a modern tendency to diminish the social differences between the sexes, and an increase in heterosociality primarily among women with a corresponding heterosociality among men. The family is shown as having a double rôle, antagonizing and promoting social sentiments; there is a parallel between greater sexual freedom and social interest in groups larger than the family. Finally, romantic love aids the formation of social sentiments by demanding inhibition of aim, a limitation of narcissism, increased sublimation, and an overflow of love to others. Here there is a synergism, rather than an antagonism, between sexuality and sociality.

The third essay, Problems of Jealousy, published for the first time, is oriented to the same problem and moral interest. Jealousy is fantastic and 'unreal' when it is based upon supposed needs which do not correspond to genuine satisfactions. It is based on false assumptions that can be traced to the œdipus complex and is often related to homosexuality. Sociologically, it is associated with a patriarchal morality in which all rights are viewed as property rights. Problems of jealousy are currently of great importance and potentially harmful since they enter into the problems of wider social relationships. Flugel gives suggestions as to how jealousy may be prevented by rearing children in correspondence with the ideas outlined above.

The fourth essay needs no introduction to readers of This QUARTERLY, in which it originally appeared in 1932, Volume I. It is entitled Maurice Bedel's *'Jerome'*—A Study of Contrasting Types. It is the contrast of two sexualities and two socialities, the Scandinavian and the Parisian. Flugel's contribution is not the trite *autres pays autres moeurs* type of sociology; rather it shows the differences in characterological structure and libidinal development of persons living under the contrasting cultures. In this we can see a very important and very competent foreshadowing of a point of view that has become widely accepted since then in anthropological circles. Flugel's essay contains potentially all that there is to say of character structure and its relation to varying

cultures. It would be well for all modern, psychologically alerted anthropologists to read this essay.

The fifth essay is also doubtless familiar to most of our readers, since it was published in the International Journal of Psychoanalysis, Volume VI, in 1925 under the title Esperanto and the International Language Movement. This interesting paper, which might be cordially recommended to the world government movements and the internationalists generally, is a penetrating study of the problems that are predictably to be encountered in any attempt at internationalism. Zamenhof, originator of Esperanto, is interpreted as an indulgent father, yielding language (a mother symbol) to all men and certain similarities in the Esperantist and the primitive Christian communities (both with many schisms) are described. Besides an interesting interpretation of the sociological psychology of the movement, the essay discusses the myth of the Tower of Babel, glossolalia, and the general psychology of linguistic attainment.

On the Significance of Names is the title of the next essay, by Ingeborg Flugel. It contains many interesting examples of *'Die Verpflichtung des Namens'* in the choice of profession, in the writings of Benjamin Constant, of Charlotte in Schiller's love life and of Harriet in Shelley's. Mrs. Flugel's other essay, Some Psychological Aspects of a Fox-Hunting Rite, interprets the motive for 'blooding'—smearing blood on a child who is present for the first time at a kill. This little example of British totemism is amusingly presented with anthropological data culled from the literature of the sport.

The final essay, by Professor Flugel, is his well known article on the Character and Married Life of Henry VIII. It convincingly interprets Henry's neurotic conflicts in terms of his incestuous fixations on his mother and sister.

It is unnecessary to remark that the book is characterized by Professor Flugel's usual clarity and expository skill.

B. D. L.

INSIGHT AND PERSONALITY ADJUSTMENT. A Study of the Psychological Effects of War. By Therese Benedek, M.D. New York: The Ronald Press Co., 1946. 307 pp.

It may be said at once that this book is an outstanding achievement, that for the next ten years it will be a standard work of

reference for social workers and others interested in the psychological effects of war, and that it is severely handicapped by an unfortunate and utterly misleading title. One can only surmise that the author confused the scope with the purpose of her book. No doubt Dr. Benedek wrote it with the object of giving field workers some insight into the dynamics and economics of personality adjustment, an insight which, it need hardly be added, is a prerequisite of the successful rehabilitation of those soldiers and civilians who suffered in one way or another from the impact of war. But in that case she would have been better advised to reverse the order of title and subtitle.

In yet another respect Dr. Benedek's book is outstanding. It has been given to few psychoanalysts, however well versed in the theory and practice of psychoanalysis, to write wisely, or, for the matter of that, even with plain commonsense, on the practical handling of social and personal problems. Dr. Benedek is one of the distinguished few. She has combined a sound understanding of analytical theory with intimate knowledge of the practical aspects of her subject. And since her manner of presentation is pleasant and persuasive, she may congratulate herself on having achieved her aim with apparently effortless ease.

The scope of her work can best be indicated by summarizing the table of contents. Having outlined the developmental factors that are responsible for adult love and marital object choice, and having singled out the effects of psychic and physical 'separation', Dr. Benedek proceeds to apply her findings to such problems as adjustment in the servites, the emotional situation on demobilization, the reactions of the family to the returning soldier and of the returning soldier to his family. Chapters on mourning, on the psychological sequelæ of disablement and on parenthood complete this account, which is followed by a section on the changing sexual mores consequent on war. This includes essays on adolescent boys and girls, on the effect of industrial and army life on women, and on the struggle between the sexes.

Considering this extremely wide range of subjects, it would be surprising if the reader did not discover here and there some omissions that may be rectified in future editions. For instance: in her chapter on Soldiers and Wives, Dr. Benedek refers to the case of the soldier whose mental development has been accelerated by wartime experience and who, on returning, finds that his wife's

personality has not developed to the same extent. But this 'trauma of reunion', to adopt the author's happy phrase, can also be seen in reverse form, as when the personality of the young married woman has been matured by wartime experience in the home or factory, while her husband's mentality has remained at a boyish level. Since war is essentially a juvenile activity and since army life brings out the latent schoolboy in young men, the reunion of the couple after the war is prone to end in a marital clash, particularly when, as is often the case, the wife happens to have also an unresolved masculine complex.

Dr. Benedek might also have paid more attention to the phenomenon of spontaneous remission of neuroses occurring in wartime, and to the reactions of recruits who joined up at a time when the 'shooting war' was for all practical purposes over. To this day a crop of 'preventive war neuroses' is springing up among those within hailing distance of the call-up.

In her outline of basic principles Dr. Benedek delivers herself of generalizations to some of which the captious critic might take exception. She says, for example, that American democracy 'does not surround its leaders with myths and mysticism'. This I find hard to believe. No doubt democratic institutions encourage free expression of the negative aspects of the transference leading to indulgent or even acid criticism of leaders. But there is no reason to suppose that the positive aspect which leads to myth formation is peculiar to despotic states or to the Old World. And I, for one, take the liberty of doubting whether the issue of the future is Global Peace *versus* Complete Destruction. This was said seven hundred years ago when the explosive force of gunpowder was first discovered in Christendom. But these are niggling criticisms that in no way detract from the all-round excellence of Dr. Benedek's book.

EDWARD GLOVER (LONDON)

THE MIND AND DEATH OF A GENIUS. By David Abrahamsen, M.D. New York: Columbia University Press, 1946. 228 pp.

Writing in 1928 on the interrelation between genius, insanity and fame, Wilhelm Lange-Eichbaum [1] made a cursory remark that the life and philosophy of Otto Weininger (1880–1903) 'deserves a new

[1] Lange-Eichbaum, Wilhelm: *Genie, Irrsinn und Ruhm*. Munich, 1928.

psychoanalytic and psychiatric interpretation' (p. 431). This book by Dr. Abrahamsen is a new attempt to reinterpret the eccentric personality of the author of *Geschlecht und Charakter.*

It is now impossible to understand the storm of controversial discussions and heated polemics Weininger and his book produced. The enormous output of literature in defense and against his book, Sex and Character, which the author published at the age of 23, is a unique episode in cultural history of Europe. Judging by the diverse and polyglotic literature, the generation of Otto Weininger believed that a new planet had swum into the ken of psychology. That his name was soon forgotten, save for an esoteric group of faithful disciples who made attempts to keep his memory alive, is no wonder. The development of modern psychoanalytic psychology made Weininger's philosophy partly obsolete.

Whether he was a genius, and Freud thought he was (p. 51), or just a daring precocious mind with amazing erudition and excellent journalistic style—these are problems of keen interest to any psychologist and psychiatrist.

Abrahamsen interprets Weininger's life with much clinical acumen and in a very detached, almost academic fashion. He was fortunate to assemble new material concerning Weininger's family background, and he utilized it very skilfully in portraying the life of the young genius-scholar. The author grasped the significance of the spirit of Vienna in those years, without which the meteoric appearance of a Weininger is inexplicable. However, one regrets the omission of the beautiful autobiography by Stefan Zweig, which views in the most eloquent way with a certain retrospective nostalgia that very intellectual climate in which Weininger was reared.

Dr. Abrahamsen's interpretive method is a fusion of divergent methodological approaches. Some chapters are written from the point of view of general psychology, some from a psychoanalytic viewpoint. This eclectic method of interpretation weakens the value of the book. The methodological divergences are also responsible for the diversity of styles, which is partly scientific and partly journalistic.

There are many pertinent problems concerning Weininger which this book does not treat. The reason why Weininger's book encountered so much opposition are not clearly explained. From the literature, not consulted by Dr. Abrahamsen, it is obvious that the antagonistic attitude and hostility towards him and to his book

derived from the very fact that he was not a physician. It is sufficient to read some autobiographies of Vienna's scientific celebrities of those days, to realize the detrimental consequences to anyone who dared to undermine the petrified authority of an academic expert. The disparate duel between authority and daring genius resulted in the self-destructive finale of the young scientist, who thought to secure immortality and failed tragically. The conclusion reached by Dr. Abrahamsen that Weininger was a schizophrenic is not at all original.[2]

Some of the statements made are far from correct. That his magnum opus 'won little recognition' is not a fact. Between 1903 and 1914 Weininger's book appeared in sixteen languages, including several Russian translations. The Russian literature pertaining to Weininger would comprise a nice library in itself. Among the most important books not consulted by the author, one is surprised to find the excellent study by Theodor Lessing on Jewish Self-Hatred.

The exposition of Weininger's theories analyze clearly their basic motivations. The merits of the book derive from a strict adherence to facts. Keeping the limits of his subject always in mind, Dr. Abrahamsen has wisely avoided what must have been innumerable temptations to digress, and confined his detailed treatment to the individual, Otto Weininger. He made no efforts to evaluate Weininger's importance in terms of influence upon the generation after him. That such influence is great is apparent to anyone who is intimately acquainted with the German and Slavic literatures of the post-Weininger period; also among psychoanalysts, his influence was considerable. Thus, for instance, the conceptual difference between sex and love is derived from Weininger, although his name is never mentioned. Some of Weininger's ideas were borrowed from Spinoza, also without acknowledgment (see the quotation on p. 119).

To estimate Weininger's book as a masterpiece (p. 123) is a sweeping statement, considering that the author has made no attempts to trace the sources of Weininger's enormous erudition. To clarify the originality of Weininger's philosophy is a very important and ambitious task in itself.

The popular interest Abrahamsen's book will undoubtedly evoke, lies in the reanimation of an almost obsolete episode in

[2] *Cf.* Lange-Eichbaum, Wilhelm: *loc cit.*

cultural history and in its lively presentation. Some chapters are overwritten, some details not pertinent, but despite the drawbacks, the book deserves a wide audience.

JACOB SHATZKY (NEW YORK)

ANTI-SEMITISM: A SOCIAL DISEASE. Edited by Ernst Simmel, M.D. Preface by Gordon W. Allport. New York: International Universities Press, 1946. 140 pp.

In a remarkable symposium several authors have studied the complicated problem of anti-Semitism, either from a psychoanalytic point of view, or at least with concepts derived from psychoanalysis. The only exception is the preface by Gordon W. Allport, who, although sympathetic to the efforts of the authors, is reluctant to follow all their conclusions. He attributes his scepticism to his 'restricted layman's view of the matter'. The book has the qualities and shortcomings of all symposia: it has the advantage of variety; it has the defects of sketchiness and of lack of synthesis.

Each contributor to the symposium has written one chapter: Max Horkheimer, Sociological Background of the Psychoanalytic Approach; Otto Fenichel, Elements of a Psychoanalytic Theory of Anti-Semitism; Ernst Simmel, Anti-Semitism and Mass Psychopathology; Bernhard Berliner, On Some Religious Motives of Anti-Semitism; Douglass W. Orr, Anti-Semitism and the Psychopathology of Everyday Life; Else Frenkel-Brunswik and R. Nevitt Sanford, The Anti-Semitic Personality: A Research Report; T. W. Adorno, Anti-Semitism and Fascist Propaganda.

Dr. Horkheimer points to certain economic and social changes in modern society which might be relevant in furthering modern anti-Semitism. The gradual concentration in 'strong centralized agencies' of not only production but also of the sphere of distribution has, according to him, led to the gradual dissappearance in the modern economic structure of the 'sphere of circulation' which was the preferred sphere of Jewish economic activities. As a corollary there exists, according to Horkheimer, a change in the formation of spiritual individuals with a developed independent superego. These factors are important in the 'crisis of occidental culture'. What the author unfortunately does not elaborate on is why these latter changes might lead to an increase in anti-Semitic reactions.

Fenichel's contribution is a 'modified version of a paper pub-

lished in the American Imago' in 1940. At the time of its publication this excellent paper was the first systematic application of psychoanalytic concepts to the problems of anti-Semitism. At that time Fenichel emphasized the obvious but nevertheless important point that it is impossible to describe anti-Semitic reactions, for instance, of modern Germans exclusively in terms of individual development without taking into account the importance of such sociological factors as the influence even on the adult individuals of Nazi propaganda. Fenichel's thesis can be summarized as follows: The Jews are hated because as foreigners they impersonate the repressed unconscious of the individual anti-Semite. An additional factor is attributed to a general discontent of the masses in a given country. Thus, '. . . discontent of the masses and Jewish separateness form a complementary series in order to produce anti-Semitism'. Fenichel, however, ends on the admission of the 'limitations of the psychological explanations' of anti-Semitism.

Simmel's paper contains several extremely interesting and provocative ideas. He views 'Anti-Semitism as . . . a by-product of civilization', as a mass phenomenon 'for restoring a pathologically disturbed mental equilibrium'. He believes that anti-Semitism is 'a psychopathological personality disturbance, manifesting a regression to the ontogenetic as well as to the phylogenetic stage of the development of the ego when hatred, the predecessor of the capacity to love, governed its environmental relationships'. The reviewer must confess that the existence of such a stage in the development of the individual or society seems to him most unlikely. Simmel likens anti-Semitism to a mass psychosis, but he emphasizes correctly that the majority of the individual anti-Semites are not psychotics. He is thus led to formulate anti-Semitism as a social disease, a psychosis, a paranoid schizophrenia of the mass mind. It is doubtful whether such an exterpolation from individual to group psychology is methodologically sound. However, it is an interesting attempt to solve the puzzling problems of the existence of collective delusional beliefs about Jews in individuals who are not clinically psychotics. A particularly interesting hypothesis is the one concerning the origin of blood accusations against Jews. Simmel connects them, like all other authors on this theme, with a projection of repressed feelings of guilt of the Christian unto the Jews. Simmel makes the original point that the identification of the believer with Christ by means of eating the holy wafer might

under certain circumstances regress to the instinctual forerunners of this spiritual introjection. The guilt provoked by the reactivation of these instinctual forerunners is then attributed to the Jews. Unfortunately he overlooks the fact that blood accusations have been made not only against Jews but against heretic Christians and by the Romans against the Christians. He also overlooks the fact that eating the holy wafer is not practised by such Christians as the German Lutherans, who nevertheless were violent anti-Semites. Yet Simmel is right in stressing that the unconscious ambivalence underlying the identification of the believer with Christ plays an important rôle in attributing to Jews the repressed instinctual drives of the anti-Semite. However this must be derived from historical and psychological circumstances described elsewhere.[1]

In the chapter on religious aspects of anti-Semitism Berliner considers the paternalistic character of Jewish religion and culture as a cause of anti-Semitism.

Douglass Orr describes the so-called social anti-Semitism that normally remains 'within normal limits'. This form of anti-Semitic reaction is extremely frequent in American culture. He, too, describes the mechanisms of displacement and projection of not well-controlled hostilities in everyday life as underlying this form of anti-Semitism. He describes how character traits of certain individual Jews are used by these mechanisms to formulate the concept of 'Jewishness' as a threatening symbol.

Adorno's chapter on Anti-Semitism and Fascist Propaganda deals with 'the psychological aspects of propaganda, rather than the objective content of this propaganda'. The author makes interesting hypotheses on methods by which certain types of propaganda play on the unconscious of those it intends to win over.

A particularly interesting study is The Anti-Semitic Personality by Frenkel-Brunswik and Sanford. It is a report on the results of a 'test or scale on anti-Semitism [administered] to a group of approximately one hundred university students, seventy-six of them women. . . . It was designed to measure the strength of an individual's tendency explicitly to accept or reject anti-Semitic statements and attitudes.' In order to study 'whether anti-Semitism

[1] Loewenstein, Rudolph M.: The Historical and Cultural Roots of Anti-Semitism, in *Psychoanalysis and Social Sciences,* edited by Geza Roheim. New York: International Universities Press, in press.

was an isolated attitude or part of a more inclusive approach to social questions', a second group of questions was asked 'pertaining to public opinion, political adherence, group membership, and the like'. The results of the tests were very impressive because they were supplemented by a thorough 'clinical study of a relatively small group of "high extremes", "low extremes", as well as "intermediates" in terms of the scale for overtly verbalized anti-Semitism'. By comparing the 'high' with the 'low' anti-Semitic college women, it appears that the latter are not closer to the 'normal' than the former. 'One might say that subjects of the former group can achieve a sense of well being at the expense of other people, while subjects of the latter group can make notable contributions to humanity—but this is likely to be at the expense of their own well being.' 'High' anti-Semitic girls of the group studied are characterized by two major trends: 'pseudo-conservatism' and 'ethnocentrism'. They also 'report less ideological frictions with their parents than did those who were not anti-Semitic (critical ratio, 4.2)'. The authors emphasize the connections existing between the type of anti-Semitism and the social status of the persons they studied and they compare and contrast it with Nazi anti-Semitism. The persons they studied belong to the American middle class, and the authors believe that their anti-Semitism 'helps them to maintain their identification with the middle class and ward off anxiety'. But anti-Semitic tendencies come into the open when there is 'real economic insecurity'.

The contributors to this symposium propose various methods of combating anti-Semitism. Counterpropaganda, outlawing anti-Semitism, seems to the reviewer of dubious value. The only curative measures among those proposed that could be put into practice with some results are those aiming at preventing economic insecurity and those stemming from the insight that 'the struggle against anti-Semitism is a part of the struggle for enlightenment' (Frenkel-Brunswik and Sanford).

Although the symposium is undoubtedly an extremely valuable contribution to the understanding of hatred directed against a minority group, it does not seem to give entirely satisfactory answers to the problem of anti-Semitism itself. In the study of The Anti-Semitic Personality, for instance, the authors do not mention the rôle played by identification within the middle classes by acceptance of anti-Semitic opinions and reactions preëxisting in these classes.

Fenichel, in his study, does not attempt to explain why Jews, any more than other foreigners, should personify the repressed unconscious of the Christians. Only in Simmel's study do we find an attempt to take into account the specific problem of what the Jew means in Western civilization. However, this fundamental aspect of anti-Semitism has not been sufficiently brought out in this symposium in its historical and psychological perspective.

RUDOLPH M. LOEWENSTEIN (NEW YORK)

TEXTBOOK OF ABNORMAL PSYCHOLOGY. Carney Landis and M. Marjorie Bolles. New York: The Macmillan Company, 1946. 576 pp.

Textbooks of abnormal psychology designed for teaching college students are invariably eclectic. This is certainly one of the better ones. Its comprehensiveness should satisfy the most exacting demands, if that is properly a pedagogical objective. It may seem strange to raise such an issue, but if the prime purpose of teaching abnormal psychology is to give students a reasonably lucid approach to the vexing problems of human behavior, I wonder very much whether the result of condensing everything that is known about the field into one book, and presumably one course, is not to overwhelm them with a mass of intellectualizations. Equipped with a vast knowledge of their subject, the authors have soberly and honestly presented every aspect of the field from every prevalent point of view. This makes for intense condensation but it is difficult to see how it can avoid producing an impression of vagueness and tentativeness. That such an effect is no longer inevitable can be amply demonstrated in the satisfying manner in which illustrative material can be used for teaching purposes by psychiatrists with a reasonably accurate dynamic point of view.

Although the authors are careful to stress the dynamic nature of modern abnormal psychology, this is not evident in the scanty case histories presented. They are prevailingly descriptive. One misses the impact of well-understood precipitating situations, the sense of meaningfulness one may reveal even in a schizophrenic, the illumination of a life history by the application of psychoanalytic principles. It is not easy to forget the bitter opposition of academicians to a scientific discipline which so many of them do not understand, but whose findings they constantly apply unscien-

tifically to the teaching of abnormal psychology. It is not inappropriate to speculate whether many more students might not long since have entered the field of psychiatry if their college courses had not so violently prejudiced them against a viewpoint which presents human beings, not as conglomerates of isolated tendencies, but personalities comprehensible in a dynamically patterned way. That this is no mere quibble is dramatized by the thinness of the ranks with which psychiatry faced the massive challenge of the recent war.

All this is not to say that the authors do not pay service to the importance of psychoanalysis. Indeed, they acknowledge that its terminology has thoroughly permeated abnormal psychology. To quote, 'In fact, most of the explanations advanced in psychopathological studies are phrased in the light of concepts built up by Freud and his followers'. These were once called weasel words. The ambivalence implicit in them is revealed in the following: 'In summary, freudian psychoanalysis *has contributed to our thinking* [italics mine] about the problems of psychopathology and it has provided a therapy of value in hysteria and other forms of neurosis . . .'. This appears to be damning with faint praise.

It is surprising that such scholarly authors are guilty of numerous inaccuracies in describing psychoanalytic concepts. Thus they state, 'Originally Freud divided consciousness (or the mind) into the fore-conscious, the subconscious, and the unconscious, meaning by these terms about the same things they mean in everyday usage'. Aside from the curious comment at the end, it is a commonplace that Freud would have nothing to do with such a confused concept as 'the subconscious'; furthermore, to say that consciousness is synonymous with the mind, and to imply, if not to affirm that Freud said it was, is the grossest kind of error. In defining the ego according to Freud, the authors say that it 'corresponds to what we usually speak of as conscious experience and awareness as we know them is everyday life', and, 'The superego corresponds to the usual ways in which we use the word "conscience" '. Since there are nowhere any qualifying remarks about the important unconscious aspects of the ego and superego, there is reasonable justification for assuming that the authors are not adequately acquainted with these significant psychoanalytic hypotheses. Additional inaccuracies and omissions appear in the descriptions of

mental mechanisms. It is worth quoting the remarks about transference: 'The term *transference* refers to the reproduction of forgotten and repressed experiences of early childhood. This transference shows itself in the form of emotional storms directed toward the object of one's affections. Usually in these storms the person is angry and reproachful toward the person who is the center of his love attachment.' This is at least a narrow view of the rich concept of transference. In other respects, the account of mechanisms is incomplete. The omission of reaction-formation is noteworthy.

There are many other evidences that the authors lack a genuine understanding of psychoanalytic psychopathology. To select one, in combatting the hypothesis that the paranoid delusion has a homosexual *Anlage,* the authors say, '. . . a great number of histories of paranoid patients do not reveal any information that a homosexual component is the kernel of the delusional system. Probably, some persons suffering from homosexual conflicts develop paranoia or paranoid conditions. *Most homosexuals do not* [italics mine], and many paranoid patients give no evidence of a repressed homosexual component.' The all-important matter of how these histories were obtained is not mentioned, nor is such a decisive question likely to arise in the mind of a student; besides, to say that most homosexuals do not develop paranoia or paranoid conditions is to miss the point entirely.

In the organization of their subject matter, the authors have sacrificed a good deal that is valuable in favor of material that does not proportionately warrant the space accorded it. It does not seem wise in a book with this intention to devote an entire chapter to heredity, giving less than a page to compulsion neurosis. Certainly it would be more worth-while to tell students what is known of heredity in this field in a page, and to give more space to the neurosis. To use thirty-two pages for epilepsy and mental deficiency and but forty-two for the neuroses is not to strike a proper balance.

Despite its virtues, it seems to me that this textbook falls short of the mark. It is spread too thin, and its eclecticism prevents it from presenting the subject of abnormal psychology with the clarity and precision that is entirely possible at the present time.

NATHANIEL ROSS (NEW YORK)

CURRENT THERAPIES OF PERSONALITY DISORDERS. Edited by Bernard Glueck, M.D. New York: Grune and Stratton, 1946. 296 pp.

This volume is an outgrowth of papers presented at the meeting of the American Psychopathological Association in 1945 and contains contributions from nineteen writers, each exceptionally well qualified to discuss the topic assigned to him. The subtitles of the book indicate its scope: (1) Problems in the modern psychiatric hospital; (2) Physiochemical techniques in psychiatry; (3) Psychotherapeutic techniques in psychiatry; (4) Psychiatric guidance and rehabilitation techniques. Necessarily there is some overlapping in this attempt to designate certain techniques as specific for special situations.

In the introductory paper, the Presidential Address, Dr. Glueck reviews many questions of sociological importance in which psychiatric thinking might be of advantage. He makes a plea for an attempt to transmute our psychiatric knowledge and concepts so that they may be understood by the man in the street. The methods by which this might be accomplished are not presented. The difficulties of this task are apparent for, even in cases of long continued individual therapy, knowledge of the motives which may be the cause of the patient's asocial behavior and which he earnestly hopes to change does not always prove effective.

The part of the book devoted to the physiochemical techniques covers the field of convulsive therapies and pharmacological therapies thoroughly and is up-to-date. In the large number of articles dealing with psychotherapy the influence of psychoanalytic thinking is almost universally noted although reference to Freud's original contributions are few and far between. For instance, in one of the longest articles in the book, The Field and Objectives of Group Therapy, Freud's fundamental article on Group Psychology and the Analysis of the Ego is not mentioned. It is in Freud's paper that the dynamics of the unconscious identification of the individuals in the group with each other were first discussed.

Similarly in the article on psychiatric rehabilitation techniques, where it is stated that a 'full awareness of psychodynamics in terms of psychoanalytic unconscious mechanisms is necessary', transference—especially in the case of brief psychotherapy—is barely mentioned. However, the dynamics of transference are well covered and thoroughly discussed from the classical psychoanalytic view-

point by Clara Thompson with due consideration of the value of transference in making unconscious trends conscious.

As stated, each one of the therapies is admirably presented but usually at the end of the article one finds a qualifying statement that it is highly beneficial in appropriately selected cases. One of the great difficulties in all psychoterapy is to determine just which type of case is best adapted to a specific technique and in this book, as in most others where many writers collaborate, the integration of the papers is left to the reader.

C. P. OBERNDORF (NEW YORK)

THE MASTER HAND. By Abram Blau, M.D. Research Monograph No. 5. New York: The American Orthopsychiatric Association, Inc., 1946. 206 pp.

This is a study of the origin and meaning of right and left sidedness and its relation to personality and language. The author, who is Assistant Clinical Professor of New York University College of Medicine, has made one of the most careful and scholarly studies of handedness which it has been my opportunity to see. He has apparently left no aspect of the subject untouched and unstudied. The style is clear and the arrangement of the material makes the book not only helpful but interesting as well.

The book is divided into six parts and eleven chapters. The first part of the book is a discussion of the previous theories of laterality. The author says 'that few questions of common biological interest can boast of so many and varied explanations and the age-old riddle of right and left laterality and the problem still lacks an effectual solution'. In discussing the characteristics of laterality he says that the determination of laterality is a much more complicated project than is generally realized.

One of the most interesting chapters in the book is the discussion of personality and sinistrality. The author concludes that, in his opinion, 'the retraining of the sinistral is not generally a hazardous procedure and does not produce ill effects if carried on with tolerance, sympathy, and understanding of the personality need of the individual'.

Another chapter which is deeply interesting is the one on dominance factor in language and the development of language disorders. The discussion of stuttering is especially helpful.

The author in his discussion shifts the emphasis from some

organic basis for laterality to emotional attitudes which can be dealt with through re-education. He says: 'The central fact at the root of these language disorders [stuttering, etc.] is the personality and emotional disturbances which interfere with the normal course of development and learning'. Dr. Blau concludes:

> 'Cerebral dominance is a psychosomatic trait determined by function. People are left-brained because they are right-handed, and the reverse is true of sinistrals. In other words, the potentiality for cerebral dominance is an inherent congenital capacity, but the choice of left or right is decided by experience and learning. This learning is impressed in the corresponding cerebral hemisphere, and sets the path for the other features of dominance, particularly those of the language centers.
>
> 'Children should be encouraged in their early years to adopt dextrality habits. This policy fits the acquired nature of the trait and the fact that in this way the child becomes better equipped to live in our right-sided world. The alleged dangers of retraining are nonexistent. This misconception is due to not understanding the emotional background of sinistrality or the psychological and organic physiology and pathology of the brain.
>
> 'Sinistrality may be a neurotic symptom. In young children it may be a danger signal and arise from emotional and environmental disturbances which should be corrected. In older individuals it may be an insignificant relic of a neurosis in the past or part of a personality disturbance with a core of negativism.'

This book, in my opinion, should be read by all psychiatrists and psychoanalysts, and especially by teachers and others who are engaged in the correction of speech.

SMILEY BLANTON (NEW YORK)

TUTORING AS THERAPY. By Grace Arthur, Ph.D. New York: The Commonwealth Fund, 1946. 125 pp.

This unpretentious, engagingly written, clinical monograph can be recommended as confidently to the highly professionalized psychiatrist as to the average school principal. Both will learn from it, painlessly.

For greater accuracy, the title might be The Function of Tutoring in Therapy, since Dr. Arthur—an experienced clincal psychologist and the originator of the Arthur Point Scale of Performance Tests and associated with Dr. Hyman S. Lippman at the Wilder Clinic in St. Paul—never hesitates to use environmental therapy for the young and dependent child, or attitude therapy with the parents, whenever they are indicated.

The main thesis, however, is that many budding behavior and neurotic disturbances, from truancy, to vomiting spells, to obsessional sleep rituals, are found to be precipitated by the child's consciousness of failure in its job—school work. Even when there are other 'deeper' problems, both the family and the child are more likely to accept the school disability as the point of attack, and are more willing to recognize other factors when demonstrable progress is being made. Under skilled tutoring, this progress can occur, and often the symptoms disappear, with consequent saving of distress and the psychiatrist's time. This may be causal therapy as well, since a regressive tide, from frustration in family relationships, can definitely turn when the child begins to show he can succeed and is not hopelessly lazy, stubborn, or shy. Skill and a sense of satisfaction based on 'I can do it' may have as much influence on the ego as do traumata or insight.

As described by Dr. Arthur, the kind of tutoring which achieves therapeutic effect is poles apart from the not unfamiliar picture of the reluctant, defeatest scholar, stood over by an impatient father who insists on knowing what his son cannot understand about fractions, or by a tired and sceptical schoolteacher who is dutifully trying to do the impossible. No child is expected to tutor in anything he does not want to learn, nor is he expected to do anything beyond the ability of the average of his mental age. The tutor is carefully selected, and has no other responsibility than to be a friendly instructor who is equipped with the best known techniques. The methods and materials are chosen by the psychologist, who maintains close supervisory relation until it is clear that satisfactory progress is really being made. As family or school problems arise, the psychologist takes responsibility for solving them. Under this regime, with possible goals and enlightened methods, more than could be expected possible is apparently often accomplished, at comparatively modest cost.

JOSEPH CHASSELL (BENNINGTON, VERMONT)

GROUP PSYCHOTHERAPY, THEORY AND PRACTICE. By J. W. Klapman, M.D. New York: Grune & Stratton, 1946. 344 pp.

The method of group psychotherapy has grown, and this is one of the many recent books on the subject. The first part is historical and anthropological. Beginning 1905 in Boston, with Dr. J. H.

Pratt treating tubercular patients, and 1908 in Vienna, with Dr. Jacob L. Moreno, the history of the group method is brought up-to-date. The anthropological chapter stresses the importance of the group in man's intellectual development.

The second part outlines the dynamic essentials of group psychology. The formation of groups, group transferences, the position of the leader and the dynamics of therapy are discussed. Interrelationships of individual and group psychotherapy are described. A chapter on re-education places high value on the therapeutic efficacy of intellectual processes and their applicability to treating people in groups.

The third part gives methods of applying this therapy. First presented is Moreno's work, the importance of his concept of spontaneity, the dynamics of psychodrama with some criticism of its possible shortcomings, and the advantages of puppetry. The contributions of Schilder, Wender, Lazell, Pratt, Hadden, Harris, Sherman and others are reviewed in the chapter on affective re-education in outpatient clinics. The author has applied group therapy principally in a mental hospital, and this chapter is accordingly detailed with outlines of lectures, case histories, class discussions and psychodynamic formulations. The chapter on methods deals with the qualifications of the therapist, transference, abreactions, catharsis, resistance, the pedagogical approach, the selection of patients, size of the class, grouping of patients and frequency of class sessions.

This book is well organized and easy to read. Dr. Klapman places importance on the repressive inspirational approach in the group method, and uses case material freely to illustrate his points, and demonstrates the usefulness of group psychotherapy in state hospitals where the need for psychotherapy is so great.

J. L. HENDERSON (SEATTLE)

GROUP THERAPY, A SYMPOSIUM. Edited by J. L. Moreno, M.D. New York: Beacon House, Inc., 1945. 305 pp.

This book contains the proceedings of two round table conferences on group psychotherapy. The title of the first, held in 1932, was The Application of the Group Method to the Classification of Prisoners. It was sponsored by Dr. William A. White, who had

read Dr. Moreno's monograph and had talked with him, and was interested in the possible importance of the group approach to treatment. Although much of the discussion centered about the treatment of prisoners, the broader implications and possibilities of the group method were discussed. The talks were largely exploratory. Dr. Moreno concluded the discussion with what seemed to be a defensive explanation of his theory.

The remainder of the book consists of the proceedings of a second round table conference in 1944, and brings the group method of psychotherapy up-to-date. The exigencies of the war gave impetus to the method, and Captain Francis J. Braceland (MC), U.S.N.R. found adversity to be a unifying force; Bruno Solby, Surgeon (R), U.S.P.H.S., mentioned as unifying factors (1) similar symptoms, (2) similar social status in military service, and (3) a similar goal. Samuel B. Hadden, M.D. added members to his group at weekly intervals, included both sexes and apparently handled problems of sex and of transference without unusual difficulty.

Joseph H. Pratt, M.D., working in the medical clinic of the Boston Dispensary began 'mass instruction' of tuberculosis patients in 1906, thus becoming one of the pioneers in the use of group therapy. He first employed lectures, but as his experience broadened he recognized the neurotic elements in physical illness and his classes came to include what today would be called psychosomatic cases. His approach is 'repressive inspirational' as contrasted to psychoanalytical. The improvement of his patients was more rapid than when they were treated individually. In his contribution he pays tribute to the early works of Dejerine.

The combined system of group psychotherapy and self-help as practiced by Recovery, Inc., is outlined by Abraham A. Low, M.D. Important is the choice of words ('recovery language') to avoid the defeatism inherent in so many common phrases. In the working of patient with patient and in groups there is similarity to Alcoholics Anonymous.

E. W. Lazell, M.D., who began working with group psychotherapy in 1919, summarizes the advantages of the group method and gives an outline of his lectures. His orientation is chiefly psychoanalytic. Nathan W. Ackerman, M.D., who has had experience both in psychoanalysis and in group therapy, outlines the

advantages and limitations of the group method: 'Group therapy is an independent method; it neither competes with or substitutes for individual therapy'.

It is impossible in a review to mention all the numerous contributors to these round table conferences. The book deals with the many aspects of the group method of psychotherapy, and there is sequence and relationship only in the board outlines and general orientations of various group methods. Each contributor makes some special contribution of his own, and in each contribution there is at least one idea of importance. For the inexperienced individual who wants to learn how to conduct group psychotherapy this book may be more confusing than instructive; but for those who wish to know more about group psychotherapy, its background, its importance and some of the underlying mechanisms and the thinking of those in the field, it is invaluable.

J. L. HENDERSON (SEATTLE)

AFTERMATH OF PEACE. By A. M. Meerloo, New York: International Universities Press, 1946. 218 pp.

The author, a Netherlands psychiatrist, whose Total War and the Human Mind [1] was recently reviewed in this QUARTERLY, was for a time a German prisoner, later escaping to England. As one who took an active part in the resistance movement and who was under sentence of death, he has seen at close range the ugly face of Nazism and knows well whereof he speaks. The volume consists of ten 'psychological essays', under the general headings, The Influence of Total War, The Impact of War on Social Life and Psychological Peacefare. All of them deserve reading, for they give firsthand knowledge of topics which have much to do with the future peace of the world. Only a few of the essays can be summarized here.

The first discusses Treason and Traitors. The collaborationists in Holland, as elsewhere, were drawn from the ranks of the frustrated and neurotic—a fact, Meerloo says, which was recognized by the man in the street at the time. The Nazis, masters of group psychology, sought out these people and by bribes, cajolery and threats won them over. The feelings of guilt, the self-exculpation,

[1] Meerloo, A.M.: *Total War and the Human Mind.* This QUARTERLY, XV, 1946, pp. 536–537.

the need of the traitor for a scapegoat, are well described. The author comments: 'A sense of guilt is one of the most fertile sources of betrayal; once an injustice has been committed, the victim will become an object of hatred and a candidate for further injustice. The traitor punishes himself with still more betrayal, and in doing so he asks the world for punishment. . . . This explains both the crescendo of disloyalty, criminality, and bestiality in Germany and the determined treachery of traitors.' The prophylactic value of a democracy which gives to each an opportunity for self-expression and for criticism and a sense of responsibility for his views and actions is emphasized.

The next essay, on Hatred and Collective Hatred, is too closely written to bear condensation. It is full of material on the bases of hate and aggression, feelings of guilt, and the relation of anti-Semitism and allied movements to the inner insecurity of the majority group. It should be carefully read *in extenso*. He concludes: 'Only those who imagine themselves lost hate each other. Great men and great nations do not hate.'

The essay on Problems of Displaced People should be studied by all who are interested in the problems of European rehabilitation. In general, Meerloo divides the psychological changes in the ex-prisoner of war or other expatriate into regressions, inferiority reactions, and superiority reactions. Under the first, he includes general loss of civilized habits, and various conversion and hypochondriacal symptoms. Among the inferiority reactions, he mentions apathy and loss of initiative, self accusation and nostalgic day dreams. Superiority reactions, noted especially in the younger groups, are cynicism and an attitude of nonconformity. He says, 'The care for the younger generation that grew up in the war will be one of the most difficult problems for psychologists, more difficult than all the problems of recuperation and rehabilitation'.

If anything is to be done for these displaced persons, it must be done soon. Food and clothing are essential, of course; so are work and entertainment. Personal attention—a feeling of being understood, of having some time and care given individually, of having women participate in the machinery of restoration—is of high importance. Finally, planning is needed, and a government in which the returnee can place his trust.

Perhaps enough has been said to indicate that we are dealing with a psychiatric document of high social value. We have said

much of the social importance and applicability of psychiatry; here, in concrete form, is an example. May Doctor Meerloo's experience and training be put to good use by the successor (whatever it may be) of UNRRA and by the other builders of One World!

WINFRED OVERHOLSER (WASHINGTON, D. C.)

MANUAL OF DIAGNOSTIC PSYCHOLOGICAL TESTING. PART II, DIAGNOSTIC TESTING OF PERSONALITY AND IDEATIONAL CONTENT. By David Rapaport, Ph.D. and Roy Schafer, B.S., with the collaboration of Merton Gill, M.D. New York: Josiah Macy, Jr. Foundation, 1946. 100 pp.

This book is the second part of a study sponsored jointly by the Josiah Macy, Jr. Foundation and the Menninger Foundation and published in greater detail under the title, Diagnostic Psychological Testing: The Theory, Statistical Evaluation and Diagnostic Application of a Battery of Tests. It deals essentially with the Word Association, Rorschach and Thematic Apperception Tests. The typography and make up of this monograph is a great advance over Part I of this series.

An excellent review of these tests is presented, especially the Rorschach Test. The limitations of this test are very adequately described, and the authors rightfully score the diagnostically unprofitable and time consuming refinements in technique that have appeared in recent years, especially the new scores introduced to reflect fine nuances of response and psychological meanings not validated statistically. However, their own discussion of the four form levels (F+, F±, F∓, F—) almost falls into the same category, because probably there is enough confusion for the majority of workers in differentiating simply between F+ and F— forms. A comparison of the average tables with those of others who use the Rorschach Test shows many discrepancies. Further statistical validation studies are needed and the authors appear well aware of this fact.

One of the most interesting and valuable parts of this book is the discussion of deviant verbalization of Rorschach responses, chiefly the vagaries of schizophrenic speech, and it should be carefully studied by all who employ the Rorschach Test.

The section about the Thematic Apperception Test is somewhat incomplete because one of the authors interrupted his co-authorship to serve in the Army, and because of difficulties inherent in this

test. The final chapter dealing with the differentiation, by a battery of tests, of psychosis from neurosis, and neurosis from normality is very well presented. This book will be of interest mainly to psychologists but may be read with profit by any psychiatrist interested in the use of these tests.

WILLIAM F. MURPHY (CAMBRIDGE, MASS.)

ÉLÉMENTS DE PSYCHO-PHYSIOLOGIE. By Henri Roger. Paris: Masson et Cie, Editeurs, 1946. 428 pp.

This book is written by the former Professor of Physiology of Paris and not by Henri Roger, the distinguished Professor of Neurology of Marseille.

Legend says that Lao-tse, the Chinese philosopher, was born at the age of seventy, a fact which explained his great wisdom. Unfortunately, what may have been true for an ancient philosopher does not apply to western culture.

This text cleaves to the old atomic, not to the new dynamic psychology. Sixty-eight years ago Claude Bernard stated that no line of demarcation exists between physiology and psychology. Henri Roger still makes no distinction between the languages of psychology and physiology. The book contains nothing new in either neurology or psychology.

RAYMOND DE SAUSSURE (NEW YORK)

DYNAMIC MENTAL HYGIENE. (With Special Emphasis on Family Counseling.) By Ernest R. Groves and Catherine Groves. Harrisburg, Pa.: Stackpole Sons, 1946. 559 pp.

The first part of this book outlines the background of mental hygiene, including the family, biological, medical, psychological, psychiatric, educational, sociological, social work, legal, home and religious aspects. The second part treats of the application of mental hygienic principles to domestic problems as practiced by the family counselor. The subject matter is well organized and the style quite readable. The authors undertake the difficult task of condensing and correlating the material of the various fields which contribute to mental hygiene. They do not identify themselves with any particular school and in general maintain a satisfactory perspective. In the second part, the technique of family

counseling is described and the dynamics of the therapist-client relationship well presented. However, although there are brief and adequate summaries of ninety-four cases, it would have been advantageous to describe several cases in more detail to clarify the technique involved. Further, more detailed case reports would have helped to delimit the types of situations in which the family counselor can function most effectively. An appendix with references for study based on the subject matter covered is intended for didactic use. This book is suitable as a text or source of reference for the family counselor, social worker and others in related fields.

HERMAN SHLIONSKY (MONTCLAIR, N. J.)

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ABSTRACTS

The Œdipus Complex in the Light of Early Anxieties. Melanie Klein. Int. J. Psa., XXVI, 1945, pp. 11–33.

This is a presentation by Mrs. Klein of the material from her analyses of two children followed by a theoretical discussion of the mechanisms underlying their anxieties and a comparison of her conclusions pertaining to superego formation and the resolution of the œdipus complex with those of Freud.

Both the accounts of the two analyses and her theoretical discussion are of the same tenor and lead to conclusions similar to those found in her book, *Die Psychoanalyse des Kindes.* Here, as there, her descriptions of unconscious fantasies are so mixed with logically unsatisfying formulations, and direct observations so indistinguishable from interpretations that, in the main, one is unable to follow the text with any real feeling of understanding, much less to report it with clarity.

Mrs. Klein's theoretical differences with Freud concern themselves first with the development of the superego. She holds that the superego is formed not in consequence of the resolution of the œdipus complex, but that its development begins in the first year of life as a result of guilt feelings consequent upon wishes to devour the breast, i.e., as a result of fear of retaliation by the mother. She thus in effect fails to differentiate between fantasy and introjection or—to carry her thesis to its logical conclusion—she implies that everything not in the outside world, that is, every thought in the child's mind, is an introjected object! And, in fact, this is just the kind of mental world in which Mrs. Klein would have us believe the child lives—a world which is composed exclusively of loved and hated, good and bad, enjoyed and feared, introjects.

This theory ultimately leads Mrs. Klein to postulate what must be inherited introjects for she says that 'the infant girl . . . has an unconscious knowledge that her body contains potential children whom she feels to be her most precious possession'. At the same time the girl knows that her father's penis is the giver of babies, and fantasies that her mother has taken it—and the babies with which it is equated—away from him and has it inside her. This is the important meaning of Freud's phallic mother. Then: '. . . her œdipus rivalry expresses itself essentially in the impulse to rob her mother of her father's penis'. The consequent fear of retaliation by the mother—'of having her inner good objects injured or taken away . . . is the leading anxiety situation in the girl'.

The boy has similar introjected objects (and fantasies of such objects inside the mother) and it is his fear of injury to these introjected objects which makes the major contribution to his 'actual castration fear'. This is resolved, according to Mrs. Klein, 'not only because the boy is afraid of the destruction of his genital by a revengeful father, but also because he is driven by feelings of love and guilt to preserve his father as an internal and external figure'. Freud, she

feels, 'has not given enough weight to the crucial rôle of these feelings of love, both in the development of the œdipus complex and in its passing'.

H. W.

The Concept of Trauma in Contemporary Psychoanalytical Theory. Otto Fenichel. Int. J. Psa., XXVI, 1945, pp. 33–43.

This paper, translated here for the first time in English, was originally published in the *Internationale Zeitschrift für Psychoanalyse,* Vol. XXIII, 1937, pp. 339–359.

Fenichel reviews the theory of the origin of anxiety in infancy: id impulses, unable to utilize satisfying pathways of discharge, pour over into the vegetative nervous system where they are experienced as anxiety. Later anxiety is utilized by the ego as a signal to indicate that a situation is, in its judgment, dangerous. Usually, however, what was meant to be a mere danger signal, mobilizes great quantities of dammed up libido—libido which has been prevented from finding adequate discharge pathways—and then the infantile 'discharge in spite of everything' reënsues and a situation 'analogous to trauma' is recreated resulting in an 'anxiety attack'.

Fenichel then discusses at length the origins of the trauma: ultimately the fear of loss of love, fear of punishment and fear of the 'collapse of the ego' should the excitation reach the point of orgasm. The last fear is due in most instances to excessive sexual excitation in childhood—typically in primal scenes —during which the ego is flooded by id impulses and since, just as in the case of prohibitions, adequate discharge is impossible, a vegetative discharge ensues which is experienced as anxiety.

Thus it is the impossibility of satisfaction due to the recollection of such traumata which causes a constant damming up of libido. Mobilization of this libido creates a situation 'analogous to trauma' and anxiety attack takes the place of an orgasm. Aggression is inextricably bound up with sexual excitement and is (mis-) handled in the same manner: instead of a healthy discharge of anger, an anxiety attack.

Persons suffering from this conflict repetitively recreate anxiety situations, both in the hope of gaining complete satisfaction and in the hope of obtaining ego mastery over the excitement. These repetitions bring about a relative—though never economically sufficient—satisfaction and temporary releases from tension. However, since sexual excitement is forever regenerated somatically, lasting freedom from anxiety is never obtained because the unconscious trauma or prohibition is constantly reactivated thus bringing about fresh traumatic experiences. The ego never corrects its original judgment that sexual excitation is dangerous and unremittingly interferes in normal sexual processes with its danger signal.

Fenichel points out the essential difference between this situation and a neurosis which is based on trauma alone—such as an auto accident in adult

life—in which the instincts are relatively little involved. In this neurosis the excessive excitation from the trauma is eventually completely mastered by the ego and anxiety disappears.

H. W.

The Unconscious Origin of Schopenhauer's Philosophy. J. O. Wisdom. Int. J. Psa., XXVI, 1945, pp. 44–52.

This is an excellent reconstruction of Schopenhauer's unconscious trends and conflicts from his major philosophical work, *Die Welt als Wille und Vorstellung* (1819).

In summary, Wisdom comes to the conclusion that Schopenhauer suffered from a manic-depressive psychosis and that the illness expressed in his philosophy was a defense against his conflicts. As a result of his intense oral incorporative wishes, he had an extremely ambivalent attitude toward himself which veered between narcissistic love (which Wisdom believes saved him from suicide) and oral-sadistic attacks upon himself.

Schopenhauer's 'will', the fundamental force in the world, represented his sexual drive. He resolved the conflicts arising from this drive by accepting death—castration—and returning to the womb in the form of excrement. Beauty and philosophy are concepts manifesting this resolution, beauty by denying dirt and philosophy by enhancing will, i.e., sublimated sexuality. Will is expressed by the 'archetype' which is a baby born from reason, viz., non-sexually. 'This at the same time acts as a quieter of the will and is outside time and space and the course of life, so that it expresses [his] castration—the archetype fuses lust and castration.'

The 'Principle of Sufficient Reason' is 'a way of gaining knowledge of the archetype'—babies—its origin, 'unsanctioned knowledge of the process, desire to produce them, and living in the child'. He could not think of making a real baby since he hated women because they represented his castrated self with his 'evil' oral sadism.

Sexuality for Schopenhauer paralleled vomiting, i.e., he ejaculated his incorporated father and his unclean semen. 'This sexuality was condemned because of the basic cannibalism and coprophagia.'

'Philosophical genius is the capacity to apprehend the archetypes; the value of it lies in its making possible a painless castration. It is allied with madness, which is due to a break in the memory. Sounds disturb and smell is the sense of memory; sounds and smell are attributes of defecation; therefore sounds would reawaken interest in this, make memory recover, remove the power of genius and abolish the archetypal resolution of castration. Thus at the root of castration lay repudiated coprophilia—which, however, was satisfied in another form by death in the sense of excrement. Hence death, as castration and as excrement, is to be understood as a compensation for inhibited coprophilia.'

H. W.

Ruminations of a Scientific Secretary. Adrian Stephen. Int. J. Psa., XXVI, 1945, pp. 52–55.

In this short communication, Stephen makes a plea for more efficient collection of clinical research data by the assignment of particular types of illness (in a clinic) to physicians who are working on a specific problem to the understanding of which the study of certain illnesses would contribute. As a further aid to concentration on particular questions, he suggests the formation of small discussion groups of people specializing in certain lines of thought.

Furthermore, he says, 'equally important is the construction of a conceptual system which will serve to bring order into our observations'. Towards this end he asks for a greater use of nontechnical terms and 'a systematic attempt to examine the whole body of our technical words and concepts and the various usages of our words by the help of suitable examples, just as, if we were trying to convey to a child the nature of the concept "motor car" or the usage of these words we should do well to point to examples rather than to offer a verbal definition'. Stephen believes that by such a clarification major differences between analysts might be resolved and at the same time 'it might turn out that some of our words were meaningless and some of our concepts redundant'. He anticipates criticism of such a questioning attitude towards Freud's words and concepts by pointing out that Freud himself relinquished his ideas without hesitation when he found others which fit the facts more closely, and that we are scientists first and as scientists we must strive towards the truth by substituting new ideas for the old when we see that they approach the truth more closely, no matter who first thought of the old ones.

Again in this endeavor, as in the clarification of clinical data, Stephen believes that small discussion groups would accomplish more than could a large society meeting.

H. W.

A Note on Ambivalence. Adrian Stephen. Int. J. Psa., XXVI, 1945, pp. 55–58.

Stephen here questions the commonly expressed concept of ambivalence: the splitting of the figure of a person into two objects, a hated and a loved one, because it is intolerable to have a good object which is also bad. He holds this is 'attributing to small children a too highly sophisticated view of what is often called the "external world" ', and what really happens in the child's mind is simply a failure of recognition that the pain evoking person is the same person as the pleasure evoking one—just as a child is unable to realize that the red-hot stove of the evening is the same stove as the cold one of the early morning. Thus the child passes through a 'preambivalent stage' in which 'since the object of love could not be continuous with the object of hate there could of necessity be no true ambivalence'. Ambivalence would only arise later 'when the child began to adopt the adult principle and to isolate entities—not according to their emotive qualities but, principally at least, according to their more permanent physical qualities'. Finally Stephen points

out examples of this 'preambivalent method of isolating entities' such as transference phenomena and displacement of affect as in Little Hans.

H. W.

Anxiety and Plane Flight. Henry G. Wegrocki. Psa. Rev., XXXIII, 1946, pp. 1–36.

'Instinctive' fear of falling (loss of stable support), of loud noises and of physical confinement are factors which facilitate the development of anxiety reactions in flight. The physiological changes resulting from decrease of air pressure, air density, and temperature are contributory causes. The development of anxiety, however, is inhibited by other factors—individual as well as social—such as the pleasure of flying (resulting from identification with the powerful ship), the stimulus afforded by danger, the fiction of personal invulnerability, and on the social level, a sense of duty and a desire for approval by the group, thus increasing self-esteem.

From a neurophysiological standpoint, pathological anxiety is defined as a persistent disturbance in the 'biphasic relationship existing between the cortex and the diencephalon (Grinker and Spiegel)'. The instinctive fears cause biological, alerting reactions which are manifest through excessive diencephalic activity. Simultaneously the cerebral cortex exercises control over the diencephalon. Thus, sensitization of an individual may result from his having experienced a plane crash; neutralization can be obtained by means of extensive and repeated exposure to flight ('aerial acclimatization'), and inhibition of diencephalic activtiy is effected by the cerebral cortex in response to the individual and social 'morale' factors.

Loss of this psychosomatic balance is very well demonstrated in eight case histories. In conclusion, Wegrocki finds that the individual with predominant passive-dependent trends is definitely predisposed to the development of anxiety reactions in flying.

CAREL VAN DER HEIDE

Towards the Problem of the Musical Process. Richard Sterba. Psa. Rev., XXXIII, 1946, pp. 37–43.

Just as thoughts can be symbolized pictorially in hypnagogic hallucinations, so can musical motives undergo transformation into visual incidents. Sterba describes two of his own hypnagogic experiences in both of which movement appeared as the conspicuous unifying factor between musical and visual processes. This common denominator proves once more that pleasure in motion is the essence of the musical experience.

An attempt is made to understand psychoanalytically the feeling derived from music. The movement factor in music brings about 'not only a regression to early infantile kinesthetic pleasure, but also the intense pleasure of experiencing the dissolution of barriers between the self and the outside world'. In music one's own movement is felt as simultaneously sympathetic with movement in the outside world. Through this kinesthetic pleasure music, which has the

character of vast space, obtains magical meaning permitting 'experience of ego-universe identity'.

CAREL VAN DER HEIDE

A Clinical Contribution to the Analysis of the Nightmare-Syndrome. Stephen Schonberger. Psa. Rev. XXXIII, 1946, pp. 44–70.

The nightmare attack is found to represent the primal scene as it was experienced by the dreamer who interprets it in an oral-sadistic manner because of his infantile oral frustration. The mother is the central figure, represented by a woman with a phallus. The attack is a talio-punishment and directed against the chest of the dreamer. Thus, arrested breathing and motionlessness characterize his behavior as they did during the primal scene itself.

Subsequent social considerations and illustrations from Hungarian folklore lead to a discussion of witch fantasy, 'a reaction consequent on oral traumata'.

CAREL VAN DER HEIDE

Phylogenetic Manifestations and Reversions. A. A. Brill. Psychiatric Quarterly, XX, 1946, pp. 3–15.

Both Bleuler and Freud gravitated into the paths taken by Darwin and others to span the bridge between ontogeny and phylogeny. Some mental manifestations show a direct transition from the unconscious present to the primordial past. This is seen in the reactions to the œdipus and castration complexes, in animal phobias, especially in the phobia of being devoured by the father, and particularly in fixations on and regressions to earlier phases of libidinal development, e.g., the anal-sadistic one. All functions of the erstwhile cloaca still serve to reduce instinctual tension, a process which is pleasurable to the organism as a whole. Some forms of psychotic behavior and the animal-like expressions of some idiots suggest that ontogeny is not only an embryonic repetition of phylogeny, but that manifestations of the latter continue in distorted form in many human beings who live in our midst.

BERNHARD BERLINER

Sudden Graying of Hair, Alopecia, and Diabetes Mellitus of Psychogenic Origin. Hyman S. Barahal and Nathan Freeman. Psychiatric Quarterly, XX, 1946, pp. 31–38.

A thirty-eight-year-old white soldier, while stationed in the jungle, became restless, tense, and greatly perturbed over his future and his separation from his wife. The following morning his hair, previously dark brown, had turned white. Within the next few days there occurred a considerable loss of frontal, marginal, and facial hair. Within a few more days the symptoms of diabetes mellitus appeared followed by a thirty pound loss of weight over a period of one month. A report from the patient three months after his discharge from the army showed little improvement. The symptoms may be understood as concomitants of the anxiety state.

BERNHARD BERLINER

Narcosynthesis for the Civilian Neurosis. Herbert Freed. Psychiatric Quarterly, XX, 1946, pp. 39–55.

Narcosynthesis was used in combination with complete psychoanalysis and with psychoanalytically oriented psychotherapy for the purpose of shortening the treatment. It proved helpful in cases with little affective response as in certain compulsive and schizoid patients and in neurotic characters described as 'detached'. The drug releases strong affects which facilitate the recollection of repressed memories and fantasies, and expose the corresponding defenses of the ego which then must be worked through intensively.

BERNHARD BERLINER

A Study of the Art Work of a Behavior-Problem Boy as it Relates to Ego Development and Sexual Enlightenment. Margaret Naumburg. Psychiatric Quarterly, XX, 1946, pp. 74–111.

An obese ten-year-old boy of dull normal intelligence was brought to the New York State Psychiatric Institute and Hospital at the request of the school authorities because he was a severe behavior problem. The family background was a very disturbed one and the parents handicapped rather than helped the treatment. He was hospitalized in the Institute for eight months. From the second to the seventh month he attended art sessions, at first for a half-hour period twice a week and later for a full hour. The treatment procedure was in the nature of play therapy where art work in the form of drawing and clay modeling was used by the therapist to approach the deeper layers of instinctual conflict.

The boy aided by the therapist reached and learned to master his œdipal and preœdipal conflicts. With the removal of anxiety and shame by interpretation and education, he was able to make progress in ego development. The fact that the home situation was not materially altered interfered with his making a better adjustment.

The direct method of approach, the exclusion of the parents from the treatment situation, the use of the child's slang or individual sexual terms, the interpretation of id material and the use of transference, is suggestive of the methods employed by the Melanie Klein school of child analysis.

JOSEPH BIERNOFF

The Psychopathology of Psychoticlike Reactions in the Combat Soldier. H. Rosen, H. J. Myers, H. E. Kiene, and W. Goldfarb. Psychiatric Quarterly, XX, 1946, pp. 138–149.

These writers, working as military psychiatrists in the European theatre of operations where they had ample opportunity to see many 'combat precipitated dementia-præcoxlike reactions', describe three such cases. The patients were treated with shock therapy, narcotherapy, suggestion, hypnosis and short psychotherapy.

The combat soldier who breaks down with a psychoticlike reaction in defending himself against the traumatic experiences of combat, utilizes what

conscious and unconscious defense mechanisms he possesses. The psychoticlike reaction is an exaggeration of these defense mechanisms. The prognosis is better for those patients whose thought content during abreaction dealt with the present rather than with past conflicts and who abreacted the consciously remembered traumatic experiences of combat. The writers believe that some other terminology than 'dementia præcox' should be used for the 'reactive regression, reactive projection or reactive psychoticlike episodes' described.

JOSEPH BIERNOFF

Psychiatric Objectives in the Army. William C. Menninger. Amer. J. of Psychiatry, CII, 1945, pp. 102–107.

This paper by William C. Menninger was presented to the largest class of medical officers ever to graduate from the School of Military Neuropsychiatry. He stresses the fact that the psychiatrist now has increased responsibilities because his profession has become good newspaper copy. He also points out that even among his medical colleagues psychiatry has grown in scientific stature. He then discusses the effective utilization of manpower within the army and the psychiatrist's rôle in this situation. He does not, however, point out that the psychiatrist is generally noneffective in his battle with the administrative officers in solving mutual problems. Menninger claims that tremendous strides have been made in the field of psychiatric therapy in the army and while it is true that progress has taken place along these lines, it is a sad commentary that at this date the director of neuropsychiatric consultants still hopes that in the future special facilities will be available to the army planned and designed to meet the neuropsychiatric problem. In closing, Dr. Menninger admonishes his students to remember they are doctors first, last and always. It would be of greater value to the army if the brass hats would remember that too.

RALPH R. GREENSON

Prolonged Post-Traumatic Syndromes Following Head Injury. Jurgen Ruesch and Karl M. Bowman. Amer. J. of Psychiatry, CII, 1945, pp. 145–167.

The strides in the integration of the borderline problems between neurology and psychiatry are well illustrated by this article in which thorough physical and mental studies of the posttraumatic syndromes are made. 'In the majority of cases, dynamic relationships between psychological problems and prolonged posttraumatic syndromes could be established.' The authors find that the trauma may represent a materialization of unconscious wishes, may serve as a displacement mechanism for other emotional problems or may provide an escape from intolerable situations. The need for personality studies as part of the routine work-up for early recognition of neurotic elements in the clinical picture and for psychotherapy are stressed and provide a welcome statement of principles in this field.

MARK KANZER

A Statistical Study of One Hundred Neuropsychiatric Casualties from the Normandy Campaign. William Needles. Amer. J. of Psychiatry, CII, 1945, pp. 214–221.

Needles notes that some writers on psychiatric combat casualties stress the poor family and environmental backgrounds, while others on the contrary consider immediate external factors more important, with even the most robust individuals breaking down under the intolerable stresses of war. He attempts to assess this problem by a study of one hundred fresh psychiatric casualties from less than a month of combat in the Normandy invasion, using the questionnaire method, and compares this group with an equal number of medical and surgical casualties who had otherwise stood up well in the same combat area for a slightly longer period. Both groups were roughly of the same age and educational level. The neurotic group showed (1) about twice the incidence of poor family background and poor early environment, (2) a higher average number of neurotic traits, (3) a much higher incidence of previous treatment for 'nervousness' (29% versus 7.2%), (4) a greater tendency to 'nervousness', worry, dependency, seclusiveness, and religious feeling, and (5) a much lower incidence of ability to obtain relief through discussing combat experiences (5% versus 41%). The control group showed more conflicts with the law and more alcoholic habits. The application of (2) and (3) for screening purposes would have eliminated 52% of the neurotic casualties and 12% of the controls.

LINCOLN RAHMAN

Two Different Types of Post-Traumatic Neuroses. Alexander Adler. Amer. J. of Psychiatry, CII, 1945, pp. 237–240.

On the basis of her experiences in dealing with neuropsychiatric problems among victims of Boston's Cocoanut Grove fire, Dr. Adler distinguishes between 'fear neuroses' and 'conflict neuroses'—terms previously used by Symonds. The former are characterized by emotional disturbances and nightmares immediately after the trauma and show evidence of a psychological attempt to recapitulate the circumstances of the disastrous experience. In the 'conflict neuroses' the onset of symptoms occurs after a free interval and shows the obvious influence of old emotional problems. Dr. Adler also reports that no cases of (conversion) hysteria occurred among patients who had been hospitalized in contrast to such symptoms in unhospitalized cases and attributes this to the promotion of insight and understanding in the hospital. This report furnishes an interesting control study of traumatic neuroses developing after head injuries and battle experiences.

MARK KANZER

Dr. C. G. Jung and National Socialism. S. S. Feldman. Amer. J. of Psychiatry, CII, 1945, p. 263.

The remarkable change in Dr. Jung's attitude towards national socialism is illustrated by two quotations from his writings of 1934 and 1945. Some European psychiatrists, during the prewar years, were puzzled by his sympathy for a movement 'at which the whole world looks with admiration'. Now, others

will be equally surprised to hear him attack the whole German population: 'all, consciously or unconsciously, are concerned in the atrocities'. Feldman refers to Freud's bitter remarks about Jung in 1914, remarks which obviate the necessity for any surprise about Jung's behavior during the ideological crisis which came twenty years later.

CAREL VAN DER HEIDE

The Reëstablishment of Peacetime Society. G. B. Chisholm. Psychiatry, IX, 1946, pp. 1–20.

The great burden which keeps humanity from the vital step to maturity and a peaceful society is the burden of inferiority, of guilt and fear. The force which, according to Chisholm, creates these burdens is morality, the concept of right and wrong, the poison described and warned against in the Bible as 'the fruit of the tree of the knowledge of good and evil'. Freedom from moralities means freedom to observe, to think and behave sensibly, to the advantage of the person and of the group, free from outmoded types of morality and from the magic fears of our ancestors. It is the psychiatrist's responsibility to stop prostituting man's noblest and highest development, his intellect, to the service of guilt, fear and shame.

In his discussion, Henry A. Wallace recognizes that Chisholm has risen above the realm of morality in a Presbyterian sense. Wallace bestows special compliments on what he calls 'the protective coloration' with which psychiatrists surround themselves. For humanity, it is a much greater moral challenge to learn 'to live joyously with abundance than to learn to live grimly with scarcity'.

G. B. Chisholm has made a courageous attempt to develop dynamic psychiatry into psychiatric dynamite.

MARTIN GROTJAHN

Anti-Feminism and Race Prejudice. M. F. Ashley Montague. Psychiatry, IX, 1946, pp. 69–71.

Practically every one of the arguments used by the racists to 'prove' the inferiority of this or that 'race' was not so long ago used by the antifeminists to 'prove' the inferiority of the female as compared with the male. In the case of these sexual prejudices one generation has sufficed for the discovery of the completely, spurious and erroneous nature of these arguments.

MARTIN GROTJAHN

The Regression of Psychiatry in the Army. William Needles. Psychiatry, IX, 1946, pp. 167–185.

Military psychiarty is regressive in character, according to Needles, and the blame lies largely with the 'authoritarian' psychiatrists who are opaque to the developments of psychiatry in the past few decades, subject to peculiar personality defects, and possessed of a cynicism growing out of peacetime army experience. Because of their dominant position in the army hierarchy, they foisted their brand of psychiatry on all susceptible subjects under jurisdiction.

The 'enlightened' psychiatrist, if he wished to practice a humanitarian psychiatry, had to manifest unusual stubbornness and forego opportunities of promotion.

The authoritarian psychiatrists flaunted statistics tending to prove that they returned large proportions of patients to duty. Those were hollow boasts. No follow-up statistics were ever collected, and the experience of individual psychiatrists indicated that many of the men returned to combat and other duty were sick men and could not carry on. The neurotic soldier, regarded as wilfully sick, was subjected to sadistic treatment to force him to give up his symptoms and return to duty. Drugs, supplanting individualized psychotherapy, were used wholesale to yield mass-production results. Those who could not be induced to surrender their symptoms, were stigmatized as 'constitutional psychopathic inferiors'. They were consigned to 'Recovery Centers', where they were subjected to a grim regime of retraining which tended further to crush their self-respect. When the neurotic soldier was finally adjudged nonsalvageable, he was regarded with callous disdain and refused any kind of treatment.

Needles closes with a few remedial suggestions, such as diffusion of a humanitarian psychiatric viewpoint through all levels of the service, civilian commissions to investigate the activities of military psychiatrists, the selection of proper officer material, and a more democratic spirit in the army.

S. GABE

Psychiatric Casualties from Guadalcanal. A Study of Reactions to Extreme Stress. Theodore Lidz. Psychiatry, IX, 1946, pp. 193–213.

Lidz has undertaken a rounded-out study of a group of psychiatric casualties from Guadalcanal in the hope that such a presentation will render the material comparable with experiences from other theaters and other campaigns. The author sketches the grim military situation in which the men found themselves on Guadalcanal in mid-October, 1942, and graphically depicts the terrific external stress to which they were subjected for two months without respite. Certain emotional attitudes and reactions were experienced by nearly all the men, viz. a conviction of the inevitability of defeat and death, loss of faith in leadership, anxiety over their own behavior lest it lead to suicide, homicide, cowardice or insanity, and a variety of resentments and guilt feelings. These emotional strains could perhaps be regarded as more devastating to the ego than bombs, shells and physical stress. Still it was not possible to account fully for the outbreak of neurosis in these brave and apparently stable men by a mere recital of the external and conscious internal stresses to which they were subjected. Others exposed to the same stresses emerged from the ordeal without serious psychiatric disturbance. Exploration of the personality structure and early conditioning experiences revealed that those who became psychiatric casualties had certain defects in their 'character armor'. Among the deleterious developmental factors, a disrupted home in childhood seemed the most frequently traumatic. As regards therapy, abreaction did not prove efficacious; only insight into the personal meaning of the events gave effective relief.

Several case abstracts are given to show 'how the filter of personal experiences changes events into significant personal issues'.

S. GABE

Some Observations on Character Structure in the Orient. II. The Chinese, Part One. Weston La Barre. Psychiatry, IX, 1946, pp. 215–237.

La Barre presents a short outline of Chinese cultural history and character from an anthropological viewpoint which is to be followed later by a psychiatric study. The key to the remarkable stability and endurance of Chinese civilization is to be found in its agrarianism. It has produced an ethnocentric culture, which, despite numerous invasions and conquests and unchecked extension over a large share of the globe by a process of cultural osmosis, has remained nonmilitaristic, nonimperialistic, pretechnological, and basically rural. It has stamped the national Chinese character with an unshakable narcissistic conviction in its own cultural superiority amidst a world of barbarians.

The agrarian basis of Chinese civilization also made the family the pivotal social institution. Chinese character and social organization can be understood only through an evaluation of the family institution. Because of the intimate, lifelong, and inescapable contacts between the members of the family, interpersonal relationships are of profound concern to the Chinese. Preoccupation with 'face' is an expression of their social and psychological sensitiveness. The Chinese seem to have evolved a solution to œdipal conflict that is far different from our own. Instead of overthrowing the father or liberating himself form his dominance, the Chinese son makes peace with him. The result is a noncompulsive, nonaggressive personality structure, and a capacity for friendship of the most delicate and rivalry-free nature. Although a son never 'comes of age' vis-a-vis his parents, the father's authority is mitigated by the social value attached to the paternal virtues of wisdom, forbearance, and patience and by a sharing of paternal responsibilities with the older persons in the extended family.

In contrast to the high ethical and humane standards reigning within the family, the Chinese feel relatively little obligation to the community at large. Political morality as judged by Western standards is backward. Such political practices as nepotism and graft are looked upon as virtues from the standpoint of the family. As a consequence of the absorption of their loyalties by the family, the Chinese have found it difficult to establish a stable, centralized state. Their political *laissez-faire* has invited repeated invasions and dominance by foreign powers. The process of extending the ethical principles and emotional bonds that unite the family to include the entire nation has been a long and arduous one for the Chinese.

S. GABE

A Note on the Treatment of Depressive Psychoses in Soldiers. H. M. Serota. Bulletin of the Menninger Clinic, X, 1946, pp. 10–17.

This paper is devoted to a cross-sectional study of three hundred successive cases admitted to a special 'depressed and suicidal' ward. Serota points out

that the soldier-patient, unlike the civilian, seems to hold intact a portion of his contact with reality, so that he preserves the attitudes of a soldier, particularly toward authority. While the civilian displays symbolic symptoms in which old conflicts of infantile origin can be surmised, the soldier presents a picture in which the hallucinatory material is related to his military status. The key point in the therapy, therefore, is the transference situation between doctor and patient, which is particularly complex in the army, since the doctor is always an officer and the patient always an enlisted man. Furthermore, since guilt feelings are always significant, any critical or punitive attitude on the part of the officer-doctor is fraught with danger.

There are four case reports in this paper which illustrate the therapeutic benefit of reassurance, kindness and other manipulations of the environment for the majority of depressive psychotic reactions in soldiers.

RALPH R. GREENSON

The Freeing of Intelligence. Gardner Murphy. Bulletin of the Menninger Clinic, X, 1946, pp. 47–55.

This paper is a condensation of a longer one of the same title, delivered as the presidential address at the Fifty-Second Annual Meeting of the American Psychological Association in September 1944. Murphy points out that man has been able to remake the order of the world wherever his task has been objective and his intelligence free, but on problems concerning his own nature, where his impulses have beclouded the process of his thinking, he still relies upon exhorting, moralizing and argumentation. The author then attempts a systematic statement of what is known today about the relation of our needs to our process of thought. He distinguishes the following steps: perception, recall and thought tend to take a direction such as to bring to the individual a cognitive situation satisfying to his needs. This movement is often unconsciously directed, the individual remaining unaware that the pseudological steps taken serve an unconscious need. This tendency of thinking processes appears to be a special case of the law that behavior in general goes in the direction of need satisfaction; thought, like perception, is bipolar, in that both depend on the need patterns of the individual. Not only the wish but the fear may be father to the thought. The impulse to perceive the nature of the threat is activated by the need to escape.

Murphy states that there is no intellect which stands apart from the concrete personal, drive-directed efforts at contact with reality. One portion of his paper is concerned with curiosity, which he considers a craving for contact with reality stronger than the individual's need to escape from reality. Finally, Murphy discusses relaxation and its relationship to creative thinking. He believes that creative intelligence can best spring from the mind which is not strained to its highest pitch, but utterly at ease. He deplores the fact that in our practical Americanism it is considered sensible to devaluate the dream, which is an extraordinary, vivid, realistic experience.

Murphy closes his paper with the following remarks: 'I believe, then, that there is evidence that functional intelligence can be enormously enhanced, first by the systematic study and removal of individually and socially shared

autisms; second by the cultivation of curiosity; and third, by the art of withdrawal from the pressures of immediate external tasks, to let the mind work at its own pace and in its own cogenial way'.

RALPH R. GREENSON

Some Recent Observations on the Use of Hypnosis in Psychotherapy. Margaret Brenman and Merton M. Gill. Bulletin of the Menninger Clinic, X, 1946, pp. 104–109.

Brenman and Gill state that approximately between seventy-eight and ninety-seven per cent of the total population can be hypnotized to some degree, but that only about twenty per cent can be deeply hypnotized. In their experience, hysterics are not particularly susceptible to hypnosis. The only way one can determine hypnotizability is to try to hypnotize the patient. There does not seem to be a correlation between the depth of hypnosis and the therapeutic results. The determining factor seems to be the extent to which the patient permits himself deep emotional participation in his hypnotic experiences. The dangers connected with the use of hypnotherapy seem to have been unduly exaggerated. The only specific contraindication is the presence of strong paranoid ideas. The authors conclude that hypnosis is a powerful and dangerous tool and should only be used by trained psychotherapists who will apply it within the solid framework of their theoretical understanding and clinical experience.

RALPH R. GREENSON

Techniques of Hypnoanalysis Illustrated in a Case Report. Merton Gill and Karl Menninger. Bulletin of the Menninger Clinic, X, 1946, pp. 110–126.

The authors describe the hypnoanalytic treatment of a patient with neurasthenic, hysterical and depressive features. They found that the use of sodium pentothal did not improve the hypnotizability of the patient. At the beginning of treatment, free association while under hypnosis was found to be the most fruitful technique. Since this patient complained of frequent disturbing dreams, the analysis of dreams was the most important part of the therapy. The authors worked with her spontaneous dreams and also induced dreams by suggestion when she seemed to be in a state of resistance or when a clearer statement of the material was desired. In addition to free association to dreams, the therapists attempted to force the recall of forgotten elements and insisted upon clearer details. Sometimes when a dream could not be successfully worked out, it was suggested that she have an equivalent dream the next night which would clarify the earlier one.

Toward the end of the treatment, hypnotic regression techniques played a significant rôle. This was accomplished in two ways: first, she was asked to reproduce the initial appearance of her symptom, and secondly, she was asked to relive a time at which ideas now repressed were present consciously in their original form.

The authors could explore specific trends by choosing an episode in the history which seemed closest to the repressed content. The patient could

then be 'regressed' to this episode and hitherto repressed material could be explored. Forcing recall and direct suggestion were also used.

All the above mentioned techniques produced good results in the patient described. They conclude that the defense mechanism which seems to yield most readily to hynosis is repression. Defense mechanisms can be analyzed in the hypnotic state just as in the waking state. Direct suggestion was a means of counteracting the anxiety which sometimes occurred when repressed material was forced into consciousness.

This patient was treated for one hundred thirty-three hours and improved markedly. Six months after treatment she independently worked out by self-analysis some aspects of the unresolved transference situation.

RALPH R. GREENSON

Individual Psychotherapy. Franz Alexander. Psychosomatic Med:, VIII, 1946, pp. 110–115.

Transference neurosis, Freud's most important discovery, became the basis of modern psychoanalytic therapy. 'The search for forgotten memories, and the intellectual reconstruction of the past history, gave place more and more to the consistent utilization for therapeutic purposes of the emotional experiences of the patient in relation to the physician. Psychoanalytic therapy became in a sense a prolonged emotional training of the ego.' By mobilization of repressed emotions the ego's failing functions are restored. Ego function activities are perceptive (internal and external) and executive; the ego must first register subjective needs in order to gratify them and it must inform itself about existing external conditions. Mastery of an old unresolved conflict is possible because the intensity of the transference conflict is less than the original conflict, and because the therapist assumes a different attitude from that which the parent assumed in the original conflict siutation. The more precisely the therapist is able to revive the original emotional situation in the transference, and the more precisely he can provide by his own attitude towards the patient the necessary corrective experiences, the more profound and speedy will be the therapeutic result.

MARTIN GROTJAHN

Group Psychotherapy with Veterans. Nathan W. Ackerman. Psychosomatic Med. VIII, 1946, pp. 118–119.

In Group Psychotherapy With Veterans, six therapeutic aims are listed: (1) to provide emotional support through group relationships, (2) to encourage discharge of pent-up aggression, (3) to reduce guilt and anxiety, (4) to encourage the correction of irrational interpersonal reactions, (5) to increase self-esteem and recognition of constructive capacities, (6) to foster the development of insight. 'Group therapy is a more real experience than individual therapy'; its power is limited for chronic, rigid personality distortions with deep unconscious roots but it 'offers a means for therapeutic resolution of some types of social maladaptation and emotional disturbances of relatively recent origin'. Its

greatest effectiveness is the reintegration of ego patterns with resulting improvement of social adaptation.

MARTIN GROTJAHN

Treatment of Warts by Suggestion. Hermann Vollmer. Psychosomatic Med., VIII, 1946, pp. 138–142.

Treatment of warts by suggestion, especially in children, is at least as effective as other treatment. Although warts disappear spontaneously, the average duration of untreated warts is more than ten times longer than by suggestive therapy. Vollmer gives several case histories illustrating his technique of suggestion.

MARTIN GROTJAHN

Resistance to Insulin in Mentally Disturbed Soldiers. H. Freeman. Arch. of Neurology and Psychiatry, LVI, 1946, pp. 74–78.

Freeman studied ninety-three soldiers discharged from the army for psychiatric disorders in order to determine whether resistance to insulin is characteristic of the schizophrenic psychosis alone. He concludes that this resistiveness to insulin was noted with all clinical types of acute mental disturbance irrespective of the specific diagnosis.

RALPH R. GREENSON

Electric Shock Therapy of Elderly Patients. Fred Feldman, Samuel Susselman, Basile Lipetz and S. Eugene Barrera. Arch. of Neurology and Psychiatry, LVI, 1946, pp. 158–170.

The authors studied fifty-three patients over sixty-five years of age who had been given electric shock therapy. They conclude that in patients over sixty-five electric shock therapy should be considered whenever a diagnosis other than senile dementia can be made. The only other contraindications are extreme defects in the physical state, particularly in the cardiovascular system.

RALPH R. GREENSON

Pretraumatic Personality and Psychiatric Sequelæ of Head Injury. Harry L. Kozol. Arch. of Neurology and Psychiatry, LVI, 1946, p. 245

One hundred and one civilians with acute head injuries were subjected to an intensive study of the multiple factors in the pretraumatic and posttraumatc personality status. In most patients psychological changes became more manifest about three to six weeks after discharge from the hospital. Patients with pretraumatic neurotic personalities had a greater proportion of posttraumatic psychiatric symptoms. There was no close correlation between the severity of the injury to the brain and the severity of the sequelæ. No correlations were found which would permit the ascription of psychiatric sequelæ to one particular case or group of cases.

RALPH R. GREENSON

Primary Behavior Disorders and Psychopathic Personality. Jacques S. Gottlieb, M. Coulson Ashby and John R. Knott. Arch. of Neurology and Psychiatry, LVI, 1946, p. 381.

Two hundred patients, one hundred with primary behavior disorders and one hundred with psychopathic personality showed considerably higher percentages of electrocortical abnormality than the percentages reported for normal children and adults.

RALPH R. GREENSON

Cleidocranial Dysostosis with Psychosis. Samuel Kilgore and G. N. Lasker. Arch. of Neurology and Psychiatry, LVI, 1946, p. 401.

The authors studied a patient with this syndrome and, after surveying the literature, report that there is no constant relationship between the dysostosis and the psychosis.

RALPH R. GREENSON

Intravenous Injection of Sodium Amytal as a Test for Latent Anxiety Samuel Susselman, Fred Feldman, and S. Eugene Barrera. Arch. of Neurology and Psychiatry, LVI, 1946, pp. 567–580.

The authors used an intravenous injection of one and one half grains of sodium amytal, administered rapidly, as a test for determining the 'nonorganic' origin of many symptoms. They found that patients who complained of headaches, migraine, backaches, dysmenorrhea, and gastrointestinal symptoms were temporarily relieved of their complaints by this method. The authors therefore believe that this procedure may be considered a valuable diagnostic measure for determining the presence of psychogenic tensions. They claim that patients resistant to psychotherapy are easy to convince after this test. They conclude that this procedure should be used only to supplement thorough physical and psychiatric investigation. In their report, however, the cases used for illustration were given neither a thorough physical nor psychiatric examination.

RALPH R. GREENSON

Conscience in the Psychopath. Phyllis Greenacre. Amer. J. of Orthopsychiatry, XV, 1945, pp. 495–509.

This paper is concerned with a group of patients who show repeated evidence of antisocial behavior and whose peculiarities are primarily characterized by impulsiveness and irresponsibility, intense but labile emotional states and superficial love relationships. Alcoholism, drug addiction and sex perversion are common among them and they get themselves into repeated difficulties without seeming to learn from experience. Psychoanalysis is difficult to carry out because of these qualities.

Greenacre is impressed with certain recurrent configurations in the life histories of her cases. The father is frequently a prominent, stern and remote figure; the mother is frivolous, narcissistic and overindulgent. Pride rather than love is prominent in the family relationships. Difficulties in reality testing

and identification result; the authoritative figures are poorly introjected. Conscience does exist but has a lofty remoteness, 'shot through with magic and valued as an adornment rather than for its utility'.

MARK KANZER

The Group Factor in Military Neuropsychiatry. Jules V. Coleman. Amer. J. of Orthopsychiatry, XVI, 1946, pp. 222–226.

'It has become traditional psychiatric practice to explain personality problems from the point of view of the individual life history and particularly the experiences of early childhood. An effort has been made in this paper to show that whereas the type of reaction in military psychiatry may be explained by the psychodynamics of the individual, there are important etiological factors which are based on the experience of the soldier in relation to the characteristic military setting.'

'One finds every type of personality variation among men who prove themselves capable of identifying with the military group. Schizoid, paranoid, cycloid personalities; overt homosexuals; hysterical and obsessive personalities; and even a good many psychopaths are able to find a place for themselves and do a satisfactory job in a military group.'

The company is the family group of the army. Ambivalent feelings are focused upon the leader and his ability to handle these tensions is vital for morale and for the development or prevention of psychiatric disabilities. In combat, the resentment is displaced to the enemy and the love is retained in the form of loyalty and sacrifice for the group.

MARK KANZER

Counseling and Therapy. Lawson G. Lowrey. Amer. J. of Orthopsychiatry, XVI, 1946, pp. 615–622.

Lowrey takes issue with the principles and practice of 'nondirective therapy' as worked out by Carl Rogers and his followers, who include a considerable number of psychologists and social workers. Nondirective therapy has as its aims the free expression of thought and feeling by the patient; establishment of sympathetic relationship between counselor and client, avoidance of direct advice or suggestion, and encouragement in the development of insight. As Lowrey points out, the procedure has a great but unacknowledged debt to psychoanalysis. He maintains that actually the method 'is full of directives in the very limitations it imposes upon client and counselor, there is insufficient opportunity for working through of problems and there is definite danger in the use of such methods by practitioners who do not understand motivations or dynamics'. He summarizes his opinions in the statement that nondirective therapy 'is based on inadequate theory and is carried on in a rigid way to confused ends'.

MARK KANZER

Study of a Case of Pseudo Deaf-Muteness ('Psychic Deafness'). Erika Oppenheimer Fromm. J. Nerv. and Ment. Disease, CIII, 1946, pp. 37–59.

Fromm reports on a child, aged ten, who since the age of two, following an attack of bilateral otitis media, had been mistakenly regarded as suffering from deaf-muteness. When the child was observed to react when a pencil accidentally fell behind its back, further studies were initiated. These disclosed that the child did respond to some acoustic stimuli and not to others. Experiments showed that hearing was not dependent on the loudness of the sound nor of its pitch but that purely psychological factors were responsible: the child heard when the source of sound was an object with libidinal cathexis; it did not hear sounds made by objects in which it was not interested, which it feared or disliked. The child was similarly found able to speak. The illness was considered one of 'Psychic Deafness', a syndrome described by Theodore Heller in 1894. It is characterized by pseudo deaf-muteness in children in whom deafness is due to psychologic factors and not to any pathologic condition of the hearing apparatus, central or peripheral.

WILLIAM NEEDLES

Anxiety and the Group. A. N. Mayers. J. Nerv. and Ment. Disease, CIII, 1946, pp. 130–136.

Mayers points out that anxiety-provoking situations may result in evasions or denials of anxiety. This may take the form of denial of the dangerous situation, delay and procrastination, endless preparation, retreat in the midst of a situation, panicky completion of a task and undoing. He draws upon the recent and remote past for historical incidents which, according to his interpretation, are illustrative of the various mechanisms enumerated above. Those who are sceptical of oversimplified explanations for complex situations may not accept this thesis, especially when adequate historical information is lacking.

WILLIAM NEEDLES

Internal and External Causes of Anxiety in Returning Veterans. Arnold Eisendorfer and Murray D. Lewis. J. Nerv. and Ment. Disease, CIII, 1946, pp. 137–143.

Eisendorfer and Lewis cite the case histories of two soldiers whose conduct was exemplary while they were exposed to the dangers of actual combat, but who upon return to the safe environment of home promptly developed a neurosis. Psychiatric study disclosed that the return home threatened a reactivation of early conflicts from which life in the army had afforded an escape. The war was for them a means by which they avoided their neurotic anxieties. It afforded them an outlet for their sado-masochistic tensions. Return to their former family relationships confronted these men with their unresolved conflicts, with resultant reactivated anxiety. Neurotic breakdown may therefore be expected in certain veterans whose consistently successful career in the army will have furnished no evidence on which to anticipate such a sequel.

WILLIAM NEEDLES

Psychogenic Vomiting. Jules H. Masserman. J. Nerv. and Ment. Disease, CIII, 1946, pp. 224–233.

Masserman warns against the dichotomy of mind and body implicit in the term 'psychosomatic'. He then discusses recent studies which have thrown light on the rôle of the hypothalamus in gastrointestinal functioning but, in the light of contemporary experimental work, he rejects the theory which establishes the hypothalamus as the seat of the emotions. After reviewing the importance of the nutritional function in the development of the infant's interpersonal relationships and the satisfaction of its dependency needs, Masserman describes four types of psychogenic vomiting: reactive vomiting, as after the detection of some disgusting contaminant in the food; neurotic vomiting, as in the rejection of an unconscious wish to be pregnant; severe character neuroses with symptomatic vomiting; psychoses with vomiting. In treatment the aim is first to remove the gain through illness and then to divert the energies of the patient into satisfactory realistic channels. Masserman states that the application of these principles may become highly elaborate in some cases, but he believes that psychotherapy can be adequately conducted by the general practitioner.

WILLIAM NEEDLES

The Present Status of Narco-Diagnosis and Therapy. Paul H. Hoch. J. Nerv. and Ment. Disease, CIII, 1946, pp. 248–259.

Sodium amytal can be used diagnostically to differentiate neuroses from psychoses, manic depressive psychosis from schizophrenia, and psychogenic from organic conditions. Many patients may disclose hallucinations and delusions not previously suspected; mannerisms, ecolalia, bizarre associations and incoherence may likewise be illuminated. Sodium amytal has been used prognostically with some success: thus, individuals who reacted favorably to amytal narcosis responded well to shock therapy. It was used extensively in the therapy of war neuroses. Contrary to the experience of Grinker, Hoch obtained results in selected cases by the use of suggestion alone while the patient was under amytal. Applying it subsequently to civilian neuroses, Hoch believes he considerably curtailed the length of treatment. Anxiety neuroses respond well while obsessional neuroses and anxiety hysteria do not yield as gratifying results. Certain psychosomatic syndromes were greatly benefited. The *modus operandi* of the drug is not yet sufficiently understood.

WILLIAM NEEDLES

Therapeutic Relaxation. Ernest Schmidhofer. J. Nerv. and Ment. Disease, CIII, 1946, pp. 260–275.

Schmidhofer administered suggestive therapy simultaneously to large groups of naval casualties. The term 'therapeutic relaxation' is utilized in preference to hypnosis because of its pleasanter connotation. He reports a host of symptoms which yielded to such therapy. Apparently no extensive follow-up was feasible but Schmidhofer appears satisfied that no recurrence or substitution of symptoms took place.

WILLIAM NEEDLES

Psychopathy in the Scheme of Human Typology. Ben Karpman. J. Nerv. and Ment. Disease, CIII, 1946, pp. 276–288.

Karpman believes that the group designated as 'psychopathic' contains a variety of personalities which have little in common beyond a particular form of behavior and a superficial resemblance in certain personality traits. The dynamics in these cases, which superficially appear alike, may be vastly different. He distinguishes two basic groups on the basis of motivation: the secondary or symptomatic and the primary, idiopathic type of psychopathy. The symptomatic type, upon closer examination, discloses individuals with neuroses or psychoses wherein the psychopathic behavior obscures the basic neurotic or psychotic picture. The idiopathic psychopathy, on the other hand, is a specific type which, in its extreme forms, constitutes a specific mental disease requiring institutionalization. Two fairly distinct subdivisions of the idiopathic group can be delineated, the aggressive-predatory type and the passive-parasitic type.

WILLIAM NEEDLES

The Value of Formal Psychiatric Examination in the Criminal Court. S. Harvard Kaufman and Curtis Bok. J. Nerv. and Ment. Disease, CIII, 1946, pp. 289–297.

Kaufman and Bok discuss those contributions which could be made by the psychiatrist to help jurists transform the courts from a merely punitive instrument to one of correctional discipline that will not ignore mental illness where it exists. They consider the working relationship of the psychiatrist and the court, the functions of the psychiatrist, his limitations, his practical aid to the court and the future outlook for psychiatric examination of convicted criminals. Illustrative cases from the criminal court in Philadelphia show how psychiatric evaluation can prevent miscarriages of justice without imperiling the safety of society.

WILLIAM NEEDLES

The Analyst Remains Silent. James Clark Moloney. Diseases of the Nervous System, VIII, 1947, pp. 14–16.

Moloney has discovered the occupational disease of the psychoanalyst—cardiovascular degeneration—due, he believes, to the unrelieved tension generated in the analyst who acts as target for his patients' hostility, yet cannot permit himself to retaliate. The statistical proof marshaled consists of seven cardiovascular accidents in analysts which have come to the author's attention in the past two years, three of them fatal.

S. GABE

Interpretación Psicodinámica de la Función Tiroidea: Observaciones sobre Disfunciones Tiroideas en Psiconeuroticos. Arnaldo Rascovsky. Revista de Psiconálisis, IV, 1947, pp. 413–450.

This is an attempt to formulate the effect of thyroid secretion on the various functions of the psyche. Rascovsky draws his conclusions from the study of

several patients with hyperthyroidism, one of which he treated psychoanalytically for four hundred hours achieving a symptomatic cure and another—in whom exophthalmia persisted following thyroidectomy—which he treated for a shorter time.

Rascovsky's conclusions from these observations may be summarized as follows: thyroid secretion suppresses pregenital libidinal drives and stimulates genital tendencies. 'The thyroid discharges on the endocrine level the functions ascribable to the superego.' He further generalizes to say that in hyperthyroidism there is a strong superego combined with 'insufficiently repressed pregenital activity', while in hypothyroidism the opposite is true so that a weak superego tolerates direct expressions of pregenital wishes. Finally, he says, 'the antagonal action of both tendencies, thyroid and estherol, (suprarenal and estrogens) finds its equivalent in the theory of instincts in the antagonism existing between the erotic and the aggressive tendencies. . . .'

H. W.

Relaciones de Objeto en la Paranoia Masculina y Femenina. Durval Marcondes. Revista de Psicoanálisis, IV, 1947, pp. 492–507.

Marcondes thesis is that paranoid ideas in both sexes are not a defense against homosexuality but rather a defense against passive sexual attitudes toward either sexual object.

The problem, as Marcondes sees it, is found in the struggle that both sexes undergo against the passive sexual rôle in which they both begin life. When, in the boy, the change to an active attitude is inhibited he stays in, or returns to, a passive attitude toward both his mother and father. While passivity to father (men) is usually the presenting attitude in paranoia because 'the critical moment (in the passivity-activity conflict) took place during the œdipal phase', nevertheless the boy's passive attitude toward mother from the precœdipal phase lies in the background, and indeed persecution by women is sometimes found in the presenting symptoms.

That feminine persecutors are more frequent in the girl (though nearly always veiled by a masculine persecutor) despite her normally passive attitude toward father in the œdipal phase, is due, according to Marcondes, to the fact that the precœdipal phase is much longer than that of boys 'and therefore much more recent'. 'Paranoic disturbances', the author concludes, 'are a special form of defense against passivity'.

H. W.

Psicoanlisi. II, No. 1, 1946 (Rome, Italy).

The Effects of Psychoanalysis on Ethical Maturation. H. Meng.

This is an Italian translation of Meng's article which appeared in *Ärztliche Monatshefte* (Schwarzenburg, Switzerland) in 1945. It is a brief survey of Freud's contribution to the study of the development of conscience.

Infancy as the Destiny of Man. J. Flescher.

This paper was read by the writer at a scientific meeting in Milan in 1946, under the title, The Psychosexual Development of the Child in the Light of Psychoanalysis. It is a very comprehensive summary of the child's earliest psychosexual development and its influence on later life. Therapy and transference situations are briefly mentioned. The writer introduces the terms 'positive and negative valences' to designate the disposition towards love and hate in object relationships. He also dwells on the way in which, due to conscious or unconscious demands, the opposition of close relatives to the emancipation of the patient hinders his recovery.

Flescher strongly advocates preventive measures through the proper education of children; since the group consists of individuals, group neurosis can he cured by taking proper care of the individuals comprising the group. He speaks of two great competitive efforts, the one towards increase of power through technical development; the other, a deeper understanding of mental development. To help overcome our neglect of the child, he advocates not only cultural exchange between nations but also the delegation of qualified persons to study and observe the correct principles of child education.

The Psychopathology of Internment. E. Servadio.

This short paper was written in 1940 while the writer was interned as an Italian citizen in the British concentration camp at Ahmednagar, British India. As are the other papers in the journal, this also is intended for those people who are unacquainted with psychoanalysis. In particular situations such as war or during restrictions in concentration camps, the earlier developmental levels, delineated by Freud, become clearly manifest. Servadio adheres strictly to Freud's life and death instincts.

In the concentration camp sexual abstinence was imposed, and to the extent to which this drive could not be sublimated, regression to former pregenital stages of development occurred, giving rise to perversions. When these regressive drives cannot be satisfied, tension increases, and thus anxiety and feelings of guilt arise. Since men and women were separated in the camp, a means of sexual discharge was provided through various kinds of disguised, harmless satisfactions—as in telling homosexual jokes—just as in schools and military training camps. Regression to infantile behavior, such as querulousness, is also the rule.

Psychoanalysis of the Pure Movie. G. Piertranera and A. Montani.

The manifest content of the common movie is only the pretext for cinematographic expression itself. The 'pure' movie aims only at this expression—which these writers compare with the dream work—and in it all kinds of representations and symbols, such as those in dreams, are automatically utilized by the director.

Piertranera and Montani give many examples from movies to illustrate their point of view. 'The "pure" movie is a means of expression of the unconscious thought, as an organic projection of the unconscious thought itself.' Exhibitionistic and scoptophilic drives, as well as narcissistic identification of the

spectator with the hero, are also considered. The writers ascribe to the 'pure' movie a value similar to that of a symphony concert.

Contributions to Psychoanalytic Æsthetics. E. Fulchignoni.

This paper includes some vague idea about Freud's contribution to the psychology of artists and the psychodynamics of wit. Jokes and witticisms are considered by Fulchignoni as a form of art. Freud's formulations in Wit and the Unconscious are not mentioned. Chagall's work is discussed in which, according to the writer, rationality is lacking and which represents, as it were, an incarnation of the dream.

EDOARDO WEISS

Psicoanalisi. II, No. 2, 1946.

This issue contains the report of the first Italian Psychoanalytic Congress (held in 1946), which was attended by representatives of the Italian government. The following papers, read at the meeting, are published in this number:

In Memory of Freud. E. Servadio.

This is a dignified and accurate report of Freud's scientific activities and a fine résumé of his work, in which Freud's personality is understandingly revealed.

Political Life and Regression of the Superego. J. Flescher.

This paper is a brief summary of Freud's studies of the leader in his Group Psychology and the Analysis of the Ego and in Totem and Taboo. Superego regression in contemporary groups is discussed. We find some quite unjustified criticism of Freud, however, such as, 'there is no doubt that also in the study of the psychology of the chief Freud has neglected a potent derivative of the instinct of aggression, namely *need for domination* . . .'. Flescher also criticizes Freud's definition of the chief as the 'perfect narcissist'. Christ, he says, so frequently cited by Freud as the chief of a psychological, organized mass, could certainly not be considered a narcissist in the accepted sense; 'nor could there have dominated in Him the other motive on which Freud insists, that is, that related to primitive sexuality, but rather that of "power over the souls", the indispensable aspiration of every leader . . .'.

The Phobia of Communism as a Symbol of the Eruption of the Id. N. Perrotti.

Perrotti explains, with examples from his clinical experience, how the fear of the repressed objectionable drives can find symbolic expression in a phobia of communism. As authority symbolizes the superego, so the condemned drives are symbolized in communism. Evidently he confused these drives with the id, and the title of the paper should have been The Phobia of Communism as a Symbol of the Eruption of the Repressed, Condemned Drives.

Developments of Psychoanlytic Diagnosis and Technique. Alessandra Tomasi Di Palma.

The confusion in this article is increased by the use of incomprehensible terms. Thus the writer speaks of '*occupazioni oggettive*'—literally, 'objective

occupations'—by which she evidently means the German *'Objekt-Besetzungen'* (object cathexes). 'The American Psychiatric Association in the United States, and a commission designated by the Institute of Psychologic and Psychotherapeutic Research in Berlin (the director of the latter is Felix Boehm), have separately decided to isolate from the great group of the psychoses of traditional classification a conglomeration of disturbances (incurable) which they diagnose as psychopathy.' She reports psychoanalytic cures of tics and other neurotic symptoms in criminal psychopaths, while the psychopathic personality itself remained unchanged. Not a word is mentioned about procedures or psychodynamics.

Psychoanalysis and the Study of Some Behavior of Animals. L. Pardi.

The writer presents some very appealing and interesting applications of Freud's instinct theories and their derivatives to the lives of animals. Among them are the assumption of feminine attitudes of weaker males toward stronger males, and the manner in which ownership of territory is established by excreta, thus connecting the possessive instinct with excremental functions.

The Psychology of Quislingism. Ernest Jones.

This is a translation of Jones's paper which was read at the British Psychoanalytic Society June 12, 1940, and was published in the International Journal of Psychoanalysis, XXII, 1941, pp. 1–6.

Surrealism: History, Doctrine, and Psychoanalytic Evaluation. E. Servadio.

Servadio gives a very accurate report on the development of the surrealistic trend in art since 1916. Many critics and surrealists themselves have sought to show that the psychoanalytic movement is among the contributory factors which led to surrealism. Servadio correctly analyzes this movement as a regression to unconscious thought processes. The psychic automatism, irrationality and dreamlike expressions which analysis reveals in the unconscious system are found in surrealistic art. The writer denies the assertion of the surrealists and the critics of this form of art that the intention of surrealism is the same as that on which freudian psychoanalysis is based—the opposite is the case. The aim of psychoanalysis is the development of rationality in the ego, the adaptation of oneself to reality, while surrealism is a regression of mental attitudes. Surrealism tends towards disintegration while analysis tends towards integration.

The Function of Discharge of Electroshock Treatment and the Problem of Anxiety. J. Flescher.

Flescher comes to the conclusion, based on critical observations of many cases, that the relief afforded by shock treatment is due to muscular discharge which acts in the same way as aggressive discharge.

EDOARDO WEISS

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NOTES

DR. JOHN B. SOLLEY, JR., who was a life member of the New York Psychoanalytic Society, died in St. Luke's Hospital on March 3, 1947, at the age of seventy-five. He leaves two sons and a daughter. Born in Newark, New Jersey, on March 15, 1872, he graduated from Yale University in 1894. After receiving his medical degree from the College of Physicians and Surgeons of Columbia University in 1898, he began to practice medicine in New York City, specializing in ear, nose and throat for a prolonged period, during which he was associated with the Manhattan Eye, Ear, Nose and Throat Hospital. Deeply interested in the emotional factors in disease, he became a member of the New York Psychoanalytic Society in 1922. Those who had the privilege of knowing him during the many years of his membership in the New York Psychoanalytic Society were warmed by his mild gracious manner and sincere kindness. He was devoted to the Society and, though for many years in poor health, he regularly attended the meetings of the Society.

A CONFERENCE OF EUROPEAN PSYCHOANALYSTS met at Amsterdam, The Netherlands, May 24th to 26th, 1947.

Board of the Dutch Society for Psychoanalysis: H. G. van der Waals, Chairman; Mrs. B. C. van der Stadt-Baas, Vice-Chairman; H. A. van der Sterren, Secretary; Jkhr. Rh. Feith, Treasurer; Miss P. H. C. Tibout, Assistant-Secretary.

Scientific Program: I. Chairman: H. G. van der Waals. J. Leuba: Psychoanalyse et Psychotherapies; S. Foulkes: Psychoanalysis and Group Therapy; I. Hermann: Probleme der Trieblehre; J. Bowlby: On Delinquency. II. Chairman: J. Leuba. C. Scott: Ego Structure; H. Christoffel: Die Struktur des Über-Ichs; A. Stephen: The Structure of the Superego; W. Hoffer: Mouth, Hand and Ego Integration. III. Chairman: Mrs. Jeanne Lampl-de Groot. H. G. van der Waals: Existenzialismus und Psychoanalyse; Anna Freud: Triebumwandlungen im frühen Kindesalter. IV. Chairman: Ph. Sarasin. E. Glover and Mrs. Jeanne Lampl-de Groot: Basic Mental Concepts, Their Clinical and Therapeutical Value. V. Chairman: A. Stephen. M. Balint: On Genital Love; A. C. Oerlemans: Über einige Determinanten des menschlichen Benehmens; D. W. Winnicott: Clinical Observations Illustrating the Use of Environment in Analytic Work; Th. Dosuzkov: Pavlov's Experimental Neuroses from a Psychoanalytic Point of View; S. Schönberger: Disorders of the Ego in Wartime.

The AMERICAN PSYCHOANALYTIC ASSOCIATION is planning to hold a meeting in New York the middle of December, tentatively the 14th, 15th and 16th.

The NEW YORK PSYCHOANALYTIC INSTITUTE and the NEW YORK PSYCHOANALYTIC SOCIETY elected the following officers for 1947–1948: Institute: Dr. Adolph Stern,

President; Dr. Ruth Loveland, Vice-President; Dr. Otto Isakower, Secretary; Dr. Harry I. Weinstock, Treasurer. Society: Dr. Sandor Lorand, President; Dr. William H. Dunn, Vice-President; Dr. John Frosch, Secretary; Dr. Harry I. Weinstock, Treasurer.

The LOS ANGELES and SAN FRANCISCO PSYCHOANALYTIC SOCIETIES met April 26-27, 1947, in San Francisco, California, for the presentation of a scientific program. I. Chairman: William G. Barrett, M.D. Ralph R. Greenson, M.D.: Food Addiction and Water Retention; Bruce R. Merrill, M.D.: Some Psychosomatic Aspects of Tuberculosis. II. Chairman: Ernst Simmel, M.D. Joseph Biernoff, M.D.: Psychogenic Spasm of the Fallopian Tubes; Melvin R. Somers, M.D.: Some Physiological Considerations Concerning Inhibition. III. Chairman: Emanuel Windholz, M.D. Walter Bromberg, M.D.: The Dynamics of Psychopathic Personality; Anna Maenchen, Ph.D.: A Case of Infantile Ego Disturbance. IV. Joint Meeting, Education Committees.

The LOS ANGELES PSYCHOANALYTIC SOCIETY reports that on March 31, 1947, The Los Angeles Institute for Psychoanalysis was incorporated in California, with Ernst Simmel, M.D., Acting-Director, and Charles W. Tidd, M.D., Secretary-Treasurer. At the annual meeting of the Society, June 19, 1947, the following officers were elected: May E. Romm, M.D., President; Charles W. Tidd, M.D., Vice-President; Ralph R. Greenson, M.D., Secretary-Treasurer; Ernst Simmel, M.D., Honorary President. On March 20, 1947, Dr. Charles N. Sarlin of Tucson, Arizona, was elected to membership in the Society. At that time he presented a paper entitled, The Analysis of a Transference Reaction. Dr. Robert M. Newhouse of Los Angeles and Dr. Herbert I. Kupper of Beverly Hills were both elected to active membership in the Society on June 26, 1947. Mrs. Frances Deri of Los Angeles was elected an Honorary Member of the Society.

The PHILADELPHIA PSYCHOANALYTIC SOCIETY at its annual business meeting on June 14, 1947, elected the following members to office: President, LeRoy M. A. Maeder, M.D.; Vice-President, George W. Smeltz, M.D.; Secretary-Treasurer, Robert S. Bookhammer, M.D.; Representative to the Executive Council of the American Psychoanalytic Association for a term of four years, LeRoy M. A. Maeder, M.D.; Representatives to the Board of Professional Standards of the American Psychoanalytic Association for terms of two years, G. Henry Katz, M.D. and George W. Smeltz, M.D.

The ITALIAN PSYCHOANALYTIC SOCIETY on April 28, 1947, approved the constitution of the reorganized Society, a component of the International Psychoanalytic Association. The Italian Psychoanalytic Society retains the journal, PSICOANALISI, edited by Dr. Joachim Flescher. The members of the Training Committee are Dr. J. Flescher, Prof. C. Musatti, Dr. N. Perrotti, Prof. E. Servadio. On June 10, 1947, the Society elected Dr. N. Perrotti, President; Prof. C. Musatti, Vice-President; Dr. J. Flescher, Dr. R. Merloni and Prof. E. Ser-

vadio, Members of the Council; and Dr. C. Modigliani, Secretary. The scientific session was given to discussions of Otto Fenichel's Problems of Psychoanalytic Technique, Sandor Ferenczi's Thalassa, and Marie Bonaparte's *Mythes de guerre*.

Members: Joachim Flescher, M.D., Rome; Raffaele Merloni, LL.D., Rome; Claudio Modigliani, LL.D., Rome; Cesare Musatti, Ph.D., Milan; Nicola Perrotti, M.D., Rome; Emilio Servadio, LL.D., Rome; Alessandra Tomasi di Palma Principessa di Lampedusa, Palermo. Associate Members: Luciana di Cave, D. Lit., Rome; Giovanni Dalma, M.D., Rome; Isabella N. Danilos, M.D., Rome; Giorgio Fenoaltea, LL.D., Rome; Enrico Fulchignoni, Ph.D., Rome; Alcide Garosi, M.D., Siena; Aurelio Giunta, M.D., Rome; Alberto Marzi, Ph.D., Florence; Leo Pardi, D.Sc., Pisa; Raffaele Pajalich, med. stud., Rome; Fulvia Pontani, M.D., Rome; Elena Romoli, D.Arch., Rome; Marcello Vivarelli, D.Pol., Rome; Anny Riesen, Rome.

When the Constitution of the WORLD HEALTH ORGANIZATION comes into force (upon acceptance by twenty-six members of the United Nations), it will become a specialized agency of the United Nations. As of May 1st, twelve governments have become parties to the Constitution, of which nine are members of the United Nations. Pending that event, the Interim Commission is developing informal coöperative relations with the United Nations. The Constitution of the World Health Organization, drafted by the International Health Conference, sets forth in detail the broad scope and functions of the organization:

> 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
>
> 'The enjoyment of the highest attainable standards of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.
>
> 'Healthy development of the child is of basic importance; the ability to live harmoniously in a changing total environment is essential to such development.
>
> 'The extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health.
>
> 'Informed opinion and active coöperation on the part of the public are of the utmost importance in the improvement of the health of the people.'

The GROUP FOR THE ADVANCEMENT OF PSYCHIATRY, of which Dr. William C. Menninger is Chairman, is composed of approximately one hundred thirty psychiatrists organized into fourteen committees for the purpose of surveying and studying certain areas in the field of psychiatry. Each committee periodically formulates a report of its activities which is submitted to the entire membership of the group for comments and suggestions. The interim reports then formulated on the basis of these suggestions, represent the attitudes and recommendations of the entire group. Approved reports from the committees on Therapy, Racial Problems, Psychiatric Social Work, State Hospitals, and Preventive Psychiatry have been so processed.

The Committee on Therapy, M. Ralph Kaufman, M.D., Chairman, Reported: 'In view of the reported promiscuous and indiscriminate use of electroshock therapy the committee . . . decided to devote its first meeting to an evaluation of the rôle of this type of therapy in psychiatry. Both the extravagant claims as to its efficacy made by its proponents and the uninformed condemnation of its use at all by its opponents indicate the emotional aura which surrounds this whole topic.' The committee 'bases its conclusions and recommendations on data gathered by the members of the committee from their personal experience, reports from the literature, reports from the Army, Navy, Veterans Administration, University Hospitals, Canadian Army and Veterans Affairs, private hospitals and other sources.'

'(1) There is as yet no adequate theory of the mode of action of electroshock therapy. All indications are that it operates on a symptomatic rather than an etiological level. (2) The preponderant weight of the evidence points to the conclusion that electroshock therapy materially shortens the majority of depressive episodes, especially those which occur in the involutional period. It may or may not aid in shortening or controlling individual manic episodes. No evidence has been found to indicate that it has any effect in altering the cycles of manic-depressive psychosis. (3) The evidence is conflicting as to its efficacy in the schizophrenias. Good results have been reported in some cases of severe catatonic and acute paranoid reactions, but these conditions may respond also to appropriate psychotherapy and good hospital care. Any improvement which occurs appears to be due to modification of the affective components. The schizophrenic personality is not altered by electroshock therapy. (4) The preponderance of evidence indicates that the use of electroshock therapy is contraindicated in the psychoneuroses, with the possible exception of severe, resistant, neurotic depressions, in which symptomatic relief may at times be obtained. (5) The complications and hazards in its use should be reëmphasized, since they appear to have been minimized by some workers. Some workers have reported that such preshock measures as curarization or sedation with barbiturates offer a safeguard against traumatic complications. (6) In view of the foregoing considerations, electroshock therapy should be administered only by psychiatrists who are trained in treatment techniques, and then only as an adjuvant in a total psychiatric treatment program. (7) Electroshock therapy should be restricted to hospitalized patients . . . (8) The committee deplores certain widespread abuses of electroshock therapy, amongst which are: its use in office practice; its indiscriminate administration to patients in any and all diagnostic categories; its immediate use to the exclusion of adequate psychotherapeutic attempts; its use as the sole therapeutic agent, to the neglect of a complete psychiatric program. (9) . . . the overemphasis and unjustified use of electroshock therapy short-circuits the training and experience which is essential in modern dynamic psychiatry. (10) In spite of a voluminous literature on the subject . . . active research is still indicated in many areas. Some of these are: establishment of uniform critera for evaluation of results; combined physiological and psychodynamic studies . . . ; adequate, long-time, follow-up studies . . . ; better application of statistically valid methods in sur-

veying results; definitive studies as to the possibility of irreversible brain damage, and correlation between such sequelæ and the intensity and number of shock treatments administered. (11) Abuses in the use of electroshock therapy are sufficiently widespread and dangerous to justify consideration of a campaign of professional education in the limitations of this technique, and perhaps even to justify instituting certain measures of control . . . '

The PSYCHIATRIC CLINIC OF THE BOSTON PSYCHOANALYTIC INSTITUTE will discontinue its operations on September 30, 1947. No new patients were admitted after June 15th. Increasing demands upon the members of the Boston Psychoanalytic Society for teaching and hospital service has made it impossible for them to maintain the activities of the clinic. It is hoped the time will come when there will be a sufficient number of trained psychiatrists to meet the needs of the hospitals and teaching institutions of the community and, at the same time, permit the operation of an expanded clinic. When that time comes, it is hoped that such a clinic may offer psychoanalysis to those whose needs can best be met by such services. Those identified with the operation of the clinic want to express to all who have so generously contributed to its work their appreciation. A report of the clinic's activities over the past five years will be sent to all who have participated in its support.

Dr. Harold Dwight Lasswell, political scientist, has been named the SALMON LECTURER for 1947 by the Salmon Committee on Psychiatry and Mental Hygiene of The New York Academy of Medicine. His lectures, The Dynamics of Power and Personality, will be delivered the evenings of November 12, 13, and 14 in the New York Academy of Medicine, 2 East 103d Street, New York City. Members of the medical profession and their friends are invited to attend.

Dr. Lasswell, who is Professor of Law at Yale University, has been a consultant of the U. S. Department of State since 1945, concerned with the psychological approach to problems arising in the execution of American foreign policy, and in the building of new international organizations. In 1939 he was appointed Director of War Communications Research, first organized for collecting data on world trends, and training personnel in new methods of research in propaganda and public opinion. Dr. Lasswell, a native of Illinois, received his Ph.D. from the University of Chicago and has done graduate work at the Universities of London, Geneva, Paris and Berlin. He is a member of Phi Beta Kappa, of the American Political Science Association and the American Sociological Society.

Members of the Salmon Committee, which sponsors the lectures, are: Chairman, Dr. C. Charles Burlingame, Dr. Adolf Meyer, Dr. Samuel W. Hamilton, Dr. Edwin G. Zabriskie, Dr. Edward A. Strecker, Dr. William Healy, with Dr. George Baehr, the president, and Dr. Howard R. Craig, director, of the New York Academy of Medicine.

A study of the mental health of Jewish men, women and children in Cyprus, along with the organization of a mental hygiene clinic there and demonstration and instruction in psychiatric social service techniques has been undertaken by the JOINT DISTRIBUTION COMMITTEE, major American agency aiding Jewish survivors overseas. The program has been carried out by a special J.D.C. team consisting of a psychiatrist, two psychologists and one psychiatric social worker on a sixty-day mission to Cyprus and Palestine. The team was under the direction of Dr. Paul Friedman, New York psychiatrist and psychoanalyst who visited Europe for the J.D.C. last year on a study of the mental health of Jewish child survivors and who has submitted a program for mental hygiene activities in Europe.

The WESTERN STATE PSYCHIATRIC INSTITUTE AND CLINIC of Pennsylvania held its Second Annual Conference in April, 1947 at Pittsburgh, Pennsylvania. The conference, intended to coördinate the concepts and services of psychiatry, psychiatric nursing, clinical psychology and psychiatric social service, had as its general themes, The Place of Psychiatry in General Medicine, and Problems in Psychosomatic Medicine. Winfred Overholser, M.D., of Washington, D. C., President-elect of the American Psychiatric Association, was principal speaker at the dinner meeting on the subject, Psychiatry and the General Hospital.

The WILTWYCK SCHOOL FOR BOYS, INC. is seeking the services, two days of each week, of a psychiatrist who has had experience working with children. The school is an interracial children's agency for the care of delinquent and disturbed boys detween the ages of eight and fourteen. The agency includes a rural school which has a special educational program, a case work department, a registered nurse and a medical program. The psychiatrist should have teaching interest and ability, and experience in working with psychiatric case workers, teachers and counselors. Communications may be addressed The Wiltwyck School for Boys, Inc., Executive Director, Esopus (Ulster County), New York, or 271 West 125th Street, New York City.

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