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A CASE OF PATHOLOGICAL JEALOUSY

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When the patient was interviewed for analysis, he was desolate and sobbing. He was, he said, a member of a Kibbuz¹ in the country, and had to move to the city to undergo treatment. He was thirty-three years old, married ten years, and had a nine-year-old son. He had fallen violently in love with his wife at first sight; she was his first serious attachment, and the first woman with whom he had vaginal intercourse. Until he met her, he had had countless sexual relationships during which only *ejaculatio ante portas* had occurred. With his wife he always completed intercourse very quickly, but occasionally they both obtained satisfaction; nevertheless he was unable to forego other relationships. Wherever he went it seemed to him that women were interested in him and these casual relationships always terminated in *ejaculatio ante portas*. As he lived in a Kibbuz he became very fearful lest his wife hear of the affairs, especially since his potency had waned steadily with the years, so that intercourse with her became rarer and rarer. The wife reacted very violently to her continual disappointment. To satisfy her he began forcing himself to two consecutive sex acts. Later he began to masturbate secretly before intercourse, in the hope of thus retarding the second ejacula-

Paper read on June 21, 1947, before the Psychoanalytic Society of Israel.

¹ The Kibbuz is a community of approximately one hundred fifty members, mostly married couples. Each couple lives in a room, their children in a special house within the farm; the dining room and washrooms are communal. A member to move to the city for treatment has to have the consent of the community. Individuals usually have no income, their earnings being pooled in the community treasury. The members join the community mostly for political and idealistic reasons. They are not communists. That many of them apply for analytic treatment is explained by the fact that they are spiritually active and progressive people who want to make the treasures of science available to 'the man in the street'. The close quarters in which they live in many cases leads to the intensification of existing conflicts. It is not yet decided to what extent people who join such an idealistic movement are *ipso facto* neurotic.

tion. Little was gained by this practice; he began to feel that she was ruining him and his masculinity, that she was using him up and squeezing him dry.

One day he began to believe that his wife was showing interest in another man, a comrade in the same Kibbutz, a handsome, especially virile-looking man. In the communal washroom he had once observed this man's penis. The patient considered his penis comparatively small. He was beside himself at the thought that his wife might be interested in this man. He had once had a prolonged affair with the man's wife (before her marriage) under humiliating circumstances. He feared not only that his wife might learn of it, but also that the man might make use of this opportunity to revenge himself. Thenceforward he did not allow his wife out of his sight; he insisted that she was running after Abraham, despite her denials. His anxiety mounted, he could not work, cried several hours daily and feared he could not live without her. He began to believe that his wife showed interest in yet another man, with whose wife he also had had an affair, and he started to suspect a third comrade of the Kibbutz. His condition became so unbearable that he was sent to Tel Aviv to a psychiatrist of the health insurance agency. He obtained leave from the Kibbutz and with his wife spent several weeks in Tel Aviv at his brother's house. During these days of desperation he had intercourse with his wife at least twice daily, each act serving only to increase his depression. He reacted now as if he were psychotic. He would shout during the night that he was being pursued; that his family must protect him or he would kill himself. Some weeks later, his wife left for several days to be with their son. He protested desperately that she must not leave, but to his surprise he was in better spirits during her absence and began crying again when she returned. He dreamed that if she were to die, he would regain his health. The psychiatrist advised him to have no sexual relations, and he grew much calmer.

This man was the sixth of seven children, with two older brothers, three older sisters, and one younger brother. He said

he was especially loved and admired—he was given the name *Süsskind* (sweet child)—and a great feast was celebrated at his birth. He came from a village in Poland where his father was a tailor. The family suffered during the first World War, often having to hide in the cellar. Once the father was taken away to be shot. It is not quite clear how he was saved, but apparently the little brother had held on to his father's leg while the oldest, then fifteen years old, defended him with a stick. The patient does not remember his own actions. After the war, the father became owner of a bakery, external conditions became stabilized, and the patient first attended the town school and then the high school; he left home at about the age of thirteen.

His dislike of his father he rationalized on the basis of the latter's numerous affairs with housemaids, and the betrayal of his mother. Intermingled were—at first—screen memories from the parents' bedroom, which he shared with them until he left home, on the basis of which he reproached his father with brutality and thoughtless cruelty toward his mother. Whenever he recalled that bedroom, he thought of a large pair of tailor's scissors. Once he believed his father had thrown them, probably at his mother; another time he saw them floating, enormously enlarged, over the reclining parents. A second recurring 'memory' led him to believe that his father had been strangling his mother; he had heard her breathing heavily, coughing and 'croaking'. Both memories were conscious reasons for disliking his father. As he grew older, he was aware of their sexual activity, and pulled the bedcovers over his head; when the father got up to urinate, he knew it was over.

The interpretation of his dreams supplemented the screen memories. To the scissors he associated his mother's legs. This was the first time the mother was associated with anxiety. A second memory referred to fellatio. Such a possibility was familiar to him from early childhood. There was a bakery assistant, 'crazy Wassja', who had great importance as a father image; when the children asked him to squeeze some of the cream with which he filled cakes into their mouths, he was

vaguely recalled to have replied: 'I'll squeeze my penis into your mouth'. He described vivid impressions of his school years: the atmosphere of the smoky bakery, the glowing fire, the warm and fragrant odors, the appetizing, sticky, cake dough, the simple villagers, their crude sexual playfulness, the suggestive songs and allusions—all served to create a greedy uninhibited sensual desire. Wassja, who respected neither women nor children, sang and danced Russian dances in the courtyard; when the children ran after him and asked him to, he exposed his gigantic penis and sang: 'I take out my penis, and put it between her thighs; then she cries "Oj, joi, joi".' Thus it was that the patient never had a latency period. Among his friends, sexual games which imitated coitus were among their daily pleasures.

When the patient was sixteen years old, the father died. The sons thought it was just as well he had died since nobody knew what further unpleasantness he might otherwise have brought upon the family because of his licentiousness. The patient solemnly declared on the occasion that the sons must now replace the father with their mother.

Of his mother the patient spoke with unusual tenderness, referring mostly to the period preceding her death when he nursed her with a motherly devotion till she died in his arms. He was then twenty-one. Believing he could not survive her death, he fled from home leaving his entire inheritance to his sisters, and made his way to Palestine.

The woman he married reminded him so much of his mother that he continually made the mistake of calling her 'mamma' instead of 'Noemi'. He rationalized his compulsion to have extramarital relations as due to an overly violent temperament, but it caused him much anxiety although he was more than a little proud as well.

A few weeks after treatment began, the opportunity presented itself to observe one of his typical projection mechanisms. On the occasion of the New Year he brought the analyst a book as a present. Later, as he was about to return home, the analyst told him to advise his wife to make no more

scenes now that the treatment offered hope of improvement. He replied that he would bring his wife to the analyst as it would make a greater impression on her if she were told this personally. He was told that this was unnecessary, that the analyst had no wish to intrude into the family relationships, and that it was more important for him to find courage to tell his wife himself. When he returned he was very dejected. Upon reflection, he had come to the conclusion that the analyst too had now fallen in love with him; what would happen to the treatment now? His opinion was based on the analyst's refusal to talk to his wife; also, he had observed that lately the analyst dressed with much more elegance, surely in order to impress him. In accordance with the changing season, the analyst appeared in dresses he had not previously seen. Did the analyst develop these tender feelings because he had given her the book? This led to the discussion of his assertion that each woman he met fell in love with him, and that he was obliged to enter into a sexual relationship with her in order not to disappoint her. He had, indeed, made innumerable conquests, but typically the woman loved him violently; he had loved none. The analyst convinced him with little difficulty that the initiative in repetitive identical situations lay with him; in a good mood, he was, indeed, very charming, and engaged effortlessly with every one in a humorous conversation which always had about it the air of a flirtation.

The first correction of his conscious memories was of his relationship to his Kibbuz comrade, Abraham, the special object of his suspicions. It turned out that he admired him very much—his virility, his success with women—and suddenly he remembered with great excitement that his father's name was Abraham. There had been a time, he said, when he had admired his father very much; when his father had been especially tender with him, had played and romped with him in the courtyard and carried him in his arms. At that time only his father had been important to him, and he had no recollection of his mother.

Next, in dreams and in the transference the negative œdipus

came to expression. First he dreamed he was in the bakery, and utilized a moment of his mother's absence to seize a longish cake. As he saw her returning, he quickly stuffed it into his mouth. In discussing the dream, he said his mother would surely have gladly given it to him voluntarily had he asked for it. He developed an intense hostility toward his older sister, resident in Tel Aviv, for whom he had hitherto shown great concern. He could not forgive her for having a sexual intimacy with an elderly married man. Noemi, too, came in for a good deal of hostile criticism after each visit home: she was violent to the point of vulgarity, primitive and shameless, used him up physically and spiritually, was egotistical, egocentric, infantile. He felt generally imposed upon. In his work, for instance, he was excessively conscientious, worked under pressure, too long, and beyond his strength. He sacrificed himself until he began to rage that he was exploited, that nobody had any consideration for him. The violent conflict was elucidated in a dream.

I arrive at the Kibbuz, apparently after an illness. I drift around and don't want to work yet. I feel that everyone asks me why I don't work; I show clearly that I limp, that my leg hurts. Then I am on a football field; all run after the flying ball, I drift around among them. All this suddenly vanishes, and I enter our kitchen at home in Poland. My mother stands there, and next to her my school principal. Mother cuts up live fish that still jerk; she points out how fresh they still are. I look at the principal sidewise and ask him whether he had sold the fish because then they must surely be good.

The dream shows clearly his almost identical attitude toward work and toward the demands women made on him: a compulsive sacrificing of himself to the point of exhaustion, ending in a fantasy of castration. His fear of castration was conscious; he avoided coitus, having heard of vaginismus that prevents extrication of the penis. He never failed to remember this when he began a sexual relationship. He felt less anxiety with pregnant women. His œdipal strivings now found representation in his dreams.

I am home in Poland, and we sit in the room in which we used to eat. All of us sit or run around the table; only mother is missing. Father sits on cushions; it must be a feast, probably Passover. I leave the room, go to the kitchen and burst into tears because of mother's absence. Suddenly, as I am crying, mother appears and tries to calm me, but it is difficult; then father comes into the kitchen and mother leaves with him. I burst into terrible tears and wake up.

It is noteworthy that it was on a Passover evening that the patient first accused his wife of running after Abraham. The younger brother's birth when the patient was four and a half years old intensified the feeling of loss of his mother. His emotions during this pregnancy were revealed in dreams, but even more clearly through acting out when his wife became pregnant in the fourth month of his treatment. He and his wife wanted a second child very much, but he grew so fat that he was jokingly asked everywhere if he was pregnant. He suffered from morning nausea and suffocation, was revolted by his nasal secretions which reminded him of semen. He identified himself with his pregnant wife as he had with his pregnant mother. He achieved his illusory pregnancy by stealing the child from his mother as he stole money or cake from his mother. Shortly before the end of the analysis he dreamed that he cut out money that was framed, put it into the baby carriage of his sister who had always played a maternal rôle toward him, and said: 'This is at your disposal. Take it.' After doing this he felt very good.

Despite these admissions, all the reactions of disappointment with the mother persisted. Toward the end of the analysis it was arranged that for four weeks he live continuously with his wife. During analysis he had been able to be with her only weekends. There were occasional minor rifts, but in the main their relationship was satisfactory, especially their sexual relations. In Abraham he no longer felt any abnormal interest. He returned to Tel Aviv in excellent spirits and came to terminate his treatment. Two days later he began to feel very ill. As always, when afraid, he had a strong feeling of pressure

in his chest, and to relieve the dryness in his throat he drank water continually. At home he lay weakly in bed, looking so bloated that his wife said he had breasts like a woman. During these days he had several interesting dreams, including the following two.

Noemi sits in the dining room with him, but she turns her back to him and speaks only to other men.

He is shelling peas and puts them into his mouth; then a woman comes along and is terribly angry. He runs away and she after him. A wild chase ensues. He flees to a house with her at his heels. He runs through all the rooms with her close behind. He wakes up drenched in sweat.

With difficulty he returned to Tel Aviv and telephoned the analyst immediately. Asked whether he was angry with the analyst, he admitted having been hurt by her impersonal and businesslike manner at his leaving. He had left disappointed, had identified himself with the pregnant mother as always when disappointed, stole (in the second dream) her child and penis, and turned her over to other men. He had violent feelings of aggression against the child in utero which he then, by identification, directed against himself.

This accounted for some of his claustrophobic tendencies, and for his fear that he might lose his penis in coitus.² From the impulses to rob the mother, the feeling of obligation to enter into sexual relations with women can be explained: it is a restitution, a returning of what was stolen. These impulses are the source of intense feelings of guilt. This explains why after his mother's death he relinquished his inheritance to his sisters; also why he felt safe in the company of pregnant women with whom he felt sure he had nothing to make up for.

A further feminine identification became evident when he began complaining of a feeling of heaviness in his upper thigh, which periodically bothered him so much that he was hampered in walking. The physician's examination revealed no organic

² Cf. Lewin, Bertram D.: *Claustrophobia*. This *QUARTERLY*, IV, 1935, pp. 227-233.

pathology. A series of associations revealed that, lying on his stomach, he had braced himself with that leg against the edge of his bed whenever he wanted to see what went on in the parental bedroom. Occasionally with girls to whom he was indifferent he directed the seminal ejaculation against their upper thigh, this solid object being more agreeable to him than the region between the legs. Lastly, he told of observing a ridge in his own thigh which surely had always been there. He was reminded that in his dream of the slaughter of fish he was limping as the consequence of an illness. This disturbance disappeared after a few weeks, as he regained normal physical proportions—not without limitation of fluid intake, however.

An important dream clarified his relation with his wife.

I had a very important dream which I don't understand; it is a homosexual dream. I go on a trip with Noemi. She is walking in a most provocative manner in front of me. She is dressed very strangely. She wears a scarf wound round her head and a tight-fitting coat of which the hem is turned under. Several Kibbuz comrades come toward us and I recognize Schmucl and Jochanan. [Schmucl is a second imagined rival; Jochanan has been analyzed.] Jochanan steps up to Noemi and, turning to the Kibbuz comrades, says: 'Look at that one (wishing to emphasize her self-importance), a few more steps and she would have come under those ruins and have been killed'. As I walk on a few steps I see the ruins of a wall recently collapsed and I am very frightened. We continue, Noemi still in front of me, we ascend a few steps, and come to a square on which are many boys. Noemi playfully slaps one of them on his head and he wants to run after her but another one stops him and they begin to fight. Meanwhile Noemi vanishes and I wake up.

In the first part of the dream, he noted as especially important Noemi's exhibitionistic behavior, the presence of Schmucl, the fact that Noemi was in danger and brought him into danger. The analyst, commenting on her strange attire which made her appear as though in two parts, said jokingly that she seemed like a phallus. The patient reacted affirmatively with a series of substantiating associations: she ran before him like an erect

penis; that he always feared for his penis and did not want to insert it in the vagina (the collapsed wall). With much emotion he said that he now understood why he had been so terribly afraid of losing her, which had been to him the equivalent of death—because then the whole Kibbutz would have realized he was impotent. He had made this association before, but without emotional conviction.

The identification of his wife with his penis recalls Wulff's contribution to the analysis of fetishism³ in which he observed: 'This identification of the refound fetish object with his own penis in the phallic stage is perhaps the most interesting finding in the whole inquiry. It throws an illuminating light upon one of the most obscure phenomena of object choice, for it suggests that the first genuine libidinal tie to a strange object takes place along the path of an identification of this object with the individual's own penis. This perhaps explains why it is that rejection on the part of the object is felt as a very severe narcissistic injury and is experienced by many neurotics as a direct castration, such that disturbances of potency may follow thereon.'

The mechanism of identification of the female object with the subject's own penis explains clearly why such patients, called by Freud the paranoid-jealous type, use the woman to reach the male object. Freud only emphasized the pathologically intensified attention of the jealous man to the woman's unconscious, which enables him to divert attention from his unconscious, thus to keep his homosexuality repressed. Whereas in the normal course of development the libido is transferred from the penis to the mother, thus producing a tie to the object, and in homosexuality there is a complete regressive identification with the mother, this patient remained largely fixed on the phallus, thus causing the object libidinal investment to remain incomplete. He loves his wife narcissistically as he loves his penis. To the extent that she becomes, for him, his penis, he has a partial feminine identification. This phase would

³ Wulff, M.: *Fetishism and Object Choice in Early Childhood*. This *QUARTERLY*, XV, 1946, pp. 467-468.

be the transition in the development of the increasing hetero- or homosexual object choice.

Fenichel wrote a long paper on the identification of penis and woman⁴ (with which, however, the analyst became acquainted only after the termination of the analysis) in which he describes three male patients who identified their whole bodies with the penis. Concomitantly they identified themselves femininely on the basis of feminine urges. This is the equation: 'I—my whole body—equals a girl—the little one—the penis'. Two women of whom he writes identify themselves with the father's penis. To both, a brother or sister was born when they were three or four, and an identification with the embryo in the mother's womb preceded the identification with the father's penis. This latter mechanism has also been observed by the author in a woman patient whose main symptom is claustrophobia.

The subject of this communication, too, had claustrophobic tendencies. A brother was born when he was of this age and his illness, to a large extent owing to this experience, overtook him, however, in a subsequent libidinal phase. Fenichel's cases had oral-sadistic fixations; therefore they identified themselves with the desired object, unlike this patient who had a phallic fixation and identified the desired object with his penis. If the mechanism in Fenichel's cases was: 'I am a penis and a girl', or 'I am your penis', the mechanism in this case would be: 'You are my penis'.

The patient was certainly right in his assertion that his wife's violent scenes were the precipitating cause of his acute illness. She would tell him directly when he failed to give her sexual satisfaction: 'Now you owe me another one'; and she jokingly presented him with statements of the account, against which he jokingly defended himself. This increased his anxiety to panic proportions; he gave her up as an object, identified himself with her, and turned toward a male object—a repetition of his œdipal conflict.

⁴ Fenichel, Otto: *Die symbolische Gleichung: Mädchen-Phallus*. Int. Ztschr. f. Psa., XXII, 1936, pp. 299-314.

The penis-mother identification became so self-evident, once it was uncovered, that he explained it in his own idiom. If, he said, one's wife takes away one's penis (during intercourse) and keeps it, she represents in the first place the penis which is in her. This conforms with the well-known concept that friends who take the same girl as mistress obey the unconscious wish to touch each other in her. He remembered a jocular comment that was made about a girl who had sexual relations with many men: If one were to shake her, many penises would come out! He noted, moreover, that when he sat alone next to Abraham, he was completely calm. As soon as Noemi appeared in the room, he immediately became excited.

Since Wulff discovered this phase in children who were fetishists, the patient, in response to questions, said that in a certain form of masturbation he used a cover which *had* to be of a certain *smooth* quality. This smooth quality reminded him of a cover he used during his childhood. To add concreteness to the experience of recognition, he hit on an example from the olfactory sphere (as though he had read Wulff's paper). He said, 'Just as when I smell Noemi's hair I know at once that is Noemi, so I know whether the cover is the right kind or not'. When urged to elaborate this example in greater detail, he had no more to add.

Despite all his infantile wishes to the contrary, his brother had been born into the world hale and hearty. He said this brother was very unpopular at home—he alone had been nice to him. In dreams, however, he saw him lying in a little coffin, and his mother dead too. This younger brother died in Israel five years ago, the day following his marriage. He told the patient in the morning that he was not feeling well. He looked very pale when he left to go to work. What happened then is not known, but three hours later the news came that he had died on the way to the hospital. The patient unjustifiably reproached himself very bitterly that he had not paid more attention to his suffering brother, an exaggerated reaction, explicable only by former wishes for his death; however, he recovered relatively quickly from this bereavement.

He repeated the events of his infantile neurosis exactly as he had in the first phase of his illness before he began the treatment. He began by wishing his wife dead when she returned against his wishes to the Kibbutz to look after their child while he was recuperating in the city. Although he had not let his wife out of his sight, after she left he suddenly felt better, and hoped that she and their son would die; then he would get well. He was displacing to wife and son unresolved feelings that originated with his mother and younger brother. He was aware that his son reminded him in many ways of this brother. Before his illness he had had an exaggeratedly tender, sentimental relationship with his son, partly from identification, partly overcompensatory as in the relationship with his brother. During conflicts between his wife and their son he was mostly on the side of the son, and accused his wife of being egotistical. His wife's second pregnancy ended as he had once wished, in a spontaneous abortion during the fifth month. The patient was very calm about it, in contrast to his wife's great unhappiness. He said it was probably better for his son, who would certainly have suffered from the birth of another child.

The early attempt to overcome the hostile rivalry toward his brother caused him to become sexually interested in boys of his age and younger, and he entered into a homosexual phase in which he remained till he first came into contact with a woman, which was at the age of thirteen. In these relationships he was the masculine, active partner. Freud described in detail this specific transformation of instincts:

... I can now point to a new mechanism leading to homosexual object choice, although I cannot say how large a part it plays in the formation of the extreme, manifest and exclusive type of homosexuality. Observation has directed my attention to several cases in which during early childhood feelings of jealousy, derived from the mother complex and of very great intensity, arose against rivals, usually older brothers. This jealousy led to an exceedingly hostile, aggressive attitude against brothers (or sisters) which might culminate in actual death wishes, but which could not survive further development. Under the influences of training—and certainly not

uninfluenced also by their own constant powerlessness—these feelings yielded to repression and to a transformation, so that the rivals of the earlier period became the first homosexual love objects This new mechanism in the homosexual object choice, its origin in rivalry which has been overcome and in aggressive impulses which have become repressed, is often combined with the typical conditions known to us. . . . Otherwise, however, the new mechanism is a separate one, in that the change takes place at a much earlier period, and the identification with the mother recedes into the background. Moreover, in the cases I have observed, it led only to homosexual attitudes, which did not exclude heterosexuality and did not involve a horror of women.⁵

Freud's statement that 'The mother identification recedes into the background' suggests that the oedipal object tie with the mother is severed by disappointment, leading to an attempt at identification with her. Castration anxiety and feelings of guilt prevent complete feminine identification, and only a partial identification of penis and mother occurs at the phallic-narcissistic stage. The child, like the mother, begins to love the rival child, not femininely, but actively—phallically—as in the dream he has Noemi, who represents the erect penis, hit a boy playfully on the head.

Until the patient left home, his relationships with his father and with Wassja remained important. The whole hate of the oedipal phase continued to fall on the father, whereas the bachelor Wassja became the incarnation of the partly admired, partly disdained, uninhibited sexuality. The patient's suppressed, positive tie to Abraham during the time when he grew worse corresponds to the deepening regression from the oedipal mother tie to the preoedipal father tie. (Noemi treated him badly, as his mother had done before.) His relationship to Wassja also had a current equivalent in Schmucl, the second object of his jealousy, who in a dream was identified with Wassja. That Wassja is at the same time also a father image becomes evident through the fact that Schmucl is married, and that in a dream Wassja wants to run over the patient with a

⁵ Freud: *Certain Neurotic Mechanisms in Jealousy, Paranoia and Homosexuality*. Coll. Papers, II, pp. 241–242.

kind of tank just as he is having intercourse with Noemi.

After tracing the transformation of rivalry into love between the children of a family, Freud examined the relations of such people to the community at large. He concluded:⁶ 'In the light of psychoanalysis we are accustomed to regard social feeling as a sublimation of homosexual attitudes toward objects. In the homosexual person with marked social interests, the detachment of social feeling from object choice has not been fully carried through.' This is exactly what happened to this patient. He was tied libidinally to his Kibbuz comrades, wanted to be loved and praised by them, and was too dependent upon their judgment. When they disappointed him he reacted exaggeratedly, accused them of taking advantage of him, just as he accused his mother and his wife.

The patient's sexual activities, from school age until marriage, consisted mostly of masturbation which he never relinquished. One form, already mentioned, was friction upon a smooth blanket. Another more frequent form was the insertion of the penis into the skin of the scrotum and the exertion of pressure upon it with his hand. He permitted the semen to come out either with interruptions or not at all. Later he feared that disturbances of his potency had been caused by this form of masturbation, reasoning that semen might possibly have remained in the penis, thus causing him to be ill. The latter form of masturbation was the product of a number of tendencies: in hiding his penis, he pretended he had none; the retention of semen referred to similar anal experiences.

His anal depreciation of women, and the anal equivalence to him of feminine sexual functioning was introduced in a dream.

He saw three women standing upon a plank. All were soiled with feces. As punishment, their passports were taken away.

With the three women he associated his three sisters; with the plank, the cellar in which the family hid during the war,

⁶ *Ibid.*, p. 243.

which for him was an atmosphere charged with sexual significance. He also remembered stationing himself next to the toilet in the courtyard to make observations. As an adult he became a confirmed æsthete, and repeatedly complained that his wife permitted him to observe her eliminatory and menstrual functioning. Menstrual blood revolted him. He gave as one explanation of his philandering, that with these women he had neither to endure the intimacy of sharing a bedroom, nor be witness to unappetizing functions which disgusted him. In connection with his feeling of revulsion toward his wife, he described his first sexual experience. At the age of twelve he visited a public bath where the aging female attendant offered to serve as procuress, to which he replied: 'What for? Why don't you remain here?' She undressed and he lay down on top of her. He ejaculated in the region of her genitals, being revolted by her body and especially by the hairy opening between her thighs. Well into his analysis he was afraid of women with untidy hair.

Another motivation for his polygamy was the common exaggerated exogamous displacement to negate an incestuous fixation in which he was caught. He expressed the attitude that only the sexual act, not the personality of the woman, was important; also, he escaped the necessity of inserting his penis into the woman's vagina, and felt blameless because he was so considerate and conscious of his responsibility; furthermore he proved to himself repeatedly that women loved and sought him—that he was a desired object. Unconsciously he considered the women the active partners because he equated them with the penis. He need have no sense of responsibility in a relationship which the woman had initiated. After his neurosis developed, he felt especially guilty for the *contrary* reason that he had not satisfied Abraham's wife sexually. Abraham, he imagined, would avenge his wife by taking his Noemi away from him. This would be completely incomprehensible if one did not know his œdipal history.

SUMMARY

The patient was reared in an environment of strong sexual tensions. He slept for many years in his parents' bedroom. He witnessed the primal scene repeatedly and interpreted it sadistically. He began to hate his previously adored father, and to fear him while admiring his male strength. He feared his mother because he believed she took his father's penis away and might keep and destroy it. These observations led him to develop an intense fear of castration at the height of his phallic narcissism. Nothing was as precious to him as his penis, and whatever he loved, he loved as he did his penis. Thus he came to identify his mother with his penis. In his wooing his mother he felt defeated by the father and abandoned by his mother. He attempted in fantasy to take her child, his younger brother, away from her and to incorporate it in himself, but desisted because the thought of being a woman was too fearsome. He suppressed his inimical strivings, and used this younger brother, and other boys, as love objects in a partial identification with his mother, but in an active, phallic, aggressive manner. While consciously retaining the oedipal hate for his father, he directed unconscious, passive love desires toward him and a substitute, Wassja, who represented the preoedipal attachment to his father. His heterosexual strivings became stronger during puberty, encouraged by the easy accessibility of female objects; but during his mother's lifetime he had no significant attachment, only fleeting love adventures with extragenital sex acts. After her death he sought his mother in the person of his wife, embarked upon the founding of a family, and genital relations were established. The process, however, was not complete; his genital potency was impaired, and he continued the pursuit of fleeting narcissistic relationships.

Doubtlessly it was of exogamic significance that he, an oriental Jew, had taken for a wife a woman from a Sephardic community. As long as his wife did not complain he felt well, but having reason for dissatisfaction, she made him feel

responsible for it. This aroused dormant feelings of guilt which stemmed from his thieving infantile impulses toward his pregnant mother, and released from repression the unresolved aggression and disappointment which he had experienced in the oedipal conflict. In accordance with the repetition compulsion, he withdrew his libido from her, and again directed it toward homosexual objects, images of his father. Unconsciously he approached the male objects through his wife, in a partial feminine identification with her. He defended himself against his homosexual strivings by the mechanism of projection. He accused *her* of trying to seduce the men. His wife protested, worse and worse scenes ensued, and the situation became unbearable. He could not work because the relationship with his comrades was for him also sexualized. He sank into depression, blamed his wife for this miserable state of affairs, and it was in this condition that he sought treatment.

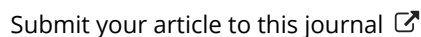
He proved to be an excellent subject for analysis because of the unusual accessibility of his unconscious, the preservation of reality testing, and the readiness with which he developed a positive transference. The combination of phallic narcissism with partial feminine object choice permitted him to maintain good contact with the outer world, to be capable of transference, and to complete an analysis. The treatment was completed in less than a year. The therapeutic result was immediate and thoroughly satisfying. He was fully potent, in love only with his wife, mature and felt self-assured with his comrades. More than a year later, he remains completely healthy and secure, and he has, in the meantime, become the father of a second child.

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THE PASSING OF THE GENTLEMAN

A PSYCHOANALYTIC COMMENTARY ON THE CULTURAL IDEAL OF THE ENGLISH

BY W. N. EVANS (LONDON)

I

In the closing pages of *Civilization and Its Discontents*, Freud observes that just as the individual develops a superego, so the community develops a superego under the influence of which cultural evolution proceeds. 'But', he goes on to say, 'we come across the remarkable circumstance that the mental processes concerned here are actually more familiar to us and more accessible to consciousness when they proceed from the group than they can be in the individual'. When the injunctions and reproaches of the individual's superego are brought to consciousness 'we find that they coincide with the demands of the prevailing cultural superego'. The parallel developments of the individual and the group are always 'firmly mortised together'. 'Consequently, many of the effects and properties of the superego can be more easily detected through its operations in the group than in the individual.' As an inducement to further research, Freud concludes, 'it seems to me that the point of view which seeks to follow the phenomena of cultural evolution as manifestations of a superego promises to yield still further discoveries'.

Following this suggestion it is proposed to study the evolution of the gentleman, that unique product of British civilization. To understand the gentleman is to know something of that unwritten code which has been transmitted from generation to generation and thus shaped the cultural ideal of this country. The word is so indefinably English that it has to be taken over unchanged into other languages in order to convey its varied nuances of meaning. Sociological theorists with Marxist leanings like to see in it an illustration of the class struggle. But the title has never been simply a matter of caste, nor of legal

distinction alone; nor is it simply an indication of wealth. It is rather a status conferred by common estimation, and this estimate will reflect the cultural values of the period. A peer of the realm is not necessarily a gentleman; hence the popularity of the anecdote associated with James I, who, when importuned by his aged nurse to make her son a gentleman, replied: 'I'll make him a baronet if you like; but the Devil himself couldn't make him a gentleman'. 'The appellation', wrote Steele, 'is never to be affixed to a man's circumstances but to his behavior in them'. But he was writing in the days when penury did not preclude gentility any more than wealth could secure it. It would be an error, however, to assume that wealth proved the impediment that it was to those who first sought to enter the Kingdom of Heaven. It has always been the aim of the aspiring commercial classes to displace the landed families and so forget their Puritan origins. In the days of Robert Walpole it took three generations to become a gentleman. By the time of Cobden and Bright the distinction could be achieved in a lifetime.

Nothing could be further from the truth than to imagine that the English working classes are animated by class hatred. English institutions can only be understood by remembering the inveterate homage which is such a marked feature of all classes of English society. Bagehot (2, p. 105) has stated that the institution of the House of Lords, for example, depends for its existence upon this ingrained deference to what is old and dignified. Its presence, he says, is an index that revolution is unlikely: 'So long as many old leaves linger on the November trees, you know that there has been little frost and no wind'.

The best generalization would be to say that the gentlemanly conception represented the ego ideal of all classes. The system of reciprocal obligations and the notion of 'fair play' which are implicit in this code made it the lay religion of the Englishman and the basis of the ethics he admired and practiced. The worst the Duke of Wellington could say of Napoleon was that 'the man was no gentleman'. Similar judgments were not so long ago passed upon the dictators who put themselves out of court by refusing to 'play the game'.

The difficulty arises as soon as one tries to find what are the articles of this code. They have never been enunciated in any creed or formulary. 'A mass of dumb instincts and allegiances' is Santayana's description (25, p. 31); yet it was this unwritten code that conditioned the moral reflexes not only of private citizens but also of public servants. It asserted that certain things were 'done' and that certain things were 'not done'. That the dividing line bore small relation to reality mattered little. The important fact was that the code was self-authenticating and for the most part obeyed unreservedly. The disintegration of the gentlemanly code is one of the major explanations of the cultural changes that are now taking place.

It is a feature of the obsessional neurotic, says Freud (8), that he has his own code of unwritten rules whereby certain things are done and certain things are not done. The dividing line between what is and what is not acceptable may be as irrational as a Polynesian taboo. But the obsessional conscience demands unconditional surrender and is not concerned with reality. Should the obsessional be prevented from carrying out the behests of his unwritten code, an intense anxiety is evoked, an anxiety that can be compared with what a gentleman of the last generation would have felt on arriving at a formal dinner incorrectly attired. On the analogy, therefore, of this private, unreasoning, obsessive morality, Freud pointed out that the moral systems of the religions have similar features. A religion can be thought of as a 'universal obsessional neurosis'.

The thesis advanced here is that the obsessional morality of the gentleman is a self-contained religion; that it is, in fact, as much a religion as, let us say, the Judæo-Christian religion with which it is often confused. In common with all religions it has its basic fantasy or myth and, connected therewith, its own system of taboos. Like every other religion it presents, too, a goal of behavior, an ego ideal which enlists the homage of its adherents.

II

Before proceeding to examine the religion of the gentleman the first point to be established is that this code represents a sepa-

rate, self-contained system. This is all the more important in view of the fact that ethicists have tended to equate the gentlemanly with the Christian ideal. It is true that there are points of community; but as soon as one begins to explore the hinterland of the two conceptions one discovers that far from their being identical the one is the antithesis of the other. One can be a gentleman without being a Christian; devout Christians are often far from being gentlemen. The phrase, 'A Christian Gentleman', is ultimately a fusion of disparates. It represents a cultural attempt to blend two incompatible traditions.

The religionists have been quick to perceive this; thus Cardinal Newman's famous description of the gentleman (20, pp. 190-210) is in fact a complete condemnation of the whole ideal as anti-Christian. 'The radical difference', he says, 'in spite of its seeming relationships is the very point on which my present discussion turns'. The refinement which characterizes the gentleman's religion 'may readily be assigned to a Christian origin by hasty or distant observers'. The basis of the 'radical difference' rests on a distinction of ideal. The ideal of the gentleman is founded on pride, that of the Christian is founded on humility. Christian piety demands virtue rather than valor, morals before manners.

A further illustration is to be found in the Puritan writer, Bunyan. He condemns the gentleman by implication. His allegorical figures who represent the world, the flesh and the Devil are all, without exception, referred to as gentlemen. Mr. Worldly Wiseman of the town of Carnal Policy 'looked like a gentleman'. Mr. By-Ends of Fair Speech is 'a gentleman of good quality'. Demas, a lover of temporal joys, is pointedly referred to as, 'Demas (gentlemanlike)'. These, together with 'my old Lord Lechery' and many others are all retainers of Beelzebub who, according to the Oxford English Dictionary, is honored by the title of 'the old Gentleman'.

The distinction becomes clearer when we study the evolution of the gentleman. He is the product of the cultural achievement of Chivalry which may be briefly defined as the process whereby the barbaric knights of the Dark Ages were transmuted

(at any rate in theory) into the courteous gentlemen of subsequent times. While the Church was trying to curb the brutality of the masses, the knightly class was evolving its own culture with its peculiar code of rules, customs, and ceremonials; thus Chivalry emerged. It was a complete way of life whereby behavior could be regulated, and a system of thought whereby the whole course of history could be explained.

It is true that in the interests of cultural unity mediæval thought did not permit ethical systems, however ideal, to flourish independently. For that reason Chivalry always wears the mask of Christian piety; but it is only a semblance, a polite gesture to a rival creed. Beneath the structure of the mediæval synthesis there was a dualism which no artifice could bridge; even as late as the nineteenth century we hear the severe voice of Thomas Arnold raised in condemnation: 'If I were called upon to name the spirit of evil that predominantly deserved the name of anti-christ, I should name the spirit of Chivalry—the more detestable for the very guise of the "Archangel ruined" which has made it so seductive to generous minds'.

To sum up, then, the importance of Chivalry lay in the fact that it was an independent system of behavior which molded the character of its subjects and determined their destiny.

This secular achievement of Chivalry left an enduring mark on the subsequent centuries and in England its influence is most strongly revealed in the public school system, the purpose of which was to produce gentlemen. The system of education established and developed in the baronial castles and knightly hostels of the twelfth century is, according to Hearnshaw (15, p. 21), precisely that system which has been continued and enlarged in the curricula of Winchester and Eton and of the later members of that group, of which they were the pioneers. In its training in sportsmanship and military exercise, in its emphasis on honor, good form and tradition, the public school has continued the cultural process which was begun by Chivalry.

Needless to say, the transition from the barbaric knight to the Tennysonian gentleman of the Idylls of the King was not suddenly achieved. When in the fifteenth century the first

claimants to 'the grand old name' appeared, their behavior was not such as would have been acceptable in the polite society of later centuries. It was after the collapse of Puritan tyranny that 'the squire and his relations' appear as the leaders of social life. For the Restoration, as Trevelyan (28, p. 252) points out, was not so much a restoration of the powers of the King, as a restoring of the social importance of the upper classes and, in particular, of the gentleman and his lady.

The achievement of Chivalry, therefore, provides an instructive illustration of Freud's thesis that civilization is the result of instinctual renunciation. When the refined gentleman of the later centuries appears, we may say that the restraining codes of Chivalry have been successfully internalized. The inhibiting constraints formerly imposed by an external authority are now wielded by an internal structure, the superego; in other words, civilization has done its work. It is therefore in this secular achievement of the late Middle Ages that we can best see the religion of the gentleman in its formative stages of growth.

III

The whole conception of Chivalry centers round the enacting of an archetypal fantasy. The Arthurian romances, where the doings of the knight are depicted (albeit in an idealized fashion), reiterate the fantasy with unvarying monotony. It may be described as the oldest myth in the world: the ousting of the rival and the rescuing of imperiled virginity.

The innumerable adventures which make up these romances are all based on a common model: a knight rides abroad seeking adventure, meets another knight, fights a duel and overthrows him, sets free an abducted lady and, more often than not, rides off. As soon as his strength is renewed, he repeats the performance. He will, in fact, repeat it compulsively to his dying day; for it is in keeping with this youthful fantasy that the hero never grows old and, in the same way, that the lady for whom he contends remains forever young and fair (the mother imago of the unconscious is ageless). Lord Raglan (21, p. 250) has computed that Guinevere at the time she absconded

with Launcelot could not have been a day under sixty. Should the knight errant be faced with a dearth of adventure, the theme could be enacted in tournaments where the erotic and aggressive elements were combined in an enormous game of make-believe.

The code of Chivalry, which later formed the basis of polite society, may be defined as the ethic of combat. This ethic has its origin in the framework of ceremonial observances whereby the aggressiveness of the rivals is contained and so given a limited expression; the formalities laid down limits beyond which aggressiveness could not go.

The rules prohibited a knight from 'hitting below the belt' (to use a phrase of later days), by means of which rule he also insured himself against castration.

The prototype of this combative rivalry was the duel, which may be defined as a ritualistic murder of the opponent. The protagonists fought only when certain rules were observed, and the purpose of these rules was to heighten the narcissistic satisfaction of the victor. That is why they fought on equal terms and why each declared his intention and gave the other time to arm. However great the provocation, the rules precluded taking an unfair advantage. 'Ambushments', surprises, ruses, deceptions, anything savoring of Pearl Harbor were taboo; for the aim of the rivalry was not victory at any price, but the narcissistic satisfaction of proving one's manhood; hence, honorable defeat, especially in the face of countless odds, was preferable to inglorious victory.

The detailed rules of personal combat formed the basis of battles, political decisions and the whole conduct of war. In accordance with this principle of fighting a duel on equal terms, generals would often come to an understanding as to the terrain upon which a battle should be fought. Knights would often allow themselves to be killed rather than infringe the rules, no matter how absurd. Froissart relates that the Knights of the Star had to swear never to flee more than four acres from the battlefield—and then lists the casualties that resulted from allegiance to this taboo. Huizinga (17, p. 82) has summed up the character of these rules thus: 'Military formality came to be

treated as if it had a kind of religious validity'. In other words, the rules mattered more than reality, and that is the essence of obsessional morality. It is a feature of obsessional neurosis, says Freud (8, p. 30), that the person who submits to the compulsions does so without understanding their meaning or, at any rate, their chief meaning.

Lest these instances be dismissed as quixotic romanticisms it will be instructive to compare them with the rules laid down in the Manual of Military Law (the amended edition of 1936 which is the one now in use). Chapter fourteen, which deals with the laws and usages of war on land, states that these are based on 'the principles of Chivalry which demands a certain amount of fairness in offense and defense and a certain mutual respect between the opposing forces'. A few examples will suffice.

- Par. 140 'Good faith is essential in war, for without it hostilities could not be terminated with any degree of safety short of the total destruction of one of the contending parties.'
- Par. 141 'Should it be found impossible to count on the loyalty of the adversary, there is a grave danger of war degenerating into excesses and indiscriminate violence.'
- Par. 146 'It would be contrary to modern practice to attempt to obtain advantage of the enemy by deliberate lying when there is a moral obligation to speak the truth.'

Thus the Manual of Military Law presupposes the continuance of that same code of taboos which, for example, prevented Richard Coeur de Lion from attacking the Saracens when they were asleep, on the grounds that to do so would be a betrayal of the chivalric code. It was the flouting of this code by acts of 'unprovoked aggression' that shocked the civilized world into the realization that this code for the gentlemanly conduct of wars bore no relation to realities.

- Par. 7 'It must be emphasized that the rules of international law apply only to warfare between civilized nations, where both parties understand them and are prepared to carry them out. They do not apply to wars with uncivilized states and tribes.'

The knight who fought so courteously with another was not called upon to show the same consideration to churls and underlings. The whole aim of the chivalric game was to act out the heroic fiction whereby (as Mallory naïvely puts it) the knight might 'increase in worthship and honour and surpass all his fellows in prowess and noble deeds'. That satisfaction could only be gained in combat between those of equal status. And so the game of homosexual rivalry continued: the warrior forever seeking to perform new feats of strength whereby he could reassure himself of his manliness and give the lie to unconscious castration anxieties.

It is not surprising that this aspiration after the heroic life soon degenerated into an all-round game played according to edifying rules. The play of children, Freud observes (9, p. 15), 'is influenced by the dominant wish of their time: to be grown-up and to be able to do what grown-up people do. The fact that reality is often unpleasant does not prevent its being used as a game.' The origin of the conception of the hero lies in the fact that it is he who rebels against the father and kills him; but, as Freud notes (11, p. 238), 'The hero of the tragedy had to suffer; this is today still the essential content of a tragedy'. In the artificial code of Chivalry this original achievement of the hero is used as a theme for an enormous game of make-believe. It is here that we have the explanation of the concept of 'playing the game'. The knightly exploits are part of an organized self-deception in which the heroism and the suffering are counterfeit. The importance of this game lies in the fact that by means of it the players can pretend that they are heroes and are emancipated from childhood and at the same time it provides a magnificent means of denying the unpleasantness of reality. It is an historical fact that Chivalry as a way of life became played out because reality perpetually gave the lie to it. Nothing could hide its inherent falsity. 'The game', says Huizinga (17, p. 116), 'ended by boring the players themselves'.

This conception of 'playing the game', which is the regulative principle of the gentlemanly code, has found its most congenial

outlet in warfare and politics. Traditionally the army has always been officered by gentlemen. Writing of the last century Trevelyan says (28, p. 501), 'Only a few of the officers looked to the army as their real means of livelihood. . . . It was a way of seeing life, of enjoying in Spain a sport even more exciting and arduous than big game shooting.' 'War', says Halevy (14, p. 74), 'was a sport like any other, only rougher and more dangerous. The officer was a man of fashion who regarded war as a sport, not a science.'

This flair for eroticizing the reality principle and so regarding war as a heroic game was renounced only with reluctance. Even in the present war one saw the old romantic fantasy appearing in its massive proportions as soon as opportunity allowed. During the Battle of Britain in 1940, when the fate of this country hung by a tenuous thread, the 'latest scores' of the aerial combats were chalked up as if the event were a gigantic test match. In the same lighthearted vein hazardous expeditions were referred to as 'parties' or a 'good show'. When the war with Germany ceased it was realistic public opinion that protested against the deferential treatment of the old interofficer codes in such rituals as 'piping on board' and 'the click of saluting rifles'. 'No doubt', protested one journal, 'these things date from the time when war was more like a series of football matches played home and away by small teams of professionals with their strict codes of rules'.¹

As in war, so in politics the existence of the gentlemanly code has made the House of Commons one of the best mannered institutions in the world by imposing limits beyond which aggressiveness cannot be carried. 'A parliamentary minister', says our greatest authority, Bagehot (2, p. XLIX), 'is maintained by elaborate practice not to blurt out crude things, and an English parliament is an assembly which particularly dislikes anything gauche or anything imprudent'. The nineteenth century, which was the great age of the gentleman, was also the classical age of the two-party system, a system which owes its

¹ Observer, May 13, 1945.

success to the arrangement of the benches in the Commons. The 'ins' and the 'outs' sit usually on opposite benches, facing each other. The front benches are the protagonists, and those behind them are the supporters. A challenge thrown across the gangway is caught up by the entire 'side'. 'The arrangement of benches in the House of Commons', says L. B. Namier (19, p. 204), 'reproduces the layout of a playing field and fosters a team spirit. No one must intervene from the flank and there is no place for a center party.'

In the same way every election is an enacting of the ancient game of 'ousting the rival'. The fickle electorate takes the place of 'the Lady' and enjoys a sporting contest in which it is both participant and spectator. The contest takes on the aspect of a tournament between two rivals who contend for the favor of the voter. Realistic considerations often have a minor bearing; hence the growing cynicism with which the political game was viewed between the two wars when the sportsman's code was fast becoming an anachronism, especially when confronted with the *Realpolitik* of the Dictators who regarded every friend as a potential enemy and every enemy as a potential friend and who saw little value in an ethic whereby honorable defeat was preferable to victory, and rules mattered more than reality. The 'Gentleman's Agreement' of Munich marks the passing of the sportsman's code from the field of international politics.

IV

If a gentleman is willing to play the game, one need not be surprised at the corollary: he is not concerned to work, at least not for a living, for work is concerned with the reality principle. Traditionally, the only occupation proper to a gentleman was that of fighting. When he is not fighting, blood sports provide a symbolic substitute, though here again the conventional restraints on aggressiveness will prevent him from shooting at a fox or a sitting target. Within the limits imposed by nature the objects of his pursuit shall have a sporting chance and so preserve for him the myth of fighting on equal terms. Among the great vocational patterns of society the gentleman remains

above all else the amateur. He is seldom a specialist, though he is sometimes a connoisseur. A sportsman who turns professional thereby forfeits any claim to be a gentleman: he has engaged in a gainful occupation. The legal definition of a gentleman is one of 'no occupation'; hence the question raised by John Ball in the fourteenth century: 'When Adam delved and Eve span, who was then a Gentleman?' The gentleman of Tudor times was defined by Harrison as one who 'can live without manual labour, and thereto is able and will bear the port, charge and countenance of a gentleman'. The contemptuous attitude of the eighteenth century gentfolk to 'soiling the hands with trade' is continued into the early nineteenth century. Jane Austen, for example, can refer to a prosperous merchant and his family as 'of low origin and only moderately genteel'.

The unwritten ideal of the Englishman was to attain the position where he need not work, and so realize the culturally determined ideal of being a gentleman of leisure. If, therefore, one asks why the Victorian business man spent so much time in his counting house, the answer is not to be found solely in terms of anal drives, but rather in terms of a cultural ideal. As soon as he had prospered and 'made good', at that point deference turned to aspiration. He forsook his nonconformist conventicle, acquired a country establishment, adopted the title of Esquire, and sent his son to a public school. If one should ask why the illustrated papers which depict the activities of high society are so avidly read by the middle classes, the answer lies in the fact that these pictures of the hunting and dining gentility represent glimpses of a cultural ideal which ever since the late Middle Ages has dazzled and inspired the members of the third estate.

This ambition to live on the labor of others and become a member of the leisured class appears to be nearly as old as mankind. Primitively, we find a simple division of labor between the sexes in which the man's share is the emotional life of the hunter and fighter and that of the woman is tilling the soil with a digging stick and collecting food. Even at this rudimentary

stage there is a distinction between productive and nonproductive activity. The activities of the hunter cannot be described as real work in the sense of being creative, whereas the activities which man has always regarded as menial all grew up in connection with the employment of women. For example, G. V. Childe (4, p. 52), writing of the technical revolution of the Neolithic age, reveals that it was the women who first discovered suitable plants and appropriate tools for their cultivation. It was they who devised special implements for tilling the soil, reaping and storing the crops and converting them into food. To the women also, he says, 'may be credited the chemistry of potmaking, the physics of spinning, the mechanics of the loom and the botany of flax and cotton'. It is on these feminine achievements of the new Stone Age that the technical achievements of the classical cultures depend. We may say, therefore, that the whole range of employments of civilized times grew out of the menial work which originally was the province of the woman.

The hunter, on the other hand, very soon develops a tendency to reap where he has not sown and discovers in robbery the oldest laborsaving device in the world. We may assume that in this way the notion arose that to be able to replace one's own strength by that of others was the mark of superiority which has always been claimed by the hunter and the warrior. In the spoil taken in war we have the probable origin of private property, the most valuable trophies being, of course, the women who could be set to work.

From a psychoanalytic point of view, we may say that the notion that manual work was degrading originated with the inferiority of the woman, the castrated being; hence, anyone who was forced to work was regarded as a woman. Thurnwald (26, p. 111) states that male labor originated with prisoners of war who were treated as women. It is not an accident, he says, that male captives should be required to dress as women and use feminine gestures 'because the special work of tilling the soil is the woman's work and any man doing it becomes, so to speak, a woman'.

In the later and more complicated stratifications with their systems of grade and hierarchies of officialdom, we can still trace the original distinction whereby the nonproducing class, the leisured class, is regarded as superior and the producing class as inferior. This distinction has been maintained: to be independent was the mark of an aristocrat, as later it came to be the mark of a gentleman. According to this logic, to inherit wealth was a greater distinction than to earn it, for inherited wealth carries with it the suggestion that originally it derived from the fortunes of war. That is why the heraldic signs adopted by families of gentle birth usually display birds of prey or the rampant postures of aggressive animals.

In the heyday of our acquisitive society the gentleman of leisure perpetuated this distinction. One should enter a caveat that leisure must not be defined as laziness, but as the freedom to choose how one spends one's time. That this freedom was often demonstrated by doing no work cannot be denied; and so to be idle (literally, 'cannot be used') was a sure sign of superiority. But this freedom from the necessity to work always depended upon the existence of a threat. In our complicated capitalistic society this threat was one of starvation. The leisured class could only maintain its freedom as long as there was another class living in compulsory idleness, or at least in the fear of unemployment. If that threat be removed by the possibility of full employment then the theory of the leisured class falls to the ground; for the producing classes are able by means of strikes to retaliate and threaten the leisure class with starvation. At this time, when we are forcibly reminded of our primary need of food, the reality of this threat is only too evident.

The Athenian society, which was really an exceptionally large and diversified ruling class, relied entirely on slaves, women and enemy aliens. The citizens were free to pursue 'higher things'. Plato and Aristotle made it their business to justify this state of things, and the classical stigma on work, trade and mechanical arts formed the basis of a 'liberal education' which Fowler in his *Modern English Usage* has defined as '. . . the

education designed for a gentleman. It is opposed on the one hand to technical or professional or special training, and on the other to education that stops short before manhood is reached.' ² That is why the classical outlook combined so perfectly with the Chivalric training of the public school to give an authoritative justification to the existence of a leisured class.

The change in our culture is illustrated by the rise to power of the producing classes who, by means of strikes, are now demonstrating their terrifying power. Politically, that change has been symbolized by the power given to that party which goes by the significant name of Labor. In the early part of this century, and more particularly in the last century, the political game was never taken too seriously as the two parties were composed wholly of gentlemen, and neither the Tory nor the Liberal party had any serious intention of disturbing the status

² For example, Plato, both in the *Laws* and in the *Republic*, attempts to justify the superior status of those who do not need to work. He confesses his whole argument depends on what he calls the 'Royal Lie', which is that God created men of three kinds: the best, the second best, and those who do manual work. Similarly, Aristotle held that men who worked for their living should not be admitted to citizenship. Education should not be useful in the sense of enabling one to earn a living; the slaves may be taught useful arts, such as cooking, but these are no part of education. The whole of his argument is based on what he calls 'natural slavery'.

The result of this rigid stratification is that the thinker becomes insulated from the doer and from contact with reality, so that by the time of Aristotle, Greek thought had ceased to be creative. If one goes back earlier, to the pre-Socratic period, the Heroic Age of Science when Solon 'invested the crafts with honor', we are told by Plutarch, 'at that time work was no disgrace, nor did the possession of a trade imply social inferiority'. Similarly, Sophocles and Æschylus are full of the wonders of the technical discoveries of man. Anaxagoras proclaimed that the hand had been the chief instrument in the creation of intelligence. By the time of Plato, however, work had become banal (from the Greek *banausia* which originally meant a mechanical art and came to mean bad taste). Toynbee (27, p. 305) translates it as 'lop-sided'. According to Liddel and Scott the craftsman was despised by the warrior and the nomad, and his work was regarded as degrading. Compare this conception with the 'many-sided man' (*l'uomo universale*) of the Italian Renaissance described by Burckhard (3, p. 84). The gradual receding from reality in Greek thought is ironically summed up in the word *sophos*, which originally meant 'skilled in any handicraft' and eventually came to mean 'abstruse' or 'obscure'—as the word 'transcendental' is sometimes used with us.

quo. But the terms 'Left' and 'Right' are more ominous. The real meaning of the word 'left' reveals the underlying motives which in the eyes of the Right wing party can be summed up in the word 'sinister'. The word derives from the Middle Dutch *luft* and the form of the base is *lub*, from which we get the Dutch *lubben*, which means 'to castrate'. The word 'right' derives from the Sanskrit root 'REG', which means 'to rule' ('Rich' is also derived from the same root). Thus the prescriptive attitude of the Right can be verbalized: 'What we have we hold'; and the aspirations of the Left as, 'What you have we want'. But those conflicting attitudes are no longer the subject of a game.

V

In every aspect of his outlook we may say that the gentleman preserves the ideal of the knightly class, although the taboos which ensured the equality and safety of its members have in the course of time been attenuated into the observances of polite society. It has already been pointed out that in this tradition we have a separate, self-contained system which has its roots in the remote heroic age of the barbaric war bands. In the Middle Ages Western Christendom was characterized by an ethical dualism which corresponded with a dualism of culture. There existed one ethic for the warrior and another for the Christian. With the collapse of the mediæval synthesis the rival traditions came into open conflict in the secular culture of the Renaissance and the religious protest of the Reformation. In England the Reformation reached its climax in Puritanism at the same time as Renaissance humanism produced a diametrically opposed conception of life in Shakespearean drama. This dualism took many forms; there was the dualism between the clerkly tradition and the warrior tradition, between God and the Devil, between clergy and laity, between the spirit and the flesh, between the secular and the sacerdotal. All of which were symbolized by the conflict between Pope and Emperor.

The most fruitful hypothesis for explaining this dualism is to

be found in Frazer's account (7, p. 17) of the division of functions of the original Priest-King, whereby the spiritual overlordship was left to the former taboo-kings, while the demands of reality led to the executive and fighting functions being taken over by the secular ruler. The king was the war leader and success in war his highest ambition. This historic function of kingship is echoed in our national anthem where we still sing 'send him victorious' and in the Army Act where the forces on land, sea and in the air are collectively known as His Majesty's Forces. Hocart (16) has developed this thesis still further and has pointed out that the kingly and the priestly traditions have evolved a similarity of ritual and symbolism: the throne and the coronation service are common to both, the miter corresponds to the crown and the crozier to the scepter. It may be added that Freud's description of the two groups, the Church and the Army, is a further illustration of a similarity of hierarchy that has been developed by the rival traditions.

One may go a step further and trace this dualism to that which exists between Jew and Gentile. While it is true that the Jews had kings, nevertheless their first demand for a king was regarded by the priest Samuel as an imitation of the Gentile neighbors and as an apostasy from the theocratic governance of Yahweh. The religious contribution of Judaism was in its emphasis on otherworldliness which, with other elements, formed the basis of the Christian preoccupation with the world to come. In the Judæo-Christian ethic of the first century chastity and pacifism were its ideals and the next world its only reality. It was an interim ethic formulated in the belief that the end of the world was at hand.

In the account of the temptations of Christ we are told that the Devil showed him 'the kingdoms of this world'. Similarly, when Peter, that ardent Zionist, urged the establishment of an earthly kingdom, he was rebuked by Christ as being a Devil's disciple. In theological thought the ruler of the mundane world is the Devil and a preoccupation with the things of this world is a characteristic not of the Jew but of the Gentile. This dualism between Jew and Gentile is thus in essence the same as that

which exists between the secular and the spiritual—to mention one of its many forms.

The gentleman is the representative of this Gentile tradition. The old spelling of genteel was gentile, with the difference that it was given a French pronunciation and spelled without a capital letter; further, the connection of the gentleman with this secular, kingly tradition is emphasized by the etymology of the word 'king' which Skeat derives from the Icelandic *konr*, which means one of gentle (or gentile) birth. The king is the first gentleman of the realm; he is the pinnacle of the hierarchy and, in heroic days, the personification of the warrior ideal. The gentleman, then, represents the vestigial remains of this ancient tradition.

This tradition of the secular ruling class is perpetuated by the English gentleman who regards as his prerogative the right to administer, govern, and command both in peace and war. This authoritative attitude is educed both by training and by custom. Nowhere is this more vividly exemplified than in the creation of the British Empire, which was built up by this class of independent gentlemen, and maintained not by salaried officials but by this class which was trained from earliest years to assume the executive functions of the ruler. In his study of cultural ideals, Rosenstock-Huessy (22, p. 365) says that while in France the aim of every talented person is to become an aristocrat, in England the ideal of every gentleman is to become a king: his home is his castle, his servants his retinue, and he uses his wealth as the king uses his civil list. As such, then, the gentleman continues that secular or gentile tradition that derives from a division of an original genus into a priest and a war lord.

On this hypothesis the three unconscious motives that Freud (12, p. 147) discriminates as the cause of anti-Semitism are more easily understandable. Anti-Semitism can be described as the modern edition of this ancient conflict. His first reason is that the so-called Christians have been 'badly Christened'. Not having overcome their grudge against the new religion which was forced upon them they have projected it on to the source whence Christianity came, namely, the Jews.

If one notes those periods when an official attempt was made to syncretize the two traditions it will be found that they were marked by aggressive outbursts against Jewry. For example, at the conversion of Constantine when the two powers, the secular and the sacerdotal, were united and the Empire became nominally Christian, at that moment anti-Semitism in its mediæval form began. To take a further illustration, at the end of the eleventh century, when feudalism had done its work, the Church came to terms with its inveterate enemy by proclaiming the first Crusade, by means of which the barbaric knights were diverted to the Christian religion, and became defenders of the faith. Once again, the fusion of the two traditions was marked by appalling mass atrocities against the Jews.

But the hatred which animates anti-Semitism is not directed merely against the Jews themselves but at the God of the Jews, that personification of the forbidding archaic superego. On this assumption the attempt to get rid of the Jews may be interpreted as an attempt to get rid of the religious conscience of which the Jews are a perpetual reminder. Thus in England, although anti-Semitism has not been a marked feature of the gentleman, a similar attempt was made to get rid of the Old Testament conscience in the persecution of the Puritans. Puritanism is only Judaism transformed; in fact, Judaism reaches its logical conclusion in Puritanism. 'Original sin', said Luther, 'is that very thing which is born of a father and mother', an outlook which is summed up in the gloomy aphorism of Calderon, 'The greatest crime of man is that ever he was born'. At the Restoration which followed the Puritan governance of England every attempt was made by means of pogroms to excise that chapter from English history. Proscriptive measures of great intensity and the artificial abandon of Restoration comedy are but attempts to get away from the Puritan conscience. As Charles II observed, 'Puritanism is no religion for a gentleman'. The obsessional code which governed the behavior of the gentleman and controlled his aggressiveness was the greatest safeguard against violent outbursts of anti-Semitism; for, says Cardinal Newman (20, p. 210), 'He is a friend of religious toleration,

and that, not only because his philosophy has taught him to look on all forms of faith with an impartial eye, but also from the gentleness and effeminacy of feeling which is the attendant of civilization'.

The second reason for anti-Semitism lay in the fact that the Jews regarded themselves as the first born, the chosen race, and thus aroused the jealousy of those who in earlier times were described by the Jews as the people that walked in darkness.

In the gentlemanly tradition we can now see the Gentile rejoinder to the Jews' claim to be the Father's favorite. The gentleman emphasizes the importance of lineage, birth and breeding. He emphasizes, too, the importance of 'family' (*familia*, in the Roman sense), the clan and the gens: for example, in Tudor times, the great age of the gentry, when the gentleman emerged as a distinct cultural type, there was an avid interest in family history. That erudite authority, J. H. Round (23, p. 5), says that this was the great age of the pedigree makers 'of whose concoctions not a few have survived to the present day'. The Queen herself set the pace with a pedigree deduced from Adam. To satisfy this desire for 'gentle birth', the pedigree hunter, says Round, stuck at nothing: 'He forged documents not only in Latin, but in old English and old French, and these he showed to the heralds by whom they were eagerly swallowed'. The Domesday Book was ransacked and provided the diligent searcher with a Norman or Saxon patriarch according to taste. To be able to demonstrate that one was descended from warlike stock and that one's earliest forbears were full of animal courage was the Gentile retort to the Jew who claimed a spiritual descent from Yahweh. And so, pride of school, pride of empire, are extensions of that original pride of family which for the gentleman is a consolation for not being the 'first born'; the exclusive gentleman may be interpreted as the rejoinder of the excluded Gentile.

A curious sidelight on these competing attitudes toward the father is that it was, in fact, always a younger son who, from Tudor times, was sent to seek his fortunes abroad—while the elder brother stayed at home—and who, unlike the Prodigal,

usually returned richer and more capable than those who remained at home. Trevelyan (28) frequently demonstrates that the growth of the Empire and of English trade and commerce was due to the achievements of these younger sons of the gentry.

It is in relation to the castration complex that the contrasting attitudes of the two traditions is best seen. The symbolic castration of the Jews is a fact from which the Gentiles turn with repugnance because of its dread associations which they wish to forget. The reaction of the Gentile is to deny the threat of castration by asserting himself to give ever increasing proofs of his masculinity: he is thus able to demonstrate to himself and the world that he is in all respects a man; thus the secular achievements of imperialism in its wealth, dominion, and power, are all elaborations of a secondary narcissism. They constitute a denial of the castration complex in that they are defenses and reassurances against the unconscious anxieties associated with that complex.

The gentleman is never introspective and never concerned with his inner feelings, lest he tamper with the carefully devised defenses which the generations have provided for his protection. Conversation must never be intense lest it evoke emotions that might disturb the regulated composure which is the mask of the gentleman. The most perfect expression of this outlook is found in the last chapter of *Mansfield Park* where Jane Austen exclaims: 'Let other pens dwell on guilt and misery. I quit such odious subjects as soon as I can.'

The value of the gentleman's education lay in the fact that he was saved the necessity of creating his own neurotic symptoms because his education provided him from his earliest youth with a suitable pattern of responses. The guilt associated with the original ambivalence could be dealt with by ready-made repressions. Reaction-formations were ready to hand which had been tested and approved by the generations before him. Emotional outlets were already channeled in socially accepted ways of behavior. His culture provided him with a selection of defense mechanisms which he could adopt as automatically as he accepted the style of dress which the fashion

of the period decreed; in short, it provided him with an ideal of masculinity which had been molded by the generations of Gentile tradition.

Just as the dualism in our culture may derive from an original genus of priest-king, so the ambivalence of the son may result in a splitting of the original father figure into two components which are then projected into the outer world in the forms of God and the Devil. Traditionally the Devil is the original gentleman. (It is echoed in the famous exclamation of William James: 'The prince of darkness may be a gentleman, as we are told he is, but whatever the God of heaven and earth is, he can surely be no gentleman'.) The gentleman was, as we have seen, the gentile man, the representative of the pagan and barbaric forces.

Gentile, genital, genius are all cognate words which derive from the Sanskrit root GEN which means both 'to know' and 'to beget', both meanings being comprised in the phrase 'carnal knowledge'. We may say then that the gentleman was originally the genital-man and as such represents an affirmation of the phallic principle which typifies that stage of development where for both sexes the phallus is the only expression of genitality. The result is an overestimation of the phallus; for example, the Latin *genius* that is 'begetter' or 'creator', which attached to the male sex, was symbolized by a snake. Under the Empire not only the genius of the Founder but also that of the Emperor were worshipped at the same time. This thinly disguised phallic worship of the Roman Gentiles was probably the real cause of the refusal of the early Christians to worship the Emperor.

The English gentleman revealed many characteristics of this phallic stage. We see it, for example, in his attitude to women. The social habitat of the gentleman was the club where the Salic law prevailed. Not only were women excluded from club life but also from political life which in its socialized homo-eroticism was largely an extension of the club life. Further indications of this stage of development are to be found in such significant expressions as 'keeping up appearances' and the stress on 'good form'. The gentleman's outlook was such that

he attached importance to seeming rather than being, and aggregated to himself the accidents of maturity. His apparent maturity bears a striking resemblance to that concept of maturity for which psychoanalysis has used the term genital character, which Abraham has described (1). The genital character also shows traces of his development from earlier stages, and an adaptability to the interests of the community is not prevented by exaggerated character traits. An ability to keep impulses under control is also a feature of this level of maturity, but with one all-important difference: the genital character does not disavow his instincts; the gentleman does. That is the price which his obsessional code eventually demands: a renunciation of his instincts. Just as an old family in its effort to keep up appearances will often mortgage its estate and so destroy the source of its life, so the obsessional code makes increasing instinctual demands till at last only a semblance of life remains. If one could imagine a tyrant forced to recruit his guardians from among his subject peoples so that half were police and half were prisoners, one would have a picture of that state of sterile equilibrium which is implied in the doctrine of the Golden Mean which came to be the ideal of the English gentleman as it once was of his Athenian prototype.

VI

We may conclude by summarizing briefly the development of the gentleman. His cultural origins are to be found in the barbaric paganism of the heroic age which was perpetuated in the predatory outlook of the feudal knight. Under the pressure of civilization the knight developed his own code of restraints which may be compared to the system of prohibitions of the brother horde. The purpose of these restrictions and formalities was to curb the aggressive impulses and ensure their mutual safety. In time, that code is internalized and becomes a super-ego whereby the rules matter more than reality. With the passing of the centuries, in fact from the end of the fifteenth century onwards, the gentleman (who now replaces the feudal knight), becomes increasingly tamed till eventually he becomes

a symbol of the instinctual renunciation that is exacted in the process of becoming civilized. The history of the word 'gentle' is an illustration of his history and development: it now means the opposite of what it originally meant, just as the civilized gentleman is the antithesis of his crusading forbears of the eleventh century, whose atrocities scandalized Christendom.

It is interesting to note that the civilized gentleman, who was noiseless in all his ways, was equally discreet in his departure. It is only now, in the backward glance, that we realize that he who decreed what was honorable and of good report and who ordered our national affairs is no longer with us. That fact alone is an indication of the extent to which his code had been internalized.

With the breakdown of the internal system of controls whereby the behavior of the gentleman was automatically conditioned, human behavior is now being subjected to the written directives of an intrusive bureaucracy which enacts what shall and what shall not be done. The planned society with its system of external controls appears to be an attempt to provide a new cultural ideal to replace that which formerly was expressed in the unwritten code of the gentleman. Bertrand Russell in his recent survey of western philosophy has concluded (24, p. 217), 'for both good and evil, the day of the cultured gentleman is past'.

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A Neglected Boundary of Psychoanalysis

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A NEGLECTED BOUNDARY OF PSYCHOANALYSIS

BY FRITZ WITTELS, M.D. (NEW YORK)

For from ten to fifteen years, Freud had no collaborators and no 'school', but pursued his investigations independently. It was not so much the chronological lead but rather his specific genius that enabled him to stand at the helm of psychoanalysis to the end of his days. His monumental book on dreams was published during his first years of isolation. Only five years elapsed between that book and the concentrated summary of his theories of sex which contained so many of his revolutionary discoveries. In 1923, though he then had numerous collaborators, it was he alone who mapped the fundamental anatomy of the psychic apparatus—id, ego, and superego. Alfred Adler had spoken of the instinct of aggression before Freud, but the psychoanalysts became familiar with it only in Freud's later and by far deeper definition.

Freud's specific method of investigation, which I have elsewhere compared with Goethe's,¹ was not suitable for setting up boundaries and strict definitions. Through insight into himself, he came to understand a psychological phenomenon, and from the beginning his discoveries carried a strong inner conviction of certitude. In a letter, published in my book on Freud,² he stated: 'I have no use for other persons' ideas when they are presented to me at an inopportune moment'. Still, this type of subjective discovery did not satisfy him scientifically. He tried, therefore, to verify his vision by as much scientific evidence as possible and only after long and painstaking observations did he feel justified in publishing his innovations. Collaborators could not help him in this procedure.

Read before the New York Psychoanalytic Society, February 24, 1948.

¹ Wittels, Fritz: *Freud and His Time*. New York: Liveright Publishing Corp., 1931 and 1948.

² Wittels, Fritz: *Sigmund Freud: His Personality, His Teaching and His School*. London: George Allen & Unwin, 1924.

It may be that any young and expanding science cares little for its limitations. The spirit of the pioneer, which played so important a part in the history of America, is primarily a spirit of ever-changing frontiers. In the beginning, Freud did not worry about the limitations of psychoanalysis—with one exception: he always looked askance at philosophers. He pretended that he never understood them, and that rarely was there anyone less qualified than he to speak on philosophy. Declaring that he objected to formulating *Weltanschauungen*, he was openly hostile to demands that psychoanalysis enunciate a philosophy. Philosophers 'whistle in the dark, but they do not see any the more clearly for doing so'.³

Freud knew well why he had to reject the guild of the philosophers. He anticipated that his colleagues, the doctors, would denounce his own innovations as being philosophy, mysticism, or a mental cobweb, created by a man who formerly was one of them but had gone astray. He had to detach himself from philosophy and he wished to show that he shared the contempt for philosophy that was almost universally displayed by scientists at the end of the nineteenth century. Philosophy became the first boundary which not only was not to be crossed, but philosophy could be completely annulled as far as he cared. When Freud was told that Nietzsche had foreshadowed some of his discoveries, he answered that he knew little of Nietzsche, and that now he must renounce the pleasure of studying his works, for he did not want 'to be hampered by any preconceptions that might interfere with the elaboration of psychoanalytic impressions . . . '.

Other boundaries soon were recognized, boundaries of related sciences such as biology, sociology, anthropology and others. Freud taught us to cross the boundaries, to influence these sciences and reciprocally to be fertilized by them. Traffic became heavy over these borders and Freud became the founder of applied psychoanalysis. Still other borders were recognized too, but pronounced closed to his method. He iterated that

³ Freud: *The Problem of Anxiety*. New York: The Psychoanalytic Quarterly Press and W. W. Norton & Co., Inc., 1936, p. 28.

artistic creation was not amenable to analytic understanding. Thus, in his introductory remarks to Marie Bonaparte's book on Edgar Allan Poe he said: 'Such investigations cannot purpose to explain the genius of the poet. They merely show what motives have awakened him and what material has been ordained for him by his destiny.' Similar remarks can be found in his Leonardo da Vinci ⁴ and in his introduction to a work by Dostoevski.⁵

The borders which, according to Freud, psychoanalysis cannot pass are all those that include an inner experience and an inner response, which the German speaking peoples call an *Erlebnis*.⁶ The English language has no direct equivalent for *Erlebnis*. An example will suffice to show what the expression means. When listening to music, both musical and unmusical people receive the same sound waves. The difference in appreciation is within them. The appreciative group has a musical *Erlebnis*, the other, none. Within musical people a responsive experience takes place. As Goethe said, 'Were our eye not sun-like, it could not see the sun'. We understand what Max Weber meant when he said: 'Some people are unmusical in religious matters'; they cannot have the religious experience of those who are 'musical' in religious matters. Is this not reminiscent of Romain Rolland's 'oceanic feeling' and of Freud's analysis of it in *Civilization and Its Discontents*? As analysts we cannot explain the nature of an artist's inner experience nor our own direct response to the artistic creation. The creator is great and we are great with him as long as we are permitted to be his guests—and no longer. Freud said, 'Psychoanalysis must lay down its arms when confronted with this problem'.

Freud decidedly disliked this boundary. Yogi practices, for example, tried his patience. He said: 'One of my friends . . . assured me that the Yogi, by their practices of withdrawal from

⁴ Freud: *Leonardo da Vinci*. New York: Dodd, Mead & Co., 1932.

⁵ Freud: *Dostoevski and Parricide*. Int. J. Ps. XXVI, 1945, pp. 1-8.

⁶ Wittels, Fritz: *Masculine and Feminine in the Three Psychic Systems*. Ps. Rev., XXII, 1935, p. 409, ff.

the world, concentrating attention on bodily functions, peculiar methods of breathing, actually are able to produce new sensations and diffused feelings in themselves, which he regards as regressions to primordial, deeply buried mental states. He sees in them a physiological foundation, so to speak, of much of the wisdom of mysticism. There would be connections to be made here with many obscure modifications of mental life, such as trance and ecstasy. But I am moved to exclaim, in the words of Schiller's Diver: "Glad may be he who breathes overhead in the rose-tinged light".⁷ The problem of Yogi was outside the limits, refractory to his psychoanalytic methods.

In matters of religion, Freud tried to remain rationalistic. Religious feelings to him were residues of the helpless child's longing for its father. 'There may be something else behind this, but for the present it is wrapped in obscurity.'⁸ Even this is not a concession to a religious *Erlebnis*. All it says is that in the future, science may be able to find more and different facts about religion, but has not yet succeeded.

In *Moses and Monotheism*, Freud added to his views the idea of an impressive experience in the early history of a nation, which later is forgotten but then re-enters national consciousness. This process is offered to explain the compulsive nature of dogma and ritual. Allusions to it are first found in *Totem and Taboo* and even before. Freud commented on religion only from the psychoanalytic point of view. Religion, to Freud, is a childish, somewhat morbid manifestation, negligible as regards content.

Freud is less intransigent when it comes to the feeling of belonging to a nation. We quote from his preface to a Hebrew edition of *Totem and Taboo*.⁹ 'It will be difficult for a reader of this book to understand the emotional position of the author; for the author is one who is ignorant of the Sacred Tongue, is as estranged from his ancestral religion as from any other, and is not able to share the nationalistic ideals. Yet he has never

⁷ Freud: *Civilization and Its Discontents*. London: Hogarth Press, 1930.

⁸ *Ibid.*

⁹ *Gesammelte Schriften*, Vol. XII, p. 385.

disclaimed his nationality, feels his own Jewishness and desires to be no different. If one asks of him in what way then he may be Jewish, since he has relinquished all community with his race, his answer would be: In many ways indeed, and probably in the most important respects. But the nature of this could not be put clearly into words. At some date in the future it will surely be accessible to scientific insight.'

A similar remark is found in Freud's posthumous works.¹⁰ In a speech at the occasion of his seventieth birthday, he said to the members of a Jewish Free Masons Lodge (B'nai B'rith): 'Enough, however, was left in me to make the attraction of Judaism and the Jews irresistible; many obscure feelings, which were all the more powerful for being inexpressible in words, clear intuitions of inner identity, the mystery of the same psychic frame'.

Whereas Freud shows little patience with religious *Erlebnis*, he is inspired with awe when he speaks of tribal subjective experience. Had he wished to be consistent, he could have said that this specific *Erlebnis* is the sum total of education in a group, of the persecution, of a certain development of national taste, of talents, inclinations, disinclinations, of strength and of weakness—in short, freudian dynamisms; however, he felt clearly that all that is not the *Erlebnis* itself, although it leads to the *Erlebnis* as its end result. Comparing his attitude toward religion with racial *Erlebnis*, we should have to say that he is biased. But then, he grew up in irreligious and nationalistic times.

The responsive experience which he alludes to in his preface and in the speech quoted above we call *Erlebnis*. He failed to understand the very nature of *Erlebnis* when he expressed his hope that science would be able to analyze it with adequate words. Psychoanalysis has described mechanisms, developments which lead to *Erlebnis*. Until now it was not much interested in the end result of all these mechanisms, and justifiably so, because *Erlebnis* lies beyond the borderline of our science,

¹⁰ Cf. Vol. XVII of the new edition of Freud's *Gesammelte Werke*. London: Imago Publishing Co., Ltd.

or for that matter, of any science. In a successful analysis we lead our analysand to a new *Erlebnis* of himself, but there we have to stop, for we have reached what Goethe called the primal phenomenon (*Urphänomen*).¹¹ We remember here also Goethe's famous and, according to physicists, unsuccessful fight with Newton's theory of colors. Goethe did not accept the fact that white was a result of blending the colors of the spectrum. White, he said, was a direct *Erlebnis*, complete in itself, and indivisible. No bridge leads from the mathematical physicist to the responsive experience of an artist—at least, not as yet.

It ought to be easy for practicing psychoanalysts to see clearly the nature of the astonishment to which Goethe refers. In every successful analysis the patient experiences sudden revelations after many hours of painful groping. Whenever it occurs, both the analyst and the analysand know surely that they have encountered a living experience, an *Erlebnis*. This is the best evidence of causality we have in psychoanalysis. It is not at all a circumstantial evidence—that limping product of logical formalism—but something fundamental, carrying the emotional conviction of being the truth that was hidden in a maze of rationalization.

While the concept *Erlebnis* is beyond the reach of psychoanalysis, we can never forget that it is quite close to our borders, we cannot work a single day without feeling its influence. Psychoanalysis and *Erlebnis* are two different fields and yet closely related. Our art, it seems to me, consists mainly in keeping the two fields apart, mastering the technique of psychoanalysis with an eye on the promised land, the *Erlebnis*. With growing insight Freud became stricter and stricter in this

¹¹ Goethe to Eckermann: "To be astonished is the highest goal a man can reach and if the primal phenomenon astonishes him, he ought to be satisfied. It cannot grant him more and he should not look for more; here is the limit. As a rule, however, to look at a primal phenomenon does not seem to him to be final. He thinks research must go on and he resembles a child who turns the looking glass around to see what is on the other side." Eckermann, J. P.: *Gespräche mit Goethe*. Diederich Edition, 1902. Vol. I, p. 401.

matter, perhaps unwittingly. His famous change in the theory of anxiety (1926) was dictated by the psychoanalytic possibilities opened by the new anatomy dividing the psychic apparatus into ego and id. Before that time, Freud was fascinated by anxiety as an *Erlebnis*. May I remind you of his statement that repressed libido reappears as anxiety? In other words, the repressed idea remained incarcerated in the unconscious whereas its cathexis could not be kept unconscious, but was changed into conscious anxiety. Anxiety is felt, so Freud taught, where libidinal tendencies previously existed: one *Erlebnis* changed into another. The usual analytic approach to this metamorphosis was hardly possible, although Freud tried to find his way in the dark. We read in his Introductory Lectures (1917): 'The matter is by no means plain. . . . The topical dynamics of the anxiety development is still obscure. We do not know what mental energies are spent in the process, or from what psychic symptoms they derive. I cannot promise you that I shall be able to answer these questions.' Then came the change: it is not repression that makes for anxiety. It is the other way round: anxiety calls for repression. Anxiety is a danger signal, a function of the ego. So far so good. Everything seemed to be clarified. But Freud was embarrassed nevertheless. He did not give up his doctrine of anxiety neurosis, an intoxication from ill-drained sex products, nor did he change his opinion about the origin of anxiety in the birth experience. Birth anxiety cannot be a danger signal from the side of the ego, because at that time there is as yet no ego. All we can concede is an impression of some kind, which much later is interpreted as anxiety. In 'anthropomorphic' terms we may say: 'It must have been terrible when the bones of the skull cracked and suffocation seemed an imminent danger. The baby was scared.' In this way we attribute thoughts of our own well-developed ego to the baby in the act of being born. This, I am afraid, is not much more than a joke, albeit a kind of a metaphysical joke for pessimistic philosophers. The somatic anxiety neurosis (*Aktualneurose*) is also a foreign body in the analytic system because, according to Freud's definition, it cannot be analyzed.

Freud compared the old theory with the new one and stated that the old one was not to be discarded but was of lesser interest since we could now work with the new concept of anxiety: a signal of danger originating in the ego. He would have liked to know more about the nature of anxiety, but he almost warned against looking in this nebulous direction, ending chapter four of his *Problem of Anxiety* with the Latin sigh: '*Non liquet!*'

But is not anxiety an exquisite *Erlebnis* (a responsive experience), which as a primal phenomenon is incapable of further dissection? It is interesting to see Freud's titanic attempts to analyze this problem come to naught, so simple a problem if looked at from the other side of the boundary. He said: 'Anxiety is in the first place something felt. We call it an affective state, although we are equally ignorant of what an affect is. As a feeling it is of most obviously unpleasurable character, but this is not by any means a complete description of its quality. . . .' And later: 'Of the feeling of anxiety we can after all learn something. Its character of displeasure seems to possess a particular note of its own—a thing difficult to demonstrate but none the less probable, nor would it be at all surprising if it were so. . . .'

Why did Freud try to explore the very nature of anxiety? It is wrong to say that it is of little interest or a minor matter to psychoanalysis. He should have said that it does not at all belong within the borders of this science. As analysts we cannot penetrate the nature of the *Erlebnis*. It is on the other side of the border. We feel it. No words, no definition, are needed to impart to our fellow men the fact that we are scared. They realize what we mean. The *Erlebnis* is always obvious in itself. Freud freed his science from its older faulty approach to the problem by clearly defining the position of anxiety in analysis. Had the boundary between our science and *Erlebnis* been kept in mind, the task would have been easier from the start.

It occasionally appears as though Freud's researches on anxiety labored under a hardship. 'Had he himself not been an unusually fearless person there would be no psychoanalysis

today: he carried it through all the attacks of a hostile world. We also know of the heroic courage with which he suffered his ailment of many years duration and we know that his sense of humor did not fail him even when the rapacious Nazi gang invaded his house. On the other hand, investigations by Siegfried Bernfeld make it plausible that Freud had suffered from some kind of phobia in his earlier years.¹² Between this earlier condition and its overcompensation in the form of fearlessness a good deal of resistance may have accumulated, making him less perspicacious than customarily in matters of anxiety.

Another *Erlebnis*, perhaps the most exquisite *Erlebnis* of all, is one's own ego. Before Freud, the ego was exclusively the province of philosophers, who disposed of it as they deemed fit. In some of their systems the ego was everything, the only reality in a world of imagination. The other extreme denied its existence. Freud's ego, as differentiated from the id, has nothing to do with these metaphysical capers. It is defined as a part of the anatomy of the psychic apparatus.

Unfortunately, Freud was rather careless in his use of the term 'ego', which he did not always limit to his own definition. Semanticists have suggested that we use the word 'self' when speaking of the total personality, and 'ego' only to refer to the ego in Freud's stricter sense. Undoubtedly Freud's disinclination to philosophy is to blame for some of these difficulties.

While psychoanalysis cannot tell us what the self really is, Freud could emphasize the fact that the boundaries of the ego—the self—change in the course of our lives. We quote from *Civilization and Its Discontents*: 'Normally there is nothing we are more certain of than the feeling of our self, our own ego. It seems to us an independent unitary thing, sharply outlined against everything else. That this is a deceptive appearance, and that on the contrary the ego extends inwards without any sharp delimitation, into an unconscious mental entity which we call the id and to which it forms a façade, was first discovered

¹² Freud's own correspondence with W. Fliess, to be published soon, will make this assumption a certainty.

by psychoanalytic research. . . . Towards the outer world, at any rate, the ego seems to keep itself clearly and sharply outlined and delimited. There is only one state of mind in which it fails to do this—an unusual state, it is true, but not one that can be judged as pathological. At its height, the state of being in love threatens to obliterate the boundaries between ego and object. . . .

Further on he speaks of history and the origin of the ego in relation to the oceanic feeling: 'Originally the ego includes everything, later it detaches from itself the external world. The ego feeling we are aware of now is thus only a shrunken vestige of a more extensive feeling—a feeling which embraced the universe and expressed an inseparable connection of the ego with the external world. If we may suppose that this primary ego feeling has been preserved in the minds of many people—to a greater or lesser extent—it would co-exist like a sort of counterpart with the narrower and more sharply outlined ego feeling of maturity, and the ideational content belonging to it would be precisely the notion of limitless extension and oneness with the universe—the same feeling as that described by my friend as "oceanic". But have we any right to assume that the original type of feeling survives alongside the later one which has developed from it? Undoubtedly we have. . . .

This magnificent psychoanalytic elucidation of Romain Rolland's 'oceanic feeling' can hardly be separated from philosophy, officially held in strict contempt. We see that Freud knew very well that the ego is an *Erlebnis*. He spoke of the boundary, or rather the absence of boundary, an ego which includes everything. True to his self-imposed limitations he does not describe the qualities of the ego itself. Even the ecstasy of love is approached only from the viewpoint of changing boundaries. Psychoanalysts in an ocean of *Erlebnis* feel that they must by-pass the entity itself. Nunberg introduced the concept of the synthetic function of the ego; Federn for more than twenty years has been speaking of expanding and shrinking limits of the ego and has come to a well-nigh incomprehensible definition of the ego. He defines it as 'a continuous libidinal ca-

thesis'. Had he said the ego *has* a continuous cathexis, which seems a correct statement, his definition would leave out the very entity that he would define. True, the ego has a cathexis, but what then is this ego? When Federn implies that the ego is libido—that it is one of the modifications of libido—he lands us in a metaphysical fog. Are we to define one intangible, the ego, in terms of another intangible, the libido?

The problem is simplified if we recognize the ego as a direct inner experience, an *Erlebnis*. It is what Goethe called a primal phenomenon, an *Urphänomen*. We learn in analysis that the ego contains the sense of reality, that it has to satisfy its creditors—id, superego, and reality—and serve as intermediary between the outer and the inner world. In addition to all this, and more, it is an *Erlebnis*. We hear that the ego is the end result of a number of identifications. Is it then just a bundle of identifications? It is more than that. For example, to learn to speak a language or play a musical instrument, we practice and practice, but the exercises remain dead until the ego, the inner response of the self, inspires it with life. Mastery coincides with this inspiration. As psychoanalysts we cannot illuminate this mystery, but we recognize its existence. Another example: when I was in Berne, Switzerland, I heard a Viennese lady, married to a Swiss for many years, talking to the telephone operator in Swiss German. I asked her husband, 'Does the telephone girl take her for a native Swiss?'. To which he replied, almost contemptuously, 'Not for a split second!'. The lady imitated the idiom and to my untrained ear did it well. However, something was lacking; the life of the nation, the spirit of its language, in short, the difference between mere experience and *Erlebnis*.

While Freud in his attempt to analyze the concept of the oceanic feeling described the ego feeling as *Erlebnis*, he did it reluctantly, against a resistance. He said, 'It is not easy to deal scientifically with feelings' and 'I must again confess that I find it very difficult to work with these intangible quantities'. He felt the need to protect his scientific edifice against the intrusion of 'intangible quantities' or rather, qualities. Let

us separate the system of psychoanalysis from the *Erlebnis* if we can. But let us not forget that psychoanalysis is the steel frame and the *Erlebnis* is the life which inhabits the edifice.

Let us here introduce a third *Erlebnis*. As far back as 1935, I published thoughts on masculine and feminine as *Erlebnis*.¹³ In his New Introductory Lectures (1933), Freud warned us of confusing the psychology of the sexes with active and passive. He postponed a definite answer to some later period. After a tirade about women, somewhat reminiscent of Schopenhauer's famous outburst, Freud concludes his chapter on the Psychology of Women: 'That is all I had to say to you about the psychology of women. It is admittedly incomplete and fragmentary, and sometimes it does not sound altogether flattering. You must not forget, however, that we have only described women in so far as their natures are determined by their sexual function. The influence of this factor is, of course, very far reaching, but we must remember that an individual woman *may* [italics added] be a human being apart from this. If you want to know more about femininity, you must interrogate your own experience, or turn to the poets, or else wait until science can give you more profound and more coherent information.'

All right, let us ask our experience. Nowhere more than in psychoanalytic circles are women accepted as such absolute equals. One might almost say that they are preponderant in spite of Freud's derogatory remarks, which he himself evidently did not believe when it came to deducing practical consequences. The psychology of women is decidedly a weak spot in Freud's system. In the questions of anxiety and of the self we made Freud's personal *Erlebnis* responsible for the relative weakness of his outlook. Could we perhaps find personal *Erlebnis* again at work in this obvious embarrassment concerning the psychology of women? We are not indiscreet if we remember that Freud's mother, who was but twenty years older than himself, reached a very old age. At seventy-four he was still a devoted son to a living mother. Could this

¹³ Wittels, Fritz: *Masculine and Feminine in the Three Psychic Systems*. *Psa. Rev.*, XXII, 1935, No. 4.

unusual fact be responsible for the less satisfactory features in the psychoanalytic theory of women? We recall what he said (by his own admission a paradoxical remark) about reaching complete sexual freedom: 'Whoever is to be really free and happy in love must have overcome his deference for women and come to terms with the idea of incest with mother and sister'.¹⁴ Freud's father died in 1896, shortly after Freud's spiritual fathers, Meynert, Bruecke, and Charcot, had died. It was only after 1896 that Freud's genius erupted like a volcano. When his mother died, Freud was an old man, hardly able to change fundamental viewpoints.

Masculine and feminine, too, are *Erlebnisse*. In fact they contain the strongest *Erlebnis* (inner response) of which man is capable, the only force which changes the external boundaries of our ego; hence, it requires a woman to provoke this *Erlebnis* in a man and vice versa. When these exalted feelings are not present, the object is a *potential* love object, imbued with qualities which may lead to an experience transcending the individual. Memory or expectancy of love are ever present. If the possibility of love is considerably curtailed because of neurotic inhibitions, the experience of femininity (or masculinity) is weakened. Old or very ugly women, female relatives within the incest barrier, and small girls, have for men little or none of the experience of sex.

It has been emphasized ¹⁵ that the experience of sex with the self as object is weaker and less electrifying. Not that we love ourselves less, but we do not experience our own selves as sexually differentiated. Self-preservation is so important that the question of whether we experience ourselves as a man or a woman is secondary. Ego libido is not sexually differentiated, at least not at first. We cannot say, however, that narcissism is completely desexualized. A woman, looking in the mirror, asks herself clearly enough whether she is appealing as a woman. Even when alone, she is filled with the experience of her self in relation to the other sex. This is an experience of complete-

¹⁴ Freud: *Coll. Papers*, IV, p. 211.

¹⁵ Wittels, Fritz: *Op. cit.* fn. 13.

ness, expressible thus: 'Yes, he (frequently anonymous) will like me; I will conquer him', which naturally is just as valid the other way round: 'She will like me, I will conquer her'.¹⁶

These simple conditions become complicated by the various psychological mechanisms described by Freud, powers enforced on us by constitution and by civilization. They bring about the varieties of human relations. At any rate, Freud, in his chapter on femininity, evidently did not exhaust the subject of the psychology of women (or for that matter of men)—not even 'so far as their natures are determined by their sexual function'. Fear of castration and penis envy do not necessarily form part of the definition of masculine and feminine. It is perhaps somewhat ludicrous to mention it at all, but sometimes we get the impression in psychoanalytic circles that a man is defined as a creature afraid that he might be deprived of his penis, and a woman as a creature filled with never ending grief that she has none. It is correct to say that the end result of one's own *Erlebnis* of being feminine need not necessarily contain castration as the axis of the inner responsive experience. A woman can be satisfied with herself, knowing that she is complete, having entirely overcome the phase of wishing to to be a boy. Congenital sexual health and happy education combine to such an end result. The ominous phase of penis envy may have been weak and of short duration.

We remember what Freud said about the resolution of the oedipus complex. The complex may vanish out of existence when substituted by something else established within. In the same way, penis envy is superseded in women not only in accordance with Freud's equation, child equals penis, but by the *Erlebnis* of feminine completeness. Later Freud tended to assume that nothing gets really lost in mental life, with which he made comparison with the city of Rome: the bygone city's residues can be found and dug out, but the modern city of Rome has nothing to do with the Forum Romanum. In describing the boundary between psychoanalysis and *Erlebnis*

¹⁶ Wittels, Fritz: The Ego of the Adolescent, in *Searchlights on Delinquency*. New York: International Universities Press, 1949, p. 256.

we refrain from mentioning the mechanisms of our evolution, the more or less neurotic obstacles on the way to maturity. Our interest may focus upon the end product of all this projecting, introjecting, identifying growth. The Venus of Milo is not only lovely to look at, but also displays the nobility of female completeness. She is a woman who, in her formative years, must have gone through complexes which in our science bear the names of her national heroes and heroines. The end result is the sublimity of the goddess of love. I do not believe that penis envy remained an influence in her psychology.

In this short survey the responsive experiences of anxiety, of the ego, and of the sexes have been described. While in psychoanalysis we work incessantly with these concepts, in my opinion they are not fully understood. We do not separate the *Erlebnis* content from the psychoanalytic framework with sufficient clearness. Other similar direct experiences are freedom of the will, and all kinds of 'inspiration'. Freedom of the will and its inhibition are important for an understanding of the compulsion neurosis, while ecstasy (inspiration) belongs to the psychology of hysteria.

After a lifelong coöperation with Freud, Otto Rank decided to build up a system of his own, using freedom of the will as a weapon against Freud's doctrine. I quote from Arthur Koestler, who has considerable insight into psychoanalysis: 'Freedom as experience hardly plays any rôle in the freudian system'. He is right. He should go further and say it plays no rôle. It is beyond the border, but the practicing psychoanalyst cannot stop there. He is not like the botanist who dryly counts stamens and petals; he must be an artist too, feeling the significance of the object which he describes. His danger lies in the possibility of becoming too much of an artist and losing his way back to the interrelations which constitute the essence of his work. How Freud avoided both of these pitfalls is illustrated by his *Analysis of a Case of Hysteria* which is a piece of art with suspense, surprise, and touching motives; it is also a scientific accomplishment of the first order with a description of the

bisexual structure of the neurosis, the discovery of transference and the analytic situation. Freud's pupils rarely lived up to this classic distribution of science and art. They present us with a dry, almost unreadable jugglery of so-called freudian mechanisms; or we read a novel, lightly sheathed in psychoanalytic knowledge. They do not understand the boundary delineated in this paper—a neglected boundary because the thunderous discussions of anthropology, sociology, and biology drown the attention due the *Erlebnis*, the primal phenomenon.

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Schreber's Delusion of the End of the World

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SCHREBER'S DELUSION OF THE END OF THE WORLD

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More than thirty years ago, Freud inaugurated a new approach to the understanding of the structure of delusions. He used Schreber's Autobiography mainly for the elucidation of two theories: 1, delusion is a defense against homosexuality; 2, delusion is an attempt at restitution.

The same material Freud used can be taken for further investigation. The following is a review of Schreber's basic conflict which led to his idea that the world was lost. Only the function of this idea, namely, the warding off of a danger, will be discussed in this paper. The mechanism, the structure of this idea, or of the delusion in general, will not be considered.

Schreber's illness may be divided into several periods. It started with a prepsychotic phase in which his whole personality was already changed but no psychotic symptoms were present. Schreber stated in his autobiography that after having been appointed to the presidency of the highest court of justice in Saxony, he dreamed that it would be delightful to be a woman submitting to intercourse. After undertaking his new career, he developed a 'neurasthenic' hypochondriacal syndrome which exhausted him completely, culminating one night when he was so excited he had six seminal emissions. At this point his psychosis started, in which Professor Flechsig, who was treating him, became his persecutor. Schreber's principal delusion was that Flechsig had interfered with the order of things in the universe. According to 'the order of things', everybody's nerves would, after death, go through a process of purification which would last up to thousands of years. The purified nerves would become part of the 'forecourts of heaven' and there attain a state of bliss. The forecourts of heaven he considered to be a part of God, and God himself floated above them. God got his energy from these forecourts of heaven and this enabled Him to create things on earth so that an eternal circle was developed.

Under certain circumstances, if someone got into a state of excitement God could be attracted by this man and His power would be jeopardized; but the 'order of things' provided against this contingency. God would then destroy mankind, sparing only the best man on earth, who, after being transformed into a woman, would become the wife of God. This feminized man would then bring forth children who would be the source of a new mankind. This would still be in accordance with the 'order of things'.

Schreber had now got into such a state of excitement that he attracted God. Flechsig got knowledge of it and started to abuse this power for his own purposes. The soul of Flechsig went up to heaven without being dead and without passing through the process of purification. There he caught and gained control of the rays of God, and used them for his own purposes. At first God did not want this, but after a little while He yielded to it. In this way Flechsig became the leader of a conspiracy against Schreber. Several times Flechsig attempted to murder Schreber's soul. (The official censor deleted from the published Autobiography all the remarks attributed to Flechsig concerning this murder of Schreber's soul, so we do not know what they were; the only information which we have is that Schreber compared himself with Faust in that he would get earthly advantages in exchange for his soul.) He successfully ward off all these attacks on his soul. Still, these attempts were against 'the order of things' and destroyed the plan of the wonderful structure in the hereafter. It was no longer possible for Schreber or for any human being to gain bliss in the hereafter, because the nerves of no human being could any longer be purified after death; therefore God lost the supply of energy from the earth. By this loss God felt himself threatened and tried in vain to abandon Schreber. A conflict arose between Schreber and God through the interference of Flechsig. This conflict with God caused Schreber to get terrible visions of the destruction of the world. Voices told him that the world was lost and, after a while, he was convinced that the world no longer existed. He was the only remaining living being in

the world, and he saw his fellow men as people placed there by a miracle for only a short period of time.

Although he tried several times to get rid of Flechsig, who came between God and himself, Schreber did not succeed in doing away with him. Many important changes in Schreber's symptomatology took place at this time. Gradually he became more and more aware of feminine traits in his body. After two years he no longer could resist the transformation which took place in his body and he made up his mind that he could no longer resist the idea of emasculation; that his change into a woman would be in the interest of 'the order of things'. After more than two hundred years the change of his body into that of a woman would be completed and he would become the wife of God. Some days after Schreber had accepted this transformation, he became aware of the fact that physical reality had not altered, although a psychological change had taken place.

With the feminine rôle came the obligation to keep himself in a state of feminine excitement, otherwise God would abandon him. In reaching this goal, he imagined himself to be man and woman in one person, having intercourse together. He supported this by certain acts, such as embracing himself, but he remarked that such actions were not to be regarded as lascivious and that any thought of masturbation should be excluded. He explained it from the point of being a woman, so that after the acceptance of his transformation he masturbated almost continuously with fantasies that he was a woman having intercourse. We know from Schreber's prepsychotic phase that he was then also possessed by the wish to be a woman; that this excited him so much, he was hypersensitive to any stimulation from men around him; that at the end of his prepsychotic phase, this excitement caused no less than six emissions in one night.

Before we can discuss the meaning of the end of the world, we have to consider Schreber's delusions about the wonderful structure of the hereafter, and what the murder of his soul meant. Even if the censor had not deleted Schreber's statements

about this last subject, it is questionable that our knowledge about it would have been greatly enlarged. In the entire book no remark is made about it. Fortunately, a change of hospital residence brought us the desired information. After his psychosis had lasted for more than half a year, he was removed from the University Clinic to another hospital, for reasons which are easily understood. When this took place, Flechsig's soul split itself into forty or sixty parts, and spread all over heaven so that it was impossible for the rays of God to reach Schreber directly. As if this were not enough, there appeared in heaven another soul which also split itself into twenty or thirty parts. This was the soul of the chief male nurse at the new institution to whom Schreber gave the name von W because he believed this attendant to be his former neighbor, von W.

Voices told Schreber that von W accused him of masturbation, which Schreber denied. Our interpretation is that this was an affirmation of the fact that the presence of von W stimulated him to masturbate with fantasies about him. Schreber's denial means that he had succeeded in warding off this temptation to masturbate.

Schreber reveals how he came to believe von W got this influence. Flechsig wanted to catch the rays of God to use them for his own purposes. As Schreber was the focus of these rays, because he attracted them to himself, Flechsig needed his presence as a bait. But after Schreber's removal to another clinic, a separation took place between Flechsig and Schreber. Flechsig's soul now called for help from the soul of von W because von W, in the new institution, had the power over Schreber's body; thus it becomes clear that Flechsig exercised the same influence upon Schreber as von W did; therefore Flechsig and all his assistants excited Schreber so much that he could hardly resist the temptation to masturbate.

In exchange for his soul, earthly advantages would be bestowed upon him. These advantages become identical with permission to masturbate with homosexual fantasies about Flechsig; hence, the murder of the soul means yielding to the

temptation aroused by Flechsig to masturbate with thoughts about him. But he successfully warded off these 'attacks'.

Freud's interpretation of the plan about the wonderful structure of the hereafter, which was in accordance with 'the order of things', was that the forecourts of heaven mean femininity. This is corroborated by Schreber's statement that the souls, after their purification, become part of the forecourts of heaven and get into a state of feminine bliss by seeing God, indicating that purification means castration, and that men in the hereafter would be transformed into women. God floating over the forecourts of heaven is a symbol of intercourse. Schreber believed, then, that he would be transformed into a woman in the hereafter and as such enjoy intercourse with God. Somewhere else Schreber mentioned that men are the images of God. Given Schreber's extreme narcissism we conclude that, in his delusions, God is Schreber's image, a reflection of his bisexuality.

To better understand the plan about the wonderful structure in the hereafter, let us re-examine Schreber's state after he had accepted the idea of being transformed into a woman. He had the compulsion to masturbate continuously, playing the rôles of man and woman in one, and exhibiting feminine voluptuousness to attract God. A basic masturbatory fantasy is at work in all periods of his illness.

Originally, in his prepsychotic state, he was disturbed by homosexual excitement which culminated in six emissions (masturbatory equivalents) in a single night. Following this he lost hold on reality and his psychosis began.

It becomes clear from Schreber's ideas about the hereafter that in his psychosis he had hoped to ward off masturbation during his lifetime. He expected that in the hereafter his long suppressed wish for femininity would be fulfilled. If he could suppress this desire and the resulting masturbation the rest of his life, he would in the hereafter be completely compensated for his sacrifices. This delusional plan never functioned, for Flechsig and the group around him, by their mere presence, excited him so much.

At this point, ideas of the end of the world entered into his system of delusions. He was terrified by the thought of yielding to the temptation of masturbation aroused by Flechsig. This would mean that he would accept the earthly advantages and lose his soul. The loss of his soul would mean that he would have to give up forever the hope of contact with God. Had that happened, he would have maintained 'the world', that is, masturbation involving Flechsig, and would forever have lost God. Only one outlet remained open to him: as contact with God in the hereafter became impossible, he could strive for the possibility of a union with God during his lifetime. This goal was to be attained only by suppressing masturbation; he had to defend his soul and reject the temptation, stimulated by Flechsig, to masturbate.

Herein we find the origin of the delusion that the world was lost. As a corollary to this delusion, Schreber thought that Flechsig and his assistants did not exist in reality but were miraculously put there for a short period. This was a defense against the homosexual attraction which the men surrounding him exerted upon him. The period which followed, until Schreber's transformation, shows us his flight from the dangers arising from his love for Flechsig. This conflict is expressed in numerous persecutory and hypochondriacal delusions, various hallucinations and a catatonic state.

At last victory was his. He had succeeded in obtaining the much desired contact with God by the acceptance of his change into a woman. The process that made this change possible is revealed by the conspicuous fact that from that point on Schreber was able to masturbate: God forced him to do it, otherwise He would leave him; furthermore, this masturbation had a peculiar characteristic. Schreber described it as being of a gentle, pleasant nature. Genital sensations were lacking, so there were no phenomena like erection or emission. We conclude that at the moment he yielded to accepting the feminine rôle, he had at last succeeded in suppressing his masculine genital functioning whenever he was sexually excited. Before he had reached that point his genitals threatened to

react whenever his sexuality was aroused. The mastery of his genital functions made possible the acceptance of the feminine rôle.

After this achievement Flechsig and the others were no longer a great danger to him, now that he did not have to fear genital reactions to homosexual stimulations. That is the reason why, in relation to his acceptance of his future transformation, it became apparent that the world was still there.

The contrasting influences which God and Flechsig exerted on Schreber are the projection of the conflicting attachments to God and to Flechsig. Both are of a homosexual nature. The ultimate meaning of the attachment to Flechsig is the embodiment of a form of masturbation in which the reaction of the penis is included. This form is forbidden, in contrast to the other in which the penis does not share in the excitement, and which is symbolized by the attachment to God.

The delusion that the world is lost is limited to a certain period; no central significance can be attached to it. As long as Schreber was not able to master his genital functioning, he needed this delusion to help ward off this danger.

Observations on a Primary form of Anhedonia

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OBSERVATIONS ON A PRIMARY FORM OF ANHEDONIA

BY I. PETER GLAUBER, M.D. (NEW YORK)

A specific form of anhedonia appears clinically as a chronic state of lack of conscious pleasure—distinct from psychological states having a quality of painfulness—often punctuated by acute anxiety, unconsciously utilized to re-establish the chronic state whenever its maintenance is threatened by pleasure or by depression. Nosologically, the patients in whom this state has been observed were all schizoid personalities. Their symptomatology prominently included stuttering, homosexual perversions, gastrointestinal disorders (peptic ulcer, intestinal spasm, jaundice, diarrhea) and migraine. These symptoms are not considered pathognomonic. Dynamically, this state of inhibited fulfilment stems from those manifestations of orality that derive from narcissistic fixations of libido and its two main forms of expression—identification and projection—in contradistinction to oral regression from object libido. Objectively, the manifestations of this emotional state are described by many terms: withdrawal, detachment, isolation, alienation, chronic aloofness, listlessness, emotional block, etc. A term adequately descriptive of the subjective state is lacking.

Anhedonia (*an* = not, *hēdonē* = pleasure) an absence of pleasure, was first used by the French psychologist Theophile Ribot (1) in contradistinction to analgesia, or absence of pain. As Ribot defined it, it is 'an insensibility relating to pleasure alone'. It seemed to us an apt term to adopt because of the negative quality in our patients' descriptions of their subjective states. The qualification 'primary' was added to delimit the type of patients: schizoid characters in whom, because of very early fixations, there resulted a sense of distance and a lack of pleasure in all of their relationships. It may be a chronic

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state or experienced transiently as a strong reaction to a painful frustration; in both there is indifference to objects, absence of closeness and a feeling of emptiness. These problems do not include inhibited fulfilment based upon œdipal guilt, moral masochism (2), 'which excludes success' (3), and so-called neurotic depressions.

Primary anhedonia is a clinical entity. In psychoeconomic terms it is a consequence of failure of libidinal investment within the conscious ego boundaries due to instinct defusion and the resultant fixation of libido to an unconscious, primitive ego. This ego—the narcissistic ideal ego—is undifferentiated from the magical, omnipotent mother image. This fixation, in turn, is a reaction to specific intolerant environmental conditions during the earliest phases of the child's nurture. According to Federn (4), the psyche is rendered unable to withstand the injurious effects of the claims of libido because of traumatic experiences; hence libido is withdrawn from the boundary of ego cathexis.

Anhedonia can be differentiated from other affective states on the same ego-libido level (anxiety, apathy, depression). Anhedonia may, under certain circumstances, be transformed into any one of these.

Anxiety is that painful state associated with the imminent breaking away of the libido from secure narcissistic images and flowing in the direction of real objects regarded with doubt and fear. What is feared is the danger of ego impoverishment or annihilation. These are the crises or panic reactions which occur in the course of the anhedonic state when either patient or object makes a conscious effort to establish a close and steady relationship. The patient is attempting unconsciously to shift the cathexis from the narcissistic ideal of the ego to a real object, resulting in an awareness of separation, expressed in feelings of emptiness. Since real objects are regarded as destructively aggressive (a projection of the subject's oral aggression), an attempted object relationship results in a panicky fear of destruction. A classical example of this phenomenon is the homosexual panic in latent homosexual patients.

Apathy is the subjective state denoting absence of both pain-

ful and pleasurable feelings; it represents a still further degree of libido introversion. The anhedonic patient, although not enjoying positive pleasure from objects, derives some tangible though inarticulate satisfactions from unconscious narcissistic libido fixations and from the operation of ego defenses, including a sense of reality, despite some degree of paranoid coloring in the personality.

The differentiation between anhedonia and depression is more difficult to make. Depression may be described as an affective state in which the libido is withdrawn from objects and replaced by aggression; thus identification is equivalent to destruction through incorporation. In anhedonia, while the relationship is also one of destructive identification, it is to *representations* of objects, the libido remaining narcissistically bound. This constitutes the defensive distance of anhedonia and is the chief difference between depression and anhedonia. The absence of the defensive distance permits love objects of the depressive character to have a relatively greater degree of reality resulting in ambivalence of feeling and behavior. The anhedonic feeling of hollowness results from the defensive distance from real objects and the unconscious ego. Once the gap is lessened, a part of the defensive aggression emerges from repression; a certain quantity is projected, the paranoid trends constituting a secondary defense. If both defenses fail, depression follows. When depression and anhedonia are mixed in various proportions in the same subject, the defensive function of the latter has failed in part. The depressive is more active in his pursuit of objects. Both have traumatic fixations compulsively repeated; however, the traumata and their consequences differ. In anhedonia the trauma relates to the earliest (pre-verbal) relationship to the mother. In depression, such an early trauma is frequent but in addition there is frustration in the relationship with the father during the oedipal period. Ego functions relating to reality testing and object libido have both reached more advanced stages in the depressive. Crises in object relations are expressed by the anhedonic patient in the form of anxiety or panic reactions; by the depressive patient in depression or in elation followed by depression.

SOME PHYSICAL AND MENTAL MANIFESTATIONS OF THE ANHEDONIC STATE

The anhedonic patient typically looks and acts younger than his age, often has a superficial, ingratiating charm, occasionally with animation. Restlessness and clumsiness are frequently observed in patients who nevertheless have a good sense of rhythm. Self-consciousness and exhibitionism are common, sometimes with studied appearance and attitudes, and fixed facial expressions. Speech is rapid, poorly articulated, sometimes suggesting baby talk. Their talk is often empty, circumstantial chatter, delivered in the flat or monotonous tone of a soliloquy. The men are withdrawn, the women more unrestrainedly emotional, less reticent. Usually the trend is of whining querulousness, more rarely of superior or tacitly reproachful martyrdom. Their self-esteem oscillates between feelings of worthlessness and overestimation, between masochistic submission and omnipotence. They dream of being abused, slighted or unjustly treated.

Varying quantities of libido are fixated to introjected, idealized, narcissistically invested images, to which objects chosen in reality correspond. The more real relationships become, the more frustrating they are. Individuals are valued only as long as they fit into a realistically unattainable, idealistic frame of reference. To avoid painful disillusionment these patients gradually renounce objects and pleasurable experiences. In transference this renunciation is a resistance which is expressed in poverty of thoughts, silence, apathy, insatiable demands for love, explosive hostility, distrust, and flight from therapy.

The crises are symptomatically expressed in somatic conversions (abdominal cramps, nausea, diarrhea, headaches), or in acting (usually verbal aggression or flight), the latter generally based upon unconscious provocations for making the object appear as the frustrator (5).

An interesting sequence was the appearance of headaches during the ambivalent struggle resulting from closeness to the love object. As illusions about the real object are resolved, the

possibility of projecting narcissistic images on it is lessened, and the unconscious mental ego reinvested with libido. Headache is concomitant with the repression of aggression toward the real object during the struggle. The unconscious fight represents the ambivalent incorporation and destruction of the object and the acting out of the destructive process, through identification, until the object representation is expelled. The expulsion takes the form of diarrhea or vomiting, discharging the incorporated object and relieving the sense of guilt. These observations agree with Nunberg's (6) that symptoms referable to the heart and lungs are substitutes for alimentary processes, the specific organ system for localization of oral-anal fantasies. In headaches the organic unit of aggression is also muscle spasm but it involves the muscles of the cerebral blood vessels.

When the anhedonic defense fails and aggression emerges openly, such explosions are succeeded by anxiety, followed by emptiness and lifelessness. The struggle against such eruptions is evidenced chronically in muscular tonicity (7) or, acutely, in storms of purposeless muscular activity. In a few instances the reactions resembled grand mal, petit mal or epileptic equivalents.

The headaches resemble the syndrome of migraine, suggesting the possibility that similar psychopathology may underlie at least some cases of migraine. When cathexis upon a real object exceeds the patient's usual capacity, and headaches and psychomotor explosions do not suffice to discharge the liberated libido and diffuse aggression, anxiety persists or is partly expressed in cardiac symptomatology, partly by fear of death. When all these fail, depression sets in. Except for crises there is no anxiety; the inward deviation of libido is ego syntonic, hence without painful affect—only absence of pleasure. Anxiety is the indicator of instability in the anhedonic state.

CLINICAL MATERIAL

A man of thirty was referred for analysis because he had stuttered since early childhood. Every important adaptation he had to make had to be postponed until treatment had overcome his

stuttering. He had had a number of love affairs with divorcées of the 'extrovert type', usually older than himself, because they initiated and carried the greater share of the conversation. He pursued them intensively, established a sexual relationship and quickly lost interest.

He was quite aloof and detached, a man of few words expressed in a jumbled manner and rapid pace, with a clonic and tonic stutter. Superficially he appeared calm, but inwardly he was tense and impatient. He reacted to painful situations by repressing feelings and by postponing action, by running out or staying away. His life was devoid of any real, sustained, pleasurable relationship with anyone. When lonely he occasionally visited a bar, and socially a cocktail was indispensable to lessen his tension and restlessness. This chronic state was occasionally altered by excitement in anticipation of a relationship with a woman, and by painful affects when it terminated.

The patient's parents were divorced when he was three years old. He remained with his mother; his brother, three years older, was taken by the father. The mother, seemingly infantile and unable to cope with the care of a boy of five, gave him for adoption. The patient never saw her afterwards and he lived alone with his foster mother whom he described as a 'controlling' and 'scheming' woman. The foster father was psychopathic. The patient traveled with his foster parents and he went to many schools in the United States and Europe. The foster parents were divorced when he was about ten years old.

He recalled vividly two events from his early childhood: being beaten by his grandmother; expressing a wish to be dressed like a girl. This transvestite wish recurred in his life, increasing in complexity as he grew older, often serving as a fantasy to stimulate masturbation and induce sleep. In adult life he derived the greatest pleasure from the fantasy of applying lipstick with a brush. Asked of what the brush was composed, he answered angrily: 'I suppose you will call me a cocksucker'. The transvestite fantasy was analyzed as his identification with his own frustrating mother. He portrayed her also as being frustrated by men: being left and not given

the love and money she desired. This fantasy served the multiple purpose of direct libidinal gratification, of aggression toward real objects, of narcissistic gratification, and masochistic submission, humiliation and guilt.

His deepest wishes, expressed in fantasies, revealed the narcissistic regression which always followed his attempts to form object libidinal relationships. He fantasied himself to be the hero of a novel in which a miner working deep in a mine is the sole fertile male survivor following an atomic bomb explosion. That the magical omnipotence and phallic exhibitionism are equated both with fecundity and with the ever-flowing breast of the ideal mother was suggested by another fantasy in which he landed by airplane on an island in the Pacific after all of its inhabitants had been killed by a bomb. He was wearing his most attractive feminine garments but there was no one to see him.

In analysis he was frequently silent, initially waiting to be 'given a start' (oral dependence). Failing this, the expectant silence became a struggle to suppress aggressive thoughts and words resulting from disappointment (inhibited oral aggression). He would complain frequently of hunger and fatigue, both of which would disappear by the end of the hour. On these occasions he would speak of feeling dirty (coprophagia). On the day following the analysis of the fantasy about lipstick, the patient telephoned he was ill. When he returned the next day he announced that during the evening following the last hour, while in the company of a woman friend, he was suddenly seized with cramps and had a diarrhea, continuing the following day, which he attributed to 'ptomaine'. This symptom represented the elimination of the dangerous, introjected love object in the transference. Uncomfortable in the analytic hour, he sought a woman to escape and, he said, to 'show up' the analyst. The diarrhea and flight (reactions to passive dependent wishes) also represented an aggressive defense against an infantile object regarded as hostile and destructive, which could not be assimilated but must be disposed of as quickly as possible.

What this patient felt was absence of real pleasure rather than pain. What he recalled of his early life, and related without feeling, was the experience of leaving and being left. He could therefore not risk any new attachments and the danger of being abandoned again. Noteworthy is the fixation upon oral deprivation and its perpetuation through the repetition compulsion (8) which seems to have the purpose of actively overcoming a hurt reacted to passively: by actively depriving others he felt himself in the rôle of the magically omnipotent mother.

An attractive, single woman of thirty-one, appearing much younger than her age, sought treatment for a gradual intensification of anxiety. Following separation from her lover, phobias rendered her unable to work and disturbed her sleep. She had difficulty in eating and was unable to remain alone. The patient had had similar episodes in her love life and in her relationship with superiors at work.

This patient's mother was a self-centered, vain, impulsive woman in her late forties when the patient was born, the youngest of six children. About the same time the patient's older sisters were having their own children. The family scene reminded the patient of living in a hotel. There was much buzzing life all about her while she always had a feeling of loneliness. The father, weaker than the mother in making decisions, was overburdened with eking out a living. The paternal grandmother, the most consistently loving person in the family, was old and sickly when the patient was born. The patient was the toy of her mother and the older children who babied her but neglected her needs. In addition to the fundamental trauma, which was the lack of consistent, loving care oriented to the child's need, this patient in infancy had repeated shocking experiences of witnessing the sexual activities of the older siblings, one of whom was psychopathic.

Soon after beginning treatment, a series of painful experiences occurred, all following the same pattern. She would attract a man and start an affair shortly after meeting him.

Soon she would develop a strong urge to get the man to make a decision about marriage, and would then complain that he broke off the relationship. Each time she would suffer anxiety, insomnia, inability to work or remain alone. For a time marriage became the *sine qua non* of the worthwhileness of life, and the sole criterion of a successful analysis. In her approach to men there was a directness and a lack of the usual sense of modesty. She had a predilection for fellatio, and in intercourse she was frigid. The first time she attained an orgasm she made involuntary chewing motions with her mouth.

It was necessary for her to continue working for financial and therapeutic reasons. She was frequently involved in a struggle with her superior who, she complained, was not giving her enough recognition, babied her, yet gave her more work than the others. When an announcement was made that her superior would soon leave the service, she reacted with an attack of anxiety for which she was taken for treatment to the infirmary of the place where she worked. From there she fled in anxiety to the room in which she lived, and where at other times she was unable to remain alone. This attack occurred at a moment when she had a burst of warm feeling for her superior. During the following hour she expressed a growing conviction that she could not tolerate permanence in a relationship. She recalled how content she had been for several years as an impermanent clerk at a low salary. As soon as she was appointed a civil servant in a permanent category, she instigated a quarrel, which at the time seemed quite justified, and nearly resigned. Perhaps it was also the permanency of marriage she could not accept. As she was leaving, she experienced a sensation in her abdomen as if something were being torn out of her; she recalled her feeling of anger, as a small child, whenever she was given enemas, which she resented as a forcible removal of abdominal contents.

Her 'spells' or 'crises' had a trancelike quality during which she had been observed closing the door, putting out the light and smoking, hunched up in one corner of the settee. This, like her impulsive running to her room from work, may be

regarded as fulfilling her need for restoration of the status quo through a reincorporation or rebirth. This trancelike state came at a time when the existence of the unconscious narcissistic ideal state was threatened to be shattered by a sudden burst of warm feeling for someone. Running away from work acted out the separation from, or expulsion of, the threatening love object, and returning to her room acted out the reinvestment of the narcissistic ideal.

During such a crisis the patient stared into space. She often shook herself as if to rouse herself from an enveloping fantasy. She avoided looking at the analyst. Her speech was thick, like baby talk. She showed changes in skin sensation. One arm might get very cold while the other perspired freely, according to the association with absence or presence of contact. Thus the loss of libido cathexis in the ego boundaries affected in various degrees the feeling of awareness of parts of the somatic ego. The mental ego was similarly affected, rendering impossible various perceptive and executive functions serving reality adjustments. The volitional faculty, however, was less impaired as the ego boundaries under these circumstances contained the aggressive drives.

The following is a portion of a graphic description by this patient of one of her periodic crises.

"The frantic panic occurs when I feel I must continue, go on and on. I must feel that there is a definite termination of my working in view. There is a feeling of panic, palpitation, blinding. It actually blurs my vision and my head feels closed in and smaller when I am near a person for whom I feel aggression, and at the same time, a feeling of clinging. . . . She mustn't leave me—but I must have the power to leave her. This is true of men as well—anyone upon whom I depend for a feeling of belonging. I feel real only when I'm close to someone—actually kissing them or holding their eyes with mine. But at the same time I want to run away for fear they will leave me first and I'll be alone, proven worthless, unlovable. . . . I hate them for seeing me as I am—and playing on it. It seems torturous to me. I fear

working in the office and I fear not working; it all seems outside of myself. I'm all walled in within myself and I must fight my way out—groping to belong to reality. When I feel panicky the only thing that stops it is a feeling that I can leave whenever I want to. . . . Working at the office is reality; I try to keep it in the foreground but it constantly slips, and I feel it is something that must continue, the same thing every day, day in and day out, and I want to get away from it, to run to my own room, to have the whole day to myself, to belong to someone who will take care of me. The end I seem to wait for is the being part of someone else to have strength to go on. Alone I need constant bolstering. As soon as I feel very much alone I have a feeling of something being torn out of me: an emptiness and a pulling, missing a heartbeat, a feeling in my diaphragm. It is a fear that now that I am alone I will lose control, things will happen to me, and I will be powerless to cry out.'

This patient did not, unlike some others, accept the anhedonia but resisted it, was aware only of tension and fear, and seemed to seek objects avidly. Each time, anxiety compelled her to retrace her steps. Analysis gradually made her aware of her lack of genuine interest in and feeling toward people. During crises she had to struggle to remain in contact with reality. The anhedonia was most clearly revealed in sexual intercourse. The nearest approximation to pleasure was the anticipation of closeness, reaching its peak in kissing, and remaining completely frigid genitally. Her first genital orgasm was induced by a cannibalistic fantasy. When positive pleasure appeared, it revealed both the fixation and the defense against it which had resulted in anhedonia.

In her ambivalence and her cannibalistic fantasies accompanied by pain and tension about her mouth and teeth, this patient bears a striking resemblance to the cases of melancholia described by Abraham (9) and Jacobson (10). Abraham's patients had all suffered a double disappointment in their love for mother and father. The childhood history of his patients revealed a 'primal depression' at the height of their oedipal

struggle. This patient was not predominantly depressed. Her disappointment was chiefly in her mother, in the preœdipal period. Her childhood history revealed a primal detachment, or anhedonia.

SUMMARY

Anhedonia, a lack of conscious pleasure, is presented as a clinical entity. This state is traced to its antecedents—a series of defensive reactions following very early and fairly specific traumata. The patients studied had schizoid characters. Attempts to establish object relationships result in a more or less stable state of anhedonia with periodic crises which threaten or terminate it. An economic and structural hypothesis, corresponding to the phenomenology, is presented. The genetic sequence is: pathogenic stimuli—oral-narcissistic fixation (first defense)—distance mechanism (secondary defense stabilizing the fixation)—anhedonia.

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ANAL SENSATIONS AND FEELINGS OF PERSECUTION

BY JACOB A. ARLOW, M.D. (NEW YORK)

Staercke and van Ophuijsen suggested that the persecutor in the delusions of paranoid patients, though representing a real object, is identical in the unconscious with the patient's own feces. The latter suggested that the feeling of being assaulted (persecuted) is a projection of subjective disturbance from sensations evoked by the fecal mass. Bibring described a patient whose persecutor bore features which were identical with those of the patient's buttocks. Lauretta Bender described psychotic patients in whose delusions the persecutors were visualized in terms applicable to feces.

The feeling of being persecuted is not limited to paranoid psychotics. Transient delusions, ideas of reference, irritability toward people following too closely or pressing against them in crowds, volatile reactions to the belief that one is discriminated against or being treated unjustly are frequently encountered in psychoneurotic and character disorders.

'Anal sensations', as used in this communication, include all sensations evoked by the fecal mass, and are not limited to the anus proper.

A thirty-year-old veteran with a severe character disorder sought treatment for depression and a feeling of aimlessness in life. He had been expelled from high school when he was eighteen years old after having three times interrupted his studies to run away from home. He had been arrested for vagrancy and for book-making. With one exception, he had worked less than six months in any place he had been employed. At school, at work and in the army, he persistently complained that he was being treated unjustly. His impulse to retaliate involved him in many fist fights. During his first year of analysis, which began about fifteen months following discharge from the army, he sought almost daily in crowds to encounter and beat his former sergeant who, he was convinced, had blocked his advancement and assigned him to unpleasant details because the patient was a Jew. Of this there was no convincing proof. The patient made a practice of beating

drunken persons who made anti-Semitic remarks, whether or not they were directed at him.

The patient began analysis under a provisional authorization from the Veterans Administration. After a long period, his claim was disallowed because his disability was judged not to be connected with military service. This opinion was undoubtedly correct, but the patient felt it to be unjust and discriminatory. Since it was impossible for him to pay for analysis at the same rate as the government paid, the fee was adjusted to the patient's means. For this he apparently felt much gratitude which he could not express fully.

A few weeks later, he became unusually irritable and could not sleep well. It transpired that he had been suppressing mention of a decision to present the analyst, at Christmas, with a book the enjoyment of which he wished to share with the analyst. The book, moreover, had been published by the company with which his very successful and much envied older sister, a former patient of mine, had worked. 'Really', he said, 'the book I would like to give you is the one which I will write'. The day before, he had suggested that the life of an analyst would make an excellent theme for a novel. At the next session he reported a dream.

I was walking with my wife to the subway. A man behind me kept crowding too closely to me. I said, 'Who are you crowding? It's like someone trying to climb on my back.' The man walked away and said, 'You goddamned cat bastard'. I wanted to fight him, but I was afraid. He was dressed all in brown with a pork-pie hat. He was no one I had ever seen before. When I awoke my first thought was to associate the man in brown with feces.

The day before the dream, he said, he had had a violent and unprovoked quarrel with his wife. Earlier she had asked him, 'Whom do you love?' and he had replied, 'I love me'. In the subway that morning, he felt impulses to strike people who pushed or jostled him. He never lets anyone get too close to him. He hates to be patted on the back. When he is aware that someone is walking behind him, he feels like screaming, 'For God's sake, pass me!' In the subway he had been thinking of his Uncle David who is very generous with money. The patient suspects his motives. He has always distrusted superiors, employers. Climbing on someone's back reminded him of having intercourse from behind with his wife. He had done so two days earlier. He finds this most exciting but hesitates to do it.

At the next session the patient reported a conversation he had had with his sister in which they spoke very favorably of the analyst for reducing the fee. Suddenly the patient's mood changed. He became very sad and said, 'I feel guilty because I am not talking about the matter of yesterday's session. I am wondering if you would feel that I was uncoöperative. I was afraid to say I thought of the man in the dream wearing brown clothes as a walking turd.' He began to weep because he was unable to buy gifts for all the people to whom he felt grateful. At this point, he became flushed, restless and started to perspire profusely. He said, 'I feel very queer. I want to shout, scream, run out of the room. My bowels are bad. I have been constipated now for several days. The feeling is just awful. I have been taking mineral oil. I feel all stopped up. It must have something to do with the dream. I feel as if I am holding something back.' He then admitted that he had intended to bring the analyst a gift on the following day. The man in the brown outfit flashed into his mind: 'I thought of you. I was afraid of this man in the dream. I resented his walking so close behind me. You are behind me. You frequently wear brown. I have admired the outfit. It is my favorite color. You crowd me. You circumscribe me. So many things I don't do because I would have to tell you; masturbating for instance. You must be the walking turd in the dream.'

This dream clearly portrays the patient's unconscious homosexual conflict in the transference. The persecutor, the homosexual love object, and the gift to be presented are equated with feces. Since the original persecutor, the feces, has been projected into the external world, to the figure of the persecuting love object, the tormenting sensations caused by the feces are transformed into feelings of persecution. As the analytic work weakens the defense mechanism of projection, hostility is replaced by anxiety in response to erotic longings for the love object, accompanied by intense anal sensations.

A few months later, the patient resigned his position to become a clerk in a bookstore. In so doing, he was acting out an unconscious identification with his sister, whose successful career and analysis he envied greatly. The patient fantasied that his sister had offered to have sexual relations with me.

One evening, he was aware of increasing irritability toward customers. When one customer questioned a price, the patient felt that his honesty had been doubted. He answered sarcastically,

starting a violent quarrel. After he had left, the patient suspected that the customer must have been the employee of a private detective agency which was used by the book company to check on its clerks. At this point he realized that he was constipated and felt most uncomfortable. He went to the bathroom but without relief.

The following morning he awoke with a sharp pain in his right side which he attributed to constipation. He fell asleep and had the following dream.

I am walking towards a candy store. A tall drunk in a brown suit comes toward me. I determine not to get out of his way. We collide sharply. Suddenly we are surrounded by hundreds of his friends. I knew they were, going to beat me up badly. Then I awoke.

The antagonist in the brown suit is associated with feces, with the persecuting customer-detective, with the analyst as in the former dream, and with a drunkard he had beaten up some weeks earlier for insulting the Jews. 'And I intend to get myself a brown suit', he continued. 'I welcomed the fight in the dream. I was determined not to be pushed around. Sometimes when a big fellow comes toward me, I determine not to get out of his way.' He recalled next that throughout the previous day he had had a sense of urgency, had looked at the clock, saying to himself, 'I have got to get out by three o'clock to keep the appointment with the analyst. Suddenly', he said, 'I remembered I had no appointment for that day, but I had to keep reminding myself. By the way, the man in the dream collided with me at precisely the place in my abdomen where I had felt the sharp pain of constipation just before the dream.'

The persecuting customer-detective, the ambivalently loved and hated analyst, the slandering anti-Semite and the patient's tormenting fecal mass are commonly equated. The sense of urgency about having to defecate and the sense of urgency about having to keep the analytic appointment are directly connected. The pain attributed to the feces in the rectum is, in the dream, the same pain of violent physical contact with the persecuting homosexual love object.

Later in the analysis, as disguised fantasies of bearing a child to the analyst were emerging, the patient heard the analyst blow through a cigarette holder. This reminded him that his father and his boss chewed the ends of their cigarettes, and he wondered if the

analyst had the same habit. It occurred to him that it would be nice to get the analyst a cigarette lighter. An educational film on venereal disease that had been shown in the army came to his mind. In this film a soldier with syphilis puts down his cigarette to make a billiard shot. His buddy picks up the cigarette, takes one puff and from it contracts the disease. Following this the patient reported a dream.

A man dressed in brown is standing in what appears to be a coal chute and offers me a turkey leg. I—standing off some distance from the coal chute—refuse the offer angrily, saying, 'I won't kiss anyone's ass'.

He had had Thanksgiving dinner with his father. (His mother, at the time, was in a mental hospital.) At dinner, he had been served a leg of turkey which he enjoyed very much. His father had offered financial help to the patient. To the man in brown he associates feces, and to the coal chute his rectum. The angry defiance in the dream he recognized as his habitual reaction to men in positions of authority even when, as in the case of his father, uncle and analyst, they were helpful. During this session the patient asked for a cigarette.

Later events clarified the detail of standing off a short distance from the coal chute. While reporting the dream, the patient had had severe anal itching. He was afraid to be observed scratching lest this be interpreted as a form of anal masturbation. He waited until he could scratch, wash and powder the perianal area.

He is struggling against passive oral and anal sexual cravings. The angry rejection of the turkey leg represents a countercahexis to these wishes. The homosexual object in this dream, less a persecutor than a seducer, is still equated with feces.

SUMMARY

Excerpts from the analysis of a nonpsychotic patient who had fantasies of persecution, confirm the observations of others that the persecutor may be unconsciously equated with the subject's feces in the rectum. Tormenting anal sensations are projected to the homosexual object in the external world, and transformed into feelings of persecution. The correlation of constipation and feelings of persecution with the analysis of the transference relationship leads to the belief that in this instance there occurred an unconscious form of anal masturbation in which the fecal mass arouses sensations in the subject's rectum in response to masoch-

istic feminine fantasies. The fecal mass also represented the homosexual object's penis, and, in a fantasy of pregnancy, the foetus. The material offers the technical suggestion that the analyst be alert to detect references or associations to anal sensations whenever patients in analysis are preoccupied with fantasies of persecution or assault.

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BOOK REVIEWS

HAMLET. By William Shakespeare. With a Psychoanalytical Study by Ernest Jones, M.D. London: Vision Press, Ltd., 1947. Distributed by Funk & Wagnalls, New York. 180 pp.

This volume contains a text of Hamlet introduced by a republication of Jones's study of the play (The Problem of Hamlet and the Œdipus-Complex), originally published in 1910 in the American Journal of Psychology, and since then reprinted in various forms, both in English and in German.

As Jones states, the study is based upon Freud's interpretation of the play, set forth in a long footnote in the *Traumdeutung*. Freud's main thesis dealt with the problem that had proved utterly baffling to earlier students of the Bard, the problem of Hamlet's hesitancy and vacillation in consummating the act of vengeance for the murder of his father. The solution presented by Freud was that Hamlet's will to act is paralyzed by reason of conflict over his repressed œdipus complex. Claudius, in killing Hamlet's father and marrying the Queen, created in Hamlet an intense return of the repressed: Claudius did what the infant Hamlet desired, and as an adult, still unconsciously desired to do; thus Hamlet was identified with Claudius who, no more and no less than Hamlet, deserved death. Shakespeare, then, depicted a neurotic conflict which Freud had detected repeatedly in the neurotic conflicts and dreams of his patients. It is infinitely more openly represented in Sophocles' Œdipus Rex. A minor hypothesis of Freud was that in writing the play, Shakespeare had been unconsciously motivated by reactivation of the œdipus, following the death of his own father. This is based upon the supposition that the play was written in 1601, the year of John Shakespeare's death.

Jones's study is in the main a brilliant and highly readable documentation of these ideas, supported by an extraordinarily lucid account of the concepts basic to them. It is a classic in the application of psychoanalysis to the study of literature. Indeed, certain additional insights, original with Jones, are presented. These serve to deepen the conviction of Freud's interpretation of the drama. For example, Freud interpreted Hamlet's jilting of Ophelia as indicative of the hero's disinclination toward women in general, an attitude that emanated from Hamlet's need to strengthen and

intensify those inner forces that kept his incestuous longings in repression. To this Jones adds the clarifying insight that Hamlet also plays Ophelia off against his mother in the same manner as a disappointed lover attempts to arouse jealousy in the object of his love by showing favor to another woman.

In comparing Shakespeare's Hamlet with the source material from which it was derived, Jones was introducing a methodological innovation, a technique novel in the psychological investigation of literature, though of long standing for other philological purposes. He studied the material of the Amleth saga, in Saxo Grammaticus and in Belleforest, and considered the use made of this in an early Elizabethan drama of Hamlet, now usually ascribed to Thomas Kyd. In this way he was able to identify the specific manner in which Shakespeare's play deviated from these sources. By adducing such evidence, he demonstrates Shakespeare's personal need to produce a drama with inner, tragic meaning—already noted—rather than merely a play with a plot. The expression of inner psychic conflict detected in Hamlet by Freud is no accident of the playwright's artistry; it flows from the cogent inward necessity of the poet himself.

As a whole, one regards this work of Freud and Jones with admiration and readily perceives the truth and the importance of its principal thesis. Criticism, perhaps supererogatory in the face of so generally valid and valuable a contribution, centers about one or two minor points. Jones implies that the primary attitude of the son to the father is hostile, according to the demands of rivalry, and that positive attitudes toward the father are mere artifices designed to disarm and to mask hostility. In such circumstances inner conflict could scarcely exist, and the effort would be simply to escape detection. But the clinical fact is that sons do have intense conflict regarding oedipal hostility toward the father. Such conflict could not occur if the hostility (the oedipus) had not been preceded by attitudes of genuine affection. Such affection very generally has its origin in the period following weaning, when the father may be regarded hopefully as a possible substitute for the recalcitrant, frustrating mother who no longer gives the breast. If the father, through friendly attention to the child, seems to foster this hope, affection toward him, in anticipation of the desired bounty, becomes the child's essential attitude toward him.

The other point relates to Freud's minor thesis, presented also by Jones, that repressed oedipal wishes had been reactivated in

Shakespeare owing to the death of his father in 1601 and that this had impelled him to the writing of Hamlet. However, it should be remarked that students of Shakespeare are not in agreement on the date of Hamlet's composition, some placing it as early as 1599. This cannot invalidate the contention that Shakespeare, at the period of writing Hamlet, was in the throes of a renewed œdipal conflict, though it may cast some doubt upon the stimulus for this renewal. But beyond question is the fact that at this period John Shakespeare's economic fortunes had seriously declined, while William's star was in the ascendant. During Shakespeare's boyhood, his father had been a leading citizen and prosperous owner of property. Before Shakespeare left Stratford for London, his father's affairs had taken a turn for the worse and had steadily deteriorated. When in 1596 the poet returned to settle in Stratford, his father was heavily in debt and doubtless received help from his well-to-do son. Shakespeare began buying property, including a large house and grounds, applied in his father's name for a coat of arms (which was granted), and lived the life of a retired man of wealth, while his father was his pensioner. The coat of arms is of some interest. In John Shakespeare's prosperous days, when he was a bailiff of Stratford, he had applied for a coat of arms. Whether the heralds granted it is uncertain. If they did, the permission had lapsed into desuetude during the period of his waning fortunes, and in any case, William's application was for a confirmation of the license. The father had to have his worthiness to bear arms confirmed through his now prosperous son!

Such a situation, a reversal of economic rôles, in which the father became the son's dependent, might have served equally as well as the father's death to revive the œdipus and renew the repressed conflict which the poet then attempted to resolve in his play. In relating this economic situation to the return of the repressed one is on surer ground than in taking the somewhat dubious correlation of the two dates (the writing of Hamlet and the father's death) as one's *point d'appui*.

The enjoyment of this work is impaired by extremely careless proofreading; and the drawings of F. Roberts Johnson, with their grotesque and distorted figures, do not capture the essence of the drama nearly so well as does Jones's genial and illuminating essay.

AN INTRODUCTION TO CLINICAL PSYCHOLOGY. Edited by L. A. Pennington, Ph.D. and Irwin A. Berg, Ph.D. New York: The Ronald Press Co., 1948. 595 pp.

This volume appears to be a hastily assembled collection of papers purporting to outline the field for the student of clinical psychology. It is full of theoretical and practical contradictions. While such disagreement may show that clinical psychology is an actively growing profession, the reviewer believes that it will confuse the student. For example, in the opening chapter Cattell says that the goal of clinical psychology is 'the bringing of the mentally abnormal back to health', thereby identifying clinical psychology with psychiatry. In the next to the last chapter Yacorzynski states 'the primary objective of the psychologist . . . is to contribute to our knowledge and understanding of mental illness', which implies a major emphasis on research. Such contradictions are found throughout the book. In the chapters on testing which are, for the most part, the best written and informative, Sargent says, 'Projective media . . . may also be used as adjuncts to other types of treatment'. This moderate statement is countered in the chapter on Client-Centered Therapy by the statement, 'the use of psychometric tests can interfere with the process of therapy'. One is reminded of the definition of clinical psychology as 'anything the clinical psychologist happens to be doing at the time'.

This reviewer is bemused by the exotic verbiage that is sprouting around the performance of psychotherapy by psychologists. 'Client-centered therapy' is a case in point. 'Structuring' is a meretricious term if examined closely, and has qualities comparable to the time-worn 'idiopathic' used by medical men to appear omniscient when baffled. Psychologists have long protested the complicated terminology of psychiatry and particularly psychoanalysis which, they have claimed, prevents the free communication of ideas between the professions. It seems that in the attempt to develop areas for their own activities they are being equally culpable, the more so since it is apparent throughout the book that most of the significant formulations employed can be traced with little effort to the original observations of Sigmund Freud. This reviewer laments the superficiality that appears to be developing as much in psychiatry as in the psychology depicted in this book. As sources recede in time it becomes increasingly difficult for writers on clinical matters to relate their findings and observations to these sources. Were they

to do so in true scientific humility—a quality more honored in the breach than in the observance—they might discover that in many cases what they have to write has been said before with far greater clarity and wisdom than the pace of our present environment permits them to do.

This rush to break into print is equalled, if not exceeded, by haste on the part of many superficially taught laymen to do psychotherapy. As if in fear that they are trespassing on forbidden ground, the writers on therapy in this book carefully use the word *client* rather than *patient*. How this substitute alters the patient-therapist relationship is hard to discover, nor is it apparent that the disorders treated or the goals sought differ from those of psychiatry. If the clinical psychologists now actively engaged in psychotherapy will call a spade a spade, perhaps a clearer definition of appropriate areas of activity for clinical psychology and psychiatry will obtain. Since the debate signalized by Freud in *The Problem of Lay Analysis* in 1926, increasing feeling about the practice of psychotherapy by nonmedical people has developed. If both camps are sincerely interested in the primary goal of the suffering patient's welfare rather than in gratifying narcissistic status needs or the aggressions of sibling rivalry, there should be little difficulty in reaching agreement. This reviewer does not consider the present volume a constructive effort in this direction.

HERBERT I. HARRIS (CAMBRIDGE, MASS.)

FREUD AND HIS TIME. By Fritz Wittels, M.D. New York: Liveright Publishing Corp., 1931. Reprinted 1948. 451 pp.

This interesting book covers a wide range of human experience, and Dr. Wittels has written it with the sure hand of a master showing evidence of great erudition and a comprehensive interest in the cultural and psychological activities of mankind. Dr. Wittels is very much at home with Freud whose genius he seeks to explore.

While the chapters on philosophy are thorough, the explanations appear to be conventional and not particularly penetrating in the light of psychoanalysis. In the chapters on *The Child*, *Criminal Law*, and *Art*, Dr. Wittels presents his interpretations fully, within the discipline of experience, and makes a vital contribution to the understanding of these fundamental problems.

Freud and His Time suffers from a serious hiatus, having been originally published in 1931 and reissued in 1948 without being brought up to date. Had Dr. Wittels added a few chapters to include his opinion on recent world events, this excellent book would have been greatly improved. It is rather disconcerting upon reading a newly issued book to discover that the last seventeen years are missing: no Hitler, no atomic energy, no radar, no shock treatment, no Russia, not even President Roosevelt dead or alive, and the living Freud transposed into the past by the alteration of but one single word. The verb 'is' is changed to 'was' in the first line, making a very awkward first paragraph; moreover, child education is no longer virgin territory (p. 352), Charle Chaplin's voice can be heard on the screen (p. 407), some of the details and observations on fashion are no longer applicable (p. 179); prohibition is gone (p. 183), World War II has come and passed (p. 429), neither Mussolini nor the German General Staff are extant. Cataclysmic changes have rocked the world during the past seventeen years and Dr. Wittels' facile pen should have been employed in evaluating them.

The author's problem seems to be mortised to the initial chapters of his book. One misses references to mania, depression and other syndromes besides the hysterical and compulsive.

It is difficult to agree with Dr. Wittels' idyllic explanation that Freud became a physician upon hearing Goethe's Fragment Upon Nature recited in public. While it may be 'pleasant to believe that Freud succumbed to the allurements of this dithyramb', there seems to be something in the last paragraph that would indicate a more personal explanation, a motivation more intimate and dynamic. It would also seem more reasonable to assume that Freud's acerbity 'which has grown with the passing years' originated from the continual physical pain he endured rather than from the psychological explanation offered by Dr. Wittels.

HENRY HIMMELL (NEW YORK)

THE FREUDIAN PSYCHOLOGY AND VEBLÉN'S SOCIAL THEORY. By Louis Schneider. New York: King's Crown Press, 1948. 269 pp.

This is a psychosociological dissertation from Columbia University. Psychoanalysis and the psychologies of the 'neo-Freudians' (Kardiner, Horney, Sullivan, Fromm, Dalbiez and others) are described.

Veblen's explicit or implicit postulates about human nature are examined, and many of his hypotheses about modern industrial society and about Germany are considered in the light of 'the freudian psychology'.

Perhaps the most useful formulation is the concept of 'structural irrationalities', which is intended to supplement Karl Mannheim's 'substantive rationality' and 'functional rationalization'. By substantive rationality Mannheim meant 'an act of thought which reveals intelligent insight into the interrelations of events in a given situation'. Functional rationalization refers to a systematized set of actions by which a goal may be accomplished, though only a few persons have a comprehensive view of the interrelations of the whole. Schneider suggests that both kinds of rationality may be present in a society in the service of goals which are incompatible 'as goals'; hence the concept of 'structural irrationality', which refers to actual or potential conflicts of goal or purpose, fills a gap (p. 112).

As a whole Schneider's book does not give the impression of a complete synthesis. It is as though the author had been torn among several aims which, though they did not produce an irrational result, nevertheless betrayed their various presences in the structure of the presentation. Obviously the author wanted to write a systematic account of the interrelation of psychology and sociology; he was also interested in determining the degree of concordance among the newer clinical psychologies, and especially in applying them explicitly to social life. He was interested in Veblen, both as a social scientist making use of psychological postulates, and as a formulator of hypotheses about certain phenomena in the contemporary world. He was striving also to review existing knowledge about German character, and the psychological dimensions of mechanized, pecuniary economies. In trying to integrate these strands of interest, Schneider has impaired the usefulness of his volume in connection with any one of them.

Whatever the limitations, this dissertation is a tribute to the integrative 'climate' created at Columbia University by the fruitful collaboration of Kardiner and (before his removal to Yale) Linton, and their colleagues. Schneider is well read, clear, thoughtful—an exemplification of the highest 'substantive rationalities' in the American institution of advanced graduate training and research.

HAROLD D. LASSWELL (NEW HAVEN)

SIGMUND FREUD, AN INTRODUCTION. A Presentation of His Theory, and a Discussion of the Relationship Between Psychoanalysis and Sociology. By Walter Hollitscher, Ph.D. New York: Oxford University Press, 1947. 119 pp.

In a brief introductory essay and a postscript the author considers freudian psychology as the only one which can help the sociologist understand the psychology of the human individual and the group. The bulk of this little book is a fair presentation of identification, formation of the superego, transference, sublimation, rationalization, etc. Hollitscher presents psychoanalytic theory without distortion, leaving the sociological reader to use and evaluate it. The author states that he 'made no use of such works of Freud as Totem and Taboo, Civilization and its Discontents, The Future of an Illusion, or Moses and Monotheism', because they belong to 'applied' psychoanalysis. Hollitscher does not want the sociologist to be influenced by Freud's application of psychoanalysis to sociology. One has the feeling that Hollitscher values more highly Freud's fundamental psychological conceptions than he does Freud's contributions to sociology.

The reviewer agrees with the author that when one applies psychoanalytic understanding of the individual to groups one should take into consideration all possible environmental forces. The sociologist explains the behavior of a certain group by his own knowledge of social forces, but only psychoanalytic psychology can teach him which of the instinctual forces of the individual will be used in a given group. It is important to discover whether sociological forces have a greater molding power on the instinctual-psychic drives of the individual and the group, or vice versa.

Psychoanalysts probably assign more importance to sociological forces than do sociologists to biological drives. A close collaboration between psychoanalysts and sociologists should prove very beneficial to both sciences.

S. S. FELDMAN (ROCHESTER, N. Y.)

MIND AND BODY: PSYCHOSOMATIC MEDICINE. By Flanders Dunbar, M.D. New York: Random House, 1947. 263 pp.

Doctor Dunbar states her intent in writing this book of making clear for the general reader how people become patients, and how they get over being patients. In well-organized fashion, she presents childhood experience in its relation to later emotional and

somatic disturbances. *Delayed-Action Mines of Childhood* is the dramatic title of one of the two chapters devoted to this theme. The nature of neurotic somatic conversion is discussed under the title, *The Beloved Symptom*. Patient-doctor and doctor-patient relationships are treated in a lively manner, at times verging on discussion perhaps better confined to works intended for the physician only, rather than for the patient. Countertransference problems are the responsibility of the doctor.

Habitual accidents, cardiac illness, hypertension, gastrointestinal disturbances, allergic reactions, diabetes, and self-destructive attitudes in chronic illness are reviewed. The author's extensive experience and her familiarity with the studies of her colleagues in these fields enable her to present a rich variety of case material.

As a general review of the field of psychosomatic medicine this work is informative, sound, and goes far toward attaining the objectives the author has set for herself. The several chapters, however, are not equally clear and convincing. The discussion of allergic conditions is lucid and well organized. That on diabetes is confusing, at least to the reviewer. The author uses in this chapter a section heading, *Curdled Emotions*, to indicate the soured and confused outlook of her patient who later becomes diabetic.

Although not entirely neglected in the discussions, the more precise nature of the relationship between psychologically disturbing stimulus and physical symptom or organic disturbance or disease is not sufficiently presented. Without going into anatomic details beyond the comprehension of the lay reader, the physiological disturbances involved, and the rôle of the autonomic nervous system in particular could be discussed. With this basic relationship clear, at least in principle, the clinical accounts would then be read with more conviction, and the impression that the symptoms are dissipated by 'magic' through talking about them would finally be dispersed.

This is a meaty book; the lay reader may find it fairly tough going but worth the struggle. The colorful, at times dramatic style is not always appropriate to the serious subject matter of the book. The reviewer's reaction (and that of some other readers) was not unlike the author's to the 'persiflage' of the obstetrician who in the delivery room twitted the patient when he should have allayed her anxiety (p. 229).

GEORGE J. MOHR (CHICAGO)

DICTATORS AND DISCIPLES. From Caesar to Stalin. By Gustav Bychowski. New York: International Universities Press, 1948. 264 pp.

The dictators include Caesar, Cromwell, Robespierre, Hitler and Stalin. Excepting Stalin, all of them have been adored by fanatic followers and have then been killed.

The chief interest in the book is the chapter of conclusions wherein Bychowski summarizes the characteristics of the dictators and their followers. After wars or revolutions, the collective ego of some nations, weakened in its feeling of security and having regressed to a primitive stage of development, inclines toward leaning on an individual who ascribes to himself the attributes of magic and total omnipotence. His image replaces the ego ideal which has been shaken by the social crises preceding the dictatorship. The group accepts the new ruler because it finds outlets for repressed sadomasochism. Aggression is rationalized ideologically and by projection. Because of the regression the infallibility of the dictator restores security and faith to the group. 'Like a hypnotist, the ruler infuses the masses with his own desires, ideals, hatreds and resentments.' The relationship between the masses and the dictator is based on a complete reciprocity. The masses make him feel omnipotent and he makes them the strongest and wisest nation in the world. It is a process of mutual identification; moreover, both are bound by ties of common guilt and anxieties that are defended by delusions of grandeur and persecution.

Dictators, however different, have in common excessive narcissism, aggressive hatred and lust for power. These conceal manifest weaknesses and insecurities, based on infantile frustration and consequent inadequacies in virility. The dictator, like the artist, remains fixed to his infantile emotional conflicts, never relieves them except in acting out so that they provide continual fuel for his activity. The personality of a dictator seems to be paranoid psychotic; what distinguishes him from a psychotic is the possibility of acting out his fantasies in reality.

The last pages of the book are devoted to prophylaxis. It is regrettable that the author has limited himself to generalities about educating the masses. It would be well to remember the words of Kamenev to Trotsky in 1925: 'You imagine that Stalin is pre-occupied with replying to your arguments—nothing of the kind!

He is figuring out how to liquidate you without being punished', an admonition which remains true today.

Despite disagreements with some of his conclusions, the important fact remains that Bychowski has devoted his skill to studying a repetitive event in the course of history which has deeply rooted psychologic, economic and demographic motivations. The time has come for psychoanalysts to give these matters their attention.

Bychowski's book is provocative and will lead to fruitful discussions. In this reviewer's opinion, the dictators are presented more descriptively and diagnostically than psychoanalytically. It is not always clear to the reader what ties exist between childhood traumas and the psychopathic character of the adult dictator. In his conclusions Bychowski summarizes the characteristic behavior of the dictator and his disciples. Unfortunately he does not sufficiently study the causes of this social phenomenon. He denounces wars and revolutions, but here also it would be possible to find deeper-seated roots. In a civilization an equilibrium exists between the amount of aggression repressed within the family and later in social institutions. In modern societies this equilibrium may be different in the various layers of civilization. During or after wars and revolutions a great number of people are displaced and are taken away from their normal frame of repression and sublimation. The result is that a great amount of aggression and accompanying anxiety is set free and reinforced by the anxiety created by economic difficulties. This outburst of aggression must find new channels and a dictatorship brings a rapid solution to the problem. If this is the case, it would be interesting to study not only the Hitlerian type of dictator, but some other cases where sublimation seems to have played a larger rôle. I am thinking, for instance, of John Calvin or, in our time, of Sir Stafford Cripps.

It is hoped that many analysts will read this book and find incentive for applying psychoanalysis to political problems.

RAYMOND DE SAUSSURE (NEW YORK)

HANDBOOK OF PSYCHIATRY. By Winfred Overholser, M.D. and Winifred Richmond, Ph.D. Philadelphia: J. P. Lippincott Company, 1947. 246 pp.

This is an interesting and readable elementary book on psychiatry written by the Superintendent and the late Chief of the Department of Psychology of St. Elizabeth's Hospital in Washington, D.C.

While mainly descriptive, it includes simple references to general psychodynamics, beginning with an outline of the interrelations between psychiatry and psychology, and going on to describe the more prevalent views on the causation of mental disorders. It is interesting to note that under the chapter on the causes of mental disorder, one portion is devoted to 'psychoanalytic theories', whereas the succeeding portion is entitled 'psychobiology', the inference being that psychoanalysis is still highly theoretical while psychobiology is a well-established and proven science. Nevertheless, this chapter is well written and should be informative to the lay reader.

The chapter on mental hospitals, also well written, is intended to allay the anxiety of relatives and the public concerning 'incarceration'. It describes the admission routines, as well as the physical and shock treatment procedures. Unfortunately, the authors do not emphasize sufficiently the fact that the mental hospital is still principally a place for custodial care, and that the treatments are only those which can be given to large groups at a time. While it is a fact that hospital care has become much more humane and that considerable attention is paid to the physical needs of the patient, still little or no psychotherapy is given to the large numbers who need and could benefit from it. Mention is made, however, of the fact that state hospitals vary in their efficiency from state to state, in direct ratio to the amount of public interest and the funds allotted.

Most of the book is devoted to the conventional description of the organic and toxic psychoses, the so-called functional psychoses including the manic depressive reactions and schizophrenias, the psychoneuroses, and the psychopathic states. Brief chapters deal with mental disorders in relation to war and crime, and with psychiatric conditions in children.

Most of the material, including the various physical shock and mental therapies, is in the descriptive tradition. Though the book will probably be of little interest to the experienced psychiatrist and psychotherapist, it is a good elementary introduction to the broad field of psychiatry and should be very useful to the medical and psychology student, the general practitioner and the nurse, as well as the layman. One additional feature of the book is the extensive bibliography appended to each chapter.

JOSEPH S. A. MILLER (NEW YORK)

DIARIES 1910-1913. By Franz Kafka. Edited by Max Brod. New York: Schocken Books, Inc., 1947. 345 pp.

Psychoanalysts are rarely much enlightened by the diaries which patients bring them to read. At best, as in detective stories, they serve to substantiate an alibi, prove what the diarist was not doing. Kafka's notations are less actual alibis than a mixture of various sorts. They contain a record of his interests, particularly the theater, as well as various comments he has to make about himself, his family and friends, his reading and writing. Interspersed are some preliminary sketches of tales, several beginnings that he did not use and, rarely, a dream that impressed him.

Kafka was an isolated man. He preserved an unusual detachment from his parents and siblings with whom he lived, sometimes not speaking with them for days, and he was capable of ruthless criticism of them and of his attitude toward them. He was no less unsparing of himself, recognizing his apathy in all directions except writing. 'When it became clear in my organism that writing was the most productive direction for my being to take', he writes, 'everything rushed in that direction and left empty all those abilities which were directed toward the joys of sex, eating, drinking, philosophical reflection and above all music. I atrophied in all these directions. This was necessary because the totality of my strengths was so slight that only collectively could they even half-way serve the purpose of my writing.'

This hypochondriacal note is repeated, often in remarkable phrases. 'The auricle of my ear felt fresh, rough, cool, succulent as a leaf, to the touch'; and he notes: 'Custom, immediately after awakening, to dip the fingers three times in water, as the evil spirits have settled during the night on the second and third joints of the fingers. Rationalist explanation: to prevent the fingers directly touching the face, since, uncontrolled during sleep and dreams, they could after all have touched every possible part of the body, the armpits, the behind, the genitals.'

Kafka's extraordinary efficiency and power over words appears in all these recordings, particularly in the brief preliminary and usually discarded sketches of tales, which have all the vigor of his best style. As for any psychoanalytic insight into Kafka that might throw light on him as an author, the diaries are naturally disappointing. As in the story of the pathologist who autopsied a Dyak from the hills of Borneo and found a little arteriosclerosis

and a ruptured appendix, the glimpses of Kafka's unconscious look very commonly familiar: an œdipus complex, an inverse one, sibling rivalry, a displacement from mother to sisters, anxiety dreams in which they figure as prostitutes, etc., but there are no associations to the dreams. The aphoristic record of insights, too, discourages speculation. As analytic material, the diaries are considerably inferior, for all their having been written by a genius, to the everyday analysis of many average people; still, enough is told in the diaries to make the reviewer wonder why one colleague called Kafka '*durchaus normal*'. The book is recommended to all who appreciated the qualities of *The Castle* and *The Trial*.

B.D.L.

PATOLOGÍA PSICOSMÁTICA. Edited by Arnaldo Rascovsky, M.D.
Buenos Aires: Asociación Psicoanalítica Argentina, 1948.
768 pp.

This stout book is a collection of papers on psychosomatic diseases written by Argentine psychoanalysts and published by the Argentine Psychoanalytic Association. Most of the twenty-nine articles have previously appeared in Latin-American journals. The papers are grouped by organ-systems, with about a third of the book devoted to psychosomatic problems of the female reproductive tract.

In his introduction, Rascovsky urges closer collaboration between psychiatrists and 'organic' specialists, for the achievement of a fuller understanding of the rôle played by emotional conflicts in physical diseases. Apparently one of the purposes in publishing this work was precisely to further this sort of collaboration by introducing to the Spanish-speaking profession the current concepts of 'psychosomatic medicine'. With this end in view, the first article, also by Rascovsky, is a résumé of psychoanalytic theories of infantile sexuality and of the formation of the psychic apparatus, and includes some speculations on the interrelations between physical changes and psychosexual evolution in the child. Rascovsky tries, for instance, to connect certain changes in the adrenal cortex in the first years of life with the child's attempts to adapt to the trauma of birth. In relation to the concept of bisexuality, he advances the idea that the trends to 'activity' and 'passivity' in the female may be related, respectively, to the functions of progesterone and of the estrogens. The article concludes with the presentation of three cases illustrating aberrations in childhood sexual develop-

ment—boys who developed adult secondary sexual characteristics during latency. One such case was a fatherless boy who from the ages of four to seven engaged in sexual activity with an old woman who had seduced him. Rascovsky suggests that the open seduction by a mother-figure, in the absence of a father, so affected the boy's castration complex and superego formation as to induce precocious sexual maturation.

Since it would be impossible in a short review to summarize each of the twenty-nine papers in the book, a few will be selected.

Dr. Enrique Pichon-Rivière demonstrates similarities in the psychodynamic conflicts of gastric ulcer patients and manic-depressive psychosis, concluding that in the former the conflict is 'somatized'.

Dr. Guillermo Ferrari Hardoy, a rhinolaryngologist before he became a psychoanalyst, reviews the medical history of the common cold, and concludes that psychic conflict produces tumescence and hypersecretion, and that the resulting change of the secretion to an alkaline pH facilitates invasion by the specific infectious agents, in the manner suggested by Leon Saul.

An unusual case is reported by Alberto Tallaferro of a man who had about three hundred dislocations of his right shoulder during fifteen years. In analysis it was found that many of the episodes occurred when the patient felt himself threatened by another man. Motivated by strong unconscious passive homosexual wishes, his shoulder would snap out of place and he became helpless (castrated), thus simultaneously gratifying the wish and punishing himself for it.

It is difficult to make a general evaluation of twenty-nine articles, written by fourteen authors, and having in common only the fact that all deal with 'psychosomatic' diseases. Since many of the articles start with a theoretical discussion of psychodynamics, there is inevitably a good deal of repetition. The book might perhaps have benefited from more thorough editing to eliminate repetition, and integrate the discrete articles into a coherent whole; also, if they are addressed to nonanalytic physicians, an effort should have been made to couch the presentations in language that would be more comprehensible to such a group.

The papers vary greatly in quality. Some are sketchy and unconvincing; others are thoughtful, scientific contributions, showing a complete command of analytic theory, with a wealth of detailed clinical analytic illustrations. Some of the contributors tend to

indulge in imaginative formulations, and although these are often ingenious, speculation seems at times to get too far ahead of corroborative evidence. Garma's idea, for instance, that the peptic ulcer represents a self-inflicted bite resulting from the inward turning of oral aggression seems to this reviewer to belong more in the realm of allegory than of scientific psychoanalysis.

As source material for Spanish-speaking workers in the field, this book will be invaluable. All of the articles have good bibliographies, and the last hundred pages of the text are devoted to abstracts of the literature on psychosomatic medicine, thus making accessible to the Spanish reader publications previously found only in other languages. The book is also of signal importance as the first work of its kind in Spanish, and should provide an important stimulus to psychosomatic research in Latin America. On all these counts the Argentine psychoanalysts are to be congratulated on the publication of this work.

DAVID KAIRYS (NEW YORK)

THE CASE BOOK OF A MEDICAL PSYCHOLOGIST. By Charles Berg, M.D.
New York: W. W. Norton & Co., Inc., 1948. 260 pp.

When Freud was living in London, in 1939, he wrote a letter to Dr. Berg in which he excused himself on the ground of long illness for not having read all the reprints which Berg had sent him. 'I have to say, I liked what I had read', he commented and went on to state his '... suspicions against the technique of analysts who have made the popularization of analysis their aim. Psychoanalysis might never become popular. Yet, I am glad to say, I think you are doing good work.'

With such an introduction, one could only expect the pleasure of good clinical writing. So much the greater is one's disappointment. In the twenty-five cases chosen for publication, nothing goes much beyond Freud's *Studies in Hysteria*. Masochism, narcissism, anxiety and pregenitality are hardly mentioned. Dr. Berg speaks about them didactically and well; but the case material itself is monotonously sexual, the sort of thing which used to supply ammunition to the early detractors of psychoanalysis.

Students may learn something from Berg's induction of patients into treatment, but the one extensive case presentation, *Analysis of a War Neurosis*, is almost a model of what psychoanalysis is not: the analyst talks nearly as much as the patient. 'War neuroses'

are certainly difficult to treat; Freud complained that no case had been thoroughly analyzed. Berg does not claim a cure, and his case may be a courageous exposition of one reason for this general lack of success.

The final chapter is an exhortation to mental health through free expression of instincts. Sex, it appears, is the disease and the cure.

EDWARD E. HARKAVY (NEW YORK)

THE PRACTICE OF GROUP THERAPY. Edited by S. R. Slavson. New York: International Universities Press, 1947. 271 pp.

This book is largely a compendium of reports of group psychotherapy, well illustrated with case reports. The major contribution comes from S. R. Slavson and his co-workers.

In the first part, on general principles and dynamics, Slavson states that group therapy permits acting-out, that the individual defenses are diminished, that transference is facilitated, and that there is a catalytic effect of other members of the group which speeds the therapeutic process. With children, the group was amorphous until the patients improved, when certain forms of organization and control within the group appeared. When these appear, the patient is considered to be well enough so that he no longer needs therapy. The group must be planned, the patients being of approximately the same social level and having similar symptoms. However, withdrawn and aggressive patients tend to help each other. With children, a permissive attitude is necessary, but neutrality is not to be confused with passivity. The group itself is only a means of activating the therapy of individuals.

'Activity group therapy' has been recently developed for use with children, in which there is a great deal of permissiveness, little attempt to give intellectual insight, and the therapy comes from the interaction of the members of the group plus the opportunity to discharge and organize aggressiveness into something productive. Materials with which to do this are always freely at hand. Five chapters describe 1, primary behavior disorders; 2, mentally or otherwise handicapped children; 3, character deviations; 4, contraindications of group therapy for patients with psychopathic personalities; and 5, the treatment of behavior disorders, showing the rôle of a 'supportive ego' as chosen by a patient from one of the other members of the group and of the progressive shifting of this

supportive ego to other patients as improvement occurs. Many of the children whose case histories were given in this section were unable to relate to their caseworkers in individual therapy over a long period of time but established positive relationships in group therapy with ease.

The chapter on the treatment of psychoneurotic adults is by an analyst and the dynamics involved are clearly brought out in the history presented. The next chapter illustrates the grouping of patients in accordance with a physical symptom (allergy). From the material presented, it appears that the therapy here was principally cathartic, and the group leaders placed themselves on the same basis with the patients in that all used first names, which appears to be a deviation from some of the principles of group psychology as outlined elsewhere in the book. Fairly prompt and satisfactory symptomatic improvement is reported. In the treatment of speech disorders by group therapy, patients are moved from smaller to larger groups as they progress, and are moved from therapist to therapist. In the treatment of a preadolescent girl with Sydenham's chorea, the question arises in the reviewer's mind as to whether the basic pathology was not hysteria. In the treatment of mothers of problem children by the group method, the orientation of the various members of the group to the leader of the group is stressed. This is called 'relationship therapy'. This is one of the most interesting chapters in the book and illustrates the danger of including a schizoid individual in a group of neurotics. The chapter on group therapy with psychotic patients illustrates the principles of Rosen's individual work with psychotic patients, in which he is active in volunteering interpretations. Psychotics cannot give and must be given to. The closing chapter looks to the future of group psychotherapy and indicates some of the courses it may follow and some of the things it may become, and, in particular, its possibilities as a therapeutic agent in the public school system.

One is impressed by the many differing approaches to the application of the group method in therapy. The differences are great, yet the results are good. This implies that there is something inherent in talking over common difficulties among people in a group that is of itself therapeutic. This book is an important contribution to a rapidly expanding field.

JESSE L. HENDERSON (SEATTLE)

PSYCHIATRY FOR THE PEDIATRICIAN. By Hale F. Shirley, M.D. New York: The Commonwealth Fund, 1948. 442 pp.

This book is admittedly written for medical students and pediatricians who lack basic training in child psychiatry. The style is fluent and there are passages of wit and charm. The attitude toward the child is a genuinely kindly one. A thoroughly modern and healthful point of view toward the rearing of infants and children is presented. Many of the misconceptions which the laity so grimly cling to are tactfully corrected. The harm resulting from parental demands which the child's normal emotional and intellectual immaturity prevents it from fulfilling is clearly emphasized. The section on psychometric examinations is concise and helpful.

Unfortunately, the book is written in two dimensions. A great number of behavior problems are covered, spatially at least, but there is no depth. Only a few sketchy pages are allotted to the psychoanalytic point of view. The book produces no emotional impact on the reader. Tact has been substituted for force. Closely related words strung along in a sentence lull the reader, whereas what actually is needed is one word to create an effect. It is the type of book which arouses few objections but little enthusiasm. A pediatrician might agree that the author's conclusions make good sense, but would gain little basic insight into the child's personality and probably none into his own reactions toward his patients' difficulties. The book's limited objectives could be better attained in half the length. Numerous subheadings confuse rather than clarify.

Nevertheless, the book does have a certain merit. The pediatrician's strategic position enables him to exert a beneficial effect upon the child's personality. To accomplish this he needs some understanding of psychodynamics and a workable knowledge of modern concepts in child psychiatry. Unfortunately, not many pediatricians possess these qualifications today. Any book, however superficial and purely intellectual its approach, which focuses the pediatrician's attention upon his responsibility to help his patients attain and maintain mental health, has definite value.

IRWIN PHILIP SOBEL (NEW YORK)

STUDIES OF CHILDREN. Edited by Gladys Meyer. Published for the New York School of Social Work by Kings Crown Press, New York, 1948. 176 pp.

This volume contains eight studies conducted by students of the New York School of Social Work as part of their curriculum. Four of the projects are printed in full length, four others as abstracts. In both forms the studies are characterized by a sincerity of approach and a clear simplicity of presentation, which makes them meaningful communications. With the exception of *An Experiment in Story-Telling*, topics were chosen from the field of child care. The value of the studies varies with the subject matter. The most valuable contributions are the chapters, *Psychological Problems of Pre-School Children*, *Day Nursery Care for Two-Year-Olds*, and *Babies in Search of a Home*. In these studies the authors describe the emotional reactions of early childhood in a way that conveys the certainty that the authors' educative skills as workers will equal their talents as observers.

In demonstrating the manifold problems encountered in rearing young children, in eliciting information from mothers in connection with the routine pediatric examinations of children between the ages of two and six, in describing the inadequacies of departmentalized child care in day nurseries, and in stressing the emotional impact of environmental changes—such as shifts from one foster home to another—on young children, the authors deal with problems which constitute the most responsible aspects of their professional activity. Implied in these presentations is that, in fulfilling their functions within their agencies, social workers may serve as real executors of preventive psychiatry. Clinical studies of this type are highly desirable in the interest of mental health. Their valuable influence on social work is in those contributions which remain within the frame of reference germane to the profession. Some chapters, however, lack this excellency. In *An Experiment in Story-Telling*, the authors aim at refining observational methods by a device which actually threatens to blunt the personal contact between child and observer. In *The Unmarried Woman as a Foster Mother*, the part which the foster mother's relationship to the case worker takes in making placement successful is not sufficiently worked out, and the account remains unconvincing.

Essentially, the quality of this volume, which is to be the first in a series, shows excellent potentialities for further contributions to the practice of child welfare.

EMMY SYLVESTER (CHICAGO)

PSYCHOTHERAPY IN CHILD GUIDANCE. By Gordon Hamilton. New York: Columbia University Press, 1947. 340 pp.

Professor Gordon Hamilton, of the New York School of Social Work, has written an excellent monograph on the practice of psychoanalytically oriented psychotherapy by social workers in a child guidance clinic. The book is a report of the three-year study of a project which the Jewish Board of Guardians of New York has carried on for over ten years.

To do psychotherapy, the social worker must have a diagnosis of the case. The classification employed is simplified under three headings: 'the child who acts out his impulses', 'the anxious child', and 'the severely disturbed child'. The first refers to the primary behavior (conduct and habit) disorders; the second, not too clear, probably includes anxiety and conversion hysteria; the last group, most inclusive, collects psychosomatic illnesses, stuttering, epilepsy, psychotic reactions, obsessive and compulsive neuroses, 'psychopathic personalities' (a regrettable, archaic inclusion) and neurotic characters. Workers are warned to be alert for signs of physical and mental illness.

This classification is an oversimplification which misses its purpose. If social workers can be taught psychotherapy, should they not be expected to use more adequate clinical diagnoses? Can a social worker alone do all that is asked? Is it not the best and safest solution, as is stated later in the text, to have each case reviewed periodically by a psychiatrist?

The primary behavior disorder syndrome is well described, but that these children enjoy their badness (p. 48), have deficient superegos (p. 45) and little feelings of guilt (p. 49) seems contrary to fact. These children show evidences of quantitatively well-developed but qualitatively distorted, over-severe superegos. They have extreme and oversensitive reactions of guilt which they, to be sure, do not verbalize but act out. This acting out does not represent pleasure but inner conflict, like any other neuroses; it is a temporary, symptomatic relief from a primitively cruel superego,

seeking a lesser punishment from the environment. Each of these children failed to develop a reasonable superego because it patterned itself according to the infantile 'primary process', rather than to tolerant, kindly forms which they might have derived from loving, firm parents.

Parallel in significance with diagnosis are psychotherapeutic techniques. These are what every student asks for and what is most difficult to define; yet it is in this respect that this presentation is most lucid and concrete, and is the outstanding contribution of the project. To mention but one item, it is shown that play in the treatment of children is not something mystical or esoteric, but that it is employed because—young children not yet being able to express themselves adequately in words—it is the best means of communication with a child. 'It is not the play which is therapy', it is the relationship and understanding which the child experiences from the therapist. 'If the worker is not aware of the child's unspoken messages, the play is merely play. Many inexperienced workers allow the child to play on indefinitely when nothing of therapeutic significance is emerging. . . . The essential element in the therapy comes from the worker's correct perception of the meaning of the child's play within the relationship.' Errors of meaningless indulgence, overdirection in play, unnecessary reassurance, misconceived interpretations and others are pointed out.

Among misconceptions regarding psychotherapy which are quite common among social workers, present here too, is the overevaluation of release or catharsis, and 'desensitization'. The emergence of repressed material in psychotherapy has relatively little value in itself except that it shows that a defense or resistance is being pierced. When this happens before the ego is sufficiently strengthened it may arouse undue anxiety. Another pitfall is the fear of analyzing the transference and of interpreting symbolic material: 'Interpretation of symbolic material is seldom attempted, nor is the transference analyzed' (p. 154). It is difficult to comprehend how any insight psychotherapy can be conducted without understanding the transference and symbolic expressions. Many good therapists give only lip-service to this limitation, apparently in deference to some psychiatrists who maintain for an obscure reason that this is sacred ground. A therapist must be prepared to cope with these basic problems or he is not really doing psychotherapy. This does not mean that he is then making 'deep interpretations' which

should be left to the analyst. In all psychotherapy, whether it is psychoanalysis or not, so-called deep interpretations are rarely indicated. Properly, all communications must be 'superficial' (to the conscious or preconscious, not to the unconscious) and related to meaningful current ideas, events, memories, behavior and feelings.

This is a book to show how caseworkers can do psychotherapy in a child guidance clinic. The combination of early social work environmental therapy with direct psychotherapy is the unique contribution. Properly conducted in a clinic team with adequate supervision and control, there can be no question about its usefulness.

Within the limitations of a single volume, this is an admirable monograph presenting complicated ideas with unusual clarity, simplicity and directness. There is an adequate bibliography and a good index. To gain the caseworker's viewpoint, psychiatrists working in child guidance should profit from a study of its contents. The book will bring deserving credit both to the author and the social agency.

ABRAM BLAU (NEW YORK)

EINFÜHRUNG IN DEN BEHN-RORSCHACH TEST (Introduction to the Behn-Rorschach Test). By Hans Zulliger. Second Edition. Bern: Hans Huber Verlag, 1946. 232 pp.

This publication consists of ten plates and a separate text. The plates by Dr. Hans Behn-Eschenburg were intended as a parallel series to the Rorschach plates. They materialized at Rorschach's suggestion and under his supervision in 1920, a year before the publication of his Psychodiagnostics, two years before his death (1922).

During the last twenty years 'the Rorschach test has captured the world', the preface to the text reads. Yet in spite of an allegedly much felt need for a parallel series, the plates were not published until 1941, years after their author died (1934).

The plates have been tested on the Rorschach plates, and they are supposed to elicit from the same person almost formally identical responses. The person tested should give approximately the same amount and quality of Whole-and-Detail—Form—Color—Movement—interpretations, etc., to each of the Rorschach as to the corresponding Behn-Rorschach plates.

The text is by Hans Zulliger. In the first part he describes the method, the factors and their psychological significance, and the results of the test. The author, a psychologist, deliberately limits his scope to psychological and characterological diagnostics excluding what he considers psychiatric material; otherwise he follows Rorschach's Psychodiagnostics closely in every respect. Of the new factors by other workers which, for better or worse, have been added to the original Rorschach test, Zulliger includes only Binder's. For a bibliography he refers to the one in the third (last) edition of Psychodiagnostics which ends with 1937. The text also includes a useful list of scores which will greatly facilitate the use of the new set of plates.

In the second part of the text Zulliger presents two dozen Behn-Rorschach studies, mainly of adolescents. Most of these are well documented with case histories and serve as the basis of his reports to parents, schools, vocational advisers and juvenile courts. The more descriptive psychological and characterological presentation differs from the trend in this country to derive psychodynamics from the Rorschach. (Paradoxically, Zulliger is an analyst, as were Rorschach and Behn-Eschenburg.) This difference in Rorschach interpretations justifies an English translation.

Rorschach himself thought parallel series necessary, believing 'if the test is repeated with the same plates, conscious or unconscious memories will falsify the results'. Experience did not bear out this assumption. The reviewer, and others, have given the same test before and after analysis, without invalidating the results; furthermore, the reviewer has been using the Rorschach in the selection of applicants for psychoanalytic training. Although more and more of those applicants have some knowledge of the Rorschach, surprisingly enough it does not make the test unsuitable for this screening purpose. 'Free associations' in psychoanalysis are known not to be free, neither are our percepts in the Rorschach. Where familiarity with the test enables one to choose interpretations deliberately, it is due not to memories but to a good working knowledge of test factors which in turn cannot be undone by any parallel series.

The last remarks are not intended at all to dismiss this parallel series as superfluous. The reviewer agrees with the author that it has its place as another tool of psychological research.

FREDERIC S. WEIL (NEW YORK)

HYPNOTISM COMES OF AGE. By Bernard Wolfe and Raymond Rosenthal. Indianapolis and New York: Bobbs-Merrill Company, 1948. 272 pp.

This book is written for the layman in a popular-science-magazine style, and purports to give a factual account of the historical development and progress in the medical use of hypnotism from Mesmer to Wolberg. The best of the modern literature on this subject has been admirably condensed and a well-chosen bibliography of seventy-one items is appended. The main interest of the authors is in the promise of hypnotism for the future in the field of hypnoanalysis, and it is very plain that they are fascinated by what they feel is an excitingly new short-term psychotherapy. Here at last is a treatment which only takes sixty to one hundred ninety hours as compared with 'orthodox analysis which, at its best, takes three to four years with the patient going three to four hourly sessions a week'. This is reminiscent of the *Men Against Death* series by Paul DeKruif, and brings to mind the old German proverb, 'All that is new is not true; and all that is true is not new'.

That hypnoanalysis and narcoanalysis have made authentic contributions to short-term psychotherapy was attested by the capable work done by Grinker and Spiegel during the war. Drugs can also be effective at times in dealing with more orthodox psychiatric conditions, as shown for example by Kubie and Margolin. However, it cannot be sufficiently stressed that drugs and hypnosis, to be at all effective, must be used as adjuncts to a primarily psychoanalytically oriented therapy. No amount of drugs or hypnosis can be substituted for a knowledge of and experience in dynamic psychiatry. The clinical problems involved in the handling of such factors as working through, isolation, acting out, etc., are not eliminated and can be successfully met only in proportion to the training and inherent abilities of the doctor. The better this training has been accomplished and the greater the inherent abilities, the less need there is for these adjuncts.

It is possible that abreaction alone without complete intellectual integration is of value in the therapy of acute traumatic neuroses, but it is very doubtful that this holds true in other cases, including the chronic traumatic neuroses. As for abreaction for abreaction's sake, too often in this type of therapy transference simply means seduction.

It is the contention of the authors that hypnoanalysis is simply 'a form of psychiatry which utilizes psychoanalytic principles in the controlled setting provided by hypnosis'. What is psychoanalysis itself based upon if not a controlled setting, and what does hypnosis add that makes for further control? The statement that 'with the technical help of hypnotism many of the interminable blind alleys and detours which plague orthodox psychoanalysis may be successfully by-passed' is entirely unproven and is simply a disguised expression of the belief that hypnotism can substitute for experience. It is also doubtful, to put it mildly, that 'hypnoanalysis is in a good position to supersede psychoanalysis' either in the uncovering of resistance or in the shortening of the analysis, although it is possible that eventually it may be considered as an aid in the working through of these resistances. In psychoanalysis, according to the authors, 'the dissection of the transference situation usually consumes long periods and can be materially shortened by the use of hypnoanalysis'. This has less to do with hypnoanalysis and more to do with the type of case and the ability of the therapist.

Although hypnosis, narcosis, crystal gazing, age regression, dramatization, induced dreams and, of course, the Rorschach can no doubt be integrated into a psychoanalysis, one wonders at the tremendous enthusiasm for these techniques as revolutionary advances in therapy. In a chapter entitled, *The Layman Asks Some Questions*, one enterprising layman asks, 'Can hypnosis be used as a means of sexual seduction?' and the hypnotist answered, 'Only if the person is willing and then of course hypnosis is an unnecessarily involved and round-about route'. There is much in this comment that is applicable to the use of these adjuncts in short-term psychotherapy. It is doubtful that anything more, if as much, can be accomplished by these methods than by the sector-analysis technique developed by Felix Deutsch using his associative anamnesis. Here the therapist fully recognizes the fact that short-cut psychotherapy means limited goals, works with time-tested analytic methods and depends in the main on recognizing what is going on and why it is being done, the goal of course being the removal of the patient's symptoms by making conscious their unconscious sources. The lack of controlled work by equally capable workers makes all of this purely speculative although one might refer to the work of Alexander and French as evidence that psychotherapeutic results can be accom-

plished in a short period of time without the use of drugs or hypnosis. Hypnoanalysts and narcoanalysts claim that Freud's original objections to hypnosis have been rendered obsolete. It is still a fact, in spite of Ralph Slater and the newer techniques, that many people cannot be hypnotized and many more can only be hypnotized very lightly. The argument that good work can be done with light hypnosis can be met with the equally valid assertion that good work can be done with no hypnosis. It is stated that 'hypnoanalysis depends to a great degree on a thorough analysis of all the memories and emotional material brought to light during a trance, combined with a painstaking reorientation and re-education of the neurotic patient before his treatment may be thought successful'. This is all very excellent but omitting this 'during a trance', what psychotherapy worthy of the name does not aim to do these things? The main bone of contention is whether or not the memories and emotions released under hypnosis can be utilized any better than the patient's routine productions by therapists equally trained or untrained, and whether resistance is being circumvented or simply disguised. It is the opinion of the majority of those who used hypnosis and sodium pentothal during the war that outside of the field of the traumatic neuroses these adjuncts are not very effective in reducing the time factor in psychotherapy. I might add too that it is a common experience in the Veterans Administration Hospitals to meet with cases that were considered excellent results of narcoanalysis that appear to have been little altered by this treatment. Granting the tremendous need for short-term psychotherapy, we must realize that the majority of psychiatrists today are being called upon to operate with a sketchy knowledge of the anatomy and pathology of the psyche and even less knowledge of its physiology. The authors really have all of this in mind but they constantly infer that hypnoanalysis is the key to success in short-term psychotherapy, and an inference of this kind in a book written primarily for laymen should not pass without being challenged.

WILLIAM F. MURPHY (CAMBRIDGE, MASS.)

MENTAL MISCHIEF AND EMOTIONAL CONFLICTS. By William S. Sadler, M.D. St. Louis: C. V. Mosby Co., 1947. 396 pp.

For the general reader this book bears the comprehensive subtitle, *Psychiatry and Psychology in Plain English*, intended to meet the

need for 'practical information for the layman concerning mental hygiene'.

This is a badly written, confused book, useful neither to medical student nor lay reader. The caliber of the writing is well indicated by a paragraph titled *Direct Methods of Complex Hunting*: 'In my opinion it is rarely necessary to employ any of the three direct methods of complex hunting—crystal gazing, automatic writing, and hypnosis . . .' (p. 353). One wonders about the criteria—if any—that determine the selection by publishers of psychiatric works for publication.

GEORGE J. MOHR (CHICAGO)

THE AMERICAN PEOPLE. A Study in National Character. By Geoffrey Gorer. New York: W. W. Norton & Co., 1948. 246 pp.

Geoffrey Gorer's book on contemporary America belongs to one of the productive trends in cultural anthropology. This trend undertakes to study complex literate cultures instead of simpler non-literate ones; it attempts to discover psychological regularities in the behavior of groups; it describes and explains such differences by the implicit or explicit use of psychoanalysis.

In this vein Mr. Gorer treats what he believes to be distinctively American in relation to: father and mother figures; other aspects of emotional development from birth to maturity; the emotional rôle of skills; the inanimate environment; money. He then delineates American interrelationships and the relationships of America to the rest of the world.

Among numerous clever hypotheses, one is concerned with the manifold sequels of the conditional character of early maternal love, another with the impact of maternal influence in superego formation, a third with the fostering and disarming of the son's hostility toward the father and its perpetuation in families recently immigrated; furthermore, Mr. Gorer is particularly aware of defenses against what he feels to be a peculiarly intense American fear of passive homosexuality.

This is the kind of study that tends to evoke extreme reactions of assent and dissent. When psychocultural hypotheses (by Gregory Bateson, Ruth Benedict, Clyde Kluckhohn, Margaret Mead and others) are examined, they usually involve general propositions of psychoanalytic psychology. The psychocultural statements apply these general propositions to what are affirmed to be typical childhood experiences and adult syndromes of a group (not necessarily

'national'). Psychocultural analysis assumes that there are significant similarities of character structure within certain groups and significant differences between them (in comparable reality situations), corresponding to group idiosyncrasies in child training. This does not imply psychological uniformity within a group, nor does it imply psychological constancy. When it is asserted that behavior is 'typical' in a culture, it is not implied that it is equally frequent in and emphasized in all subgroups of the culture. It is not denied that such subgroups may show substantial similarities with corresponding subgroups in other cultures. It is not assumed that any culture has a monopoly on a certain type of defense, for example, against passive homosexual strivings; but each culture seems to have a unique ensemble of regularities.

The evidence for or against most psychocultural hypotheses about literate cultures is still uncollected. While this fact is, we believe, fully recognized by most researchers, it is not always explicitly stated. Frequently they are confident that further evidence would support their contentions; readers then tend to react to the tone of voice rather than to the admitted scientific status of the proposition.

Some of the uncollected evidence is of the kind that must be obtained by statistics. Is it true that parents talk less, and children more, at American as compared with British breakfast tables? Other evidence can be obtained only through analysis. Is it true that intense conflict about surpassing the father is less prominent in America than in Europe? Almost every psychocultural hypothesis, it seems to us, requires evidence of this kind; hence, if such hypotheses are to be transformed into directly confirmed propositions, a synthesis between psychoanalysis and psychocultural research would have to be made.

While closer integration with psychoanalysis is desirable in psychocultural research, the emerging body of psychocultural research is in itself valuable. Mr. Gorer's previous studies of Japanese¹ and Burmese² cultures have been valuable contributions. This study adds further important variables and relationships, keenly perceived and evocatively conveyed.

MARTHA AND NATHAN LEITES (NEW YORK)

¹ Gorer, Geoffrey: *Themes in Japanese Culture*. In *Transactions of the New York Academy of Sciences*. V, 1943, pp. 106-124.

² ———: *Burmese Personality*. Distributed by the Institute of Intercultural Studies, New York, 1945.

400 YEARS OF A DOCTOR'S LIFE. Collected and arranged by George Rosen, M.D., and Beate Caspari-Rosen, M.D. New York: Henry Schuman, 1947. 429 pp.

As a rule physicians retain a certain loyalty for their teachers and continue to learn from them. In this process of learning, identification plays an important part. The autobiographies of famous physicians often show the development of this identification clearly. The devotion of physicians to reading their teachers' autobiographies continues in less obvious form the process of identification started in student days.

The autobiography of a physician schooled in clinical observation and 'emotional restraint' will offer some difficulties to the analytic reader who must learn to read through the resistances. After he has learned to analyze these resistances he will find in them considerable material for the study of medical motivation.

This book succeeds to a large extent in showing the great physicians as they saw themselves. Illustrative passages are reprinted without condensation from the autobiographies of eighty different doctors, men and women, from eleven countries, their life stories covering a span of four centuries, and every conceivable specialty in the vast field of medicine. The quotations are prefaced by short biographical notes and historical data, to place the quotation in the proper perspective of medical history and relate it to the life of the author.

Reprinted, for instance, is that part of Harvey Cushing's War Diary, where in some of the most moving words ever written by a physician, he tells of the death of the only son of the great physician, Sir William Osler. Another classic is Benjamin Rush's account of yellow fever in Philadelphia in 1793.

The chapter, Early Years, contains among others, Daniel Drake's description of his childhood in Kentucky, Adolf Kussmaul's early religious training, Oliver Wendell Holmes' boyhood, and Havelock Ellis's recollections of his second year of life. Freud is quoted in the chapter, The Medical Student, and at length from his autobiography in a later chapter, The Practice of Medicine. Of special interest is The Doctor as Patient, reminiscent of Alfred Grotjahn's book of the same title: it contains Johann George Zimmerman's observations of his herniotomy without narcosis; Wenzel Krimmer's account of his trachoma; William A. Alcott's opium addiction and

later tuberculosis; Kussmaul's severe spinal meningitis; Thomsen's myotonia, and Nothnagel's fatal angina pectoris.

Doctors at War gives samples of the experiences of physicians as soldiers during all the wars of the last four hundred years. One perhaps lesser known example is Arthur Conan Doyle's account of his experiences during the Boer War. Doctors in politics are illustrated by passages from Benjamin Rush about his activity as a member of the Continental Congress; by Rudolf Virchow's progressive liberalism; and by Alfred Grotjahn, the founder of Social Hygiene and Social Medicine, in his highly self-critical description of his activities while a member of the Reichstag.

Any anthology is fair game for critics to find the many items which were not presented. These selections, covering over four hundred pages, are well chosen and almost without exception each gives the rare experience gained from reading medical autobiographies.

MARTIN GROTJAHN (LOS ANGELES)

THE CASE OF RUDOLF HESS. A Problem in Diagnosis and Forensic Psychiatry. Edited by J. R. Rees, M.D. New York: W. W. Norton & Co., Inc., 1948. 224 pp.

The Case of Rudolf Hess is a strange and fascinating story. This man, who helped to shape recent history, was under psychiatric observation almost from the day of his parachute landing on a Scotch moor in 1941, until his trial as a war criminal in Nuremberg in 1946, and his final imprisonment in Festung Spandau. Eight psychiatrists from five different nations participated in his psychiatric observation and examination, and they agreed on the diagnosis: 'psychopathic personality, schizoid type'. According to psychiatric opinion he was not 'insane' in the 'legal sense' of the word!

The book opens with an editorial apology for publishing the clinical record of an identifiable mental patient; however, written permission was given by the patient, who stated that he would welcome publication, '. . . because one day it will be regarded as supplementary proof of the fact that in some hitherto unknown manner people can be put into a condition which resembles that which can be attained through a hypnosis leaving its aftereffects ['post-hypnotic suggestion'], a condition in which the persons concerned do everything that has been suggested to them, under the elimina-

tion of their own will, presumably without their being conscious of it.'

Questions of diagnosis and forensic considerations take first place: the presence of hallucinations, a paranoid system, ideas of persecution and poisoning, highly autistic behavior, and two rather serious suicidal attempts (for which Hess both times dressed in full uniform); the hysterical amnesia which was only partially simulated and only partially disappeared after his so-called 'confession' at the trial; and finally, the life history of 'instability'.

Born in Egypt, Hess left home, attended a military school in Germany, served in World War I, and formed a submissive attachment to Hitler for whom he worked as a secretary during their short political imprisonment. Hess's political influence declined rapidly after Hitler came to power, and he was finally used almost exclusively for the conduct of ceremonial affairs. Probably without his Führer's knowledge, Hess flew to England because in a dream or vision his beloved teacher, Karl Haushofer, had seen him flying to England on three different nights. Always a highly schizoid personality, Hess was deeply attracted by the mysticism of Nazi ideology. He neither smoked nor drank, was a food faddist and a severe hypochondriac. Throughout his detention in England he suffered from 'severe intestinal cramps', which he explained with an elaborate, systematized delusion of being poisoned. He never changed his megalomaniac belief that it was his mission to convince the English people of Hitler's benevolent intention of waging a holy war against the Bolsheviks.

The book is most fascinating in its documentary reporting: the description of Hess's official meeting with the Lord Counselor; the organization and the administration of security measures surrounding his imprisonment; the report of the Nuremberg trial, and the reprint of Justice Jackson's speech. Only limited information and insight into the psychodynamics of the Hess case, however, are presented. A tentative outline in the last chapter is so carefully and so cautiously formulated that it hardly penetrates the surface of the commonplace. The formulation is psychiatric phenomenology, tempered by amusing British restraint and understatement. Hess's flight, which Hitler considered a worse blow than a lost battle, and which Goebbels described as a propagandistic catastrophe, is characterized by the British as 'highly embarrassing' to the

British Government. The British officers ate with the prisoner, serving him first 'out of natural courtesy'. They were only mildly surprised when during a picnic, while the officers guarding him were admiring the sunset, and while he was on a 'hysterical hunger strike', Hess wolfed all of the sandwiches.

The modesty and restraint of the psychiatric reporting is a defense against tempting speculation, and as such it commands respect. The time, however, will come when enough material of this kind is collected and will permit psychoanalytic interpretation of this man and his rôle in historical events.

MARTIN GROTJAHN (LOS ANGELES)

'The Feeling of Rejection'. Produced by The National Film Board of Canada.

Margaret E. Fries

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REVIEW OF FILMS

'THE FEELING OF REJECTION'. Produced by The National Film Board of Canada.

This is a welcome film for teaching purposes, for it shows the continuity in the events of the life of a psychoneurotic starting with approximately the third year of life and extending to the twenty-third year.

The medium of film can, of course, present only overt behavior and requires verbal commentaries to explain the motivations. This has been handled by having the psychiatrist comment on the significance of the different sequences.

With certain exceptions the interpretations are on a superficial level, giving no insight into unconscious motivations or the dynamics of the character structure of the patient. This is especially regrettable since the opportunity to make a superb psychoanalytic presentation was missed; but the acting, gestures, tone of voice, are sensitively executed. The film can nevertheless be used with great advantage by any instructor who is psychoanalytically oriented and can give the deeper interpretations.

However, this film and others similar raise the question as to what is their effect on the public. It is this viewer's impression that it might even be harmful to show the film indiscriminately as it may increase anxiety and give an erroneous impression of the development of a psychoneurosis.

Briefly, the film portrays the patient, Margaret, at the age of twenty-three, consulting a psychiatrist because of her inability to cope with her daily problems. Throughout, the physician interprets her depressive, masochistic character as a consequence of being rejected. This feeling of rejection originated at three years of age and thereafter many events increased this feeling. This oversimplification, attributing a complex personality structure to one etiological factor, is very misleading; furthermore, by not portraying why Margaret felt rejected at three years of age, the National Film Board of Canada has circumvented the dynamics of the case.

It is easy for any psychoanalytically oriented viewer to reconstruct some of the many determinants that contributed to this feeling. The most important one is the character structure of the

parents which is very well portrayed. The mother was a depressive compulsive neurotic suffering from psychosomatic headaches. Her unconscious hostility manifested itself in great overprotection. In one excellently portrayed scene she develops a headache, leaving her domestic duties to her daughter Margaret who, in another scene, develops identical symptoms. No mention is made of the mechanism of identification but all is related to feeling rejected. The father's character traits are less well-defined. He seems an immature man who is easily frustrated, sadistic, and without much ability to give his family emotional warmth. Marital discord is obvious.

All of this important family background, although photographed, is not presented by the psychiatrist as contributing etiologically to the feeling of rejection; furthermore, he describes as the cause of rejection such occurrences as being stopped from playing on a gate, the mother saying, 'it is dangerous and you will get dirty'; she is prevented from playing with kitchenware because it is dangerous (no mention of the effect of castration threats is made); she is prevented from natural exploration because 'she disturbed her father at an inopportune moment when he was working, whereupon he placed her in a corner to sit'. The film portrays most dramatically this child's facial expressions as she changes from an active, healthy child to a passive, depressed one. It is misleading to point out that because the child selects an inopportune moment she is inhibited; this can create great anxiety in many parents. Any moment in such a child's life would be inopportune if it tried to obtain attention from either of Margaret's parents because they do reject her. The commentary given by the physician in the film is: 'It is not unusual for parents who are fond of their children still to discourage them from growing up into active and competent human beings'. It is obvious these parents are extremely ambivalent.

No mention is made of the fact that all individuals who feel rejected may not react in the same way as Margaret. The concept of the interaction between the individual and the members of his environment is not brought out, but the impression is given that the individual responds like a puppet.

In brief, one comes away with the impression that the taking of the film, the editing and the script for the characters were done by someone who had psychoanalytic insight, while the interpreta-

tions, the comments of the physician, were done by somebody else. It would be desirable if other comments could be substituted, thereby making this film a real contribution to psychoanalytic teaching.

MARGARET E. FRIES (NEW YORK)

'FEELING OF HOSTILITY'

The comments that were made about the film, *Feeling of Rejection*, apply to this film which, however, seems more complete. The scenes portray realistically overt behavior to a remarkable degree. For instance, the little girl shows oral regression when frustrated not only by eating the cake but by sucking her fingers when confronted with her baby brother; and when the ambivalent wife warns the husband to avoid an accident about which she has read so much, she burns her arm on the toaster.

This title too is unfortunate. The title, *Rejection*, could as easily have been given to this film as to the other. That personality development is overdetermined is overlooked in the captions but not in the screening. Static casual relationships are considered to be etiological. The father's going away on business, which the mother resents, is given as the reason for the child's subsequent development. Why an expert mining engineer should be killed in an accident, unless it were unconsciously determined, is not explained. No reason is given for the mother's resentment for her husband's going on a business trip. The life history omits the important pregenital development of the child, who is four years old when the film starts.

The progress of Clair's development from four years and after the death of the father is well portrayed. She first clings to her mother, and then feels rejected when the mother remarries and has another child.

In school the child is unable to adapt because her mother has ambitions and sends her to a private school far above the girl's competitive ability. Her struggle to gain the teacher's love with a piece of cake, and her disappointment when the teacher does not take the cake home, is poignantly enacted. Her success as editor of a school paper and her failure in social life at college is well illustrated. Success in a responsible position in publicity, but without the emotional warmth she needs, concludes the scenario. The film

ends with a written summary giving the salient psychiatric points in very simple terms.

These films are used at McGill University and the Victoria Royal Hospital for teaching purposes for the profession, and also are used in group therapy classes for patients and relatives of patients. It is my belief that these pictures shown with a leader and a great deal of group discussion are very valuable but otherwise may prove misleading.

MARGARET E. FRIES (NEW YORK)

Notes on Some Schizoid Mechanisms. Melanie Klein. Int. J. Psa., XXVII, 1946, pp. 99–110.

H.W.

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ABSTRACTS

Notes on Some Schizoid Mechanisms. Melanie Klein. *Int. J. Ps.*, XXVII, 1946, pp. 99-110.

This continuation of the development of Melanie Klein's hypotheses, based on the thesis of the introjection of good and bad objects in infancy, is perhaps best summarized in her own words: 'One of my main points was the suggestion that in the first few months of life anxiety is predominantly experienced as a fear of persecution and that this contributes to certain mechanisms and defenses which characterize the paranoid and schizoid positions. Outstanding among these defenses is the mechanism of splitting internal and external objects, emotions and the ego. These mechanisms and defenses are part of normal development and at the same time form the basis for later schizophrenic illness. I described the process underlying identification by projection as a combination of splitting off parts of the self and projecting them on to another person, and some of the effects this identification has on normal and schizoid object relations. The onset of the depressive position is the juncture at which, by regression, schizoid mechanisms may be reinforced. I also suggested a close connection between the manic-depressive and schizoid disorders, based on the interaction between the infantile schizoid and depressive positions.'

In an appendix these hypotheses are applied to and fitted in with that part of Freud's analysis of the Schreber Case which refers to Schreber's 'soul divisions'.

H. W.

The Rôle of Ethics and Religion in Psychoanalytic Theory and Therapy. Max Levy-Suhl. *Int. J. Ps.*, XVII, 1946, pp. 110-119.

Levy-Suhl asks the question, 'Has Freud succeeded in bringing the higher values in man, in particular ethics, under a psychoanalytic explanation?'. He answers in the affirmative, first by a discussion of the applicability of the scientific method to this particular problem, second by a description of the development of the reality principle, guilt and the rôle of the death instinct. In a third section of the paper he delineates that resistance to psychoanalytic therapy which is based on guilt and the need to suffer punishment. He claims that such a feeling of guilt is quite justified in its ultimate evaluation of the child's destructive impulses, and that a patient must consciously suffer this guilt and understand its true causes before cure can be effected. He calls this 'an ethical achievement'. Similarly, in overcoming resistances based on narcissism, Levy-Suhl maintains that a 'religious change must take place' in the sense that one must submit with humility to the dictates of the larger good.

In summary the author says that during therapy, unconscious needs for punishment must be used in overcoming narcissistic barriers and, 'conversely, where the repression of the demands of conscience stands in the foreground as the moral factor, a piece of narcissistic humiliation, in the religious sense, will be necessary for healing'.

H. W.

The Traumatic Situation in the Genesis of Dreams. Angel Garma. *Int. J. Ps.*, XXVII, 1946, pp. 134-139.

Garma's clinical observations lead him to believe that dreams are attempts through wish fulfilment to overcome displeasure brought about by traumatic situations to which the dreamer is fixated and which he cannot master. He quotes dreams—and their relevant associations—of several patients to prove his hypothesis. In addition he reinterprets Freud's dream about 'Irma's injection' and Freud's report of Dora's dream of being lifted from her bed by her father, pointing out in each the attempts to overcome disagreeable situations: Freud's defense of his injection and Dora's unhappy love affair. Garma concludes with the observation, 'The hallucinatory aspect of dreams is due to the influence of traumatic situations and not to the influence of the wishes they gratify'.

H. W.

The Development of Psychoanalytic Criminology. Geza Dukes. *Int. J. Ps.*, XXVII, 1946, pp. 145-151.

In this paper, published in Budapest in 1933, Dukes distinguishes between the 'normal' or 'genuine' criminal—evidently the truly psychopathic personality—which he considers 'an unsolved problem', and the 'neurotic criminal' whose attitudes and actions can be traced to childhood conflicts. He describes and discusses, with some clarity, multiple aspects of the growth of psychoanalytic insight into the unconscious motives of neurotic criminals, from Storfer's first study in 1911, *The Unique Position of the Parricide*, to Reik's *The Unknown Murderer* written in 1932. Dukes ends with a plea for the abandonment of punishment for such criminals—which is usually effective only in stimulating them to further crime—in favor of psychoanalytically oriented treatment and early preventive therapy. He notes that Aichhorn has been doing this type of re-education for years (before 1933) at the Viennese Juvenile Guidance Clinic.

H. W.

On a Physical Form of Periodic Depression. Alfred Schick. *Psa. Rev.*, XXXIV, 1947, pp. 432-442.

Recurrent episodes of physical complaints (fatigue, weakness, anorexia and abdominal discomfort) without manifest emotional depression are known as cyclothymic equivalents. They may occur in constitutionally predisposed individuals who experience severe psychic trauma and subsequent fixation on the oral sadistic level. According to Schick, these conditions differ from periodic depressions by evidence of a better ego integration and elements of conversion (multiple determination). Three nonpsychoanalytic case histories, all of females of middle age, serve to illustrate the marked similarity of development and symptomatology.

CAREL VAN DER HEIDE

Further Contributions to the Psychoanalysis of Writers. Edmund Bergler. *Psa. Rev.*, XXXIV, 1947, pp. 449-468 and XXXV, 1948, pp. 33-50.

This psychoanalytic psychopathology of authors is an elaboration of previous studies by Bergler. Many common characteristics of writers are traced to unsolved,

unconscious, oral conflict. Positive and negative scopophilic manifestations, latent homosexuality and alcoholic addiction are understood in these terms. Certain typical misconceptions concerning writers are discussed and it is concluded that psychoanalysis does not need to destroy but may, on the contrary, cure a 'writing block'. The paper abounds in illustrative clinical material.

CAREL VAN DER HEIDE

Certain Psychic Mechanisms in Aphonia: A Case Illustration. Edward S. Tauber. *Psa. Rev.*, XXXIV, 1947, pp. 469-485.

This is the case history of a woman patient with a paranoid, psychotic father, who suffered for twenty-two years with aphonia and a borderline type of character neurosis. She underwent seven months of analysis and made a remarkable recovery from the aphonia during the postanalytic phase (verified over seven subsequent years). The problem of clinical improvement following psychoanalysis is discussed. The aphonia served the patient's general adaptive technique of withdrawal and noncommunication. This mechanism enabled her to avoid emotional catastrophes, particularly those which might have revived a deep, traumatic experience in the oedipal relationship.

CAREL VAN DER HEIDE

Art in Psychotherapy. Irving Bieber and Jessie K. Herkimer. *Amer. J. of Psychiatry*, CIV, 1948, pp. 627-631.

This article describes therapeutic experiences in a military setting. All patients in a neuropsychiatric ward who were willing to cooperate were drawn into a psychiatric art program. The team consisted of a male psychiatrist, female social worker and male artist, all of whom collaborated in reviewing the art and integrating the clinical findings with the material observed in the productions. 'Ordinarily group therapy refers to a single therapist treating a group of patients. This project was somewhat novel in that there was a group of therapists treating the individual patient.' The patient had the opportunity to react with a variety of personal attachments and therapy could be pursued accordingly.

The writers found the art work an excellent diagnostic aid. Color, motion, content and fluctuations were analyzed. The use of bright colors by schizophrenics and patients suffering from brain injuries were investigated. Therapeutic advantages were found in utilizing the art productions to gain access to the unconscious and to follow the progress of treatment.

MARK KANZER

Patient-Physician Relationship in Psychotherapy. Jules V. Coleman. *Amer. J. of Psychiatry*, CIV, 1948, pp. 638-641.

This paper brings up the problem of training psychiatrists—and social workers and psychologists—as psychotherapists without formal preliminary training such as the psychoanalytic educational institutions require at the present time. Coleman believes that training in a clinic, utilizing the clinic-team approach, is entirely feasible as a method of learning psychotherapy. This pragmatic approach, he contends, has certain advantages in increasing flexibility, estab-

lishing attitudes of respect and recognition in relationships with psychologists and social workers, and in dissipating 'residuals of infantile omnipotence' which may have survived a personal analysis.

Coleman suggests that the indoctrination of the student be developed with stress on the meaning and problems of the patient-physician relationship. A once-a-week schedule is found satisfactory for the great majority of patients, with temporary increases in interviews as needed.

The question which will necessarily arise is whether a therapist without a personal analysis and without adequate preliminary indoctrination in psychodynamics will be able to recognize, identify for the patient, and work through with him the complexities of behavior and transference phenomena. Coleman insists on the importance of adequate supervision but indicates the limitations of this training when he declares that 'an important goal in training is to help the student recognize the kind of problems he can handle comfortably and the limitations he must accept in relation to type of patient and therapeutic goal. . . . The therapist himself must learn to identify the areas in which he can be most effective, and to stay within his own limits.'

MARK KANZER

Schizophrenic Syndromes as Frustration Reactions. J. M. Nielsen and George N. Thompson. *Amer. J. of Psychiatry*, CIV, 1948, pp. 771-777.

Transient syndromes resembling paranoid schizophrenia can be precipitated by frustrations and clear up without apparent residua if appropriate psychotherapeutic measures are taken. Nielsen and Thompson do not believe that such processes are necessarily a true schizophrenia but are of the opinion that deterioration might have taken place without timely treatment. The predisposition to such paranoid reactions is thought to arise from 'specific neurogramme patterns'.

MARK KANZER

Psychosomatic and Rorschach Aspects of Stuttering. Ferdinand R. Pitrelli. *Psychiatric Quarterly*, XXII, 1948, pp. 175-194.

This is a preliminary report of a comparative study of nonpsychotic stutterers, psychotic stutterers and psychotics who were formerly stutterers. Five brief case histories are presented. Pitrelli concludes that stuttering is symptomatic of a character neurosis having genogenic, morphogenic, neurogenic, chemogenic, psychogenic, and socio-environmental etiological factors. Among these is the epileptic complex. Psychogenic factors include at one and the same time oral-erotic, anal-erotic, homoerotic, phallic, and œdipal components. The stuttering constitutes a defense against repressed instinctual urges and when the symptom is removed by hypnosis, pentothal or other equally abrupt interference without adequate psychotherapy, it may be replaced by another symptom, panic or psychosis. Rorschach findings reveal an increase in introversion, a decrease in dominance, sociability and confidence.

The theoretical implications advanced are much too broad for the few cases cited and the limited dynamics unearthed. There is no clue as to the relative importance of the multiple etiological agents claimed nor of the symbolic significance of the organ compliance involved.

JOSEPH BIERNOFF

The Poltergeist—Psychoanalyzed. Nandor Fodor. *Psychiatric Quarterly*, XXII, 1948, pp. 195-203.

The poltergeist is a mysterious agency which manifests its presence by noises, knocking, etc. It is connected in some way with the unconscious of someone on the scene. The phenomena are supernormal but not supernatural. Little has been done to stop effectively or 'cure' such disturbances through medical or psychological therapy. While director of research of the International Institute for Psychical Research in London from 1934 to 1938, Fodor investigated and treated the case he reports. The poltergeist activities then ceased. He attributes the mysterious psychokinetic phenomena to unconscious projections due to psychic conflict in a schizoid personality. He fails to explain the continuation of the poltergeist activities while his patient was away in Paris. There is no hint as to the manner in which the unconscious can activate these phenomena from a distance.

JOSEPH BIERNOFF

Spontaneous Regression on the Induction of Hypnosis. Merton M. Gill. *Bulletin of the Menninger Clinic*, XII, 1948, pp. 41-48.

This paper deals with a patient who, under hypnosis, went through several episodes of spontaneous regression. Gill attempts to clarify the dynamic and structural changes which take place in the patient during such a period. He examines the theories of Erickson and Kubie on the difference between regression and revivification. Further, he compares and contrasts some of the theoretical speculations concerning chemically induced regressions and those induced by hypnosis.

The essential problems are: 1, whether regression may take place to early childhood levels with the maintenance of some ties with reality; 2, when does regression indicate ego strength or ego weakness; 3, the specific relationship between traumatic events and a person's predilection for regressive phenomena.

RALPH R. GREENSON

A Note on the Indications for the Use of Hypnosis in Psychotherapy: An Illustrative Case Report. Margaret Brenman and Robert P. Knight. *Bulletin of the Menninger Clinic*, XII, 1948, pp. 49-56.

Brenman and Knight state the thesis that hypnosis is not and should not be considered an independent type of therapy but that its usefulness depends entirely on its relevance to the therapeutic problem at hand. It may be used with utmost flexibility and in countless ways, the precise time and mode of application depending on the nature of the aims being pursued. The authors then describe the treatment of a schizophrenic patient who responded only to hypnosis because she needed the complete dependence of the hypnotic relationship. The authors are convinced that in this patient the use of hypnosis in the initial phase of the treatment and its abandonment later on was an important contribution to the good result.

RALPH R. GREENSON

Some Clinical Illustrations of Freud's Analysis of the Uncanny. Martin Grotjahn. Bulletin of the Menninger Clinic, XII, 1948, pp. 57-60.

Grotjahn presents several examples confirming Freud's concept of the uncanny. The uncanny feeling is experienced when old childhood beliefs in magical thinking, which have undergone repression, are remobilized and felt consciously, like the sudden reappearance of an old, unpleasant acquaintance one would rather have avoided. The phenomena of surprise and *déjà vu* bear a resemblance to the uncanny.

RALPH R. GREENSON

The Strange Case of Wilhelm Reich. Mildred Edie Brady. Bulletin of the Menninger Clinic, XII, 1948, pp. 61-67.

This paper is reprinted from the New Republic of May 26, 1947, because it brings up the problem of how to regulate the practice of psychoanalysis. Reich, who made important contributions to psychoanalysis in the 1920's, was expelled from the International Psychoanalytic Association in 1934 when his activities diverged fundamentally from basic psychoanalytic concepts. Since that time he has achieved a considerable following with theories and practices that might be dangerous to the uninformed public. Brady feels that some method of adopting standards should be developed by the state and the psychoanalytic associations which would offer the uninformed an opportunity of checking on the acceptability of a psychotherapist.

RALPH R. GREENSON

The Individual's Responsibility for World Peace. G. Brock Chisholm. Bulletin of the Menninger Clinic, XII, 1948, pp. 73-80.

Chisholm was the Executive Secretary¹ of the Interim Commission of the World Health Organization, as well as Director General of the Medical Services of the Canadian Army. In this paper he stresses the fact that man will have to live in peace or he will not survive at all. Men never had to do this before, but with the atomic age there is no choice. The World Health Organization has as one of its main functions the responsibility of bringing up children capable of living in ways which we adults have not yet been able to achieve. They must be capable of facing realities honestly, even though they are frightening, and they must learn how to live in disagreement with others without resorting to violence. Sixty-four nations have signed the charter of the World Health Organization.

RALPH R. GREENSON

Dynamic Aspects of Teaching Psychology. Rudolf Ekstein. Bulletin of the Menninger Clinic, XII, 1948, pp. 90-95.

Ekstein states that most psychology students, for personal reasons, tend to make the learning experience a substitute for psychiatric treatment. This complicates the task of the psychology teacher because, although teaching psychology is not psychotherapy, there are psychotherapeutic by-products. The teacher in

¹ He is now Director-General.

the field, therefore, must pay particular attention to the reactions of the students to the material, to their fellow students and to the teacher. He must equip himself with the necessary knowledge and skill to refer his students to the proper psychiatric resources, if necessary. He must manoeuvre between the danger of impersonal textbook lecturing and the temptation to make the course an experience in group psychotherapy.

RALPH R. GREENSON

Insulin Subshock (Subcoma) Treatment of Psychoses and Psychoneuroses. Daniel J. Sullivan. *Arch. of Neurology and Psychiatry*, LIX, 1948, pp. 184-214. Sullivan claims that intensive insulin subshock should be used with psychoneurotic states of severe anxiety-tension, psychoses with features of depression, psychoses of the mixed type and psychoses with schizophrenic symptoms. It becomes very clear that he has no interest or insight in the dynamic or unconscious factors in any of the cases reported.

RALPH R. GREENSON

Psychosis Following Lobotomy in a Case of Sexual Psychopathy: Report of a Case. Joseph W. Friedlander and Ralph S. Banay. *Arch. of Neurology and Psychiatry*, LIX, 1948, pp. 302-321.

This paper is an attempt to remedy the alleged lack in the literature of a single case of lobotomy adequately studied. The patient, a man of fifty-four, with compulsive-obsessive symptoms as well as a sexual perversion, underwent lobotomy in 1941. Five years after the operation he was discovered in a locked psychiatric ward with a full-blown psychosis. The authors carefully studied the clinical data and concluded that the lobotomy produced the dementia.

RALPH R. GREENSON

Sleep-Electroshock Therapy of the Psychoses. H. S. Rubinstein. *Arch. of Neurology and Psychiatry*, LIX, 1948, pp. 517-522.

'Sleep-electroshock therapy is a modification of the orthodox electroshock treatment in which the patient is induced to sleep by the intravenous injection of sodium pentothal prior to the application of the electric current. By this means, patients who would themselves have discontinued shock therapy because of fear, and patients who, because of their unmanageable psychomotor reactions, would have to be denied treatment by the physician, have been treated successfully.'

RALPH R. GREENSON

Psychosomatic Disorders and Their Significance in Antisocial Behavior. David Abrahamson. *J. Nerv. and Ment. Disease*, CVII, 1948, pp. 11-24.

A statistical investigation reveals a higher incidence of psychosomatic disorders, predominantly gastrointestinal, in subjects with antisocial behavior than in a control group of neurotic subjects. The theoretical implications are briefly and superficially given.

NORMAN REIDER

- A Study of the Plantar Response in Hypnotic Age Regression.** Lothar Hidro-Frank and Margaretta K. Bowersbuch. *J. Nerv. and Ment. Disease*, CVII, 1948, pp. 443-458.

Infantile plantar responses were obtained in hypnotic age regression. The change in the plantar response was accompanied by changes in peripheral chronaxie. The implications for research are stressed.

NORMAN REIDER

- Social Psychiatry.** LeRoy M. A. Maeder. *The Pennsylvania Med. J.*, LI, 1948, pp. 880-884.

Maeder believes that the psychiatrist must know man not only as an individual but as a member of a group, influenced by and influencing a variety of social phenomena and institutions. He believes war is a kind of schizophrenic phenomenon which settles nothing and should be banned. The psychiatrist and social scientist would make a substantial contribution to society if they could jointly make available more information concerning basic misunderstanding and mistrust on the international scene. He is somewhat pessimistic when he states that the tempo of technology in war is speedier than the tempo of psychiatry and the sciences.

Anxiety is the prime ingredient of neurosis, social ills and war. Narcissism is a barrier to world coöperation since it breeds nationalism rather than internationalism. Greater maturity is needed not only in individuals but in social institutions and government. It is essential for teachers in our schools to learn more about the people they teach than the technical subjects. The world needs from the psychiatrist and social scientist coöordinated, noncompetitive study and research performed in a consistent, continuous and systematic manner in order to achieve educational and social reforms. Unfortunately, Maeder does not stress the importance of economic factors in the social scene.

RALPH R. GREENSON

- A Case Showing Some Implications of Short Therapy.** Charles Berg. *Brit. J. of Med. Psychology*, XX, 1944, pp. 1-19.

Berg justifies symptom analysis under war time exigencies. He describes a patient who came for treatment during the last war, and records excerpts from the psychoanalytic interviews showing the vicissitudes in the patient's treatment and 'cure' in a short term, psychoanalytically oriented, therapy. He describes the probable psychopathology, demonstrating that part of his insight which was used in making interpretations to the patient and that which was left out of direct interpretation. The limitations of the deductions and the results obtained are pointed out. Transference resistances were avoided as much as possible and no effort was made to analyze them. The 'cure' is recognized as a transference cure. Berg says, 'short therapy must unfortunately always be synonymous with incomplete treatment. The degree of incompleteness may vary between the stage of transference regression to anxiety free babyhood and the stage of transference regression to a growing boy's rebellion against being forced to play the feminine rôle to his father's or mother's masculinity.'

VICTOR CALEF

The Rôle of Projection in the Genesis of the Superego. K. G. Collier. Brit. J. of Med. Psychology, XX, 1944, pp. 96-99.

'One element in the growth of the superego is projection.' Examples of increasing complexity are given to describe the process of attributing to things we perceive, qualities which may not belong to them. Young children often attribute to others far more savage impulses than they have experienced from them; their objective discrimination is limited. The child pictures his parents in the light of the strongest feelings of love and hate he projects onto them.

VICTOR CALEF

Play Analysis: A Case Study of a Nine-Year-Old Girl. M. Lawry Hawkey. Brit. J. of Med. Psychology, XX, 1945, pp. 236-243.

Play therapy of a nine-year-old girl with a poor school record and a history of stealing and sex play is described. Some of the dynamic aspects involved were her identification with a pregnant mother and guilt over wishing to separate the parents. Direct interpretations were made. Hawkey indicates that the child was able to free herself from her infantile urges by playing out the fantasies which she thought dirty, thus permitting her to feel less guilty.

VICTOR CALEF

Group Play Therapy. John M. Gibbs. Brit. J. of Med. Psychology, XX, 1945, pp. 244-254.

Over a period of three years, sixty-three children were treated with a group play technique which Gibbs describes and evaluates. He differentiates this technique from free play activities in schools and play centers and from the group therapy of adults. Group play is not a substitute for individual therapy, though it is useful from an observational (diagnostic) and therapeutic point of view. In an appendix the progress notes of a single patient are extracted: a nine-year-old asthmatic, learning to express his aggression. His somatic illness receded into the background as he learned to express himself and behave in a more acceptable manner both in the group and at home. At the same time the mother was seen by a social worker and gained insight into her own rôle in the production of the illness. The dynamics described are rather superficial and much more data are necessary in order to evaluate what actually happened in treatment.

VICTOR CALEF

Male Psychology. Hans Keller. Brit. J. of Med. Psychology, XX, 1946, pp. 384-388.

Keller states that it seems to be somewhat desirable that female psychologists study male psychology. Man has been considered the norm and studied as a norm by the norm. Keller suggests an approach almost completely neglected, 'the study of male psychology by female psychologists who investigate not the points in which they differ from men, but those in which they differ from women'. It is argued that the female is suitable for this task because of her capacity to identify, her relative incapacity to overestimate or underestimate the love object, her capacity for amoralistic attitudes, her greater objectivity in viewing the opposite sex and the fact that intellectual women have less

intellectual narcissism than intellectual men. Certain factors may be unsuitable, such as the presence of particularly strong complexes in the female, the repression of female voyeurism (castration complex), hostility against the other sex and dependence on authority. A plea is made for female psychologists to approach the problem.

VICTOR CALEF

Marriage and Mental Disease: A Study in Social Psychopathology. Ornulv Odegard. *J. of Mental Science*, XCII, 1946, pp. 35-59.

From a statistical survey of 14,231 first admissions to Norwegian mental hospitals, it is shown that the incidence of mental disease is higher in single than in married persons. Three explanatory hypotheses are discussed in the light of this material: 1, hospitalization (a single person when mentally ill is more readily admitted to a mental hospital); 2, selection (before the outbreak of mental disease the patient possesses personality traits which act as marriage handicaps); 3, protection (married life provides factors which prevent the outbreak of mental illness).

This predominance of mental disease in the single person presents characteristic variations: 1, it is higher in schizophrenia than in manic-depressive psychoses, high in psychoses with imbecility and epilepsy, low in paresis and organic psychoses; 2, it is independent of age; 3, it is more marked in men than in women; 4, it is independent of occupation or standard of living. Because of these facts, Odegard favors the hypothesis of selection to account for his conclusions and emphasizes that this selection is based upon personality rather than upon economic factors.

KENNETH COLBY

Persistent Enuresis: A Psychosomatic Study. Harry Stalker and David Band. *J. of Mental Science*, XCII, 1946, pp. 324-342.

The literature on enuresis is reviewed and the study by Stalker and Band of sixty-seven cases of persistent enuresis in adolescents and adults is presented. Among several factors considered of little significance are: 1, abnormalities of the lumbosacral spine; 2, other associated congenital defects; 3, the concept of enuresis as a masturbatory equivalent; and 4, that although 'enuresis can be a source of libidinal gratification . . . this is a secondary development, to which enuresis is primary'.

Data considered by the authors as more important are: 1, enuretics' cystometrograms, which are of the 'uninhibited type, showing lack of cerebral inhibition just the same as that found in some organic cerebral diseases'; 2, correlation between enuresis and psychopathic states; 3, frequent abnormalities of breast feeding; 4, associated autonomic nervous system disorders, especially heavy sleep.

Their general concept is that enuresis is a pelvic autonomic symptom-complex representing not a symptom but a disease in itself with constitutional, neurophysiological and emotional aspects. After trying 'all the usual psychiatric methods of treatment with little success', ephedrine was found in certain cases to give better results than other methods.

KENNETH COLBY

On the Etiology of Stuttering. Otto Mass. J. of Mental Science, XCII, 1946, pp. 357-363.

Admitting that most writers consider stuttering a symptom of neurosis, nonetheless Maas favors the supposition that it results from organic damage to the nervous system. Scant and wispy evidence from the neurological literature is quoted. Statements such as 'besides these primarily organic cases of stuttering there are certainly also some of psychic origin, the result of imitation' and 'only in rare cases is emotion the primary cause in young children', indeed raise a quizzical eyebrow. But perhaps it falls with the reflection that, being glacial, the advance of psychiatric thought contains many fragments of by-passed battlegrounds.

KENNETH COLBY

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NOTES

Meeting of the NEW YORK PSYCHOANALYTIC SOCIETY, October 26, 1948, Dr. Henry A. Bunker, presiding:

Inferences From the Dream Screen. By Bertram D. Lewin, M.D. (New York). Dr. Lewin first restated the concept of a dream screen as a *constant*, though usually unperceived, element in dreams. He believes it to represent the breast perceived by the nursling. It thus represents the dreamer's wish to sleep. By enlarging the concept 'breast' to include 'whatever the (nursing) infant experiences at the lips or mouth', account is taken of the fact that many babies are bottle fed. Numerous new dreams were cited and the following inferences drawn: 1, Forgetting or remembering dreams is a consequence of the dreamer's attitude toward his wish to sleep and consequently toward his oral wishes, since sleep is considered (psychologically) chiefly as an expression or consequence of oral wishes. 2, Repetitions of or in dreams may represent latent thoughts of multiple or interrupted feedings. 3, The frequency of oral elements in primal scene dreams is adduced as substantiating the hypothesis that the wish to sleep is psychologically an oral wish. 4, The preponderance of visual (as opposed to other forms of sensory) elements in dreams may express a general wish to be awake.

Dr. G. Róheim suggested that the dream's background may represent the dreamer's body fused with mother's breast, and observed that inference 4 corresponds with the idea of primitives that dreams are due to the life principle.

Dr. P. Federn commented that though Silberer's work was instigated by his opposition to Freud, it produced discoveries of permanent value. He added that the dream screen fulfils the wish to remain a baby with a new (and better) life before one.

Dr. I. P. Glauber cited dreams of patients confirming the concept of a dream screen and its identification with the breast. He added that the function of the screen might be illuminated by a study of dreams in which only one part of the dream is projected on a screen.

Dr. O. Isakower suggested that the dream screen might not be universal and might rather represent a stage in falling asleep. He added that the two-dimensional quality of the screen might result from the absence of depth perception in the infant.

Dr. F. Wittels agreed that theoretically the dream must lead ultimately to the mother's breast, and defended Silberer's contribution to dream theory.

Dr. Lewin found little disagreement between himself and the discussants. He compared visually blank dreams with psychotic stupors and the experience of being anesthetized. He agreed that a disturbance in falling asleep is responsible for perception of the dream screen.

THE BRAZILIAN INSTITUTE OF PSYCHOANALYSIS informs us that on his arrival in Brazil in February of last year, Dr. Mark Burke initiated the didactic tasks essential to the forming of a group of psychoanalysts in Rio de Janeiro. The

opportunities for training will be augmented by the coöperation of Dr. Werner Kemper of Berlin and Professor Emilio Servadio of Rome whom the Brazilian Institute of Psychoanalysis expected to arrive shortly thereafter. Dr. Domicio Arruda Câmara states: 'We are indebted to Dr. Ernest Jones, President of the International Psychoanalytic Association and dean of psychoanalysts, for the choice of these training analysts. The structure of the Institute is based on the collaboration of these analysts and is medico-scientific in character, having as its principal aims the therapeutic and preventive application of psychoanalysis in Brazil, and the effective training of candidates for the practice of psychoanalysis according to the principles and standards of the International Psychoanalytic Association. A large field exists in Brazil for the application of psychoanalysis not only in the domain of medicine, but also in the sphere of child and adult education. Therefore, this work which is so necessary will bring us great benefits collectively, and will be influential toward perfecting our medicine.'

AN INTERNATIONAL CONGRESS OF PSYCHIATRY will be held in Paris, October 4th to 12th, 1950. In accordance with regulations decided on at the International Preparatory Meeting (Paris, October 23d, 1947) the official spoken languages will be: English, French, Spanish and (should Russia participate) Russian.

The program of the six main afternoon sessions includes: *General Psychopathology*. Chairman: Professor Ferdinand Morel (of Geneva, Switzerland). Subject: Psychopathology of Delusions. *Clinical Psychiatry*. Chairman: Professor Honorio Delgado (Lima, Peru). Subject: Application of Testing Methods to Clinical Psychiatry. *Psychiatric Anatomo-Physiology*. Chairman: Professor F. L. Golla (Bristol, England). Subject: Cerebral Anatomy and Physiology in the Light of Lobotomy and Topectomies. *Psychiatric Biological Therapy*. Chairman: Professor Jozef Handelsman (Warsaw, Poland). Subject: Respective Indications of the Shock Therapy Methods. *Psychotherapy, Psychoanalysis, Psychosomatic Medicine*. Chairman: Dr. Franz Alexander (Chicago, U. S. A.). Subject: The Evolution and Present Trends of Psychoanalysis. *Social Psychiatry*. Chairman: Professor Torsten Sjögren (Stockholm, Sweden). Subject: The Genetic and Eugenic Aspects of Psychiatry.

In addition, these six sections and the seventh section (Child Psychiatry) will organize for the morning sessions a number of meetings, symposia and work sessions.

The Organization Committee plans to set up two exhibits in connection with the Congress, the first one on Art and Psychopathology (apply to Dr. Bessière, Centre Psychiatrique Ste-Anne, 1, rue Cabanis, Paris XIV); the second on History of Psychiatric Progress (Professor Laignel-Lavastine, 12 bis, place Laborde, Paris VIII).

The French Committee was entrusted, at the International Preparatory Meeting, with the organization of the Congress. This Committee, set up in 1947, is as follows: Honorary Chairmen: Professor Pierre Janet (in memoriam); Professor Jean Lhermitte (Paris). Chairman: Professor Jean Delay (Paris). Vice-Chairmen: Dr. L. Marchand (Paris); Dr. Henri Baruk (Paris); Professor P. Delmas-Marsalet (Bordeaux); Dr. Georges Heuyer (Paris). General Secretary:

Dr. Henri Ey (Paris). Treasurer: Dr. P. Sivadon (Ville-Evrard, Neuilly-sur-Marne, Seine & Oise).

In each country, a National Committee of the Congress is being set up; when possible, a chairman, a secretary, and a director are appointed for each section. General management: Dr. Henri Ey, General Secretary, 1, rue Cabanis, Paris, XIV, France.

The Salmon Memorial Committee has announced the selection of Dr. Stanley Cobb as the SALMON MEMORIAL LECTURER for 1949. Dr. Cobb, President of the American Neurological Association, is one of the most renowned researchers, writers and educators in the field of medicine. He has been Bullard Professor of Neuropathology at Harvard Medical School since 1926, and for the last fifteen years Psychiatrist-in-Chief of the Massachusetts General Hospital.

The Salmon Committee, begun in 1932, and appointed by the New York Academy of Medicine, selects each year a specialist in the fields of psychiatry, neurology or allied fields either in this country or abroad who has made an outstanding contribution to his specialty.

One of the most serious handicaps in combating mental illness is the shortage of trained personnel. There are only about four thousand trained psychiatrists in the entire United States. It has been estimated that we need at least four times that number. We also need many times the present number of clinical psychologists, psychiatric social workers, and psychiatric nurses. Other mental health personnel, such as psychiatric aides (attendants) and occupational and recreational therapists are equally scarce.

Before any real progress can be made in conquering mental illness and improving the mental health of the people, we must have trained personnel to provide mental health services throughout the country. The NATIONAL MENTAL HEALTH ACT, which was passed in 1946 to 'improve the mental health of the people of the United States', provides among other things for the training of increased numbers of persons in the field of mental health. It is hoped that through this legislation the shortages of personnel will eventually be met.

Under the National Mental Health Act, the Public Health Service of the Federal Security Agency, upon recommendation of the National Advisory Mental Health Council, may make grants to public and other nonprofit institutions 'to provide training and instruction in matters relating to psychiatric disorders'. In this way institutions that already offer training in the mental health fields may improve and expand their teaching staffs to instruct a greater number of students, and potential training centers in universities, hospitals, medical and other schools may be developed.

At the present time, grants are being awarded to institutions offering graduate training in psychiatry, clinical psychology, psychiatric social work, and psychiatric nursing. It is anticipated that grants for training other types of mental health personnel may be awarded in the future.

Grants may be used by such training institutions to pay the salaries, in whole or in part, of additional instructors, other teaching personnel, and non-professional help; to acquire permanent and expendable training materials;

and to provide special lectures and demonstrations for training purposes. No funds may be used in any way for the construction, alteration, or rental of buildings.

Further information on training grants to institutions may be obtained by writing to the Training and Standards Section, Mental Hygiene Division, Public Health Service, Washington 25, D. C.

The WORLD HEALTH ORGANIZATION will play its part in the task of applying mental hygiene principles in its health programs. The work of WHO in this field is concerned particularly with the prevention and with the cure of physical ills. The program approved by the WHO Executive Board also provides for special studies as well as for demonstrations in educational methods with respect to mental health. An important objective in this connection will be to raise levels of professional training, the term being understood in the broadest sense to include a large number of professions which are considered as having a rôle to play in the field of mental health. Finally, WHO will endeavor to extend its action to as many areas as possible in coöperation with such other organizations as UNESCO and the World Federation for Mental Health which was established last August at the international conference in London.

The World Health Organization is thus moving toward full realization of the objective set forth in its constitution as 'the attainment by all peoples of the highest possible level of health', with the word health defined as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'.

A postgraduate course of twelve weeks in psychiatry and neurology will be offered at the University of California Medical School (The Langley Porter Clinic), in San Francisco, August 29 through November 18, 1949, full time, under the chairmanship of Karl M. Bowman, M.D., Professor of Psychiatry, University of California. Fee will be two hundred dollars. For program and information communicate with Stacy R. Mettier, M.D., Head of Postgraduate Instruction, Medical Extension, University of California Medical Center, San Francisco 22, California.