

# On Some Psychodynamics of Masochism

Bernhard Berliner

To cite this article: Bernhard Berliner (1947) On Some Psychodynamics of Masochism, The Psychoanalytic Quarterly, 16:4, 459-471, DOI: [10.1080/21674086.1947.11925693](https://doi.org/10.1080/21674086.1947.11925693)

To link to this article: <https://doi.org/10.1080/21674086.1947.11925693>



Published online: 07 Dec 2017.



Submit your article to this journal [↗](#)



Article views: 3



View related articles [↗](#)



Citing articles: 16 View citing articles [↗](#)



SIGMUND FREUD

OLEM NEMON *fec.*

Presented to the New York Psychoanalytic Society  
and Institute, November 12, 1947.

# ON SOME PSYCHODYNAMICS OF MASOCHISM

BY BERNHARD BERLINER, PH.D., M.D. (SAN FRANCISCO)

## I

Of the two forms of masochism, the sexual and the moral, the latter is by far the more important. It represents a definite and frequent character structure, participates in the symptomatology of all neurotic conditions, and plays a fundamental part in Western culture. Indeed, moral masochism is so universal in human life that it was not recognized as an entity until the description of the sexual masochistic perversion sixty years ago threw a sharp spotlight upon it and gave it its name. The concept of moral masochism had, historically, a bad start. The analogy with the sexual perversion obscured the fact that moral masochism is the general and basic form that furnishes the ground upon which, in a minority of persons and under certain circumstances in psychosexual development, the perversion may evolve (*1*).

Freud assumed masochism to be the manifestation of a death instinct. Prior to this theory Freud had stated that masochism is the sadism of the individual turned back upon himself. Most of those who are not inclined to accept the theory of the death instinct resort to this earlier definition. Freud said little about how and why this reversal occurs. The explanation given in his great paper, *A Child Is Being Beaten*, namely, that it is motivated by a sense of guilt from the œdipus complex, fits some cases and does not fit a great many others. However, this theory has led to the widespread misconception that masochism is in any case the reflection of a person's own hatefulness and destructiveness and has to be interpreted as

---

Read before the Joint Session of the American Psychoanalytic Association and the Section on Psychoanalysis of the American Psychiatric Association at New York on May 19, 1947.

From the Department of Psychiatry, Mount Zion Hospital, San Francisco.

such. This is not only incorrect, but does injustice to the patient and harm to our therapy.

In a previous presentation (2), I suggested the theory that it is not the sadism of the masochist himself that is turned upon his ego, but the sadism of another person, a love object. The subject accepts the sadism of the love object for libidinal reasons and turns it upon himself by way of introjection, identification, and superego formation. In this concept masochism is neither an instinctual phenomenon (death instinct) nor the expression of a component sexual drive of which moral masochism would be a so-called desexualized form. It is a disturbance of interpersonal relations, a pathological way of loving, which only in a minority of cases affects sexuality proper. In all cases the disturbance of interpersonal relations leads to and is maintained by a particular character formation. Masochism is a character neurosis. Thus it is taken out of the scope of the id and considered a function of the ego, namely a defense mechanism of the ego against an instinctual conflict.

Masochism means loving a person who gives hate and ill-treatment. In sexual masochism this person may be a voluptuous woman with a whip who needs sadistic stimulation for her sexual gratification, or a fantasy of this kind; or it may be a prostitute hired to act this part, thus materializing the fantasies of the lover and procuring sexual gratification while degrading him to the status of a naughty boy or a slave. This performance usually depicts a punishment. Moral masochism is devoid of overt sexuality. In Freud's definition (3), the suffering itself is sought without regard to the person administering it: 'It may even be caused by impersonal forces or circumstances, but the true masochist always holds out his cheek whenever he sees a chance of receiving a blow'. The motivation of this self-maiming attitude was deemed by Freud to be an unconscious sense of guilt or need for punishment. However, in analyzing this form of masochism, we find that it means as well loving a person who ill-treats and hates one. The subject relives and re-enacts in interpersonal relations a



submissive devotion to and a need for the love of a hating or rejecting love object, who was originally a parent or a preferred sibling or some other unfriendly person of his childhood, and who lives on in his superego. It is the superego that keeps the original situation alive through transference to any suitable person or set of circumstances in later life.

In the history of every masochistic patient we find an unhappy childhood, often to such an extreme that we are led to wonder if the development of a masochistic character was not a protection against a schizophrenic or depressive psychosis. In these cases the function of masochism as a defense soon becomes evident. The basic emotional disposition is founded on the need for being loved at the level of oral and skin erotism. The infant is not only absolutely dependent on its environment, but also biologically attached to it by its libidinal needs, i.e. love, which is like a psychic umbilical cord. If the early love objects treat it with hate or the hostile component of ambivalence, the infant is unable at first to perceive it, but later its instinct for self-preservation and an imperative need for love may motivate it to repress the perception (denial). The normal adult, experiencing an absence of love, hates in return and gives up the love object. The dependent child, in order not to lose the vitally needed love object, submits and accepts the suffering which the object imposes as if it were love, and is not conscious of the difference. The child introjects the pain-giving object because of an oral need for its love. Simultaneously it represses any hostile reaction against the loved object because that also would cause its loss. The child does not love suffering or ill-treatment—nobody does—but because it loves the person who gives it, the ill-treatment is libidized. Masochism is the hate or the sadism of the object reflected in the libido of the subject. Love and sadism are instincts, masochism is not; it is the defense of the ego against, and the neurotic solution of, a conflict between manifestations of those two instincts: the need for being loved and the experiencing of hostility instead. Primarily it has nothing to do with the masochist's own sadism.

Masochism in its purest form can be observed in a dog. If a good dog—one which is highly domesticated after the pattern of the human child—be punished by spanking, it becomes all the more affectionate and devoted. The good dog is to such extent dependent on being loved by its master that it cannot resent the pain its master inflicts, nor respond in any other way but by increasing its begging for affection. Masochistic human beings often remind one of this attitude of the dog which has become proverbial.

A simple form of masochism is illustrated by the fairy tale of Cinderella, who responded to hateful treatment with humble devotion, who knew that she was good and loving, and had the undying hope in her heart that one day she would be rewarded. Innumerable variations of this fantasy occur in patients, who derive a compensation for suffering from the feeling of their own goodness and lovability. Suffering enhances the individual's sense of his value as a love object, and he may therefore feel good. Here the defense is a retreat into a narcissistic position. The consciousness of the value in terms of love in suffering is a protection against being crushed by the hate of the loved objects. Likewise feeling sorry for oneself feels good because suffering has come to mean being worthy of love.

In real life however this narcissistic defense usually fails. Under its compensatory surface there remains the detrimental disposition to act out continually the old trauma. In a previous paper (2) I described a girl who spent her childhood in great poverty, was completely unwanted and mistreated by her mother, and became depressed to the point of a suicidal tendency which she expressed: 'My greatest guilt is that I did not do away with myself to please my mother'. In spite of this misery she grew up to be a young woman of great physical beauty, which may well have been a psychosomatic effect of her compensatory narcissism. A Prince Charming came in the person of a wealthy and kindly man who fell in love with her, married her, and provided her with a life of luxury. She 'could not take it'. She was frigid, lived in constant anxiety

and depression, and counteracted her happiness in every possible way. She forced her husband into the rôle of her hating and punishing mother, and went on acting out the part of the hated and unwanted child.

This is an example of a great multitude of similar cases. The person acts out the old situation without knowing what he is repeating, taking the situation thus re-enacted erroneously for actuality and reality. The deeper underlying motivation of this unhappiness is the wish to please a hating parent, to placate or to ingratiate himself with the parent by being unhappy, by failing or, in other cases, by being helpless or stupid. It is the wish to be loved by a parent who hates or depreciates.

For the understanding and, particularly, the therapy of masochism it is most important to see this 'plus quality', as a patient has called it, the search for love as the positive motivation of suffering and insufficiency. The libidinal attachment to the hating love object, and the repression of the perception of injuries under stress of the need for love (the repressing force), puts suffering itself in the place of love. Masochistic suffering is a bid for affection. I do not believe that there exists a 'lust for pain'. If the masochist seeks pain from indifferent persons or the impersonal forces or circumstances which Freud mentions, it is not for the sake of pain itself, but because pain, unconsciously to him, represents the personal love object that once gave pain. Instinctual gratification is sought through the troubled medium of displeasure. In the beginning, all masochistic suffering was love—and the sadism of another person. One's own sadism vented upon the ego produces not masochism, but compulsion neurosis.

Freud understood moral masochism as the expression of an unconscious sense of guilt and need for punishment. The feeling of guilt is present in all masochists, but it can not be considered an ultimate explanation. The disposition to guilt is certainly a phylogenetic inheritance; however, to regard it as the sole explanation of masochism leads therapeutically into the same blind alley as the theory of the death instinct.

Analyzing the content of the guilt in the individual we find in the masochist, in contradistinction to the obsessional neurotic, that it is not the reaction to anal-sadistic impulses, but has a more asthenic character; it stems from the oral love for a person who hates and engenders guilt. This love sees the other person right and the self wrong. And is there a need for punishment? Yes, if the ill-treatment which was lovingly introjected took the form of punishment or discipline which is often but a rationalization of hate for the child, which then makes itself the whipping boy for the benefit of a sadistic parent. In adult proportion, any external reality or fate may take the place of this parent.

A patient said: 'As a boy I took my spanking when I deserved it and then went for more. My parents paid no attention to me when I was good; they did so only when I was bad.' For him being spanked had come to mean being given attention, being loved. He ingratiated himself in this way with the punishing parent so that, to some extent, he could enjoy punishment as a substitute for love. He derived no sexual stimulation from being spanked. Whenever this occurs, through erogenous irritation of the skin, it does not seem to be a primary factor but merely an intensification of the loving attachment to the pain-giving object of love.

Punishment is also sought because it helps curb one's own aggressiveness which may cause the loss of the love object; thus, with denial and libidinization, it is an additional means of defense. The masochist invites punishment by demonstrativeness, accusations, naughtiness, aggressiveness, as if he would say: 'Punish me and help me to be good so that I will be loved by you'. Or he punishes himself with the idea: 'Look, I took care of my punishment myself; you need not punish me any more; you can love me again, and love me all the more because I am so good in my suffering'. Need for punishment or self-punishment is thus a bid for affection; it is the need for the love of a person who punishes. Without this reference to an individual, a need for punishment, as the moral form of an instinctual 'lust for pain', does not seem to exist.

The objection may be raised against this concept that it neglects the importance of the fear of castration and feelings of guilt connected with it. Castration fear of course occurs, but it is experienced against the background of the repressed pre-œdipal suffering; the specific masochistic defense (libidinization of suffering motivated by oral need for love) applies to it too. In other words, fear of castration is not specific for masochism. It conditions the masochistic sexual perversion; not however moral masochism.

## II

Few individuals retain masochism in the original pure form of the devoted dog or Cinderella. Reacting with love where hate would be justified has its limits. Most persons retain enough normal aggressiveness not to leave the struggle for self-preservation entirely to the denial and libidinization of suffering. They develop aggressive attitudes against the frustrating love object and its repetitions in transference.

The provocative behavior of moral masochists gives again and again the impression that they need, and often almost passionately ask for, punishment. However, if we base our analytic interpretation upon this observation we encounter the strongest resistances, often in the form of negative therapeutic reactions. Severe cases of this kind are those mentioned by Freud (4), '... which we have not yet succeeded in understanding completely'. This difficulty led me to adopt a different point of view whose results, observed over many years, give me confidence that it is correct.

Masochistic aggressiveness appears in two ways. First, it is an intensified bid for affection. The search for love through suffering is not superseded by aggression; it remains the basis of operation for the latter. When the masochist markets his suffering with demonstrativeness or the exhibition of martyrdom he feels it gives him a claim for being loved, and also for prestige and domination. He welcomes being hurt, not because it hurts, but because it makes him right above others.

He would rather be right than happy. He gains not only love-worthiness but also strength of ego from suffering. Inflicting himself upon the love object is a magic gesture devised to induce the object to change its mind and to give more love. The idea that the object may dislike this provocation is repressed. He behaves as if presenting an old unpaid bill for love, and he puts pressure on the love object, refusing to believe that his bill may not be paid. The attitude to which Edmund Bergler (5) refers, in his description of the 'mechanism of orality', of maneuvering oneself into being wronged, often with no more than some contributory negligence or a subtle setting of the stage, is in my opinion not so much a springboard for aggression, as Bergler sees it, but an attempt to provoke others to come out with tokens of love. Thus the love of a partner may be put to tests which are impossible to fulfil: the old frustration is re-enacted. I agree with Bergler that masochistic aggression (or pseudo aggression, as Bergler calls it) is a cloak for the deeper, repressed masochistic wish. However, I contend that the masochistic wish is not, as Bergler states, the wish to be refused, but the wish to be given love by the person who refuses, acted out in transferences.

Secondly, masochistic aggressiveness is a more intense form of the magic gesture characterized by the idea: 'You will be sorry'. It is revenge which, however, is veiled from consciousness by its libidization. It is the love object toward which vindictiveness is directed but which also cannot be given up. Making someone sorry, by self-sabotage, is intended both to hurt the love object and make it concerned for the subject. The violent claim for love gives the masochist the feeling that he has a right to punish his love object. This drive to punish the love object impresses me as much more important than the 'need for punishment'. If we understand the drive to punish only as a projective defense against a sense of guilt we fail to see its specific masochistic structure.

These two forces and their ambivalent interplay are responsible for the great perseverance of the masochistic character: the need for the affection of a frustrating love object and the

drive to punish the object. The beloved partner, or his proxy who is to be punished, has to be provoked and put in the wrong and simultaneously the illusion of being loved by him has to be maintained. It is this magic thinking, obstructing any testing of reality, that makes the condition so persistent.

Seen against the deeper background of the oral need for love this aggressiveness of the masochist appears clearly not as the primary driving force but as a secondary defense against masochism. The primary defense against suffering at the hands of a love object, its denial and libidinization, is unsuccessful because, like neurotic repression, it does not remove its objective from existence but preserves it in the unconscious, making it a permanent pattern of behavior. Against this painful condition the secondary defense of aggression is directed; it is a conversion of passivity into activity which not only fails to remove the suffering but preserves it. I feel inclined to compare this defense with the counterphobic attitude described by Fenichel, and to call it a 'countermasochistic' attitude.

The basic pattern of the drive to punish is of course the traditional attitude of parents toward their children, fusing and often confusing love with punishment, rationalized with the deeprooted philosophy that the child must not be spoiled, or that it is born wicked and has to be made good by chastisement. Some parents thus prejudiced or possessive in their own claims for affection—this being of course a matter of degree and usually entirely unconscious—would rather see a child guilty than love it, and they rationalize, if not the very existence of the child, then its early biological and later social naughtiness, as justification for their sadism. The sense of guilt thus planted in the child is sometimes a defensive camouflage of its unconscious drive to punish the parent, a kind of projection of the act of making guilty, as if saying, 'I do not see you being guilty. You [the parent] shall see me to be guilty.' The child's feeling of guilt, then, takes the place of what may be called its unconscious sense of the guilt of the parent. It is the defense against realizing the guilt of the parent for fear of losing him as a love object.

## III

The deeper analysis of the drive to punish leads to the most intricate of the masochistic features, the identification with the hating or punishing love object.

The drive to punish is associated with a feeling of righteousness. However it is not the feeling that punishing the rejecting parent would be a just revenge. That would not be masochistic at all. It is a feeling of righteousness that arises from the superego. Analysis regularly reveals that the person feels he is doing the right thing according to the sadistic object whose love he craves; and that he will gain the love and approval of the object when he expresses aggressive trends which copy those of the object. These aggressive trends, originally experienced in the love object appear in two ways: they are directed against the ego, causing self-inflicted suffering or what appears to be self-punishment; or they are directed against the external world in the way the original love object has treated or would treat external objects.

The permanent wish to please the once rejecting, introjected object causes the person to lose his identity. To accommodate a hating parent he may make himself as unlovable as he feels the parent wants him to be. He may deny his good qualities or his intelligence, often to the degree of pseudodebility; he fails to exploit his opportunities or to seek legitimate enjoyments, confusing an irrational asceticism with virtue that earns love; he 'lives down' to the views of those who resent him, in order to be accepted by them. He feels that he has to make efforts and sacrifices to reconcile the world with his existence, and he does so by suffering as well as by being hostile or mischievous, which lowers his value as a love object and releases the hater from having to love him. He is stigmatized with unwantedness and displays his stigma as his bid for affection.

On the other hand, with submission to parental power, the masochist borrows the authority for the drive to punish. That feels good, and indemnifies him for his suffering passive



submission. The aggressiveness of the masochist is not the manifestation of his primary sadism; the latter only furnishes part of the energy with which the identification with the hater is set into action. It is this imitation, out of his search for love, which makes the masochist feel that by being aggressive he is the way he is supposed to be. This accounts for the fact that these persons are often so astonishingly unaware of their provocative behavior. The superego shields the ego and furnishes the motives for aggression.

A simple and frequent example is the mother who has the habit of nagging her husband and drilling her children into an overconformist attitude. She is identified with her mother whose educational principles, exaggerated sometimes by spiteful submission, she imposes on her husband and children, so that they will be approved of by her mother. She has no intent of being unloving, feels only that she is right according to her mother's standards.

This masochistic countercahesis is also found in the criminal superego. A person may be bad because he wants to be good. Particularly among juvenile delinquents, but sometimes also among adults, we find the motivation of justifying the hate of a cruel parent and taking over his guilt by being bad—for the love of the parent.

The identification with the hating and punishing love object is the motivation for what Freud, in his earlier theory, considered the essential mechanism in masochism, namely, the turning of sadism against the self. However, what is turned against the self is not the person's own sadism, but the sadism of a love object incorporated, through the oral need for the object's love, in the subject's superego. The blending of the subject's libido with the sadism of the other person makes the original aggressor unrecognizable except through analysis.

The need for punishment which Freud considered the central motive of moral masochism is the acceptance, in form and content, of the drive to punish which operates in the love object, resulting in punishing oneself and in punishing others, thus developing one's own drive to punish and passing it on

to the next generation. The identification with the parental drive to punish seems to be the strongest foundation of our moral standards, but it makes freaks of them. It accounts for the universality of moral masochism in our culture. No death instinct needs to be postulated to explain masochism.

#### IV

Finally, a word about differential diagnosis. Moral masochism is often confused with compulsion neurosis. The prevailing definition, that masochism is a way in which a person deals with his feelings of guilt about his own sadistic impulses, applies actually to compulsion neurosis, not to masochism. This definition is not even consistent with Freud's statement (6) that in obsessional neurosis there is the turning of sadism upon the subject's self, but without the attitude of passivity towards another person. 'Self-torment and self-punishment', Freud says, 'have arisen from the desire to torture, but not masochism'. Very often, however, we find masochistic and obsessional phenomena coexisting in the same individual because all neurotic conditions overlap, and symptoms are mixed. Superficially masochism and compulsion neurosis may look very much alike, as far as the self-harming attitudes are concerned. The differential points, however, are the following.

Masochism develops from oral erotism and is the libidinal reaction to another person's sadism. Compulsion neurosis stems from anal erotism and from the subject's own sadism and the fear of its consequences, although masochistic motivations often assist in this development.

The masochist has a weak ego, is dependent, love-seeking, and forms a strong transference in therapy. The compulsive neurotic has a strong ego supported by anal aggressiveness, is stubborn, often negativistic, having little need for love. This need may be repressed, or warded off by isolation which never occurs in the masochist. The compulsive neurotic has difficulty in forming a transference.

The basic unconscious idea in the compulsive neurotic is: 'What have I done?' The aim is to avoid anxiety. The basic unconscious idea in the masochist is: 'What has been done to me?' The aim is to gain love. The compulsive neurotic is paying imaginary debts, not knowing what the real debt was (7); the masochist is presenting an old unpaid bill for affection.

## REFERENCES

1. BERLINER, BERNHARD: *The Concept of Masochism*. *Psa. Rev.*, XXIX, 1942, No. 4.
2. ———: *Libido and Reality in Masochism*. *This QUARTERLY*, IX, 1940, No. 3.
3. FREUD: *The Economic Problem in Masochism*. *Coll. Papers*, II.
4. ———: *An Outline of Psychoanalysis*. *Int. J. Psa.*, XXI, 1940, Part I.
5. BERGLER, EDMUND: *Specific Types of Resistance in Orally Regressed Neurotics*. *Psa. Rev.*, XXXIV, 1947, No. 1.
6. FREUD: *Instincts and Their Vicissitudes*. *Coll. Papers*, IV.
7. KOESTLER, ARTHUR: *Arrival and Departure*. New York: The Macmillan Co., 1943.

## Some Observations on a Form of Projection

Leon J. Saul

To cite this article: Leon J. Saul (1947) Some Observations on a Form of Projection, The Psychoanalytic Quarterly, 16:4, 472-481, DOI: [10.1080/21674086.1947.11925694](https://doi.org/10.1080/21674086.1947.11925694)

To link to this article: <https://doi.org/10.1080/21674086.1947.11925694>



Published online: 07 Dec 2017.



Submit your article to this journal [↗](#)

## SOME OBSERVATIONS ON A FORM OF PROJECTION

BY LEON J. SAUL, M.D. (PHILADELPHIA)

The purpose of this communication is not in any sense to make a new contribution but only to illustrate, in a little further detail, a common form of projection which is of considerable importance to the understanding of certain cases. I refer to the well-known observation that some persons treat other individuals chiefly as projections of certain of their own unconscious trends, just as they represent in dreams these trends in the form of various types of individuals. An illustration is the projection by patients of their own homosexuality to members of the opposite sex. The man for example becomes a misogynist because he hates in women that quality which he cannot endure in himself: femininity. Distinct from the hatred of the homosexual trends we also see cases in which the main reaction is the fear of them because of the hostility connected with them. Of course a secondary hatred may develop as a reaction to the fear. The attitudes towards projected trends are not mutually exclusive and will be seen in varying proportions in the examples which follow.

The general mechanism is well known, and the following observations only call attention to further distinctions, namely, to just what trend is projected and to the ego's reaction to the projected trend, as hate, fear, adulation, and so on.

A review of the literature would involve the whole literature on projection. A comprehensive survey may be found in Feigenbaum's article, *On Projection* (1). Special attention is drawn to the work of Helene Deutsch who emphasizes the rôle in female masochism of the projection of the woman's masculinity (2), and to a paper of Edoardo Weiss (3) in which he points out the projection of the man's feminine and the

---

Read as a short communication at the Chicago Psychoanalytic Society, January 30, 1937.

woman's masculine desires to heterosexual objects as a phase in the development of normal love. These tendencies usually arise from identification with the parent of the opposite sex. But if the parent of the opposite sex is the mother, a younger woman is chosen because she is nearer to a representation of the individual's infantile wishes. Weiss further states that the distinction between the narcissistic and anaclitic types of choice (3) is not sharp. We note that the narcissistic choice, the projection of part of the patient's own personality, can still satisfy anaclitic desires indirectly—loving and protecting the object as the patient wishes to be loved and protected (4).

The patients from whose analyses the following examples are chosen will be described in only this one aspect.

This form of projection appeared in a man in the fourth decade of life who came to analysis in an anxiety state, having divorced his wife six months previously for no other ostensible reason than that he 'could not stand her'. Much of his anxiety centered about an affair with a beautiful girl, Miss R, of whom he also wished to be rid (5). In the transference he was anxiously trying to hide his feminine wishes. This is seen in the following dream, the first one which he reported in his analysis. In it the woman will be seen to be partly a representation of these feminine trends of the patient which he seeks to hide and to be rid of.

'I am in a box at the theatre with Miss R. There are three or four men in the box who steal glances down her evening dress at her breasts. I am angry and resent this greatly.'

Two months later this patient brings the following dream:

'I am in bed with Miss R, just asleep with no ideas of intercourse. Mr. H enters and calls me. I think of Miss R and want to protect her from being recognized by Mr. H. I am in terrible fear of his seeing her, try to cry out, but cannot. I awake in anxiety from this dream which was a nightmare.'

Associations: Miss R is just like the patient: same tastes,

rebellious but too brazen about it. The patient is fearful of being seen with Miss R.

The patient later repeats this dream in even clearer form. He dreams that he flees in terror with Miss R from a man, to whom he associates the analyst, who enters with a flashlight.

One week later the patient reports another dream.

'Some people expect me to do something with a fish which is prepared for cooking and which seems to be a woman resembling my daughter. I drop it in the fire and reproach myself. It is burnt to ashes.'

Associations: The fish is the patient's favorite daughter, the one who is like the patient. The other daughter resembles her mother.

The one transference meaning of these dreams, and one which develops later as one of the main themes of the analysis, is the patient's conflict over his own femininity which he cannot tolerate or admit—not to mention the obvious positive oedipus fears and guilt in these dreams, nor the patient's wishes to be rid of responsibilities for these women. In the first dream he resents the analyst's seeing his femininity, in the second dream he is in intense fear that the analyst will see his feminine self, and in the third dream he is extremely hostile to his femininity and wishes strongly to rid himself of it. In life and in the transference he had exactly these attitudes. A powerful resistance in the analysis was a terrific and prolonged attack upon analysis and the analyst, designed to prevent the analyst and the patient from seeing the latter's feminine strivings. During the bitter resistance he brought very few dreams, but these were most revealing. For example, the day the analyst was leaving for a brief period the patient was in a rage, yet denying any passive, dependent wishes towards the analyst. But in his dream, a little girl is weeping because of going away. He felt underneath like a weeping little girl. But he hated his femininity and weakness and felt terribly inferior because of it. He had exactly this attitude towards women, whom he hated as not only inferior and un-

clean, but as the source of all his trouble, and of whom he must be rid in order to have some inner peace. The point is that he had the same attitude towards women as he had to his own feminine trends which he repressed with difficulty.

An incident reveals this defense mechanism. A visit to a famous and conspicuously successful businessman stimulated intense but unconscious hostility, chiefly from envy and consequent fear of retaliation. But the patient's conscious reaction was a complaint of his girl's hostility towards him, while he became oversolicitous and anxious about her well-being. He projected to her his hostility to the father figure and his anxiety from guilt and fear of retaliation, which had been stimulated by his visit: not, 'I wish to make demands on that man and hate him from masculine envy, and therefore fear punishment'; but, 'This girl makes demands on me, is hostile to me, and must be protected lest harm come to her'. He identified closely with her and was in great conflict over his wish to be rid of her. Marital difficulties can arise on this basis by projection of the father conflict. This oversolicitousness in guarding against danger another person who represents a projection of part of an individual's own personality, of his own ego which fears punishment, is recognized as a factor in the psychology of the oversolicitous mother, in addition to the well-known wish of the mother to protect the child from the mother's own direct unconscious hostility (6).

This patient complained of difficulty in understanding women, the main reason being his resistances against awareness of his own feminine trends.

This suggests that the notorious difficulty men have in understanding women may derive in part not only from the bisexuality and the narcissism of women (4, pp. 46-47), but from man's resistances against the feminine aspects of his own bisexuality. He projects his own 'mystery' to the woman.

Men like this patient, to whom women are largely projections of their own despised femininity, sometimes consider sexual relations with a woman as a substitute for masturbation. Their chief satisfaction is from masturbation and is disturbed



by the presence of another individual, indeed, by the presence of a woman. The genesis of his femininity was chiefly an identification with and submission to his mother. She kept him in curls until he was six, petted him and trained him intensively to conformity with her ideas and attitudes towards life, particularly to her almost conscious hostility towards the quite masculine father.

A second illustration is an attractive but tense young woman. After a few weeks in analysis, one hour of her free association is summarized as follows.

She met a man the preceding evening who said he obeyed laws only because of fear of the consequences: 'It is dangerous to talk like that; so many men are like that'. The patient seems to have active homosexual wishes towards an 'old girl friend' whom she loves and who is unusually beautiful, is married and has children. The patient does not envy her at all; anyway this girl's husband is a worthless fellow. The patient somehow has not married. She is 'scared to death of men'.

This girl repressed a strong, hostile, feminine envy, denying it in herself and projecting it to men. The particular man she chose was, as is usual in projection (7), very suitable to represent her own untamed hostility which arose chiefly from her feminine envy and was directed towards women, as though she said unconsciously: 'I wish I were a man and were able to attack women sexually'. Hers was a sadistic conception of masculine sexual activity, a masochistic conception of feminine sexuality with an intense fear of men. Men to her represented her own hostile, sadistic masculinity.

Thus it is that women are fatefully attracted to sadistic men, who represent the woman's own projected sadism; and this choice assures satisfaction of the woman's masochism. Men likewise often unconsciously pick women with castrative trends like their own, and so unintentionally court the instruments of satisfaction to their hidden masochism. This probably accounts for many seemingly peculiar choices of sexual objects.

A girl sought analysis to be cured of overt active homosexuality which injured her feminine narcissism. She had studied many feminine girls, whom she envied intensely, trying to learn their coquettish graces, and became progressively distressed over her inability to be feminine. Failing this, and unable to deny her obvious masculine strivings, she began, however, to accept and to try to justify them. She took an attitude of sour grapes towards the femininity she could not achieve, rejected women whom she depreciated and scorned as inferior and despicable, and idealized men as the models of human virtues. Some overt passive male homosexuals, who have given up the struggle against their femininity since they can no longer deny it, similarly extol all femininity.

Examples have been given illustrating details of mechanisms of projection which are often of interest and importance. The first patient hated his own projected femininity because it injured his masculine narcissism. The second patient primarily feared men as projections of her sadistic masculinity. The third patient extolled men as she did her masculinity which she could not overcome. We can thus distinguish the nature of the trends that are projected, identify the choice of the appropriate object of the projection, and observe the reaction of the ego to the projected tendency which may be despised as offending the narcissism, feared as a threat, loved when not a cause of conflict, glorified when it cannot be denied, and so on.

If a man's femininity is associated with oedipal hostility towards his more masculine competitors, and if to him women are projections of his own femininity, then he must fear the hostile wishes he associates with being feminine. He loves the girl as he loves his own femininity, hates her as he hates his own femininity, and fears her as he fears his own castrative hostility towards his masculine competitors. Women, whose masculine trends are associated with feelings of impaired femininity, react with narcissistic hostility to their more feminine competitors. In so far as men serve as projections

of their own masculinity, they must be feared because of the hostility to women associated with masculinity in the patient's feelings. This hostility probably usually arises chiefly from the positive œdipus and is often seen as an erotized, masculinized hostility. Of course women as well as men project castrative feminine trends, and men, too, hate and fear father figures as projections of their own excessively sadistic masculinity. This clearly leads women to a sado-masochistic concept of heterosexual relations, the sadistic masculinity being projected to the man: 'Not I, but he, wants to attack the woman'.

Hostility to projected homosexuality may serve as a defense against the positive œdipus by directing a large part of the hostility to the heterosexual object. The man, for example, often avoids consciousness of most of his own hostility to the father by directing this hostility to the mother, partly because she represents a projection of his own hated femininity. This is perhaps one element in the common hostility of the boy to his mother. A similar reciprocal defense serves the girl who shuns her father as a projection of her own sadistic masculinity towards her mother.

The narcissistic choice of a sexual object is often in part a projection of the individual's own homosexual trend. The narcissism of the bisexual individual arises, among other sources, from the direct love of his or her own homosexual trend by the rest of the personality. An example is a woman who narcissistically flaunts certain masculine traits and whose heterosexual love is partly directed towards this trend in herself, so that she loves herself; or the rather feminine man who in part loves the feminine trends in himself. This is illustrated by a transvestite who would dress as a woman and take himself to dinner. He would then make love to himself, ending with masturbation. He dreamed that his wife left, and that he made love to another woman in whom by association he recognized himself. This dream revealed the pattern he tried to act out in reality. He strove narcissistically to gratify directly, his feminine desires by acting both the masculine and feminine rôles simultaneously, and indirectly,

by treating women in life as he wished to be treated—by the projection of his own femininity.

This type of projection has been clearly described by Freud for the paranoid type of jealousy (8) in which, for example, a man accuses his wife of having sexual feelings for a man who arouses the patient's own feminine desires. In this sense, the patient accuses his wife because the wife is a projection of the patient's own feminine wishes.

This projection is of obvious and well-recognized importance in the countertransference. The analyst cannot be objective towards trends in his patients if he unconsciously treats tendencies in the patients as projections of trends in himself which he fears, despises, or resists recognizing. And patients are quick to sense the attitude of the analyst to their emerging unconscious tendencies. An unconscious depreciatory attitude of the analyst towards, for example, oral-receptive trends which are emerging in a narcissistic man, or towards sadistic trends in a woman burdened with excessive guilt, is apt unnecessarily to increase the patient's resistance and anxiety, and to interfere with the syntonic activities of the ego. Such projection by the patient to the analyst is, of course, one of the major points of the analysis of the transference.

In social relations, mechanisms of projection may be one important element in providing an unconscious emotional basis for political attitudes. This is not intended to exclude or underestimate economic, sociological or other bases in reality for these phenomena. The individual who projects unconscious feelings of his own upon persons or parties on the social scene is not apt to be objective in his judgments. This is a factor in the difficulty of being realistic about politics. Projection sometimes plays a rôle in snobbishness: depreciating in others what one shuns in oneself.

Looking at it in another way, still keeping homosexuality as an example, the person of the opposite sex stimulates an individual's own homosexuality and the individual unconsciously treats the other person as he does his own homosexual trend; moreover, he may unconsciously expect that person to

react to the trend as he himself does, that is, with feelings of inferiority and hostility; hence he is apt to fear the other person.

As a practical deduction we should expect that it is the individual whose homosexuality is latent, but a threat, who will have poor emotional relations with the opposite sex. This would be in part because members of the opposite sex would touch the sensitive unconscious spot, remind the patient of just those desires which are being repressed with difficulty. As Freud (9) phrased it, woman may awaken in man a dread of 'becoming infected with her femininity'. The men whose homosexuality is less a threat to their egos frequently accept an identification and comradeship with women, while those who cannot tolerate this trend in themselves shun women as the beings who stimulate it. Looked at in this way, they shun women because they dread an unconscious feminine identification. This is frequently seen in sublimated form, in the avoidance of socially inferior individuals or groups in whose presence a person with masochistic trends is uncomfortable because he feels these trends stimulated in himself. A well-known clinical illustration is the patient reported by Helene Deutsch (10) who developed a hen phobia because hens reminded him of his own poorly repressed feminine wishes towards his older brother. When he became overtly homosexual the phobia disappeared.

Of course, tendencies of all kinds, as well as the reactions of the ego and superego to them, can be projected. This discussion is limited to the single example of homosexuality.

### SUMMARY

It is well known that some persons treat other individuals chiefly as projections of certain of their own unconscious trends, just as they represent these trends in dreams by various types of individuals. Further distinction is made here as to what trends are projected, to which objects, and the reaction of the ego to the projected trends (hate, fear, idealization, love, etc.). Illustrations are given from bisexuality. For

example, a man may hate and fear a woman because to him she represents a projection of his own poorly repressed feminine trends which are hated and feared. From another viewpoint, such a man would react in this way to women because the women stimulate the femininity which he hates and fears in himself. This is perhaps one reason why it is so difficult for men to understand women. This form of projection, treating other persons as projected parts of one's own unconscious, is widely if not universally seen at least in some degree. It plays a rôle in the psychology of social reactions. It is important for the understanding and analysis of certain cases.

## REFERENCES

1. FEIGENBAUM, DORIAN: *On Projection*. This QUARTERLY, V, 1936.
2. DEUTSCH, HELENE: *Significance of Masochism in the Mental Life of Women*. Int. J. Ps., IX, 1928.
3. WEISS, EDOARDO: *Über eine noch nicht beschriebene Phase der Entwicklung zur heterosexuellen Liebe*. Int. Ztschr. f. Ps., XI, 1925.
4. FREUD: *On Narcissism: An Introduction*. Coll. Papers, IV.
5. LEVY, DAVID M.: *Maternal Overprotection*. New York: Columbia University Press, 1943.
6. RADO, SANDOR: *An Anxious Mother: A Contribution to the Analysis of the Ego*. Int. J. Ps., IX, 1928.
7. FREUD: *A Case of Paranoia Running Counter to the Psychoanalytic Theory of Disease*. Coll. Papers, II.
8. ———: *Certain Neurotic Mechanisms in Jealousy, Paranoia and Homosexuality*. Coll. Papers, II.
9. ———: *The Taboo of Virginity*. Coll. Papers, IV, p. 224.
10. DEUTSCH, HELENE: *A Case of Hen Phobia*. In *Psychoanalysis of the Neuroses*. London: Hogarth Press, 1932, p. 127.

# Basic Mental Concepts: Their Clinical and Theoretical Value

Edward Glover

To cite this article: Edward Glover (1947) Basic Mental Concepts: Their Clinical and Theoretical Value, The Psychoanalytic Quarterly, 16:4, 482-506, DOI: [10.1080/21674086.1947.11925695](https://doi.org/10.1080/21674086.1947.11925695)

To link to this article: <https://doi.org/10.1080/21674086.1947.11925695>



Published online: 07 Dec 2017.



Submit your article to this journal [↗](#)



Citing articles: 2 View citing articles [↗](#)

## BASIC MENTAL CONCEPTS: THEIR CLINICAL AND THEORETICAL VALUE

BY EDWARD GLOVER, M.D. (LONDON)

The main contention of this paper is that the basic concepts on which psychoanalytic theory is founded can and should be used as a discipline to control all hypothetical reconstructions and etiological theories that cannot be directly verified by clinical psychoanalysis. Since clinical analysis is not possible until the infant can apprehend the meaning of spoken interpretations, this means that all theories and reconstructions bearing on at least the first two years of life should be subject to this discipline. In other words, basic psychoanalytic concepts have now acquired the status of research instruments; in the absence of more immediate clinical criteria, they enable us to test new theories.

In principle a basic psychoanalytic concept is one that is incapable of further reduction, is indispensable to the development of analytical theory and, to that extent, is a fixed idea. It is often said that Freud was ready to alter his formulations when empirical necessity called for a change. But although this was true as regards certain parts of his clinical theory, it was not in my opinion true of his fundamental concepts to which he adhered tenaciously, and without which, indeed, it would have been impossible to establish intelligible communication between one psychoanalyst and another. The simplest examples of basic concepts are: in the dynamic sense, the concept of instinctual energy; in the structural sense, the concept of a memory trace; in the economic sense, the mobility of quantities of instinctual energy. On the concept of instinctual energy depends the whole theory of mental activity; on the concept of the memory trace is built up the whole theory of mental structure; on the concept of mobility of energy depends the whole theory of mental economy.

---

The opening paper in a discussion of Basic Mental Concepts at the Conference of European Psychoanalysts at Amsterdam, Netherlands, May 26, 1947.



If these propositions should appear too elementary to require repetition I would remind you that with the help of these three basic concepts we are able to reconstruct adequately the state of mental activity during the earliest postnatal stages of development. Thus, having postulated the existence of a mental apparatus having a sensory and a motor end, corresponding respectively to afferent and efferent channels, we can then speak of a central path along which instinctual charges travel and in so doing activate and reactivate primordial memory traces. These memory traces are psychic records of perceptual experiences occasioned by sensory stimulations of whatever origin. Employing yet another basic concept, that of affect, we can then relate the infant's state of feeling to fluctuations in quantity and quality of the instinctual charges that give rise to unmodified affect. Simple as this reconstruction may appear, it is nevertheless a perfectly adequate description of the first stages of mental life. In other words, the activity of mind in the earliest stages can best be described in terms of movement of charges of energy and variations in affect. For although the memory trace is the basis of mental structure, it is not possible to speak at this period of ego organization or to go beyond the concept of systems of memory traces.

The necessity to revalue our basic concepts has been forced on us by some recent attempts at hypothetical reconstruction of early mental life, reconstructions that postulate the existence during the second quarter of the first year—from the third to the sixth month of life—of differentiated ego, including a super-ego, of highly developed mental mechanisms, of complex fantasies and of a central 'position' that is closely linked with a true genital œdipus. This position, it is further asserted, is associated with characteristic depressive affects and not only dominates but determines all further development both normal and abnormal.<sup>1</sup> But even had no such reconstructions been

<sup>1</sup> I have given a detailed account of this novel metapsychology which deviates in many fundamental respects from the metapsychology of Freud, in a paper entitled *An Examination of the Klein System of Child Psychology*, first published in *The Psychoanalytic Study of The Child*, Volume I, 1945. New York: International Universities Press.

advanced, I would still contend that we must re-examine closely the conceptual transition between basic formulations suitable to describe primordial mental function and definitions of organized mental activities. For unless this conceptual transition is effected accurately step by step, all sorts of loopholes for error, contradiction and incongruity may remain. The attempt is well worth the mental effort involved: for if we can effect this conceptual transition accurately, we can then make reconstructions that are adequate enough to describe slightly more complicated stages of development whose existence nevertheless still cannot be verified by any direct analysis. In other words, the growth of mental concepts is necessitated by the increasing complexity of the child's mind, and is a measure of that complexity.

Returning to our primary concepts and in particular to the mobility of instinctual charges, we find that by combining dynamic, economic and (rudimentary) structural approaches, we arrive at yet another basic concept, that of a mental mechanism. And immediately we are in a position to indicate what must be the earliest of these mechanisms; nor is this step purely theoretical. Study of memory processes and of dreams shows that the investment of memory traces with a charge of energy—except under very special conditions as when instinct derivatives are in a state of repression—is followed sooner or later by a withdrawal of cathexis. These movements correspond with the fluctuations of instinct which are expressed in fluctuations of affect. When further we correlate withdrawal of cathexis with frustration of instinct, we are able to establish the principle of mental regression, implying thereby that when mental energy is withdrawn from a mental presentation of a frustrated instinct (a basic concept which links instinctual energy with awareness) it retraces the path it originally pursued. We can thenceforward recognize regression as a primary mechanism, a fact which we might in any case have inferred from the circumstance that during the first six months of life the infant is mostly asleep. If we like we can at this point link up the working concept of a mental apparatus with yet another irre-

ducible concept, that of the id; for, as Freud's later work showed, the direction of regression is always towards the id, a view which is certainly more illuminating than the earlier and more limited concept of regression occurring within the mental apparatus, that is to say, in a direction away from the motor and towards the sensory end of that apparatus.

It will be observed that in speaking of regression I have used the qualifying term *primary*. This word should be used only with the very greatest circumspection. Yet it is an indispensable term and for the following reasons. Although we cannot reduce the concept of a mechanism to simpler elements we must postulate certain innate tendencies, conveyed through the id, which lead to the development of mechanisms. In other words, we must concede that there appears to be a certain order of development of any given mechanism. But although no useful purpose is served by trying to reduce the concept of a mechanism to terms of tendencies, we are bound to find some way of expressing the fact that mechanisms do become more elaborate. And we can indicate this developmental (temporal) factor by use of the qualifying term *primary*. This is in keeping with the theory of continuity of development from the simple to the complex, or, clinically speaking, with the established fact that the mind of the child does grow. It is certainly significant that in the endeavor to describe this growth and to distinguish between earlier and later stages of it the word '*primary*' has been a godsend. Witness the use of the terms *primary process*, *primary affect*, *primary sadism*, *primary identification*, *primary narcissism*, or again, this time risking all sorts of confusion of structural concepts, *primitive (or primary) ego*. Interestingly enough, one of the few changes made by Freud in his more basic ideas was his postulation of *primary masochism*. In short the use of the term '*primary*' is forced on us by the necessity to describe stages of function at a period when mental structure is rudimentary, when in fact we can speak with certainty only of the movements of energy within a strictly limited range of cathexis. During this period the most effective ways of controlling impulse are: first, regression

towards the id; second, reflexion and reversal of instinct; third, the mobilizing of other interests which either inhibit the activity of a frustrated charge or provide compensatory gratification for frustration. Of these three primitive modes (or movements of energy), the second and third represent attempts at passive and active adaptation respectively. Reflexion of instinct implies that, although the infant is for all practical purposes unaware of the distinction between 'self' and 'not-self', nevertheless a frustrated impulse towards (what the observer knows to be) an object tends to seek gratification on (what the observer knows to be) the self. In other words, during the early phases of mental functioning the aim of an instinct is independent of recognition of its object. Reversal implies more specifically that some impulses which are active in their aim tend on frustration to develop a passive aim. The mobilizing of other interests is the basis of what is called anticathexis, a process of charging counterinterests. Should all of these movements fail to reduce instinctual tension the mechanism of regression is activated. Only when, at a much later stage, the ego is clearly differentiated from its external objects can these primary modes of movements be given a structural connotation.

The concept of primary dynamic phases of function, that is to say, function at a time when mental structure is rudimentary, was already implicit in Freud's work on repression.<sup>2</sup> It is true that he did not regard repression as one of the earliest defense mechanisms, and maintained that it involved a sharp distinction between conscious and unconscious systems. Nevertheless he described two phases of the process, namely, primal repression and actual repression (or repression proper). In primal repression there is no question of withdrawing cathexis from the preconscious system. The affect (anxiety) induced by the unconscious cathexis merely mobilizes an anticathexis. Repression proper implies also the continued withdrawal of cathexis from derivatives of unconscious impulse existing in an organized preconscious system. Naturally in the analysis of a neuro-

<sup>2</sup> Freud: *Repression*. Coll. Papers, IV.

tic symptom the two phases of any given act of repression can be observed in immediate sequence. But phases of mechanisms do not appear, as it were, overnight. Developmentally regarded they indicate the existence of earlier and later stages of infantile mental function, and suggest that primal repression is itself a functional pattern formed after repeated experience of the effect of counterinterests on states of frustration. And it is not without significance that in the upbringing of infants, parents ceaselessly encourage and exploit systems of anticathexis, as when they seek to distract the attention of a crying baby by offering it a rattle, or making faces at it, which, incidentally, next to shaking, slapping and washing is the oldest form of shock therapy. Indeed, if I might diverge for the moment to illustrate the clinical advantages of using basic concepts as a method of research, I would point out that the 'balancing' effect of shock therapy can best be understood by expressing it in psychoanalytic terms of anticathexis.

But the study of repression is important in another connection. In his metapsychological articles<sup>3</sup> Freud pointed out that the existence of the preconscious system depends on the development of word presentations as distinct from thing presentations. By drawing this fundamental distinction, Freud provided us with at least one standard by which we can control our attempts at hypothetical reconstruction. He indicated a fixed point in time from which we could operate either forward or backward. This fixed point is the organization of auditory impressions which loosens the power of speech. For although it is reasonable to suppose that the meaning of words is apprehended before the use of words is effective, it is equally reasonable to suppose that effective organization of the preconscious takes place after speech is developed, and when secondary processes begin to bind, or at any rate to slow down, the more mobile energies and cathexes of the unconscious.

The distinction between primary and secondary processes is of course a fundamental one, and I need not recapitulate

<sup>3</sup> Freud: *The Unconscious*. Coll. Papers, IV.

here the differences between the two modes of mental function, viz., the mode characteristic of true unconscious activity and that characteristic of the preconscious system. The point at issue is the period at which the secondary processes become organized, for obviously they cannot perform their binding functions (on which ultimately the success of rational reflection or reality thinking depends) until they are organized. That they overlap is not in dispute. Anna Freud has estimated that the infant is able to understand the meaning expressed in the simple words it hears for as long as six months before it is able itself to use these words. And of course, as the case of Helen Keller shows, and as in any event we would infer from a study of sensory processes, of visual thinking and of motor expression, other and more primitive modes of mental correlation also play a part in developing secondary processes. But a developmental overlap of the two systems does not imply that during the earlier stages of overlapping, secondary processes are dynamically speaking effective. A good deal of confusion arises as to the period of effective action of secondary processes owing to a tendency to regard certain forms of play activity exhibited by the infant as true secondary processes. The fact is that, as study of symbol-formation and symbolic play shows, many apparently secondary presentations are active derivatives of (governed by) the unconscious system. It follows therefore that, although speech is understood before it can be used by the infant, the use of speech together with the correlation of auditory presentations with motor activity (behavior) marks the period at which preconscious processes effectively bind unconscious cathexes. In other words, the development of speech provides us with a reliable time measure of early developmental phases. With the development of speech the primary dynamic phase of mental function, we may infer, begins to draw to its close.

To return to the problem of reconstruction, I am convinced that one of the main causes of undisciplined reconstruction is neglect by the observer(s) of Freud's original metapsychology,<sup>4</sup>

<sup>4</sup> Freud: *The Interpretation of Dreams*. London: George Allen & Unwin, 1932.

i.e., his description of the mental apparatus in terms of the systems *ucs*, *pcs*, and *pcpt-cs*; and a too exclusive concern with his later description of the mind in terms of ego relations and institutions. It is true that in course of time Freud found himself compelled to clarify the relations of the unconscious ego to instinct, to the repressed and to reality testing, and so developed his tripartite system of id, ego and superego. But there was no intention on his part that this later system of structural differentiation should supersede his earlier formulations regarding the function of the mental apparatus. That would have been totally opposed to the spirit and aim of his metapsychological formulations. The fact remains, however, that his later structural differentiations opened the door to all sorts of misconceptions as to the nature of early mental development. Indeed, when one comes across descriptions of a superego alleged to exist during the first half of the first year of life, one cannot help suspecting that this reconstruction has been made on a false premise, namely, that ego and superego institutions must originate shortly after birth. In other words, throughout the speculative reconstructions to which I have referred, the idea of the superego is treated as if it were a basic mental concept, as if it were an assumption or postulate on which a theory of development could be built. On the contrary, the superego concept is from first to last a clinical concept. It was founded on clinical analysis, and retains throughout a clinical connotation. One must distinguish carefully between descriptions of the superego and theories of its origins. Theoretically its position was amply indicated by Freud when he described it as a differentiation in the ego. If I might pause here to draw a moral, it is that when speaking of the earliest stages of mental development, we must use only primary concepts, not definitions formulated to fit the more complicated observed facts of later development.

To return once more to the subject of mechanisms: we can say that the concept of a primary mechanism has almost the same status as a basic mental concept. Certainly we cannot get on without it. Nevertheless it is an advance on a basic con-

cept and is capable of being linked up with later definitions and descriptions that are founded on clinical experience. We can say further that this concept of primary dynamic function should regulate our theories of mental economy from birth to a period when speech is sufficiently advanced to provide a permanent basis for secondary processes. We are in fact compelled to distinguish between an embryonic phase of mental development and a phase when organized mental function can be directly observed by the technique of psychoanalysis. Indeed the very fact that psychoanalysis cannot be applied until at least the age of two years is itself an indication that this distinction of an embryonic phase is justified.

But the distinction between embryonic stages of mechanisms and their final organized phase cannot be established on a time factor alone, useful as that is in enabling us to infer phases of development. We are therefore compelled to adopt a structural approach to the problem. This is incidentally the most rigid of all metapsychological approaches and consequently the one most liable to give rise to errors in psychic reconstruction. But first of all we must establish some transitional forms of concept that bridge the gap between basic ideas of structure, i.e., the development of systems of memory traces (Freud's  $\psi$  systems), and the concept of the ego. Above all we must get rid of the confusing term primitive ego with its implication of unified structure. The term primitive ego is of little more theoretical and clinical value than the term psyche. On many previous occasions<sup>5</sup> I have suggested that this gap in our structural concepts can be bridged by adopting a nuclear theory of ego formation whereby  $\psi$  systems associated with particular components of libidinal instincts and with the reactive (aggressive) instincts by which they are accompanied, are synthesized in nuclear ego-formations; and I do not intend to elaborate this theory here. But it is obvious that the transition from

<sup>5</sup> Glover, Edward: *A Psychoanalytical Approach to the Classification of Mental Disorders*. J. of Ment. Science, October, 1932. Also, *The Concept of Dissociation*. Int. J. Psa., XXIV, 1943, Parts 1 and 2.



an earlier and mainly dynamic function of the mental apparatus, to the function of mental institutions, necessitates the introduction of ego concepts. And this in turn involves the recognition of ego boundaries, distinction between ego and its instinctual objects, also between narcissistic and reality ego. In this connection two points should be noted; first, that all of these terms, although derived from and essential to the structural approach, are not in the same category as basic concepts. They relate to phases of development later than those adequately explained by basic concepts; and, second, that the terms used to describe even the most primitive forms of ego, such as the so-called 'corporeal ego' refer exclusively to psychic structures. The relation between body and mind, between soma and psyche, was adequately expressed by Freud in his boundary concept of instinct and by postulating a sensory and a motor end to the psychic apparatus. The term 'body ego', although convenient for descriptive purposes is a contradiction in terms. Its use gives rise to all sorts of misconceptions such as that of 'internal objects', a term which has gained easy currency among those who believe in a 'central depressive position' and which has in their view practically superseded the concepts of narcissism and autoerotism. Metapsychologically speaking, an 'internal object' is a myth and so in my opinion is a 'part object'. A part object is an object's (observer's) view of an object. An object is that on which the aim of an instinct is gratified. It is perfectly proper to speak of component impulses or of aim inhibited impulses, or of part repression and consequently of the object of a component, an aim inhibited or a part repressed impulse. Similarly we can speak of the state of primary identification during which ego and object are not distinguished. But the use of the terms 'part object' and 'internal object' is due to slipshod thinking, to a failure to distinguish between 'internal' in the corporeal sense, and an 'imago' in the psychic sense. It also involves a confusion of metapsychological concepts with the products (derivatives) of unconscious fantasy. No doubt by the time it is able to fantasy

the infant has all sorts of simple fantasies as to what is going on in its body, but that does not justify the importation of the terms part object and internal object into metapsychology.

The value of structural terms in assisting reconstruction can be illustrated by reference to the mechanism of projection. In its primary dynamic and economic aspects projection can be adequately described as a movement in cathexis, similar to the movements that in dream life give rise to hallucinatory visual images. But to understand 'projection proper' (or actual projection) we must assume that a distinction between ego and object has already been established. 'Projection proper' depends on a regression that obliterates certain aspects of an already established ego-object distinction. It follows that the full economic function of a mechanism cannot exist until dynamic movements of energy are finally linked with structural ego units. And we may hazard the guess that organization of the ego cannot take place so long as the mind is mainly governed by primary processes, that is to say, before the organization of speech and the elaboration of the preconscious system. This again is borne out by study of symbol-formation and of so-called symbolic thinking.

Having established the part played by structural concepts in explaining and describing the development of mechanisms, we must now reverse our approach and consider how far our knowledge of economic function, in particular the distribution of instinct quantities, affects structural or, in more advanced sense, ego concepts. For this purpose we cannot do better than review the concept of introjection.

I am well aware that there is no general agreement as to the precise significance of the term introjection; also that the terms introjection and identification are often used as if they were interchangeable. Incidentally this lack of agreement, which was well brought out by Foulkes<sup>6</sup> in his survey of the subject, indicates the necessity to weigh these terms carefully before exploiting them in the interests of reconstruction. I would suggest, however, that the developmental aspects of in-

<sup>6</sup> Foulkes, S. H.: *On Introjection*. Int. J. Ps., XVIII, 1937, Parts 2 and 3.

trojection (or identification) can be apprehended only provided we approach them from three different levels (1) from the point of view of basic mental function; (2) from the point of view of embryonic or primary dynamic phases of development and (3) from the point of view of organized function, implying the existence of well-defined structural relations.

From the point of view of basic function we can see that projection can be traced back to regressive movements and introjection to progressive (developmental) movements of instinctual energy occurring respectively during sleep and during the waking state. In the former case the range of the mental apparatus contracts and memory traces are reduced once more to their perceptual elements: in the latter the range of the mental apparatus expands and increasingly complex acts of cathexis (intrapsychic acts) are possible.

At this point we can define what Freud called primary identification. This is less a basic concept than a reconstruction; or rather, it is less a mechanism than a state of mind. It represents what the observer thinks is the relation of the narcissistic infant to what the observer knows to be the infant's objects. When we say that the infant at first has no fixed recognition of the distinction between the self and the not-self, we imply that movements of libidinal and aggressive energies (cathexes) occur between different points in a primary narcissistic system of organization founded on primordial memory traces. Nothing more, nothing less. Organized structure in the sense of ego-object differentiation or ego-superego differentiation cannot be postulated, unless of course we accept the concept of rudimentary ego nuclei, in which case we cannot possibly talk of central psychic 'positions' in the first months of life. The disparity between a predominating subject-object identity and the feeble regulating power of an ego nucleus is too great.

Now whether we regard introjection and identification as conterminous, or whether we regard them as earlier and later phases of one and the same mechanism, or whether we regard them as, on the whole, distinct mechanisms, their earliest

phases emerge from the nondifferentiated state of primary identification and are reinforced by the frequent and prolonged regressions to primary identification that occur in infantile life. And here I would remind you that the infant sleeps the greater part of the twenty-four hours. Whatever we call the mechanism, its function is essentially dynamic, viz., a redistribution of cathexes. As Fenichel's<sup>7</sup> work on the instinctual components of introjection implied, it is an instinct vicissitude. It is also a swing away from regression and projection. Like regression, reversal and reflexion of instinct, it is a frustration phenomenon that operates at first without ego organization. This view corresponds to the definition given by Foulkes when he describes introjection as an activity, identification as a more or less static term concerned with ego form.

The infant's emergence from primary identification, a state in which—what the observer knows to be—subject and object are simultaneously associated with one and the same affect, heralds the primary dynamic phase of introjection. This phase is obviously brought to a close by the development of true ego structure. Now the ego or, preferably, ego nuclei cannot be formed until differentiation of objects is established; and it cannot be expanded until objects are abandoned. In simpler terms, the influence of introjection on structural development cannot be exerted until an object has been found and after a prolonged period of vain solicitation or actual exploitation has been finally lost. Faced with the necessity of overcoming the trauma of loss of object, the ego or, better, the particular ego nucleus concerned, reactivates by regression the phase during which it was indissolubly linked in affective experience with its object. The object-*imago* thus acquires and retains the status of an ego system. And as the psychobiological series of objects of infantile component instincts pro-

<sup>7</sup> Fenichel, Otto: *Die Identifizierung*. Int. Ztschr. f. Psa., XII, 1926. Also, *Über respiratorische Introjektion*. Int. Ztschr. f. Psa., XVII, 1931. And, *The Scopophilic Instinct and Identification*. Int. J. Psa., XVIII, 1937. Also, *The Psychoanalytic Theory of Neurosis*. New York: W. W. Norton & Co., 1945; London: Kegan Paul, 1946.

gresses and each object is in turn abandoned or the appropriate impulses repressed, the structure of the ego grows by acts of introjection. In short, the original dynamic and compensatory functions of introjection are exploited by a weak ego system in order to strengthen itself.

Into the relations of introjection to identification proper, for example, whether identification is derived wholly or in part from introjection or whether it originates independently from the phase of primary identification, I do not propose to enter here, except to say that discussion of these problems should be governed by certain basic considerations. In particular we should recognize the psychobiological necessity that some components of an impulse towards objects can be abandoned without wholly abandoning all other components and thereby hampering the ego with a fixed introjection. For as we know from clinical experience an introjection hampers as well as promotes adaptation. The characteristic of a structural introjection is its rigidity. Adaptation calls for relations to objects that are reasonably stable without being immutable. To this condition identification conforms. Indeed we often talk rather glibly of analyzing introjections when in fact we are simply uncovering early identifications. From which it can be inferred that I favor attaching separate meanings and functions to the concepts of introjection and identification.

The immediate problems with which I am concerned are more fundamental: first, at what stage or period of development can we reasonably assume the existence of structural changes due to introjection; second, when are we entitled to speak of a superego formation. Now if we assume that structural changes follow the abandonment of instinctual objects, and if, further, we assume that oral components of instinct exert a primacy until teething or at any rate the unassisted eating of solid foods is well established, it would be easy to say that the structural aspects of introjection emerge only towards the end of the first year. But as the infant is immediately involved in an active struggle with a new primacy of infantile instinct, namely, the anal-sadistic primacy, we could not speak

of a superego in the sense of an immediate and effective ego regulator. At most we could postulate the laying down of a primitive oral superego nucleus which later becomes part of a much more extensive superego institution. It is both inappropriate and misleading to talk of an ego regulator until effective ego synthesis has occurred; and effective ego synthesis cannot be said to occur while the infant is passing rapidly from one phase of primacy to another. Using the conceptual approach to mental development we must assume that the maximal trauma and therefore the maximal need to compensate by introjection must occur when the biologically determined series of infantile thrusts of instinct is nearing its biologically predetermined end. If there were no latency period, if infantile sexual urges passed immediately into adult forms and were capable of immediate gratification on adult objects or frustration by adult objects, the situation might be otherwise. As it is, the *œdipus* in the sense originally ascribed to it by Freud, is the greatest emotional trauma for the simple reason that the infantile genital thrust, occurring between the third and the fifth year, is the last, the greatest and the most elaborate of the infantile thrusts. No new primacy develops to encourage displacement of energy and to hold out even false hopes of fulfilment. Freud's *œdipus*, it must be reaffirmed, is the true central position of mental development, and its control, mastery and sublimation constitute the main inhibitive and constructive functions of the superego.

But to reaffirm the dominating clinical significance of the genital *œdipus* does not help us to determine the exact stage at which it is first permissible to talk of a superego institution as distinct from a nuclear part of a later institution. So far we have no reliable evidence on the point from direct analysis of children, and it is more than probable that the ultimate criteria will prove to be theoretical rather than clinical; nevertheless it is reasonable to seek for as many clinical indications as possible. Among these I would give prominence to the development of affect, since the study of affect provides us with the surest measure of the inhibition of instinct; and as it

is well established that the existence of guilt is an indication of superego activity, a first step in investigation is to determine the point at which it is permissible to speak of guilt feeling or of any direct derivatives of guilt feeling.

But no sooner have we set ourselves this clinical task than we are faced with difficulties and pitfalls that can be avoided only by the careful use of basic concepts. We have to assume that there are certain primary affects induced by certain qualities and quantities of unmodified instinctual excitation. These primary affects can of course be classified in a number of ways; for example, in terms of pleasure or pain or in accordance with the varying subjective descriptions of children and adults. We can also speak of them as tension or discharge affects or again as appetitive or reactive in origin. But however they are classified there are few primary affects concerning which we can speak with any certainty and among these the most outstanding is anxiety. On the other hand, guilt is almost by definition a secondary or derived affect, one that maintains however a close relation to anxiety and is in fact frequently described as internalized anxiety or anxiety of the superego experienced by the ego. The kernel of the problem lies therefore in a more or less exact distinction between anxiety phases and guilt phases of development.

In postinfantile stages of development it is easy to describe the overlapping (or transition) between anxiety and guilt as 'social anxiety' and to maintain that true guilt operates in the absence of a social object; but in infancy the situation is more complicated, for during the first two years of life the infant lives under the almost unbroken surveillance of parental objects or their substitutes, a state of affairs that can produce 'guiltlike' reactions in some domesticated animals. To put this point another way: if human beings remained under the constant surveillance of persons sufficiently powerful to arouse fear either of injury or of loss of love and sufficiently powerful to inhibit or encourage, to reward or punish certain attitudes or forms of behavior, external anxiety would remain the decisive factor in development. We may surmise therefore that the capacity

to walk unaided which marks the final stage of ego-object differentiation also signalizes the operation of true and effective guilt.

This surmise is entirely in keeping with the principle of economy of function. It is also in keeping with what we know of mental structure. For just as a phase of primary identification must precede ego-formation, so a period of primary undifferentiated anxiety must precede the development of guilt. It is impossible to conceive of guilt so long as the affects derived from instincts are linked as closely with (what the observer knows to be) objects as with (what the infant feels to be) the self. Indeed, it is highly improbable that guilt feelings can arise until the infant has passed from oral primacy to anal primacy, that is to say, until the actual and final loss of an important primary object has been followed by the threat of loss of the substituted object. For although the primary function of guilt is to preserve the ego from endopsychic danger, guilt also serves to preserve some object relations at the cost of sacrificing others. Finally, there seems to be little point in talking of guilt until organized anticathexes have been built up, a criterion which would help us to date early guilt development at a period between the appearance of disgust and early forms of reaction-formation, that is, when the preconscious system is already organized. No doubt for some months before this period, isolated, or perhaps it would be better to say, transient guilt reactions appear. But, as was pointed out when discussing primary and secondary processes, the issue does not turn on early, sporadic manifestations of a process or on an overlap between primary and secondary phases of it, but on the period at which an effective, secondary defense system can be postulated. No doubt guiltlike affects can appear towards the end of the first year; no doubt guilt and anxiety overlap before they are finally isolated; but that does not justify the postulation of central (controlling) defense positions in the third to sixth month of life.

Indeed when one studies those hypothetical reconstructions which postulate the existence of central and executive guilt



systems in the first half of the first year, one cannot but think that the quest for a superego structure at this period has been dictated by a preconceived theory, that guilt has been displaced backwards by the observer, a process which, it is significant to note, can be constantly observed in the analysis of individuals of all ages. It is notoriously difficult to distinguish between products of fixation and products of regression, a circumstance of which psychoanalytic patients take full advantage when unconsciously they seek to bamboozle their analysts. There is, however, no reason for metapsychologists to be hoodwinked by their data of observation. When discrepancies occur between hypothetical reconstructions and the basic concepts applicable to the period, the law of economy of hypothesis must be given full priority.

A similar comment applies to the remarkable assumption that the primary content of all mental processes are unconscious fantasies which exert an uninterrupted influence upon further progressive mental development, or that the infant's capacity to hallucinate is either identical with fantasy or the precondition for it; or again, that hallucination is carried out by means of introjection and projection. It is not my intention to repeat here the criticisms of these and other assumptions of the same kind I have published in an earlier paper.<sup>8</sup> My immediate object is to point out that these assumptions are in the nature of afterthoughts apparently intended to confirm a hypothetical reconstruction; in other words, that one speculation is used to prove the validity of another without any possibility of direct clinical confirmation of either. This was apparently the only justification for advancing postulates which if true would have invalidated the whole of Freud's basic mental concepts. My further object is to point out that the formulation of such assumptions is an inevitable consequence of approaching the mental apparatus with a fixed interest in structural differentiations. The inevitable result is that id activity is thought of in terms of the ego. In other words, ego concepts are merged with id concepts. The ego is, meta-

<sup>8</sup> Glover, Edward: *Op. cit.*

phorically, introduced into the id. Looking back on Freud's earlier metapsychology we can see that although at that period he did not use the term id, his fundamental approach was from the id to the ego. The main concern of his researches into dreams, the unconscious, repression, narcissism, and the nature of instincts was with the ways and means of communication between the unconscious and the preconscious systems; in other words, with the sequence of instinct derivatives. Careful consideration of Freud's views on fantasy-formation, in particular their relatively high degree of organization, their status as 'protosubstitute-formations'—to coin an inelegant term—and the conditions of their repression, should have prevented any confusion of these unconscious derivatives with such archaic activities (i.e., vicissitudes of instinct) as hallucinatory regression. The confusion is also due of course to a failure to distinguish between the three levels of approach to mental activities I have mentioned, namely, the approach using basic mental concepts and the approaches appropriate to embryonic and fully developed mental function respectively. The terms regression, hallucination, wish-formation, wish fulfilment, object imago, fantasy, introjection, superego, have all distinct meanings in Freud's metapsychology. They also refer to different levels of function. It is futile to confuse these meanings or to telescope them. You cannot define a structure either in terms of a fantasy or of the cathexis of a wish. Let me try to make this clear. Although the terms 'gasoline' and 'carburetor' are essential to describing the total function of the internal combustion engine, it explains nothing to equate the carburetor with an explosion of gasoline vapor. Similarly, when reconstructing the development of motorcar manufacture one should not equate the earliest discovery of gasoline vapor and its explosive properties with the invention of the latest type of supercharger. The postulation of ego organization and differentiation at a time when mental activity can be adequately described in terms of basic (near id) concepts is not only uncalled for but detracts from the legitimate uses of the ego concepts, and arrests the free application of basic concepts.

To prevent any misconceptions arising from the necessarily condensed nature of this presentation, it is desirable at this point to review the arguments so far advanced in favor of isolating a primary or embryonic phase of dynamic function. Isolation of fixed stages is itself a conceptual device which simplifies the process of presentation but it is subject to a number of drawbacks. When one contrasts an 'unorganized' with an 'organized' phase, the reader may get the impression that no vestige of organization exists in the 'unorganized' stage. He may think, for example, that in the outline given above the existence of structural elements in the primary dynamic phase has been too heavily discounted. This is far from being the case. No doubt mental development sometimes proceeds by fits and starts and at times appears to double on its tracks. Nevertheless it does proceed. It proceeds from the simple to the more complex and, taking it all over, it proceeds gradually. Every stage before the final one is transitional. It would be positively inaccurate to suggest that during the dynamic phase there is no ego development or for that matter no superego development. On the contrary, the nuclear theory of ego formation I have advanced allows an ample representation of early ego elements arising from experience of the various components of early instinct life. An oral ego nucleus for example can readily be postulated from the first months of life. An oral superego nucleus can be postulated in many cases at the ninth month although as I have indicated it can have little organization until the end of the first year. Indeed, the nuclear theory offers much more scope to the representation of autogenous ego elements than does the crude and inelastic concept of an oral ego or orophallic ego. A part of the narcissistic organization that is built up during primary identification is moreover destined later to rate as a part of the ego, and another part to rate as a part of the superego. In this sense we can talk of the superego as having autogenous elements. But the existence of ego or superego nuclei does not permit us to operate with complicated concepts such as that of a synthesized ego, or to talk of total ego function or central ego positions during

the embryonic phase. Apart from this the validity of a dynamic valuation of early mental activity is powerfully reinforced by the simple fact that at all stages of mental function, it is the state of energy cathexis that matters. As we know from Freud, the affects that compel the ego to adapt are independent of preconscious structural organization. They proceed directly from the id to perceptual consciousness. Recent reconstructions seem to me to put the cart before the horse. The ego is assuredly an organ of adaptation, but it is itself the result of psychic adaptation. Its function is to standardize the distribution of instinct and control of affect, but it cannot exist until the mind has already experienced distribution and control of instinct and affect. The answer to the criticism that in this presentation structural elements have been discounted in the first year and also in the second is simply that they have not been so discounted. Actually it is a criticism that can act as a boomerang, for exaggeration of superego elements in the first year implies a considerable discounting of the forces of primary instinct and primary affect.

But confusion of levels of approach is not the only cause of undisciplined developmental reconstruction. It will be remembered that both the theory and the practice of psychoanalysis were founded on investigations of the transference neuroses. And to this day investigation of the psychoses has, owing to the tenuous nature of the transference, been based on psychoanalytically oriented observation rather than on analysis proper. In this respect observation of the psychoses is subject to the same drawbacks as investigation of children during the embryonic phases of mental development, i.e., until the meaning of interpretation through speech can be adequately apprehended by the child. Reconstructions of the first two years of mental development are based not on direct analysis but on a preliminary interpretation of data of observation, an interpretation which cannot be directly confirmed by clinical analysis. Despite these clear limitations, hypothetical reconstructions of early mental development have come to be based more and more on hypothetical reconstructions of psychotic processes.

The influence of what might be called 'psychiatric bias' on reconstruction of early stages of mental development has not been altogether fortunate. It is true that analysis of adult neuroses led to the discovery of child neuroses, and that the discoveries made in both clinical fields enabled Freud to sketch the main outline of normal mental development. But a clear distinction remained between adult symptom-formations and normal infantile reactions. This distinction has been seriously blurred by recent overemphasis on the psychiatric approach. The psychiatric minded psychoanalyst tends not only to rediscover his clinical material in the observation of children (that is natural enough), but to equate psychotic processes with early developmental levels of activity. This is based on the unwarranted assumption that the regressions, restitutive symptom-formations and disintegration products of the psychoses bring him in specially close touch with unconscious mental processes. Actually his contact is no closer than that of a psychoanalytic anthropologist studying his field observations. His legitimate task is to correlate the psychoses with disorders of early mental function. His reconstructions of normal mental development have no prescriptive authority and should be governed like any other reconstructions by the basic concepts on which all psychoanalytic theories are founded.

Of the many arguments that can be advanced in support of this criticism of 'psychiatric bias' I will mention here only a few. The first is that the archaic activities manifested in psychotic symptoms cannot be taken as an indication of the level of the ego regression. It is true that the abandonment of object cathexis brings about instinctual strains that necessitate the employment of mechanisms characteristic of narcissistic organization. But that is essentially an economic phenomenon. In many instances the level of ego regression, if measured in terms of infantile fixation, can be identified as belonging to the later organized stages of infantile function. The same argument applies to those psychotic symptoms which Freud recognized as being part of a curative process and which in fact consist of distortions of secondary processes. As for disintegration products, although these throw considerable light

on isolated mental activities of different levels it cannot be said either that they date the ego regression or that they can be used as a safe index of normal infantile function. Even more significant is the fact that in many of the remissions of schizophrenia, to say nothing of the depressive states, the function of the ego remains at a remarkably high level. Indeed one cannot help thinking that the peculiar nature of the symptom-formations in the psychoses has led many observers to find structural explanations for economic data and going further to use these structural misinterpretations for purposes of reconstructing stages of mental development.

One further consideration indicates that preoccupation with the clinical form of the pure psychoses is not the most satisfactory approach to problems of normal development. Whether we assume that ego regressions are due to deficiencies in development or to pathological disturbances of ego function at early stages, leading to massive 'ego' fixations, it is reasonable to suppose that the most fruitful sources of information on these problems lie in those ego disorders which in one form or another have persisted without remission from childhood to adult life. Whether we describe these as 'character disorders' or adopt the admittedly overly simple but more comprehensive term 'psychopathy', there is no doubt that the psychopathic states provide the most consistent measures of ego disorder. And here I have in mind not simply the so-called schizoid or cycloid forms of psychopathy but those psychopathic personalities which, although less bizarre in conduct, nevertheless exhibit a wide range of ego, libido and affective disorder. In this group I am convinced lies the solution to the problems of the development of reality sense and of the feeling of guilt without which we cannot reconstruct normal stages of development.

But however much information we may gather from these and other sources, we must still face the fact that it will not enable us to penetrate the mysteries of the earliest stages of mental development. It is vain to hope that some new analytic technique will solve these problems; still vainer to suggest that nonanalytical methods of research can make up for the lack of

direct analytical approach during the first two years. We must face the fact that controversies as to early development are due neither to verbal misunderstandings nor to differences in interpretative technique. They are due to the fact that we have no means of applying direct interpretative technique. Even the problems of the period can only just be stated in terms of basic mental concepts, a fact which itself suggests that the solution of these problems must also be in terms of primary concepts. As far as the first two years are concerned, whatever we learn in other fields is second-hand evidence.

This valuation applies also to the observation of the behavior of infants. To be of any service these observations must first be interpreted. These interpretations cannot however be controlled. In any case it is desirable that only these observations of behavior that are of vital significance in development should be used for purposes of reconstruction. Simple facts like the duration of sucking, teething, unassisted eating of solids, motor differentiations and coördinations, control of excretions, walking, talking and the like are no doubt helpful in making reconstructions plausible, but they are really more helpful as a means of checking or controlling reconstructions. By themselves, however, they neither help nor hinder us. Data of observation can only be of service provided they are expressed in metapsychological terms. It is absurd to suggest that new methods of statistical observation or new forms of discipline taken over from the physical sciences will necessitate a change in basic mental concepts; it is equally absurd to say that Freud's early conceptions bear the oldfashioned imprint of the scientific period during which he formulated them. They are still as essential to psychoanalytic thinking as the alphabet is to the study of language.

### SUMMARY

The greatest difficulty in making plausible reconstructions of early development lies in the fact that while we cannot do without the concept of organized structure, the earlier we seek to

apply this concept the more violence it does to our reconstructions. No doubt it is possible to underestimate as well as to overestimate the complexity of organization of early psychic life. But in my opinion the greater scientific danger lies in overestimation. It is for this reason that I suggest applying the term embryonic to those earlier dynamic stages of development that cover the first two years of life. If by adopting this usage we occasionally do less than justice to the precocity of the exceptional infant, at any rate we avoid the danger of accepting fantastic reconstructions that bring metapsychology into merited disrepute. At least we must treat with the utmost reserve reconstructions that postulate a functional identity between the first and the third year. Fortunately we can avoid this pitfall if we submit all reconstructions to the most meticulous scrutiny, using for this purpose the basic mental concepts left us as a scientific heritage by the founder of psychoanalysis.



# The Fallacious Use of Quantitative Concepts in Dynamic Psychology

Lawrence S. Kubie

To cite this article: Lawrence S. Kubie (1947) The Fallacious Use of Quantitative Concepts in Dynamic Psychology, The Psychoanalytic Quarterly, 16:4, 507-518, DOI: 10.1080/21674086.1947.11925696

To link to this article: <https://doi.org/10.1080/21674086.1947.11925696>



Published online: 07 Dec 2017.



Submit your article to this journal [↗](#)



Citing articles: 6 View citing articles [↗](#)

# THE FALLACIOUS USE OF QUANTITATIVE CONCEPTS IN DYNAMIC PSYCHOLOGY

BY LAWRENCE S. KUBIE, M.D. (NEW YORK)

A system of psychological concepts merits being called 'dynamic' when it comprehends conscious and unconscious motivations, and when it can demonstrate how the interaction between various psychological states can play an active rôle in determining the course of human life. In any effort to formulate a system of dynamic psychology it is difficult to be sure when our words describe and when they explain. Indeed the boundary lines between description and explanation are never sharp in science. Many constant sequences are found to have cause-and-effect relationships, and many apparent cause-and-effect relationships turn out to be mere coincidental sequences. In the effort to deal with this difficulty, there is a tendency in psychology to fall back largely on quantitative concepts, that is, on the explicit or implicit assumption that a change in dimension or volume or size or strength in one or another component of the total psychological constellation is the effective variable which causes all other changes. There are some dangers in this type of formulation.

Let me begin with a quotation from page 313 of Freud's *Introductory Lectures on Psychoanalysis* (4). This was written before 1920 when the introduction of the structural viewpoint brought far-reaching changes into psychoanalytic theory. Nevertheless the quantitative assumptions of the earlier theories were carried over without re-examination into the structural era of psychoanalytic theory.

'You will doubtless have noticed that in these last remarks I have introduced a new factor into the concatenation of the ætiological chain—namely, the *quantity*, the magnitude of the energies concerned; we must always take this factor into account as well. A purely qualitative analysis of the ætio-

logical conditions does not suffice; or, to put it in another way, a purely *dynamic* conception of these processes is insufficient, the *economic* aspect is also required. We have to realize (a) that the conflict between the two forces in opposition does not break out until a certain intensity in the degree of investment is reached, even though the substantive conditions have long been in existence. In the same way, (b) the pathogenic significance of the constitutional factor is determined by the preponderance of one of the component-instincts in *excess* over another in the disposition; it is even possible to conceive disposition as qualitatively the same in all men and only differentiated by this quantitative factor. No less important is this quantitative factor for the capacity to withstand neurotic illness; it depends (c) upon the *amount* of undischarged libido that a person can hold freely suspended, and (d) upon *how large* a portion of it he can deflect from the sexual to a nonsexual goal in sublimation. The final aim of mental activity, which can be qualitatively described as a striving towards pleasure and avoidance of pain, is represented economically (e) in the task of mastering the distribution of the quantities of excitation (stimulus-masses) present in the mental apparatus, and in preventing the accumulation of them which gives rise to pain.'

Here are five overlapping and somewhat circular assumptions, each one of which requires critical examination. At this point, however, I want to make it clear that I do not believe every effort to explain psychological phenomena through quantitative variables is necessarily incorrect. It is my thesis rather that the easy assumption of quantitative variables as the only ultimate explanation of every variation in behavior is one of the seductive fallacies to which all psychological theorizing is prone. When in doubt one can always say that some component of human psychology is bigger or smaller, stronger or weaker, more intense or less intense, more or less highly charged with 'energy', or with degraded energy, and by these words delude ourselves into believing that we have explained a phenomenon which we have merely described in metaphors. Grave medical pronouncements to neurotic sufferers abound in

metaphors no less naïve than that of the famous internist who solemnly told all such patients they had 'exhausted their nervous capital', and therefore clapped them in bed. This is not essentially different from easy statements about 'depleted egos'.

I am not suggesting that quantitative variations may not occur in intrapsychic relationships, but only that there is no reason to assume that every component process is capable of variations in quantity. There may well be all-or-none processes on the psychological as well as the neuronal level. As a matter of fact the concept of quantitative variables is drawn from other sciences, and we have no right to assume a priori that they play an equally determining rôle in psychology; and certainly we cannot depend solely on quantity variables to make a system of psychological theory 'dynamic'. The issue which I am raising here goes to the heart of the problem of causation on the psychological level.

I quote from some editorial notes which Dr. Lewin and I wrote as a footnote to a paper by Dr. Hoskins in 1936 (7).

'Psychoanalysis must be pragmatic. It describes human behavior, and in so doing must point out differences in behavior which seem, in turn, to depend upon differences both in kinds and in quantities of "energy". However, when it is observed that one patient has a greater "drive" towards a certain activity than another, it would be a most naïve explanation of this fact to deduce that the difference in the "drive" must depend solely upon differences in the amounts of specific energy invested in this direction. Such an explanation would be fallacious, just as it would be fallacious to try to estimate the amount of energy going into a machine from the amount of work done by the machine, without considering the factor of efficiency and the losses through transformations of energy into heat or other "degraded" forms.

'Nevertheless, in describing the conduct of two human beings, common sense alone justifies us in characterizing one man as "braver" than another, despite the fact that we are without any quantitative measurements of courage, and in face of the further fact that the energy exerted by the coward

in his efforts to act bravely may be far greater than that exerted by the hero. Similarly, in the psychoanalytic study of "drives", it is frequently necessary, for descriptive purposes, to talk in terms of quantities of "drive energy" which can be estimated only by the external results and by one's general impression. At the same time, however, there is in psychoanalysis a conscientious effort always to follow the losses of energy which occur through displacements, substitutions, and the like, and which are [or may be] analogous to the losses of energy which occur in the operations of any machine. . . .

'In this respect psychoanalysis, however, is really in the same situation as the more basic sciences of neurophysiology and endocrinology. After all, it is not possible as yet to formulate such relatively simple phenomena as the nervous impulse, the factors of excitation and inhibition in the central nervous system, the variations at the synapse, or the activities of a simple reflex arc, in terms of ergs, calories or dynes. Nor is endocrinology, as yet, in a position to apply the basic laws of thermodynamics or the fundamental, quantitative units of physical forces to the problems of the œstrous cycle. It is true that the hormonal elements can be measured with an accuracy greater than are our approximate estimates of feelings and impulses; but this is still far from the precision of physical energetics.

'It is therefore scientifically necessary to keep clearly in mind the fact that the psychodynamics dealt with in psychoanalysis refers to something which is loosely analogous to, but still very far from, the exacter field of thermodynamics. These psychodynamics deal with an effort to estimate (a) the sources of energy, (b) the kinds and quantities of energy, (c) the transformations of energy, one into another, and (d) the distributions of energy. But the "energy" referred to here means not what is intended by the physicist, but *simply apparent intensities of feelings and impulses, or in psychoanalytic terms "the libido".*

Why is it that the hypothesis of quantitative variables seems to hold such a special fascination for us all? This is not on rational grounds alone but on the basis of a strong emotional

bias buttressed by a conviction that a science is not mature until it can count. Consequently to talk even of hypothetical and unmeasured quantitative variations gives us a feeling of scientific maturity which may in fact be premature and illusory. Perhaps it is our own process of growth which breeds in us this overvaluation of the quantitative. To the infant and child, pitting his strength against the grown-up world, relative size becomes the measure of power because size, in the end, determines the outcome of every effort which the child makes. As we struggle with the most difficult of all sciences, the science of human nature, and as we attempt to formulate psychological processes as exerting a dynamic influence on one another, it may be that in thinking in terms of quantitative variables alone we are regressing to the value system of childhood. Habituation adds a further illusion of reality. Ideas and terminologies become a part of the very air we breathe, something whose truth and precision we accept without question as we become used to them through frequent repetitions. Men's minds are like rooms whose walls are lined with pictures which they take for granted because they have hung there too long. In all systems of psychology, including psychoanalysis, this human tendency has expressed itself in many ways.<sup>1</sup>

The problem that confronts us is one of the most difficult in the whole field of psychological theory and research. Let us first consider quantitative concepts in the description of psychological events. It is safe and easy to talk in quantitative terms when we merely describe conduct. Thus we can say of any act that it is more or less courageous, more or less angry, more or less stubborn: and we will not be misunderstood; nor will we deceive ourselves. Yet every act represents the sum of many variable forces, and consequently when we look behind the façade of behavior, merely to describe the person, we are no longer able to use quantitative terms with the same clarity. We cannot even say with accuracy that a man whose conduct

<sup>1</sup> Compare Rado's derivation of causality and determinism in science in general from their anthropological and ontogenetic origins (8), and then compare Reiner's discussions of Rado's paper (9).

has been courageous is himself courageous, or that a man whose conduct has been angry has been angry himself. We can say that the former acted as though he were courageous, when actually he may have been in a rage; or that the latter acted as though he were angry, when he may have been terrified. A man who stood up against a thousand enemies and earned the Victoria Cross may have done so for a great many reasons other than courage or freedom from fear. He may have done it because of a schizophrenic dissociation, or out of a psychopathic joy in bloodshed, or at the behest of a superego whose commands were dreaded more than the enemy. The conduct of the 'angriest' patient I ever knew was always gentle. When he became angry he walked in a dainty and somewhat effeminate manner as though treading on eggs. His voice would become light, high pitched and childlike. Often he would then go to bed with fatigue. The more angry he became, the more timid and gentle was his conduct. If we describe this man in terms of his impact on the world we must call him gentle, kind, and timid. If we describe him in terms of the stifled affects which are the mainspring of his life, we are justified in saying that he is in a diffuse and chronic rage.

Such observations as these are obvious to the point of banality. Even before men thought in psychoanalytic terms of unconscious, preconscious and conscious mental processes, there were general misgivings as to the adequacy of easy quantitative formulations, some doubt as to whether they were more than descriptive metaphors. We knew that it was of little value to say that a man ran away because he was afraid, or that he was afraid because he was a coward, or that one man ran away while another stayed and fought because the first was more frightened than the second, or more afraid than the second, or more of a coward than the second. All such estimates become laden with affect. In effect they are epithets, or mere re-descriptions of behavior. They are verbal circles which are devoid of explanatory value, even though they make the assumption of quantitative variables.

When we add the consideration that there are unconscious mental processes which are equivalent to conscious emotions, it becomes evident that easy assumptions about quantitative emotional variables are even more difficult to make. Thus is it accurate to assume, as do so many authors, that the subjective intensity of symptomatic anxiety is any indication of the quantity of unconscious anxiety which underlies it? The same question faces us with respect to all other affective experiences; and since there are many forces which intervene between the underlying affect and its conscious representation it is obvious that any such assumption is wholly unwarranted.

Any attempt to *explain* psychological events multiplies the difficulties many times. Since there are such intrapsychic barriers and defenses as repression, displacement, substitution, and isolation, all of which may or may not be subject to quantitative fluctuations, some of which may operate in an all-or-none fashion, no easy guesses are justified as to which varied to produce any special psychological state or action. Furthermore, whenever two forces struggle against each other until one triumphs, in order to explain what has happened one must determine whether the triumph was due to an increase of strength or an expenditure of energy on the part of the victor, or to a decrease in strength or effort or a deflection of energy on the part of the loser. Victory does not always go to the strong; sometimes it goes to the adroit; and if we are to decide which produced the victory, an accurate decision waits on appropriate indicators of change for each variable. As long as we can deal only with combined influences, quantitative guesses are misleading and lead to dependence on the easy figure of speech which implies that all differences in conduct, feeling, personality or symptoms are due to something greater or something less. People are more or less secure, more or less rigid, more or less obsessional, more or less hysterical, more or less confident, more or less conceited, more or less domineering. All of this is verbal shorthand, not always valid even as description, and usually meaningless as explanation. To



repeat, we can say of a particular moment of behavior that it is more or less something, but the minute one attempts to explain the act by going behind it to the actor, so many variable forces must be estimated that it becomes impossible to deduce from the end result which intensified and which decreased their operative force to produce the act. Especially if we try to ascribe the behavior of the individual to quantitative changes in his intrapsychic processes, in the absence of quantitative indicators, any decision as to which have varied becomes a matter of guesswork or of *ad hoc* assumption.

Let us consider how many variables there may be. (1) There are quantitative variations of external stimuli, and corresponding variations in quantities of overt responses to stimuli, or of conscious and unconscious affective responses, and variable quantities of control of these responses. (2) Presumably there are varying quantities of internal (i.e., instinctual) drives which in turn can be countered by varying quantities of inhibition, or of compulsive exaggeration (cf. Freud's 'illusory strength of instinct' [3, p. 87]), or varying quantities of cathexes, excitation, resistance, defense, or repression. (3) In symptom formation and the processes by which symptoms precipitate out of conflict, we find assumptions as to varying amounts of isolation, repression, projection, displacement, reaction formation, rationalization, identification, compensation, idealization, sublimation, and the like.

There are still other possibilities which could be listed, but with just these in mind, let me return to the quotation from Freud with which I began. There we find five hypothetical applications of the economic (i.e., quantitative) principle, each representing a possible variable.

(a) That a conflict between two forces does not 'break out' (probably meaning, 'become pathogenic') until a certain 'intensity' or 'degree of investment' is attained. Here in one proposition are three interdependent quantitative assumptions.

(b) That quantitative differences in the relative rôles of different component instincts determine the pathogenicity of

a 'constitution'. Here certainly is a useful working hypothesis, provided that it can be subjected to experimental quantitative demonstration and verification. But no one has as yet devised any method by which we can distinguish between a constitutional hypercathexis of an instinct (assuming for the moment that such exists), and a compulsive intensification of an instinct.

(c) That vulnerability to neurosis depends upon the 'amounts of undischarged libido that a person can hold freely suspended'. Here again are several assumptions: that libido is measurable in quantities; that its state varies between free and bound; that there is some unknown factor in an individual which makes him capable of more or less tolerance for 'undischarged amounts of libido'. There is of course the equally plausible opposite possibility that the individual's ability to tolerate undischarged libido is the product and result rather than the cause of his neurotic processes. Here again is an intricate skein of interlocking, and somewhat circular hypotheses.

(d) That vulnerability also depends upon how much of the libido can be deflected from sexual to nonsexual goals. Even if we accept this as a working premise it explains nothing until we understand on what the ability to deflect libido is dependent.

(e) That there is still another unknown factor in the personality which determines the ability to 'master' or to 'distribute' varying 'quantities of stimulus', and 'prevent the accumulation of stimulus masses which cause pain'.

It seems to me that all of these redescribe in terms of hypothetical units of power something which is quite as adequately described by saying, for instance, that some people can endure pain or frustration and deprivation and that others cannot. To talk of the ability to master or distribute stimulus masses is not explanatory; and as a description of events it is less precise than is the simple language of the street.

Similar considerations qualify many other applications of the economic hypothesis, as for instance, where Freud speaks specifically of hypothetical variations in the cathexes of dif-

ferent erogenous zones, whether these be inherited, constitutional, or acquired. A not unrelated use of quantitative concepts is embodied in such theories as Adler's concept of organ inferiority (1, p. 35).

Further examples of Freud's multiple use of the concept of quantitative or economic variables are found in other writings. The emergence of ideas from the preconscious into the conscious is explained as due to the intensity of the cathexis (2, p. 126). Phobic patients are said to manifest anxiety when 'the repressed impulse becomes intensified' (*ibid.*, p. 115). Conversely ideas are said to emerge from repression or to remain conscious if they represent 'only a small amount of energy' (*ibid.*, p. 90). Innumerable other examples could be drawn from current authors, of which perhaps the most notable examples are to be found in much of the war literature, and particularly in the writings of Grinker and Spiegel (6).

The introduction of the structural principle in 1920 made profound changes in certain aspects of psychoanalytic theory. The 'economic principle', however, was carried over bodily from prestructural to poststructural formulations, with the consequence that the concepts of id, ego, and superego are often used as though they were autonomous entities, subject to quantitative fluctuations which are independent of one another. Recently these concepts were brilliantly reformulated by Hartmann, Kris, and Loewenstein (5), who look upon them merely as 'centers' of certain aspects of psychological activity, and without any assumptions as to quantitative changes. Their attitude, however, has not as yet permeated psychoanalytic thinking; consequently writers still do not hesitate to talk of strong and weak libidos, strong and weak ids, strong and weak superegos, strong and weak egos. Here the metaphor becomes a convenient way of begging every important question and of avoiding every difficulty in psychodynamic causation. Indeed all such *ad hoc* explanations, constructed to fit each individual clinical phenomenon, unless used to initiate research become a way of evading the hard task of searching out methods for

making quantitative appraisals of the differences in psychic process and psychic constitution.

Clearly variations in psychic processes can be described in terms of fluctuations in the intensity or dominance of any one or of any group of these variable and sensitive processes. Such descriptions are useful working hypotheses. By insidious steps, however, they lead into fallacy, the first of which is always an implication that the quantity change which has been assumed is the only such change that occurred, and that consequently this change is the effective variable which explains all.

This fallacy runs through every known system of dynamic psychological theory. Therefore two questions arise: first, whether this borrowing from physical science of the metaphor of variable quantities of energy to use in the psychological field has not actually lessened the clarity of our thinking; second, whether without this metaphor a dynamic psychological theory can be formulated. Freud's introduction of what he called 'the economic principle', in addition to the dynamic and the topographical principles, may have given premature status to our human need for quantitative evaluations: '... beside the dynamic and topographical, we take the *economic* standpoint, one from which we try to follow out the fate of given volumes of excitation and to achieve, at least relatively, some assessment of it' (2, p. 114).

It is perfectly true that the analytic situation controls to some extent external variables, and permits a closer scrutiny of internal variables. But even approximate estimations of the direction of quantitative changes of individual components are never immediately possible. This is one source of the great gap that exists between clinical observation and theory in psychoanalysis.

Until it becomes possible to make quantitative comparisons of individual components in the complex stream of psychological processes, all quantitative formulations have at best only the limited value of descriptive shortcuts, and never provide a safe basis for explanations of behavior or of behavior

differences. All psychological phenomena are the results of the interplay of many conflicting intrapsychic forces. Consequently any rearrangement of these forces can alter the pattern of the psychological phenomena and can release new forms of overt behavior, without any increases or decreases of hypothetical charges of energy. Assumptions as to changes in quantities of energy are admissible only if alterations in the patterns of intrapsychic forces have been ruled out. A failure to realize this has made all so-called economic formulations a species of *ad hoc* speculative descriptive allegory, in pseudo-quantitative terms. This is the weakest element in all current theories of psychological causation.

## REFERENCES

1. FERENCZI, SANDOR AND RANK, OTTO: *The Development of Psychoanalysis*. Washington, D. C.: Nerv. & Ment. Disease Monographs, No. 40, 1925.
2. FREUD: *The Unconscious*. Coll. Papers, IV.
3. ———: *Repression*. Coll. Papers, IV.
4. ———: *Introductory Lectures on Psychoanalysis*. London: George Allen & Unwin, Ltd., 1922.
5. HARTMANN, HEINZ, KRIS, ERNST, AND LOEWENSTEIN, RUDOLPH: Comments on the Formation of Psychic Structure. In *The Psychoanalytic Study of the Child, Volume II*. New York: International Universities Press, 1946.
6. KUBIE, LAWRENCE S.: Book review of *Men Under Stress* by Roy R. Grinker and John P. Spiegel. This QUARTERLY, XV, 1946, pp. 109-112.
7. LEWIN, BERTRAM D. AND KUBIE, LAWRENCE S.: Editorial footnotes to *An Endocrine Approach to Psychodynamics* by R. G. Hoskins. This QUARTERLY, V, 1936, pp. 87-107.
8. RADO, SANDOR: *The Paths of Natural Science in the Light of Psychoanalysis*. This QUARTERLY, I, 1932, pp. 683-700.
9. REINER, MARKUS: *Causality and Psychoanalysis*. This QUARTERLY, I, 1932, pp. 701-714.

## Mohave Orality

George Devereux

To cite this article: George Devereux (1947) Mohave Orality, The Psychoanalytic Quarterly, 16:4, 519-546, DOI: [10.1080/21674086.1947.11925697](https://doi.org/10.1080/21674086.1947.11925697)

To link to this article: <https://doi.org/10.1080/21674086.1947.11925697>



Published online: 07 Dec 2017.



Submit your article to this journal [↗](#)



View related articles [↗](#)



Citing articles: 1 View citing articles [↗](#)

# MOHAVE ORALITY

## AN ANALYSIS OF NURSING AND WEANING CUSTOMS

BY GEORGE DEVEREUX, PH.D. (TOPEKA)

While it is to be expected, since the Mohave Indians nurse their children for several years, that the oral stage of psychosexual development would be one of the most important determinants of the structure of their culture and personality, it is striking that the Mohave appear to be aware of the significance of nursing for the psychic economy of the infant.

Precisely because the culturally determined beliefs of the Mohave seem so modern, approximate so closely the findings of psychoanalysis, it is important that discussion of Mohave orality begin with a straightforward presentation of ethnological data—to avoid the appearance of forcing the data to fit psychoanalytic theory.

### NURSING AND WEANING

As the milk does not start to flow immediately after parturition, as a rule, the baby is not nursed until the day following its birth; however, if the mother has milk available, the child is nursed after it has been bathed. The mother believes she should handle the newborn baby as little as possible, lest it have a dark complexion. Care is taken to avoid injury to the child's soft face from crushing it against the breast; thus during the first days of its life, the infant's face is allowed to come into contact with the nipple only. No sticks are used to bring the nipple to the mouth of the child. Whether the child is carried on the mother's hip—with or without a cradle—or is sitting in its mother's lap, its head is kept above the level of the nipple and, as a result, it suckles by drawing the milk upward. This mode of suckling is relatively rare in Western civilization (*r*).

---

From the Musée de l'Homme, Centre National de la Recherche Scientifique, Paris, France.

If on the second day the woman still has no milk, the child cries and becomes angry, and the Mohave institute a special treatment. The mother, or the maternal grandmother, takes two stones the size of a fist and heats them in the fire. The hot stones are then placed in two shallow holes in the soil, covered with hot sand or with ashes from the hearth, and the woman then lies down, placing each breast on one of the two small mounds of sand or ashes. The heat is supposed to 'steam' the breasts and start the flow of milk. The stones and small mounds do not appear to have any magic significance, since the Mohave often use heat as a therapeutic agent. The breasts are also kneaded and massaged by the woman's mother or grandmother. The flow of milk remaining insufficient, the procedure may be repeated three more times. Should the milk disagree with the child, the mother is made to lie on hot ashes to 'scald' her milk and 'make it right' to stop the baby from vomiting.

The nursing of orphans and of children whose mothers have no milk presents special problems because the Mohave, having no really adequate baby foods, a substitute nurse has to be found. This is not an easy matter, as a woman who is nursing her own infant will not offer to nurse a strange child. Dr. Nettle writes: 'Should the mother die, no other woman will nurse her baby because she thinks that it will make her own baby angry, and it will die to spite her. I have seen one or two exceptions to this. Girls with young babies have tried to care for their dead mother's baby, but without exception one or the other of the children have died simply because the woman had not enough milk for two, and, as they seldom use artificial food, the weaker child succumbed. However, they will not accept this simple explanation. Twins were unlucky for the same reason. One or both died; generally both' (30).

The Mohave equate the 'spite deaths' of sucklings who have an orphaned rival for the mother's breast with the 'spite suicides' of sucklings whose pregnant mothers have to wean them. The nexus between the two ailments is made evident by the administration of identical therapies in both instances.



The psychic state of the jealous infant is, they believe, one of impotent rage. Even if it be a potential shaman, it is unable at that age to harm its rival by witchcraft. Infant shamans, like any ordinary child, have to repress and turn their aggressions inward.

Psychoanalysis has made it quite evident that the deflection of aggressions to one's own ego is determined by feelings of guilt, elicited through having originally directed aggressive feelings towards an object against whom aggression is prohibited. It is of interest therefore to inquire precisely how the adult Mohave happens to formulate such a theory of infantile self-aggression; to attempt to discover precisely what cultural rules the child's jealous and narcissistic attitude happens to violate. In the opinion of the Mohave, the jealous infant wants to deprive another Mohave of his chance to live or to be born. This constitutes a flagrant violation of the characteristic Mohave emphasis on tribal continuity and solidarity (12, 24). It is interesting that even where the jealousy is directed towards an unborn sibling, shamanistic therapy stresses only tribal solidarity, of which family solidarity is but a component. Solidarity, in turn, is rooted in the culturally prescribed—and often unconsciously resented—obligation to be generous towards everyone. In brief, the child's attitude is entirely incompatible with the central tenets of Mohave ethics.

The Mohave ascription of complete rationality, and of awareness of the difference between right and wrong, not only to infants but also to unborn children (10), is explicit in their obstetrical practices, in their beliefs concerning twins (14), and in the therapy of weaning difficulties. It is natural, therefore, that, implicitly at least, they should attribute feelings of guilt to the jealous child. From the psychoanalytic point of view, these beliefs are apparently cultural reformulations of infantile fantasies of destroying the mother's body, as well as oneself. In fact, these fantasies are expressed in Mohave beliefs concerning the nature and causes of the obstetrical difficulties accompanying the birth of future shamans (10).

In view of the risks and difficulties involved in securing the services of a wet nurse, the Mohave attempt to induce lactation in the child's maternal grandmother, great-grandmother, or in some other older female relative of the mother, by means of the technique described. Two shamans (one of them a specialist in aboriginal pediatrics) and a woman informant, vouch for the efficiency of this technique even when applied to a woman 'eighty years old' (31). These statements, denied only by Tcatc, are fully substantiated by the medical observations of Dr. Nettle who actually saw A W's mother, one of whose daughters died, nurse her own grandchild. In this instance the treatment was omitted, and the infant was simply put to the breast of its grandmother, who was well past menopause, and was suckled until the old woman began to produce milk (30).<sup>1</sup>

Children who bite or chew the nipple are either potential shamans (10) or else snake monsters. Whenever parents kill a snake during a mother's pregnancy, the child will be born deformed, i.e., with snakelike head. Such monsters are said to be prone to bite the nipple, and their bite is believed to be poisonous. For this reason the Mohave attempt to feed them soft mush which, being an inadequate substitute, usually causes them to die. This is the best the Mohave have to offer any child whom no one can or will suckle. The bite of future shamans is not believed to be poisonous, and they are nursed like any other child.

The Mohave woman makes every effort to suckle her child as long as possible. The average child is not forcibly weaned, but permitted to wean itself. Some women suckle their children until the age of six, though children usually wean themselves spontaneously at the age of two or three years. The average Mohave is an oral optimist since usually only a new pregnancy causes unavoidable interruption of lactation, necessitating the administration of other types of food.

<sup>1</sup> The psychological and physiological basis of lactation on women who had not given birth recently is discussed in Briehl, W. and Kulka, E. W.: *Lactation in a Virgin*. This *QUARTERLY*, IV, 1935, pp. 484-512.

Whether or not the child has to be weaned, or weans itself, it is fed all kinds of soft food such as mush and 'gravy'. It is not given anything that has to be chewed as its teeth are believed to be too soft for mastication. Since during the later months of pregnancy a foetus is supposed to chew and swallow its food (8), the absence of solid foods in the diet of infants is noteworthy. Normally a child begins to feed 'at the table' between the ages of two and four, 'but if he is very much petted, only somewhat later'. Thus there exists a correlation between parental love and the age of beginning the weaning process.

The Mohave connect weaning troubles which result from a mother's pregnancy with spite, sibling rivalry and with the suckling's awareness of current intrauterine events. The psychic sequence seems to be: oral frustration, aggression (directed towards the foetus), self-aggression and suicide. Though a pregnant woman who still has some milk will not suckle an orphan if her own infant has died, she will nonetheless suckle her child as long as possible. This is due partly to mother-love and partly to the difficulties of procuring adequate substitutes. According to Mohave belief, lactation stops at the end of the sixth lunar month of pregnancy when the foetus has an immutable identity and is alleged to 'chew and swallow' its food inside the mother. It is also the age at which the foetus begins to 'dream'. Weaning is recognized to be traumatic for the baby. While some sucklings just 'give up trying' when they 'see that it is no use, that no milk will come', other children give a great deal of trouble. The following account was given by Hivsu: Tupo:ma, who specialized in this disease, as well as in the cure of certain ailments that result from being kicked by a horse.

'The suckling has the power to sense that his mother is pregnant again because the womb was once "his own place"; the child can therefore feel that someone else is occupying it now. The ability to sense its mother's pregnancies vanishes once the child has reached the age of three (the average weaning age), and thus it will no longer be hurt by something which it knows nothing about. Until that age, however,

the child is likely to be jealous of the intruder. It will feel angry and hurt about its mother's new pregnancy, and will make itself sick from spite. It would not be resentful were its father to make another woman pregnant; it resents the presence of a usurper in "its" womb, whoever the father may be. Of course the mother's milk flow dries up during the sixth month of her pregnancy, and the child will greatly resent not being given any more milk. Even if it should want to play, it will lack vigor and will soon be back, whining for milk and crying bitterly. Unable to obtain milk, it will make itself sick and fade away because it has been frustrated. Additional factors may, of course, also be involved. The child might have been scolded or "corrected" when its parents get "all worked up" because it is making so much fuss. [Scolding is an ancient trait, but physical punishment is due to white influences.] The sensitive child, being not only deprived of milk but also scolded or slapped, will resent it and will make itself ill. When it is thinking of the intruder it will just lie in a lethargic state with its eyes closed. Food will not agree with it, and its bowels will be loose and give trouble. The feces will be dark green in color, and might even contain a few streaks of blood. Though the child may not refuse a piece of candy, this will but worsen its condition, and finally the child will get really ill. It will cry and cry, and make everyone wait on it. All infants are likely to feel sufficiently hurt under these conditions to make themselves die in order to spite their parents, but twins, should they be jealous of heart, will be more affected by such "intrusions" into the maternal womb than are other children. This does not mean, of course, that adult twins are necessarily more envious or meaner than are other adults. They are more sensitive than are other children whose souls are not immortal and do not come from heaven. Twin infants are not to be thought of as being rivals for the mother's breast, however.

'I must consider all the above circumstances whenever I start such a treatment. I have obtained my power to cure this and other diseases from Pahotcatc. When he made people and divided them into different groups, he explained the various diseases. Among many other ailments he also

described this one. However, if the child is well taken care of and is taken in time to a competent shaman, to whom the power was given to cure this ailment, it will recover unless its parents dream of losing it. [Many Mohave dreams are regarded not as the cause but as omens of future events.] I impose no food restrictions nor any other taboo on anyone, and expect to cure the disease without singing. With my left hand I press the stomach of the child and blow my breath on its belly. I also smear some spittle on its stomach. The hand pressure will improve its bowels. I also massage the child's scalp to arouse it from its lethargy. I press its head, and blow along its eyebrows, which I also moisten with some spittle. My breath and the spittle will arouse the child from its drowsy state, as will the message. While I do all this I sing no songs, but tell about the origin of this ailment and whatever may be connected with its cure. But this sickness is a hard one to cure. Above all, I will urge the child to have a good disposition, and tell it not to be jealous and resentful of the existence of a new baby.'

A concrete instance of this ailment is the story of Kunyii:th, of the Kunyii:th gens (the sister of two men, both of whom have committed suicide), who was married to Hamce: of the O:otc gens. They had a little daughter O:otc, three or four years old, who still suckled. This little girl became ill when her mother became pregnant. Kunyii:th thereupon called on Hivsu: Tupo:ma, asking him to treat the child. The shaman looked at the child and said: 'She acts as though she were jealous of your unborn baby. That is why she is making herself sick.' Kunyii:th denied, however, that she was pregnant, whereupon the shaman replied: 'Do not deny it or else I won't be able to cure the child entirely'. The woman kept on pretending that she was not pregnant. Eventually she gave birth to a second girl, also named O:otc. The interpreter commented upon the 'ridiculous' habit of Mohave women—including married women—of denying they are pregnant. She described the way they tie their shawls to conceal their pregnant state, and said that the Mohave name, 'Hidden Baby', was a jocular reference to this practice.

The manner in which the above account was obtained sheds some light upon the psychology of Mohave shamanism. The data were quite freely given, but in the third person singular. In response to my inquiries concerning the disease of childhood, Hivsu: Tupo:ma omitted to mention that he had the power to cure this ailment. Later, when he came to know me better, he volunteered the admission of having this power, and explained that he did not wish to mention this fact to a stranger who might bewitch him for speaking of his powers. Thereupon he voluntarily repeated the account a second time, the two statements corresponding completely.

Of the technical details of the therapy, the use of the left hand indicates that the curing power was obtained from the Gods. Both the breath and the saliva are carriers of the shaman's healing and other powers (24). According to Róheim's interpretation of data obtained from the closely related Yuma tribe (33), pressing and rubbing are masturbatory, and the use of saliva sublimated fellatio. Róheim states that the shaman's left (curing) hand must sweat during the treatment. (Sweating and salivation sometimes coincide in certain states of tension and anxiety.) There is also a well-established connection between the eyelids and sleep and states of drowsiness: children may be put to sleep by smearing their eyelids with black paint mixed with the powdered charred eyes of a little bird which goes to sleep at sunset. The Mohave believe that an overdose of this treatment in childhood can produce lifelong drowsiness and laziness.

The absence of shamanistic songs in Hivsu: Tupo:ma's therapeutic methods is noteworthy, although each shaman has his own way of doing things. The songs in themselves have no therapeutic value. Prospective shamans, when their powers begin to stir in them, learn these songs by listening to practicing shamans. Anyone may memorize these songs, though if he sang them without having received appropriate shamanistic powers in dream, his singing would not merely be therapeutically worthless, but would cause a shaman specializing in the disease to whose cure these songs pertain to bewitch

him for trespassing on shamanistic privileges. The really effective part of the songs is not their actual text, which is merely a 'decorative' verbal pattern of key words from a narrative it summarizes (5), but the narrative content thereof, whether rendered in the above full length prose form, or in the form of brief songs.

There appear to have been songs connected with this therapy, but they have become 'lost' (forgotten) during Hivsu: Tupo:ma's own lifetime. The last one to sing them was Kuoto:va (Bat's Breast), better known as Tāparnyām (Like A Clown), the latter name having been given him because he was much addicted to a certain practical joke. At gatherings he would cover his head and face with a piece of cloth, into which he had cut eyes and a mouth. (This, I believe, is the only known reference to masks in Yuman river cultures.) Thus masked, the shaman armed himself with two small sticks, and wandered through the crowd, poking both boys and girls, preferably between the legs. This behavior parallels to a certain extent the custom permitted old women, who had lost relatives during a raid on the enemy, to go through the crowd welcoming the returning war party, and poke stay-at-home men between the legs, calling them '*alyha*.' (transvestite, coward) (9).

The infant is credited with an understanding of the causal connection between the cessation of lactation and its mother's pregnancy, as the therapy of difficult births assumes the rational thinking of infants, and their perviousness to appeals to tribal responsibility and generosity. The Mohave theory of the pathogenesis of this disease, called *tavaknyik*, rests upon the assumption that prenatal life and life in the cradle form a unitary continuum, more or less. While the child remains in the cradle it is not a true inhabitant of the house. If it dies, the house is not burned down. Its cradle however is thrown into the river since, like any other object soiled with menstrual blood or its equivalents, it must not be burned for fear of causing the mother to become barren (11). Only when the

child begins to 'move around' and 'touches things' does the house become its true home, which custom demands be burned down if the child should die. The Mohave, then, do not believe the cradled child to have achieved a fully extrauterine existence; as long as it suckles, it still draws upon the mother's body for its sustenance. The child, therefore, is assumed to feel that it has certain vested rights in the maternal womb, or in the maternal body.

When the child is no longer cradled, it is said to become less sensitive to true or imaginary slights, and gradually to lose its affinity with, and knowledge of, intrauterine events. It loses its memories of intrauterine existence, temporarily if it is to become a shaman, otherwise permanently (10). Only after the child has left the cradle and has been weaned, is it generally given a personal name, thus becoming a true denizen of the world. I am indebted to Dr. E. M. Loeb for the information that, on the basis of data from other parts of the world, he too has reached the conclusion that no child is credited with being fully and finally born until it is given a name. Thus it would seem that just as it takes some time to turn into a ghost after death (7), so it takes some time to become a full member of human society after birth.

It is evident from Dr. Nettle's statements that infant mortality, due to a lack of adequate substitute baby-foods, must have been considerable in aboriginal times. She did not add, however, that these mortality rates decreased considerably in recent times, chiefly because of her own ministrations which caused the Mohave to bring the sick more and more consistently to the hospital for treatment. The Mohave theory is therefore probably partially a rationalization of this high death rate. Unable, because of conditions prevailing in aboriginal times, to do anything practical about the diet of infants, they evolved a rationalization which is far from unconvincing to the psychiatrist. There is nothing *a priori* absurd in the view that a two- or three-year-old child may become aware of its mother's pregnancy, either through observation or from overhearing adult conversations. It is furthermore probably not beyond



the capacities of a toddler to connect pregnancy more or less consciously with the trauma of weaning. Their attitude towards this form of suicide is: 'It is their nature, they cannot help acting that way'. It may be suggested that the frustration-aggression-suicide theory of this disease may have been evolved by an adult shaman, who had not wholly repressed his own infantile memories. We should remember that a shaman is, by definition, a person who remembers intrauterine and, presumably, also early childhood experiences. It is perhaps not without significance that Hivsu: Tupo:ma, the shaman specializing in the cure of this ailment, was himself an enormously heavy eater, even for a man six feet tall with immensely broad shoulders.

#### MOHAVE ORALITY

It is quite evident that oral gratification plays an important rôle in Mohave thought. Since the nursing of babies is part of the *reproductive* phase of sexuality, the Mohave tend to discuss the process of lactation in a sedate manner, which contrasts with their habit of turning everything pertaining to *coitus* into a joke (15). The infantile craving for oral gratification during lactation being insatiable, we are not surprised to observe that even the orally optimistic Mohave, now and then, refer in a joking and pejorative manner to the maternal breast and to lactation, although my obtaining only three examples of such jocular or insulting references suggests that humor is a relatively negligible form of defense against oral anxieties.

The first example concerns a man from Fort Mohave who, commonly known as 'Number Nine' because he had only nine fingers, was in the habit of saying, 'I work all the time; I have worked ever since I was born'. When one objected that babies do not work, he would reply, 'I did: I sucked titties'. This was considered to be funny, though not in good taste.

The second jocular reference to the breast was an interesting slip of the tongue. Many Mohave are in the habit of choosing names which are slurs on the opposite sex. Allegedly incensed by the fact that a Yuma Indian assumed the name Hispan

utce: ('Vagina Charcoal', a vagina darkened by constant use), a Mohave woman retaliated by changing her own name to Hama: utce: ('Testicles Charcoal', testicles darkened by constant use). When I asked her why she did not call herself outright Modhar utce: ('Penis Charcoal'), she replied, 'That would be going too far'. Shortly after she assumed this name, a Mohave man announced this amusing name in a gathering. However, instead of quoting correctly, he gave this woman's new name as Nama: utce: ('Breasts Charcoal'). This announcement was received with a great deal of laughter, because only a man or a female transvestite would adopt a name like 'Breasts Charcoal'. Some people teased the woman about having become a lesbian, knowing it to be false. The following data may help us to understand some of the dynamics of this slip. It is noteworthy that breasts are not believed to 'darken from use'. The Mohave never mentioned to me observing changes in the pigmentation of the areola, which tends to substantiate their assertion that they do not orally stimulate the mammæ, although they may manipulate them to excite the woman (15). The Mohave equate the penis with the nipple because they equate milk with the semen which they know to come from the testes. The woman about whom the anecdote is related was unusually intelligent and energetic—very different from the average gadabout Mohave woman. This may explain in part why this slip of the tongue credited her with a typically masculine, or female transvestite name, though she was quite the opposite of a lewd 'phallic' *kamalo:y* (17).

The third example is a custom involving the aggressive and insulting use of the breasts as a grave and deliberate insult by a woman who, opening her blouse, offers her breast to an adult male. This gesture is sometimes accompanied by the taunt: 'Come here, little one, you must be hungry; no one has nursed you for a long time now'. This gesture has three insulting implications: that the man's mother is dead; that he can be tempted to suck the breast; that he is childish.

'The man has no one to nurse him because his mother is dead.' Whether or not that be the case, a Mohave is insulted

if anyone refers to his dead relatives (24), or speaks of one of his living relatives as dead. The Mohave Indian's sensitiveness on this score may safely be attributed to guilt, since death originated when Frog Woman bewitched her father, the God Matavilye, by eating his feces (3). This has been interpreted as oral incest with an anal penis (17). Since witches are notoriously prone to cause the death of their own relatives, this insult also contains an accusation of witchcraft, or of death wishes against a relative (17).

The breast of the woman being a sexual organ in the eyes of the adult Mohave male, he never touches it with his lips because of the incest taboo. The offer to nurse an adult man elicits œdipal anxieties. The œdipal connotations likewise imply an accusation of witchcraft, since only witches commit incest (11). They are, furthermore, the only ones who *deliberately* dream of sexual relations with their victims (10) which, by the way, enables the victim to exert such a lure upon the witch (witchcraft in reverse?) that the witch wishes to die and induces someone to kill him (10, 24).

The implicit insult, 'you are a child', may take the curious form of a threat to 'push back the foreskin' which, according to the Mohave, is an equivalent of the offer to nurse a man. This threat the Mohave rationalizes as, 'You are so young that you are still masturbating', the obvious interpretation being that it is still another manner in which the Mohave equate the penis and the nipple. When the penis becomes erect, the foreskin is usually automatically retracted; the insult therefore includes the implication that the man is impotent, and that the woman has to take the active, phallic rôle. The Mohave specifically state that the woman has to 'do all the work' in intercourse only when her husband is sexually inadequate. Ordinarily, to the Mohave, the active participation of the woman in coitus is taboo, and they fiercely resent the lewd *kamalo:y* who plays a masculine rôle; they put down her pretensions by punitive and clitoridectomizing mass-rape (17). It is therefore of the greatest interest that the one instance known to me in which a woman actually threatened to retract

a man's foreskin occurred at a *funeral*, and that in retaliation the man attempted to rape the woman. It is probable that the woman's aggressive and insulting exhibition of her breasts elicits in the man castration anxieties associated with the phallic (nursing) mother whose imago the Mohave man needs to keep repressed.

Interpretation of the Mohave woman's psychology of nursing is beset with difficulties, as they appear to be somewhat inarticulate on this subject. Their aggressive display of the breasts suggests that nursing is thought of in terms of activity. It is interesting that the woman who misbehaved at the funeral was disliked because of her 'phallic' personality. The aggressive aspect of nursing is also expressed in the Mohave belief that the foetus feeds partly on the mother's menstrual blood, and partly on the semen ejaculated into the pregnant woman by the father, or by some other man (8). Only from the infantile viewpoint do the Mohave equate semen, menstrual blood, and milk. Consciously, in a purely coital context, they equate semen with the mucous secretions of the vagina (15).

Since the Mohave woman is relegated by masculine anxiety to a passive sexual rôle, one is tempted to infer that the aggressive feelings which she associates with the breast and nursing a child are compensatory and ambivalent; indeed, there is a possibility that failure of lactation, in some instances, may be due to a conflict about the active maternal rôle. Inducing lactation in older women tends to support this inference: older women sometimes become quite masculine in their behavior. My aged informant, Tcatc, because of her age felt free to speak up in the tribal council. 'Because of her age' she was also quite ready to engage in sexual banter, obscene even by the standards of the Mohave man or of the Mohave *kamalo:y* (17), although she had led 'a good life' in her youth.<sup>2</sup> The fact that the average Mohave woman is a notoriously poor cook and housekeeper, thus denying her husband oral gratification, has induced several Mohave men to desert their wives to marry their mothers-in-law who are quite willing to be good house-

<sup>2</sup> For oral elements in obscenity cf. Ferenczi (18) and Bergler (2).

keepers to conserve the affections of their relatively young husbands (13). The flightiness and careless housekeeping of young women is adduced as the reason why men occasionally marry male transvestites who take pride in being good housekeepers (9).

Apparently women who nurse grandchildren after a daughter's death experience no appreciable anxieties. They have passed the age when they are expected to be passive, and are nursing the children of men who would have been free to marry their mothers-in-law had they become dissatisfied with the housekeeping and general behavior of their dead wives. The psychological problems of daughters who nurse siblings following the death of their mothers is, however, fraught with much greater conflict. These girls are still required 'to be passive'. Nursing the sibling may elicit œdipal anxieties since she acts as an assistant wife to the father whom she is not free to marry; furthermore, she is also nursing her own child whose survival is thereby threatened. The care of an additional infant greatly interferes with her mobility, and with her sexual and other pleasures. The psychological problems of 'assistant mothers' have been discussed by Deutsch (6); and Riemer (32) has shown that in Sweden the 'assistant mother' sometimes becomes her father's concubine.

The reaction to the orally denying 'bad mother', whether real or imaginary, is very frequently observed in psychoanalysis. The Mohave, though nursed for several years, still reproach their mothers for not having given them enough milk, and in adult life evolve intense reaction-formations to any suggestion of nursing. We are, of course, immediately reminded of Freud's semihumorous remark that even native children, nursed for many years, would no doubt complain of having been orally frustrated.

One source of the Mohave Indian's belief that women are orally frustrating may be the behavior of Mohave wives who, with few exceptions, are poor housekeepers who neglect their husbands. It is significant that Hama: utce:, whom a slip

of the tongue credited with masculine propensities, was a good housewife and a breadwinner as well. It is a psychoanalytic commonplace that the wife tends to be equated with the mother (19, 20). Seeking to discover why the sexually mature Mohave woman becomes an orally frustrating woman, it should be recalled that the Mohave measure the intensity of parental love by the length of the nursing period. Since the Mohave prefer boys to girls, 'because girls cannot be counted upon to settle down and take care of their old parents', one suspects that Mohave boys are nursed in preference to and longer than Mohave girls. Whether this be cause or effect, the Mohave woman behaves towards the adult members of her household as if in retaliation of her own infantile oral frustrations. The Mohave woman is more infantile than the Mohave man, particularly in connection with unsublimated oral and anal trends. In refusing to be an active and competent housekeeper, she seems to be reducing to absurdity the passive rôle imposed upon her in Mohave culture, especially in the act of coitus. Since relatively little is known about this mechanism, this interpretation is offered tentatively. It appears to be a fact that the Mohave woman's capacity to give actively is overtaxed in three respects: obligatory and excessive nursing of children; custom demands that, like all Mohave, she must be generous towards all and sundry (12); she is put in the position of being rather aggressive sexually, often initiating sexual relations, even though she is expected to comply with the male prejudice that she be passive in the act of coitus. Mohave men are not the least reason for the frustrating behavior of Mohave women. Mohave men do not particularly desire wives who remind them of the mother imago. Many a man who, disgusted with his flighty and shiftless wife, marries her mother or a male transvestite, both of whom are good housekeepers, eventually deserts these inadequate sexual objects and takes another young wife.

The orally frustrating 'bad mother' is definitely present in the unconscious motivations of the Mohave who react against

her with oral-sadistic fantasies and beliefs. The Mohave consider erotic biting to be a sign of jealousy and strongly disapprove of it. It seems probable, however, that the object of hatred in jealousy is not primarily the unfaithful sexual partner, but the real or suspected rival. In favor of this assumption is the first mythical precedent for death and witchcraft which occurred when Frog Woman swallowed her father's feces. It has been demonstrated (17) that the fantasy of an anal penis is specifically and unequivocally present in Mohave thought, and that witchcraft consists of a symbolic ablation of the paternal penis. The backward displacement of this penis (anal penis) is perhaps a result of the lateness of weaning and of toilet training among the Mohave Indians. The oral and anal stages tend to merge with the onset of the oedipus.

Róheim suggests that among the culturally almost identical Yuma, the potentially shamanistic foetus is believed to observe parental intercourse and to have the desire to cut off the father's penis as it enters the vagina (33). The Mohave believe that children who have snakelike heads because their parents killed a snake during the mother's pregnancy, and shamans who are believed to remember intrauterine events and wish to kill themselves and their mothers at birth (10), both tend to bite the nipple (jealousy?). As the Mohave equate the penis with the nipple, and phallic women (*kamalo:y*) are subjected to castrative (clitoridectomy) mass-rape (17), it seems probable that the snake-headed child and the future shaman are both believed to bite the nipple because they associate it with the paternal penis. The Mohave specifically fantasy that the resentment of the infant is not directed towards the mother who yields no more milk when she is pregnant, but towards the unborn sibling now occupying her womb (child = penis).

These oral-sadistic wishes naturally elicit fears of reprisal. A pregnant woman should not perform fellatio lest it damage the 'throat-cap' of the foetus and cause it to be born dumb. In a Yuma myth quote by Róheim (33) the supernatural initiator (father), who appears to the future shaman in an 'intrauterine' dream, expresses pity for the child which cannot sing

because earth is stuffed in its mouth. In the same work Róheim states his belief that coitus during pregnancy implies a wish to kill the foetus by means of the penis.

While I would not presume to express an opinion on this subject, certain facts cannot be ignored.

Orgasm in the woman sometimes produces uterine contractions similar to those occurring during labor.

The flesh of stallions—which is taboo during pregnancy because of the belief that it would kick the child out of the womb—is eaten by Mohave women on the eve of their confinement to accelerate delivery.

If the pregnant woman wear a necklace of beads, the cord will coil itself around the neck of the foetus and will suffocate it.

Unwanted children, especially half-breeds and the children of deserted wives, are buried alive at birth—and always by a man (16).

An old Mohave woman who had been abandoned by her *children*—quite an exceptional occurrence in that tribe—committed suicide by stuffing earth into her mouth. To the best of my knowledge, she was the only Mohave ever known to have killed herself in this manner.

Whether or not these beliefs and practices are to be construed as echoes in memory of states of suffocation during the process of birth (18) is open to debate. At any rate, it would be interesting to know whether or not the compression of the amniotic fluid resulting from orgasmic uterine contractions, the weight of the copulating male, or perhaps some unspecified physiological processes connected with pregnancy, can bring about a temporary anoxia of the foetus during copulation. Whether or not these data support the thesis of prenatal consciousness (29), the fact is that the Mohave are importantly motivated consciously and unconsciously by oral-sadistic impulses associated with anxieties of suffocation.

Fellatio is practiced by the majority of Mohave women, whereas cunnilingus by the men has been universally denied. For the woman, fellatio may provide the same instinctual grati-



fiction as nursing: the penis is equated with the breast, semen with milk. For the man, fellatio provides a partial feminine identification (nursing) without injury to his phallic narcissism: it is active sexual behavior, fully masculine because the sperm also feeds the foetus in the womb. This masculine 'nursing' is so literally apprehended that the male tranvestite who imitates every single other feminine reproductive function (passivity in coitus, menstruation, pregnancy, childbirth), and who calls his penis 'clitoris', his scrotum 'labia', his anus 'vagina', never pretends to suckle a child (9) presumably because 'nursing' is the only reproductive function which the Mohave believe men and women have in common. Fellatio gratifies the man's hostile need to infantilize the woman whose phallic pretensions arouse in the male anxieties sufficiently intense to motivate mass-rape (17).

This masculine nursing, moreover, has possible invidious and restitutive implications. He seems to say to his orally frustrating wife, 'See how I nurse you and reward you for nursing the children? Oral impregnation fantasies play an appreciable rôle. The Mohave male tranvestite acts out his pregnancy fantasy by drinking a severely constipating decoction of mesquite beans, referring to his scyballum as 'my stillborn child' (9), the well-known concept of the fecal child. All the evidence proves that Frog Woman did not become pregnant by Gopher, but by her father, the God Matavilye, whose feces (anal penis) she ate (17). A female informant reported a Mohave man as stating that during fellatio he felt as though the woman were pulling his anus inward. Some of the pleasurable tension for the man connected with fellatio seems associated with what Laforgue called the erotization of anxiety (26, 4). The Mohave are well aware of their biting oral sadism. Their God Matavilye died when his daughter swallowed his 'anal penis'. They have conspicuous castration anxieties: entrusting the penis to a woman's mouth (teeth) would seem to be a form of courting disaster, since the woman usually has reasons to be jealous of her husband or lover.

The possibility that Mohave women are relatively less fully

gratified during the nursing stage than are Mohave men receives further confirmation from the prevalence of fellatio, a substitutive oral gratification in adult life. That the woman fellator is being symbolically nursed is rather convincingly illustrated by a case history. A woman agreed to fellatio after the man had sulked several days because she refused. Mohave opinion agreed that she was quite willing and merely pretended she did not like to do it. When the man ejaculated, the sperm 'came bubbling from her mouth'. Thereupon the *man* became known as *Namasava takavekva*, translated by the Mohave as 'white spills from the mouth', though according to Gatschet's vocabulary (21) it should be translated as 'white departs' or 'white returns'. The Mohave explained to me that it looked like the bubbling of saliva and milk from the mouth of an infant. That the Mohave thought it a great joke that the semen spilled from her mouth (15) suggests, inferentially at least, that some women either swallow the sperm, or else do not eject it immediately. Though I have no specific data in support of this interpretation, the whole story would otherwise be entirely pointless. That the anecdote represents an exceptional or a unique incident is underscored by the consensus that this woman must have pretended to be very reluctant to perform fellatio.

The Mohave, like the culturally and linguistically almost identical Yuma, tend to associate saliva with sperm. Róheim's data from the Yuma contain reference to a personage named Nemesava Kutchaer, who appeared in a shamanistic dream. Róheim's informant linked this name with a disease which affects principally the female members of the tribe. Persons afflicted with this ailment 'howled, turned round and round and foamed at the mouth' (33). Seizures of this type are known to the Mohave who call the disease *kamalo:y táminyik*, and believe that it is caused by an excessive sexual drive increased by constant masturbation (17). The culturally and linguistically related Diegueño believe the *kimilue* disease—which among other symptoms includes foaming at the mouth—to be caused by sexual frustration (39). Jelliffe observed that schi-

zophrenics often equate salivation with ejaculation (22, 23). Idiopathic epilepsy, often accompanied by foaming at the mouth, is frequently interpreted as an equivalent of orgasm. As my Mohave informants directly compared the 'bubbling' of the semen mixed with saliva to milk and spittle spilling from the mouth of an overfed infant, Ferenczi's 'oral orgasm' is perhaps not as farfetched as it may sound.

There is evidence to suggest that fellatio is desirable to Mohave women as a means of assuaging their penis envy, which in one instance was sufficiently intense to cause a little girl 'to break a young boy's urethra' during sexual play. Mohave women are eager to have the penis inserted into various orifices of their bodies. A married woman insistently begged her lover to insert his large penis, which she admiringly contrasted with her husband's (her own?) small organ, into her anus as well. 'I want to feel it in my anus too', she said. Curiously enough, she 'rewarded' him for his compliance with a spiteful 'anal gift' by 'unconsciously' defecating on his penis during withdrawal (15). Accidents of this type are by no means rare, and find commemoration in the male personal name, *Porkupork*, which is an onomatopoeic anal equivalent of the name *Namasava takavekva*. It is noteworthy that the moisture of the woman's vagina at the end of intercourse is actually believed by the Mohave to be the product of her ejaculation during orgasm; hence some jealous husbands examine the genitals of their wives for traces of excessive moisture which would prove she had committed adultery in his absence. These vaginal, oral and anal ejecting mechanisms are elicited by a 'trauma of withdrawal' which is quite evident in some women's dislike of the Mohave practice of withdrawing the penis immediately after ejaculation, and in their contempt for the brief sexual act of the white man (17). The convergence of genital, oral and anal reactions to withdrawal may also be explained by the protracted gratification of the partial drives past the onset of the genital, œdipal phase of development which facilitates the fusion as well as the transformation of instincts (27, 40). The incorporative manifestations of penis envy are

probably of oral origin, at least among the Mohave, while the evidence of an expulsive spite reaction is perhaps connected with the anal phase.

Unable to retain possession of the penis, the woman does retain the semen which is a phallic substitute and which, by the way of fantasies of oral impregnation, promises to provide her with still another penis surrogate: a child. In this context, the detail of the legend that Matavilye died when his daughter Frog Woman swallowed his 'anal penis' leads to the conclusion that fellatio also gratifies the woman's spitefully castrative impulses. This interpretation is supported by the association of semen with saliva which the Mohave apply to the penis before intercourse (15). Saliva also playing, as it does, a very important rôle in witchcraft, in the causation of diseases, and in shamanistic therapy (10, 24), its equivalence with semen gives additional confirmation to Róheim's interpretation of the sucking practices of the Yuma shamans as a sublimated fellatio (33).

Mohave women appear to engage in fellatio without anxiety. Women particularly are permitted to gratify their oral desires quite freely because in the course of the woman's psychosexual development she has switched love objects, and need not therefore connect fellatio too closely with murderous impulses towards the mother, and with sexual wishes for the father. That her superego permits gratification of both oral and œdipal wishes in an almost unsublimated form may be responsible in part for the relatively greater lack of maturity in the personality of the Mohave woman.

Cunnilingus is universally denied both by Mohave women and by Mohave men. There are several reasons why the Mohave man refrains from this act: first because it is connected with nursing, and second with menstruation which gives it an implication of drinking blood (cannibalism). The Mohave state they do not practice cunnilingus because of disagreeable olfactory sensations and (like many other warlike tribes)

because the odor of human blood, and particularly menstrual blood, is nauseating to them.

There is a great deal of evidence to suggest that cunnilingus is unconsciously equated with homosexual fellatio. According to Róheim, the dreams and fantasies of a Yuma shaman associated his mouth with his mother's vagina. It should be recalled in this connection that the Mohave equate sperm with menstrual blood and that the *fœtus* is supposed to feed on sperm. Mohave female transvestites regard their clitoria as penes, just as Mohave male transvestites refer to their penes as clitoria.

The Mohave man is too fearful of passive submission to women to find any pleasure in cunnilingus. The lewd phallic *kamalo:y* is clitoridectomized and sometimes deliberately killed by mass-rape. Whether regarded as incestuous homosexual fellatio with the father, or as nursing at the breast of a phallic mother, cunnilingus arouses severe anxieties in the man. A story is told that a man became *blind* after some practical jokers pushed his face against the moist vulva of a drunken woman with whom the whole group was having (nonpunitive) intercourse (15). Róheim's Yuma shaman apparently imagined that while he was being carried in the womb he saw the paternal penis penetrating his mother's vagina until a dust-storm arose which prevented him from seeing anything (33).

No instance of fellatio between men, even among passive Mohave homosexuals, is known (9), and not a single instance of homosexual incest is recorded (11).

The women's attitude toward cunnilingus cannot be subjected to a detailed analysis because the entire subject seemed as distasteful to them as to my Mohave male informants. My female informants merely stated that they were not 'civilized enough' to adopt this white man's 'vice', and that Mohave men were not 'crazy' enough to perform cunnilingus because the vagina has a bad odor (15). Mohave men examine the vulva visually and manually for one or more of four reasons: to determine whether or not the woman has had intercourse

secretly with a lover; to humiliate her for a suspected infidelity; to ascertain whether or not she has venereal lesions (15); in sexual foreplay. Mohave men 'lewd enough' to have intercourse during the woman's menses sometimes display their bloodstained penes to their friends. This is thought to be in the worst possible taste and, like vaginal examinations, much resented by all but the most dissolute women (15).

I believe that cunnilingus is intolerable to Mohave males even in the form of scopophilic derivations. The long period of nursing has established a very close identity between oral eroticism and the nursing mother; therefore cunnilingus, homosexual fellatio, oral stimulation of the mammæ during intercourse, all arouse severe anxiety. Humorous manual overstimulation of a woman's breasts is considered to be a form of cruelty (15). The Mohave have repressed oral sexuality so completely that kissing, especially kissing the mouth, was unknown among adults in aboriginal times, and is still viewed with great suspicion and disgust by the older generation.

Oral and anal traits are intimately interwoven in Mohave ideation. Both are prominent in fantasies of impregnation, and feces and vomit tend to be equated. Whenever he had to defecate, the shaman Hivsu: Tupo:ma politely excused himself by saying in English, 'I am going to throw up'.

The Mohave are characterologically as a group oral optimists. While provided with enormous appetites, they are quite capable of enduring hunger uncomplainingly (24). They do not worry about where the next day's meal is coming from, and willingly give away their seeds, not only to the 'heaven-born twins' (14), but even to a mere starving white girl captive (38). They labor hard and for long hours when they are interested, but they do not work at all if the work bores them (24). They prize generosity almost above any other virtue (12), but despise habitual spongers who are not themselves generous. The oral dependent personality is rare or unknown among them. The oral sadist is more despised than feared: a sharp-tongued and temperamental person runs the

risk of being accused of witchcraft (*ro*). Quite capable of stolid silence in the presence of strangers, they are great talkers, very fond of banter and laughter, and admire singers and orators.

The Mohave are very much aware of the oral needs of children. Infants are given strands of the inner bark of the willow to suck, chew and tear up in play. Children are free to suck their own and the fingers of adults, '. . . because they get mad and cry when they have nothing to suck at'. As befits oral optimists, they confidently anticipate oral satisfactions as a matter of course, and their mythology and esoteric beliefs are singularly devoid of elaborate notions about nursing. By identification, they believe that hunger traumatizes the infant quite severely, and attempt therefore to alleviate such painful tensions by oral indulgences and means of shamanistic physiotherapy and psychotherapy. Both sexes drink too much, however.

### CONCLUSION

The Mohave Indians' direct awareness of the trauma of weaning and the little repressed and only slightly distorted manifestations of their orality, show an unusual degree of direct insight into what are obscure psychological mechanisms to most peoples in whom such id strivings are automatically repressed. This psychological intuition would be noteworthy were it limited to the nature of orality. In fact, a great number of Mohave beliefs are characterized by a transparent exhibition and conscious apperception of psychoanalytic mechanisms that arouse interest and invite study and comment.

The Mohave have a pervasive preoccupation with their dreams, which is surprising because—including their shamans—they are predominantly extroverted and active personalities. They have an adequate mastery of reality. The Mohave has a well-integrated ego, capable of enduring a great deal of tension. In fact, he tends to seek tension and adventure. His 'exploratory reflex' is highly developed.

The Mohave Indian is extraordinarily preoccupied with fantasies and provided with theories about the psychology of prenatal and early infantile existence. This is closely associated with the idea of tribal continuity and also probably with the absence of belief in personal immortality (12). The happy Mohave childhood—in which fantasies about the destruction of the maternal body, and the tendency to bite the nipple are ascribed chiefly to shamans—would perhaps reinforce the preoccupation with intrauterine life and with childhood, and might cause the Mohave to neglect, more or less, life after death, which on the whole is associated neither with immortality nor with happiness (7).<sup>3</sup> These native psychological beliefs, apparently based on subjective experiences and expressed in the form of tribal beliefs, tend to be in conformity with corresponding psychoanalytic interpretations.

Despite the comparative absence of early oral, anal and genital frustrations, the Mohave Indians (the women excepted for reasons stated) show relatively little impairment of the ability to achieve genitality and adequate emotional, intellectual and social adaptation to the standards of their community. This is noteworthy in view of Freud's statement that without a reasonable though not excessive early instinctual frustration, children remain uneducable. Since many other tribes present a developmental history similar to the Mohave, it is possible that the importance of frustration for the socialization of the child will have to be modified. Lowie (28) and Róheim (35) are quite right in saying that the higher the civilization, the more cruel and frustrating is the treatment of children. Yet Chinese civilization proves that a high cultural development is compatible with an absence of early instinctual frustration (25) and with Róheim calls a patchy and nonpervasive 'primitive' superego (34).

<sup>3</sup> Cf. Róheim's related studies about the myth of the Garden of Eden (36, 37). The above correlation is predicated only for the Mohave and its opposite for Western culture. Whether it would hold also for other cultures remains to be tested on the basis of further studies.



## REFERENCES

1. BATESON, G. AND MEAD, M.: *Balinese Character: A Photographic Analysis*. Special Publications of the New York Academy of Sciences II. New York, 1942.
2. BERGLER, E.: *Obscene Words*. This QUARTERLY, V, 1936, pp. 226-248.
3. BOURKE, J. G.: *Notes on the Cosmogony and Theogony of the Mojave Indians of the Rio Colorado*. J. of Amer. Folk-Lore, II, 1889, pp. 169-189.
4. BOUTONIER, J.: *L'Angoisse*. Paris: Presses Universitaires de France, 1945.
5. DENSMORE, F.: *Yuman and Yaqui Music*. Washington, D. C.: Bureau of Amer. Ethnology Bulletin 110, 1932.
6. DEUTSCH, H.: *The Psychology of Women*. 2 vols. New York: Grune & Stratton, 1944 and 1945.
7. DEVEREUX, G.: *Mohave Soul Concepts*. Amer. Anthropologist, N. S. XXXIX, 1937, pp. 417-422.
8. ———: *Der Begriff der Vaterschaft bei den Mohave Indianern*. Ztschr. f. Ethnologie, LXIX, 1937, pp. 72-78.
9. ———: *Institutionalized Homosexuality of the Mohave Indians*. Human Biology, IX, 1937, pp. 498-527.
10. ———: *L'Envoûtement chez les Indiens Mohave*. J. de la Société des Americanistes de Paris, N.S. XXIX, 1938, pp. 405-412.
11. ———: *The Social and Cultural Implications of Incest Among the Mohave Indians*. This QUARTERLY, VIII, 1939, pp. 510-533.
12. ———: *Mohave Culture and Personality*. Culture and Personality, VIII, 1939, pp. 91-109.
13. ———: *Primitive Psychiatry I*. Bull. of the History of Med., VIII, 1940, pp. 1194-1213.
14. ———: *Mohave Beliefs Concerning Twins*. Amer. Anthropologist, N.S. XLIII, 1941, pp. 573-592.
15. ———: *Heterosexual Behavior of the Mohave Indians*. In *Psychoanalysis and the Social Sciences*. Vol. II. G. Róheim, Editor. (In Press.)
16. ———: *Mohave Indian Infanticide*. Psia. Rev. (In Press.)
17. ———: *The Mohave Indian Kamalo:y*. J. of Clinical Psychopathology. (In Press.)
18. FERENCZI, S.: *Contributions to Psychoanalysis*. Boston: Richard G. Badger, 1916.
19. ———: *Further Contributions to the Theory and Technique of Psychoanalysis*. London: Hogarth Press, 1926.
20. FREUD: *The Most Prevalent Form of Degradation in Erotic Life*. Coll. Papers, IV, 203-216.
21. GATSCHET, A. S.: *Der Yuma Sprachstamm*. Ztschr. f. Ethnologie, IX, 1877, pp. 365-418.
22. JELLIFE, S. E. AND EVANS, E.: *Psychotherapy and Tuberculosis*. Amer. Rev. of Tuberculosis, III, 1919, pp. 417-432.
23. JELLIFE, S. E.: *Somatic Pathology and Psychopathology at the Encephalitis Crossroad: A Fragment*. J. of Nerv. and Ment. Disease, LXI, 1925, pp. 561-586.

24. KROEBER, A. L.: *Handbook of the Indians of California*. Washington, D. C.: Bureau of Amer. Ethnology Bulletin 78, 1925.
25. LA BARRE, W.: *Some Observations on Character Structure in the Orient. II. The Chinese*. Psychiatry, IX, 1946, pp. 215-237, 375-395.
26. LAFORGUE, R.: *De l'Angoisse à l'Orgasme*. Rev. Française de Psa., IV, 1930-1931, pp. 245-258.
27. LORAND, S.: *Contributions to the Problems of Vaginal Orgasm*. Int. J. Psa., XX, 1939, pp. 432-438.
28. LOWIE, R. H.: *Are We Civilized?* New York: Harcourt, Brace & Co., 1929.
29. MENNINGER, K. A.: *An Anthropological Note on the Theory of Prenatal Instinctual Conflict*. Int. J. Psa., XX, 1939, pp. 439-442.
30. NETTLE, M. A. I.: *Mohave Women*. Unpublished mss.
31. PLOSS, H. AND BARTELS, M. AND P.: *Das Weib in der Natur- und Völkerkunde*. (Reitzenstein, F. v., Ed.) Eleventh Edition, Vol. III. Berlin: Neufeld & Henius Verlag, 1927.
32. RIEMER, S.: *A Research Note on Incest*. Amer. J. of Sociology, XLV, 1940, pp. 566-575.
33. RÖHEIM, G.: *Psychoanalysis of Primitive Cultural Types*. Int. J. Psa., XIII, 1932, pp. 1-224.
34. ———: *A Primitiv Ember*. In *A Magyarországi Pszichoanalitikai Egyesület Tagjai: Lélekelemzési Tanulmányok* (Ferenczi Memorial Volume). Budapest, 1933.
35. ———: *Racial Differences in the Neurosis and Psychosis*. Psychiatry, II, 1939, pp. 575-590.
36. ———: *The Garden of Eden*. Psa. Rev., XXVII, 1940, pp. 1-26, 177-199.
37. ———: *Sublimation*. This QUARTERLY, XII, 1943, pp. 338-352.
38. STRATTON, R. B.: *The Captivity of the Oatman Girls*. New York, 1857.
39. TOFFELMIER, G. AND LUOMALA, K.: *Dreams and Dream Interpretation of the Diegueño Indians of Southern California*. This QUARTERLY, V, 1936, pp. 195-225.
40. ZILBOORG, G.: *Masculine and Feminine. Some Biological and Cultural Aspects*. Psychiatry, VII, 1944, pp. 257-296.

**To cite this article:** Percy Winner (1947) Talleyrand. L'Homme de la France. By Dr. René Laforgue. Geneva: Editions du Mont-Blanc. 1947. 258 pp., *The Psychoanalytic Quarterly*, 16:4, 547-578. DOI: 10.1080/21674086.1947.11925698

[View related articles](#) 

## BOOK REVIEWS

TALLEYRAND. *L'Homme de la France*. By Dr. René Laforgue.  
Geneva: Editions du Mont-Blanc. 1947. 258 pp.

Dr. Laforgue is one of the founders of the *Société Psychanalytique de Paris* and of *'l'Evolution Psychiatrique'*. Of these two societies, he says they 'prepared public opinion for the development of a new science, psychopolitics which should permit us to treat collective conflicts with the weapons by which today we combat the individual conflicts of the neuroses'. The central thesis of the book is that Talleyrand 'was one of the great forerunners of this new science, to whom we must appeal for an understanding of certain aspects of the destiny of men and peoples'. Talleyrand was a member of a great aristocratic family, a bishop of the Church, a pillar of the old regime of monarchical society. In breaking with his family, the Church, and the regime, in accepting the French Revolution, and in throwing in his lot with Napoleon, he 'overcame', says the author, his personal superego. Then in betraying the revolution and Napoleon, in working for the counterrevolution and in assuring the return in new form of the old 'legitimacies', he triumphed for himself, for France and for Europe over the 'collective superego'. His example is held to be a guiding light at present when all men must face 'the great fear produced by a new revolution: that of "machinism" of which totalitarianism in the political and moral domain is but a single aspect'.

In a foreword Dr. Laforgue writes that he might not perhaps have had the 'force' to write the book 'without the collaboration of those who by their calumnies and ingratitude forced me to take a position'. He goes on, 'Psychoanalysis is still obliged to seek painfully its road in order to defend human values against the collective disbalance caused by a "scientism" which through "machinism" easily leads to the abuse of pure force . . . It is not the least of our tasks to need to brave the "sottise" of an epoch in which so many intellectuals consider themselves omnipotent and having lost a sense of reality, play the game of imposture, at times in the name of psychoanalysis itself.'

The 'calumnies' are not explained but it is quite plain they are criticisms of Laforgue's political attitude and conduct during the German occupation and the Vichy regime. And though the book, professedly scientific, is described on its title page as a 'psychoana-

lytical essay on the French collective personality', the position the author takes in it and through it is specifically political. Indeed, there may be more than mere coincidence in the fact that the book came off the presses in Geneva at the time when General Charles de Gaulle's *Rassemblement du Peuple Francais* was beginning its activities in Paris. For in his concluding pages Laforgue writes, 'Let paranoiac leaders destroy themselves and let us inspire ourselves from the attitude of Talleyrand toward Napoleon. Psychopolitics provides weapons not only to combat "the great fear" but also to perform the surgical operation represented by a revolution accomplished with a maximum of security and asepsis, in permitting it to act with knowledge of causes. For the government which one day will know how to use it, psychopolitics is of an importance greater than the discovery of the atomic bomb.'

Having denounced fraudulent intellectuals who misuse the name of psychoanalysis, Dr. Laforgue proceeds in the name of psychoanalysis to use his 'essay' on Talleyrand as a vehicle for a defense of Marshal Henri Philippe Petain and the 'principle' that the goal of achieving 'order' and 'legitimacy' justifies the use of the most ruthlessly opportunistic methods including crime. Throughout the book the author uses the phrase 'collective personality', 'collective superego', 'psychopolitics', etc., as if they were unquestioned, universally accepted concepts of psychoanalysis. Not only Talleyrand but other aristocrats of the past who share the author's political views are described as 'forerunners of the new science of psychopolitics'. For example, one of these was Marquis de Custine who in 1843 'well understood the disconcerting aspects of the Russian personality'. The author uses 'principles of legitimacy' and 'requirements of the collective personality of a people' as synonymous; he sees money as 'the symbol of the affective interests that determine the (psychic) exchanges between individuals and collectivities'; he says psychoanalysis 'shows' that the scientific spirit is subordinate to the religious spirit and then improvises a 'psychopolitical' version of religion so patently Machiavellian, so blatantly Jesuitical (in the bad sense of the word) as to make even Monsignor Sheen squirm.

In essence the book is an elaborate tortuous polemical tract which uses pseudo psychoanalytical criticism of 'paranoiac' leaders of 'the masses' as a springboard for praise of 'emancipated' (from the individual and collective superegos) leaders of 'the elite'.

Revolution is a symptom of psychic disbalance, counterrevolution a manifestation of equilibrium. Most of the book could be (and perhaps will be) used as propaganda material for de Gaulle's RPF, not so much because it is good propaganda (since all the author has to say has been said better and more clearly by 'scientists' in Zurich and Berlin) but because it has the sanction of Dr. Laforgue's prestige and earlier associations; as André Malraux and Jacques Soustelle bring to de Gaulle a fading breath of revolution in the political sphere, Laforgue brings it in the 'scientific' sphere.

In his conclusion, Laforgue says, 'The tendency to consider all suffering as an evil, and to combat it in the name of a narrow "scientism" as if it were a danger, can run counter to the necessities of life each time these necessities require human sacrifices, wars or martyrs, for example'. Commenting on the 'paranoiac' leaders, he says, 'their destiny, at least for a certain time, can contribute to realize the revolution of a national and collective mentality in order to permit it to go on with "reconstruction" . . . Let us take care not to underestimate them . . . they are part of a process of life. The fall of the eagle does not necessarily mean also that of men whom tests of all sorts have prepared for the task of reconstruction. The "great fear" can be conquered only by beings who have learned to face it through those thousands of sufferings which, alone, far better than "scientism", teach the true science of life.'

Obviously the author considers himself such a being, and the 'ingratitude' he mentioned in his foreword refers to these 'sufferings'. It is unlikely, however, that those members of his profession who still are practicing psychoanalysis rather than 'psychopolitics', and who still are defending human values without genuflecting before leaders, whether paranoiac or emancipated, whether of the masses or of the elite, will be grateful to Dr. Laforgue for having written this book. If this is what sufferings have taught him, by all means let us be taught, not by suffering but by science, or even, for that matter, 'scientism'.

PERCY WINNER (NEW YORK)

THE YEARBOOK OF PSYCHOANALYSIS. Volume II. Edited by Sandor Lorand. New York: International Universities Press, 1946. 280 pp.

This is the second volume in an annual series of psychoanalytic studies, the first volume of which appeared in 1945. The purpose

of these yearbooks is to reprint psychoanalytic papers 'which would be of interest to physicians, psychologists, anthropologists and laymen who have no access to all of the psychoanalytic publications' (A. A. Brill, Introduction, Volume I). The papers selected include a variety of subjects. A list of selected reading from the literature of 1945 is appended for the reader who wishes to explore further.

In *The Genetic Approach in Psychoanalysis*, Heinz Hartmann and Ernst Kris present a useful summary of psychoanalytic criteria. The manner in which the pattern of reaction of the child is related to its biological growth and its external environment is delineated. The writers discuss the error inherent in Rank's theory of the trauma of birth, the gratuitous theories of Melanie Klein, and conclude with some pertinent remarks on the importance of the interaction of two methods in the study of individuals; psychoanalysis and the observation of life histories.

Otto Fenichel's *Nature and Classification of the So-Called Psychosomatic Phenomena* is a very opportune distinction of the difference between conversion symptoms and organic disturbances which are directly or indirectly of psychogenic origin. Fenichel objects to the term 'psychosomatic' since in every mental phenomenon there are somatic expressions, the individual being an indivisible unit.

Thomas M. French, in *Ego Analysis as a Guide to Therapy*, considers the motives of the ego during analysis and the meaning of specific ego defenses. Quite original is French's interpretation of dreams of seduction as failure of the analyst to have recognized and interpreted the transference. In analytical training it is important to emphasize that repression is a defense against anxiety, and in instances it has to be encouraged to relieve the patient.

*The Psychology of Punishment* shows that the punishing person, or group, satisfies his, or its, sexual and aggressive drives through rationalization, and that punishment itself is a legalized crime sanctioned by society. The writer, Charles Berg, stigmatizes as rationalizations all theories of punishment: retribution, deterrence and reform. While there are many cases in which punishment is not effective, these are mostly masochists seeking punishment for unconscious feelings of guilt. But Dr. Berg does not mention how many more crimes might be committed if there were no fear of punishment. In Freud's opinion, ' . . . such people habitually permit themselves to do any bad deed that procures them some-

thing they want, if only they are sure that no authority will discover it or make them suffer for it; their anxiety relates only to the possibility of detection. Present-day society has to take into account the prevalence of this state of mind.'<sup>1</sup>

From Helene Deutsch's *Psychology of Women*, second volume, is reprinted *Problems of Conception: Psychologic Prerequisites of Pregnancy*. Dr. Deutsch describes some types of psychogenic sterility, the most frequent being due to unconscious fear, the sources of which are many and varied, a sense of guilt being a principal element. The psychology of normal pregnancy is discussed in a very revealing chapter in which Dr. Deutsch in conclusion observes that we have very little information about the psychic life of the pregnant woman because of her natural tendency to shy away from observing her psychic processes during this period.

*Pathological Weeping*, by Phyllis Greenacre, is confined to two forms of psychopathological weeping observed in the analysis of several women. These types, determined by the exhibitionistic displacement of urinary fantasies to weeping, are called 'shower' weeping, and 'stream' weeping, the former characterized by an abundant flow of tears with little provocation and with little crying, indicates some acceptance of the feminine rôle but some anger because she cannot approximate male urination although partially resigned to it; the latter is characterized by a trickle of tears, and envy of the penis appears in periodic aggressive fantasies of possessing the male organ.

*Neurotic Acting Out*, Otto Fenichel believes, serves the purpose of reassurance either by escape from real or imaginary dangers, or by denial of them. Comparisons are made with addiction and the repetitiveness in traumatic neurosis.

*A Special Form of Self-Punishment*, Rudolph M. Lowenstein by illustrations describes as the self-punishment utilized by the unconscious superego for impulses forbidden and repressed, including reactivated wishes from early childhood.

Lawrence S. Kubie and Sydney Margolin, in *The Therapeutic Rôle of Drugs in the Process of Repression, Dissociation and Synthesis*, conclude that partial narcosis reduces the psychic pain of inner conflicts, permitting the patient to face repressed material; the patient under sodium pentothal narcosis projects on the

<sup>1</sup> Freud: *Civilization and Its Discontents*. London: Hogarth Press, 1930, p. 107.



therapist the images of those persons on whom the conflict is centered, mother, father, brother, commanding officer, thereby provoking a complete unrecognized transference. This very interesting article does not sufficiently evaluate the psychological dangers involved, misses making a thoroughly dynamic contrast between psychoanalysis and drug therapy.

*Psychology and War Conditions*, by Ernest Jones, is an interesting résumé of the task of military psychiatry in the British Army, which had fewer well-trained psychiatrists than the American Army, thus precluding immediate psychiatric treatment. Jones discusses in detail the reaction of civilians to bombing, and the factors responsible for their high morale. In conclusion, he makes a plea for the psychiatric study of mass psychosis, citing the example of the German people's identification with a leader's paranoiac psychosis.

*Psychoanalysis and Morals* is a short, very elucidating exposition by J. C. Flugel of the dynamic task of the analyst in overcoming the patient's moral resistances against the repressed.

*The Problem of War and Peace* by J. C. Flugel observes that 'Christianity, which is a religion of nonviolence, has held nominal sway over Europe for over fifteen hundred years, during which Christians have been almost continually waging war, for the most part with one another.' Flugel discusses four main points which are responsible for the psychological appeal of war, and proposes a world federation with enforcing powers which will take over the collective superego function that state governments have so far had.

Freud's *Dostoevsky and Parricide* is reprinted for those not acquainted with this little masterpiece, in which Freud analyzes Dostoevski's epileptic seizures as equivalents of death, punishment for unconscious œdipal parricidal fantasies.

*Eder as Psychoanalyst*, by Edward Glover, vividly depicts Eder's pioneer struggles to establish psychoanalysis in Edwardian England. His later association with Jones, his activity in the British Psychoanalytical Society, and his many important publications are described.

Some of the papers which comprise this Yearbook<sup>2</sup> contain original ideas and report significant findings; others are too exclusive in their conclusions. On the whole, however, the choice of

<sup>2</sup> The following articles were reprinted from *This QUARTERLY*, XIV, 1945: Fenichel, Otto: *Nature and Classification of the So-Called Psychosomatic*

the articles is broad and varied, and treat of basic problems in psychodynamics which the educated layman can comprehend.

EDOARDO WEISS (CHICAGO)

THE PSYCHOANALYTIC TREATMENT OF CHILDREN. By Anna Freud.  
London: Imago Publishing Co., Ltd., 1946. 98 pp.

This volume contains three basic contributions to the theory and technique of child analysis, as developed by Anna Freud. Part I, Introduction to the Technique of the Analysis of Children, consists of four lectures given by the author in 1926 to an audience of practicing and student analysts; part II, The Theory of Childrens' Analysis, is a lecture given in 1927 at a psychoanalytic congress; part III, Indications for Child Analysis, is an article published in 1945 in the *Psychoanalytic Study of the Child*.

In part I Anna Freud explained in detail the introductory period, which at that time, she considered necessary for beginning a child analysis. During this introductory phase she tried to gain the confidence of the child to give him insight into his illness. She aimed to create conditions similar to those which, in adult analysis, ensure the conscious coöperation of the patient. In describing the methods used with children (her experience then being confined to the analysis of children in the latency period) she discussed dreams, daydreams and drawings. She found that children, unlike adults, were unable to associate freely except for short periods and that because of their dependence on their parents they did not develop a transference neurosis. Transference reactions were observed, but not a true transference neurosis.

Because of the immaturity and the instability of the child's super-ego, Anna Freud at that time believed it necessary to supplement the analysis of children with educational procedures discussed at length in part II of the volume.

Part III, though pertaining to the special problem of indications for child analysis, gives insight into progress made in the field of child analysis since its early beginning. The analysis of defense mechanisms has been largely substituted for the older methods, such as the introductory period and educational measures. The main topic is the author's thesis that analysis in Childhood is

---

*Phenomena*; French, Thomas M.: *Ego Analysis as a Guide to Therapy*; Greenacre, Phyllis: *Pathological Weeping*; Jones, Ernest: *Psychology and War Conditions*; Loewenstein, Rudolph M.: *A Special Form of Self-Punishment*.

indicated only when a neurosis endangers the progress of the child's libidinal and ego development—in contrast to adults in whom suffering and disturbances of function are the usual indications for treatment. Various symptoms and deviations in behavior which in adults represent a final result of development, may in the child be only transitory in nature. These can be corrected by education which applies psychoanalytic understanding.

A large part of the book pertains to differences between the Viennese and the English schools of child analysis. Whereas in the beginning Anna Freud stressed the importance of the preparatory period and of educational methods in the technique of child analysis, Melanie Klein, the main proponent of the English school, used neither. Contrary to the observations of Anna Freud, Klein assumes the existence of a transference neurosis in children comparable to that of adult patients. Klein also equates the child's actions in play to the free associations of adults. Anna Freud, without underestimating the value of play in the observation of children, finds no reason to believe that the child's actions in play are governed by the intention to be cured as is the case with the free associations of adults. Anna Freud, unlike Melanie Klein, works closely with the parents of her young patients, maintaining a continuous news service from home. Klein has progressively relegated the development of the superego operating in full force to earlier and earlier stages of infancy. She assumes that every child in its early infancy goes through a psychoticlike state. In her effort to analyze residues of such states she advocates child analysis as a preventive measure. Anna Freud sees neither evidence of the existence of such psychoticlike stages nor other than preliminary stages of the superego in infancy. She points out that analysis of children is indicated when libido and ego development are hampered by a rigidity of libido constellations, by an excessive and lasting operation of normally moderate defenses, by a paralysis of the total relationship between ego and id. Otherwise there is the likelihood of spontaneous recovery from the childhood neurosis, through which every child normally passes before the latency period.

Klein hopes that the child will be able to cope with reality when his early unconscious fantasies are fully analyzed and the excessive severity of the superego has diminished. The attempt to make a short cut into id processes, by skipping the surface levels of the

psyche, expresses itself in Klein's technique in the early and continuous symbolic interpretations of the child's play actions. Anna Freud considers all aspects of the child's life and moves from the analysis of surface material to analysis of deeper levels which emerge during the process. The fundamental difference between the two techniques applies also to the analysis of adults. Anna Freud's statement of 1927 that 'the children's analyst should correctly assess the external situation in which the child stands, just as we ask that he should measure and comprehend its inner situation' is as valid for adults as it is for children.

It is no accident that it is Anna Freud who has contributed most to our understanding of the defense mechanisms of the ego, first described by Sigmund Freud. Acquainted with the child's daily experiences, studying its reactions to reality events and to fantasies, she was able to elucidate the ego's defensive measures against external dangers, affects, instincts and the superego.

To what end one-sided analysis by continuous symbolic interpretations may lead, has been well described by Berta Bornstein in her article, *Clinical Notes on Child Analysis*, in the *Psychoanalytic Study of the Child*, 1945. Discussing this technique Anna Freud says: 'Like all interpretations of symbols (for instance purely symbolical dream interpretation) it has a tendency to become rigid, impersonal and stereotyped without being open to corroboration from the child; it aimed at laying bare the deeper layers of the child's mind without working through the resistances and the distortions of the preconscious and consciousness' (p. 70). Of the methods used by the Vienna-Prague school of child analysis she says: 'They worked on various derivatives of the child's unconscious in day and night dreams, in imaginative play, in drawings, etc., including the emotional reactions of the child, inside and outside of the analytic hour. The task was, as in adult analysis, to undo the various repressions, distortions and displacements and condensations, etc., which had been brought about by the neurotic defense mechanisms, until, with the active help of the child, the unconscious content of the material was laid bare' (pp. 70-71).

Because of the focus on past and present controversies, and because of the specialization of the topic in part III, a reader unacquainted with child analysis may become confused at some points. For instance it may be difficult to understand that the use of play in child analysis is not discussed in the chapter on methods.

Reference is made to play only later in connection with controversial issues. A similar omission occurs in part III when difficulties with learning are not considered in the evaluation of disturbances of function.

This volume is not a substitute for a textbook of child analysis. Such a text book, differentiating child analysis clearly from various forms of psychotherapy, which often borrow haphazardly from one school of child analysis or the other, would be most welcome for the education of therapists, and educators as well as interested lay readers.

The translation of the first two parts of the book by Nancy Proctor-Gregg is supplemented by definitions of psychoanalytic terms for the uninformed, even though the translator is aware of the limited value of such explanations. The translation is less literal than the American translation of the first part, and there is regrouping of some paragraphs.

The preface of the book, giving a short history of child analysis, as developed by the Vienna-Prague groups, is most helpful. The widening of the age range in child analysis, the systematic teaching of educators which has substituted in great measure for the use of educational devices within treatment, the shortening or elimination of the preparatory period are pointed out. The bibliography includes most of the important contributions to the fields of child analysis and psychoanalytic education.

The combination of a history of child analysis, three basic contributions, and a comprehensive bibliography represent a most valuable survey of child analysis. The greatest contribution of this volume, however, is the stimulation it offers the reader to reconsider critically the differences between child and adult, and the necessity for changing the therapeutic orientation to suit the individual need.

JUDITH S. KESTENBERG (NEW YORK)

PSICOANALISI DELLA VITA ISTINTIVA (Psychoanalysis of Instinctual Life). By Joachim Flescher, M.D. Rome, Italy: Scienza Moderna, 1945. 266 pp.

This book is not intended to be a textbook of psychoanalysis, but to deal with precision and completeness with the psychoanalytic doctrine regarding instincts, according to accepted freudian theories. It is chiefly a study of the impacts of human instincts on

diverse fields of individual and collective psychology, with special consideration to prophylactic and educational measures as well as to the methods by which the instincts may be controlled, guided and diverted to more useful ends.

The most important items with which the author deals in the thirty-two chapters of the book are in the first part: infancy in relation to environment and fundamental instincts, sublimation, the various evolutionary phases of the instincts, the formation of the superego, the structure of the whole personality. In the second part the author describes chiefly the disturbances of the development of instincts and their consequences, fixation and regression of the instinctual trends, inhibition and anxiety, pathogenesis of the principal forms of neurosis and homosexuality, the neurotic character, psychoses and delinquency. The third part is given especially to education of the instincts, the author dealing with the discharging and damming up of instinctual impulses, with the problem of religion and the attitudes of parents and educators towards the psychosexual evolutionary phases through the crisis of puberty and beyond.

Various personal contributions of Flescher to the themes discussed are highly interesting and persuasive. First of all, we draw attention to the manner in which Flescher approaches religion, without attempting to solve it, from the ontological point of view, but indicating its importance in education, following methods and ways which differ—and differ rightly, we believe—from Freud's viewpoint. Also where the author—like Meng and others—emphasizes the tendency to perfection, which he justifies metapsychologically, we are in complete accord. His phylogenetic explanation of the relation between possession, expulsion and destruction is very stimulating. We do not remember having read anything equally convincing regarding the subject in the vast literature on psychoanalysis.

The pages in which the 'economic trauma' is discussed, and in which the author expounds in addition to the anal-erotic component the complex of possession that exercises so great an influence on the irrational behavior of so many individuals towards material goods, are to be considered as an important psychoanalytic contribution to a social problem.

The process of 'pathological progression' is of fundamental importance, at least while the child is passing from the auto-erotic

to the phase of object relationship. By 'pathological progression' Flescher characterizes the too rapid repression of auto-erotic tendencies in a child, which may under certain circumstances, quicken the establishment of object relations. These however—by way of compensation—are characterized by a peculiar insatiability and ambivalence due to repressed aggressiveness in reaction against the inopportune interference of adults.

Regarding the intricate problem of pregenital fixation, the author sustains the theory that not constitutional disposition of a given erogenous zone, but frustration during a subsequent developmental phase—whether auto-erotic or genital—is the decisive factor. For this reason the author recommends the 'rule of tolerance' to educators, and illustrates it for each stage of the child's development.

That the book represents the product of a vast analytic experience is shown by the large number of cases quoted from the author's practice. It is valuable both for its practical contribution to the general problem of education as well as for the particular problem of the prevention of neuroses. It is hoped that a large number of teachers and physicians may read the last part of the book which contains practical advice for every typical phase of development.

The few critical remarks this reviewer finds to note refer to personal and theoretical divergence of opinion; we also do not believe that the processes which are subject to repression must necessarily be originally conscious ones, as Flescher seems to think; on the subject of sublimation, the author has not sufficiently emphasized the fact that whatever we do the sublimative process always remains—for the greater part—unconscious, as Jones has demonstrated; but these are minor points chiefly of interest to a few specialists.

From every other point of view the book is to be highly recommended. It is, in fact, one of the very few studies dealing with all the various aspects of psychoanalysis which can be freely recommended to anyone. Considering the success this book has met with in Italy, it is to be hoped that the new edition now in preparation will be provided with a bibliography and an index.

EMILIO SERVADIO (ROME, ITALY)

NARCO-ANALYSIS. By J. Stephen Horsley. New York and London: Oxford University Press, 1943. First American Edition, 1946. 134 pp.

This publication is of some historical importance in psychiatry since it seems to settle a smouldering conflict about priorities which caused some stress during the war. The author credits Bleckwenn with the use of barbiturates for the production of hypnosis in 1929. His own work began in 1931. The first chapter deals with the origin of narcoanalysis with comment on the biochemical and psychodynamic concepts.

The author's description of the use of the drug seems to emphasize a hypnotic state rather than a biochemical one. There appears to be a minimal use of the drug which seems primarily to be an adjunct to the induction of hypnosis. His basic therapeutic concept is related to the making of repressed material conscious with abreaction and a combination of suggestion and the use of transference relationship. The reviewer's own experience fits very well with that of the author. In actual combat patients very frequently began to react before any large amount of barbiturate had been introduced into the blood stream. This led to a questioning of the necessity for the use of the drug at all, and further work indicated that as good, if not better, response could be obtained with hypnosis only.

There is a brief chapter on the history of hypnosis and hypnoanalysis with a paragraph on the limits of hypnoanalysis. A quotation indicates the author's basic therapeutic concepts: 'A criticism often heard is that hypnotic treatment only removes symptoms, and therefore tends to be followed by other symptoms. This criticism is a reflection on those who make it, for it implies that they are the ones who are content merely to charm away symptoms without any analysis of the cause. I repeat that all hypnosis should include suggestions for increasing *self-reliance and independence*, [italics added] and this must be followed at a later stage in the treatment by analysis of the temporary emotional tie to the physician. If this tie is gradually and consciously terminated, there need be no fear of the uncontrolled transference of sexual feeling to the person of the physician.' The author feels that narcohypnosis induces a hypermnnesia particularly for childhood and infantile memories. This indicates to him that narcotic hypnosis is distinctly different from simple



narcosis with its varying degrees of drowsiness, confusion, disorientation, and incoherence. He contrasts narcohypnosis with the drug-analytic method which consists of intravenous injection of the barbiturate to produce deep narcosis and then utilizes the patient's subsequent remarks as a basis for making better contact with him and advocating this as a means of access to hitherto inaccessible patients and is a quick means of discovering factors which may have played a part in causing illness. The author's experience is at some variance with the postwar results obtained by some workers in this country. The early enthusiasm for narcoanalysis or narcosynthesis with the dramatic results published during the war seemed to offer a quick and reliable short-cut in treatment. This in the hands of many workers in this country has not been borne out in civilian practice. Horsley's experiences in civilian practice are much more optimistic. His material is well documented and in his hands seems to offer an approach which is of some value.

The reviewer is not quite clear as to the actual technique of dealing with the transference which the author used. He seems to have a good literary knowledge of transference phenomena, but somehow its clinical projection through his description of his work with patients leaves one unclear.

No worker should be blamed for abuse which may arise in relation to his work. Nevertheless, the 'sodium amytal interview' seems in many institutions to have become a substitute for clinical observation and painstaking work. The technique of the explosion seems to have replaced careful, controlled therapy. The author's own philosophy of treatment is summed up in the last paragraph: 'Finally I revert to the unorthodox view that something more than analysis is needed. The nervous patient is prone to drift in a state of psychic isolation. I therefore agree with Dr. Brown that the analyst should give the patient all the help he can in reconstructing his life, building up a philosophy of life, and learning to live, by the aid of direct influence.'

The book is to be recommended for its sober, conscientious presentation of a technique which has undoubted value in the hands of a conservative, well-oriented psychotherapist.

M. RALPH KAUFMAN (NEW YORK)

MEDICINE IN THE CHANGING ORDER. Report of the New York Academy of Medicine Committee on Medicine and the Changing Order. New York: The Commonwealth Fund, 1947. 240 pp.

For four years the members of the Committee on Medicine and the Changing Order of the New York Academy of Medicine, and the experts it appointed, studied the problems of contemporary medicine and related fields (hospital facilities, nursing service, etc.). The study was made with a diligence and intensity surpassing by far the work of the usual committee. The result is a series of monographs (e.g., *Medical Education and the Changing Order*, by Raymond B. Allen) of high caliber and unusual interest. The present volume, *Medicine in the Changing Order*, is an integrated summary of its investigations and deliberations.

For readers of this *QUARTERLY*, the present volume is of interest from several angles. It represents an unbiased, careful, factual study of the general problems of medicine today. It is free of propaganda and special pleading. It is an urbane discussion of the realities of many problems of interest to the psychiatrist. The practice of medicine in America, its assets and defects, the impact of economic and social changes on the structure of medical practice, the problems of adequate medical care for the community and the country, are presented nondogmatically.

On the difficult problem of socialized medicine and compulsory national medical insurance, the committee recommends an evolutionary, rather than a revolutionary, program. Its comment is that 'with the evidence of inadequate and unequal medical care so definitely established, it is a natural reaction . . . to demand an immediate corrective . . . by legislation. The recommendation made by our committee envisages the development of a slower but much surer plan.' Its many-sided recommendations include a great increase in public health services particularly in rural areas, a more effective use of hospital services, the experimental development of a variety of fixed fee diagnostic consultation services, the extension of voluntary nonprofit prepayment plans, government aid for adequate hospital and health facilities and for the training of skilled personnel.

Of specific interest to the psychiatrist is the Committee's thoroughgoing acceptance of psychiatric understanding as an essential of medical practice and medical education. 'Adequate medical service for adults should provide drugs, surgery, psychotherapy,

and physiotherapy—indeed, all therapeutic measures needed for healing and comfort.’ In its discussion of medical education, one recommendation is ‘Progress in psychiatry, including an increasing awareness of psychosomatic conditions, justifies a stronger curricular position for this subject’.

The committee and its experts included the following among those known to the readers of this *QUARTERLY*: Alan Gregg, Homer Folks, Tracy Putnam, Donal Sheehan, Iago Galdston, Robert S. Lynd, Henry E. Sigerist, Winfred Overholser, and William C. Menninger.

MAURICE LEVINE (CINCINNATI)

**MEDICAL ADDENDA.** Related Essays on Medicine and the Changing Order. New York: The Commonwealth Fund, 1947. 156 pp.

The New York Academy of Medicine’s Committee on Medicine and the Changing Order has published a general report, reviewed above, and a series of monographs on the specific problems of medicine and its related fields. In addition, it now presents a series of essays on some aspects of its material in a brief volume entitled *Medical Addenda*.

The present volume maintains the high level of its predecessors, and offers a series of essays of interest to readers of this *QUARTERLY*.

Dr. James A. Miller contributes a brief essay on *The Doctor Himself*, which is rather superficial in tone but essentially is an emphatic statement of the rôle of the personality of the physician in medical practice.

The late Dr. Louis Hamman, in a chapter on *Psychosomatic Medicine*, presents the point of view of an open-minded internist making a serious attempt to include psychologic understanding in his diagnostic and therapeutic work. His essay represents the degree to which one can expect psychodynamic material to be accepted by a large group of contemporary internists who are impressed by the current psychosomatic emphasis but are given no opportunity for additional training. He is able to include general social and emotional factors in his diagnostic thinking, is able to avoid mistakes based on an overemphasis on somatic factors, places the person rather than the disease in the center of his thinking, speaks hopefully of a limited psychotherapy in the hands of the general physician, and again emphasizes the value of the under-

standing attitude of the old family doctor. But in a case report, he falls into the either-or dichotomy of the differential diagnosis of chest pain in his patient as being either purely functional or purely somatic (angina), ignoring the highly important area of the participant rôle of emotions in causing, precipitating or accentuating attacks of angina pectoris. Essentially the essay is a sample of a highly favorable, although incomplete, incorporation of psychiatric thinking into medical practice.

Two chapters of the book, *Medical Social Work* by Mary A. Cannon and Harriett M. Bartlett, and *Psychiatric Social Work* by Winifred W. Arrington, are excellent brief statements of these converging fields, presenting their contemporary status in the light of their historical development. Both chapters are valuable surveys of fields of direct interest to the analyst.

The remaining chapters, *Rehabilitation and Convalescence* by Dr. Howard Rusk, and *Chronic Diseases* by Dr. Ernst P. Boas, are authoritative statements of problems of obvious psychiatric importance.

MAURICE LEVINE (CINCINNATI)

**PSYCHOLOGICAL MEDICINE.** *A Short Introduction to Psychiatry.*

By Desmond Curran, M.B., F.R.C.P., D.P.M., and Eric Guttman, M.D., M.R.C.P. Second Edition. Baltimore: The Williams and Wilkins Company, 1945. 254 pp.

Since its first edition in 1943, this short and practical introduction to psychiatry is little changed in organization, material, and approach. A brief discussion of psychosomatic medicine has been added, conservative and reserved, but leaving the door, if not the mind, just open enough for eventualities. There is little knowledge of psychodynamics—the emphasis heavily put on description of psychiatric syndromes, ‘constitutional’ etiology, physical treatment and legal management. The chapter, *Wartime Psychiatry*, has been retained, with the bleak prediction, ‘that many of the important stresses that operate in war, such as regimentation and frustration, are likely to continue in the postwar world’ of Great Britain.

MARTIN GROTHJAHN (LOS ANGELES)

CLINICAL PSYCHOLOGY OF CHILDREN'S BEHAVIOR PROBLEMS. By C. M. Louttit. Revised Edition. New York and London: Harper and Brothers, 1947. 661 pp.

The first edition of this book has been used as a textbook in universities and colleges for more than ten years. It was, and still is, the best of its kind, poor as that may be. The chapters on psychometrics and sensory defects are good, and the statistical material is well presented. It is a typical product of the school of 'security and assurance'.

For the representatives of this school, there is 'no need to postulate instinctual forces, ids and egos, love and hate mechanisms, or any such concepts' (p. 136). The author refuses to discuss child analysis because its methods 'depend exclusively upon a specialized set of concepts' (p. 163). He does not admit unconscious motivation. There is not one word in the whole book about sublimation, repression, or identification. The only indirect reference made to the œdipus complex occurs in a passing remark on an article by Graber on dream-walking; Graber spoke about the œdipus complex; the author uses the 'civilized' term 'mother-longing' (p. 346). His aversion to psychoanalysis goes so far that he credits C. W. Kimmins with the discovery of the wish-fulfilment element in children's dreams.

Fortunately clinical psychology as taught in most of our universities has outgrown its textbooks.

ANNA MAENCHEN (BERKELEY, CALIF.)

THE PERSONALITY OF THE PRESCHOOL CHILD. The Child's Search for His Self. By Werner Wolff. New York: Grune and Stratton, 1946. 341 pp.

In this stimulating, provocative, and at times irritating volume, Dr. Werner Wolff, Professor of Psychology at Bard College, presents the conclusions of many years of research on the structure of the personality of the preschool child. Feeling the need to supplement the mass of material on the overt behavior of children, already gathered by other investigators, he focused his attention on the hidden forces and motivations of child behavior, designing new experiments to 'explore the expressive behavior of children in their spontaneous verbal, graphic and dramatic expressions'. Two main concepts emerged from his studies. First, he recognized that

the young child is not merely an undeveloped adult, but rather that there is a basic structural difference in the personalities of child and adult so fundamental that the child's mental, emotional and social expressions have to be understood from the point of view of the child's own world and culture rather than evaluated on the basis of adult standards. Second, he found that all expressions of personality of the young child—its imagery, its spoken language and the language of its behavior—all seem to be variations on the main theme of the child's search for self as differentiated from environment.

Throughout the volume, which is somewhat arbitrarily divided into three sections, Observation, Experimentation, and Theory, the most interesting part is that which presents the author's firsthand source material gathered from children in the nursery schools of Sarah Lawrence, Vassar and Bard Colleges. This material includes photographs of children's bodily movements, their recorded speech and behavior, play and dramatic expression, responses to new material devised to test emotional security, their drawings, examined both for content and for qualitative analysis in an attempt to judge innate rhythm and balance as a gauge of personality adjustment. Although one may often question the dogmatic interpretation of specific items of behavior and wish for further documentation of some of the author's categorical conclusions, one cannot fail to appreciate the wealth of projective method and material. It is to be hoped that other students of behavior will be challenged to explore further and to follow up Dr. Wolff's often original techniques and hypotheses.

The reader gains throughout a healthy respect for the complexities and subtleties of these projective methods. This is reinforced by the author's wise warning (which he sometimes seems to disregard) against drawing conclusions from any one form of expression without checking one's observations against other behavior manifestations as well as the child's life history. This is an important and necessary balance for those workers and parents who, stimulated by the fascinating new avenues of understanding opened by the widespread interest in projective methods of personality diagnosis, and themselves lacking Dr. Wolff's rich background of experience and keen appreciation of the subtle meaning of children's groping to find themselves, may be tempted to draw conclusions too superficially and on far too little evidence.

It is when Dr. Wolff leaves his specific material for more general discussion that this reviewer finds the book irritating. He raises many questions of education and guidance, of home situations and parent-child relationships, that he fails to work through or dismisses with a summary paragraph or two. He seems also to be constantly tilting at theoretical windmills, often unnecessarily so, since he frequently accepts the essentials of a point of view only to quibble with minor details. This is particularly true of his attitude toward psychoanalysis. He says that he does not agree with certain psychoanalytic interpretations, which he tends to exaggerate in order to make his point, yet his own 'expression analysis' makes wide use of psychoanalytic concepts, even to the point of recognizing birth fantasies and other sexual imagery and symbolism in children's drawings and in their dreams, which at other times he seems to deny. He concludes, however, with a sincere plea for examining the child not from any isolated point of view, but from the 'converging approaches' of 'experimental depth psychology', which, aware of the infinite variety of personality patterns, aims to understand 'the individual child not so much with reference to other children as with reference to the child's total personality, in which each single manifestation depends on the configuration of all his trends'. To all those who are interested in understanding more deeply the special quality of early childhood, no matter in what school of psychological thought they are oriented, this book has much to offer.

ALINE B. AUERBACH (NEW YORK)

THE AUTONOMIC NERVOUS SYSTEM. By Albert Kuntz. Third Edition. Philadelphia: Lea & Febiger, 1945. 687 pp.

This book is a classic in its field. There is no more encyclopedic compendium of the anatomy, embryology and physiology of the autonomic nervous system; therefore, as a reference book, it is invaluable to everyone who speculates inquiringly into the inter-relationship between constitutional and experiential factors in the neuroses.

Certain chapters are of particular interest to psychoanalysts, as for instance, Chapter XX on autonomic imbalance, which brings up to date the original theories of Eppinger and Hess.

The clinical applications to neurotic problems of the vast array of facts which are assembled here are disappointingly naïve. The

author seems to think that repression is always a praiseworthy sign of superior stability: 'The individual with a stable and well disciplined nervous system [*sic*] is able to suppress the outward expressions of emotion in a high degree. His visible responses to emotional excitation may be intense momentarily but they usually do not result in series of visceral disorders. Persistent disorders of visceral functions due to emotional disturbances occur most commonly in association with psychic or nervous instability' (p. 466). This ignores the fact that regression of emotional processes is in itself one of the most potent causes of autonomic instability in the psychosomatic disorders. Consequently the sections on emotional disturbances of visceral functions (p. 473) and on autonomic factors in the psychoses (p. 477) are correspondingly superficial and disappointing.

Nevertheless as a reference encyclopedia the work is of great value.

LAWRENCE S. KUBIE (NEW YORK)

**NUREMBERG DIARY.** By G. M. Gilbert, Ph.D. New York: Farrar, Straus & Co., 1947. 471 pp.

A German-speaking military intelligence officer, Captain Gilbert arrived in Nuremberg with a load of prisoners on October 20, 1945. That day the International Military Tribunal received the indictment against the twenty-three Nazi war criminals then in custody in the Nuremberg jail. As prison psychologist for the duration of the trial it was Captain Gilbert's duty to maintain close daily contact with the prisoners in order to keep the prison commandant aware of their state of morale, and to help in any way possible to assure their standing trial with orderly discipline. He also collaborated with the psychiatric commissions and the prison psychiatrists in the mental examinations.

For a month prior to the trial Captain Gilbert administered psychological tests and established personal contact with the prisoners. They were in solitary confinement and found relief from their isolation in Captain Gilbert's visits. At his request they autographed his copy of the indictment and also wrote a brief statement of their opinion. Raeder refused to coöperate, and Ley committed suicide after an agitated tirade.

Captain Gilbert jotted down many fragments of his conversa-



tions with the Nazi criminals. Julius Streicher, who was fanatically possessed with antisemitism, was diagnosed as 'suffering from a neurotic obsession', and 'rated the lowest I.Q. on the psychological tests'. Rudolf Hess's reactions 'were typical of the hysterical personality.' To the intelligence test Goering reacted with keen interest, 'acting like a bright and egotistical schoolboy, anxious to show off before the teacher'. Schacht shared Goering's contempt of von Ribbentrop as well as their contempt of each other. Only a few showed some signs of remorse. Hans Frank, still suffering from attempted suicide by slashing his wrists, gave a characterization of Hitler as 'the cold-blooded, hard, insensitive psychopath—he was moved by sheer primitive, wilful egotism—that's why he hated all legal, diplomatic and religious institutions—all the social values that restrained him'. Von Schirach gave 'a good insight into his background and guilt feelings'. Von Papen 'knew perfectly well that Hitler was a liar and betrayer'.

The representatives of the Nazi organizations blamed each other for atrocities and war crimes. Their only allegiance seemed to be toward themselves and to their particular cult. They were lost creatures, or rather fragments of their model creature, their Führer. Their bits of conversation still reflected this model which had become stylized in *Mein Kampf*. Even the helots who were self-hypnotized by this barbaric cult went to their doom denying the responsibility for their crimes.

Streicher's 'Racial Science' which he said he had studied for twenty-five years made him boast that nobody else understood the problem as well as he did. He concluded that Prosecutor Justice Robert H. Jackson was a Jew and that his real name was Jacobson.

A few days after the verdict Goering asked Captain Gilbert what the psychological tests had shown about his personality. Captain Gilbert told him, 'They showed that while you have an active, aggressive mind, you lack the guts to really face responsibility. You betrayed yourself with a little gesture on the ink-blot test—the red spot—you didn't call it blood. You tried to flick it off with your finger, as though you thought you could wipe away the blood with a little gesture. You've been doing the same thing all through the trial—during the war too, drugging the atrocities out of your mind—I agree with Speer. You are a moral coward'.

Goering was refused the rites of the Lutheran Church by the chaplain because he 'would not put on a show for someone who

had never shown the slightest sign of repentance'. And when Goering committed suicide both the chaplain and Captain Gilbert realized how right they were about Goering, for, 'he died as he had lived, a psychopath trying to make a mockery of all human values and to distract attention from his guilt by a dramatic gesture'. In this connection one recalls in Konrad Heiden's *Der Führer* that on June 30, 1934, when Hitler settled accounts with hundreds of his enemies and former friends by mass murder, Goering ordered his friend, 'little Gehr', brought before him in gala uniform only personally to tear off his war decorations and, having called him 'a filthy pig', ordered him shot.

After the death of the top Nazi leaders one of the German lawyers told Captain Gilbert that the German people 'were thinking whatever you want them to think. If they know that you are still pro-Nazi, they say, "Isn't it a shame the way our conquerors are taking revenge on our leaders!—Just wait!". If they know you are disgusted with Nazism, the misery and destruction it brought to Germany, they say, "It serves those dirty pigs right! Death is too good for them!"—I am afraid that twelve years of Hitlerism has destroyed the moral fiber of our people.'

Captain Gilbert's Nuremberg Diary, as is to be expected, does not reveal the roots of Hitlerism. The author does show some of the fragments of the personalities who had operated with that sinister philosophy of force which seemed at one time to overshadow the world. They all had the energy of the possessed, and whether warped by drugs or by pseudo-racial theories, their drive was to murder on a mass basis. These were the creatures with whom England, according to one quotation by Schacht, 'tacitly approved our rearmament . . . Even America's bankers loaned us money—just to get their commissions.'

The summary of the salient events before each chapter gives coherence to the book, and a summation of the prosecution, as well as a chronology, make a handy historical reference.

PHILIP R. LEHRMAN (NEW YORK)

**TWENTY-TWO CELLS IN NUREMBERG.** By Douglas M. Kelley, M.D.  
New York: Greenberg Publisher, 1947. 245 pp.

When the leaders of the National Socialistic Third Reich fell into the hands of the American Army, were imprisoned, and could be observed for a period of almost two years, science in general,

and psychiatry in particular, had a unique opportunity to study the psychiatric aspects of history. If this opportunity, limited in its scope by suicide and execution, has been used, the results have still not been reported. What Dr. Douglas M. Kelley, Chief Consultant in Clinical Psychology, Assistant Consultant in Psychiatry for the European Theatre of Operation, has to say about his contact with twenty-two German leaders before the court in Nuremberg, is disappointing and frustrating. Like stamps in a collection, the prisoners are lined up and described in popular psychological terms, and are almost stripped of any individual or identifying marks. The motivation, the ideology, or even the behavior of such different men as army and navy officers, 'true' National Socialists and fanatics and businessmen, all working with, and for, the same Führer in an often highly ambivalent relationship is presented without any attempt at clarification. Little material is offered that is not already known from previous reports; only a few observations are given which could enable the analytic student of National Socialistic ideology to draw his own conclusions and interpretations.

The twenty-two 'profiles' are introduced by a short description of the environment. The former leaders of Germany are grouped roughly as follows: the Policy Makers (Hess, Rosenberg, Goering), the Salesmen, the Gunmen, the Rabble Rousers (Streicher and Ley), and the Businessmen. From the stories of the accused men emerges a short description of the Führer which concludes the book.

MARTIN GROTJAHN (LOS ANGELES)

FROM CALIGARI TO HITLER. A Psychological History of the German Film. By Siegfried Kracauer. Princeton, New Jersey: Princeton University Press, 1947. 361 pp.

This study of German motion picture films up to 1933 is the first large-scale attempt to describe and interpret films as cultural data. The author relates the content of these mainly to conflicts between impulse and authority in German life. This is illustrated in his interpretation of *The Cabinet of Dr. Caligari*, a film about a sinister hypnotist who uses a somnambulist as his tool for murder and rape. In the original script the hero pursues the hypnotist and brings about his downfall. The final version appears as the fantasy of a madman. Dr. Caligari becomes the madman's dis-

torted image of the benevolent director of the asylum. According to Kracauer, this is a retreat from the rebellion against tyrannical authority expressed in the original story. The retreat expresses the German 'withdrawal into a shell' after the first war. Revolutionary impulses were spent in imagination only. Kracauer sees Caligari as 'a premonition of Hitler,' and the incompleteness of the rebellion against this tyrant anticipates the triumph of Nazism.

The author resorts frequently to such terms as 'collective mind' and 'collective soul'. Regarded as figures of speech, and translated into empirical terms, these would seem to mean that an individual belonging to a certain social class is endowed consciously or unconsciously with a sophisticated social knowledge of the history of his class, to which he is apt to react strongly.

Of the sufferings of *Homunculus*, in the 1916 film of that name, Kracauer says, 'The Germans resembled *Homunculus*: they themselves had an inferiority complex, due to a historic development which proved detrimental to the self-confidence of the middle class' (p. 33). Emotions are primarily directed towards large groups (mainly the nation and its government) and their symbols; hence, the concentration of emotions on objects near to the self is held to be the result of a displacement from the original group objects. The author describes a series of films of the 'twenties, revolving around sexual temptations in metropolitan streets, as being 'like dreams called forth by the paralyzed authoritarian dispositions for which no direct outlet was left' (p. 187). Thus words and images whose manifest reference is to the private life of the individual have a latent content of a public kind. Kracauer remarks of the same series of films, 'Love in the street stands for ideals averse to Locarno, Weimar, and Moscow' (p. 159). Further, the reactions of the individual to public events serve as models of his reactions to private events. A recurrent situation in which the hero rests his head on the bosom of a maternal figure is interpreted as 'a typical German attitude . . . which results from the prolonged dependence of the Germans upon a feudal or half-feudal military regime' (p. 99). Kracauer arbitrarily attributes meanings without indicating how he arrived at them: a revolving spiral is a symbol of 'chaos' (p. 186); inanimate objects stand for 'mute instincts' (p. 177).

The author relates certain aspects of German movies to allegedly specific traits of German life without comparing them

with those made in other countries. When the hero takes the law into his own hands, in *The Man Who Murdered* (1931), this is a foreboding of Nazi practices (pp. 254-255). Kracauer does not mention how frequently the heroes of American thrillers take the law into their own hands. It might be possible to distinguish revealing nuances in the German treatment of this common theme; but Kracauer does not.

Despite these limitations, Kracauer's is a pioneering work of great interest. It contains a wealth of valuable material which could hitherto be obtained only with difficulty. It challenges the psychoanalytically oriented reader to resume and develop the tradition of Otto Rank and Hanns Sachs.

MARTHA AND NATHAN LEITES (NEW YORK)

**PROBLEMS IN ABNORMAL BEHAVIOR.** By Nathaniel Thornton. Philadelphia and Toronto: The Blakiston Co., 1946. 244 pp.

In his introductory chapter, the author of this book states clearly his aim in writing it. 'This and nothing else has been my aim and purpose: to place in the hands of those who require it a concise work designed to serve the purposes of study and easy reference.' He says also that while his discussions of abnormal behavior are presented mainly from the freudian viewpoint he has tried to represent other psychologists' attitudes and to report also the criminologists' and endocrinologists' contributions and attitudes.

He covers briefly psychic functions and mechanisms, psychopathology of every day, the development of the sexual impulse, the perversions with a separate chapter on homosexuality, neurosis, psychosis, psychoanalytic theory and therapy interpretations of dreams, endocrinology, criminology, and epilepsy. Such a book covering a variety of subjects might fill a need for some laymen, and it has much that is of value and interest, but this reviewer finds many inaccuracies and errors. For instance the author picks up and records the misunderstanding of transference which is all too common among laymen. He says, 'In some psychoanalytical sessions there may develop what we have come to describe as a transference situation. By this concept we understand that the analysand, having found so much sympathy and understanding in the analyst, begins to transfer to the latter a number of his more intimate impulses and emotions, and to rely too much in general upon the analyst. Sometimes the analysand may go even so far as

to conceive of the analyst as a possible love object. Such a thing as this is perhaps especially apt to occur where analyst and analysand are of different sexes and the latter's amatory life is known to be extremely unsatisfactory.'

His presentation of the *œdipus* also lacks understanding of its real significance. He says, 'a mother, for instance, who is of the doting kind, and who is much given to the habit of fondling and kissing, may promote the development of an *œdipus* complex in the boy.' He further states that 'the *œdipus* complex usually passes while the child is still at a relatively early stage of sexual development. If the complex is revived at the age of puberty, it may, as Freud himself assures us, engender disastrous results.'

The book has many inaccuracies, the errors extending even to the description of epilepsy where it is stated that '. . . if there be any evidence of its resting upon an organic foundation (for example brain tumor or general paresis), then we speak of idiopathic epilepsy. Where no organic basis is discoverable, we speak of symptomatic epilepsy.'

Thornton expounds numerous theories about the cause of homosexuality and rejects Freud's conclusions because it seems more reasonable to him that there be a strong organic or endocrinological cause for this condition. He places high emphasis on the work of Steinach.

To be of real value such a book should first of all be completely accurate. Many laymen would be interested in a brief resume of a complicated subject. This book, however, is too inaccurate to fulfil this first requirement.

RUTH LOVELAND (NEW YORK)

MODERN WOMEN: THE LOST SEX. By Ferdinand Lundberg and Marynia F. Farnham. New York: Harper & Brothers, 1947. 497 pp.

The reader's evaluation of the worth of this book will depend upon his orientation to the thesis which is propounded. Those who look to biological phenomena to provide most of the answers may find much material to their liking. Those who choose to draw upon other phases of human experience, will find the work limited and the conclusions suffering from oversimplification. Note is made of the scholarly approach as evidenced by documentation and a remarkably full bibliography.

It is the authors' chief contention that women should return to the home and bear children—a function they believe to be the sole basis for healthy womanhood.

Historical, economic, sociologic and psychoanalytic theories and facts are drawn upon to support their belief. Although Copernicus, the French Revolution and the Industrial Revolution are credited as having been responsible for the change in the rôle of woman (and man, too) the authors attempt to show that woman, herself, is to blame. Wholesale masculine protest, it seems, has been her undoing, impelling her to abandon childbearing and homemaking, in order to compete with men in the world at large.

The claim is made that women have secured practically all their demands in terms of feminism and have since failed to exercise these privileges. For instance, women have been granted the right to vote but have contributed little, if anything, to politics.

Great emphasis is placed upon woman's inferiority to man. It is pointed out that woman is complementary to man but never his equal. The book urges women to accept a dependent rôle in relationship to the superior sex. Any reluctance to do so, is described as neurotic.

The authors' constricted vision is most disheartening. Although credence is given to economic as well as cultural factors, the authors fail to relate these to human behavior and progress in both sexes. The writers would turn the clock back to the days prior to the Industrial Revolution, where they would have it stopped.

Indisputable is the authors' premise that an emotionally healthy mother contributes vastly to her children's development. However, in this reviewer's opinion, the solution to neurosis in women cannot be found solely in biological factors. Economic and cultural changes have precipitated accompanying changes in human beings of both sexes. Just as women have changed in their orientation, as civilization has progressed, so have the demands and expectations made upon them. To negate these influences is futile.

Although this book acknowledges the fact that neuroses are on the increase all over the world, the simple remedy with regard to rebuilding the home, relegates single women to limbo. The most constructive suggestion is a plea for governmental interest in child welfare and mental health.

The authors assayed a difficult task in a field where there are few valid signposts and little scientific psychological information. It is unfortunate that this book adds only confusion.

FRANCES S. ARKIN (NEW YORK)

PROBLEMS IN RELIGION AND LIFE. By Anton T. Boisen. New York and Nashville: Abingdon-Cokesbury Press. 159 pp.

RELIGION UND PSYCHOTHERAPIE. By Dr. Graf Igor A. Caruso. Innsbruck, Austria: Buchdruckerei Tyrolia A. G., 1946. 16 pp.

Boisen's small book, as the explanatory inscription states on the cover, is a 'manual for pastors, with outlines for coöperative study of personal experience in social situations.' It is written in simple style and packed with much good advice for churchmen of different denominations. More than this, it presents in terse yet comprehensive form a view of the minister's (Presbyterian) present day function in the community. Its attitude toward current psychiatric and psychoanalytic practice is sympathetic and enlightened, although it does not pretend to enter into controversial issues. Occasionally there are prejudicial remarks or misstatements about concepts as when, for instance, in regard to conscience, it is stated that this 'is not the rigid superego of the freudians, which needs to be broken up or eradicated, like a vermiform appendix, but the subjective aspect of culture, the internalization within the individual of the social organization which enable him to direct his own life without external compulsion . . .'; but these defects do not mar the value of the general aim which is to inculcate an attitude toward the client which in essence resembles that of the analyst toward his patient. 'Counseling' is preferred to 'Psychotherapy' to denote the limitation of clerical practice, but healing by faith is clearly distinguished from healing by insight, and the latter is strongly advocated.

Boisen does not sharply distinguish between the relative positions of psychotherapy and religious healing, of scientific knowledge and faith. He does not confront the reader with such an antithesis, but guides him gently to the assumption that some relationship between the two exists. His attitude toward religion is mostly undogmatic and includes an active participation in bettering mankind. 'The idea of God is the symbol of that which is supreme in the hierarchy of loyalties, and the aim of religion is not an escape from reality.' However, he becomes somewhat more dogmatic but less clear, and departs from psychoanalytic principles when he talks about guilt and salvation. These he says are either, conversely, 'a breach of trust in regard to ultimate loyalties', or 'the reestablishment of the right relationship with that which is supreme in the individual's system of loyalties'.



Again while he deplores the old time religious conversions as unprofitable, he feels that many persons become mentally sick unless they undergo some such 'eruptive' experience.

In contrast to the foregoing unschematized but practical essay it is perhaps interesting to compare a recent brochure of a Swiss psychiatrist working at Innsbruck who has made an attempt to establish a common basis for scientific psychotherapy and religious healing. Where Boisen separates to some extent the spheres in which the two forms of endeavor may operate, or in certain situations sees them as overlapping, Dr. Graf Igor A. Caruso, inspired by Thomistic logic, conceives two separate individual processes which are in no way incompatible and may even be used conjointly, though from the point of view of an ultimate criterion psychotherapy would seem to be the handmaiden of religion. His argument runs something like this: scientific method can only deal with quantities, and never with the true essence of things which is incapable of being apprehended. A thermometer does not give sensations of warmth or cold but merely translates them into a set of symbols. Religion deals with the supernatural which consequently cannot be truly apprehended by scientific methods. Neurosis is an attempt to repress the existing conflict between good and evil: 'It is an illness of bad conscience—even though it is transformed into somatic representation'.<sup>1</sup> There are two means of solving such a problem. The finite or temporal means is psychotherapy, the infinite or religious means is through suffering. The one does not exclude the other but each alone is only a partial solution.

In general Dr. Caruso employs a metaphysical approach which would give the impression to those unacquainted with Catholic theology as being somewhat mediaeval in its modality.

SYDNEY G. BIDDLE (PHILADELPHIA)

BLACK ANGER. By Wulf Sachs. Boston: Little Brown & Co., 1947.  
324 pp.

In the vivid and engrossing study of John Chavafambira, Dr. Wulf Sachs has written a gripping story and reports much that may be of value to those interested in psychological, anthropological or interracial problems. 'Black Anger' is the story of John, a witch doctor or medicine man, who was born in a kraal in Manyikaland,

<sup>1</sup> Reviewer's translation.

Southern Rhodesia and who left the kraal at twenty to emigrate to the Union of South Africa. It is a record of the conflicts and gradual adjustment of a man brought up in the primitive atmosphere of the kraal with all its tradition and superstition, transplanted to city life with its complexities and, for him, the reality of racial oppression.

Dr. Sachs had studied African Negroes in a mental hospital and wished to psychoanalyze an essentially normal native. John Chavafambira was willing to coöperate because secretly he hoped to learn some of the European doctor's medicine. For two and a half years he went for hourly interviews. Beside this the author accompanied him to many of the places he described and talked to many of the people he mentioned. They went to John's native kraal and Dr. Sachs was present at John's initiation as a nganga or medicine man. Many native beliefs, superstitions, taboos and customs are described in detail. John taught his doctor all he knew of magic, throwing the dice and the bones. Life in the Swartyard, a segregated area in Johannesburg inhabited only by native Africans, is described with all its deprivations, poverty and injustices.

Originally the author planned to make a scientific report of the psychoanalytic study of this man. His infantile conflicts are recorded, also his dreams upon which John lays great stress and which he interprets according to his own beliefs. His interesting theory of communication with his parents in his dreams and its meaning is discussed. His hostility toward the white man and his gradual resolution of this problem and many other facets of his personality are described. The story is told as he gave it to the doctor who has presented it as a well-written psychological novel, which should have very wide appeal to those who are truly interested in human beings and their problems.

RUTH LOVELAND (NEW YORK)

THE ECHO. By Lilla van Saher. New York: E. P. Dutton & Co., 1947. 255 PP.

If it is difficult to understand the current fuss about brief psychotherapy, one has only to consult the psychiatric novelists; they have everything under control. In a recent March of Time movie, a psychiatrist apologetically tells a patient that his treatment may last as long as a month. In this respect the novel under review is, to be sure, more conservative, since the patient is not cured until

ten months have elapsed; but the general impression of the brevity of psychoanalytic treatment, conveyed by such books and monotonously justified by poetic license, cannot be too fortunate in its effects upon the public.

At best, it is highly questionable whether case histories in the form of the novel can properly be designated as literature, however skilled the writer. There is such a painful creaking of machinery, there is so little demand upon the writer to make use of that subtle indirection which presents human experience in a genuinely creative fashion, that I cannot believe a really fine 'psychiatric novel' is possible. In this particular instance, the writing is not only lacking in skill, to put it charitably, but much of the psychoanalytic technique, as described, is simply amateurish. Thus, within the first few interviews, the patient is treated to an elaborate lecture on the oedipus complex and is literally overwhelmed by deep interpretations. Lectures on other matters are frequently delivered throughout the course of treatment. Penis envy is introduced to the patient when she is far on the periphery of the subject. There is little opportunity for her to give free associations, for the analyst interrupts incessantly with questions and remarks. Perhaps some of this may be justified by the demands of literary form, but this has become too tedious an excuse to warrant much consideration.

If this novel is not impressive as a psychoanalytic document, it is much less so as a piece of writing. It is difficult to convey the mawkishness of the style, the awkwardness of the dialogue, and the painful effect of the heavily contrived situations. The characters are not only utterly unconvincing, but trivial beyond words. And none of this burden on the reader is relieved by an anti-Fascist denouement delivered in a style which would not pass muster in a high school composition.

It will not be a disservice to psychoanalysis when the current vogue in psychiatric potboilers fades into oblivion.

NATHANIEL ROSS (NEW YORK)

# The Ego of Homosexuals. Gustav Bychowski. Int. J. Psa., XXVI, 1945, pp. 114–127.

H. W.

To cite this article: H. W. (1947) The Ego of Homosexuals. Gustav Bychowski. Int. J. Psa., XXVI, 1945, pp. 114–127., The Psychoanalytic Quarterly, 16:4, 579-594, DOI: [10.1080/21674086.1947.11925699](https://doi.org/10.1080/21674086.1947.11925699)

To link to this article: <https://doi.org/10.1080/21674086.1947.11925699>



Published online: 07 Dec 2017.



Submit your article to this journal [↗](#)



View related articles [↗](#)

## ABSTRACTS

**The Ego of Homosexuals.** Gustav Bychowski. *Int. J. Ps.*, XXVI, 1945, pp. 114-127.

This is a rather exhaustive study of the hindrances in ego development underlying overt homosexuality in males. Bychowski presents extensive clinical data from two patients, both homosexuals, whom he analyzed. He summarizes his findings in the first patient by saying that, 'the strong narcissistic (and prenatal) cathexis remained unruffled from the very onset of development. Love objects after introjection were practically never given up. No complete identification in either way (masculine or feminine) was ever achieved; for each interfered with the other.' His 'feminine and passive ego-feeling' brought about 'by way of compensation, an increase of the primitive megalomaniac ego-feeling (the primitive superego)' and 'vice versa, the primitive superego drives a wedge even further into the passive ego, emphasizing its weakness'. Both ego feelings found 'perpetuation . . . in homosexual relationships with individuals who had become the objects of projection'. In submitting to men as a woman in fallatio 'he was expecting to share their greatness and to become like one of them'. 'On the other hand he was . . . still being suckled by the phallic mother' from whom he was deriving strength and trying 'to establish the lost identity'.

In the second patient 'self-defense by the ego in the form of spite and opposition caused a double distortion in its development. First, it hindered the normal process of introjection of male love objects and ideals; second, it prevented the normal development of virility and, in particular, its acknowledgement as such and its integration into the whole personality.' Furthermore, 'masculine love objects become transformed into idealized representatives of both inadequate parental imagos. They were supposed to provide the strength which his mother was unable to offer and the warm tenderness which the patient missed in his father.' Here again, as in the first patient, 'the split between the ego and the early ego-ideal of superior masculinity was such that projection became an inevitable solution' and thus 'the deviation toward homosexuality was a result of a desperate search by the ego not only for his lost mother but also for his own expelled and projected virility'.

Finally, he says, 'The homosexual does not pursue union with a woman since in its deep reality his ego has never separated from her. For the same reason his ego has never acquired the feeling of virility. Like the future paranoid, his ego has acquired a deep split. It has split off its primitive stage—what we have called the primitive superego—which has never come to grasp reality. It has dealt with early frustrations by introjecting the maternal imago and trying to perpetuate possession through identification. It externally pursues the phantom of its own (and the father's) masculinity, while carrying within it the maternal imago. In reality it is bound to protect its deep narcissism.'

The paper is replete with discussions of these points and many other aspects of the personality of the male homosexual.

H. W.

**An Unwelcome Child and Her Death Instinct.** Hannah Ries. *Int. J. Ps.*, XXVI, 1945, pp. 153-161.

This is an extremely interesting report on an analysis of an adolescent girl with a 'borderline' illness. Born with a congenital dislocation of both hips, she underwent in addition almost every possible emotional trauma of childhood from constant cruel treatment at the hands of a jealous, rejecting, psychotic mother, through repeated open observation of her parents' coitus embellished with many variations such as fallatio and cunnilingus, to an operation on her hip in the middle of which she came out of the anaesthetic (or fantasied that she did so) and was terrified by the instruments and blood. When she came for treatment her desire for a sexual relation with her father, a baby from him, his penis, the death of her mother and her younger sister were all vividly conscious. Ries's account of the ensuing analysis with its tortuous and sometimes psychotic, transference phenomena is well worth reading.

H. W.

**On the View that Repressed Fear of Severance of the Genitalia Is Solely Caused by External Reality and Is Not Inherited.** E. Pickworth Farrow. *Int. J. Ps.*, XXVI, 1945, pp. 161-168.

'The writer's self-analysis which has now been continued for approximately three thousand hours, spread over a period of twenty-three years (Farrow, 1925 and 1942), indicates very strongly indeed that the fundamental natural reaction of the small boy, in early childhood, towards the genitalia is one of great pride in the possession of them. He thinks (apparently instinctively) that they are a very important part of his body and that it is quite impossible that they should be cut off.

'This feeling was so very strong in the writer's case that he feels quite sure that the genital severance complex in the male is always acquired by threats from external reality.'

With this as his thesis, Farrow goes on to say that such external threats must in fact be extremely severe before they can take effect. (He substitutes the term 'genital severance' for 'castration' because it corresponds more closely with the actual threat and its real meaning is better understood.) Fears of genital severance based solely on weaning traumata are, Farrow believes, extremely rare and are only 'genital severance fantasies' which are not nearly as intense nor as harmful to the personality as are the actual genital severance fears.

The author then quotes a letter written to him by Freud in which Freud expresses the opinion that 'castration fear is inherited as well as individually acquired' and that 'the intensity and pathogenic importance of the fear is based on the phylogenetic origin'. The remainder of Farrow's paper is devoted to a disproof of these views (and others in the letter of like nature) along with similar concepts expressed by Fenichel. He sums up by saying, '. . . it is utterly erroneous that genital severance fear is inherited in any way. What is inherited is quite the opposite—namely, a tendency towards a primitive feeling

of omnipotence tending to cause a natural pride in the genitalia', i.e., one that admits of no possibility or reason for loss.

H. W.

**A Short Contribution to the Problem of Simulation of Insanity.** Sidney Tarachow. *Int. J. Ps.*, XXVI, 1945, pp. 168-169.

Two patients observed by Tarachow exhibited bizarre and frightening behavior which they thought of as 'insane' in order to (1) express aggression toward a feared person without fear of retaliation, and (2) elicit amusement and pity which was to them synonymous with being liked.

H. W.

**The Anatomy of a Psychosis.** Iago Galdston. *Psa. Rev.*, XXXIII, 1946, pp. 71-83.

The term 'anatomy' is used to signify a critical examination of any subject or thing, physical or metaphysical. Galdston presents the history of a paranoid schizophrenic with early rejection of affect experiences, overinvestment in the intellectual faculties and ultimate delusions. This individual was given 'large doses of explanation and interpretation, and his experiences were discussed on a purely intellectual plane and quite abstractly'.

Galdston believes that psychiatry has suffered from an 'all too exclusive devotion to the study of the whole man'. He advocates a fractional study which enables him to regard the psychopathies as if they were 'the resultant of some foreign body, toxic or otherwise'. This is only one of several unproductive parallels which he draws between psychodynamics and pathological anatomical data.

CAREL VAN DER HEIDE

**The Effect of Disappointment on Ego and Superego Formation in Normal and Depressive Development.** Edith Jacobson. *Psa. Rev.*, XXXIII, 1946, pp. 129-147.

This paper is based on the psychoanalysis of a young woman whose depressive episodes were the subject of a previous study (*This QUARTERLY*, XII, 1943, pp. 541-561). After comparing the normal, constructive effect of the castration shock in boys and girls, it is shown that in the depressive individual superego formation sets in earlier and proceeds on a more narcissistic level. Severe disappointment in the parents results in a shrinking of the ego through the deflation of the parental image. This primary depression is characterized by a collapse of object relationships and a simultaneous introjection by the superego of both the inflated parental images. Thus the depressive superego becomes rigid and exacting. However, it is also highly perishable, deteriorates during depressive phases by loss of its mature and constructive functions, and then becomes an instrument of infantile sadistic self-punishment.

CAREL VAN DER HEIDE

**The Danger Neurotics Dread Most: Loss of the 'Basic Fallacy'.** Edmund Bergler. *Psa. Rev.*, XXXIII, 1946, pp. 148-153.

Whenever a neurotic no longer assumes that his neurosis is *directly* the result of environmental childhood factors, such as the failures and abnormalities of his parents, a turning point in the analysis has been reached. Bergler, presenting brief clinical examples, points out that this collapse of the basic fallacy results either from learning in the transference or from extra-analytical incidents. The discovery of the pathogenic elaboration of the specific childhood data is usually accompanied by transient depression and a temporary increase of symptoms.

CAREL VAN DER HEIDE

**The Enigma of Clemenceau.** Pierre Lacombe. *Psa. Rev.*, XXXIII, 1946, pp. 165-176.

The elder Clemenceau, a Jacobin, philanthropic physician and anticlerical rebel was 'never seen [by his son] except in one state: anger'. Until Georges Clemenceau had attained the age of fifty-six, his attitude and behavior were dominated by both opposition and paternal identification. This accounts for the many contradictions during his rich and stormy life. When called to the prime ministry in 1906, Clemenceau, hitherto the wrecker of governments, finally was ready. A few years before, following the death of his father, he had sublimated his oedipal conflict in the writing of a novel, *The Strongest*. Thus France's 'Father of Victory' could succeed in a total identification with the omnipotent father and so passionately avenge the mother country as once his father, in his revolt against the empire, had ordered him to do.

CAREL VAN DER HEIDE

**First Contribution to the Psychoanalysis and Aesthetics of Motion Pictures.** Angelo Montani and Giulio Pietranera. *Psa. Rev.*, XXXIII, 1946, pp. 177-196.

This is a lengthy and rather abstract discussion of the relation between cinematographic art and the unconscious. In motion pictures, as in the dream, prelogical methods are followed; in both regressive phenomena are abundant. At the end is an unsuccessful attempt to define 'pure cinema'.

CAREL VAN DER HEIDE

**The Fear of Post-Orgastic Emptiness.** Tibor Agoston. *Psa. Rev.*, XXXIII, 1946, pp. 197-214.

As nature abhors a vacuum, so the human being has a dread of his physical emptiness. In certain neurotics this horror *vacui* occurs, or is expected to occur, following orgasm. Agoston describes this fear, in many examples of abnormal sexual activity, as if it were specifically different from what is generally known as castration fear and its derivatives. Consequently, Agoston—'for the purpose of facilitating free association'—administers benzedrine sulfate to some patients prior to the analytic hour, because he has notice that the drug brings about a feeling of fullness and a corresponding 'sense of security'.

CAREL VAN DER HEIDE



**Dream Analysis of a Constitutional Psychopath; Towards the Problem of Differential Dream Analysis.** Ben Karpman. *Psa. Rev.*, XXXIII, 1946, pp. 84-101 and 215-236.

Twenty-two months of 'analytic care' of a constitutional psychopath with drug addiction, made possible the study of one hundred and fifty-three dreams. The outstanding characteristics of these were: shallowness, immediate motor response to dream contents, paucity of symbolism, contradiction regarding sexual life and the absence of guilt feelings as well as of affection. Karpman considers these features of the dream life of differential diagnostic value, rendering it pathognomonically different from that of the normal, the neurotic and the psychotic.

CAREL VAN DER HEIDE

**A Method of Resolving Acute Catatonic Excitement.** John N. Rosen. *Psychiatric Quarterly*, XX, 1946, pp. 183-198.

In severe catatonic excitement there is great danger to life which calls for swift intervention. One must therefore take certain liberties which psycho-analytic technique ordinarily forbids. The psychotic productions tell of figures which the patient mortally fears. Rosen tried to personify the terrifying images and convert them into protective ones by deliberately assuming the identity, or identities of the threatening figures and assuring the patient that, far from threatening him, they would love and protect him. This means the rapid establishment of a strong positive transference which becomes the bridge to reality. Three cases treated in this way are described.

BERNHARD BERLINER

**Carl Gustav Jung—Defender of Freud and the Jews. A Chapter of European Psychiatric History Under the Nazi Yoke.** Ernest Harms. *Psychiatric Quarterly*, XX, 1946, pp. 199-230.

Harms presents some material in defense of C. G. Jung against the widely published accusation that he was a Nazi and anti-Semite. Those who are interested in learning both sides of the controversy should read this article.

BERNHARD BERLINER

**Psychopathology of Compulsive Smoking.** Edmund Bergler. *Psychiatric Quarterly*, XX, 1946, pp. 297-321.

Bergler describes five cases of excessive and compulsive smoking, representing a specific type of psychic masochists who unconsciously sought refusal and acted out aggression through self-damage. To counteract the reproach stemming from their conscience—which objected to the wish to be refused—they 'proved' that they wanted the opposite—to get. The outward sign was getting a cigarette, an oral pacifier, reminding the individual of his first reassurance in life. When such a person is forced by medical necessity to restrict or give up smoking he acts like a child that is refused oral gratification; he feels unjustly treated and reacts with pseudo aggression. The psychologic superstructure does

not conflict with the pharmacodynamics of tobacco. Only the combination of both explains the addiction.

BERNHARD BERLINER

**Obesity and Neurosis.** Henry B. Richardson. *Psychiatric Quarterly*, XX, 1946, pp. 400-424.

Richardson describes a woman of forty-seven who grew up in an atmosphere of severe material deprivation in which affection was also withheld. She consequently remained orally fixated. Eating relieved her anxiety and took the place of affection which in all its aspects was confused with the reception of food. She was unable to make an identification with either parent which could lead to an affectionate relationship with either sex. Taboo, ignorance and fear of sex promoted the oral regression. Her obesity served her masochistic self-depreciation and acted as a barrier against men and marriage. In this patient the ingestion of food also had the unconscious meaning of impregnation and the abdominal fat that of a child in the womb.

BERNHARD BERLINER

**Electroencephalographic Study of Criminals.** Frederic A. Gibbs, B. K. Bagchi and Wilfred Bloomberg. *Amer. J. of Psychiatry*, CII, 1946, pp. 294-298.

On the basis of a review of the literature and their own studies, the authors conclude that there is no evidence of a significant correlation between the EEG and criminal behavior.

MARK KANZER

**The Correlation of Pre-Electroshock Electroencephalogram and Therapeutic Result in Schizophrenia.** William J. Turner, Louis Lowinger and James H. Huddleson. *Amer. J. of Psychiatry*, CII, 1946, pp. 299-300.

Studies suggest that the prognosis for improvement after shock therapy is better in cases with a normal EEG than in those showing abnormalities before treatment is begun.

MARK KANZER

**An Electroencephalographic Study of Cases with Syncope and Related Disorders.** Sidney Levin, Jerome Katz and Milton Greenblatt. *Amer. J. of Psychiatry*, CII, 1946, pp. 301-304.

EEG studies in cases with 'fainting spells' and 'dizzy spells' but without other evidence of epilepsy, show essentially normal findings. In a small group of cases which showed 'fainting spells accompanied by rigidity', there were EEG changes of doubtful significance.

MARK KANZER

**Some Reactions Seen After Electric Shock Treatment.** John Frosch, David Impastato, Lilly Ottenheimer and S. Bernard Wortis. *Amer. J. of Psychiatry*, CII, 1946, pp. 311-315.

Four cases are presented in which psychotic reactions appeared a few days after shock treatment was terminated. These reactions are regarded by the authors as different in nature from the original psychosis and from post-treatment confusion states. The suggestion is made that they are largely dependent upon the personality structure of the patient. These episodes subside spontaneously along with an evanescence of the original clinical complaints. The appearance of these secondary psychoses should not lead to the resumption of shock treatment.

MARK KANZER

**Organic and Hysterical Anesthesia.** Fredrick C. Redlich. *Amer. J. of Psychiatry*, CII, 1946, pp. 318-324.

A method of utilizing the galvanic skin response in association with electroencephalography is described. This procedure permits a differential diagnosis between organic and functional anesthetics and further reveals that the sympathetic responses in malingering and in hysterical reactions are identical.

MARK KANZER

**Ageing and Detoxication.** Karl Stern, Ewart G. Hinds and Brigitte A. Askonas. *Amer. J. of Psychiatry*, CII, 1946, pp. 325-329.

Studies of the capacity for detoxifying hippuric acid showed a significant tendency to abnormality in cases of involutional and senile psychoses, suggesting a toxic factor in those conditions. The need for confirmatory studies is pointed out by the authors.

MARK KANZER

**Psychoanalysis and the Unconscious.** Knight Dunlap. *Amer. J. of Psychiatry*, CII, 1946, pp. 330-336.

This article represents a condensation of the final chapter of Dunlap's book, *Personal Adjustment, Maladjustment and Readjustment*. The discovery is imparted that there is nothing in Freud's system which had not appeared in superstitions which were common several centuries before the beginning of the Christian era. Dunlap's conceptions can be illustrated by his description of the unconscious as he believes Freud outlined it: 'Desires and ideas are conceived as entities, which can be filed away, like letters in a filing case, and brought out later for examination'. 'Repressed desires', it appears, are merely a superstition on a par with devil worship in the Middle Ages—hence the assertion that the Freudian theory is merely a repetition of ancient superstitions. To quote the author, 'The concepts of the "unconscious", of the libido and of the devilish "complexes" are concepts of supernatural forces, and belief in these concepts is superstition'. Dunlap sees psychoanalysis as medieval witchcraft dressed in modern clothes. Modern witch hunters are evidently not lacking.

MARK KANZER

**Some Relationships Between Excitement, Depression and Anxiety.** D. Ewen Cameron. *Amer. J. of Psychiatry*, CII, 1946, pp. 385-394.

Cameron discusses manic excitement, depressions and anxiety states in terms of the degree of facilitation and inhibition which is present. He believes that a spectroscopy of such reactions would be more meaningful than the more conventional nosological entities and would offer new vistas of therapy. Both etiology and treatment of such conditions seem to be conceived of in purely physiological terms.

MARK KANZER

**Incidence of Neuropsychiatric Disorders in the United States Army in World War II.** John W. Appel. *Amer. J. of Psychiatry*, CII, 1946, pp. 433-436.

Figures on neuropsychiatric rejections, hospital admissions and separations from the army are given with the warning that administrative factors must be taken into account before conclusions as to their significance can be drawn. Some thirty-seven percent of all rejectees and forty-one percent of all medical discharges were made on the basis of neuropsychiatric diagnoses, while an additional one hundred and thirty-seven thousand men were discharged because of mental deficiency and psychopathic personality. The daily average official incapacitation of army personnel for neuropsychiatric disorders was six tenths percent of the total forces. This data does not include outpatient cases.

MARK KANZER

**Review of Neuropsychiatric Cases in the Southwest Pacific Area.** David Rothschild. *Amer. J. of Psychiatry*, CII, 1946, pp. 454-459.

On the basis of his experiences in the southwest Pacific area, Rothschild gains the impression that psychoses and malingering of mental disease played a larger rôle there than in the Tunisian campaign as described by Grinker and Spiegel. He stresses the greater mental strain in the Pacific area, but it might also be added that the diagnosis of 'psychosis' often presented the only possibility for evacuating a soldier from a post in the Pacific.

MARK KANZER

**Determinism, 'Freedom', and Psychotherapy.** Robert P. Knight. *Psychiatry*, IX, 1946, pp. 251-262.

Robert Knight undertakes a reconciliation of the age-old dichotomy of 'determinism' versus 'free-will' and an elucidation of the manner in which psychotherapy fits into a determinist scheme of psychology. Throughout the history of human thought, the conflict between the philosophy of determinism and that of free-will has been waged under different guises and forms; but even the most rigorous determinists have been reluctant to picture man as a helpless automaton controlled by internal and external forces utterly beyond his control. This antithesis has its roots deep in prelogical thinking. Both primitive man and the human infant of today, people the world around them with all-powerful spirits and yet cling to a belief in their own omnipotence. To Knight the philosophical dilemma is largely a semantic confusion. The

alternative of determinism is not free-will but 'indeterminism'. No modern scientist or philosopher seriously questions the principle of determinism in the physical world; indeterminism represents pure chance and unpredictability and is synonymous with chaos. Psychology also must base itself on the construct of determinism. Free-will does not conflict with determinism because it is not on the same conceptual level with it. Free-will is a subjective experience, resulting from 'the harmonious interrelationship between the various parts of the self and with the environment'. Like every other psychological datum, this subjective experience of freedom is the resultant of a variety of factors—heredity, experience, culture, etc.—and is thus itself causally determined. From an alternative to determinism, free-will is thus reduced to a variety of subjective experience.

Psychotherapy takes its stand on rigorous determinism and, rather than finding it a hindrance, bases its effectiveness on becoming a new determining influence in the patient's life. Psychotherapy has three main aims, referable to the dynamic psychic structure: to strengthen and extend the ego at the expense of the id, to render the superego incorruptible, and to increase the instinctual energy available to the ego for constructive use by abolishing symptoms and inhibitions. Psychotherapy thus aims to achieve a sense of inner freedom through the development of a harmonious and integrated personality which is capable of willingly choosing a course of action according to inner standards gladly obeyed.

S. GABE

**Psychotherapy of an Adolescent Catatonic Schizophrenia with Mutism. A Study in Empathy and Establishing Contact.** Robert P. Knight. *Psychiatry*, IX, 1946, pp. 323-339.

This is a case report of an acute catatonic schizophrenic episode treated successfully by psychotherapy. The treatment resulted in clinical recovery with insight into the emotional conflicts that precipitated the illness. Knight describes in detail his technique for breaking through the catatonic shell and establishing an effective transference relationship. The factors of empathy, optimism and active firmness, in addition to the usual armamentarium of the psychoanalyst, are stressed as essential to success in treating catatonic patients.

S. GABE

**Observations on the Defense Against a Transference Neurosis.** Joan Fleming. *Psychiatry*, IX, 1946, pp. 365-374.

Fleming describes the manner of handling the transference in a patient whose ego could not tolerate a full-fledged transference neurosis. The patient was raised by a psychotic mother whose behavior was so erratic and frustrating that the patient sought refuge in fantasies of omnipotence and retaliation. Those defenses produced a severe character neurosis by interfering with a proper appreciation of reality and the establishment of satisfactory interpersonal relationships.

Had this patient permitted herself to develop a transference neurosis along classical lines she would have been drawn into a situation in the analysis

similar to that with her psychotic mother which might have driven her into a psychotic break with reality. Therefore, in the initial phase of the analysis, the patient was helped to differentiate the analyst from the mother and thus re-experience repressed affects in tolerable quantities. Later, the patient was helped to face her hostility to the analyst generated by the struggle to give up her neurotic defenses. Only then was a transference neurosis along classical lines allowed to develop and its resolution undertaken.

S. GABE

**Some Observations on Character Structure in the Orient. II. The Chinese, Part Two.**

Weston La Barre. *Psychiatry*, IX, 1946, pp. 375-395.

In the concluding half of his anthropological study, Weston La Barre leans heavily on the psychoanalytic approach. The basic character traits of the Chinese—optimism, realism, nonaggressiveness and a generous capacity to enjoy life—are traced by him to the 'untroubled smoothness' with which children in China are reared. Undeterred oral gratification, minimal frustration in sphincter-control and cleanliness training, and a wholesome affirmation of genitality produce a sturdy, well-poised ego and a non-tyrannical superego. Chinese cultural institutions reflect those traits. Religion is humanist in spirit, law is not governed by abstract conceptions of justice, the political order is modeled after the family, and art and scholarship are devoted to the embellishment of life. Science and industrialism, with their obsession with abstract laws and mechanical precision, are foreign to the Chinese spirit. La Barre concludes with a plea for the preservation of 'the essential sweetness and sanity of the Chinese, and the grace and dignity of their way of life,' which could contribute an essential ingredient to the coming single world civilization.

S. GABE

**The Sense of Well-Being and Its Relation to Clinical Improvement.** O. Spurgeon

English. *Bulletin of the Menninger Clinic*, X, 1946, pp. 137-144.

English attempts to analyze the source of the sense of well-being. He believes that in some patients this is achieved by some gratifying libidinal attachment, and that patients who cannot form this attachment never do feel well despite many years of psychoanalytic treatment.

He then goes on to discuss Freud's comment that we shall be able to shorten analytic treatment only when we can give a greater measure of help to the ego. At one time Ferenczi, and later on some of his so-called followers, attempted this by encouraging countertransference reactions in the analytic situation. Although Freud found Ferenczi's experiments along these lines to be in vain, English quotes DeForest who believes that this type of transference manipulation is worthwhile. For further support English refers to Ribble's studies on the needs of the infant for sensuous, oral relations with the mother. He claims that since the satisfaction of such needs creates a feeling of well-being in the infant, it would, if created in patients, increase the facility of the ego in its synthetic functions. A similar effect is produced by the chemical action of barbiturates on the hypothalamus and the thalamus.

English then refers to the work of Grinker and Spiegel in their treatment of war neuroses. Here he finds that one phase of their therapy consisted in the use of sodium pentothal which helped diminish the pressure on a depleted ego, while the next consisted in the therapist's tender and attentive interest in the patient.

Finally, the author discusses the need of manipulating transference and countertransference phenomena in order to give patients satisfactions, i.e., promote their sense of well-being, which would then help their ego restore its synthetic function. He states that the psychoanalytic movement seems to be progressing in this direction. Although English mentions the fact that some analysts are afraid of their patients' emotional reactions and also that the public might misunderstand the analyst's function in more active countertransference behavior, he fails to mention the many serious disadvantages to the patient when the analyst gratifies his transference wishes.

RALPH R. GREENSON

**Psychotherapy of a Phobia in a Pilot.** Milton L. Miller. *Bulletin of the Menninger Clinic*, X, 1946, pp. 145-153.

Miller describes a phobia in a combat pilot which was cured with brief, psychoanalytically oriented psychotherapy. The patient had been healthy prior to military service but became ill when exposed to a trauma which remobilized the affect of a similar experience in his past life. Following intravenous sodium pentothal, the handling of the transference situation played a decisive rôle in working through the traumatic material. Diminution of guilt feelings fostered by a benevolent father attitude and active encouragement helped this patient get well.

RALPH R. GREENSON

**Amnesia with Spontaneous Recovery: A Case Report.** K. R. Eissler and Jacob Siegel. *Bulletin of the Menninger Clinic*, X, 1946, pp. 154-159.

Eissler and Siegel discuss a seventeen-and-one-half-year-old soldier who developed complete amnesia for remote and recent events; he had no idea who he was or where he was. He recovered completely after two and one half days of simple reassurance. It was found out that he had received a letter of rejection from a girl friend a few days before the onset of the amnesia, while in the hospital with an upper respiratory infection. The rejection made him yearn for his mother who was overindulgent towards him whenever he was ill.

Total amnesia may be compared to the behavior of some animals who feign death when exposed to overwhelming danger. It may also be a defense against the breaking through of aggressive and destructive impulses.

RALPH R. GREENSON

**Some Problems in Narcolepsy: With a Case Report.** Nathan Roth. *The Bulletin of the Menninger Clinic*, X, 1946, pp. 160-170.

Roth reviews the literature on the etiology of narcolepsy. Some authors think it an organic disease, others a neurotic reaction, and still others a combination

of both. Unfortunately Roth does not quote any detailed psychoanalytic studies on this problem. In the case report he describes the results of psychological testing, physical examination, blood count, x-rays, and electroencephalogram. The EEG revealed paroxysmal discharges of the grand mal and petit mal type. The physical findings were otherwise negative. The patient's history revealed that she had many emotional conflicts. Roth then concludes that in this patient the narcolepsy may be attributed to the emotional conflicts. It would have been interesting to see what details psychoanalytic investigation would have revealed in this patient's psychological structure.

RALPH R. GREENSON

**The War Blinded.** By E. Wittkower and R. C. Davenport. *Psychosomatic Med.*, VIII, 1946, pp. 121-137.

This is a survey of the social, economic, occupational and emotional facts concerning the war blinded. The emotional reaction to blindness in the majority of men examined was 'normal' and only a comparatively small percentage displayed grossly 'abnormal' reactions. From the wealth of observations a few may be mentioned for the analyst. Many blinded men frequently 'forget' they are blind; others have eyeache after Braille reading. In their dreams, they continue to see; they have a marked fear of darkness and air raid. Depression, resentment, defiance, cheerfulness, resignation and indifference are the main reaction formations.

MARTIN GROTJAHN

**Emotional Factors in the Course of Pregnancy.** Raymond Squier and Flanders Dunbar. *Psychosomatic Med.*, VIII, 1946, pp. 161-175.

Two case histories are given of women with 'patterns of abortion', premature deliveries, or still births. Whatever may be the internal or external agents predisposing to abortion, it appears from these histories that some persons develop an abortion habit just as others develop an accident habit, and that this habit may be interrupted by well-directed psychosomatic treatment. The practical aspect and some theoretical possibilities of coöperation between obstetrician, pediatrician, and 'psychosomatic consultant' are discussed. It seems that such coöperation offers a virginal field for research and practice.

MARTIN GROTJAHN

**Countertransference in the Technique of Medical Practice.** Bertram D. Lewin. *Psychosomatic Med.*, VIII, 1946, pp. 195-199.

The medical patient has a relation to his medical man which resembles a psychoanalytic transference. He comes to the doctor with an attitude that has a history. Medical men now are becoming aware of the rôle of transference in diagnosis and therapy. Lewin points out that careful consideration should be given to the phenomenon of countertransference. A wealth of carefully recorded observations is given illustrating the important influence of countertransference in medical practice. Special emphasis is placed on the development of the physician's attitude towards his patient whose prototype is the physician's



anatomy cadaver. With this starting point as the underlying concept in his attitude towards patients, the development of the recognition of the human being in his patient is fraught with conflict. The medical man's countertransference problem is in principle not different from the psychoanalyst's. In his sublimated countertransference, he identifies himself with his patients, or dissociates himself from them, in accord with the demands of rational diagnostic and therapeutic aims. Without special instruction, it must be admitted, the healthy physician comes to terms somehow with his main countertransference problems. But as he becomes increasingly aware of the nature of transference he will become more aware of its counterpart as reflected in himself. The best bedside manner is not a good substitute for such awareness. Conscious insight is ultimately the best and most efficient means of solving a psychological problem.

MARTIN GROTJAHN

**Childhood Schizophrenia.** Lauretta Bender. *Amer. J. of Orthopsychiatry*, XVII, 1947, pp. 40-56.

Lauretta Bender describes further her conception of childhood schizophrenia as a clinical entity which 'reveals pathology in behavior at every level and in every area of integration or patterning within the function of the central nervous system, be it vegetative, motor, perceptual, intellectual, emotional, or social'. The patterning of every functioning field is disturbed in a characteristic way with mixed tendencies to expansions and contractions, accelerations and regressions which follow configurational tendencies that are specific for schizophrenia. These disturbances are described in detail and include postural reflexes, art work, and tendencies in thought, speech and behavior, much of which has been delineated in previous papers by Bender and her co-workers.

MARK KANZER

**Activity and Aggression in Children.** Edith Buxbaum. *Amer. J. of Orthopsychiatry*, XVII, 1947, pp. 161-166.

Buxbaum discusses aggression arising from restraint during the 'practicing' stage of children's activities. The underlying relationship to the person in charge is of paramount importance in evoking the symptoms. The children become fixed in the stage at which the disturbance has occurred and neuroses tend to develop about these fixation points. When the disturbed activity is restored, the particular form of aggression diminishes or disappears.

MARK KANZER

**Problems in Clinical Research.** Round Table, 1946. *Amer. J. of Orthopsychiatry*, XVII, 1947, pp. 196-230.

Kubie finds that psychoanalytic psychiatry suffers from an inadequacy of records which make it difficult to study and evaluate the precise course of procedure. Disputes as to theory and practice are consequently difficult to resolve. The solution is seen in research institutes where technical problems can be studied

without therapeutic obligations and under conditions of scientific methodology.

Henry Murray declares that psychiatric interviews are not capable of revealing all aspects of a personality and recommends a greater use of psychological tests, especially 'organismic methods' whose study function on the same integrative level as in everyday life. The prediction value and statistical analysis of interpretations offer a fruitful field for research.

Ernst Kris points out that the hypotheses of psychoanalysis are ambiguous in many areas and require systematic verification. Kurt Goldstein does not believe that separation between research and treatment is possible, while Margaret Mead suggests that this problem be solved by having the research worker stand outside the therapeutic situation so that he can observe and analyze the activities both of the therapist and of the patient.

MARK KANZER

**Age Patterning in Personality Development.** Margaret Mead, *Amer. J. Orthopsychiatry*, XVII, 1947, pp. 231-240.

Mead points out that the current tendency in child psychology has been to explore the child's innate maturation pattern and to evaluate cultures according to the extent to which they are an implementation of these patterns. Her observations in different cultures, particularly with respect to differences in treatment accorded successive children in families, suggests that cultural norms should not be fitted too closely to maturation but that the cultures themselves may be planned so as to develop desirable types of personality.

MARK KANZER

**Differential Dynamics of Activity and Interview Group Therapy.** S. R. Slavson. *Amer. J. Orthopsychiatry*, XVII, 1947, pp. 293-302.

Slavson distinguishes between 'activity group therapy' and 'interview group therapy'. In the former, the group engages in common activities such as work in arts and crafts. These activities 'are the sole tool of treatment'. Successful achievement and acceptance within the group change the patient's attitude toward himself and strengthen his ego. Activity group therapy is 'predominantly ego therapy' in contrast to interview group treatment which 'deals more with the patient's libidinal fixations and difficulties'. The interview group is united not by activities but by discussion of problems. Interpretations are made both by the therapist and by the members of the group.

In both groups, the basic transference must be positive or the individual soon leaves the group. In the interview groups, there is more opportunity for expression and discussion of negative feelings but admittedly the treatment can not reach very deep levels of the unconscious. The therapist allies himself with the instinctive drives against the superego while the reactions and comments of the group supply an important reality-testing element and provide a pattern for group identifications. Slavson repeatedly points out the limitations and dangers of group therapy and makes it apparent that careful selection of patients and judicious group leadership are indispensable for success.

MARK KANZER

**Cerebral Blast Syndrome in Combat Soldiers.** Howard D. Fabing. Arch. of Neurology and Psychiatry, LVII, 1947, pp. 14-57.

This is a report of first hand observations on soldiers during intensive and severe combat. Fabing finds that blast injuries produce a retrograde amnesia for the sound of the explosion and an anterograde unconsciousness of variable length. The unconsciousness is seldom characterized by coma but is marked by dissociated, aimless behavior. Upon the return of consciousness there is tinnitus, headache, and diffuse anxiety symptoms. Organic neurological findings are negative. When the amnesia is overcome there is usually a dramatic relief of all symptoms. Hypnosis and intravenous pentothal were used very efficaciously. Fabing presents an abundance of case histories and a very clear description of the techniques employed.

RALPH R. GREENSON

**Objective Method for Distinguishing Sleep From the Hypnotic Trance.** John B. Dynes. Arch. of Neurology and Psychiatry, LVII, 1947, pp. 84-93.

Dynes compares the electroencephalographic tracings in the normal waking state, the hypnotic trance and in normal sleep. The electroencephalographic tracings in the hypnotic trance show no resemblance to those in a sleeping person and are identical with those of the normal waking state.

RALPH R. GREENSON

**Abreaction in the Military Setting.** Harold Rosen and Henry J. Mayers. Arch. of Neurology and Psychiatry, LVII, 1947, pp. 161-172.

Rosen and Mayers discuss some of the more recent literature dealing with abreaction and present successful and unsuccessful cases illustrating the various types of abreactive reactions. They believe that hypnosis is the method of choice over the barbiturates, ether, etc. They feel that abreactive therapy is an important initial step in the treatment, but must be used in conjunction with deeper psychotherapy. Finally, they suggest that it may be utilized for the differential diagnosis of the psychoses from the neuroses.

RALPH R. GREENSON

**Incidence of Combat Fatigue.** Philip Solomon. Arch. of Neurology and Psychiatry, LVII, 1947, pp. 332-341.

On the basis of his experience as Division Psychiatrist with the Marines during and after the Okinawa campaign, Solomon presents data related to combat fatigue. The combat fatigue patient was less mature or less stable and was exposed to greater stress. Moral factors in the various regiments corresponded to the incidence of the syndrome. Specific factors in the warfare which impinged upon prewar emotional conflicts facilitated the development of this illness.

RALPH R. GREENSON

**Principles of Psychotherapy in Latent Schizophrenia.** Paul Federn. *Amer. J. of Psychotherapy*, I, 1947, pp. 129-144.

Federn outlines a systematic therapy of schizophrenia, basing it on his theoretical concept of the disease, i.e., in the main a loss of cathexis of the ego boundaries. The therapeutic aim is to restore the lost cathexes to the psychotic ego. This loss of cathexis remains only partial for long periods, and is also reversible. Hence, with the aid of those parts of the ego that still function with sharp distinction between thought and reality, the deficient parts of the ego may be repaired. Federn epitomizes the therapy in a motto: 'What has become the ego's territory should be returned to the id'. To that end, the patient should be assisted in re-repressing unconscious material and his attention should be directed to the special conflicts in his current life situation which precipitated the psychotic break. Resurgence of repressed infantile ego states should be guarded against and the patient should be encouraged to adhere to the normal adult ego state for increasingly longer periods. The main levers at the disposal of the therapist are object libido transference and identification. Transference counteracts narcissistic withdrawal by increasing object interest; transference improvements occur with psychotics as with neurotics. Unlike the customary procedure with neurotics, however, 'with psychotics one must preserve the positive transference and avoid provoking a negative one'. The therapist can also strengthen the healthy part of the patient's ego through identification, with resultant increase in self-reliance and in striving for normalcy. However, because there is danger that the patient may imitate the therapist too much, identification should be resolved early. Once a good relationship between therapist and patient is established, a cautious attempt may be undertaken to rectify the falsifications of reality, not by criticizing the patient's productions but by merely juxtaposing the correct view of reality.

In latent schizophrenia one's aim is to prevent a frank psychotic break. The patient's ego resorts to a variety of defenses—normal, neurotic, psychopathic—to maintain its integrity, and 'the good therapist respects and supports these defenses'. Therefore, correct early diagnosis is important. 'No latent schizophrenic should be "cured" of his neurosis, and he definitely should not be treated by the standard form of psychoanalysis.' The treatment of latent schizophrenia should follow the principles of mental hygiene and take the form of specific advice and guidance, especially in the sexual sphere. An effort should also be made to improve the mental climate of the patient's family. The treatment of latent schizophrenia lasts indefinitely, for the patient is probably never altogether out of danger.

In addition, Federn touches on—and illumines—various other facets of the problem of schizophrenia such as the factors that tend to precipitate a schizophrenic break, the variety of defenses the ego erects against the psychotic process, suggestions on how to detect latent schizophrenia, and the reasons for eschewing the standard psychoanalytic method when dealing with latent or frank schizophrenia.

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

## Note

**DR. Paul Federn**

**To cite this article:** DR. Paul Federn (1947) Note, *The Psychoanalytic Quarterly*, 16:4, 595-600, DOI: 10.1080/21674086.1947.11925700

To link to this article: <https://doi.org/10.1080/21674086.1947.11925700>



Published online: 07 Dec 2017.



Submit your article to this journal 



[View related articles](#) 

## NOTES

The frontispiece of this issue is the photograph of a statue of Freud by the Yugoslav sculptor, Olem Nemon. The statue was presented to the NEW YORK PSYCHOANALYTIC SOCIETY AND INSTITUTE, November 12th, 1947, by an anonymous donor who feels that he owes a deep debt of gratitude to the United States and to Freud. Dr. Sandor Lorand presided as chairman of the presentation. Addresses were made by Dr. A. A. Brill—Freud in America—and by Dr. Paul Federn—Freud Amongst Us, His Followers. The statue was unveiled by Dr. Brill in the presence of the sculptor. The story of Freud's statue is related by Dr. Federn as follows:

'Freud did not like to sit as model; with reluctance he yielded to friends and relatives who intensely wished a portrait of him. The excuse for his reluctance was that his photographs were excellent while painting or sculpting took so much time and the outcome was problematic. Twice I introduced to him young painters who showed originality and skill, but while working they became embarrassed and were not able to render the personality. Therefore it was with the hesitance of a diplomat that I once more approached Freud before his seventy-fifth birthday with the very young but already renowned sculptor, Mr. Olem Nemon. After introducing the artist to Freud in the garden of his summer home in Poetzleinsdorf, a suburb of Vienna, he was left alone to show the Professor a collection of photographs of his works. Freud immediately became interested in what Nemon had to say, and liked the originality of his work as well as the man himself. The work started the next day. Nemon left Vienna with his sketches and returned to Brussels. After six months he had finished three busts, one carved in wood, one cut in stone, and one cast in bronze. The members of the Viennese Psychoanalytic Society, also friends and relatives, were invited to see the busts and to vote which one should be chosen. The result was a draw. It was decided to leave the choice to the family and to Freud himself. The letter in which he accepted the gift gave us the gratification that this time the work was well done.

1st of November 1931

"Dear Doctor:

A few days ago you appeared in my home with three busts asking me to choose one among them to keep as a gift from the Viennese Society.

The choice was not an easy one. Although the busts were made by the same hand and represent the same person, the artist gave each of them an individual charm and distinction not shown by the others and not easily relinquished. Finally, since however, I cannot have three heads like Cerberus I decided in favor of the one made in wood. With its vivacious and friendly expression it promises to become a pleasant roommate.

To you who found the artist and upheld him, as well as to the Society which presents me with this, my double, I must express my hearty thanks. For such a gift is symptomatic of spirits which one values the more the less frequently they were met with in one's life, and still such sentiment belongs to the best things which one can give to another.

Regretfully, however, I call to mind the thought that all of you have taken upon yourself such a great sacrifice at a time when material want is pressing so hard upon us. Were I not, myself, like the rest, proportionally impoverished, I would like to indemnify you; even then there would remain a great deal which would call for my gratitude. As things are today I ask you to accept from me three thousand Austrian Schillings which you may use for the purposes of our Clinic and our Teaching Institute.

It is most regrettable that we only have at our disposal such miserable means for our institutions, but today it is no disgrace to be poor. For the future I confidently hope that the words formerly applied by me to the destiny of our movement will endure:

*'Fluctuat nec mergitur'*

With cordial greetings

Yours

Sigmund Freud."

Of the two other busts one is in the home of the widow and the son of the late Mr. Alexander Freud, the only brother of Freud. The second is in the home of Dr. Heinrich Meng in Basle. While making the busts Nemon also made sketches for the statue which, finished in London, was presented to the New York Psychoanalytic Society and Institute and is placed in the auditorium. On the pedestal two lines in Greek are engraved from the concluding chorus of Sophocles' *Œdipus Rex*. These lines have their history.

'In 1906 Freud was fifty years old; his discoveries and teaching were still generally ignored and rebuked. Yet there was in Vienna a small group of pupils, admirers and co-workers devoted to the study of psychoanalysis. On his birthday he was presented with a medal made by the prominent Viennese medalist, C. M. Schwerdtner, Jr., whose brother belonged to the group. On one side the head of Freud was very well modeled; the back showed a fine high-relief representing *Œdipus* and the *Sphinx*. To the right was engraved in Greek the mentioned two lines.

'At the dinner party at which the medal was presented to Freud, he asked how the inscription was selected. After the dinner he privately told me that he was deeply moved when he read the lines. He said: "When I was a young student, ambitious and full of scientific ideas and great planning, while walking in the *Arkadenhof* of the Viennese University, I indulged in a daydream while I saw the many statues and busts of the celebrities of past times. I thought that my statue will be here carrying as inscription the same verses which you have chosen."

'That such a fulfilment of a fantasy was possible justifies by itself the choice of the words. Their translation is as follows:

Who resolved the famous enigmas  
And was a man most mighty.

'By finding a place in New York, the statue is significant of the fate of Freud and of his work. Freud died in exile in London. While he and his

work were rejected by his homeland it continued in other countries. It was warmly received by American Science and by Americans generally. Thanks to America, psychoanalysis survived and is spreading over the world. The introduction of psychoanalytic thought was given strong and fruitful impulses to personal and social psychology, to psychiatry, and to mental hygiene.

'To America the psychoanalytic movement owes a debt of gratitude.'

DR. PAUL FEDERN

Program of Training, Treatment and Research of the NEW YORK PSYCHOANALYTIC INSTITUTE. The war brought to acute focus the high incidence of mental ill health. Selective Service evaluation of about fifteen million men resulted in a rejection of 4,217,000, or 28.1 per cent of all the young men examined. Of these 701,700, or 16.6 per cent, were rejected for nervous and mental disease, and 582,100, or 13.8 per cent, for mental deficiency. Thus, 30.4 per cent of the men who were tested for the fighting forces and rejected were found inadequate on one or another neuropsychiatric basis. In addition, 44.6 per cent of all disability discharges from the army, constituting the largest single group of discharges, were for neuropsychiatric reasons. These figures do not include vast numbers of men discharged for physical reasons in which the emotional component is great, those discharged for ineptness and undesirable traits of character, and certain other categories that are heavily loaded with psychopathology. There are only four thousand qualified psychiatrists available for nearly nine million sufferers from psychoneuroses. About 3,200 of these psychiatrists are employed full time on the staffs of mental hospitals and institutions. There are fewer than one thousand qualified psychiatrists available for preventive work with the millions who need help in our communities. For this work 20,000 psychiatrists are needed.

The program of the New York Psychoanalytic Institute has been designed to help meet this need: I. expanded training facilities for training psychoanalysts; II. the establishment of a free or low cost treatment center for individuals of low incomes who suffer from psychoneuroses; III. research in the field of psychoanalytic psychiatry.

The Institute is now training 110 students, all graduate physicians and experienced psychiatrists, who have come to the Institute for postgraduate work in psychoanalysis. These students include teachers of psychiatry from Canada, South America, Denmark, and all parts of the United States so that the ramifications of the influence of the Institute go far beyond any one medical school or one community, although its major activity is focused in New York City. Its teaching staff includes 55 qualified psychoanalysts who donate their services to this educational program. The school requires a full-time medical director, but has no funds for this purpose.

In New York City the existing psychiatric clinics are grossly inadequate compared with the demand. The Psychoanalytic Institute's clinic aims at expansion of its present services to veterans who are ineligible for aid from the Veterans Administration (this service includes diagnosis, psychiatric consultation and psychotherapy); emergency consultation service for industrial and labor groups and social service agencies who do not have their own psychiatrist



and require such service; intensive psychoanalytic treatment for selected patients suffering from neuroses, who need analysis but are unable to pay for it.

Several research projects are under consideration as soon as the resources become available.

The Institute has no endowment. As a contingency fund for emergencies, to provide for necessary research and for the expected growth of the Treatment Center Services, at least \$500,000 is needed as a financial reserve.

---

The annual joint meeting of the SAN FRANCISCO PSYCHOANALYTIC SOCIETY and the LOS ANGELES PSYCHOANALYTIC SOCIETY took place October 18th and 19th, 1947. Scientific program: Clinical Observations Concerning the Concept of Normality, by Norman Reider, M.D.; Psychodynamic Mechanisms Underlying Fascist Trends in an American Youth, by Judd Marmor, M.D.; The Nature of Intuition, by Eric Berne, M.D.; About the Symbolization of Alice's Adventures in Wonderland, by Martin Grotjahn, M.D.; The Clinical and Social Difficulties of a Certain Type of Passivity, by Gregory Zilboorg, M.D.

---

The INTERNATIONAL CONGRESS ON MENTAL HEALTH is being held in London, England, August 11th to 21st, 1948. The Congress will mobilize the efforts of many different professional groups for the study and application of the principles essential to the building of harmonious human relations. It is to be the first phase of a new program of world planning for mental health. Preliminary organization of the Congress is being carried out by the National Association for Mental Health of England. The Congress is to consist of three Conferences. The main one of these, the International Conference on Mental Hygiene, is sponsored by the International Committee for Mental Hygiene.

The International Committee for Mental Hygiene is proposing the formation of a World Federation for Mental Health which will replace the present International Committee and which will be incorporated some time within the next few months. At the Congress in London a permanent Constitution and By-Laws will be adopted by the World Federation for Mental Health and a Board will be organized consisting of democratically elected delegates from many countries. The new World Federation for Mental Health will then apply to U N E S C O and the World Health Organization of the United Nations for recognition as the official international voluntary organization in the field of mental health.

The preliminary tentative program of the Conference on Mental Hygiene, which was intentionally planned to be broad enough to elicit the interest of many different professional groups, is Mental Health and World Citizenship. The Executive Committee of the International Committee for Mental Hygiene decided that within this broad program the focus of the United States effort should be, 'What has war done to the children of the world, and what can we do about it?'

At the Ninth Annual Dinner Meeting of the PENNSYLVANIA PSYCHIATRIC SOCIETY, which took place at The University Club in Pittsburgh, September 18, 1947, Nolan D. C. Lewis, M.D., Director of the New York State Psychiatric Institute of New York City, spoke on The Special Aims and Organization of a Psychiatric Research and Teaching Center. The following officers were elected to serve for the year 1947-1948: President: LeRoy M. A. Maeder, M.D., Philadelphia; President-Elect: Thomas A. Rutherford, M.D., Waymart; Secretary-Treasurer: Philip Q. Roche, M.D., Philadelphia.

---

The CENTRAL NEUROPSYCHIATRIC ASSOCIATION held its twenty-third annual meeting in Galveston, Texas, October 17th and 18th. The program and entertainment were arranged by Dr. Titus H. Harris and Jack Ewalt. Neurologists and psychiatrists from Austin, Dallas, Fort Worth, Houston, San Antonio, and Waco collaborated in presenting the program. The newly elected officers are: William C. Menninger, M.D., President; Walter L. Bruetsch, M.D., Vice-President; Lee M. Eaton, M.D., Secretary-Treasurer, and Clarence E. Van Epps, M.D., Counselor.

---

The Surgeon General of the U. S. PUBLIC HEALTH SERVICE has been given the authority to establish and maintain research fellowships. These fellowships are intended to promote the training and development of investigators in the field of medicine and related sciences. Forms of application for a research fellowship may be obtained from the Division of Research Grants and Fellowships, National Institute of Health, Bethesda 14, Maryland. The U. S. Public Health Service is inviting applications from medical schools for grants to strengthen their teaching of cancer and psychiatry. Sums up to twenty-five thousand dollars will be granted in cancer, up to fifty thousand dollars in psychiatry and mental hygiene.

---

Dr. Alan Gregg, Director, The Medical Sciences, Rockefeller Foundation, New York, N. Y., and Dr. Karl M. Bowman, Langley Porter Clinic, San Francisco, California, have been appointed as members of the NATIONAL ADVISORY MENTAL HEALTH COUNCIL of the U. S. Public Health Service, succeeding Dr. Frank F. Tallman, Commissioner of Mental Hygiene, Department of Public Welfare, Columbus, Ohio, and Dr. George S. Stevenson, Medical Director, National Committee for Mental Hygiene, New York, N. Y., whose terms expired. Dr. Tallman and Dr. Stevenson were appointed as Consultants in Mental Health to U. S. Public Health Service upon expiration of their terms on the National Advisory Mental Health Council.

---

The COMMUNITY SERVICE SOCIETY of the City of New York is observing its one hundredth anniversary in a series of meetings and symposia beginning January 22d and ending with an anniversary dinner April 28, 1948. Symposium I: Human Relations in Science and Practice—January 29, 30, 31. Symposium II: Health and Family Life—March 17 and 18. Symposium III: Social Work Leadership: National and International—April 26 and 27.

THE SCHOOL FOR NURSERY YEARS is offering a training program for nursery school teachers. Students are given a basic introduction to psychoanalytic child psychology. The one year course covers the study of the mental, physical, and social development of the preschool child. Half of the daily schedule is devoted to practice teaching under the supervision of the school staff. The student is given opportunity to integrate theoretical knowledge with practical experience, and to acquire techniques for work with nursery school children. The Nursery School and its Board of Directors are affiliated with the Psychoanalytic Study Group of Los Angeles. Applicants for training may write for further information to Mrs. Corinne Sturtevant, Director, School for Nursery Years, 563 N. Alfred Street, Los Angeles 36, California.

## Index

To cite this article: (1947) Index, The Psychoanalytic Quarterly, 16:4, 601-618, DOI: [10.1080/21674086.1947.11925701](https://doi.org/10.1080/21674086.1947.11925701)

To link to this article: <https://doi.org/10.1080/21674086.1947.11925701>



Published online: 07 Dec 2017.



Submit your article to this journal [↗](#)



View related articles [↗](#)

# INDEX

- 'A Lion Hunter's Dreams', (Bona-  
parte), 1-10.
- 'A Psychological Theory of Formal  
Beauty', (J. Weiss), 391-400.
- Abraham, Karl, on frustration, (Bib-  
ring), 74; on Schreber case, (Green-  
acre), 191-92; on locomotor anxiety,  
(Deutsch), 195-96.
- Abrahamsen, David, 'The Mind and  
Death of a Genius', (Rev.), (Shatzky),  
406-409.
- Abreaction, and psychotherapy, (Rosen  
and Mayers), (Abstr.), 593.
- Ackerman, Nathan W., 'Group Psycho-  
therapy with Veterans', (Abstr.),  
441-42.
- Acting out, neurotic, (Fenichel),  
(Abstr.), 273-274.
- 'Activation theory', of Melanie Klein,  
(Bibring), 76, 90.
- Adler, Alexander, on two types of  
posttraumatic neuroses, (Abstr.), 435.
- Affect, and guilt, (Glover), 497-99.
- Affects. primary. (Glover), 496-99.
- 'Aftermath of Peace', (Meerloo), (Rev.),  
422-24.
- Aggression, in preschizophrenic chil-  
dren, (Bychowski), 226-27; and ma-  
sochism, (Berliner), 465-69; and ac-  
tivity in children, (Buxbaum),  
(Abstr.), 591.
- 'Aging Successfully', (Lawton), (Rev.),  
117-18.
- Aging, and detoxication, (Stern, et al.),  
(Abstr.), 585.
- Agoston, Tibor, on stimulants in psy-  
choanalysis, (Abstr.), 126-27; on  
prostitution, (Abstr.), 268-69; 'The  
Fear of Post-Organic Emptiness',  
(Abstr.), 582.
- Alexander, Franz, et al., 'Psychoanalyt-  
ic Therapy', (Rev.), (Oberndorf),  
99-102; 'Mental Hygiene in the  
Atomic Age', (Abstr.), 292; 'Individ-  
ual Psychotherapy', (Abstr.), 441.
- Allport, G. W., on expressive move-  
ments, (Deutsch), 197.
- Alpert, Augusta, reviewer of Witmer,  
246-48.
- Altruistic surrender, and objectivation,  
(E. Weiss), 362.
- Ambivalence, to father by Hitler,  
(Kurth), 29-31; in the child, (Ste-  
phen), (Abstr.), 430-31.
- American Psychoanalytic Association,  
Executive Council meeting, 147;  
Board of Professional Standards  
meeting, 147-48; annual meeting,  
148; December meeting, 452.
- Amnesia, a case report, (Eissler and  
Siegel), (Abstr.), 589.
- Amsterdam meeting, of European  
psychoanalysts, 452.
- 'Analysis of Postural Behavior',  
(Deutsch), 195-213.
- Analyst, formative activity of, (Sterba),  
(Abstr.), 124; training, observations  
of, (Sachs), 157-68.
- Animals, behavior of, (Pardi), (Abstr.),  
451.
- Animism, and dreams, (Róheim),  
(Abstr.), 271.
- Antagonism, between men and women,  
(Blanton), 214.
- 'Anti-Semitism: A Social Disease',  
(Simmel), (Rev.), 409-413.
- Anti-Semitism, and Adolf Hitler,  
(Kurth), 11-32; sexual origin of Hit-  
ler's, (Kurth), 14, ff.; and the super-  
ego, (Loebowitz-Lennard), (Abstr.),  
277.
- Anxiety, of the infant, (Bibring), 72;  
induction, (Bychowski), (Abstr.), 141;  
and the herd, (Zilboorg), 316-21; and  
plane flight, (Wegrocki), (Abstr.),  
431; and the group, (Mayers),  
(Abstr.), 445; causes in returning  
veterans, (Eisendorfer and Lewis),  
(Abstr.), 445.
- Appel, John W., 'Incidence of Neuro-  
psychiatric Disorders in the U. S.  
Army in World War II', (Abstr.),  
586.
- Appersonation, and identification,  
(Sperling), (Abstr.), 122-23.
- 'Are You Considering Psychoanalysis',  
(Horney), (Rev.), 241-43.
- Arieti, Silvano, on schizophrenia,  
(Abstr.), 291.
- Aristotle, and the law of identity,  
(Johnson), (Rev.), 237.
- Arkin, Frances S., reviewer of Lund-  
berg and Farnham, 573-74.
- Arlow, Jacob A., on identification in  
coronary occlusion, (Abstr.), 285-86.
- Army, adjustment to, (Janis), (Abstr.),  
134.
- Art, economy in, (J. Weiss), 392, ff.

- Art work, psychodynamics of, (Naumburg), (Abstr.), 287-88; of a behavior problem boy, (Naumburg), (Abstr.), 433.
- Arthur, Grace, 'Tutoring as Therapy', (Rev.), (Chassell), 418-19.
- Ashby, M. Coulson, 'Primary Behavior Disorders and Psychopathic Personality', (Abstr.), 443.
- Askonas, Brigitte A., 'Aging and Detoxication', (Abstr.), 585.
- Asthma, and the primal scene, (Greenacre), 180, n.
- Atomic age, mental hygiene in, (Alexander), (Abstr.), 292.
- Atomic energy award, 300-301.
- Auerbach, Aline B., reviewer of Wolff, 564-66.
- Bagchi, B. K., on EEG study of criminals, (Abstr.), 584.
- Bak, Robert C., reviewer of Hinsie, 113-14.
- Baker, E. F., on convulsive therapy and analysis, (Abstr.), 129.
- Barahal, Hyman S., on symptoms of psychogenic origin, (Abstr.), 432.
- Barrera, S. Eugene, 'Electric Shock Therapy of Elderly Patients', (Abstr.), 442; 'Intravenous Injection of Sodium Amytal as a Test for Latent Anxiety', (Abstr.), 443.
- 'Basic Mental Concepts', (Glover), 482-506.
- Bech, Elisabeth Brockett, reviewer of Lowrey, 250-52.
- Bender, Lauretta, 'Childhood Schizophrenia', (Abstr.), 591.
- Benedek, Therese, 'Insight and Personality Adjustment', (Rev.), (Glover), 404-406.
- Benjamin, John D., 'Psychoanalysis and Nonanalytic Psychotherapy', 169-76.
- Bergler, Edmund, 'Unhappy Marriage and Divorce', (Rev.), (Frank), 102-104; on boredom, (Abstr.), 128; on retirement neurosis and accident neurosis, (Abstr.), 141-42; on the sense of reality, (Abstr.), 272; on magic gestures, (Abstr.), 280; on orgasm, (Keiser), 380; on masochistic aggression, (Berliner), 466; 'The Danger Neurotics Dread Most: Loss of the "Basic Fallacy"', (Abstr.), 582; on compulsive smoking, (Abstr.), 583-84.
- Berliner, Bernhard, 'On Some Psychodynamics of Masochism', 459-71.
- Bibby, Cyril, 'Sex Education', (Rev.), (Grotjahn), 264-65.
- Bibliotherapy, for neuropsychiatric patients, (Schneck), (Abstr.), 135.
- Bibring, Edward, 'The So-Called English School of Psychoanalysis', 69-93.
- Biddle, Sydney G., reviewer of Boisen, 575-76; reviewer of Caruso, 575-76.
- Biodynamics, in psychiatry, (Masserman), (Rev.), 104-105.
- Birth control, psychology of, (Flugel), (Rev.), 401-402.
- Bisexuality, and projection, (Saul), 472, ff.
- 'Black Anger', (W. Sachs), (Rev.), 576-77.
- Blain, Daniel, on traumatic neuroses in merchant seamen, (Abstr.), 123.
- Blanton, Smiley, 'Phallic Women', 214-24; reviewer of Blau, 417-18.
- Blau, Abram, 'The Master Hand', (Rev.), (Blanton), 417-18.
- Blindness, emotional reaction to, (Wittkower and Davenport), (Abstr.), 590.
- Bloch, Dr. Eduard, and Hitler, (Kurth), 14, 22-23, 26-27.
- Bloomberg, Wilfred, on EEG study of criminals, (Abstr.), 584.
- Boisen, Anton T., 'Problems in Religion and Life', (Rev.), (Biddle), 575-76.
- Bok, Curtis, on psychiatric examination in the criminal court, (Abstr.), 447.
- Bolles, M. Marjorie, co-author of 'Textbook of Abnormal Psychology', (Rev.), (Ross), 413-15.
- Bonaparte, Marie, 'A Lion Hunter's Dreams', 1-10; on oedipal period, (Greenacre), 192-93.
- Boredom, and its psychopathology, (Bergler), (Abstr.), 128.
- Bosselman, Beulah, on schizophrenic process in a young boy, (Abstr.), 280.
- Boston Psychoanalytic Institute, psychiatric clinic discontinued, 456.
- Bowlby, John, on juvenile thieves, (Abstr.), 121-22.
- Bowman, Karl M., on functional psychosis, (Bychowski), 227-28; on post-traumatic syndromes, (Abstr.), 434.
- Bradley, Omar N., 'Protecting the Mental Health of the Veteran', (Abstr.), 291.
- Breasts, significance of, among Mohave, (Devereux), 529-32.
- Breathing attacks, as expression of anger, (Greenacre), 179.

- Brenman, Margaret, on hypnosis in psychotherapy, (Abstr.), 440.
- Brierley, Marjorie, on metapsychology as process theory, (Abstr.), 121.
- Brill, A. A., 'Phylogenetic Manifestations and Reversions', (Abstr.), 432.
- Broadwin, I. T., reviewer of Kaplan, 116-17.
- Burack, Samuel, 'Psychiatric Problems on a South Pacific Island', (Abstr.), 131.
- Buxbaum, Edith, 'Activity and Aggression in Children', (Abstr.), 591.
- Bychowski, Gustav, on induction anxiety, (Abstr.), 141; 'The Preschizophrenic Ego' 225-33; 'The Ego of Homosexuals', (Abstr.), 579.
- Cameron, D. Ewen, on excitement, depression and anxiety, (Abstr.), 586.
- Candidates, selection of, for training, (Sachs), 158-63; introduction of, to analysis, (Sachs), 163-65; and the course of analysis, (Sachs), 165-67; and the end of analysis, (Sachs), 167-68.
- Capitalism, prejudice against, (Zilboorg), 312-13.
- Caruso, Igor A., '*Religion und Psychotherapie*', (Rev.), (Biddle), 575-76.
- Castration, repressed fear of, (Farrow), (Abstr.), 580-81.
- Catatonic excitement, resolution of, (Rosen), (Abstr.), 583.
- Catholics, prejudice against, (Zilboorg), 310-11.
- Central Neuropsychiatric Association, meeting of, 599.
- Chassell, Joseph, reviewer of Arthur, 418-19.
- Child, preschool, personality of, (Wolff), (Rev.), 564-66.
- Child psychiatry, see Psychiatry.
- Children, fantasy in, (Bychowski), 225-26; aggression in preschizophrenic, (Bychowski), 226-27; psychiatric interviews with, (Witmer), (Rev.), 246-48.
- Chinese, character structure of, (La Barre), (Abstr.), 438, 588.
- Chisholm, G. B., 'The Reestablishment of Peacetime Society', (Abstr.), 436.
- Claustrophobia, and dreams, (Fodor), (Abstr.), 290.
- Clemenceau, the enigma of, (Lacombe), (Abstr.), 582.
- 'Clinical Psychology of Children's Behavior Problems', (Louttit), (Rev.), 564.
- Coitus, significance of, (Keiser), 378-79; fears of, (Keiser), 381-84.
- Coleman, Jules V., on group factor in military psychiatry, (Abstr.), 444.
- Color effects, in fantasies of sexuality, (Greenacre), 186-87.
- Combat fatigue, incidence of, (Solomon), (Abstr.), 593.
- Committee on Infancy and Early Childhood, report of, (Abstr.), 286.
- Communism, phobia of, (Perrotti), (Abstr.), 450.
- Communists, prejudice against, (Zilboorg), 312.
- Community Service Society of New York, hundredth anniversary, 599.
- Compulsive character, of German culture, (Kecskemeti and Leites), (Rev.), 255-58.
- Concept, of instinctual energy, (Glover), 482-84; of memory trace, (Glover), 482-84; of mobility of instinctual energy, (Glover), 482-84; of mental mechanism, (Glover), 484; of ego, (Glover), 490-91, 496; quantitative, in psychological events, (Kubie), 511-14; variables in quantitative, (Kubie), 514-18.
- Convulsive therapy, see Therapy.
- Coriat, Isador H., on paresis, (Abstr.), 276.
- Coronary occlusion, identification in, (Arlow), (Abstr.), 285-86.
- Counseling, and therapy, (Lowrey), (Abstr.), 444.
- Countertransference, and projection, (Saul), 479; in medical practice, (Lewin), (Abstr.), 590-91.
- Crutcher, Hester B., reviewer of 'The Case Worker in Psychotherapy', 253.
- Cunnilingus, among the Mohave, (Devereux), 540-43.
- Curran, Desmond, 'Psychological Medicine', (Rev.), (Grotjahn), 563.
- 'Current Therapies of Personality Disorders', (Glueck), (Rev.), 416-17.
- Dalma, G., on the psychodynamics of matricide, (Abstr.), 144.
- 'Dario', (Winner), (Rev.), 258-59.
- Davenport, R. C., 'The War Blinded', (Abstr.), 590.
- Davis, Stuart, on painting, (J. Weiss), 398.
- Davison, Charles, reviewer of Hoskins, 248-50.
- Deafness, psychic, (Fromm), (Abstr.), 445.
- Death instinct, of an unwelcome child, (Ries), (Abstr.), 580.

- Defense, motives of, (Fenichel), (Abstr.), 284-85.
- Defense mechanism, projection as a, (Bibring), 72.
- de Grazia, Sebastian, on psychological position of the chief executive, (Abstr.), 281.
- de Greef, Etienne, on the herd instinct, (Zilboorg), 316.
- Déjà vu*, in Proust and Tolstoy, (Pickford), (Abstr.), 125.
- De Saussure, Raymond, reviewer of Roger, 425.
- Despert, J. Louise, on normal and schizophrenic children, (Bychowski), 225-27.
- Deutsch, Albert, 'The Mentally Ill in America', (Rev.), (Ross), 105-107.
- Deutsch, Felix, 'Analysis of Postural Behavior', 195-213.
- Deutsch, Helene, on the frigid woman, (Keiser), 387; on projection, (Saul), 472; on hen phobia, (Saul), 480.
- Development, psychic, of the infant, (Bibring), 82-88; mechanism of, (Bibring), 83; infantile, and precipitation, (Bibring), 83-85.
- Devereux, George, on delusion and motor behavior in schizophrenia, (Abstr.), 284; 'Mohave Orality', 519-46.
- 'Diagnostic Psychological Testing', (Rapaport, et al.), (Rev.), 108-113.
- Dialectics, and psychoanalysis, (Freedman and Van Clute), (Abstr.), 127-28.
- Diethelm, Oskar, 'Electroencephalographic Studies of Psychopathic Personalities', (Abstr.), 287.
- Di Palma, Alessandra Tomasi, on psychoanalytic diagnosis and technique, (Abstr.), 450-51.
- Displaced persons, problems of, (Meerloo), (Rev.), 423.
- Divorce, and marriage, (Bergler), (Rev.), 102-104.
- Dostoevski, and parricide, (Freud), (Abstr.), 268.
- Dream analysis, and telepathy, (Eisenbud), 39, ff.; (Pederson-Krag), 61-68; of a psychopath, (Karpman), (Abstr.), 583.
- Dreams, traumatic, (Bonaparte), 4-10; examination, (Bonaparte), 8-10; as telepathic *rêve à deux*, (Eisenbud), 39, ff.
- Drugs, the therapeutic rôle of, (Kubie and Margolin), (Abstr.), 140-41.
- Dunbar, Flanders, on pregnancy, (Abstr.), 590.
- Dunlap, Knight, 'Psychoanalysis and the Unconscious', (Abstr.), 585.
- 'Dynamic Mental Hygiene', (Groves), (Rev.), 425-26.
- Dynes, John B., on sleep and hypnotic trance, (Abstr.), 593.
- Economy, in art and wit, (J. Weiss), 392, ff.; quantitative and qualitative, (J. Weiss), 395; and pleasure principle, (J. Weiss), 395-96.
- Ego, prepsychotic, and aggression, (Bychowski), 227; concept of, (Glover), 490-91, 496; and superego formation, effect of disappointment on, (Jacobson), (Abstr.), 581.
- Eidelsberg, Ludwig, on the study of wit, (Abstr.), 270.
- Eisenbud, Jule, 'The Dreams of Two Patients in Analysis Interpreted as a Telepathic *Rêve à Deux*', 39-60; on telepathy, (Pederson-Krag), 61.
- Eisendorfer, Arnold, on causes of anxiety, (Abstr.), 445.
- Eissler, K. R., on amnesia, (Abstr.), 589.
- Electroencephalographic study, of criminals, (Gibbs, et al.), (Abstr.), 584; of cases with syncope, (Levin, et al.), (Abstr.), 584.
- Electroshock therapy, of elderly patients, (Feldman, et al.), (Abstr.), 442; and anxiety, (Flescher), (Abstr.), 451; report on, 454-56.
- Electroshock treatments, reactions after, (Frosch, et al.), (Abstr.), 585.
- Éléments de Psycho-Physiologie*, (Roger), (Rev.), 425.
- Eliasberg, W., 'Psychiatry and Propaganda', (Abstr.), 289.
- Ellis, Albert, on hermaphrodites, (Abstr.), 139.
- Engle, Bernice Schultz, 'Lemnos, Island of Women', (Abstr.), 277.
- English, O. Spurgeon, reviewer of Lawton, 117-18; on the sense of well-being, (Abstr.), 588-89.
- Epilepsy, history of, (Temkin), (Rev.), 115-16; psychogenic, (Levi Bianchini), (Abstr.), 145-46.
- Esperanto, (Flugel), (Rev.), 404.
- Ethics, political, (Money-Kyrle), (Abstr.) 125.
- Ex-soldier, psychoneurotic, persistence of symptoms in, (Pratt), (Abstr.), 289.
- Extraction, meaning of, (E. Weiss), 358, ff.; and re-extraction, (E. Weiss), 359; defense character of, (E. Weiss), 368-70.



- Fabing, Howard D., 'Cerebral Blast Syndrome in Combat Soldiers', (Abstr.), 593.
- Fantasy, and schizophrenic delusions in children, (Bychowski), 225-26.
- Farnham, Marynia F., 'Modern Women: the Lost Sex', (Rev.), (Arkin), 573-74.
- Farrow, E. Pickworth, on repressed fear of severance of the genitalia, (Abstr.), 580-81.
- Father symbol, and the Jew, (Loebblowitz-Lennard), 36-37.
- Fear, towards psychotic, by institutional personnel, (Fromm-Reichmann), 328-30.
- Federn, Paul, on the schizophrenic ego, (Bychowski), 227; on therapy in schizophrenia, (Abstr.), 594; on Freud's statue, 595-97.
- Feldman, Arthur A., on Freud's 'Moses and Monotheism', and Israelitish religion, (Abstr.), 125-26.
- Feldman, Fred, 'Electroshock Therapy of Elderly Patients', (Abstr.), 442; 'Intravenous Injection of Sodium Amytal as a Test for Latent Anxiety', (Abstr.), 443.
- Feldman, S. S., on Jung and national socialism, (Abstr.), 435-36.
- Fellatio, among the Mohave, (Devreux), 536-40.
- Fenichel, Otto, on external muscular pressure and internal pressure, (Deutsch), 197; 'Neurotic Acting Out', (Abstr.), 273-74; 'The Motives of Defense', (Abstr.), 284-85; on sexual satisfaction, (Keiser), 379; on sexual act, (Keiser), 380-81; on trauma, (Abstr.), 428-29; on introjection, (Glover), 494.
- Ferenczi, Sandor, on parallelisms between motor acts and psychic functioning, (Deutsch), 196; on normal genital functioning, (Keiser), 381.
- Films, German, psychological history of, (Kracauer), (Rev.), 570-72.
- Fleming, Joan, on transference neurosis, (Abstr.), 587-88.
- Flescher, Joachim, on Freud and collective psychosis, (Abstr.), 143; 'Equalization by Analogy as a Source of Errors', (Abstr.), 144; on psychoanalysis, (Abstr.), 145; 'Infancy as the Destiny of Man', (Abstr.), 449; on superego regression and political life, (Abstr.), 450; on electroshock treatment, (Abstr.), 451; 'Psicoanalisi della Vita Istintiva', (Rev.), (Servadio), 556-58.
- Flugel, Ingeborg, 'On the Significance of Names', and on fox-hunting, (Rev.), (Lewin), 404.
- Flugel, J. C., 'Man, Morals and Society', (Rev.), (Lasswell), 240; 'Men and Their Motives', (Rev.), (Lewin), 401-404.
- Fodor, Nandor, 'Nightmares and Sufocation', (Abstr.), 290.
- Foster, Grace, on William James, (Abstr.), 276.
- Foulkes, S. H., on introjection, (Glover), 492, 494.
- Foxe, Arthur N., 'Five as a Symbol', (Abstr.), 127.
- Frank, Richard L., reviewer of Bergler, 102-104.
- Frankenthal, Kate, on sex in modern society, (Abstr.), 133.
- Freed, Herbert, on narcosynthesis, (Abstr.), 433.
- Freedman, Burrill, on dialectics and psychoanalysis, (Abstr.), 127-28; 'Life-Instinctual Extensions of Psychoanalytic Theory', (Abstr.), 138.
- Freeman, H., on resistance to insulin, (Abstr.), 442.
- Freeman, Nathan, on symptoms of psychogenic origin, (Abstr.), 432.
- French, Thomas M., et al., 'Psychoanalytic Therapy', (Rev.), (Oberndorf), 99-102.
- Freud, Anna, 'The Ego and the Mechanisms of Defence', (Rev.), (Turkel), 243; on altruistic surrender, (E. Weiss), 362-63; on understanding of words by the infant, (Glover), 488; 'The Psychoanalytic Treatment of Children', (Rev.), (Kestenber), 553-56.
- Freud, Sigmund, on examination dreams, (Bonaparte), 6-8; on the myth, (Loebblowitz-Lennard), 33; on symbolism of facial features, (Loebblowitz-Lennard), 35; on telepathy in dreams, (Eisenbud), 59-60; on sexual excitement in childhood, (Bibring), 70-71; on emotional excitement and sexuality, (Bibring), 76; on infantile sexual theories, (Bibring), 86; on therapeutic results, (Alexander), (Rev.), 99; on Schreber case, (Greenacre), 191; on muscular movements, (Deutsch), 195; 'Dostoevski and Parricide', (Abstr.), 268; on repressed aggression, (Zilboorg), 320; on dreams, (E. Weiss), 360; on narcissism, (E. Weiss), 360-61; on ego development, (E. Weiss), 369; on sexuality, (Keiser), 378; on wit, (J.

- Weiss), 391, 395, 397, 399-400; on masochism, (Berliner), 459, 460, 463, 465, 469, 470; on jealousy, (Saul), 479; on bisexuality, (Saul), 480; on repression, (Glover), 486; on metapsychological formulations, (Glover), 487, 488-89, 500, 502; on the œdipus, (Glover), 496; on quantitative concept, (Kubie), 507-508, 514-16, 517; presentation of statue of, 595-97.
- Freudianism, and psychoanalysis, (Wortis), (Abstr.), 278-79.
- Freud's 'Moses and Monotheism', and Israelitish religion, (Feldman), (Abstr.), 125-26.
- Frigidity, and identification with phallic mother, (Blanton), 218; penis and nipple in, (Keiser), 387.
- 'From Caligari to Hitler', (Kracauer), (Rev.), 570-72.
- Fromm, Erika Oppenheimer, on pseudo deaf-muteness, (Abstr.), 445.
- Fromm-Reichmann, Frieda, 'Problems of Therapeutic Management in a Psychoanalytic Hospital', 325-56.
- Frosch, John, reviewer of Kalinowsky and Hoch, 244; on reactions after electroshock treatments, (Abstr.), 585.
- Fuerst, Rudolf A., in memoriam, (Eisler), 98.
- Fulchignoni, E., on æsthetics, (Abstr.), 450.
- Galdston, Iago, 'The Anatomy of a Psychosis', (Abstr.), 581.
- 'Genetic continuity', (Bibring), 77-78.
- German extermination camps, study of survivors of, 301.
- Germans, and institutional change, (Parsons), (Abstr.), 134.
- Gesell, A., on posture, (Deutsch), 195.
- Gibbs, Frederic A., on EEG study of criminals, (Abstr.), 584.
- Gilbert, G. M., 'Nuremberg Diary', (Rev.), (Lehrman), 567-69.
- Gildea, Margaret C. L. and Edwin F., 'Personalities of American Psychotherapists', (Abstr.), 130.
- Gill, Merton, co-author of 'Diagnostic Psychological Testing', (Rev.), (Machover), 108-113; co-author of 'Manual of Diagnostic Psychological Testing', (Rev.), (Murphy), 424-25; on hypnosis in psychotherapy, (Abstr.), 440; on hypnoanalysis, techniques of, (Abstr.), 440-41.
- Glover, Edward, reviewer of Benedek, 404-406; 'Basic Mental Concepts', 482-506.
- Glueck, Bernard, editor of 'Current Therapies of Personality Disorders', (Rev.), (Oberndorf), 416-17.
- Goldfarb, W., on psychoticlike reactions in combat soldiers, (Abstr.), 433-34.
- Gosselin, Raymond, reviewer of Winner, 258-59.
- Gottlieb, Jacques S., 'Primary Behavior Disorders and Psychopathic Personality', (Abstr.), 443.
- Gralnik, Alexander, on insulin treatment of schizophrenia, (Abstr.), 130.
- Greenacre, Phyllis, 'Vision, Headache and the Halo', 177-94; 'Conscience in the Psychopath', (Abstr.), 443-44.
- Greenblatt, Milton, on EEG study of cases of syncope, (Abstr.), 584.
- Greenson, Ralph, on war neurosis, (Abstr.), 285.
- Grinker, Roy R., 'War Neuroses in Flying Personnel', (Abstr.), 131-32; 'War Neuroses or Battle Fatigue?', (Abstr.), 290.
- Groddeck, Georg, and his teachings, (Grotjahn), (Abstr.), 269-70.
- Grotjahn, Martin, reviewer of Kitching, 264; reviewer of Bibby, 264-65; on Georg Groddeck and his teachings, (Abstr.), 269-70; reviewer of Curran and Guttmann, 563; reviewer of Kelley, 569-70.
- Group for the Advancement of Psychiatry, report of Committee on Therapy, 454-56.
- 'Group Therapy, a Symposium', (Moreno), (Rev.), 420-22.
- 'Group Psychotherapy, Theory and Practice', (Klapman), (Rev.), 419-20.
- Group therapy, activity and interview, (Slavson), (Abstr.), 592.
- Groves, Ernest R. and Catherine, 'Dynamic Mental Hygiene', (Rev.), (Shlionsky), 425-26.
- Guilt, and masochism, (Berliner), 463-64; and affect, (Glover), 497-99.
- Gurevitch, 'Treatment of Depressions with Hypoxemia', (Abstr.), 138-39.
- Guttmann, Eric, 'Psychological Medicine', (Rev.), (Grotjahn), 563.
- Halliday, James L., on psychosomatic affections in Britain, (Abstr.), 140; on psychosomatic affection, (Abstr.), 286.
- Hallucinations, in infants, (Bibring), 73.
- Halo, and ideals, (Greenacre), 178; and cover memories, (Greenacre), 193.

- Hanisch, Reinhold, and Hitler, (Kurth), 13, 19, 26.
- Hardcastle, D. N., on traumatic neurosis, (Abstr.), 123.
- Harms, Ernest, 'Childhood Schizophrenia and Childhood Hysteria', (Abstr.), 280; on Carl Gustav Jung, (Abstr.), 583.
- Harriman, Philip Lawrence, et al., editors of 'Twentieth Century Psychology', (Rev.), (Miller), 261-63.
- Hartmann, Heinz, on concept of ego, superego and id, (Kubie), 516.
- Head injury, (Ruesch and Bowman), (Abstr.), 434; (Kozol), (Abstr.), 442.
- Headache, and visual shock, (Greenacre), 177-78.
- Heath, Robert G., on traumatic neuroses in merchant seamen, (Abstr.), 123.
- Hebephrenic fancies, (Karpman), (Abstr.), 142.
- Henderson, J. L., reviewer of Klapman, 419-20; reviewer of Moreno, 420-22.
- Henninger, James M., on combat fatigue, (Abstr.), 279-80.
- Herd instinct, and anxiety, (Zilboorg), 316-24.
- Hermaphrodites, sexual psychology of, (Ellis), (Abstr.), 139.
- Herold, Carl M., reviewer of Lorand, 234-35.
- Herz, Ernst, co-author of 'Motor Disorders in Nervous Diseases', (Rev.), (Prout), 114.
- Hinds, Ewart G., 'Aging and Detoxication', (Abstr.), 585.
- Hinsie, Leland E., 'The Person in the Body', (Rev.), (Bak), 113-14.
- Hitler, Adolf, and anti-Semitism, (Kurth), 11-32; biographical sketch of, (Kurth), 12-13; and sexual origin of anti-Semitism, (Kurth), 14, ff.; relationship to half-sister, (Kurth), 18-22; relationship to mother, (Kurth), 22-23; and oedipus complex, (Kurth), 22-24; identification with aggressor in, (Kurth), 25; and projection, (Kurth), 25-26; and ambivalence to father, (Kurth), 29-31.
- Hitschmann, Edward, 'Samuel Johnson's Character', (Abstr.), 274-75.
- Hoch, Paul H., co-author of 'Shock-Treatments and Other Somatic Procedures in Psychiatry', (Rev.), (Frosch), 244; on narcodiagnosis and therapy, (Abstr.), 446.
- Homosexual drives, projected in paranoid ideas, (Bychowski), 229.
- Homosexuality, and oral eroticism, (Blanton), 215.
- Homosexuals, ego of, (Bychowski), (Abstr.), 579.
- Horney, Karen, editor of 'Are You Considering Psychoanalysis', (Rev.), (Needles), 241-43.
- Horsley, J. Stephen, 'Narco-Analysis', (Rev.), (Kaufman), 559-60.
- Hoskins, R. G., 'The Biology of Schizophrenia', (Rev.), (Davison), 248-50.
- Hospital Survey and Construction Act, 150.
- Hospital, psychoanalytic, therapeutic management of, (Fromm-Reichmann), 325-56; function of psychoanalyst and administrative therapist in, (Fromm-Reichmann), 334-36, 340-42.
- Huddleson, James H., on pre-electroshock EEG and therapeutic result in schizophrenia, (Abstr.), 584.
- Hypnoanalysis, techniques of, (Gill and K. Menninger), (Abstr.), 440-41.
- Hypnosis, in psychotherapy, (Brenman and Gill), (Abstr.), 440; (Schmidhofer), (Abstr.), 446.
- Hypnotic trance, and sleep, (Dynes), (Abstr.), 593.
- Hypoxemia, and treatment of depressions, (Gurevitch, et al.), (Abstr.), 138-39.
- Identification, with aggressor, in Hitler, (Kurth), 25; and apersonation, (Sperling), (Abstr.), 122-23; with phallic mother, and frigidity, (Blanton), 218; and projection, (E. Weiss), 357-58; with love object, and masochism, (Berliner), 468-70; mechanism of, (Glover), 493-95.
- 'If There Are Pits as Deep . . .', (Li-berthson), (Rev.), 118-20.
- Impastato, David, on reactions after electroshock treatments, (Abstr.), 585.
- In Memoriam, Jacob S. Kasanin, (Windholz), 94-95; Albert Slutsky, (Briehl), 96-97; Rudolf A. Fuerst, (Eisler), 98; Hanns Sachs, (Loewenstein), 151-56.
- Incest, and Hitler's family, (Kurth), 16-17, 27-28; and the Jews, (Kurth), 31.
- Infant mortality, and mother's pregnancy, (Devereux), 528-29.
- Infants, oral frustrations in, (Bibring), 71-72; anxiety of, (Bibring), 72; oral

- sadism in, (Bibring), 72, ff.; hallucinations in, (Bibring), 73; symbolism and, (Bibring, 77, 87-88; psychic development of, (Bibring), 82-88; inherited instincts in, (Bibring), 85.
- Inhibitions, overcoming of, in art and wit, (J. Weiss), 397-99.
- Insanity, simulation of, (Tarachow), (Abstr.), 581.
- 'Insight and Personality Adjustment', (Benedek), (Rev.), 404-406.
- Instincts, inherited, in infants, (Bibring), 85; psychoanalysis of, (Flescher), (Rev.), 556-58.
- Insulin, and schizophrenia, (Gralnik), (Abstr.), 130.
- Intelligence, the freeing of, (Murphy), (Abstr.), 439-40.
- International Congress on Mental Health, 598.
- Internment, psychopathology of, (Servadio), (Abstr.), 449.
- Introjection, concept of, (Glover), 492-95.
- Italian Psychoanalytic Society, reorganization of, 453-54.
- Jackson, Edith B., reviewer of Lewis and Pacella, 244-46.
- Jacobson, Edith, on disappointment and ego and superego formation, (Abstr.), 581.
- James, William, and psychoanalysis, (Foster), (Abstr.), 276.
- Janis, Irving L., on adjustment to army life, (Abstr.), 134.
- Japanese, and German paradoxa, psychological aspects of, (Silberpfennig), (Abstr.), 271; character structure of, (La Barre), (Abstr.), 281-82.
- Jealousy, problems of (Flugel), (Rev.), 403; and projection, (Saul), 479.
- Jew, and the ritual murder myth, (Loebowitz-Lennard), 33-35; features of, (Loebowitz-Lennard), 34-35; as father symbol, (Loebowitz-Lennard), 36-37.
- Jews, and Adolf Hitler, (Kurth), 11-32; and incest, (Kurth), 31; prejudice against, (Zilboorg), 310.
- Jewish Board of Guardians, annual open meeting, 301.
- Johnson, Samuel, character of, (Hit-schmann), (Abstr.), 274-75.
- Johnson, Wendell, 'People in Quarantaries', (Rev.), (Ross), 235-39.
- Joint Distribution Committee, study in Cyprus and Palestine, 457.
- Jones, Ernest, on penis-child equation, (Bibring), 81; on the early history of psychoanalysis in English-speaking countries, (Abstr.), 268; 'The Psychology of Quislingism', (Abstr.), 451.
- Jung, C. G., and national socialism, (Feldman), (Abstr.), 435-36.
- Juvenile thieves, characters and home life of, (Bowlby), (Abstr.), 121-22.
- Kalinowsky, Lothar B., co-author of 'Shock Treatments and Other Somatic Procedures in Psychiatry', (Rev.), (Frosch), 244.
- Kaplan, L. K., on schizophrenia, (Abstr.), 129.
- Kaplan, Oscar J., editor of 'Mental Disorders in Later Life', (Rev.), (Broadwin), 116-17.
- Karpman, Ben, 'Hebephrenic Fancies', (Abstr.), 142; on psychopathy in human typology, (Abstr.), 447; on dreams of a psychopath, (Abstr.), 583.
- Kasanin, Jacob S., in memoriam, (Windholz), 94-95; on schizophrenia, (Abstr.), 278.
- Katz, Jerome, on EEG study of cases of syncope, (Abstr.), 584.
- Kaufman, M. Ralph, reviewer of Horsley, 559-60.
- Kaufman, S. Harvard, on psychiatric examination in the criminal court, (Abstr.), 447.
- Keckemeti, P., co-author of 'Some Psychological Hypotheses on Nazi Germany', (Rev.), (Lowenfeld), 255-58.
- Keiser, Sylvan, 'On the Psychopathology of Orgasm', 378-90.
- Keller, Helen, and mental correlation, (Glover), 488.
- Kelley, Douglas M., 'Twenty-Two Cells in Nuremberg', (Rev.), (Grot-jahn), 569-70.
- Kelman, Harold, 'Character and Traumatic Syndrome', (Abstr.), 291.
- Kempf, E. J., on posture, (Deutsch), 197.
- Kestenber, Judith S., reviewer of A. Freud, 553-56.
- Khachaturean, 'Treatment of Depressions with Hypoxemia', (Abstr.), 138-39.
- Kicne, H. E., on psychoticlike reactions in combat soldiers, (Abstr.), 433-34.

- Kilgore, Samuel, 'Cleidocranial Dystosis with Psychosis', (Abstr.), 443.
- Kitching, Howard, 'Sex Problems of the Returned Veteran', (Rev.), (Grotjahn), 264.
- Klapman, J. W., 'Group Psychotherapy, Theory and Practice', (Rev.), (Henderson), 419-20.
- Klein, Melanie, and the English school of psychoanalysis, (Bibring), 69, ff.; on sexual knowledge of the child, (Bibring), 79, 80; on influence of sensations and impulses on the child, (Bibring), 91; on theory of neurosis, (Bibring), 92; 'The Oedipus Complex in the Light of Early Anxieties', (Abstr.), 427-28; and the English school of child analysis, (A. Freud), (Rev.), 554-55.
- Kluckhohn, Clyde, co-author of 'The Navaho', (Rev.), (Róheim), 259-61.
- Knight, Robert P., on psychoanalysis and psychiatry, (Abstr.), 278; Medical Director of Austen Riggs Foundation, 299; 'Determinism, "Freedom", and Psychotherapy', (Abstr.), 586-87; 'Psychotherapy of an Adolescent Catatonic Schizophrenia with Mutism', (Abstr.), 587.
- Knopf, O., on retirement neurosis and accident neurosis, (Abstr.), 141-42.
- Knott, John R., 'Primary Behavior Disorders and Psychopathic Personality', (Abstr.), 443.
- Knowledge, sensation or impulse, (Bibring), 79-82; innate unconscious, (Bibring), 88-90.
- Korzybski, Alfred, on semantics, (Johnson), (Rev.), 236-39.
- Kozol, Harry L., 'Pretraumatic Personality and Psychiatric Sequelæ of Head Injury', (Abstr.), 442.
- Kracauer, Siegfried, 'From Caligari to Hitler', (Rev.), (Leites), 570-72.
- Kris, Ernst, on concept of ego, super-ego and id, (Kubie), 516.
- Kubie, Lawrence S., 'Motivation and Rehabilitation', (Abstr.), 133-34; on the therapeutic rôle of drugs, (Abstr.), 140-41; 'The Fallacious Use of Quantitative Concepts in Dynamic Psychology', 507-518; reviewer of Kuntz, 566-67.
- Kuntz, Albert, 'The Autonomic Nervous System', (Rev.), (Kubie), 566-67.
- Kupper, Herbert J., 'Psychic Concomitants in Wartime Injuries', (Abstr.), 138.
- Kurth, Gertrud M., 'The Jew and Adolf Hitler', 11-32.
- La Barre, Weston, on character structure in the Orient, (Abstr.), 281-82, 438, 588.
- Labor, prejudice against, (Zilboorg), 311-12.
- Lacombe, Pierre, on Clemenceau, (Abstr.), 582.
- La Forge, René, 'Talleyrand', (Rev.), (Winner), 547-49.
- Landauer, Karl, on motor disturbances, (Deutsch), 196-97.
- Landis, Carney, co-author of 'Textbook of Abnormal Psychology', (Rev.), (Ross), 413-15.
- Lasker, G. N., 'Cleidocranial Dystosis with Psychosis', (Abstr.), 443.
- Lasswell, Harold D., reviewer of Flugel, 240.
- Lawton, George, 'Aging Successfully', (Rev.), (English) 117-18.
- Lehrman, Philip R., reviewer of Gilbert, 567-69.
- Leighton, Dorothea, co-author of 'The Navaho', (Rev.), (Róheim), 259-61.
- Leites, Martha and Nathan, reviewers of Kracauer, 570-72.
- Leites, N., co-author of 'Some Psychological Hypotheses on Nazi Germany', (Rev.), (Lowenfeld), 255-58.
- Lemnos, the island of women, (Engle), (Abstr.), 277.
- Levi, A. W., 'The Mental Crisis of John Stuart Mill', (Abstr.), 271-72.
- Levi Bianchini, M., on psychogenic epilepsy, (Abstr.), 145-46.
- Levin, Sidney, on EEG study of cases of syncope, (Abstr.), 584.
- Levine, Maurice, reviewer of 'Medicine in the Changing Order', 561-62; reviewer of 'Medical Addenda', 562-63.
- Lewin, Bertram D., reviewer of Marcondes, 255; reviewer of Flugel, 401-404; on quantitative concept in psychodynamics, (Kubie), 509-510; on countertransference in medical practice, (Abstr.), 590-91.
- Lewinsky, Hilde, on masochism, (Abstr.), 124.
- Lewis, Murray D., on causes of anxiety, (Abstr.), 445.
- Lewis, Nolan D. C., co-editor of 'Modern Trends in Child Psychiatry', (Rev.), (Jackson), 244-46.
- Liberthson, Leo, 'If There Are Pits as Deep . . .', (Rev.), (Winner), 118-20.
- Lidz, Theodore, 'Psychiatric Casualties from Guadalcanal', (Abstr.), 437-38.

- Lipetz, Basile, 'Electric Shock Therapy of Elderly Patients', (Abstr.), 442.
- Lipschultz, Louis S., 'A Mental Hygiene Program for the Military Hospital', (Abstr.), 131.
- Loeb, E. M., on naming children, (Devereux), 528.
- Loebowitz-Lennard, Henry, 'The Jew as Symbol' 33-38; on anti-Semitism, (Abstr.), 277.
- Loewenstein, Rudolph M., reviewer of Simmel, 409-413; on concept of id, ego and superego, (Kubie), 516.
- Lorand, Sandor, 'Technique of Psychoanalytic Therapy', (Rev.), (Herold), 234-35; on reaction to the war crises of candidates for induction, (Abstr.), 270; on oral significance of intercourse, (Keiser), 381, 387, 389; editor of 'The Yearbook of Psychoanalysis, II', (Rev.), (Weiss), 549-53.
- Los Angeles Institute for Psychoanalysis, organization of, 297; incorporation of, 453.
- Los Angeles Psychoanalytic Society, formation of, 148-49; scientific program, 453; election of officers, 453; annual joint meeting, 598.
- Louttit, C. M., 'Clinical Psychology of Children's Behavior Problems', (Rev), (Maenchen), 564.
- Loveland, Ruth, reviewer of Thornton, 572-73; reviewer of W. Sachs, 576-77.
- Lowenfeld, Henry, reviewer of Kecs-kemeti and Leites, 255-58.
- Lowinger, Louis, on pre-electroshock EEG and therapeutic result in schizophrenia, (Abstr.), 584.
- Lowrey, Lawson G., 'Psychiatry for Social Workers', (Rev.), (Bech), 250-52; 'Counseling and Therapy', (Abstr.), 444.
- Lundberg, Ferdinand, 'Modern Women: the Lost Sex', (Rev.), (Arkin), 573-74.
- Machover, Solomon, reviewer of Rapaport, et al., 108-113.
- Madigan, V. E., on nondirective psychotherapy, (Abstr.), 283-84.
- Maenchen, Anna, reviewer of Louttit, 564.
- Magic gestures, four types of, (Bergler), (Abstr.), 280.
- Maladjustment, and semantics, (Johnson), (Rev.), 238.
- 'Man, Morals and Society', (Flugel), (Rev.), 240.
- 'Manual of Diagnostic Psychological Testing, Part II', (Rapaport, et al.), (Rev.), 424-25.
- 'Manual of Psychological Medicine for Practitioners and Students', (Tredgold), (Rev.), 253-55.
- Marchand, Walter E., on combat neuroses, (Abstr.), 287.
- Marcondes, Durval, et al., '*Noções Gerais de Higiene Mental da Criança*', (Rev.), (Lewin), 255; on passive sexual attitudes, (Abstr.), 448.
- Margolin, Sydney G., reviewer of Masserman, 104-105; on therapeutic rôle of drugs, (Abstr.), 140-41.
- Marriage, and divorce, (Bergler), (Rev.), 102-104.
- Masochism, and narcissistic satisfactions, (Lewinsky), (Abstr.), 124; moral, (Berliner), 459-60; and sadism of love object, (Berliner), 460, ff.; and need for love, (Berliner), 461, ff.; and guilt, (Berliner), 463-64; and aggression, (Berliner), 465-69; and identification with punishing love object, (Berliner), 468-70; moral, and compulsion neurosis, (Berliner), 470-71.
- Masserman, Jules H., 'Principles of Dynamic Psychiatry', (Rev.), (Margolin), 104-105; 'Psychogenic Vomiting', (Abstr.), 446.
- Masturbation, and semantics, (Johnson), (Rev.), 239; and projection, (Saul), 475-76.
- Mayers, A. N., 'Anxiety and the Group', (Abstr.), 445.
- Mayers, Henry J., on abreaction, (Abstr.), 593.
- McElroy, Robert B., 'Psychoneurosis, Combat-Anxiety Type', (Abstr.), 130.
- McIntyre, R. T., 'Psychiatry and the United States Navy', (Abstr.), 277-78.
- Mead, Margaret, 'Age Patterning in Personality Development', (Abstr.), 592.
- Mechanism, primary, (Glover), 489-90.
- 'Medical Addenda', (Rev.), (Levine), 562-63.
- 'Medicine in the Changing Order', (Rev.), (Levine), 561-62.
- Meerloo, A. M., 'Aftermath of Peace', (Rev.), (Overholser), 422-24.
- '*Mein Kampf*', quotations from, (Kurth), 14, ff.
- 'Men and Their Motives', (Flugel), (Rev.), 401-404.
- Meng, H., on development of conscience, (Abstr.), 448.

- Menninger Foundation, fifth annual report of, 297-98.
- Menninger, Karl, on selection of police officers, (Abstr.), 136-37; on hypnonalysis, (Abstr.), 440-41.
- Menninger, William C., on psychoanalytic orientation in psychiatry, (Benjamin), 170; 'Psychiatric Objectives in the Army', (Abstr.), 434.
- 'Mental Disorders in Later Life', (Kaplan), (Rev.), 116-17.
- Mental hygiene, program for military hospitals, (Lipschultz), (Abstr.), 131; dynamic, (Groves), (Rev.), 425-26.
- Merchant seamen, war neuroses of, (Blain and Heath), (Abstr.), 123; personality traits of, (Powdermaker) (Abstr.), 132.
- Metapsychology, as process theory, (Brierley), (Abstr.), 121.
- Meyer, B. C., on stuttering, (Abstr.), 288.
- Michaels, Joseph J., on comparative pathophysiology of infant and adult, (Abstr.), 141; on integration in psychoanalysis, (Abstr.), 290.
- Migraine, psychosomatic correlations in, (Wolberg), (Abstr.), 128-29; and aggression, (Greenacre), 193.
- Mill, John Stuart, mental crisis of, (Levi), (Abstr.), 271-72.
- Miller, Milton L., reviewer of 'Modern Attitudes in Psychiatry', 107-108; reviewer of Harriman, et al., 261-63; on a phobia in a pilot, (Abstr.), 589.
- Minski, Louis, 'War Neuroses', (Abstr.), 130.
- Mittelman, Bela, 'Analysis of Patients with Acute Symptoms', (Abstr.), 274.
- 'Modern Attitudes in Psychiatry', (Rev.), (Miller), 107-108.
- 'Modern Trends in Child Psychiatry', (Lewis and Pacella), 244-46.
- 'Modern Women: the Lost Sex', (Lundberg and Farnham), (Rev.), 573-74.
- 'Mohave Orality', (Devereux), 519-46.
- Moloney, James Clark, 'Psychiatric Observations in Okinawa Shima', (Abstr.), 282-83; 'The Analyst Remains Silent', (Abstr.), 447.
- Money-Kyrle, R. E., on political ethics, (Abstr.), 125.
- Montagu, M. F. Ashley, on weaning and œdipus tendencies, (Abstr.) 275-76; 'Anti-Feminism and Race Prejudice', (Abstr.), 436.
- Montani, Angelo, 'Psychoanalysis of Music', (Abstr.), 275; on 'pure movies', (Abstr.), 449-50; on psychoanalysis of motion pictures, (Abstr.), 582.
- Moreno, J. L., 'Psychodrama', Vol. I, (Rev.), (Pederson-Krag), 265-67; editor of 'Group Therapy, a symposium', (Rev.), (Henderson), 420-22.
- Moriarty, John D., on shock therapy, (Abstr.), 288.
- Mosse, Eric P., 'A Vacation Experiment', (Abstr.), 274-75.
- Mothers, assistant, (Devereux), 533.
- Motivation, psychosomatic research in, (Deutsch), 198.
- 'Motor Disorders in Nervous Diseases', (Herz and Putnam), (Rev.), 114.
- Mount Zion Hospital, appointment of Dr. Reider, 149.
- Murphy, Gardner, 'The Freeing of Intelligence', (Abstr.), 439-40.
- Murphy, William F., reviewer of Rapaport, et al., 424-25.
- Musatti, C. L., on transference, (Abstr.), 144.
- Music, psychoanalysis of, (Montani), (Abstr.), 275; (Sterba), (Abstr.), 431-32.
- Myers, H. J., on psychoticlike reactions in combat soldiers, (Abstr.), 433-34.
- Myths, anti-Semitic, (Loebowitz-Lennard), 33-37; ritual murder, (Loebowitz-Lennard), 33-35.
- Narcissim, and objectivation, (E. Weiss), 360-62; of the bisexual, (Saul), 478-79.
- 'Narco-Analysis', (Horsley), (Rev.), 559-60.
- Narcodiagnosis, and therapy, (Hoch), (Abstr.), 446.
- Narcolepsy, problems of, (Roth), (Abstr.), 589-90.
- Narcosynthesis, and psychoanalysis, (Freed), (Abstr.), 433.
- National Advisory Mental Health Council, appointment of members, 599.
- Naumburg, Margaret, on art work of a problem boy, (Abstr.), 287-88, 433.
- Navaho culture, (Kluckhohn and Leighton), (Rev.), 259-61.
- Nazi, war criminals, (Gilbert), (Rev.), 567-69; Kelley, (Rev.), 569-70.
- Needles, William, reviewer of Horney, 241-43; on neuropsychiatric casualties from the Normandy campaign, (Abstr.), 435; on psychiatry in the army, (Abstr.), 436-37.
- Negroes, prejudice against, (Zilboorg), 311.

- Nettle, M. A. I., on Mohave women, (Devereux), 520, 522; on infant mortality among the Mohave, (Devereux), 528.
- Neuropsychiatric disorders, in the U. S. Army, (Appel), (Abstr.), 586; in the southwest Pacific area, (Rothschild), (Abstr.), 586.
- Neuroses, war, (Minski), (Abstr.), 130-31; war, in flying personnel, (Grinker and Spiegel), (Abstr.) 131-32; retirement and accident, (Bergler and Knopf), (Abstr.), 141-42; obsessional, and psychotic reaction types, (Stengel), (Abstr.), 142; combat, (Swank and Marchand), (Abstr.), 287; war, and battle fatigue, (Grinker), (Abstr.), 290; posttraumatic, two types of, (Adler), (Abstr.), 435.
- Neurosis, traumatic, (Hardcastle), (Abstr.), 123; traumatic, in merchant seamen, (Blain and Heath), (Abstr.), 123; and personal relationships, (Horney), (Rev.), 241; war, categories of, (Greenston), (Abstr.), 285; compulsion, and moral masochism, (Berliner), 470-71; transference, (Fleming), (Abstr.), 587-88.
- New York Academy of Medicine, hundredth anniversary, 299-300.
- New York Psychoanalytic Institute, training, treatment and research program of, 597-98.
- New York Psychoanalytic Society and Institute, Bulletin of, 294-97; election of officers, 452-53.
- New York Society for Clinical Psychiatry, resolution of, 298-99.
- Nightmare syndrome, and the primal scene, (Schonberger), (Abstr.), 432.
- Nipple, and penis, in frigidity, (Keiser), 387.
- '*Noções Gerais de Higiene Mental da Criança*', (Marcondes, et al.), (Rev.), 255.
- Northwest Clinic of Psychiatry and Neurology, formation of, 149.
- 'Nuremberg Diary', (Gilbert), (Rev.), 567-69.
- Nursing customs, Mohave, (Devereux), 519, ff.
- Oberndorf, C. P., reviewer of Alexander, et al., 99-102; reviewer of Glueck, 416-17.
- Obesity, and neurosis, (Richardson), (Abstr.), 584.
- Objectivation, meaning of, (E. Weiss), 358, ff.; and narcissism, (E. Weiss), 360-62; and altruistic surrender, (E. Weiss), 362; and children, (E. Weiss), 371-73; of the opposite sex, (E. Weiss), 373-76; bilateral, (E. Weiss), 377.
- 'Observations of a Training Analyst', (Sachs), 157-68.
- Ödipal phase, in Hitler, (Kurth), 22-24, 27-28.
- Ödipus, and superego, (Glover), 496.
- Ödipus complex, and early anxieties, (Klein), (Abstr.), 427-28.
- Okinawa Shima, psychiatric observations in, (Moloney), (Abstr.), 282-83.
- Old age, and mental disorders, (Kaplan), (Rev.), 116-17; and counseling, (Lawton), (Rev.), 117-18.
- Olden, Rudolf, on Hitler, (Kurth), 16, 19-20.
- 'On Some Psychodynamics of Masochism', (Berliner), 459-71.
- 'On the Psychopathology of Orgasm', (Keiser), 378-90.
- Ophthalmology, psychosomatic problems in, (Abstr.), 135-36.
- Oral eroticism, and homosexuality, (Blanton), 215.
- Oral fixation, and normal oral development, (Blanton), 215.
- Oral frustration, in infants, (Bibring), 71-72; by Mohave women, (Devereux), 533-34.
- Oral sadism, in infants, (Bibring), 72, ff.; of Mohave, (Devereux), 535-36, 537.
- Orgasm, psychopathology of, (Keiser), 378-90; time required for, (Keiser), 380; fears of, (Keiser), 381-84; fear of emptiness following, (Agoston), (Abstr.), 582.
- Orphanhood, problems of, (Schryver), (Abstr.), 289.
- Ottenheimer, Lilly, on reactions after electroshock treatments, (Abstr.), 585.
- Overholser, Winfred, reviewer of Meerloo, 422-24.
- Pacella, B. L., reviewer of Temkin, 115-16; co-editor of 'Modern Trends in Child Psychiatry', (Rev.), (Jackson), 244-46.
- Pardi, L., on sexual behavior in primates, (Abstr.), 145-46; on the behavior of animals, (Abstr.), 451.
- Paresis, mental symptoms of, (Coriat), (Abstr.), 276.
- Parsons, Talcott, on institutional change and the Germans, (Abstr.), 134.



- Pederson-Krag, Geraldine, 'Telepathy and Repression', 61-68; reviewer of Moreno, 265-67.
- Pedestal, and erect genital of father, (Greenacre), 188.
- Penis, displacement of, to fish, (Greenacre), 182-83; visualization of, and light and color effects, (Greenacre), 183, 186; and halo, (Greenacre), 191; and nipple, in frigidity, (Keiser), 387.
- Penis envy, in a dream, (Pederson-Krag), 64; and birth of a brother, (Greenacre), 182; in phallic women, (Blanton), 216, ff.; among Mohave women, (Devereux), 539-40.
- Pennsylvania Psychiatric Society, annual meeting, 599.
- 'People in Quandaries', (Johnson), (Rev.), 235-39.
- Perrotti, N., 'Psychoanalysis of Our Opinions', (Abstr.), 143; on music, (Abstr.), 144-45; on the phobia of communism, (Abstr.), 450.
- Personality, age patterning and, (Mead), (Abstr.), 592.
- Perversion, and psychosis and neurosis, (Bychowski), 231.
- 'Phallic Women', (Blanton), 214-24.
- Philadelphia Psychoanalytic Society, election of officers, 453.
- Phobia, in a pilot, (Miller), (Abstr.), 589.
- Phylogeny, and ontogeny, (Brill), (Abstr.), 432.
- Pickford, R. W., '*Déjà vu* in Proust and Tolstoy', (Abstr.), 125.
- Pietranera, Giulio, on 'pure movies', (Abstr.), 449-50; on psychoanalysis of motion pictures, (Abstr.), 582.
- Pleasure principle, and economy in art, (J. Weiss), 395-96.
- Polatin, Phillip, reviewer of Tredgold, 253-55.
- Postural behavior, analysis of, (Deutsch), 195-213.
- Postural configurations, what they depend on, (Deutsch), 211.
- Powdermaker, Florence, 'Review of Cases at Merchant Marine Rest Centers', (Abstr.), 132.
- Pratt, Dallas, 'Persistence of Symptoms in the Psychoneurotic Ex-Soldier', (Abstr.), 289.
- Pregnancy, emotional factors in, (Squier and Dunbar), (Abstr.), 590.
- Prejudice, psychopathology of, (Zilboorg), 303-324; etymological meaning of, (Zilboorg), 308-309; social, emotional origin of, (Zilboorg), 309, ff.; against Jews, (Zilboorg), 310; against Catholics, (Zilboorg), 310-11; against Negroes, (Zilboorg), 311; against labor, (Zilboorg), 311-12; against Communists, (Zilboorg), 312; against capitalism, (Zilboorg), 312-13; and hatred, (Zilboorg), 313-14.
- Primal scene, and breathing attacks, (Greenacre), 180.
- Primates, sexual behavior in, (Pardi), (Abstr.), 145-46.
- 'Principles of Dynamic Psychiatry', (Masserman), (Rev.), 104-105.
- 'Problems in Abnormal Behavior', (Thornton), (Rev.), 572-73.
- 'Problems in Religion and Life', (Boisen), (Rev.), 575-76.
- 'Problems of Therapeutic Management in a Psychoanalytic Hospital', (Fromm-Reichmann), 325-56.
- Processes, primary and secondary, (Glover), 487-88.
- 'Projection, Extrajection and Objectivation', (E. Weiss), 357-77.
- Projection, and Hitler, (Kurth), 25-26; as a defense mechanism, (Bibring), 72; of aggression, (Bibring), 72-73; and social prejudice, (Zilboorg), 321-24; true, meaning of, (E. Weiss), 358, ff.; of homosexuality and bisexuality, (Saul), 472, ff.; and masturbation, (Saul), 475-76; and jealousy, (Saul), 479; and countertransference, (Saul), 479; and social relations, (Saul), 479; mechanism of, (Glover), 492.
- Prostitution, and the pseudo personality, (Agoston), (Abstr.), 268-69.
- Prout, C. T., reviewer of Herz and Putnam, 114.
- Pruritis, psychosomatic factors in, (Rosenthal), (Abstr.), 139.
- '*Psicoanalisi della Vita Istintiva*', (Flescher), (Rev.), 556-58.
- 'Psychiatric Interviews with Children', (Witmer), (Rev.), 246-48.
- Psychiatric casualties, from the Normandy campaign, (Needles), (Abstr.), 435; from Guadalcanal, (Lidz), (Abstr.), 437-38.
- Psychiatric education, (Abstr.), 136.
- 'Psychiatry for Social Workers', (Lowrey), (Rev.), 250-52.
- Psychiatry, biodynamics in, (Masserman), (Rev.), 104-105; in America, (Deutsch), (Rev.), 105-107; modern attitudes in, (Rev.), 107-108; child, (Lewis and Pacella), (Rev.), 244-46; (Witmer), (Rev.), 246-48; and the United States Navy, (McIntyre),

- (Abstr.), 277-78; and propaganda, (Eliasberg), (Abstr.), 289; in the army, (W. Menninger), (Abstr.), 434; (Needles), (Abstr.), 436-37; the group factor in military, (Coleman), (Abstr.), 444.
- Psychic development, of the infant, (Bibring), 82-88.
- 'Psychoanalysis and Nonanalytic Psychotherapy', (Benjamin), 169-76.
- Psychoanalysis, English school of, (Bibring), 69-93; in relation to psychiatry, (Knight), (Abstr.), 278; integration in, (Michaels), (Abstr.), 290; yearbook of, (Lorand), (Rev.), 549-53; of children, (A. Freud), (Rev.), 553-56; schools of child, (A. Freud), (Rev.), 554-55; of instincts, (Flescher), (Rev.), 556-58.
- 'Psychoanalytic Therapy', (Alexander, et al.), (Rev.), 99-102.
- Psychoanalytic interviews, with psychotics, duration of, (Fromm-Reichmann), 342-46.
- 'Psychodrama', Vol. I, (Moreno), (Rev.), 265-67.
- 'Psychological Medicine', (Curran and Guttman), (Rev.), 563.
- Psychological medicine, manual of, (Tredgold), (Rev.), 253-55.
- Psychology, modern, (Harriman, et al.), (Rev.), 261-63; abnormal, textbook of, (Landis and Bolles), 413-15; dynamic, quantitative concepts in, (Kubie), 507-518.
- Psychoneurosis, combat anxiety type, (McElroy), (Abstr.), 130.
- Psychopathic personalities, electroencephalographic studies, (Simons and Diethelm), (Abstr.), 287.
- 'Psychopathology of Social Prejudice', (Zilboorg), 303-324.
- Psychopaths, conscience in, (Greenacre), (Abstr.), 443-44.
- Psychopathy, and human typology, (Karpman), (Abstr.), 447.
- Psychoses, depressive, in soldiers, (Serota), (Abstr.), 438-39.
- Psychosis, collective, and Freud, (Flescher), (Abstr.), 143.
- Psychosomatic medicine, an introduction to, (Hinsie), (Rev.), 113-14.
- Psychosomatic affections, in Britain, (Halliday), (Abstr.), 140; significance of, (Halliday), (Abstr.), 286.
- Psychotherapists, American, personalities of, (Gildea and Gildea), (Abstr.), 130.
- Psychotherapy, brief, (Weiss), (Rev.), 100; planned, (French), (Rev.), 100-101; nonanalytic, and psychoanalysis, (Benjamin), 169-76; brief, and analytic techniques, (Benjamin), 173-74; nondirective, (Madigan), (Abstr.), 283-84; directive, (Thorne), (Abstr.), 292-93; individual, (Alexander), (Abstr.), 441; group, with veterans, (Ackerman), (Abstr.), 441-42; and determinism and free-will, (Knight), (Abstr.), 586-87.
- Psychotics, hospitalized, and privileges, (Fromm-Reichmann), 325-28; transference of, (Fromm-Reichmann), 328; attitude of staff towards, (Fromm-Reichmann), 328-33; personal confidences of, (Fromm-Reichmann), 337-39; and suicide, (Fromm-Reichmann), 341-42; and tube-feeding, (Fromm-Reichmann), 342; and psychoanalytic interviews, (Fromm-Reichmann), 342-46; and friendliness, (Fromm-Reichmann), 346-49; and pharmacological sedation, (Fromm-Reichmann), 349-51; and relatives, (Fromm-Reichmann), 351-54.
- Putnam, Tracy J., co-author of 'Motor Disorders in Nervous Diseases', (Rev.), (Prout), 114.
- Quantitative concepts, see Concepts.
- Rado, Sandor, on psychodynamic instructions, (Benjamin), 170.
- Rank, Otto, on dismemberment and castration, (Loebowitz-Lennard), 34.
- Rapaport, David, co-author of 'Diagnostic Psychological Testing', (Rev.), (Machover), 108-113; on Rorschach test, (Abstr.), 137; co-author of 'Manual of Diagnostic Psychological Testing, Part II', (Rev.), (Murphy), 424-25.
- Rascovsky, Arnaldo, on thyroid secretion, (Abstr.), 447-48.
- Raubel, Geli, rôle of, in Hitler's life, (Kurth), 17-18.
- Reality, withdrawal from, in a schizoid personality, (Bychowski), 228-29; sense of, (Bergler), (Abstr.), 272.
- Reality testing, of children, (Bychowski), 225-26.
- Redlich, Frederick C., 'Organic and Hysterical Anesthesia', (Abstr.), 585.
- Regression, theory of, (Bibring), 92; as a primary mechanism, (Glover), 484-86.
- Rehabilitation, and motivation, (Kubie), (Abstr.), 133-34; psychiatric, of veterans, (Windholz), (Abstr.), 137.

- Reich, Wilhelm, on orgasm, (Keiser), 379, 380.
- Relatives, and hospitalized psychotics, (Fromm-Reichmann), 351-54.
- '*Religion und Psychotherapie*', (Caruso), (Rev.), 575-76.
- Religion, and psychotherapy, (Boisen), (Rev.), 575-76; (Caruso), (Rev.), 575-76.
- Repression, and telepathy, (Pederson-Krag), 61-68; primal and actual, (Glover), 486-87.
- Research, clinical, problems in, (Abstr.), 591-92.
- Rêve à deux*, telepathic, (Eisenbud), 39, ff.
- Richardson, Henry B., 'Obesity and Neurosis', (Abstr.), 584.
- Ries, Hannah, 'An Unwelcome Child and Her Death Instinct', (Abstr.), 580.
- Right and left-sidedness, (Blau), (Rev.), 417-18.
- Roger, Henri, '*Éléments de Psycho-Physiologie*', (Rev.), (De Saussure) 425.
- Róheim, Géza, reviewer of Kluckhohn and Leighton, 259-61; 'Animism and Dreams', (Abstr.), 271; on orgasm, (Keiser), 381; on the phallic woman, (Keiser), 387; on a Yuma shaman, (Devereux), 526, 538, 541.
- Rorschach test, clinical evaluation of, (Rapaport and Schafer), (Abstr.), 137.
- Rosen, H., on psychoticlike reactions in combat soldiers, (Abstr.), 433-34.
- Rosen, Harold, on abreaction, (Abstr.), 593.
- Rosen, John N., on acute catatonic excitement, (Abstr.), 583.
- Rosenbaum, Milton, on pruritis, (Abstr.), 139.
- Ross, Nathaniel, reviewer of Deutsch, 105-107; reviewer of Johnson, 235-39; reviewer of Landis and Bolles, 413-15; reviewer of van Saher, 577-78.
- Roth, Nathan, on narcolepsy, (Abstr.), 589-90.
- Rothenberg, Simon, on transference, (Abstr.), 277.
- Rothschild, David, on neuropsychiatric cases in southwest Pacific area, (Abstr.), 586.
- Ruesch, Jürgen, on posttraumatic syndromes, (Abstr.), 434.
- Sachs, Hanns, in memoriam, (Loewenstein), 151-53; bibliography of, 153-56; 'Observations of a Training Analyst', 157-68.
- Sachs, Wulf, 'Black Anger', (Rev.), (Loveland), 576-77.
- Sadism, of love object, and masochism, (Berliner), 460, ff.
- Salmon Lectures, by Harold D. Lasswell, 456.
- San Francisco Psychoanalytic Society, scientific program, 453; annual joint meeting, 598.
- Saul, Leon J., on telepathy, (Pederson-Krag), 67-68; 'Some Observations on a Form of Projection', 472-81.
- Schafer, Roy, co-author of 'Diagnostic Psychological Testing', (Rev.), (Machover), 108-113; on Rorschach test, (Abstr.), 137; co-author of 'Manual of Diagnostic Psychological Testing, Part II', (Rev.), (Murphy), 424-25.
- Schick, Alfred, 'Neurosis and Neurotic Syndrome', (Abstr.), 138.
- Schizophrenia, therapeutic approach to, (Kaplan), (Abstr.), 129; biology of, (Hoskins), (Rev.), 248-50; regression in, (Kasanin), (Abstr.), 278; childhood, (Harms), (Abstr.), 280; Bosselman, (Abstr.), 280 (Bender), 591; delusion and motor behavior in, (Devereux), (Abstr.), 284; primitive habits in, (Arieti), (Abstr.), 291; adolescent catatonic, (Knight), (Abstr.), 587; therapy in, (Federn), (Abstr.), 594.
- Schizophrenics, and reality testing, (Bychowski), 227-32; and insulin shock, (Bychowski), 231-32.
- Schmidhofer, Ernest, on hypnosis, (Abstr.), 446.
- Schneck, Jerome M., on bibliotherapy, (Abstr.), 135.
- Schonberger, Stephen, on the nightmare syndrome, (Abstr.), 432.
- School for Nursery Years, training program, 600.
- Schopenhauer, unconscious of, (Wisdom), (Abstr.), 429.
- Schreber case, (Greenacre), 191.
- Schryver, Selina, 'Problems of Orphanhood', (Abstr.), 289.
- Sedation, pharmacological, of hospitalized psychotics, (Fromm-Reichmann), 349-51.
- Self-aggression, infantile, among Mohave, (Devereux), 520-21, 523-25, 529.
- Semantics, general, (Johnson), (Rev.), 235-39; and maladjustment, (Johnson), (Rev.), 238; and masturbation, (Johnson), (Rev.), 239.

- Semitic names, in two dreams, (Eisenbud), 44-46, 48-49.
- Sensation or impulse knowledge, (Bibering), 79-82.
- Sensory and emotive organizations, of nervous system, (Spitz), (Abstr.), 273.
- Serota, H. M., on depressive psychoses in soldiers, (Abstr.), 438-39.
- Servadio, E., on internment, (Abstr.), 449; 'In Memory of Freud', (Abstr.), 450; on surrealism', (Abstr.), 451; reviewer of Flescher, 556-58.
- 'Sex Education: A Guide for Parents, Teachers and Youth Leaders' (Bibby), (Rev.), 264-65.
- 'Sex Problems of the Returned Veteran', (Kitching), (Rev.), 264.
- Sex, in modern society, (Frankenthal), (Abstr.), 133.
- Sexual excitement, in childhood, (Bibering), 70, ff.
- Sexuality, and Hitler's anti-Semitism, (Kurth), 14, ff; and sociality, (Flugel), (Rev.), 402-403; contrast of Scandinavian and Parisian, (Flugel), (Rev.), 403-404.
- Shatzky, Jacob, reviewer of Abrahamson, 406-409.
- Shlionsky, Herman, reviewer of Groves, 425-26.
- 'Shock Treatments and Other Somatic Procedures in Psychiatry', (Kalinowsky and Hoch), (Rev.), 244.
- Shock, insulin, and schizophrenics, (Bychowski), 231-32.
- Shock therapy, of neurotic patients, (Moriarty and Weil), (Abstr.), 288.
- Siegel, Jacob, on amnesia, (Abstr.), 589.
- Silberer, Herbert, on dismemberment motifs, (Loebowitz-Lennard), 34.
- Silberpfennig, Judith, on Japanese and German paradox, (Abstr.), 271.
- Simmel, Ernst, editor of 'Anti-Semitism: A Social Disease', (Rev.), (Loewenstein), 409-413.
- Simons, Donald J., 'Electroencephalographic Studies of Psychopathic Personalities', (Abstr.), 287.
- Slavson, S. R., on group therapy, (Abstr.), 592.
- Slutsky, Albert, in memoriam, (Briehl), 96-97.
- Smoking, compulsive, (Bergler), (Abstr.), 583-84.
- Social workers, psychiatry for, (Lowrey), (Rev.), 250-52; 253.
- Sociological phenomena, and clinical terminology, (Zilboorg), 303-305.
- Soldiers, combat, psychoticlike reactions in, (Rosen, et al.), (Abstr.), 433-34.
- Solley, John B., Jr., obituary, 452.
- Solomon, Philip, on combat fatigue, (Abstr.), 593.
- 'Some Observations on a Form of Projection', (Saul), 472-81.
- 'Some Psychological Hypotheses on Nazi Germany', (Kecskemeti and Leites), (Rev.), 255-58.
- Somnambulistic act, meaning of, (Tarachow), (Abstr.), 129.
- Sperling, Otto, 'On Appersonation', (Abstr.), 122-23.
- Spiegel, John P., 'War Neuroses in Flying Personnel', (Abstr.), 131-32.
- Spitz, R. A., 'Diacritic and Coenesthetic Organization', (Abstr.), 273.
- Squier, Raymond, on pregnancy, (Abstr.), 590.
- Stekel, Wilhelm, on therapeutic results, (Alexander), (Rev.), 99.
- Stephen, Adrian, on clinical research, (Abstr.), 430; on ambivalence, (Abstr.), 430-31.
- Stengel, E., on obsessional neurosis and psychotic reaction types, (Abstr.), 142-43.
- Sterba, Richard, 'The Formative Activity of the Analyst', (Abstr.), 124; on the musical process, (Abstr.), 431-32.
- Stern, Karl, 'Aging and Detoxication', (Abstr.), 585.
- Stimulants, in psychoanalysis, (Agoston), (Abstr.), 126-27.
- Stragnell, Gregory, on the golden phallus, (Greenacre), 193.
- Stuttering, psychosomatic aspect of, (Meyer), (Abstr.), 288.
- Sucking, significance of, (Blanton), 215.
- Suicide, and psychological dynamics, (Zilboorg), 304; and psychotics, (Fromm-Reichmann), 341-42.
- Sumyanskaya, 'Treatment of Depressions with Hypoxemia', (Abstr.), 138-39.
- Superego, as a clinical concept, (Glover), 489, 495-97; and *œdipus*, (Glover), 496.
- Superego formation, and reactions to stress, (Greenacre), 177-94; and *œdipus* complex, (Klein), (Abstr.), 427-28.
- Superego regression, and political life, (Flescher), (Abstr.), 450.
- Surrealism, and psychoanalysis, (Servadio), (Abstr.), 451.

- Susselman, Samuel, 'Electric Shock Therapy of Elderly Patients', (Abstr.), 442; 'Intravenous Injection of Sodium Amytal as a Test for Latent Anxiety', (Abstr.), 443.
- Swank, Roy L., on combat neuroses, (Abstr.), 287.
- Symbolism, and the infant, (Bibring), 77, 87-88.
- Symptoms, acute, analysis of patients with, (Mittelman), (Abstr.), 274; of psychogenic origin, (Barahal and Freeman), (Abstr.), 432.
- Syndrome, cerebral blast, (Fabing), (Abstr.), 593.
- 'Talleyrand', (LaFogues), (Rev.), 547-49.
- Tarachow, S., on somnambulistic act, (Abstr.), 129; on a psychosomatic theory of tension, (Abstr.), 273; on simulation of insanity, (Abstr.), 581.
- 'Technique of Psychoanalytic Therapy', (Lorand), (Rev.), 234-35.
- Telepathic perception, considered in neurological terms, (Pederson-Krag), 68.
- 'Telepathy and Repression', (Pederson-Krag), 61-68.
- Telepathy, and dream analysis, (Eisenbud), 39, ff.; 'proof' of, (Eisenbud), 42, n.
- Temkin, Owsei, 'The Falling Sickness', (Rev.), (Pacella), 115-16.
- Tension, spreading of, (Bibring), 73, ff.; a psychosomatic theory of, (Tarachow), (Abstr.), 273.
- Terminology, clinical, and sociological phenomena, (Zilboorg), 303-305.
- Tests, clinical application of psychological, (Rapaport, et al.), (Rev.), 108-113, 424-25.
- 'Textbook of Abnormal Psychology', (Landis and Bolles), (Rev.), 413-15.
- 'The Autonomic Nervous System', (Kuntz), (Rev.), 566-67.
- 'The Biology of Schizophrenia', (Hoskins), (Rev.), 248-50.
- 'The Case Worker in Psychotherapy', (Rev.), (Crutcher), 253.
- 'The Dreams of Two Patients in Analysis Interpreted as a Telepathic *Rêve à Deux*', (Eisenbud), 39-60.
- 'The Echo', (van Saher), (Rev.), 577-78.
- 'The Ego and the Mechanisms of Defence', (Anna Freud), (Rev.), 243.
- 'The Fallacious Use of Quantitative Concepts in Dynamic Psychology', (Kubie), 507-518.
- 'The Falling Sickness', (Temkin), (Rev.), 115-16.
- 'The Jew and Adolf Hitler', (Kurth), 11-32.
- 'The Jew as Symbol', (Loebblowitz-Lennard), 33-38.
- 'The Master Hand', (Blau), (Rev.), 417-18.
- 'The Mentally Ill in America', (Deutsch), (Rev.), 105-107.
- 'The Mind and Death of a Genius', (Abrahamsen), (Rev.), 406-409.
- 'The Navaho', (Kluckhohn and Leighton), (Rev.), 259-61.
- 'The Person in the Body', (Hinsie), (Rev.), 113-14.
- 'The Personality of the Preschool Child', (Wolff), (Rev.), 564-66.
- 'The Preschizophrenic Ego', (Bychow-ski), 225-33.
- 'The Psychoanalytic Treatment of Children', (A. Freud), (Rev.), 553-56.
- 'The So-Called English School of Psychoanalysis', (Bibring), 69-93.
- 'The Yearbook of Psychoanalysis, II', (Lorand), (Rev.), 549-53.
- Therapies, current, of personality disorders, (Glueck), (Rev.), 416-17.
- Therapy, convulsive, and analysis, (Baker), (Abstr.), 129; psychoanalytic, (Lorand), (Rev.), 234-35; tutoring as, (Arthur), (Rev.), 418-19.
- Thompson, Clara, on transference, (Abstr.), 281.
- Thorne, Frederick C., on directive psychotherapy, (Abstr.), 292-93.
- Thornton, Nathaniel, 'Problems in Abnormal Behavior', (Rev.), (Love-land), 572-73.
- Thyroid secretion, and the psyche, (Rascovsky), (Abstr.), 447-48.
- Time, and the unconscious, (Eisenbud), 60.
- Topeka Psychoanalytic Society, meeting of, 149, 297.
- Training, of nonanalytic therapist, (Benjamin), 170-71.
- Training analyst, see Analyst.
- Transference, of hospitalized psychotics, (Fromm-Reichmann), 328; in an hour of analysis, (Rothenberg), (Abstr.), 277; in therapy, (Thompson), (Abstr.), 281.
- 'Transitional links' theory, of Melanie Klein, (Bibring), 76-78.
- Transvestite, male, among the Mohave, (Devereux), 537; female, (Devereux), 541.

- Trauma, concept of, (Fenichel), (Abstr.), 428-29.
- Traumatic syndrome, and character, (Kelman), (Abstr.), 291.
- Tredgold, A. F., 'Manual of Psychological Medicine for Practitioners and Students', (Rev.), (Polatin), 253-55.
- Tube-feeding, and psychotics, (Fromm-Reichmann), 342.
- Turner, William J., on pre-electroshock EEG and therapeutic result in schizophrenia, (Abstr.), 584.
- 'Tutoring as Therapy', (Arthur), (Rev.), 418-19.
- 'Twentieth Century Psychology', (Harriman, et al.), (Rev.), 261-63.
- 'Twenty-Two Cells in Nuremberg', (Kelley), (Rev.), 569-70.
- Unconscious, timelessness of the, (Eisenbud), 60; and art, (J. Weiss), 398-99; and psychoanalysis, (Dunlap), (Abstr.), 585.
- 'Unhappy Marriage and Divorce', (Bergler), (Rev.), 102-104.
- University of Cincinnati College of Medicine, appointment of Dr. Levine, 149-50.
- U. S. Public Health Service, research fellowships, 599.
- Van Clute, Walter, on dialectics and psychoanalysis, (Abstr.), 127-28.
- van Saher, Lilla, 'The Echo', (Rev.), (Ross), 577-78.
- Veterans, mental health of, (Bradley), (Abstr.), 291.
- 'Vision, Headache and the Halo', (Greenacre), 177-94.
- Visual overstimulation, and sight of genitalia, (Greenacre), 187; and process of birth, (Greenacre), 187.
- Visual shock, and headache, (Greenacre), 177-78, 193.
- Visualization, of penis, and light and color effects, (Greenacre), 183, 186.
- Vollmer, Hermann, 'Treatment of Warts by Suggestion', (Abstr.), 442.
- Vomiting, psychogenic, (Masserman), (Abstr.), 446.
- War, crises, reaction to, (Lorand), (Abstr.), 270; psychological effects of, (Benedek), (Rev.), 404-406.
- War neuroses, see Neuroses.
- Wartime injuries, psychic concomitants in, (Kupper), (Abstr.), 138.
- Warts, treatment of, by suggestion, (Vollmer), (Abstr.), 442.
- Weaning, and oedipus tendencies, (Montagu), (Abstr.), 275-76; customs, Mohave, (Devereux), 522, ff.
- Wegrocki, Henry G., 'Anxiety and Plane Flight', (Abstr.), 431.
- Weil, Andre A., on shock therapy, (Abstr.), 288.
- Weininger, Otto, personality of, (Abrahamson), (Rev.), 406-409.
- Weiss, Edoardo, 'Projection, Extrajection and Objectivation', 357-77; on projection to heterosexual objects, (Saul), 472-73; reviewer of Lorand, 549-53.
- Weiss, Joseph, 'A Psychological Theory of Formal Beauty', 391-400.
- Well-being, and clinical improvement, (English), (Abstr.), 588-89.
- Western State Psychiatric Institute and Clinic, conference of, 457.
- Wiltwyck School for Boys, 457.
- Windholz, Emanuel, on psychiatric rehabilitation of veterans, (Abstr.), 137.
- Winner, Percy, reviewer of Libershon, 118-20; 'Dario', (Rev.), (Gosselin), 258-59; reviewer of LaForgue, 547-49.
- Wisdom, J. O., on Hedda Gabler, (Abstr.), 127; 'The Unconscious Origin of Schopenhauer's Philosophy', (Abstr.), 429.
- Wit, a study of, (Eidelberg), (Abstr.), 270; and art, economy in, (J. Weiss), 392, ff.
- Witmer, Helen Leland, editor of 'Psychiatric Interviews with Children', (Rev.), (Alpert), 246-48.
- Wittkower, E., 'The War Blinded', (Abstr.), 590.
- Wolberg, Lewis R., on migraine, (Abstr.), 128-29.
- Wolff, Werner, 'The Personality of the Preschool Child', (Rev.), (Auerbach), 564-66.
- World Health Organization, scope of, 454.
- Wortis, Joseph, 'Freudianism and the Psychoanalytic Tradition', (Abstr.), 278-79.
- Wortis, S. Bernard, on reactions after electroshock treatments, (Abstr.), 585.
- Zilboorg, Gregory, 'Psychopathology of Social Prejudice', 303-324; on oral-ity and sexual disturbances, (Keiser), 389.