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SOME DYNAMICS IN FETISHISM

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While fetishism may seem an isolated symptom, other neurotic symptoms are invariably found to be part of the syndrome. Freud traced the phenomena of fetishism to a specific variety of repression which he called partial repression. The basis of fetishism is a specific sexual aberration characterized by an abnormal strength of certain component drives (1). It is composed of a process of displacement and a superimposed partial repression. Abraham states that there is always an extraordinary reduction in the fetishist's sexual activity (3). In view of the fact that analysis of the neuroses has shown quite clearly that instincts which have originally been excessively strong can be paralyzed by repression, the early instinctual drives of individuals who have developed the fetishistic compulsion must be investigated.

In fetishism, a sexual perversion, gratification can be obtained only by the sight of, contact with or possession of some non-genital object which belongs to the body or person of another, usually of the opposite sex (8). It may be some intimate article of wearing apparel (furs, shoes), or a part of the body such as the foot or hair. Fetishists can get sexual satisfaction only when the chosen fetish and specific conditions—determined by repressed memories of infantile experiences to which the individual has become fixed—obtain. The fixation represents to the fetishist an attempt to resolve infantile sexual conflicts. This attempt is unsuccessful, merely acting as a device to relieve tension.

Freud maintained that everyday experience has shown that most perversions, including fetishism, are usually components in the sexual life of normal people who look upon them as upon other intimacies. In no person does the normal sexual aim

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lack perverse elements. The choice of a love object among healthy human beings is frequently, if not invariably, determined by a fetish; the sexual partner must possess a certain stature, coloring, voice or mannerisms. This is traceable to impressions acquired in connection with early love objects and is quite within the concept of 'normal'. It becomes pathological when the fetish is displaced from the person and becomes itself a sexual object. Under these conditions the sexual aim toward the possessor of the fetish is decreased, and masturbation is invariably a supplement to sexual activity or a substitute for it. To the fetishist, the sexual partner is often only incidental to the particular part of the body or body substitute which is sexually stimulating.

In comparison with the total number of people suffering from neuroses who seek psychiatric help, the fetishist is rare. This is due to the fact that he can frequently keep his illness concealed, and because the fetish is, as a rule, readily available; hence he is not exposed to disfavor or to punitive measures by society. It is indeed an easy way of obtaining sexual gratification since it is free from dependence on a person and does not bring the individual into rivalry with members of his own sex.

The fetish represents *pars in toto*, and is usually equated with the phallus; it may also signify the uterus or the vagina. Frequently it represents both a denial and an assertion of castration of his love object (4); thus, in the case to be presented, cutting off the woman's hair both castrates her by removing the symbolic penis with which he endows her, and assures him after he has removed it that she has no penis. The stimulus for the fetishist is not necessarily qualitatively abnormal; the abnormality lies in what fails to affect him. The interest in the entire love object is definitely limited, occasionally to an extreme. For the complete fetishist the presence of the fetish is a *conditio sine qua non* for the possibility of sexual fulfilment. There are cases in which coitus is possible in the absence of the fetish but it is forced and incomplete, often, if not invariably, accompanied by fetishistic fantasies. Under these conditions satisfaction is usually absent, or at best, par-

tial. It is interesting to note that masturbation is practiced not only by those who cannot obtain a sexual partner, but also by those who have access to coitus.

From the standpoint of emotional economics, what does the individual gain through his fetishism? Is he avoiding homosexuality when he denies castration by eliminating women from the sexual scene? Is it a hope finally to determine that the female has a phallus, or is it an attempt at reassurance that she is definitely devoid of it? What is the specific instance, or what are the instances which, either singly or in combination, created the fetishistic psychopathology?

While most fetishists are passive individuals, in all cases there is a marked admixture of aggression and sadism. The guilt and the reactive self-torture involved in the compulsions and the inability to accept the ordinary joys of life create a superstructure of sadism (5). The love objects are invariably subjected to unpleasant and unacceptable sexual demands. The satisfaction of the fetishist seems to depend on a certain ritual or the possession of a certain object, yet his fantasies are often bloodthirsty (2). These individuals have criminal tendencies without the courage to carry out the impulses. Their method is to symbolize and substitute rather than to execute the underlying desires. Like the homosexual, the fetishist is attempting to escape from women; when he cannot, he compromises by depreciating them. It is an indirect attempt to escape. Succeeding in depreciating his mate, he can then consider her superfluous. The fear of the sexual partner plays a cardinal rôle at all times.

A professional man in his late twenties had a hair fetishism. He was married, had one child, and sought treatment because his difficulties had become too great a burden to his wife. In addition he also suffered from anxieties in his professional and in his social life. Though the patient had achieved relative financial success completely on his own merit, he felt that he was intellectually inferior, and that his success was due to luck rather than to personal accomplishment. Headaches, indiges-

tion, weakness, fatigue and pruritis ani were frequent symptoms. He was slovenly in his dress and habits and had to force himself to observe ordinary bodily hygiene. He indulged in compulsive habits that were obnoxious to him: he picked his nose and ate the secretæ; he surreptitiously smeared saliva and nasal secretions on his clothes or on the upholstery of his car; he frequently scratched his scalp and face and when scabs formed, he picked them off and put them in his mouth.

The patient's immediate problem was his interest in women's hair. The only way in which he could get a satisfactory orgasm was to cut his wife's hair during the forepleasure stage, or at times after intercourse had started. His wife at first submitted to these demands but she became more and more disturbed by the performance and by her subsequent ludicrous appearance. The patient was, moreover, compelled to have his own hair cut several times a week, and looked longingly into the windows of every barber shop he passed, hoping to see a woman having her hair cut. He spent a great deal of time traveling to remote sections of the city to have his hair cut by women barbers. His reaction to having his hair cut was not orgasmic; it relieved him of generalized tension. He indulged almost daily in masturbation during which he fantasied he was cutting a woman's hair.

He had a specification for the woman's coiffure: bangs covering the forehead, the back hair falling to the shoulders, soft and feminine. Magazine pictures of women so coiffured were cut out and saved. He made progressive demands that his wife keep changing her coiffure to make it conform to his fetishistic ideal. He even suggested to his feminine employees that they wear their hair in this fashion. Occasionally his masturbatory fantasies centered about the cutting of men's hair.

The patient's earliest recollection was of his mother washing her hair. When drying her hair in the sun she would throw it over her face. He was both fascinated and horrified at not being able to see her face, and relieved when it was again visible. Her hair combings held a great fascination for him.

At the age of four he and a playmate cut each other's hair. His mother was indignant, punished him and refused to trim his hair, saying that he would have to remain 'funny' until his hair grew. The patient was heartsick. Shortly thereafter he was caught rubbing mud in a girl's hair and was punished. At the age of five, after attending school for several days, he informed his mother that he wanted to stay at home. The mother insisted that he go, dressed him in a white suit and sent him out of the house. He walked as far as the gate where he had an attack of uncontrollable diarrhea and ran into the house shrieking. His mother considered the diarrhea a symptom of illness, comforted him, bathed him and put him to bed. She was very solicitous and tender toward him for several days. With great emotion the patient said that this was the first time he ever received any real attention or semblance of love from his mother.

Until he was about twelve his mother cut the patient's hair with a bowl in a Dutch bob fashion so that his forehead was covered with bangs. As he grew older he resented the feminine appearance of his haircut. Although he was ten years old when his sister was born he had a complete amnesia for his mother's pregnancy, and had no recollection of his reaction to his sister until she was three years old and was wearing bangs.

At the age of eleven the patient asked his parents to explain the difference between a boy and a girl. They were embarrassed and evaded the question. Later his older brother told him that a girl is the same in front as a boy is behind. He dated his pruritis ani from that period. At the age of thirteen his father discussed sex with him and told him he must never indulge in masturbation which he said was dangerous and wicked, and he must never get a girl into trouble. The patient took these admonitions seriously and avoided masturbation until the age of nineteen. While he feared venereal disease, he was even more fearful of impregnating a woman. His first sexual experience at twenty-one was with a prostitute much older than himself. He was impotent and reacted with a feeling of shame and inadequacy.

As a young child the patient felt unwanted and unloved. He was fascinated by his mother's hair and was intrigued by his father's wavy hair. He was jealous of a male cousin, two years his senior, who lived with the family and who had what he described as 'beautiful locks'. His own hair was straight and unruly. He recalled that his parents bemoaned the fact that he was the only member of the family whose hair was unattractive. He had great curiosity about his father's pubic hair. He resented the thought of his parents' sexual relationship and either witnessed or visualized the primal scene before he was six.

The patient described his own personality as very passive; he was fearful of people and was always willing to give much more than he expected in return. His choice of girls during his late teens and early twenties indicated that he sought out those who were aggressive and who had beautiful blonde hair. Several women with whom he had sexual relations admitted to him that they were essentially homosexual. This information disturbed him very little, if at all. His libidinal attention was centered on their hair. The knowledge that the woman he courted lacked interest in heterosexuality relieved him of the responsibility of gratifying her sexually.

He seemed to be very considerate, kind and generous toward his wife, but when cutting her hair he occasionally had the fantasy of gouging out pieces of her scalp. On one occasion he resented what he considered her dominance and asked if she would let him shave her head. When she refused, he thought how nice it would be if he could shave her head and his own and his hair would grow faster; in that way he could get ahead of her. As his compulsion to cut his wife's hair closer and closer to the scalp became more intense, he became more sensitive about her appearance and was angry that she was not ingenious in utilizing a hat or a bandana to cover her head. She retorted that as long as he mutilated her he should be exposed to the embarrassment of her appearance.

After the patient had been in analysis three months, he stated that since fetishism was an illness he felt justified in

indulging it until he was cured; his acceptance of treatment was proof of his good faith in wanting to be cured. As this was obviously an attempt to coerce the analyst into approving the patient's mutilation of his wife, he was told that he would not get censure or approval or permission from the analyst and that he was trying to use the analysis as his superego. He reacted with apparent calm and understanding. The following day he came completely shaved. He had been under extreme tension the night before and had used a dozen razor blades to shave every bit of hair from his scalp and body, a procedure which occupied most of the night. This was a reaction to his wife's refusal to let him clip her hair close to the scalp. He had a feeling that both the analyst and his wife were against him. As he left the analyst's office, he went to the lavatory and collapsed. He dragged himself into the waiting room, pale, tremulous, perspiring profusely. He was brought back to the office, helped to the couch and, after being given some water, regained his composure and was able to go home. The following day his associations disclosed that he wanted to make sure that no matter what he did he would not be dismissed from analysis. His collapse had been an unconscious somatic reaction which, in addition to self-punishment for his misdeed, had the secondary gain of playing on the sympathy of the analyst, as he had previously played on the sympathy of his mother when she forced him to start for school. He wanted from the analyst the same love and tenderness he had received from his mother after the attack of diarrhea. There was a curious lack of concern about his ludicrous and rather frightening appearance which lasted for weeks. He registered an equanimity occasionally seen in patients who have survived a serious surgical procedure.

The patient spent hours trying to fathom what he regarded as his passivity and cowardice. He could not reconcile it with the fact that at the age of eighteen he courted danger to such an extent that he became a hero in the eyes of the group with whom he traveled.

He recalled that at fourteen, while taking a walk with a girl

of the same age, he insisted on clipping a lock of her hair, explaining that he was demonstrating how the barber should cut her hair. During adolescence he occasionally had his hair cut as frequently as three times a day. His pleasure was marred when the barber used clippers; the thrill was in the sensation he experienced as the scissors cut his hair. It was obvious that the haircutting had an exhibitionistic element for, whenever his hair was cut so close to the head that he was ashamed of his appearance, he would invariably leave his hat somewhere.

For weeks after he had shaved his head the patient had difficulty in attaining an emission. Until his hair grew, he was occasionally impotent. He laughingly said that even his unconscious could not accept the shaving of his head; like Samson, he was devoid of power when his hair was cut off. He said he wanted to be a tower of strength, but feared to be strong lest he use it as a weapon against others.

Although the patient complained that he left a great many things undone and was tortured by his inefficiency, he actually had a desire and a need to bring things to completion. He dreamed he was on top of a hill with two other men, one of whom whipped out a pistol and shot and killed the other. The patient was a bystander among a group of twelve people. In his associations he was the man who did the shooting and the man who was shot. The number twelve, being a dozen, represented completion. In shooting a man he defied the authority represented by his father whom he dreaded. By being killed he punished himself for having shaved his head and for his death wishes. He tried to settle all scores in the one dream.

The patient related that frequently during intercourse he removed some of his wife's vaginal secretion and surreptitiously put it in her hair. He asked whether he was displacing her genitals to her scalp. After a second episode of shaving himself—his chest, axillary and pubic hair—he masturbated with a sense of feeling clean. He recalled how disgusted he was as a child when he saw the combings of his mother's hair accumulated in a container. He said that statues of females without pubic hair gave him the impression of emasculated

males. For him, sex and dirt were synonymous. Removing hair from one's body was equivalent to cleanliness, although it also represented castration.

After a scene with his wife when she cried after permitting him to cut her hair, he dreamed he saw his mother nude with her hair falling below her shoulders, a repetitive dream from the age of fourteen. The patient saw a close resemblance in his wife's and his mother's physical appearance. He asked whether in cutting his wife's hair he was attempting to take his mother out of his wife. Since until the age of fourteen he had had a Dutch bob and had always wanted his wife to have a similar one, he wondered whether he did not seek a wife in his own image. He connected his narcissism with extreme fear of homosexuality.

During the period in which the fetish was dominant, the patient's demands on his wife became bolder. He finally asked if she would permit him to shave her head, and then would wear a wig. She refused to answer that request and the patient became so tense he burst into tears. Extremely angry, he accused her of dominating and emasculating him. He was amazed that he, who had always considered himself so meek and gentle, suddenly fantasied he was having a fight with his wife in which he seized her, pinned her down on the bed and hacked at her hair. She wriggled out of his grasp, grabbed his testicles and tried to tear them off. He believed this fantasy demonstrated how insecure and ambivalent he was. In an attempt to relieve his severe tension he struggled between the wish to be a dominant male, aggressive and sadistic toward his wife, and the desire to give up his masculinity, be castrated by his wife and thus return to a state of impotence, passivity and helplessness. He needed proof that people loved him, and wanted to feel he could do anything he wished to his wife, particularly what was unacceptable to her, and that she would still love him. On one occasion when his wife consented to let him cut her hair, he went to the bathroom to get the scissors and almost fainted. He was frightened at the thought of what he could do with scissors.

While complaining that the analysis was interfering with his freedom to indulge his fetishism, the patient suddenly became angry and said he did not want to be dependent on the analyst or anyone else, but wanted to cure himself. He stated that he masturbated in order not to depend on another for sexual gratification. He never wanted a partner in business because he wished to control every situation. He had started the practice of law with his father but shortly thereafter put his father on an allowance and dismissed him. He was afraid to trust anyone.

The patient now began to be aware of his father's influence in his life. He recalled his overwhelming curiosity about his father's body, and his sexual excitement when his father took him into his bed for Sunday naps. He became irate as he speculated about the possibility that his father had fondled him provocatively, trying desperately to displace the blame to his father.

At times the patient would fantasy during masturbation that he was able to take his penis in his mouth and in so doing he would be a complete circle. At this period he dreamed that he was looking at his body and discovered he had breasts like a woman and male genitals. He discussed his envy of women who had the exclusive function of conception and childbirth. He wanted to be a fusion of male and female. In a dream his penis was in his pocket and he could attach it to his body at will; he imagined how frightened his wife would be if she were to see his body without his genitals: he would then have her in his power—he could be a male and grant her intercourse or he could be a female and give her nothing.

He frequently dreamed of his wife as a monster towering over him, and would waken frightened. He dreamed that his wife came into the room with her hair hanging below her shoulders, like his mother's hair in his adolescent dream. As she leaned over him he had an orgasm. Dreams of castration were often followed by dreams wherein his penis was a destructive weapon which could injure the woman by hurting or poisoning her and needed sterilization and medical attention to

make it harmless. He associated to this the fantasy that if he could obtain sexual gratification by cutting a woman's hair, he could save her from the possible harm which might occur if they had intercourse.

When the patient reported several dreams in which he was interested in a woman's hair and his own feet, he noted that he kept his attention as far as possible from the region of the genitals. He wondered why he had not developed a shoe fetishism. Dreams of intense aggression, in which he saw people run over and mutilated, recalled memories of sadistic acts, as a ten-year-old child, of killing rabbits and cats.

While he had a very sensitive need for his wife's sexual compliance, all desire left him whenever his wife indicated any sexual drive. After a period of considerable improvement, the patient had a relapse into fetishistic domination which he believed was a reaction to his recently increased aggression. He said that if he shaved his head he would be like a helpless baby whom his mother, his wife and the analyst would love: in pictures of the Madonna and Child, the Child, he said, is always hairless. This identification with the Christ Child gave him a virgin mother, a denial that she ever had intercourse with his father. This led to the memory of a primal scene he vaguely recalled witnessing, when he was about six years old, which reactivated the pain he felt then at the thought of his mother being sexually violated by his father. He remembered an impulse in childhood to become a priest. The Greek priest, in his cassock with his hair flowing over his shoulders, represented to him a neuter person, celibate and bisexual. His distrust of everyone he attributed mostly to the disappointment consequent to his discovery of the sexual relationship between his parents. The mother, who was supposed to be an angel, turned out to be human and carnal. His father, who should have been tender toward him, displayed cruelty when he was six years old by pinning him down and forcing him to swallow castor oil, while his mother, who should have protected him, did not interfere. He considered his marriage a failure because his wife would not accede to all his unreasonable

demands. The analyst failed him because he was only one among her other patients. All that was left to him was masturbation during which his fantasy could create anything he wanted. He could not trust himself because, while he wanted to be a kind and good person, his fantasies were sadistic. He was despondent.

The patient's more permanent improvement began after he released a great deal of aggression toward his father whom he represented in dreams as a vicious dog, a dangerous lion and a cruel person. He dreamed that a thief came to steal his wife's fur coat which he had bought her recently. The patient had a gun in his hand and shot the thief. He associated the fur coat with hair. He felt that the thief was either his father who stole his mother from him, or the analyst who was trying to cure him and so was taking his fetish away from him. This was followed by a dream in which the patient went to a jewelry store and asked the clerk to exchange a small round watch for an elongated man's watch. The clerk was very pleasant to him and said he would exchange it, but the employer, a big, mean man, was very angry and forbade the exchange. There was a violent quarrel between the employer and the patient, but the clerk handed him the watch he wanted. As he was leaving the shop he was attacked by a curly-haired black dog from which he escaped by skilfully slamming the door in the dog's face. The kind, understanding clerk represented the analyst; the employer and the dog, his father who frightened him about sex and forbade him any pleasure. The round watch was his femininity, the long watch his penis. His father castrated him and insisted that he be a passive, feminine person. The analyst restored his masculinity.

His scopophilia as a child included an interest in looking at his feces as well as his great need to see the genitals of both parents. For years he had the impression, when he was dissatisfied with himself, that his feces had a putrid odor. He connected his anger with putrefaction. Whenever he felt socially, financially or sexually insecure, he developed flatulence and diarrhea. He not only felt physically relieved by copious

evacuations, but the fetid odor and the sound of expelling flatus produced in him a feeling of pleasure and triumph which seemed to dissipate his anxiety.

His guilt was intense for his curiosity about his parents' sexual relationship. He dreamed of seeing his father making a speech to an audience. Suddenly he noticed that his father's penis was exposed. He was delighted to see his father humiliated and wondered whether he should tell him how ludicrous he appeared but decided against it. The dream gratified the infantile wish to see his father's penis, and he realized that his intense hatred of his father had underneath it a great desire to love him and be loved by him in return. He felt that if he had had a sympathetic father he would have been able to have more friends; that he would not have rebelled so much against authority, and that he would neither have had to cringe nor want to dominate.

After spending an afternoon with his parents, he dreamed of experiencing great pleasure in the anticipation of his mother getting into bed with him. She climbed into his bed, and he was intrigued by her long flowing hair. There was a great deal of love-making (forepleasure). Suddenly he heard someone coming. He jumped up to investigate and discovered a man with a flashlight coming up the stairs. The patient felt paralyzed with fear but hailed the man. The intruder, with a smile on his face, walked past the patient into the bathroom and began unscrewing parts of the toilet.

The woman in the dream was both his mother and his wife. The man with the flashlight represented his father. After the initial shock and fear he felt that his snooping father was no longer a threat to him since the woman in bed with him was his wife. The toilet was associated with his anality and homosexuality which were connected with the relationship to his father.

After several years of analysis, this patient achieved a genital relationship with his wife, indulging in masturbation only when his wife was menstruating. He developed an adequate self-esteem, his relationship with his friends, family and em-

ployees becoming much freer and more pleasurable. He became so much more productive in his work that his income came to exceed his greatest expectations. On rare occasions, when under environmental stress, he had fetishistic fantasies with no impulse to act them out. He retained a more than usual interest in his wife's hairdress.

CONCLUSIONS

The development of this patient's fetishism began before the age of four. It was directly connected with his interest in his mother's hair. His mother fostered his interest in hair by cutting his hair herself until puberty. As an infant his fascination with his mother's hair when, in drying it, it covered her face was apparently accompanied by both pleasure and fear: when her hair covered her face he felt a sense of loss; when her face was uncovered, he was reassured. At four, he was scolded and ridiculed for cutting his hair in a game played with another child. He realized that cutting one's own or another's hair could represent pleasurable excitement and punishment for either or both parties involved: his sadomasochistic reaction was established. Cutting his own hair represented castration, the neuter gender, and religiosity, as exemplified by the shaved crown of the priest, and the bald head of the Christ Child. When he identified himself with the latter he denied his own and his parents' sexuality. He was then born exclusively of the mother, and the father did not exist. His infantile aggression toward his father was unresolved from early childhood, partially a projection of his ambivalence deriving from his unresolved erotic relationship with him. Failing to sublimate it, he repressed all tender feelings for him, rationalizing his alienation as a rejection; hence, during the first year of his analysis he estimated his father's rôle in his life as unimportant, believing that his father had no tender emotion toward him, and had used him to gratify his sadistic aggression. Unable to identify himself with his father and thus share the mother's love, he wanted his mother exclusively for himself. His repetitive dream of his nude mother coming into his room with

her hair flowing over her shoulders excluded the father. In the last dream reported, his mother and his wife are almost equivalent. It is interesting to note, in relegating his father to the bathroom, that he frequently described his father's character as penurious (anal).

In his unsuccessful attempts to make a genital sexual adaptation, his fixation to his mother had to be denied to avoid the incest taboo, and to permit sexual function. This compromise expressed itself in requiring bangs which represented masculinity and was a defense from incest; the flowing, back hair, which was a feminine equivalent, defended him from homosexuality. This conflict created severe tension which resulted in aggression and sadism toward his love object. He attempted to solve this problem by removing all hair from the woman. When he had the impulse to clip or shave his wife's hair, and had sadistic fantasies of gouging out pieces of her scalp, he forestalled the sadistic and criminal trend by displacing the aggression to himself, by shaving his own head and body, thus castrating himself, avoiding the aggression toward his wife, and sufficiently punishing himself to neutralize his guilt. The secondary gain was the expectation of sympathy from the analyst who then represented his mother.

In the course of his analysis, whenever the analyst represented a good, indulgent love object, his relationship toward his wife, parents and friends was tolerant and tender; whenever the analyst became the forbidding parental authority, the patient's tension mounted and his fetishistic needs became intensified. With analysis of the transference; his ego became stronger, and he assumed responsibility for his behavior and began functioning on an adult object relationship.

Might such an intense acting out as the shaving of the patient's body and his subsequent collapse have been defenses against homicidal drives, fears of suicide, or a psychotic episode? Did the patient act out suicide or a psychosis to avoid an aggressive attack? Was his collapse a reaction to the unconscious realization of what the act of shaving his entire body represented? Could this episode have been avoided by a differ-

ent method of analytic technique? Was his ego too weak to face the interpretation that, like a child, he wanted the analyst, whom he identified with a parental figure, to grant him permission to indulge his fetishistic cravings? It is obvious that he felt rejected and unloved by the analyst. He felt compelled to defy her and then react with guilt and a need for self-punishment.

The patient's homosexual drive exerted sufficient pressure to find expression in masturbatory fantasies, anal itching, anger toward and emotional rejection of his father, and in a strong attachment to a male friend. By seeking in the female a combination of masculine and feminine, his ego strove to avoid both homosexuality and incest (7). He revealed that haircutting represented two wishes—to cut off the woman's hair and to discover that she did not have a penis; also to cut off her hair in the hope that he might find the penis (6). Fearing both, he would frequently withdraw from relationships with women and indulge in intensive masturbation, seeking reassurance against castration in the tactile sensation. He repeatedly emphasized his scopophilia in regard to his own feces and his father's genitals, among his memories of childhood. After he dreamed during analysis about seeing his father's genitals, masturbation began to lose its compulsive character.

Since the prognosis in severe perversions is guarded, the degree of integration of this patient's personality is gratifying. The analysis was a long one; six hundred and sixty-two hours over a period of six years with several purposeful interruptions which were helpful to him. These 'vacations from analysis', as the patient termed them, occurred in the last two years of treatment when, while maintaining the improvement he had made, he developed resistances that made his analysis unproductive. It developed that these were resistances to awareness of homosexual feelings and fantasies about his father. He would rationalize that he was functioning adequately and could maintain himself without further help. After several months, he would on his own initiative resume the analysis with increased impetus and productivity. His fear of rejection

was dissolved by the analyst's readiness to resume with him when he indicated his desire for further help. On his return he invariably concentrated on his relationship with his father and his fear of homosexuality. As his homosexuality was analyzed, he realized how he had isolated himself from relationships which he thought might involve tender emotions. His preference for bisexuality became clear to him and with this clarification many of his defenses dissolved. The psychological energy which went into his projective defenses became available for constructive activity.

REFERENCES

1. FREUD: *Fetishism*. Int. J. Psa., IX, 1928.
2. DALBIEZ, ROLAND: *Fetishism*. In *Psychoanalytical Method and the Doctrine of Freud*. Vol. II. New York: Longmans, Green & Co., 1941.
3. KARL, ABRAHAM: *Selected Papers on Psychoanalysis*. London: Hogarth Press, 1927. Chapter V.
4. FENICHEL, OTTO: *The Psychoanalytic Theory of Neurosis*. New York: W. W. Norton & Co., 1945, pp. 341-342.
5. GLOVER, JAMES: *Notes on an Unusual Form of Perversion*. Int. J. Psa., VIII, 1927, pp. 10-24.
6. PAYNE, S. M.: *Some Observations on the Ego Development of the Fetishist*. Int. J. Psa., XX, 1939, pp. 161-170.
7. FREUD: *Three Contributions to the Theory of Sex*. New York: Nervous and Mental Disease Monographs, 1930.
8. STEKEL, WILHELM: *Sexual Aberrations*. New York: Liveright Publishing Corp., 1930.

Dreams Following Intercourse

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DREAMS FOLLOWING INTERCOURSE

BY VICTOR W. EISENSTEIN, M.D. (NEW YORK)

Dreams which follow the act of sexual intercourse provide special data that are theoretically instructive and clinically useful, particularly in the treatment of sexual disorders. The adage, 'After coitus all animals are sad', expresses not a healthy but a neurotic reaction often clearly revealed in postcoital dreams. The genital sexual act, which provides a normal adult with a pleasant feeling of satisfaction and relaxation, is a source of frustration and tension for the neurotic. By reason of unconscious conflicts something in the neurotic is unsatisfied which cannot be satisfied through heterosexual intercourse. Pregenital cravings, whose derivatives are ubiquitous in the patient's symptoms, also seek satisfaction in coitus but are blocked by the forces of repression; however, these conflicting infantile strivings find an immediate pathway to gratification in the dreams which follow sexual intercourse, and the study of such dreams contributes significantly to an understanding of neurotic post-coital moods and reactions. The direct connection between the dream and the preceding sexual experience—a fixed relation of the dream to reality—offers certain advantages that find practical application in therapy.

Postcoital dreams also provide valuable insights into the psychopathology of orgasm and demonstrate lucidly the unconscious response to satisfaction or the lack of it. They yield data on the meaning of intercourse in various types of neuroses, the special sexual symbolism that is peculiar to the dreamer, and the defenses employed to counter the guilt or anxiety evoked by the actual sex act (2). The interpretation of this category of dreams is facilitated by the fact that the dream stimulus is a known factor that clarifies the manifest content of the dream and facilitates the secondary elaboration by association, provided that resistances have first been analyzed.

By keeping an account of a patient's reactions in dreams to coitus—particularly under the relatively standard conditions of

marital sexual intercourse—one finds valuable indications of the patient's progress toward psychosexual genitality and health, or of his unconscious resistances to change. Lorand (1) showed that patients in analytic treatment for sexual difficulties always experience, at the point of modifying their attitudes toward heterosexuality, dreams which contradict their conscious efforts as though a voice from the unconscious were warning, 'It is still dangerous to become involved with the opposite sex'. This tendency can be observed particularly well in the examples under consideration in this study.

Clinical experience with psychiatric patients, particularly those about thirty years of age, indicates a much lower frequency of marital intercourse than the average reported by Kinsey (3) (2.9 times weekly) for the same age group in the general population. To the psychoneurotic individual, intercourse is a more or less 'trying event', and the dreams which follow are usually invested with considerable emotional significance. Their analysis, when appropriate, is a means of overcoming the defense of isolation in some patients, and of demonstrating convincingly unconscious fears and infantile strivings that contradict the conscious pursuit of genital gratification. Such dreams are particularly useful when infrequent interviews call for the sparing and selective use of dreams for interpretation.

There is little in the literature on this subject. Freud (4) related an isolated, but unequivocal, example of a dream after coitus (the Jurist's dream):

I am walking in front of my house with a lady on my arm; here a closed carriage is waiting; a man steps up to me, shows me his authorization as a police officer and requests me to follow him. I ask only for time in which to arrange my affairs.

The dreamer had spent the night with a married woman and had practiced coitus interruptus for contraception. He added that the officer in the dream wanted him on a charge of infanticide, and admitted that a previous sexual partner had required an abortion. Freud interpreted this dream to mean that the

dreamer wished he had not begotten a child through the preceding act (had killed the child).

Before Freud's discovery of the œdipus complex, Delage (5) had written (1891) of the dreams of young married couples: 'If they were very much in love, they hardly dreamed about each other on their honeymoons; and if they did happen to dream about love, they committed an infidelity with an indifferent or odious person'. In 1908, Alfred Adler (6) published *Two Dreams of a Prostitute* as though to answer the query: 'If one is surfeited with sexual activity, what is left to dream about?' These dreams were fantasies of punishment by venereal disease and death, combined with homosexual strivings.

Ferenczi (7), Reich (8), Lorand (9) and others correlated sexual dysfunction with neuroses but there are few published examples of dreams following coitus, or which clearly relate dreams to a sexual act. Much of the current literature on frigidity and impotence stresses the phenomenology of reactions after coitus, but fails to include dream reactions. Bergler (10) called attention to the neurotic patient's inability to sleep after intercourse and to states of depression and fatigue the day following. The comprehensive studies of Keiser (11) and of Agoston (12) on orgasmic fears similarly omit direct dream reactions to coitus.

The following examples are representative of several hundred dreams after intercourse, reported by married patients who were under treatment for psychoneuroses or borderline psychotic states. The dream elements having to do with the individual structure of the neurosis are not relevant here, but the essential connections with the underlying sexual conflicts are evident in each instance and can be related without difficulty to the neurotic disorder presented.

FIRST DREAMS AFTER MARRIAGE

The bodily sensations experienced in coitus persist in sleep and are represented in the following dreams of a young woman suffering from conversion hysteria.

[Wedding night] My husband, who is a sailor, and I went to the movies. I got angry with him because he insisted on leaving his stuffed sea bag in the aisle.

A man and I entered a room. It was all in technicolor. We found seats and watched the show; the actress, Virginia Bruce, was sitting in the back of the room. She got up and walked down the aisle, dressed in white; then she was on the stage and went through her routine with another woman who said she was her partner. They flew through the air.

[After coitus the next afternoon] I was in a store, riding up the escalator. Everyone knew that the candles would be stolen and we each had a counter to watch, yet a candle was always missing.

I was carving a roast. My family was there. There wasn't enough meat to serve them all.

The tactile, kinesthetic and general sensibility connected with the events of the previous evening (walking down the aisle, coitus) are depicted in the dream, but with other meanings. This example is replete with the common symbolism of intercourse, which also represents the direct translation of body ego sensations¹ into the language of the primary process. Finding a seat and sitting in it reflect sensations on the buttocks and the planes of motion felt by the dreamer in coitus. She, moreover, associated it with 'finally settling down in marriage'. Elements linking the infantile scopophilic wishes with the present are represented as 'going to a movie' and 'watching a show'. The wish to have entered marriage a virgin (Virginia, dressed in white) disguises guilt for infantile masturbation. The patient, who came from a very devout New England family, had as the most frequent fantasy of her childhood, 'I was flying down over the stairs without touching anything' (defense against masturbation).

This patient was as completely frigid with her husband as she had been with other men, and she generally felt irritable

¹ Cf. Federn, Paul: *Ego Feelings in Dreams*. This QUARTERLY, I, 1932, pp. 511-542.

and depressed the day following coitus. The most significant factor was her unconscious anger toward her husband's penis (stuffed sea bag). The infantile guilt and anxiety in connection with castration is expressed by the stolen candles. The dream of carving a roast is associated with hysterical fugues during which she performed fellatio, and from which she emerged with her fists tightly clenched.

FOLLOWING DEFLORATION

A virgin with anxiety hysteria and marked obsessional trends sought treatment in a panic precipitated by her pending engagement to be married. She stated, 'Getting married is like dying to me'. After a year and a half of treatment she was able to get married. On her wedding night she dreamed she saw two white coffins. 'We had', she said, 'intercourse two times on our wedding night. It was as though two virgins had died—myself and my husband. It was also like a child dying. When I was a child I thought if my father ever died, I loved him so, that I wanted to be in the coffin with him. I had seen one death then, and the lady was laid out in white. I've always thought of dying as really like starting all over again . . . like New Year's Day.' On the following night she dreamed:

There were two fighters in a ring. After the fight they were both carried out dead.

The two fighters made her think of herself and her husband having intercourse. She becomes faint when watching prize fights. Her mother and father quarreled a great deal when she was a child; so had she and her sister, with whom she shared a bed. The father had hoped she would be a boy, and often had her hair cut short so that she could appear as a boy with her sister in entertainments. Her identification with her father is a defense against incest. Her masculine rôle expresses the persistent unconscious resistance to being a woman. 'Being carried out dead' was related to attainment of a childhood fantasy of fainting during a parental quarrel and being tenderly

carried upstairs by her father, of whom she says 'I was the apple of his eye'.

FEAR OF ORGASM

A severely obsessional, unmarried woman, with a strong masculine identification, had made several attempts to experience satisfactory intercourse. Without any concern about having an orgasm she had two dreams following coitus.

I was shaving and feeling the smoothness of my own face.

I had sent a dress to the cleaner. When it came back it had holes in it. I was very much upset.

Subsequently, with some clinical improvement, she sought to achieve orgasm, this time with a partner with whom she was developing a better personal relationship. The experiment failed, but in a dream she achieved a regressive fulfilment.

I was on an open porch, like a vent shaft. Involuntarily I began to defecate and did not realize it! I grew panicky lest the doctor see the feces, so I scooped it up with cardboard. It was important that I get rid of it before the doctor saw that I had lost control.

To the patient, being a woman meant, unconsciously, being soiled, humiliated (castrated). The fear of castration and her desire to control men pervaded her dreams. The unconscious fear of orgasm was an infantile fear of 'losing control' of her bowel functions and evoking her mother's wrath for being dirty, the anxiety which opposed her conscious wish to achieve orgasm.

THE PROGNOSTIC EVALUATION OF POSTCOITAL DREAMS

I

A series of dreams was reported by the father of two children, who was being treated for a transitional paranoid state. He feared being attacked by men on the subway and was most fearful of striking them or of pushing them out of the moving

train. He had a great many suspicions of his wife and of his business associates and was barely able to work. His illness was precipitated by sexual abstinence imposed for a few months after his wife had an abortion.

After the birth of each child he suckled his wife's lactating breast. He was afraid to insert his penis fully into the vagina. On several occasions he inserted his hand into his wife's vagina to ensure the absence of anything like teeth within. Fellatio was a precondition for intercourse which he preferred to perform standing in the bathroom, before a mirror in which he could observe himself. Frequently he took his wife to a local hotel, as though she were a prostitute, and there he was most anxious lest the hotel detective catch him. His genital activity was reassurance against archaic infantile sadism, as reflected in the following dreams. Intercourse was to him little more than a narcissistic gratification subject to the same fears of detection and punishment that he had experienced from literal threats of castration for masturbating in childhood.

After the onset of his illness the patient was afraid to fall asleep, lest he dream again of bloody mutilations, of being devoured, of drinking blood, etc., expressed repetitively in dreams of a tiger jumping at the dreamer's neck, biting and clawing. Some dreams after intercourse, which occurred early in his analysis, were manifestly oral: 'A woman stood up to complete an emission from what looked like a mouth between her legs'; 'I was eating mustard sardines', and, 'I was covering a girl with brown makeup' (anal aggression). The first post-coital dreams from which he awoke with anxiety are from the period when he was still having premature ejaculation.

I was in a car and it was backing up. I was not able to make the brakes work. There were children on the street in back of me, and I had a great fear of crushing them with the car. . . . Then I awoke.

I was coming in on the 'Queen Mary'. People were falling off as she was about to dock, getting crushed or killed. I was looking for my wife and could not find her. I saw Mr. X

waiting in the station and tried to avoid him. . . . I awoke and touched my wife with relief.

These dreams from the first month of his analysis illustrate the severe anxiety aroused in him by intercourse. His inability to make the brakes work is his lack of ejaculatory control. His fear of hurting his children corresponds to similar conscious fears. He had no other associations to these dreams, but a day or two later he narrated many sadistic fantasies of intercourse and recollected from his fifth year that he ran into the street screaming that his stepfather was killing his mother with a razor, when he had actually only heard noises from his mother's bedroom. In discussing the 'Queen Mary' dream, he was embarrassed by repeatedly substituting 'my mother' for 'my wife' in relation to the preceding act of intercourse. The masochistic consequences of his homosexual defense against incest are depicted in the second dream.

The vagina dentata played a large rôle in his fantasies and was linked with earlier fears and frustrations. The devouring tiger, biting dogs and similar threatening images were found to be ultimately derived from more archaic, pregenital, oral conflicts. His father had died when the patient was but a few months old and his mother abruptly weaned him and left home when he was a year old. These early narcissistic traumas were overcompensated by grandiose narcissistic fantasies in which he imagined himself to have been of royal birth.

The following dreams, a year later, reflect clinical improvement and reduction in the fear connected with intercourse.

I am walking along with my two balls in my hand. They had come off my body [through coitus], but I felt and found there were two new ones there.

I was riding a horse and he was bucking. [This intercourse had been interrupted for putting on a contraceptive.] I got off. I got on again, though he was still bucking. Then the horse turned into a wooden stamping machine under me. The third time I was able to mount and ride. I started to

turn away, but realized it was cowardly. The horse was all played out anyway. . . .

Evidence of reality testing (13) in regard to the sexual act is seen in these dreams which clearly allude to the preceding act of intercourse. In the former, there is denial of castration from coitus (as he had earlier denied loss of his mother's breasts), and reassurance about his new testicles, which he associated with improved sexual potency. It is cowardly to turn away from the heterosexual act, but resistance to accepting the male rôle is still evident.

My mother, father and some children got on a merry-go-round and it spun around as mother sang. The merry-go-round was balanced by a man lying down, who balanced it as it spun. It went off balance and a small child walked off unhurt with his mother.

I was getting married; my wife joined me in bed in a room with open walls with a view of people and houses outside.

Going off balance refers to his illness. It also portrays the theme of mother attachment and denial of the anticipated consequences of incestuous (largely preœdipal) fixation. Getting married indicates progress in the unconscious acceptance of his wife and an exhibitionistic attitude about his sexual relationship with her.

The analysis of this man's postcoital dreams reduced his anxieties and resolved his suspicions more convincingly than any other interpretations excepting analysis of the transference. After two and a half years of successful treatment with marked improvement in his work, earnings, family and social relationships, lingering traces of sexual anxiety and their resolution find expression in these postcoital dreams.

A kitten [female genital] scratched my finger as I was fondling it. I looked, expecting blood, but there was none. It scratched again, but didn't seem to go very deeply.

There was a head of a horse that belonged to a girl I used to know. It turned its head and bared its teeth as it poked toward

me as if to bite; but after it did that, it galloped away looking gentle and good natured, but mischievous.

II

Postcoital dreams as indicators of progress in analysis are illustrated in the analysis of a claustrophobic woman who feared specifically that the subway train in which she was traveling would get stuck. Married for several years to a man who grew progressively more sexually impotent, the enormous anxiety present at the outbreak of her illness was expressed in a dream after an unsuccessful attempt to have intercourse.

My husband and I started up in an elevator when it got stuck. I got scared that we would not be able to get out, and awoke in a panic.

Her sexual frustration generated homicidal rage: 'I hate every inch of him. . . . If only he gets shot in the war, that might solve things; but just saying that makes me feel all the guiltier.' She resorted to sadomasochistic provocation, feeling relieved when in exasperation her husband slapped her. She took pride in her asceticism and refusal to compromise. Anxiety regarding previous masturbation was, in fact, so acute that she was in terror of being examined by physicians during most of her life. The temptation to masturbate, arising from her unsatisfactory marital life, induced a virtual panic of 'not being able to get out' of her excitement. The infantile anxieties reanimated by this situation are illustrated in subsequent examples.

Some indication of the dynamics in her case is evident in the following dream subsequent to intercourse without orgasm.

I was talking to a girl, who was dressed like a boy. She said, 'I want to be a girl but my mother won't let me!' . . . My husband and I were climbing a high narrow passage [vagina]. Strewn across the floor were groceries, mostly eggs. I had a feeling in the dream, 'How is it possible to get through this narrow passageway without doing damage to the eggs?'

The associations revealed her childhood fears and anxieties regarding birth, her anxiety about her brother's birth, her

guilt about trying to injure the newborn brother's genitals (eggs) when she was four years old, and her fear of castrating a man in intercourse with fear of her partner's (and at deeper level, brother's) retaliation.

Several months later, also after unsatisfactory coitus, she dreamed:

A man with a big penis was pursuing me amorously and came into my room; I was afraid, yet pleased and said, 'No, my mother and father are in the next room. They can hear.'

Diminishing pressure from the superego was evident in her behavior as well as in this dream of the same period. She had worked through many determinants of her masochism and realized to some degree the infantile as well as the present sources of her guilt. Her husband had meanwhile entered analysis and showed some increase in sexual potency. About this time she had a postcoital dream concerned with the separation of anus and vagina in her unconscious.

I was looking for a two room apartment. I asked the landlady, 'Is there a vacancy?' She said, 'Yes'. I said, 'I would rent it [tear it] for my brother'.

Signs of better reality testing (13) are evident in the following postcoital dream from the last phase of her analysis, when she was first experiencing vaginal sensations.

I was kissing with passion a man I did not know. There had been intercourse and a feeling of pleasure; also there was a feeling of doing something we should not have been doing. My mother came into the room and asked in a nasty voice: 'What are you doing?' I said, 'I am a grownup now and I don't have to explain'. My aunt washed the sheets as if something shameful had happened. The man said, 'The way I do it, it is not necessary to wash the sheets'.

Only residues of her original intense sexual anxieties remained. The fears opposing her sexual enjoyment were derived from both oedipal and preoedipal wishes that might require cleansing (washing the sheets). The superego fear is, on the one hand,

represented as reduced, in that she tells her mother 'I am a grownup now and I don't have to explain'. On the other hand, the maternal surrogate, who was influential in her rearing, washes out the sheet to remove the shameful traces of bed wetting, soiling, bleeding, to which she had referred in collateral material, and associated to this the memory of fright and anger from her third year when the aunt asked, 'What are you doing?' when the patient was playing with feces. The unconscious agreement that sex is dirty is projected to the aunt in the dream. While the patient said she was a big girl now, the dirty stains of sex following the actual act of coitus preceding the dream were washed away.

INFANTILE EQUIVALENTS

One striking characteristic of postcoital dreams is the vivid representation in the manifest content of bodily sensations connected with coitus. From a theoretical standpoint it would appear that the act of intercourse, in the processes of tension and release, brings about tremendous shifts in libidinal cathexes that bear directly on the nature of subsequent dream formation. The genital organs are cathected, then lose most of their cathexes by full or partial satisfaction. Pregenital zones and cravings are then rapidly hypercathected to a degree sufficient to overcome the defenses ordinarily responsible for distortions in the manifest content of the dream. The resultant effect, direct representation, is illustrated by the following examples which are in part unconscious equations, and in part commentaries on the previous sex act, condensed with regressive wish fulfilments.

A woman who failed to attain orgasm had the following postcoital dreams. The frustration experienced in coitus is equated in the first fragment with an oral deprivation. Fellatio and cunnilinctus had been regularly practiced in her marital relations, but were omitted from the sex act preceding this dream.

I cannot nurse a boy baby. The doctor is feeling to see if I have milk ['I cannot have an orgasm'].

A boy was ill with sex disease. He was sitting crumpled up [the boy = the patient].

I am riding on my father's back.

A man under treatment for several years for compulsion neurosis presented several interesting examples of the direct mobilization of pregenital wishes by the actual sex act. During marriage he had engaged in coitus passively, his wife assuming the top position. As he came to realize his preference for the feminine rôle he made a conscious effort to change and assume the active rôle during coitus. This conscious decision was negated, however, in two dreams:

I am swimming, using the backstroke and trying to decide what method to use. I think 'Shall I kick my legs up and down [the masculine position], or like a frog, upside down?' I decided to use the frog stroke.

I go into a bathroom. I cannot find a toilet seat. I have already moved my bowels [association—I have just had intercourse] and want to find paper to use on my rectum. There was a small bathtub [vagina] that I could not possibly get into. I am arguing with brother about rooms.

It is clear that the anal erotic drives have not been satisfied by coitus and seek fulfilment in the dream. His unconscious resistance to accepting the vagina is also evident.

I am in a prize fight with a tough, blond young man. A little boy is lying on his stomach. A man gives me a rifle and I shoot at him. . . .

Infantile sexual regression is disguised as aggression and condensed with the fulfilment of his homosexual strivings. The man in the dream (therapist) gives him a gun which he uses aggressively, indicating the dream cognizance of his new sexual rôle.

A married man well advanced in treatment stated, 'After I have been gratified in intercourse, it seems that it is safe for the homosexual wishes to come up in a dream'.

I am riding up a hill in a car with a man. We come to an intersection where there is a tunnel over which there is a red light [degrading the wife to a prostitute; infantile 'danger' of the vagina]. Because of the red light, the man and I continue riding up the hill.

The act of intercourse is commonly unconsciously equated with masturbation. Masturbatory and infantile scopophilic guilt are evident in the dream of an obsessive young man to whom the act of intercourse was only an anxiety-laden chore.

We were seated in a lower tier looking at a baseball game.

Mother's brother and his son were sitting side by side.

The intercourse was stimulated by the sexual excitement of watching a movie that evening; he used to masturbate looking at pictures showing men and women in intercourse. He had had considerable guilt in childhood about 'doing what father did', namely, looking across a courtyard to watch women undress. The 'lower tier' is a condensation of several elements: the opposite of erection (he has fear of heights), depression (low), not grown-up and castrated. The mother's brother, who had dropped dead while watching a game of *jai alai*, is a reminder of punishment for scopophilia. Further associations led to the patient's infantile anxieties at the time of his sister's birth, when he repressed his sexual curiosity and displaced it to 'the nature of things'. At that time his father slept with him ('side by side') because he had nightmares.

A frigid woman, who regarded intercourse as castration, had a phobia about knives. After performing her marital duty, without any pleasure, she had a nightmare:

Someone said my sister-in-law had died. I started crying from relief. She was cold. A butcher was selling her flesh by the pound. I was horrified that she was cut up. My husband said, 'Look at it' and picked up a piece of flesh with fat on it [her husband had grasped her buttocks during coitus]. I said, 'Ugh, I am horrified, I don't want to look. Take it away! Take it away!' I awoke terrified.

Fears of the superego are stimulated by the œdipal connota-

tions of intercourse, and are frequently represented in the manifest dream as fear of an authority. A passive, feminine man suffering from severe work inhibitions and premature ejaculation had a dream soon after intercourse:

My wife and I were riding in an open roadster. My wife said, 'Not so fast!' I said, 'Don't worry, I can see behind me clearly'. All of a sudden I heard a siren; I noticed the policeman on a motorcycle carting an outboard motor. He drove up and I became aggressive. I said, 'Before you start giving me a ticket. . . .' and here I gave him a word beginning with fair [fairy]. My wife said, 'I told you so'. [Then he added a previously forgotten fragment.] I slipped him thirty dollars from behind.

The patient's aggressive attitude is a denial of his castration anxiety evoked as a punishment for sexual activity. Bribing the superego was a constant feature of this man's neurosis. Slipping the policeman thirty dollars from behind was a self-castration to ward off punishment. This element was condensed with a reversal of the fear of the man slipping the penis to him from behind.

AN UNCONSCIOUS PERCEPTION OF REALITY

The same patient, who was married to a somewhat obese woman, stated that he got no satisfaction from intercourse and preferred rubbing his penis against his wife's buttocks. He believed that something in his external bodily configuration and the obesity of his wife allowed only partial entry of the penis into the vagina. He dreamed he was crossing a room from one side to the other but was stopped by a barrier of plate glass in the middle. In another dream following intercourse he was prevented from getting his car into a garage by a solid bank of snow. These dreams of obstruction led the analyst to suggest that the wife be given a gynecological examination; the gynecologist reported that the hymen was unusually rigid and still intact after eight years of marriage.

INDIVIDUAL SEXUAL SYMBOLISM

Freud's dictum, 'It may be said that there is no class of ideas which cannot be enlisted in the representation of sexual facts and wishes', is amply illustrated in this category of dreams. Postcoital dreams contain unusual disguises peculiar to the dreamer. For example, a writer referred in his dream to the preceding act of intercourse as 'a short story'. A compulsive man equated it in the manifest dream with 'winning a pot' in a poker game, and with 'going to a prize fight'. Because for children drinking coffee is an adult prerogative, adult dreamers, especially women, represent coitus regressively as 'having coffee together'; or with anal determinants, 'I got a big coffee stain on my dress'. Expressions such as cooking, ordering a sandwich, or going to the butcher, are relatively common. Finding a seat in the theater is a woman's representation of the experience of coitus, apparently derived from the sensations felt along the back in the sexual embrace. Other disguises derived from patients' interests or occupations include getting all dressed up, receiving mail, going to an engagement party, attending a concert, playing a piano duet, engaging in conversation, or taking a course as representations of the prior act of intercourse.

Comparable examples, though rare, are to be found in the literature.² Flugel's (14) patient dreamed, 'I wish to become a regular subscriber to the Times', after he had intercourse. Subscribing to the Times meant modern times; adult, contrasted with infantile sexuality, about which he had become aware during psychoanalysis. Schilder (15) reported the dream of a woman who had resisted sexual intercourse and whose partner ejaculated on her clothing. Following the episode she dreamed that she was scolding her maid for spilling valuable hair oil. Jones's (16) patient dreamed that his wife became a

² I am indebted to Dr. Henry Hart for these examples of dreams after intercourse from his ingenious cross file of special items appearing in the contents, though not in the indices, of psychoanalytic literature.

pancake after she had complained during the preceding act of intercourse that he was too heavy. The files of Dr. Hart include other such examples: 'missing the bus', 'running after a train', 'arriving too late for an appointment', as dream representations of a man's impotence in the previous sex act; 'being showered with bombs' for ejaculation; 'the ringing of bells' as representing orgasm.

REACTIONS TO FRUSTRATION AND TO SATISFACTION

The unconscious reaction to sexual frustration is rarely better depicted than in the dream of a woman whose husband had practiced withdrawal in coitus a few hours before.

Some Chinese women are in revolt. One decides that they will all meet in a large yard. If men 'bother' them, hit them with a cold brick [frigidity]. Smash them behind the head, or in the back of the neck.

This dream is in keeping with this woman's conscious fantasies about the anal-sadistic nature of parental intercourse. She feared that defloration would mean that she would burst as a result of the hymen breaking. She had been frigid for the sixteen years of her married life.

The unconscious reaction to sexual satisfaction is well illustrated by the dream of a woman who, after a long period of analysis, attained vaginal orgasm for the third time:

A canoe had to be moved from land to water. A boy and a girl got in and had to be dumped out. The girl cried out and swam about without a bathing suit. The Howes were there.

It seems the girl was thirteen or fourteen years old.

She and her children were indeed in the same boat—all receiving psychiatric treatment. All were showing improvement. Crying out refers to the ecstatic sound she made in attaining orgasm the previous evening; also to sounds made during labor. Age thirteen she associated with menses and being reborn a woman (also, symbolically, 'in the water'). In connection with swimming about in the nude, she recalled by contrast repetitive dreams in which she was trying desperately to hide a bodily

inferiority. Since she attained satisfaction she did not have to hide a sexual inferiority. Of the Howes she said, 'I do not know any such family', adding, 'But now we know how'.

SUMMARY

Dreams which follow coitus directly are useful in understanding and treating psychosexual disorders. Groddeck's statement, 'It is not true that sexual intercourse is the culmination of erotic life. People are really bored with it', is correct for psychoneurotics who suffer from overt or cryptic sexual maladjustments. The postcoital dreams of such patients are reported, to reveal the immediate factors responsible for lack of sexual satisfaction, and for the resultant moods of irritability and depression. The considerable emotional significance of such dreams is a factor which may be utilized in the interest of psychotherapy. As neurotic conflicts are resolved, alterations in unconscious attitudes may be advantageously observed and clinical progress evaluated in the dream reactions to a standard heterosexual stimulus.

REFERENCES

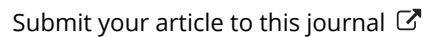
1. LORAND, SANDOR: *Technique of Psychoanalysis*. New York: Int. Universities Press, 1946, p. 13.
2. FENICHEL, OTTO: *Clinical Aspects of the Need for Punishment*. Int. J. Ps., IX, 1928, p. 64.
3. KINSEY, ALFRED C., POMEROY, WARDELL B., AND MARTIN, CLYDE E.: *Sexual Behavior in the Human Male*. Philadelphia: W. B. Saunders Co., 1948.
4. FREUD: *Interpretation of Dreams* (trans. by A. A. Brill). London: Allen & Unwin, 1945, p. 159.
5. DELAGE, YVES: cited in Freud's *Interpretation of Dreams*. *Ibid.*, p. 91.
6. ADLER, ALFRED: *Zwei Träume einer Prostituierte*. Ztschr. f. Sexualwissenschaft., I, 1908, p. 103.
7. FERENCZI, SANDOR: *Thalassa: A Theory of Genitality*. New York: The Psychoanalytic Quarterly, Inc., 1941.
8. REICH, WILHELM: *Function of the Orgasm*. New York: Orgone Institute Press, 1942.
9. LORAND, SANDOR: *Rôle of the Female Penis Fantasy in Male Character Formation*. Int. J. Ps., XX, 1939, p. 171.
 —: *Contribution to the Problem of Vaginal Orgasm*. Int. J. Ps., XX, 1939, pp. 432-438.

10. BERGLER, EDMUND: *Unhappy Marriage and Divorce*. New York: Int. Universities Press, 1946.
11. KEISER, SYLVAN: *On the Psychopathology of Orgasm*. This QUARTERLY, XVI, 1947, p. 378.
12. AGOSTON, TIBOR: *The Fear of Post-Orgastic Emptiness*. *Psa. Rev.*, XXXIII. 2, 1946.
13. FRENCH, THOMAS M.: *Reality Testing in Dreams*. This QUARTERLY, VI, 1937, p. 62.
14. FLUGEL, J. C.: *Polyphallic Symbolism and the Castration Complex*. *Int. J. Psa.*, V, 1925, p. 55.
15. SCHILDER, PAUL: *Image and Appearance of the Human Body*. London: Kegan Paul, Trench, Trubner & Co., Ltd., 1935, p. 237.
16. JONES, ERNEST: *On Being Run Over*. *Int. J. Psa.*, I, 1920, p. 203.

The Origin of Clothes

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THE ORIGIN OF CLOTHES

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SYMBOLISM OF CLOTHES IN DREAMS OF PREGNANCY

Among the dream symbols of pregnancy is the association of the subject, or of one of her children, with her mother who represents the uterus. To understand this symbolism, we need only recall that another term for uterus is matrix, derived from the Latin, *mater*.

A woman who feared she was again pregnant dreamed:

I am walking down the street with my daughter. I meet my mother who, on seeing the child, cannot refrain from taking her in her arms despite my displeasure at her doing so.

This unwelcome pregnancy is denied by displacing the child to the mother, a symbol for the uterus, and by substituting the child she has for the new one. This is possible for the dreamer because she has had the experience of gestation and child-birth in her first pregnancy. She expresses her displeasure in the dream by being angry with her mother (matrix).

In such dreams the matrix, or the mother who represents it, may also be symbolized by wood. This is true not only among the Spanish and Portuguese, in whose language there is great similarity between the words (*madre, matriz, madera*), but also among peoples in whose languages the words are quite dissimilar.

I am in the bathroom and I am surprised to see that it has a wooden floor.

I see a trunk we have in our bedroom. It is full of jewel cases and I suppose my husband will put jewels in them.

A woman had the first dream before her first pregnancy. The bathroom represents her genital and the dream expresses her wonder at the possibility of becoming pregnant. In the second dream she acknowledges her maternal possibilities. The trunk

stands in the bedroom where she sleeps with her husband. He will put jewels (children) in the 'trunk' of her body.¹

I was going up in an elevator with my husband. There was a notice with the warning 'Fresh Paint', so we avoided leaning against the sides; but my husband playfully pushed me against the side. I got angry because I stained my dress.

This dream represents intercourse, and the warning notice 'Fresh Paint' is analyzed as the wish to avoid pregnancy, the paint being associated with semen. The husband does not take contraceptive precautions. The dress is found to represent the woman's genital, a symbol which frequently appears in dreams of pregnancy and parturition and which has not been described in psychoanalytic literature. The dress envelops and protects the foetus in the way clothes envelop and protect the newborn baby. Many of these dreams, however, seem to indicate that clothes represent the foetal membranes which are ruptured at birth. The clothes in such dreams are light and of little consistency.

I opened my closet and found a dress I had sent to the dressmaker. I had not sent for it. The servant told me that the dressmaker had brought it.

The dressmaker proves to be the dreamer's mother. The dress was one the subject had worn during a former pregnancy. To have it again means to be pregnant. The closet symbolizes her womb in which is an unwanted foetus. On the basis of associations to this and other dreams, the servant is the husband.

I was going to buy nightgowns at my Aunt Rose's shop. I was on a stairway which consisted of a few wide steps. I wanted nightgowns with pleated fronts and ribbons, but I did not want to pay much for them.

This patient associated the ribbons with *cintas* (ribbons) which meant that she was '*en cinta*' (pregnant). The nightgowns

¹ In order to make use of a similar play on words, 'trunk' has been substituted in the English translation for the original Spanish *vitrina* (cabinet) and *ventre* (abdomen, womb).

with pleated fronts referred to the development of the breasts during pregnancy, which was unpleasant for the subject. The stairway on which she is standing has few steps, a reference to her small family of two children. Her economic situation is comfortable (the wide steps). She believes she ought to have another child, but she hopes it will not cost too much (complicate her life). Aunt Rose is a relative who says that she becomes pregnant whenever she wishes, which is what the patient would like to be able to do in order to have her child at the most propitious time; hence, her buying the nightgowns at this aunt's shop.

The following dream was reported by a woman who doubted her capacity to have more children. She was tormented by memories of miscarriages in former pregnancies.

In a bedroom, I am either in a nightgown or naked and without make-up. My mother looks at me and tells me I am pale and have rings under my eyes. I reply that I can no longer look as I did because I am X years old. Then I open the closet and under the shelves there are nails,² many of which are bent. The wood is also rough. My Aunt Mary looks at the clothes in the closet and taking some out, says they are like hers.

The closet represents her womb; the shelves are the places where the foetus, represented by nails, develops. The subject's rejection of pregnancy follows the current Spanish custom of calling something irksome a 'nail'. Some of the nails are bent because the subject had had pregnancies which 'bent' their normal course and ended in miscarriages. The rough wood has the same meaning as do the clothes, which are like those of Aunt Mary who is childless. The subject believes herself to be too old to have more children. Her pallor and the rings under her eyes are associated with masturbation in childhood which, she believes, harmed her genitalia besides provoking her mother's criticism which is included in the dream. To be in a nightgown or naked is to be aware of her limited

² In Spanish *clavo* is nail; in popular usage *clavo* is something irksome.

capacity for maternity, hiding nothing from herself. This is also expressed by being without make-up, which like the paint in another dream means genitality that beautifies.

Susan is pregnant;³ but in the dream she was wearing a blouse of mine. I wondered how she could be wearing that blouse.

Susan is a person with no sexual inhibitions. This is a trait greatly envied by the patient for she is afraid of intercourse, fearing the possibility of pregnancy, represented in the dream by a projection in which her friend is pregnant. In her associations the blouse is embroidered with sequins which have points that hurt the skin. The necessity of protecting the skin by a lining is an association to contraception. The sequins symbolize the penis, that may harm her by fecundation.

I managed to get my head through the small, round neck of a sweater, and after having put it on I noticed that all around the neck it was soiled with noodles.

In this dream, pregnancy is symbolized by the soiling of the sweater (uterus) with noodles (semen). The patient is both the man, who has intercourse with her, and herself. Her head represents the penis and the small, round neck is the vagina.

I am wearing a blue leather coat.

This dream expresses another woman's wish to be pregnant. In her associations, blue is her wish for a boy.

Peter shows me a romper, such as toddlers usually wear, made of yellow suède. The boy is six years old; later he seems more like six months old.

The patient wishes to marry Peter, her lover, who seems unwilling to marry her. They have been lovers for six years, which is the age given to the child in the dream, thus referring to the son she could have had if they had been married from the beginning. The suède here—like the leather in the preceding

³ In the original, *gruesa* means both 'stout' and 'pregnant'.

dream—is an organic substance indicating the enfolding skin enveloping the child. Her association to yellow suède is a purse of that color which she considered to be in bad taste, which corresponds to the patient's opinion of her own thoughts of infidelity after she had been disappointed by her lover.

I am in Frank's house. His sister-in-law puts on a very exotic hat that makes her look ridiculous. It is a turban trimmed with numerous veils that wrap around her neck.

This dream was reported by another pregnant woman who does not want to be pregnant. The turban is the woman's uterus; the veils represent the foetal membranes. The unwelcome pregnancy is projected to the sister-in-law, a stout woman who always looks as if she were pregnant. Being pregnant is disturbing to the subject; hence the turban (*turbar*, to disturb). The turban was pointed 'like the abdomen of a woman pregnant with a boy' (according to the popular superstition). If she must have a child she would like it to be a boy. Frank is a man in whom the subject was interested before her marriage. He reminds her of her brother to whom she had an erotic fixation. The thought that her brother will know of her pregnancy also disturbs her.

I see myself dressed in a green skirt and a pale blue blouse.

This woman, an Austrian, is the mother of two sons; she was again pregnant and hoped that her new child would be a girl. On awaking from the dream she thought, 'I don't like the combination of those two colors'. She associated with the green skirt, hope, and to be very hopeful (*in guter Hoffnung sein*—to be pregnant). The pale blue suggested the color for boys' clothes. Her dislike of the combination of colors indicated her feeling that it would be unpleasant to go through this new pregnancy for another boy.

THE FOETAL MEMBRANES SYMBOLIZED BY CLOTHES

I saw a very large warship; it was strange, for it was full of water and many people were going aboard. There were hammocks in which the people were lying down to sleep.

They got into transparent envelopes so as not to get wet. I did not go in but my younger sister did, and I could not understand how she could like it.

The very large ship represents the pregnant mother, the water the amniotic fluid. That it is a warship alludes to the genital relations of the parents. This dream was the patient's reaction to learning that a woman who was important to her was pregnant. She reacted with disgust and an hysterical symptom of intestinal pains. The infantile content was her reaction to her mother's pregnancy with her younger sister. It is the younger sister who boards the ship full of water (the mother's womb).

The foetal membranes are clearly represented by the transparent envelopes that enclose the people while they are asleep.⁴ The dreamer mistakes the amniotic fluid to be outside the foetal membranes. This is a common error in such dreams. The transparent envelopes were associated with childhood observations of swimming bladders in some fish her mother was cleaning. She mistook them for wombs, and her mother failed to satisfy her curiosity. On several occasions she had inquired of her lover how the foetus got into the womb amidst all the fluid and 'wrappings'.

A physician undergoing psychoanalytic treatment had the following dream at a time when he was preoccupied about his dependence on his mother and his wish to free himself from her.

I was in a ship. I could see Professor D and a friend in sailor suits and sweaters striped with red. They had to jump out onto the wharf.

⁴ The foetal membranes are represented not only by envelopes but also by hammocks. This is suggested by the fact that a hammock appears in a pregnancy fantasy described in Gulliver's Travels where Gulliver is carried by a girl giant inside a box on a hammock to avoid any bumps. The hammock is tied to the sides of the box with silk ribbons; finally an eagle seizes the box and drops it into the sea. Stekel called attention to the symbolism of the letter (child) in an envelope (uterus) in his book, *Die Sprache des Traumes*, where it proved to mean parturition in one of Serner's dreams.

I was going with someone to show him something that was buried.

To jump from the ship onto the wharf is a well-known symbol of parturition. The friend is the subject himself, while the professor is a college man with whom the subject identifies himself through common feminine (marine) traits. The subject would like to be very virile; to do this he must free himself from his dependence on his mother, which he expresses in his dream as birth. The sweaters represent bloodstained cauls. The second part of the dream refers to the psycho-analytic treatment which has revealed his buried (repressed) infantile dependence on his mother.

Because of the ability to spin (weave) webs capable of holding other creatures, the spider is a mother symbol for the human unconscious. It represents the cruel, vampirelike mother, and because it sucks the blood of its victims and frequently devours the male after mating, it also symbolizes the phallic mother.

I was swimming down a river. I had to pass under bridges that were like cobwebs. I bent down to pass under them but the space was smaller at every bridge. Finally I had to go under water and three children helped me out on the other side.

The dreamer wishes to have a third child. She identifies herself with a child in the act of being born. She is in the amniotic fluid and passes through her mother's narrow genital tract, piercing the foetal membranes that envelop her. The action of the three children on the other side who help her out is a representation by the opposite.

A man dreamed:

There was a room which was going to become a swimming pool. There were many jars of sterilized gauze. The room was to be flooded until the water was one meter deep. One had to dive in and take out a jar. There were to be prizes for this. There was the fear of getting one's hand caught and

not being able to get out. Before the water had covered everything I took hold of a cable as a guide. I recognized a table and passed under it.

The room was interpreted as the mother's pregnant womb. The jars of gauze represented the mother's several pregnancies, the cable the umbilical cord; the table was the mother and passing under it was being born. Other elements of the dream refer to his fear of remaining in his infantile dependence, and his wish to be free from it.

Somewhat differently, foetal membranes are symbolized in the following dream of a cultured woman.

There is a hairy spider in a test tube. A professor is saying that it is one of the most beautiful, but also one of the most frightening arachnids.

One of her nephews had been born with a great deal of hair on him. This and the fact that she feared she was pregnant equated the hairy spider with a possible son. It is a spider because the foetus feeds on the mother's blood, just as the spider feeds on its victim's blood. She imagined the test tube to be shaped like her vagina. The professor represents her husband, a physician whose activities include teaching. His feelings, like his wife's, are ambivalent about parenthood; thus the spider is beautiful but also frightening.

The following is clearly a dream of being born.

I am swimming in a pool with a friend. I am doing a crawl stroke and he is ahead of me. I change to backstroke but still fail to overtake him. As I feel heavy I take off the furry robe I have on. The arms of this robe are too long for me. Then I can swim better.

The long bathrobe represents the foetal membranes. This dream occurred at a time when the subject was striving for 'rebirth' in search of greater freedom.

In the chapter on dreams of pregnancy in his book, *Die Sprache des Traumes*, Stekel presents several in which the frequency of the presence of clothes has been overlooked.

I am trying on my old cloth jacket. I have added a *Schoss* (peplum, abdomen) and a beautiful, shiny white lining to it. Now I am going to wear it; I should not like it short.

Stekel's interpretation of pregnancy from this woman's dream was reached, not through the presence of clothes, but on account of the meaning of the word *Schoss* (abdomen), and the fact that it was a lengthened jacket, a maternity garment. In another parturition dream Stekel interprets the clothes as the parents.

. . . The woman went into the next room and on being left alone I began to busy myself with my clothes. I had to undress partially in order to change; this gave me a lot of trouble.

Stekel interprets changing one's clothes as the wish to change one's parents. Undressing partially or totally Stekel relates to infantile theories about whether a child is born naked or dressed in a vest. According to our material the deeper interpretation would be that the subject wonders whether or not a child is born with a caul.

I was afraid of being enclosed in the bell formed by a piece of yellow gauze coming down over me. I was afraid this gauze would come nearer and envelop me against the bed.

Stekel interprets the dream as a fantasy of being in the mother's womb, and the gauze bell as a woman's petticoat.

A greased cloth (*Wachstuch*) is lifted in order to take out a dumpling that is underneath.

Wachstuch refers to *wachsen* (to grow), indicating pregnancy. Stekel interprets the dumpling as the pregnant womb, but it must be the foetus, since the whole of it is taken out.

Karl Abraham⁵ relates the dream of a pregnant woman shortly before the birth of her first child.

There was a conduit for water starting somewhere in the

⁵ Abraham, Karl, quoted by Freud in *Ges. Schr.*, III, pp. 121-122.

floor of the room. I lifted a trapdoor and a creature dressed in a brown skin came up. It looked almost like a seal.

This creature was found to represent the subject's younger brother, toward whom she was very maternal. The conduit is interpreted as the female genital tract through which the child is born, the water being the amniotic fluid. No interpretation is given of the brown skin which is suggestive of foetal membranes in a dream of parturition.

J. Marcinowski records two dreams of a pregnant woman in which are represented different theories. The end of the second dream is especially interesting.

I had my brown tunic on. When I looked to see if I was well-dressed before entering the drawing room, I saw that my skirt was soiled and had deep creases stuck together with burrs. It was very unpleasant for me; it was as if I had got caught in a cobweb when passing.

According to Marcinowski, the brown tunic is the *vernix caseosa* covering the newborn child, 'soiled' by having passed through the mother's genital tract. However, the allusion to passing through cobwebs, in addition to being clothed in a tunic, point rather to a representation of the foetal membranes.⁶

CLOTHES AS A SUBSTITUTE FOR THE FOETAL MEMBRANES

The foregoing dream material leads us to conclude that dreams in which clothes and fantasies of pregnancy or of birth coincide are frequent, and that the clothes symbolize the foetal membranes. In order to understand fully the representation of foetal membranes in dreams, we should remember that dreams

⁶ In this type of dream the *vernix caseosa* sometimes appears as mud or something sticky that adheres either to the clothes or the subject. This can also be seen clearly in the fantasy in the *Odyssey* about Princess Nausicaä, in which, when she is about to toss a ball, she discovers Ulysses naked, covered with mud from the sea, among the leaves between two trees. The ball can be interpreted as the pregnant womb, the leaves as the foetal membranes, the mud as the *vernix caseosa*.

are not the product of civilization, but of a primitive, unconscious psychic mechanism founded in primal experience and the rudimentary knowledge of mankind. As Freud says:⁷ 'We are encouraged to expect, from the analysis of dreams, a knowledge of the archaic inheritance of man, a knowledge of psychical things in him that are innate. It would seem that dreams and neuroses have preserved for us more of the psychical antiquities than we suspected; so that psychoanalysis may claim a high rank among those sciences which endeavor to reconstruct the oldest and darkest phases of the beginnings of mankind.'

Primitive man was able to observe the foetal membranes in the parturition of both women and animals, whereas the uterus he could not see; hence we may suppose that he attributed to the foetal membranes physiological processes involving the uterus which was still unknown to him. If this is so, we need not wonder at the unconscious importance of the foetal membranes and their frequent representation in dreams.

What is more important, the foetal membranes, and not the uterus as a whole, are essential to the foetus, as proved by the existence of advanced ectopic pregnancies. It is the mucosa of the uterus that is essential during the course of the pregnancy, and this together with the amnion and chorion proceeding from the ovum forms the foetal membranes which are indispensable for the implantation and development of the new being. The serosa of the uterus plays no part in pregnancy and the muscular layer is essential only in expelling the foetus at birth. It would therefore seem that these dreams show great physiological understanding when they focus on the foetal membranes instead of the uterus.

The foetal membranes originate from both the fertilized ovum and the mother, constituting something like a double skin. This double aspect is also to be seen in clothes since

⁷ Freud: *The Interpretation of Dreams*. In *The Basic Writings of Sigmund Freud*. Trans. by A. A. Brill. New York: The Modern Library, 1938, p. 497.

they express simultaneously the individual's personality and the influence of environment or the mother.⁸

Dreams enable us to reconstruct the most primitive and obscure phases of the history of mankind. The fact that in dreams clothes are frequent symbols of the foetal membranes leads us to believe that there must be an intimate connection, a genetic relation, between them. We know that in the constitution of the ego, clothing is included in the body image.⁹ Originally, as coverings for the body came into general use, it may be assumed they were, at least in part, unconsciously equated with maternal protection—ultimately with foetal membranes.

There is a universal popular belief that a child born enveloped in the foetal membranes will be fortunate; also, in English-speaking countries, that it will never be drowned. It is the *naître coiffé* of the French; the coming-into-the-world *empeli-cado* of the Brazilians; the *caul* of the English; the *sely how* of the Scots; the *Glückstaube* of the Germans; the *camisa de la Virgen* or *camisa de la fortuna* of the Argentines. In all parts of the world, to be 'born covered' means to be lucky. Freud related about the Wolf-man¹⁰ that he 'came into the world with the "lucky caul"' and thus was considered a fortunate child who could come to no harm. The 'lucky' child comes into the world still covered (protected) by the mother. This hypothesis is supported by the derivation of the words 'amnion' and

⁸ Flugel, J. C.: in *De la valeur affective du vêtement*, Revue Française de Psychanalyse, II, 1929, p. 523, pointed out how clothes intervened in the uterine symbolism. Still more important are the following words comparing clothing to a skin and to a house (mother), in which can also be discerned the mutual relation between mother and foetus to form the membranes with their various functions: nutritive, protective, and developing the being's libido. 'This strange means (clothing) . . . possesses the quality of an externalized skin with its hygienic and erotic functions, as well as that of an ambulant house with its protectiveness, decorativeness and modesty. Now, if . . . life consists of a continuous adaptation of internal to external relations, science has no right to overlook this advance of the inner ego that man has annexed from the outer world for the enhancement and embellishment of his organism.'

⁹ Flugel, J. C.: *The Psychology of Clothes*. London: Hogarth Press, 1930.

¹⁰ Freud: *From the History of an Infantile Neurosis*. Coll. Papers, III, p. 580.

'chorion' from the Greek meaning sheepskin and leather respectively.¹¹ Carlyle¹² wrote of his wife: 'She wrapped me around like a cloak, to keep all the hard and cold world off me.' In Portuguese the 'covered' child is *empelicado*, that is, covered by a *pelico*—meaning fine, tanned skin. *Tracht*, in German, means 'suit', but *trachtig*—derived from *tragen* meaning 'to carry', 'to wear', 'to bring', just as the Spanish *traje*, 'suit', is derived from *traer*, 'to bring'—is also applied to pregnant animals. *Tragen* is thus used both for expressing pregnancy and for wearing a suit: *ein Kind tragen*; *ein Kind unter dem Herzen tragen*; *ein Kind austragen*.

Man's first clothing, the animal skin, underwent modifications with the cultural progress of mankind. It is probable that the first cloth was woven hair. Freud believed that the idea of weaving was originally conceived by the woman when she thought of joining her pubic hair in order to conceal her lack of a penis.¹³ To this we may add that the pubic hair covers the genital exit to the foetus from the uterus.

The first garments had the shape of a mantle or shawl. The successive modifications and draping of these mantles or shawls, in order to fit them to the body, resulted in the differentiation of clothing. Flugel¹⁴ states that the skirt comes from the sarong, a mantle tied around the middle of the body, and that trousers were also developed from a mantle, saying that it would be interesting to investigate the stages of evolution. One of these stages may be observed by examining the *chiripá* worn by the Argentine Gaucho. Like a skirt, the *chiripá* is a mantle tied around the waist and then drawn up between the legs. This is also found in special kinds of trousers worn in different parts of the world, such as Siam. The same origin can also be observed in other primitive clothes, as the Greek or

¹¹ Dornbluth: *Klinisches Wörterbuch*. Leipzig: Walter de Gruyter, 1934.

¹² Cited by Flugel, J. C., in *Symbolik und Ambivalenz der Kleider*. Int. Ztschr. f. Psa., XI, 1929, p. 308.

¹³ Freud: *Neue Folge der Vorlesungen zur Einführung in die Psychoanalyse*, XXXIII, *Die Weiblichkeit*. Ges. Schr., XII.

¹⁴ Flugel, J. C.: *The Psychology of Clothes*. London: Hogarth Press, Second Edition, 1940.

Roman tunic, or, in America, the Incan costume which is totally formed of mantles.



CHIRIPÁ

The uterine significance of the mantle may be seen in Michelangelo's famous fresco, *The Creation of Man*, in which God is wrapped in a mantle, clearly a pregnant womb, which contains nine children indicating the months of pregnancy. In Veronese's painting, *The Choice of Hercules*, Hercules prefers Virtue to Vice, both of whom are depicted as women with mantles to protect those they adopt. In the episode of Nausicaä in the *Odyssey*, Ulysses is in the sea (the amniotic fluid) enveloped in a veil (the foetal membranes) of the goddess Ino

Leucothea. The well-known stork also carries the infant in a sling or hammock of cloth.

Three main motives are usually considered in the genesis of clothes: protection, modesty and decoration. In their unconscious significance, as substitutes for the uterus and the foetal membranes, their most important value is their maternal significance. Jones¹⁵ has concluded that fear of cold is derived from fear of castration, which in turn originates in the fear of the loss of maternal love. If a common cold frequently results from fear of loss of the mother, we shall be able to understand, in its deepest sense, Nietzsche's question, 'Has a woman who knew that she was well-dressed ever caught a cold?'¹⁶

When cultural evolution inhibited sexuality, the same primitive cloth that was used to protect the newborn child became the loin cloth used to protect and decorate the genitals, following the original motive of protecting the child. The hat, and other 'cephalic trophies', had a similar evolution. Their origin and prototype was the 'lucky hood' (*Glückshaube*), the caul with which some infants are born.

Clothes also have an unconscious female genital and phallic equivalence. This significance also appears in dreams.

My sister has a white apron whereas mine is torn and dirty.

The apron represents the hymen of a woman who is anxious about her defloration before marriage. She expresses the same thing in another dream, projecting it on a friend. The wedding dress symbolizes sexual intercourse.

A friend of mine has put on her wedding dress. It has lace on it. Wondering, I ask her why she has done this and she answers that it is not necessary to wait until the wedding day to wear it.

In the following dream the clothes represent the penis, and

¹⁵ Jones, Ernest: *Kälte, Krankheit und Geburt*. Int. Ztschr. f. Psa., IX, 1923, p. 260.

¹⁶ Nietzsche, F. W.: *The Twilight of the Idols*. New York: The Macmillan Company.

'coming out', the erection. It is the dream of a woman who has genital fantasies about the analyst.

I dreamed about you. You bent down to greet me and your clothes came out on one side. I approached to arrange them for you and then I noticed you were very hairy, but the hair was soft.

In another dream, the blanket represents the dreamer's wife who defrauded him genitally with her frigidity. Hence the image of having nothing to warm him.

I am sleeping with my wife in a room which is not mine. I feel cold but have no blanket with which to cover myself.

A coat, whose phallic significance Freud and Jones have noted, appears in the following dream of impotence as something that drags on the floor. The bowed subject also represents the lack of erection. The car is the woman and 'getting into it', the coitus.

I want to get into a car. . . . There is no room inside so I have to stand in a bowed position. My long coat drags on the floor.

But this does not invalidate the fact that the genesis of clothes is first and foremost maternal.

Further proof of this fact may be found in the study of special clothes, as for instance, Jewish ritual robes, the shawls with which the Jews cover themselves before praying. Valuable psychoanalytic studies¹⁷ have proved that they have a phallic significance; they represent the skin of the totemic animal donned by members of the congregation in order to submit to the father and adore him, as well as identify with him. The fringes at the corners of these mantles have been identified with the paws of the animal. However, the name for these

¹⁷ Reik, Theodor: *Gebemantel und Gebetsriemen der Juden*. Imago, XVI, 1930, pp. 389-390.

Langer, Georg: *Die jüdischen Gebetsriemen*. Imago, XVI, 1930, p. 435.

Eder, M. B.: *Die jüdischen Gebetsriemen und andere rituelle Gebräuche der Juden*. Imago, XIX, 1933, p. 472.

Stock, Dow: *Über ein Kalbshaar*. *Psa. Bewegung*, V, 1932, p. 8.

fringes is *zizzith* which means 'nipple' or 'breast' in Yiddish (in German *Zitze*; *Zitzen* means to feed at the breast), which attributes to these shawls a maternal as well as a phallic significance.

The same may be said of the Jewish phylacteries. These are small boxes which Jewish men strap to their heads and left arms. They also have been related to the totemic animal, but the fact that these boxes must contain a red hair in memory of a red cow is an acknowledged maternal symbolism. It may be on account of this maternal cow that the divisions of the boxes must be four, thus symbolizing the udder.

In these ritual robes is found the maternal symbolism behind a phallic screen, as though from a repression of their maternal significance. This could have evolved from the social and religious upheaval brought about by the change from a matriarchate to a patriarchate, with the consequent prohibitions of the former. A corroboration is that the phylacteries were forbidden to have the aspect of a nut: surely because the nut is a symbol of pregnancy¹⁸ which should not be in evidence among ritual objects dedicated to the father. Owing to the impossibility of totally accomplishing this transition, the ritual clothing still retains some of its uterine characteristics, becoming something like a paternal uterus. In the Bible (Genesis, 3, 21) it is Jehovah who provides clothes: 'Unto Adam also and to his wife did the Lord God make coats of skins, and clothed them'.¹⁹ The same occurs in the rituals of puberty, baptism

¹⁸ Eder, M. D: *Op cit.*, page 495. According to Reik (*Das Ritual*. Vienna: Int. Psa. Verlag, 1928, p. 248), nuts should not be eaten at the Jewish New Year festivities. There are two alleged motivations. First, that the numerical value of the Hebrew word for nut is the same as that for sin; and second, that eating nuts may excite the believer's salivary glands and thus distract him from his prayers. This second motivation, forbidding an oral gratification, also indicates the maternal symbolism of the nut.

¹⁹ It may be significant that in the immediately preceding verse Eve is depicted as a mother: 'And Adam called his wife's name Eve, because she was the mother of all living'.

and the couvade,²⁰ which aim at symbolizing birth through the father, denying birth through the mother, which must be repressed. Barag²¹ demonstrates that the God of the Jewish patriarchate has the qualities of a maternal uterus despite his phallic character. He gives birth to the people and feeds them with manna in the desert (and also in the earthly paradise) as a loving mother; besides it is in Abraham's bosom that the dead and those about to be born are harbored.

A perception of this maternal significance behind phallic symbolism has led Rabbi Arthur A. Feldman²² to write that the Jewish prayer shawl is 'the amnion in which the Jewish man is reborn each morning when he wraps himself in it'. The genetic interpretation of the foetal membranes as clothes thus applies to this religious garment.²³

SUMMARY

The analysis of dreams of pregnancy and parturition discloses the frequent presence of garments as symbolically representing the foetal membranes. From this, and other data, the conclusion is drawn that clothing is unconsciously perceived as a substitute for the foetal membranes, but, above all, as maternal protection. In the course of their evolution, clothes have acquired other meanings according to the development of the libido, and social and individual circumstances.

²⁰ Reik, Theodor: Die Couvade und die Psychogenese der Vergeltungsfurcht and Die Pubertätsriten der Wilden. In *Das Ritual. Op. cit.*

²¹ Barag, G.: *The Question of Jewish Monotheism*. American Imago, IV, No. 3, p. 8.

²² Feldman, Arthur A.: *Freud's Moses and Monotheism and the Three Stages of Israelitish Religion*. *Psa. Rev.*, XXXI, 1944, p. 399, fn.

²³ According to Sandor Feldman in *The Blessing of the Kohenites*, American Imago, II, 1941, p. 317, a similar ritual robe was used in the cult of Sabazios, the Greek god of Agriculture, similar to Dionysus. During the ceremonies the priest covered himself with a skin which represented the uterus, he being the foetus: the ritual indicated rebirth.

The Individual's Adjustment to Society

Leon J. Saul

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THE INDIVIDUAL'S ADJUSTMENT TO SOCIETY

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

Our times are marked by a great paradox: man tends to use his enormously increased power over nature much less for his good than to destroy himself. Therefore his realization of the dream of science to tap the power of the atom has brought him not rejoicing over new wealth and new security, but fear of total destruction.

This paradox springs from the fact that each individual in our society is activated by strong asocial or antisocial motivations as well as by social ones. Survival has become a matter of understanding these two sets of impulses in order to aid the constructive, prohuman, and reduce the destructive, antihuman motivations: to increase what is *for* human life and decrease what is *against* it.

It will be seen that the social, prohuman motivations are primarily those of maturity, whereas the destructive, antihuman impulses are expressions of a disordered infantilism.

THE IMPORT OF HOSTILITY

The most dangerous of man's antisocial impulses is his hostility and violence toward his fellows—to which, in fact, in the last analysis all antisocial impulses reduce themselves. We shall use the term 'hostility' to cover various impulses to violence such as destructiveness, cruelty and belligerency, hidden or open. This readiness to hostile behavior is part of the arousal to fight or flight, an automatic, biologic reaction which occurs in any animal when it is threatened. Breathing becomes more rapid, the heart beats more quickly and forcefully, blood

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pressure rises, sugar pours from the liver into the blood stream to provide ready fuel for the muscles—every cell in the body is affected. The value of this mobilization in adapting to raw nature is obvious: attacked by an animal, one must escape or kill.

Flight differs from fight chiefly in the matter of direction. The two are not sharply separable and the basic arousal is the same. The lion is said to run three times and then attack; the cornered mouse or rabbit fights when it cannot run.

For the frightened person in civilized society, the flight reaction is relatively impractical. One cannot really escape except by regression into mental disease, such as psychosis or alcoholism, and even in these escapes there is much hostility and violence: for example in paranoia, in the attempt to kill because of delusions of persecution, or in depression, in which self-hatred results in suicide, or in the often devastating effects of alcoholism. Thus the important part of the reaction is the readiness to attack.

This destructive aggression, this hostility, never outgrown but no longer needed against nature, persists as a blind, instinctive way of meeting dangers. As such, it has become the greatest threat to human well-being and life. It would seem that since the individuals of a civilized society no longer turn their hostile aggression against nature to destroy dangers or win food and mates, they turn it against each other; the old animal reaction remains but is perverted in its aims. So infinitely more efficient is world civilization in adapting to nature that direct violence now appears as a holdover—like the appendix, but infinitely more dangerous.

The individual's difficulties cannot be met by physical attack. He gets on by proper social behavior: coöperation, responsibility, productivity and independence. The fight-flight reaction as a method for solving the complex problems of modern social adjustment is like trying to repair a fine watch with a hammer. Democracy fails when the forum breaks down and violence is used.

Man's readiness to hostility and violence against others is a part of his automatic fight-flight reaction but it cannot be dismissed as a fixed quantity, with which he is born and which cannot be changed. Hostility, like sex, is a basic biologic force which varies tremendously from person to person in intensity, indulgence, and forms of expression. Many persons have very little sexual feeling; others, so much that they suffer acutely. Not only the object but the aim and form of the sexual activity vary as widely as human imagination; so does the content: for some, the sexual relationship expresses love and affection, for others it is an attack which can lead to rape and lust-murder. Thus, there is a tremendous difference in the amount and expression of hostility in an Abraham Lincoln and a Billy the Kid—in an extreme pacifist who cannot even kill a fly, and in a criminal. Moreover, in every person who is successfully treated psychiatrically, the irritations which cause his hostility are diminished as is the hostility itself. We see then that there is enormous variation from person to person in the intensity of hostile feelings and in how freely and in what ways he vents them in action.

Why should this fight reaction, this hostility, be so intensely and constantly aroused in some individuals and not in others? There may be rational external reasons for this or irrational internal ones. Often it is difficult to distinguish one from the other; examining a series of individuals in all walks of life, one is struck by the fact that there is relatively little correlation between the person's situation in life and how antagonistic and dangerous he is.

The same is true for social groups. Here, too, there is relatively little correlation between the hostility and the rational reasons for it. If two savage tribes are dependent upon the same herd of animals for food, it is perhaps rational for one to destroy the other to preserve itself. It is also rational to attack when one is attacked; but the original attack itself may be irrational. If the visitor from Mars saw the whole world divided into armed camps knowing that war brings

not more food but famine, not security but death and destruction—whereas even moderate coöperation would result in rising standards of living for all—then, just on the face of it, he would perceive some basic irrationality. Total war is not reasonable but unreasonable; it is this irrationality which is the true source of war.

In sharpest contrast, if individual after individual is examined for the irrational sources of his hostilities, these are almost invariably found in abundance. The conclusion is inevitable: man's inhumanity to man springs almost entirely from *irrational* sources. These irrational sources of human hostility consist of various emotional frustrations caused by disordered reactions persisting from childhood, through faulty upbringing, not corrected during the early years of life.

THE IRRATIONAL SOURCES OF HOSTILITY

The child's emotional development consists of two main aspects: the unfolding of its biologic development, and its learning of adaptation to social life. Disturbances in this development form sources of ceaseless hostility, five of the most important being: 1, persistent, excessive childish dependence; 2, insatiable demands to be loved; 3, extreme demands for prestige motivated by envy and rivalry; 4, a disordered conscience; 5, revenge for cruel treatment during childhood.

Let us first consider dependence. A young man was so intensely hostile that he could not get along with his professors, with fellow students, or with girls. He began to have ideas that everyone was against him and finally became so upset that he had to quit college; but then he had similar troubles in his job. It proved that for as long as he could remember, he had been extremely hostile to his mother and to his sister (older by ten years) because of his great dependence upon them; his parents were divorced and his mother and sister had babied and overprotected him; thus, he was in a constant state of protest against stepping out into a life of his own, and felt that he could not live if they should die or leave

him; furthermore, his sense of dependence caused painful feelings of inadequacy and inferiority in relation to others and enraged his damaged self-esteem. His hostility antagonized others, prevented marriage, and caused him to fail in his college career and in work. This hostile impasse was forcing him into paranoia.

The growth of human beings, as of other animals, from conception to maturity consists very largely in outgrowing dependence upon the parents. The adult not only can be independent but can let others lean upon him; from being parasitic he becomes parental. If parents overprotect the child, they impede its growth to self-reliance. If they force the child prematurely into independence, they cause an aversion to it. Interference with this development produces an adult who, however powerful physically and intellectually, feels like a child, still craving a dependence that he never outgrew.

The underlying need to be dependent usually is in sharp conflict with the desire to be mature, causing an inner sense of insecurity and a reaction of impotent rage. The individual may try to overcompensate through a lust for power. Often just these emotional dynamics eventuate in open criminality, even murder. Often too the hostility is directed toward random objects; this readiness to 'take it out on the dog' is a most important characteristic, well-known to demagogues. No stable personal relationship or society is possible in which individuals, apparently adult, have not sufficiently outgrown their childish dependence: 'Only the strong can be gentle.'

Now let us consider needs for love, disturbance of which forms another powerful source of irrational hostility. Some persons, though very independent in their judgments and actions, with no need to lean upon others, are yet tormented by cravings for love too intense ever to be satisfied. A young college man is handsome, athletic, intelligent, yet hostile and chronically depressed. He has no close friends among men. His attachments to women are abnormally intense; repeatedly he forms so strong an attachment to a girl that he becomes

almost unable to study or work. The relationship always ends in a quarrel because of his excessive demands upon the girl. Upon losing her he becomes enraged and hostile to everyone, and eventually depressed to the point of suicidal impulses.

The child's needs for love are necessarily intense, the parents' love being its only guarantee of food, care and protection. There is an increasing capacity, culminating at maturity, for the enjoyment of giving as a parent to one's child what, as a child, one so clamorously demanded from one's parent. This same enjoyment of giving carries over to the individual's social and economic life.

Deprivation and overindulgence are two of the common errors of upbringing which disturb the normal development of the need for love. If the emotional diet in early childhood was too rich or too poor, then the appetite for love in later life is distorted. True love is a genuine interest in the child's well-being, for which spoiling, attention and demonstrativeness are not substitutes.

Infantile desires for love cannot be gratified in adult life; they form a source of constant frustration leading to irritability, to a sense of hopelessness and depression; to all sorts of neurotic symptoms, including murderous rage.

A third powerful source of irrational hostility is found in the inordinate desire for prestige. A young man of promise, disturbed for this reason in his human relations, was always in trouble and, although he had managed to graduate from college, was unable to hold a position. The only male of four siblings, he was valued beyond the others by both parents who set all their hopes upon him. He continued to crave this favored position as an adult. He went into veritable tantrums at the slightest rebuff; also, out of envy and rivalry toward anyone who seemed to be a step ahead of him, he would become enraged. Everyone he met, including women, became a rival over whom he must establish supremacy. His difficulties grew more and more serious, until they bordered upon delinquency. He was constantly frustrated by exaggerated needs for prestige

and preference over others which persisted from the favoritism he had enjoyed during childhood.

Self-love is, within normal limits, an expression of self-preservation. The very life of a small child depends upon its being highly valued by the parents. But for the parent a genuine, unselfish interest in his child, in others, and in responsible, productive accomplishment, should be more enjoyable than the egocentric satisfactions natural to the child. The child's self-centeredness remains to some degree in the adult, but the proportion is changed; no longer are the desire for personal prestige, rivalry and envy the chief motivations.

Common errors in upbringing which cause excessive drives for prestige and rivalry are favoritism, rejection and the projection of parental ambitions to the child. If the child is not properly handled, then his infantile needs may persist throughout adult life. Napoleon cynically said, 'Men will go through Hell itself for a bit of ribbon'. Again and again one observes of mature human beings, how little is their interest in the task in hand, and how much in using the situation for their own prestige. If a child is made to feel that he is the lord of the household, if one parent sides with him against the other, then he is prone to be fixed in this pattern and feel in adult life that he must be the best, the preferred one. His own status will be all that matters and every other person will be to him primarily a hated rival, or a means to prestige. The child who is rejected and not sufficiently valued is likely to carry throughout life this wound to his self-regard, and in vain efforts to heal it, he too will fail to outgrow egotism as a primary motivation. In fact, overemphasis on prestige, widespread as it is, usually is a reaction to underlying feelings of inferiority which stem from impairments in emotional development. All competitors can never be vanquished; childish egotism can never be satiated.

Egotism, the struggle for prestige, has corrupted our ideology. The ideology of healthy ambition, competition and success is no longer that of the frontier, the success of self-reliant,

responsible doing, producing, building, but is widely mis-translated into egotistic ambition and hostile personal rivalry, a childish battle for personal status. The welfare of a society depends upon how much its members contribute; but our standards of success are based very largely upon how much a member takes out. Not until our adults are predominantly mature rather than children fighting each other for supremacy, can we reduce neurosis, crime and war, whose source can be eliminated by the proper rearing of children and the proper maturing of national ideologies.

A fourth common source of irrational hostility is friction between the individual and his conscience. A man of charm and quiet dignity was married, successful in life, but was chronically miserable and at an early age developed high blood pressure. Like Jean Valjean he felt that a threatening power relentlessly pursued him. This figure was his conscience in the image of his mother who had controlled and dominated him beyond reason. When adolescent, he ran away from home but the sense of being dominated persisted. Later he made enough money to travel all over the world in the effort to be free—but his anxiety only increased. He was in a state of constant anger (which was important in producing his high blood pressure), because his needs for freedom and self-expression were denied to him by the harsh training imposed by his mother in his early years, the crushing effects of which persisted for life.

Human behavior can be seen to consist of attempts by the conscious, reasonable part of the personality to satisfy the individual's desires in relation to society in accordance with the dictates of his ethical standards. The conscience is therefore of great importance in human behavior and also in human development. A mature conscience, in harmony with the rest of the personality and with society, is a powerful force in checking hostility. But if it is disordered, because of its power, it can seriously warp the individual's development, fixate him in

infantile patterns which last for life, and become a source of violence.

If too high ideals are inculcated in childhood, the adult is foredoomed to incessant, hopeless striving to achieve the unrealizable. If the ideals are too low, he lacks character and accepts immature, even criminal, behavior. If training is forced upon the child too early, too harshly, or too constantly, its spirit can be crushed; if too late, too leniently, or too little, the child may become impulse-ridden, lacking secure, automatic controls. If training is too inflexible, it may result in an adult so rigid that he will break down for lack of adaptability; if it is inconsistent, it produces vacillation and confusion. Any discrepancy in relation to the ideals and conscience becomes a source of hostility.

The fifth common source of hostility is displaced revenge for mistreatment during childhood. Probably parental hostility to the child is the greatest single source of the lifelong hatreds and readiness to violence which we see so widely in adults; nor is it surprising that the child who comes to hate its own parents should grow up to hate the world. The dense fog of sentiment enshrouding parental love hides the frightful stupidity, rejection and abuse to which small children are subjected throughout all levels of society. Study, and diminution of the hostility of parents toward their children, would be the greatest single step toward relieving the suffering of humanity.

Parents, unknowingly, frequently incite the child's anger and aggressive behavior and then punish it for its reaction. Most commonly because of not understanding the child's nature and development, they either make demands beyond its capacities, or mishandle the child's natural rivalries with parents and with brothers and sisters. The child quickly becomes conditioned to whatever treatment or situations threaten or irritate him, and this conditioning and anger, once generated, persist for life. Predominantly hostile behavior in children is always a symptom and a danger signal; this reaction of the child is

the essential source of irrational aggression in the adult, for the child he once was lives in him in full force—and so do the images of those who reared him.

EFFECTS OF HOSTILITY AND VIOLENCE

Our examples have shown that hostility, because it is the primitive reaction to any threat or hurt (from within as well as from the world), can spring from many different sources, and produces many effects. In the first of our examples the young man's hostile feelings isolated him from people and made him feel persecuted. In the next, it caused suicidal depression. The third young man acted it out in the form of semi-delinquent behavior. The fourth controlled it successfully but it induced high blood pressure. Thus, hostility is the main driving force in a whole variety of conditions: sexual disturbances, divorces, neuroses, behavior disorders, psychosomatic symptoms, psychoses, criminality.

In the outright criminal one sees unrestrained hostility. In the Bible the record of murder begins with the slaying of Abel by his jealous older brother Cain: not with the first parents, but with the first children of the earth! Today in our own country, one million, six hundred and fifty thousand major crimes are committed annually and it is estimated that about seven million of our citizens have criminal records. In many others hostility and rage may be equally intense but are controlled and put out of mind, that is, repressed. This by no means eliminates them as drives; they press for expression and come out in disguised forms, thus sparing society the direct attack and the individual, society's punishment, but causing private suffering and neurotic symptoms. In the broad sense of the term, crime is a public neurosis; nonviolent symptoms such as unreasonable fears and functional conditions comprise private neuroses. It is estimated that fourteen million persons in this country are in acute need of psychiatric help for severe emotional disturbances.

The neuroses are in essence infantile reaction patterns accom-

panied by feelings of weakness, inferiority and frustration, arousing fight-flight reactions. Thus every neurotic symptom is at the same time a defense against and a disguised expression of hostility. At one extreme is the private neurosis—which the individual tries to keep entirely to himself. Lincoln suffered from severe depressions but also was socially constructive. At the other extreme is naked criminality. Between these is the individual whose hostility emerges chiefly as the modification of his feelings and his behavior toward others.

The hostility of some of these persons is obvious; they are mean, cruel or definitely 'peculiar'. Many fall into the group called 'neurotic characters' or psychopaths. But in other individuals the hostility is hidden from themselves as well as from others. They may be pleased with themselves as virtuous citizens and pillars of society, though their inner hostility may make them their own worst enemies—and also society's. Their behavior may be well within the law, yet hostile and detrimental to others. The good not only dream what the wicked do, but they are apt to do it themselves—unconsciously and indirectly. Let us say that the criminal does it with the sword and the good citizen does it through the way he handles his wife, his children, his neighbors, his business associates, his prejudices, his votes.

The captain of the Men of Death is no longer the plague nor tuberculosis nor drought. He is man's primitive animal reflex which impels him to try to remove every irritation, solve every problem, by attacking and killing, if not individually then through group organization to make war.

SOCIAL MOTIVATIONS

We have been discussing the asocial and antisocial forces in human beings; let us now consider very briefly the social, that is, the prohuman forces. The fight-flight reaction is only one aid by which species survive. Some animal parasites, as certain intestinal worms, play the laws of chance; the more helpless these creatures are, apparently, the more eggs they lay, so that

out of millions, the odds favor some maturing and finding new hosts.

A quite different method of adapting to nature is the formation of groups. This method has proven useful to man as well as to a great variety of animals. Many species use social organization in different degrees and forms: for example, wolves in packs, birds in flocks, fish in schools, and insects such as bees and termites in complex colonies. Social organization is biologically deep-seated. An eminent biologist has described rudiments of it at the very bottom of the evolutionary scale, in the unicellular *Paramecium*.

In human societies, safety and satisfaction do not depend upon each member fighting the other for food, shelter and mates. The fight reaction is turned outward to meet threats to the whole group. Social living requires other forms of individual behavior, especially responsibility and coöperation.

We have seen that in human beings the asocial and antisocial motivations derive chiefly from the fight reaction which is kept mobilized by persisting childish attitudes and feelings. It is a striking fact that social motivations spring chiefly from the mature part of the personality. The model for these mature motivations lies in the parental attitude toward a loved child. The energies of the child have gone into its own growth and development; the adult, having reached full growth, turns his energy into mating and rearing his children, and into contributing to the social group. The outcome of full biologic development is the capacity to make a family and take responsibility for it: this is true for many wild animals and birds as well as for men. It is experienced emotionally as the capacity for unselfish love, which is not merely that of the affectionate child whose love, however intense, is mixed with dependence and gratitude and the expectation of future favor. Mature love is a genuine interest in another for the object's own sake. It involves great capacities for giving and responsibility, for it means all the sacrifices of bringing up a child properly, without

thought of any return except to see it develop and in turn achieve independence with a family of its own.

The ability to make and maintain a strong stable society is the application to the group of the capacity to make and maintain a secure, happy family. Both spring from the enjoyment of unselfish love, of constructive interest, of responsibility, independence and productivity. The child which matures normally becomes an adult who enjoys the exercise of these prohuman powers, which become his dominant motivations. The modified childhood motivations, unwarped in their development, give him the spice of the child's capacities for wonder and play, harmonizing with the mature motivations to provide a well-balanced life.

THE NATURE OF MAN

Every individual is motivated simultaneously by two sets of forces: the conscious and reasonable, and the unconscious and irrational. The more mature motivations are conscious and reasonable. We have already said that the irrational, less conscious ones are essentially residues of childhood reactions which, disturbed in development, furnish the source of neuroses, crime and war.

Hostility is not brute strength which effeminizing civilization has failed to inhibit; the human being is not simply a higher ape incapable of accepting the restrictions imposed by society upon his instincts. Man's brutality to man is a mechanism of reaction which is vestigial for mankind, and signifies a disturbance in the development of the individual. It is a disease which, like tuberculosis, is *not* inherited, but is transmitted by contact from parents to children, from generation to generation; also like tuberculosis, hostility is preventable by cutting into this process of transmission.

Disordered infantile behavior can pervert social organization as a means of aiding human life. Tyranny hampers the development of both rulers and ruled. Democracy not only fosters, but its strength and very existence depend upon the development of qualities of maturity in its citizens.

APPLICATIONS

Application of the concept of maturity to education yields some interesting results. The question has been raised, for example, as to whether education is primarily for the benefit of the individual or of society. In the light of our discussion of maturity, it is evident that in so far as education helps the student to mature, it benefits both the individual and society. If it encourages egotism and escape, it benefits neither. Probably its true function is, according to the derivation of the word, 'to lead out' emotional as well as intellectual development. In so far as it does this, it serves the student best as it serves society best, since for the rest of his life the student will endeavor to live as a mature adult in his family and in his community.

It is perhaps possible that education places too great emphasis on curriculum to the detriment of the emotional relationship of the student to his studies, as well as to himself and to his fellows. Certainly very many students concentrate upon winning high grades, on surpassing other students and evoking praise from their teachers and parents, often having little or no interest in the subject itself. Some students are so strongly motivated by competition and prestige that not only do they not learn well but they develop clinical anxieties and depressions. A mature attitude of interest is vitally important for the student's learning and appreciation of his knowledge—and for its best utilization in relation to society.

The college student is neither chronologically a child, nor yet emotionally a completely independent adult, although he has reached his full physical growth. He is in the process of emerging from his family and carries with him the emotional reactions toward himself and others generated in his home environment, which he is unconsciously testing out in relation to others. For this reason, many students struggle with emotional problems, the solution of which depends precisely upon the achievement of emotional maturity, and upon which not only individual happiness and success in life but also the welfare, if not existence, of society ultimately depend.

With this concept of emotional maturity, science—especially preventive psychiatry—merges its goal with religion, morals, ethics. The goal of peace and mutual helpfulness is revealed as a manifestation of biologic and emotional maturity; therefore it is so hard to achieve—therefore people try to love each other but cannot, people struggle to coöperate but fear they will destroy themselves. Evil is shown to be the reaction of the abused and vengeful child, which persists into adult life under a veneer of reasonableness and maturity. This concept indicates how the goal of brotherhood and peace can be attained—through preventing hostility in childhood and through facilitating the child's emotional growth.

Upon this development alone can security for mankind rest, in the long run. League of Nations or United Nations, whatever machinery is set up as essential for channeling the needs of society, is yet only machinery and will be used by people for their own ends. If society is dominated by infantile motivations, these will find expression in any world organization. The physical plight of Europe's children—grossly undernourished, seventy-five per cent of them tubercular and vast numbers syphilitic—defies description; but even more horrible is the prospect of how this kind of childhood will warp their emotional growth and what motivations will dominate their behavior as adults in society and in their own families, and what misery they will transmit through their children to untold generations. Peace is not an unattainable goal; it will be reached when we take as much care in growing our children as we do in growing our fruits, our grains and our cattle.

CONCLUSIONS

First, all channels of education should bring to people the understanding that we all function on two levels, and help them to distinguish the mature, constructive and reasonable motives in themselves and others from the infantile, egocentric, hostile ones. People should understand the tremendous importance of these for their personal lives, for their children, and for society.

Second, hostility should be made universally known for what it is, namely, a neurotic symptom, a symptom of weakness and frustration, a primitive method of defense which has become mankind's principal enemy and threatens through total war to destroy mankind. Neros are made, not born. Evil and violence have their genesis in the mishandling of children; they are preventable perversions.

Hostility should be a central research project. It should be tackled by all the related sciences. It should be pursued as widely and energetically as cancer, tuberculosis, infantile paralysis and heart disease combined. Our best brains, with adequate funds, should be mobilized to attack this program on a national scale. Hostility is a sign of disturbed development in childhood; it is a mass neurosis or psychosis in the true sense of the term.

What is already known should be disseminated systematically and as widely as possible to improve the upbringing of our children. In the long run, our security will not rest with atom bombs but with a population which is strong, realistic and resourceful, through its achievement of emotional maturity. The best available information should be brought to parents, schools and to all those who deal with people, and particularly with children. The greatest single effort of the nation and of the world should be devoted to seeing that its children mature emotionally, from the moment of conception. This is the *only* answer to man's tendency to torture and destroy himself. The practical difficulties *can* be overcome. When they are, peace and brotherhood will be, not sentimental dreams, but practical reality, and man will have saved himself from being a far more spectacular biological failure than the dinosaurs.

Geraldine Pederson-Krag

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DETECTIVE STORIES AND THE PRIMAL SCENE

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

The popularity of detective stories in the English-speaking countries is a phenomenon psychoanalytically interesting because of its prevalence and because the reading of such fiction so frequently becomes habitual. About one quarter of all fiction published annually in the United States—some three hundred volumes—is of this type(1). On two of the major radio networks one third to one half of dramatic programs broadcast deal with death and detection, and a large percentage of moving pictures have plots about the detection of crime. There is little novelty in this vicarious pursuit of criminals. Each mystery drama or detective story is less interesting for specific details than because the gratification lies in certain basic elements which are always present.

The first element is some secret wrongdoing between two people, revealed when one of the participants is discovered to have been murdered. The other, the criminal, is kept hidden from the reader among a cast of characters who are respectable members of society. The next element is a detective whose perception is so acute, whose knowledge so unlimited, whose perseverance so undaunted, that he can expose the criminal and reveal the method by which evil was done. Usually there is also introduced a character, typified by Sherlock Holmes' Dr. Watson, a dullard, dazzled by the detective's brilliance, to whom everything is explained as it must be explained to the reader. The third element is a series of observations and occurrences, trivial, commonplace and apparently unconnected. The detective discovers the significance of these and forges them into a chain of clues that leads to the criminal and finally binds him. The discovery of the criminal and his crime is a logical outcome of the combination of these elements, yet on the surface these elements seem to offer nothing which explains the insatiable demand of so many readers for this formula.

Bellak (2) notes that in detective stories anxieties are built up to be released at the height of tension, providing a pleasant experience for the reader. Bergler (3) observes that there is often a sense of uncanniness which recreates the reader's infantile belief in the omnipotence of his thought. Zulliger (4) reports that his pupils worked through the œdipal anxieties aroused in adolescence by reading sensational literature. Bellak (2) demonstrates that the reader indulges his aggressive impulses by identification with the criminal; while in his identification with the detective, he becomes the mighty, blameless superego (confirmed clinically by Buxbaum [5]), and also enjoys the detective's superior intellectual accomplishments without the trouble of acquiring them. Bergler (3) described identification with the victim, by which the reader could indulge his masochism, against which he would otherwise have to defend himself, and have also the rare pleasure of watching his own funeral and of seeing his enemies get their just deserts.

One does not deny the soundness of these observations; but surely they apply to the gratification in reading every kind of fiction in which the reader identifies himself with one or several of the characters to have any interest in the book at all. In fact, the conventions of detective fiction would seem to make it more difficult than otherwise to become identified with any of the characters delineated. Aggression, for example, has its fullest expression in the adventure rather than in the mystery story. In the latter the crime is committed off stage, and the final punishment is implied. Occasionally there may be a little shooting as an occupational hazard for the detective, but usually his work is described as a safe, tedious routine. Though the detective is a genius and a leader of men, he is often portrayed as addicted to morphine or to drink, excessively fat or thin, foppish or pedantic, or a quaint homespun philosopher. Though authors, oddly enough, seem to think these peculiarities are endearing, they should deter the average reader from imagining himself to be such characters. The victim, too, is almost never a sympathetic personality. In life he was cruel, boorish or miserly. He makes a brief, dramatic appearance as

a corpse, but he holds the center of the stage all too briefly before he is removed.

Neither the allaying of anxiety nor identifications with various characters takes into account the unique feature of the mystery story: the intense curiosity it arouses. The circumstance in which the human capacity for curiosity reaches its first and most intense expression is the primal scene. Fenichel (6) states: 'The observation of sexual scenes between adults creates a high degree of sexual excitement . . . and the impression that sexuality is dangerous. This impression is caused by the fact that the quantity of excitement is beyond the child's capacity to discharge and is therefore experienced as traumatically painful; the child may also sadistically misinterpret what he perceives, or the sight of adult genitals may give rise to castration fear.'

Here is the first element of the detective story—the secret crime. Carrying the parallel further, the victim is the parent for whom the reader (the child) had negative œdipal feelings. The clues in the story, disconnected, inexplicable and trifling, represent the child's growing awareness of details it had never understood, such as the family sleeping arrangements, nocturnal sounds, stains, incomprehensible adult jokes and remarks. The criminal of the detective drama appears innocuous until the final page. In real life he was the parent toward whom the child's positive œdipal feelings were directed, the one whom the child wished least of all to imagine participating in a secret crime.

Throughout the centuries there has been a popular demand for a sadistic return to the primal scene. For our largely illiterate forebears of the sixteenth, seventeenth and eighteenth centuries, witch hunting took the place of mystery stories. There was a need to discover witches lurking in everyday surroundings, detected by trifling blemishes on their persons, by the movements of insects, by the behavior of animals, by the testimony of unfriendly or irresponsible people, or by their own utterances under torture. This resembles the clues of the mystery tale. There were in those days many avowed witches

who were psychopaths or devotees of ancient pre-Christian cults; yet, as in the detective story it is the innocent bystander who bears the brand of Cain, so in those days it was often the improbable person whom the witch-finder made his quarry. The witches were hounded to death for the unforgivable sin of fornication with the Devil. Freud (7) has shown that 'the Devil is an image of the father and can act as an understudy for him'.

Here too was a re-enactment of the primal scene, evidence that there was, and is, a human compulsion to repeat this experience. The primal scene, the dramatic quintessence of all œdipal and castration fears, is a shockingly traumatic event. How traumatic it is depends on the manner in which it is experienced, on the infant's psychic development at the time, and on the relationship of parents to each other and to the infant. It is noteworthy that whatever the child's reaction, it always entails anxiety, a large expenditure of psychic energy, and thrusts the necessity for several choices upon the unready ego.

First the ego must decide the extent to which it will acknowledge the reality of the happening. Some children try to deny their knowledge and consequently have to obliterate much of the outer world as well. One example of this is the hebephrenic patient of Fenichel (6) who 'as a child had frequently witnessed primal scenes. He had developed a sadistic conception of the sexual act, an identification with his mother, and a consequent intensive sexual fear. The original reaction to the primal scene—hostility to both parents, especially toward the father—was warded off by means of an increasing indifference toward the world'.

A woman patient, until the age of five, showed precocious interest in other people's private lives and mental processes. Then a small boy told her a kindergarten classic about sexual organs and their functioning. This story served to reactivate for her repressed memories of the primal scene, and she became frightened of the curiosity she had previously tolerated well. She shrank from recognizing anything that would suggest that one person differs from another in any way. In analysis she

declared ignorance of the terms by which the gender of domestic animals is designated.

Similar to this is Mahler's case (8) of a boy who chronically forgot what he was told. One reason for this was the wish to deny his knowledge of sexual intercourse between his father and a woman not his wife.

The danger of a child's knowing is exemplified by the story of Little Red Ridinghood who made impertinent comments about the size of her grandmother's organs as seen in bed. Judging from the replies, what really interested her were the functions of these parts. This story warns, 'Don't be inquisitive or you will learn more than you want to know'; but the alternative, an acceptance of the primal scene, would entail anxiety and aggression. The child would have to look, overhear, correlate, speculate and theorize, all in an atmosphere of danger derived from its own anxiety and the disapproval of adults. Since such discoveries are incompatible with accepted ideas of the parents, they are repressed, although they can occasionally be recovered with little anxiety. In this category is Bonaparte's patient (9) who as early as the fourth week of analysis produced memories of primal scenes referable to the first two years of life.

Having accepted such knowledge, the ego's task of choosing is not yet over. It must now decide whether to accept the reality of the parents' sexual activities from which the child is excluded, or to have the perilous fantasy of taking part in these activities. Little Hans took the latter course (10). He said, 'In the night there was a big giraffe in the room and a crumpled one; and the big one called out because I took the crumpled one away from it. Then it stopped calling out, and then I sat down on top of the crumpled one.' This was interpreted as Hans saying to his father, 'Call out as much as you like, but Mummy takes me into bed all the same and Mummy belongs to me!'

A man in analysis had the wish to be the love object of a sadistic father. He imitated his mother's mannerisms, was irresponsible, and financially dependent on his father, later on

his wife. He appraised all his acquaintances by the extent to which they could serve as substitute fathers. He repeatedly conjured up possibilities of threat and punishment and on these occasions reacted as he had when overhearing a primal scene: he wanted to escape, was unable to do so, and developed tachycardia and dyspnea. During his first nineteen years this patient shared a room with his parents. His symptoms were the result of his unconscious fantasy of replacing the mother in the father's bed. Fears of castration kept him a passive spectator. This recalls the classic dream of the Wolf-man (11), in which a window opened and the dreamer saw white wolves, immobile, gazing at him from the boughs of a Christmas tree. Freud, describing the fragment of reality at the core of this dream, said, 'He [the dreamer] suddenly woke up and saw in front of him a scene of violent movement at which he looked with strained attention'.

Whether the reaction to the primal scene has been denial or acceptance, with or without participation, the repressed memory is in every instance charged to some degree with painful affect. The mystery story attempts to present a more satisfying, less painful primal scene from the standpoint of the unconscious. This fictional primal scene satisfies the voyeurs who, like the Wolf-man, gazed with strained attention at the scene of parental coitus.

The voyeur is never entirely satisfied with his peeping which he has the compulsion endlessly to repeat like the detective story addict who rereads the same basic mystery tale without tedium. In the gradual revelation of clues that make up the bulk of the narrative, the reader is presented with one significant detail after another, a protracted visual forepleasure. Finally the crime is reconstructed, the mystery solved, that is, the primal scene is exposed. The reader has no need to take part in this by directly identifying with the characters because the gratification is obtained from being a passive onlooker.

Edgar Allan Poe, the progenitor of all modern mystery and detective fiction, with the publication of *Tales of Mystery and Imagination* in 1841, was the child of actors. Marie

Bonaparte's intensive psychological study of Poe and his works traces in the greatest detail the enormous influence of the primal scene in the genesis of his tales (14). Sir Arthur Conan Doyle, creator of Sherlock Holmes in 1887, who was an ophthalmologist (frustrated by a lack of patients), was directly inspired by Poe.¹

In participating in the detective-story version of the primal scene, the reader's ego need fear no punishment for libidinal or aggressive urges. In an orgy of investigation, the ego, personified by the great detective, can look, remember and correlate without fear and without reproach in utter contrast to the ego of the terrified infant witnessing the primal scene.

Bergler (3) observed that the sleuth is seldom a member of the official police; rather, he is a gifted amateur, often a dilettante. An inquiring child, free from anxiety, could hardly conduct official investigations. The peculiarities with which many writers endow their detectives allow the reader, who is a little frightened by what he is doing, to say, 'This is not I; don't blame me'. It is the child in disguise wearing father's cap or mother's coat to surprise and perhaps frighten the adults before its identity is revealed.

Dr. Watson, Sherlock Holmes' plodding companion, is more important than a literary device. He supplies the reader with a safe defense, for should the punishing superego threaten, the reader can point to this character and say, 'This is I. I was simply standing by.' In the complete knowledge of the crime, achieved by the detective, the ego may participate as either or both parents in the primal scene. Knowledge, as Chadwick has shown, may be the equivalent of male or female sexuality (12). However, this second-hand sexuality is often insufficient. In many books the detective or one of his surrogates, by a conspicuous display of stupidity, is made the helpless prisoner of the villain. The reader cannot resist entering the parental bed,

¹ Cf. Sachs, Hanns: *Edgar Allan Poe*. This *QUARTERLY*, IV, 1935, p. 294, and Bonaparte, Marie: *The Murders in the Rue Morgue*. This *QUARTERLY*, IV, 1935, p. 259. (Ed.)

dangerous though it is. This prisoner, of course, is always rescued unscathed.

In conclusion, the reader addicted to mystery stories tries actively to relive and master traumatic infantile experiences he once had to endure passively. Becoming the detective, he gratifies his infantile curiosity with impunity, redressing completely the helpless inadequacy and anxious guilt unconsciously remembered from childhood.

REFERENCES

1. HAYCRAFT, H.: *Murder for Pleasure*. New York: D. Appleton-Century Co., Inc., 1941.
2. BELLAK, LEOPOLD: *Psychology of Detective Stories and Related Problems*. *Psa. Rev.*, XXXII, 1945.
3. BERGLER, EDMUND: *Mystery Fans and the Problem of Potential Murderers*. *Amer. J. of Orthopsychiatry*, XV, 1945.
4. ZULLIGER, HANS: *Der Abenteurer-Schundroman*. *Ztschr. f. psa. Pädagogik*, VII, 1933.
5. BUXBAUM, EDITH: *The Rôle of Detective Stories in a Child Analysis*. *This QUARTERLY*, X, 1941.
6. FENICHEL, OTTO: *The Psychoanalytic Theory of the Neurosis*. New York: W. W. Norton & Co., Inc., 1945.
7. FREUD: *A Neurosis of Demoniacal Possession in the Seventeenth Century*. *Coll. Papers*, IV.
8. MAHLER, MARGARET S.: *Pseudo Imbecility, the Magic Cap of Invisibility*. *This QUARTERLY*, XI, 1942.
9. BONAPARTE, MARIE: *Notes on the Analytical Discovery of the Primal Scene*. In *Psychoanalytic Study of the Child, Vol. I*. New York: International Universities Press, 1945.
10. FREUD: *A Phobia in a Five-Year-Old Boy*. *Coll. Papers*, III.
11. ———: *From the History of an Infantile Neurosis*. *Coll. Papers*, III.
12. CHADWICK, MARY: *Notes Upon the Acquisition of Knowledge*. *Psa. Rev.*, XIII, 1926.
13. REIK, THEODOR: *The Unknown Murderer*. New York: Prentice-Hall, Inc., 1945. (Ed.)
14. BONAPARTE, MARIE: *Edgar Allan Poe*. Paris: Éditions Denoël et Steele, 1933. (Ed.)

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REMARKS ON THE COMIC PROCESS AND BEAUTY

BY SIDNEY TARACHOW, M.D. (NEW YORK)

Freud observed that two people are necessary for comedy: one, the person who laughs, the other, the object whose behavior or characteristics provoke the laughter(1). The comic process may be enjoyed without being imparted to a third. Wit requires the third person, but not the second; the subject of a witticism need not be on the scene; however, an audience is required. Humor, however, is a process which takes place within one person, the forces involved being the ego and the superego of the humorist.

It is possible to think of the people and forces involved in the comic process in another and useful way. In the suggested regrouping of elements the critical factor is the management and direction of the aggression. One could say that there are two pairs of constant elements in a comic situation: they are, first, the comedian (or wit) and his audience; second, the aggressor and his victim. This does not necessarily require four people. The minimum is two, the comedian and the audience; the other two may be supplied in fact or in fantasy and may be acted out by either one or the other of the two physically necessary characters. On this basis four elementary comic situations are postulated: 1, the masochistic comedian; 2, the story-teller; 3, the practical joker; 4, the sadistic comedian. (Humor is omitted here.)

In the first group the masochistic comedian acts out the part of the victim or sexual object. The audience may be the aggressor or a third person may be introduced as the aggressor. Costello, of the comedy team Abbott and Costello, is a typical example. He is always in trouble, and is being punished,

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scolded and outwitted by Abbott, who plays a cruel and oppressive rôle. Yet it is always Costello who provides the punch line for the release of the tensions of the audience. In the second type, the storyteller, there is no victim on the scene. The aggressor and the victim are fantasied by both the storyteller and the audience. Such a comedian is a monologist and requires great skill. He must be convincing enough to stimulate in his audience fantasies of both the aggressor and the victim. Bob Hope is an excellent example. The practical joker is an aggressor. He attacks a victim and both he and his audience laugh.

The sadistic comedian is the aggressor and the audience is the victim. The comedian attacks his audience or various members of it and, peculiarly enough, the audience laughs. This type of comedy is successful only among groups who feel so much hostility toward each other that they are not content with fantasies of someone else being attacked or visualizing the comedian under attack, but enjoy seeing their companions victimized. A group with mutually affectionate feelings would have difficulty in empathizing with such attacks on their companions; spontaneous resentment and reactions of mutual self-defense would prevent sufficient identification with the aggressor.

Reik (2) has stated that a correct analytic interpretation may have the same structure or consequences as a good joke. With Freud (1), analysts have interpreted a patient's laughter as confirmation of an interpretation. A patient, under treatment for a long time, was told that his persistent masochistic illness was an aggression against the analyst, that he was clinging to the illness to defeat the analyst, to refuse his influence, to render him helpless, and that he was willing to go through a great deal of suffering so to defeat him. The interpretation provoked an exaggeratedly cheerful mood and he experienced a mild elation for several days. His explanation for this unusual happiness was one of pleasure at having such a brilliant analyst. A good share of his elation came not from having so brilliant an analyst, but from having been so brilliant himself, that he could cleverly deceive the analyst about his aggressions for so long a time.

The analytic situation with this patient fulfilled the main requirements for the creation of a joke: the concealment of an aggressive intent behind a façade of innocence, and the sudden exposure of the aggression free from guilt. Though the aggressions were the patient's, the exposure was made for him by the analyst. Most comedians, at least externally, are masochistic. Masochistic characteristics help to conceal sexual strivings and aggressions.

A severe obsessional neurotic given to periods of depression, while in the army went out socially with a superior officer and a girl. The three became drunk and conceived the idea that the patient seduce the girl in strict observance of a series of commands issued him by his superior officer, with rigorous formality and much saluting. This was done, step by step, with the utmost alcoholic and military precision. The comedy progressed until the girl was completely disrobed and the sexual act was about to take place. At that point the patient was unable to proceed until his superior officer had retreated to the bathroom. Structurally this comic situation was perfect: the obedience contained the aggression. So long as the comedy could be treated as a 'joke' the patient was able to proceed; when the sexual act was about to become 'real' the comic device failed.

The talent of a comedian lies specifically in his ability to conceal a sexual or an aggressive wish (or both) behind a façade of innocent denial. A special skill is required in the exposure of the aggressive impulse; Reik (2) and Kris (3) emphasize the factor of speed. The impulse must be exposed suddenly or ambivalently so that the wish and the deceitful innocence, or the wish and the spurious denial, are presented simultaneously or so closely together that the wish can be expressed without reproach. The laughter must release the tensions associated with both the wish and the guilt. Reik (4) and Kris (3) believe the generation of anxiety and relief from it are essential ingredients of successful comedy.

On how well these conditions are fulfilled depends the success or failure of a joke. Two patients, close friends, were discussing their progress in analysis. One, who paid a some-

what smaller fee than the other, complained about his lack of progress. The other man quipped, 'You're getting the twenty-two-fifty suit without the extra pants'. This struck both as uproariously funny. To the man who made the joke it served as an expression of superiority over his fellow patient; in effect, he said, 'You pay less than I do, but you get less'. For the other patient it served as an outlet for aggression and complaint against the analyst. Reference to the treatment in terms of selling cheap clothes is an obvious derogation. When the latter patient repeated the joke to the analyst, it did not seem funny at all. The element of surprise was gone. He had had time to develop guilt and self-reproach. He had lost the benefit of speed.

Kris(3) states the comic is a mechanism of defense, mainly against anxiety, but says also that the strongest incentive to play the fool is exhibitionism. He describes a young man, a scopophilic and an exhibitionist who, having been outrivalled by his brother, thereafter felt himself condemned to be a clown. When in some political argument the others were absorbed in a fierce discussion, he was content with making an occasional joke. His wit, often spiteful and aggressive, served as a defense against a passive oral fantasy; it replaced his desire to seduce with words. For a time his post as contributor to a comic paper gave him a certain balance. But the distortions he inflicted on his personality by his perpetual joking were due to his desire to avoid competition with a stronger rival.

A patient with similar characteristics almost always felt inferior to the other men in a social group. He would regularly overwhelm them with an outpouring of words, mainly of comic or exhibitionistic import. If he felt less afraid his wit became sharp; otherwise, he clowned at his own expense, which included his reaction during analysis. However, his clowning did not dispel his insecurity; he often felt depressed afterward. His neurotic symptoms included two types of premature ejaculation. One was a spermatorrhea, strongly suggesting urination, which generally took place during preliminary love-making. When he effected penetration he then

had a physiological but premature ejaculation. Words were very important in his love-making; he felt them to be caresses.

The urge to be a comedian arises in an ambivalent sado-masochistic character struggling with an intolerable load of aggression which provokes an equally intolerable burden of guilt and self-punishment. The joke is an opportunity to discharge both the aggressions and the guilt without resolving the underlying conflict and without maturing into a less ambivalent character. In fact, the ambivalence and the comic technique become invested with a great deal of narcissism and exhibitionism. Kris⁽⁵⁾ observed in children that fun is favored over play as 'the means of mastering aggression, or more correctly ambivalence'. Ferenczi⁽⁶⁾, in the posthumously published fragments, noted that neither the completely moral person nor the completely cruel person can laugh, but that the ambivalent person (whose sadism is insufficiently sublimated and imperfectly repressed) can. Bergler⁽⁷⁾ similarly states that individuals who can give free expression to their aggressions (not ambivalent) which can be directed to objects are not humorous.

A 'bull session' is an informal gathering, usually of men only, who exchange sexual and scatological jokes, brag about their sexual exploits, or indulge in character assassination. As it progresses, the superego of the group becomes progressively more lenient until the session becomes a verbal sexual orgy, more pregenital than genital, and a veritable lynching bee. These sessions are group attempts to seek instinctual liberation, and they partake of the psychology of mob violence.

Similar but much more highly sublimated analogies are 'jam sessions' in which musicians playing ensemble adhere to the rhythm and the key but take complete liberty with the melodic line and chord structure. Among painters, the members of a group will modify and change an abstract painting of a subject until the group is collectively satisfied. These may be considered expressions of defensive group aggression against objects, carried to a point at which the objects are almost destroyed.

Sterba (8) gives an excellent resumé of Freud's comparison of wit and æsthetics. He says, ' . . . the artist follows certain laws of beauty, whose investigation belongs in the field of æsthetics. These æsthetic features in the work of art are particularly suited to incite those who enjoy it to identification, and it is to a great extent these æsthetic qualities through which the work of art becomes a social phenomenon. The deeper effect of the æsthetic qualities is more comprehensible through the principle of æsthetic assistance or enhancement, first discovered by the German philosopher, G. Th. Fechner (Cf. his *Vorschule der Æsthetik*, 1897). Freud, in his famous contribution, *Wit and Its Relation to the Unconscious*, explains in detail this principle and its share in the effect of wit and jokes. He calls it the "forepleasure principle" and shows that a process giving rise to pleasure is also able to release other sources of pleasure which have been until this time repressed owing to their forbidden nature if they are linked up with the first process. In wit these combined processes bring about a far deeper pleasure than the apparently innocent technical wit creation can give by itself. The technique of wit, the use of puns, strange and funny combinations and the like, seduce us to the enjoyment of sadistic or obscene tendencies, whose expression would repel us were it not combined with the enjoyment of the skilful technical creation of the joke itself. Freud calls the pleasure of the technical side of wit the *fore-pleasure*, through which the deeper and forbidden pleasure, forbidden until now because of its aggressive or obscene nature, is released. The æsthetic side of the work of art has a similar forepleasure effect; it seduces the individual into the enjoyment of forbidden instinctual wish gratification without his even becoming conscious of the original sources of his pleasure. But at the same time the effect of the æsthetic side of the work of art is considerably overestimated. It is valued as if the entire quantity of pleasure caused by the work of art were brought about by the æsthetic features, while actually the real sources of pleasure remain for the most part unconscious. The amount of pleasure radiating from these unconscious sources

is automatically ascribed to the processes which bring about pleasure consciously, that is, to the æsthetic features of the work of art. The result of this is the overestimation of the æsthetic side. Exactly the same thing occurs in the case of the joke: [its] clever construction . . . is overestimated and is regarded wrongly as the main source of the pleasure. . . . Actually the gratification of unconscious tendencies, either obscene or aggressive, is released through the forepleasure which arises from the technical construction of the joke.'

Weiss (9), in an interesting discussion of formal beauty, takes as his point of departure Freud's ideas on economy of expenditure of psychic energy in wit, comedy and humor. The principle of economy underlies the beauty of pictorial design; it is easier to perceive a design made of few elements than of many. Ease of perception itself does not give pleasure, but rather the comparison of the ease with which we now perceive with the difficulty we might have had without the economies. To Freud's (1) formulae, 'wit is the economy of expenditure of psychic energy in inhibition; comedy is the economy of expenditure of psychic energy in thinking; humor is the economy of expenditure of psychic energy in feeling', Weiss adds, 'formal æsthetic pleasure is economy of expenditure of psychic energy in perception'.

Weiss raises the question that since there is an economy of energy in both wit and beauty, if we laugh at wit why do we not laugh at beauty?

In a joke the resolution of the impulse tensions is withheld until the very last moment. There is a sudden resolution of tensions which the storyteller has built to a peak, and the laughter represents the abrupt release from tension; however, release from instinctual tension alone does not account for the laughter. No joke can be developed about a subject which is not laden with anxiety or guilt. The secret of a good storyteller is his ability speedily to build up the tensions of guilt and anxiety as well as instinctual tensions and to provide a simultaneous resolution of all the tensions.

The enjoyment of beauty is a slower process. Weiss (9)

remarks that in the work of art there is little opportunity for concealment or surprise. Art is more complicated than is wit; the artist, unlike the comedian, must release tension without benefit of surprise or deception.

The generally accepted psychoanalytic theories of the unconscious enjoyment of art are the magical control of feared and hated objects, and the restitution of objects destroyed. Sharpe (10) has found art to be a sublimation rooted in the primal identification with the parents. The incorporated ego of the hostile parent is externalized in the work of art and subjected to the magical control of the artist. Rickman (11) reaches the conclusion that the artist is an aggressor, and that the work of art is a restitutive process showing the need to create lasting goodness and wholeness from that which in fantasy had been injured and rendered bad. The technique of composition is considered by him to be a means of construction after an act of destruction. Lee (12) recently came to the similar idea that artistic work is an atonement for destructive rage against objects, and that it is also a means of self-therapy for neurotic depression, the neurotic depression being a prerequisite for artistic creation.

A motive in the creation of beauty is anxiety produced by a feared and hated object with whom the artist must become reconciled. The sensation of beauty may thus be a special process which brings about a passive reconciliation with a feared object; the mechanism need not be a restitution and reparation through guilt toward a destroyed object, but relief in the contemplation without anxiety of the transformed threatening and fearsome object. The artist can then surrender himself in love to the same (but newly perceived) object. It is this relief which contributes the basic feeling of release from tension in the appreciation of beauty.

Artistic creation is magic by which the artist controls dangerous, aggressive forces about him by mastering these forces with his own hands (10). His demonstration of this magical power is shared by his audience. The perfection of his technique (mastery) is the measure of his successful magical control.

Once this has been achieved, attention can be partially shifted from the object to the perfection of composition: the fearsome object can now be loved. Thus defined, the ensuing relief and surrender in love to the object is the source of the pleasure in the appreciation of beauty. In this transformation, ambivalence is conquered much as it is in the process of falling in love. This perhaps accounts in part for the quality of sadness often felt when experiencing beauty or love. The resolution of ambivalence in artistic creation is more mature than it is in the comic process because in the latter both polarities of the ambivalence are simultaneously expressed, not resolved. Humor, taking place in one person, lies structurally near beauty. According to Kris (5), humor is the most mature of comic expressions, mainly because it is the least ambivalent.

What should be emphasized is that the burden of repression is eased by transforming something hidden into something which may be exhibited, converting pain into pleasure, discomfort into creation, and release of tension. The artist's pleasure is thus secondary or derived, does not stem directly from his relations with objects (which arouse anxiety), but from his creation of beauty. This form of depersonalization is a small price to pay, since the narcissistic rewards of creation are great and, when successful, elicit love and admiration.

Similar processes must obtain in all the arts, dramatic, graphic, literary or musical. An actor, Fenichel concluded (13), is trying to control magically the person whose part he is playing and whom he fears; he is also trying to frighten and control the audience. Fenichel emphasizes the apotropaic function of acting. It is probable that all the arts have a similar function of warding off evil or danger. This is directly represented in some primitive art, and in the grotesques (14) which decorate innumerable churches in the Western world. A patient, who hated and feared her mother, repetitively sculptured grotesque busts of women with hideous features and enormous breasts. Another patient, in painting portraits of people who unconsciously represented something which provoked anxiety, had difficulty with the composition of the

portraits: the figures seemed to become larger until they seemed ready to burst out of the dimensions of the canvas. While Rickman (*II*) emphasizes the reconstructive and reparative functions of composition, in painting it may be considered successful as magical control only when it transforms the feared object into something both docile and beautiful. The uncontrolled composition—like other frankly apotropaic representations—is an unsuccessful attempt to control the threat of anxiety-producing objects. Art which is confined to representational content, to perfection of form and composition, may also be considered as psychologically unsuccessful; the artist is too preoccupied with forging a secure prison for his feared object.

An example of successful artistic transformation is the work of a patient who painted landscapes. Every landscape contained an abandoned house and some long cylindrical object such as a telephone pole. This subject matter proved to represent his transformation of the fantasied violence of sexual activity in his parents and in himself. His drive to create these beautiful landscapes was motivated by his fear of sexual aggression; these active aggressions were subdued and transformed into inactive landscapes. In this artistic process, repressions turned into exhibitionism, the aggressions were stilled, and his unpleasant affects sublimated in admiration and love. In the early part of this man's analysis he dreamed a great deal about abandoned houses. After the symbolism of the house had been analytically worked through he began to paint portraits of women.

SUMMARY

Comedy is a release of aggression. The comedian attacks or destroys the object with a technique which ensures freedom from reprisal. The urge to tell a joke is a sadomasochistic impulse in which the aggression and the guilt are of about equal strength; it is a device for discharging the tensions of both the aggressions and the guilt without the burden of resolving the ambivalence. The artistic creation of beauty is

also a relief, but from the intolerable tension of the fear and aggressions of others. In art the feared object is not destroyed, but transformed into something controlled and beautified. The special technique in creating beauty is a shift in emphasis from the object to the perfection of the style and the composition of the representation. There is then an unconscious, passive resignation of the artist to the beauty of his work of art. The comedian transforms a tension into ambivalently expressed aggression. The artist transforms a tension into exhibitionism of his passive resignation to the object. The comic thrust is a weapon of revenge. The creation of beauty is a reconciliation with the enemy. The comedian is a hostile sharpshooter loudly proclaiming his innocence. The artist is in dread of his objects and proclaims his control and denial of fear. The comedian says, 'I transgress, but what a relief. It is only a joke'; the artist says, 'This creature is horrible and to be feared. But what a relief! I can make it beautiful. I love it.'

The advance toward maturity which beauty makes over comedy is that in beauty the ambivalence is resolved in favor of love, while in comedy the essence of the technique is unresolved ambivalence.

REFERENCES

1. FREUD: Wit and Its Relation to the Unconscious. In *Basic Writings of Sigmund Freud*. New York: The Modern Library, 1938.
———: *Der Humor*. Ges. Schr., XI, p. 402.
2. REIK, THEODOR: *Surprise and the Psychoanalyst*. New York: E. P. Dutton and Co., 1937.
3. KRIS, ERNST: *Ego Development and the Comic*. Int. J. Ps., XIX, 1938, p. 77.
4. REIK, THEODOR: *Listening with the Third Ear*. New York: Farrar, Strauss and Co., 1948.
5. KRIS, ERNST: *The Psychology of Caricature*. Int. J. Ps., XVII, 1936, p. 285.
6. FERENCZI, SÁNDOR: Lachen. In *Bausteine zur Psychoanalyse*, Vol. IV, p. 185. Bern: Verlag Hans Huber, 1939.
7. BERGLER, EDMUND: *A Clinical Contribution to the Psychogenesis of Humor*. Ps. Rev., XXIV, 1937, p. 34.
8. STERBA, RICHARD: *The Problem of Art in Freud's Writings*. This QUARTERLY, IX, 1940, p. 256.

9. WEISS, JOSEPH: *A Psychological Theory of Formal Beauty*. This QUARTERLY, XVI, 1947, p. 391.
10. SHARPE, ELLA: *Certain Aspects of Sublimation and Delusion*. Int. J. Psa., XI, 1930, p. 12.
11. RICKMAN, JOHN: *The Nature of Ugliness and the Creative Impulse*. Int. J. Psa., XXI, 1940, p. 294.
12. LEE, HARRY B.: *On the Æsthetic States of the Mind*. Psychiatry, X, 1947, p. 281.
13. FENICHEL, OTTO: *On Acting*. This QUARTERLY, XV, 1946, p. 144.
14. WILDRIDGE, T. TINDALL: *The Grotesque in Church Art*. London: William Andrews and Co., 1899.

Fear of Mice

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FEAR OF MICE

BY S. S. FELDMAN, M.D. (ROCHESTER, NEW YORK)

The immediate reaction of many persons to seeing or even thinking of a mouse is fear that they will touch, or, more often, that they will be touched by the animal. The presence of a mouse, alive or dead, appearing or disappearing, causes dread, anxiety, horror, with all the accompanying somatic signs and symptoms.

A young married woman found a mouse in her bathtub. She screamed, as did her nine-year-old daughter who was present. They were so afraid of touching the animal, after drowning it in the tub, that neither of them dared remove it. The mother attempted to pick it up with a piece of paper, but even thus protected she so dreaded to feel the body of the mouse, she called her husband from his office to do it for her. An elderly woman, a recluse for twenty years from morbid fears of cockroaches and mice, maintained she would rather encounter a lion than a mouse: the mere sight of a mouse would frighten her to death.

Many men have phobic reactions to mice but they are ashamed to reveal them because this particular fear is considered a sign of weakness—a feminine trait. Women readily admit it. Some women identify the fear as that the mouse will run up under their skirts, some men that it will run up inside their trousers. Men generally interpret the woman's reaction as fear of sexual attack, not by the mouse but by a man. Neither men nor women have a ready interpretation applicable to men. If a woman is known not to be afraid of sexual intercourse, the interpretation is corrected to mean that she is fearful of repressed, incestuous, sexual desires. This common belief is confirmed in psychoanalytic literature which ascribes to the morbid fear of mice some repressed heterosexual or homosexual striving.

Fodor¹ writes: 'Women who grow hysterical at the sight of a mouse and jump on a chair disclose the phallic acceptance of the mouse. They are really frightened of a sexual attack: of the mouse running up under the skirt into the genitalia. I have seen the same hysterical fear manifest itself in a medical man who suffered from strong homosexual repression; only he was frightened that the mouse would run up into his anus.' Groddeck² comments

¹ Fodor, Nandor: *Varieties of Castration*. American Imago, IV, 1947, No. 3.

² Groddeck, Georg: *The World of Man*. London: The C. W. Daniel Co., 1934.

of Dürer's etching of the Fall of Man: 'The artist's unconscious mind . . . has revealed to us in a few strokes much of the hidden life of humanity. Consider first the two animals in the foreground, a harmless little mouse by Adam, and in front of Eve a cat whose tail twines round between Eve's legs. Woman's fear of mice is traditional; the mouse may run up her skirts in seeking its hole. And the mouse-devouring "cat" belongs to woman.' According to Freud,³ the mouse is a genital symbol 'on account of the hairiness of the genitals'; but Freud does not say whether male or female. Apparently he thought that the mouse may symbolize both. Stekel⁴ is of the same opinion.

There is little doubt that the mouse is sometimes a phallic symbol and signifies a fear of sexual intercourse. That sexual repression is universal is conducive to this interpretation. A young woman, during an incidental conflict with her husband, became aware before retiring that her husband intended to have sexual intercourse with her, which she avoided by remaining downstairs reading. After her husband had fallen asleep she went to bed. That night she dreamed a mouse was trying to get along a pipe to the second floor, and was relieved that the mouse failed. Though caution is necessary in interpreting a dream by its manifest content, it no doubt refers to sexual intercourse. This young woman had no conscious fear of sexual intercourse.

From this writer's observations and experience with patients who had phobic reactions to mice, the motivation and the content of the symptom has a varied, individual specificity.

THE BABY

For a twenty-five-year-old virgin with an intense infantile dependence on her mother that included intrauterine fantasies, the mouse was the baby.⁵ At the age of three she saw a girl of her age sitting on her mother's lap, leaning her head on her mother's breast. She sought the same favor of her mother who ridiculed her. She was

³ Freud: The Interpretation of Dreams, in *The Basic Writings of Sigmund Freud*. Trans. by A. A. Brill. New York: The Modern Library, 1938, p. 373.

⁴ Stekel, Wilhelm: *Die Sprache des Traumes*. Munich: J. F. Bergman, 1922.

⁵ A man who did not like his children was distressed by a dream of a box with three mice in it.

Men, especially in Europe, call their sweethearts 'little mouse'; also in dreams, various 'little animals' represent little children.

'There are folklore songs in which a lover expresses the wish to become

frustrated and ashamed. On another occasion she saw the same girl playing with dolls and pressing their heads toward her own 'breasts'. Henceforth she played secretly in the same way, hiding in her room for fear that her mother would ridicule her again. Until her analysis, she forced her mother to sleep with her, clinging to her mother's nightgown. She had the desire to take food from her mother's mouth and eat it. The ultimate elaboration of her fear of mice in analysis was that the mouse would run up under her skirt, reach her genitals, enter into the vagina and, not knowing how to get out, the mouse would stay there.

SADISM

In some instances the mouse is immediately associated with the cat's aggressive attitude toward it, or with the fact that mice are destructive, may carry germs, and that therefore they should be killed and disposed of. These are patients with strong oral-sadistic tendencies toward their disappointing mothers. Typically, they are afraid to take any little animal in their hands for fear of harming it, or killing it 'unintentionally'. It is not the fear of the mouse but fear *for* the mouse because of the appetent impulse to kill it.⁶ It is this repressed sadism of which fear of mice is a symptom. The sight of a mouse caused one man with strong oral aggression to develop stiffness in the arms and salivation which were symptomatic of the repressed impulse to seize and devour.

Dr. Tibor Agoston⁷ is of the opinion that the commonest factor in fear of mice and rats is their association with filth and greediness,

a mouse in order to be able to slip unseen into the bedroom of his sweetheart . . . Well known are the tender names among lovers which stress smallness . . . "little mouse"—very popular in German—"my baby, my little bit". (Moellenhoff, Fritz: *Remarks on the Popularity of Mickey Mouse*. American Imago, I, 1940, No. 3.)

⁶ 'Your discussion of sadism in this connection reminded me of the story, *Of Mice and Men*, by John Steinbeck. It is about a big, strong fellow who loved mice and usually carried one in his pocket. He loved to stroke their soft fur. He feared he would crush them to death, which he always did. He finally killed a woman who invited him to feel how soft was her hair. It reminded me, too, of a young miner who used to work for my father. He would bite off the head of a live mouse for a few pennies.' (Personal communication from Miss Majorie Harle, Chief Psychiatric Social Worker of the Psychiatric Department of the University of Rochester, School of Medicine and Dentistry.)

⁷ Personal communication.

and that the most repulsive feature of both animals is the low position of the mouth on the head. In the writer's opinion this applies mainly to phobias of rats which have motivations different from the fear of mice.

In a case reported by Eidelberg,⁸ a woman could experience sexual feelings during intercourse only by imagining herself to be a mouse. The mouse was one she once saw her father kill; thereafter she felt intensely guilty because the deed had fascinated her. Only if the man was brutal with her, or she could evoke an equivalent masochism in fantasy, was she sufficiently relieved of the guilt for her sadism to permit herself sexual pleasure.

CASTRATION

The man who experienced salivation and stiffness in his arms at the sight of a mouse had obsessive ideas of cutting off his penis. Sadomasochism and fear of castration found expression in the same symptom. In his fear of mice, the mouse represented the penis detached from the body like a dead mouse on the floor.

In some women the fear of mice is associated with a pathological castration complex. The protection of the genitals against the mouse is a defense against the rising into consciousness of the partially repressed fear of castration. A woman with strong masculine strivings once dreamed of a floating penis which horrified her, and at another time of a distressingly pitiful mouse whose 'two hands' were mutilated.

HIDDEN SELF

The quick and sudden appearance and disappearance of the mouse often represents an intimate, conscious secret (masturbation), or corresponds to the danger of the emergence from the unconscious of a criminal wish. Many persons, otherwise honest, commit small thefts which they try to forget. Instances have been observed in which the mouse, a 'little thief', represents this secret. According to Stekel,⁹ 'An animal represents to the phobic . . . a specific part of his soul'. Fritz Wittels has stated that the mouse can represent the neurosis itself.

⁸ Eidelberg, Ludwig: *Take Off Your Mask*. New York: International Universities Press, 1948.

⁹ Stekel, Wilhelm: *Nervöse Angstzustände*. Vienna & Berlin: Urban & Schwarzenberg, 1924, p. 467.

Studies in Psychoanalysis. By Ludwig Eidelberg, M.D. New York: Nervous and Mental Disease Monographs, 1948. 233 pp.

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BOOK REVIEWS

STUDIES IN PSYCHOANALYSIS. By Ludwig Eidelberg, M.D. New York: Nervous and Mental Disease Monographs, 1948. 233 pp.

TAKE OFF YOUR MASK. By Ludwig Eidelberg, M.D. New York: International Universities Press, 1948. 230 pp.

Seventeen of Dr. Eidelberg's previous contributions to psychoanalytic literature are compiled in the first book, comprising a wide range of subjects in theory and practice. The papers do not appear in the chronological order of their publication, but are rearranged and edited to approach as much as possible a systematization of contents; not every one of the studies will be mentioned in this review.

The first paper, on perversions, makes a contribution to the approval of the perversion by the ego. The second deals with the metapsychology of masochism, along with points on the technique of handling the negative therapeutic reaction. Another paper deals with the analysis of a case of paranoia in which paranoid trends were 'energetically discouraged', and the danger of the homosexual transference effectively averted by recommending that the patient have sexual intercourse. The advisability and indications for such technical devices are discussed.

The study of an interesting case of agoraphobia and writer's cramp, with mechanisms of projection and conversion, stresses the rôle of aggression in the phobia. This theme is also the basis of the article on the comparative theory of the neuroses, wherein the thesis is advanced that, when a libidinal impulse is repressed, the libidinal components are converted into symptoms and the aggressive components into a sense of guilt or anxiety.

A paper on Pseudo Identification illustrates a type of defense mechanism found in some schizoid characters who project their wishes to others and, accepting them, consider it as 'part of adjustment to reality'. Differences between this mechanism and both hysterical identification and paranoid projection are elaborated.

In two papers dealing with slips of the tongue, Eidelberg shows that slips have not only a conscious but also an unconscious significance, the latter representing the gratification of infantile instinctual wishes which the unconscious part of the ego blocks from

being satisfied. There seems to be an advantage in analyzing some slips not as examples of a breaking through of an infantile wish but as the result of a compromise between the infantile wish and the defense against it by the superego. A similar explanation is given for the nature and content of some conscious masturbatory fantasies, wherein, as in the papers on slips of the tongue, Eidelberg stresses the compromise nature of the masturbatory fantasy as containing both id and defense elements.

To indicate a systematic trend in the papers is not possible because of their diversity. Some of the papers are easy to read and understand; some are ponderously involved, painstakingly thorough and repetitious. Material from one case is used as a basis for several papers. Some of the theoretical expositions (e.g., *Instinctual Vicissitudes and Defense Against Instincts*), though valid in content, are heavily didactic; where this exists at the end of a clinical paper interwoven with technical implications, the effect is a happier one.

In *Take Off Your Mask*, Dr. Eidelberg has written eight stories, each a condensed case history, each representing 'an hour' of a psychoanalyst's day. During the morning hours are described the first interview with an obsessional neurotic, a session illustrating a turning point in a case of frigidity, a first interview with a homosexual, and the analysis of the dream of a candidate in training. 'Time for lunch, ah. . . .' The afternoon sessions include a skilfully managed session during which a paranoiac becomes aware of his feminine identifications, an example of successful working-through in a masochist, a letter from a former patient who has committed suicide, and an hour with a phobic patient. The 'stories' are not from any single patient but are condensations of many cases and many hours. The author warns that this fictional style and content should not be taken as actualities; he hopes that the book will give the reader not only intellectual understanding of basic analytic knowledge but will permit him to have the illusion of participating in the emotional experience of the patient.

Without a doubt the book accomplishes these goals. The method of exposition, which lies somewhere between that of the 'psychological novel' and that of a case report, has the advantage of making clear what is meant by repression, transference, resistance, working-through, symptom-formation and many other psychological

phenomena. There is no question that from the point of view of giving information the book is successful. Whether the educative process the reader participates in while reading the book will do any more or will make things clearer than other popularizations of psychoanalysis is uncertain.

It can be imagined that some patients on reading the book will expect from their analyses similar didactic expositions on repression, superego, the dual instinct theory, and many such similar theoretical points which, to be sure, may be common knowledge to an enlightened segment of psychoanalytic patients, but which still may be of dubious technical advisability. Perhaps for the purposes of the book such a method is necessary, even though the fact may be recognized that it is more efficacious therapeutically for most patients to learn about these principles in subtler ways.

The subtleties as to the timing of interpretations and adherence to correct analytic theory seem to be addressed primarily to practicing analysts. It is really remarkable how much psychoanalytic theory is crowded into a small book in this way, mixed with a profusion of allusions to art, literature and recourse to Latin phrases. It is also remarkable how successfully Dr. Eidelberg introduces the theme of countertransference—that the analyst becomes tired, is annoyed, is pleased, becomes frustrated, and has diverse other feelings in connection with his work appears to be a major purpose. This is obviously to demonstrate to patients that the analyst is 'human too'. Laudable as the intention is, it has upon some readers the effect of being too painfully obvious, something which might have been avoided or achieved by a greater literary finesse.

Take Off Your Mask is another instance of which one may ask whether for some people popularizations of psychoanalysis do not add another layer of intellectual defense which aids repression. It must be admitted, however, that as clinicians we are likely to see not the good that is done by popular books, but only those instances in which resistances are increased.

NORMAN REIDER (SAN FRANCISCO)

PSYCHOTHERAPY. Practice and Theory. By Charles Berg, M.D.
New York: W. W. Norton & Co., Inc., 1948. 503 pp.

Written largely for the information and guidance of the beginner, this book will also be of interest to the experienced psychotherapist.

Physical and nonanalytic methods of treatment and theory are reviewed but the primary emphasis is on psychoanalytic therapy. The author is fluent, articulate, sometimes discursive but never dull. His book makes good reading.

Anxiety, hysteria, neuroses and psychoses are all related through the libido theory. Accumulated, undischarged sexual tension is emphasized as the causative factor in psychogenic illness. Such oversimplification and the omission of most of ego psychology may be justified in a book which deserves great credit for avoiding technical sophistry.

The body of the book consists of verbatim case presentations illustrating the clinical reactions and treatment situations of the major neuroses and psychoses. The dramatic narrative style employed is an important contribution. Patient-therapist sessions are recorded in a lifelike manner conveying the essential atmosphere of psychotherapy, completely unlike the ordinary textbook of psychotherapy or psychopathology. While the effect is illuminating, the method may be misleading to beginners, since such eloquence, facility and quick comprehension, particularly on the part of the patient, do not occur very often in practice.

The section on treatment which follows contains a brief historical review of medical psychology including concise summaries of the theories of Jung, Adler, Meyer, Reich and others. A chapter on drugs and one on physical methods of treatment in psychiatry say all that needs to be said on these subjects. Appeals to will power, faith healing, persuasion, suggestion and hypnosis are considered for what they are and what they are worth. The section on psychoanalytic theory and treatment is admirable for its clarity and succinctness.

Aiming at comprehensiveness, Dr. Berg considers the problem of biology in the etiology and possible prophylaxis of psychogenic illness. Although constitution and heredity are inescapable facts, preventive psychotherapy of the future may alter endowment according to the Lamarckian principle of 'the transmissibility of acquired characteristics'. If those who are responsible for the care and upbringing of men and women can be rendered free from anxiety through the intervention of psychoanalytic knowledge, this freedom from anxiety may be transmitted to the members of society of the future without an alteration of the germ plasm. Dr. Berg speaks of 'disposition' in a total sense as the thing to be

changed. It is to be assumed he is thinking of relatively less anxiety, and not an absence of it, as a result of such a program. -

Psychotherapy, as formulated here, becomes a vividly animated and understandable process.

LEON L. ALTMAN (NEW YORK)

DIE ANGST DES KINDES. (The Anxiety of the Child.) By Marguerite Loosli-Usteri. Bern: Medizinischer Verlag Hans Huber, 1948. 164 pp.

This is a translation of Loosli-Usteri's book *De l'anxiété enfantine*, first published in 1943. Her ideas are based upon Jung's theories of the unconscious, particularly those of the collective unconscious and the archetypes (p. 24).

Loosli-Usteri defines free-floating anxiety or anxiety *per se* as '... a state of inner restlessness and uncertainty, which originates in the disturbance of balance between the forces of development and those of perseverance (*Gleichgewichtsstörung der Kräfte des Werdens und Beharrens*)' (p. 40). The expression 'disturbance of balance' is chosen in preference to 'conflict' to indicate that we are dealing with 'the rivalry of superindividual forces which make themselves known both in physical and in psychic existence' (fn., p. 40). The author quotes Lacroze's theory according to which anxiety begins with birth, 'possibly even with conception' (p. 41). It is a phenomenon which goes beyond individual experiences, although these may reinforce existing endogenous anxiety. This is why infants experience anxiety (p. 41)—the child's first affective reaction (p. 42). This fundamental free-floating anxiety, which can also be described as a readiness for anxiety, is not directed to any objects. It is a chronic state which has its roots in life itself and which expresses itself in physical and psychic symptoms. It crystallizes in three different forms of which the first is oppressive anxiety (*beklemmende Angst*), which is an affect of short duration but extreme intensity, representing a complete, momentary disturbance of the equilibrium between the forces of development and perseverance. Its causes are within the individual and are frequently of somatic origin. Second, anxiety towards objects (*gegenständliche Angst*), which is more intense than free-floating anxiety, yet less intense than oppressive anxiety. It is an emotion which releases inadequate reactions. The author makes the usual dif-

ferentiation between fear in response to an external danger, and anxiety which is a reaction to subjective dangers. Third, a fear (*Furcht*) which is less momentary than anxiety and implies an element of imagination and expectation. The struggle between the progressive forces and the regressive forces takes place in the spiritual sphere.

From these theoretical considerations the author proceeds to an empiric description of anxiety states of children of different ages. Anxiety to the third year is free-floating because the child's apprehension of the world is syncretistic and therefore does not distinguish between fantasy and reality. As it becomes able to distinguish between them its free-floating anxiety diminishes. Disturbed relations with people are due to the projection of archetypes to objects; life experiences may reinforce these. After a period of relative stability between the ages of three to five, there follows a period of growth which terminates when the latency yields to the beginnings of prepuberty around the seventh and eighth year. Children at these ages are prone to anxieties. The nightmare is characteristic of this period. All this, however, is explained merely by the struggle between the forces of development against those of perseverance; no reference to masturbatory or other conflicts or fantasies is made. During this period, but even more in adolescence, the child is troubled by subjective anxiety, because the instinct of self-preservation, the sexual instinct and social and religious instincts can frighten the individual when they become too strong.

Treatment is approached from two directions: psychologically oriented pedagogy, or psychotherapy. Loosli-Usteri emphasizes the necessity to study the child psychologically, by tests and exploration through play material or verbal communication, before deciding upon the course of treatment. She considers the relationship between therapist and child the most important factor in treatment. The therapist will, however, only succeed when he is 'filled with deep faith' (p. 121). With his help the child should learn how to be reverent and should be led to true religiosity, as taught by Albert Schweitzer and Pierre Bovet (p. 159). Loosli-Usteri does not think it necessary that the unconscious should be understood intellectually (p. 148) and consequently refuses to use interpretation as a therapeutic means: one reason being that she wishes to respect the amnesia of the child for its past which indicates to her

its desire to develop away from the past (p. 147). The other reason given is that children are not interested in dream interpretations dealing with animus and anima (p. 149). Children are too immature for these. These interpretations are therefore reserved for adults.

The second chapter of this book is devoted to a discussion of Freud's and Janet's theories of anxiety. Loosli-Usteri finds some agreement with Janet, but scorns Freud, quoting Dupré: 'It is regrettable that Freud's idea of anxiety neurosis can hardly be separated from his most questionable pathogenetic considerations about the psychosexual origin of anxiety manifestations' (p. 26).

Loosli-Usteri misses in Freud 'any reference to the struggle between opposing forces' (p. 27) which she recognized as one of the main signs of anxiety. The psychoanalyst who knows anxiety to be a resultant of conflict between the demands of the id and the superego, which the ego is unable to solve adequately will be puzzled; however, the author admits that 'only special studies would enable her to fully understand Freud's theories', which she therefore prefers to quote secondhand (p. 26); this, perhaps, accounts for her misunderstanding.

The main concept of Loosli-Usteri, defining anxiety as a 'disturbance of balance between the forces of development and perseverance', has some similarity to Freud's concept of the life and death instincts. The complete denial of the importance of sexual drives reminds us of the essential difference between the Freudian and the Jungian psychologies.

EDITH BUXBAUM (SEATTLE)

PROGRESS IN NEUROLOGY AND PSYCHIATRY. An Annual Review. Volume III. Edited by E. A. Spiegel, M.D. New York: Grune and Stratton, Inc., 1948. 661 pp.

This third volume on Progress in Neurology and Psychiatry, like its predecessors, fills a much needed gap in this field. More than 2800 papers have been reviewed in this volume. The material consists of abstracts of articles in neurology and psychiatry of war material published during and after the war. Special emphasis is placed on the dynamic approach in psychiatry. New chapters on Mental Deficiency, edited by C. E. Bender and C. E. Chipman, and on Criminal Psychiatry by B. Karpman have been added. The

chapter on psychosurgery discusses experiences with prefrontal lobotomy upon certain types of pain. Chapter IV, Psychosomatic Medicine, is discussed by E. Weiss and L. J. Saul. The chapter on Psychoanalysis, edited by A. A. Brill and R. L. Frank, is well integrated and the only fault one can find is that it is too short, covering only fourteen of a total six hundred sixty pages. This undoubtedly is the result of limitations set by the requirements of the publishers. Various phases of psychoanalysis, such as Application of Psychoanalysis to Other Therapies, General Psychoanalysis, Psychoanalytic Aspects of Medical Problems, Application of Psychoanalysis to Psychoses, and Psychoanalytic Contributions to Child Problems, are the topics of review. Although psychoanalysis does not receive as much space as it should, this volume will be a useful addition to the psychoanalyst's library.

CHARLES DAVISON (NEW YORK)

CASE HISTORIES IN CLINICAL AND ABNORMAL PSYCHOLOGY. Edited by Arthur Burton and Robert E. Harris. New York and London: Harper & Brothers, 1947. 680 pp.

The most provocative communication in these six hundred and eighty pages is the introduction by Henry Murray. The great sweep of his preliminary discussion, together with his acute critique of the book, make its contents seem on the whole quite pedestrian. It is difficult to imagine how the editors could keep this collection of case discussions, written by clinical psychologists and psychiatrists, and intended for students, from being an anticlimax; yet one feels disappointed that the contrast is so sharp.

Most of these forty-three presentations consist of clinical histories, usually including a strictly phenomenological description from the psychiatrist's record, a detailed presentation of the psychodiagnostic studies made by the psychologist, and a final discussion. Others are simply sketches of 'typical' cases from various nosological categories. A few give an account of the course of psychotherapy conducted by the clinical psychologist. There is great unevenness throughout; some of the papers demonstrate admirably high levels of competence both in clinical description and in psychodiagnostic evaluation, while others seem embarrassingly naïve and superficial. While such unevenness is characteristic of any work of many authors, the extremes shown here may well reflect the lack of developed

standards of work both in clinical psychology and in psychiatry. Insofar as this volume mirrors the current status of psychopathology, it is an historic document.

One must keep in mind the modest intent of the volume as stated by the editors: to supplement current teaching from cases in clinical and abnormal psychology which, to quote the dust cover, '... are reported in such a way as to demonstrate the technical and conceptual tools used by the clinician in getting on with patients and clients and with professional colleagues'. The reader who has advanced beyond the student level will read it therefore as a composite record of 'where we stand' technically and conceptually. It may be that herein lies the real disappointment. We are presented with what seems to be a fairly representative cross section of the actual thinking and practice in clinical psychology and in psychiatry—and we see in sharpest contrast the richness of technical advance (particularly in psychological testing) and the relative poverty of critical thought and systematic conceptualization. Further, even in those areas where we *have* achieved a few dynamic concepts, as in personality functioning, most clinical workers—whether in diagnosis or therapy—do not attempt to make sense of their data by putting the concepts to work. Quoting from Murray's introduction: 'It is rarely possible to arrive at an understanding of underlying dynamics by confining one's examination to the outer layers of personality. It appears that most of the authors of this book have seen fit to disregard the ore that has been lifted from the lower depths by the analysts' long labors.' So much for the debits.

Distinctly on the credit side is something heartening in the honesty and lack of pretension in these histories. They are designed as a reconnaissance of what the clinical worker actually does day by day, contrasted with the vision suggested by the carefully prepared accounts read at annual conventions; moreover, they demonstrate clearly the high level of creative invention and endeavor which have evolved the ingenious projective techniques used now quite routinely.

Finally, it must be said that it is no mean accomplishment to give us a close-up of such a variety of clinical problems and techniques of disposition; the forty-three chapters range from case presentations of major psychoses to 'personnel counseling' and include the following: psychoneuroses, psychosomatic conditions,

mental disorder with brain damage, mental deficiency, primary behavior disorders, emotional problems of childhood and the 'special disabilities'. Though such a sampling cannot substitute for clinical experience, it will be of value to the student to whom it is addressed.

It is to be hoped that this volume will provide a precedent for a series of similar collections—with the added hope that as the professions of clinical psychology and psychiatry mature, case histories, published and unpublished, will dig somewhat deeper than these.

MARGARET BRENNAN (STOCKBRIDGE, MASS.)

WAR, POLITICS, AND INSANITY. By C. S. Bluemel, M.D. Denver: The World Press, Inc., 1948. 121 pp.

POWER AND PERSONALITY. By Harold Dwight Lasswell, Ph.D. New York: W. W. Norton & Co., Inc., 1948. 262 pp.

It is Dr. Bluemel's purpose 'to study the psychological qualities of political leadership and to identify the disorders of personality with which aggressive leadership is commonly associated'. He became interested in the subject after the national election of 1932 when, as a practicing psychiatrist, he 'chanced to see a number of local politicians who suffered from mental breakdowns following their political defeat' and 'was astonished at the number of suicidal attempts and actual suicides among them'.

Rather than a study, Dr. Bluemel's book is an informally discursive excursion into the 'psychiatry of history', casual, superficial, rather naïve but pleasantly old-fashioned in its earnestness. The doctor believes that the continuation of world-wide strife after the second world war 'results not so much from a conflict of interests as from a conflict of personalities'. He finds 'a definite relationship between war, politics and insanity', fears that 'one of the cardinal causes of war is the fact that national leadership frequently falls to men of abnormal mental make-up', and comes to the conclusion that the psychological qualities of leadership in the successful politician form a recognizable pattern which 'consists in high dominance drive invariably associated with obsessive-compulsive tendencies'. Various 'leaders' from Genghis Khan to James Caesar Petrillo are discussed, usually on the basis of current books about them by journalists.

Finding the representational principle of democratic government 'defective because it is based on arithmetic rather than psychology . . . the author ventures to suggest a form of government which would be psychologically sound and which would eliminate the man of disordered personality from the ranks of national leadership'. This would be 'Selective Government' in which the franchise would be accorded only to citizens over forty years of age after they had completed a thorough university education in history, economics and psychology, and had been certified 'as apparently free from abnormal traits of personality, such as paranoid traits, depressive moods and undue aggressiveness'. There would be a National Council chosen for life by lot, not by ballot, and a cabinet of five men 'given absolute authority in matters of state'.

Professor Lasswell's purpose is 'to determine whether recent advances in the social, psychological and medical sciences have brought us any nearer than our ancestors to an intelligent understanding of the interaction of personality and power. If so, we can make recommendations with more confidence regarding the development of an elite appropriate to the needs of a society that aspires toward freedom'. Less pessimistic than Dr. Bluemel about 'the political man', he describes him as one who '1, accentuates power; 2, demands power (and other values) for the self (the primary ego plus incorporated symbols of other egos); 3, accentuates expectations concerning power; 4, acquires at least a minimum proficiency in the skills of power'.

Professor Lasswell makes a number of suggestions about the way 'to chasten and subordinate power to the service of respect'. 'What is needed', he says, 'is a National Personnel Assessment Board set up by citizens of unimpeachable integrity which will select and supervise the work of competent experts in the description of democratic and antidemocratic personality. The Assessment Board can maintain continuing inquiry into the most useful tests and provide direct services or certifications of testers. . . . Gradually the practice of basic personality disclosure can spread throughout all spheres of life, including not only local, state, national or international government personnel, but political parties, trade unions, trade associations, churches and other voluntary associations. . . .

'We need self-observatories in our society (and throughout the globe) numerous enough and sufficiently well run to provide a continuing audit of the impact of our institutions upon the formation of character and personality. . . . We need a never-ending inventory of the character personality structure (with special reference to the requirements of democracy) of our one-year-olds, our two-year-olds and so on up. These annual cross-sectional patterns can be chosen by proper sampling methods . . . [They] will enable us to conduct experiments in the future for the sake of determining the usefulness of various methods of changing the environment with a view to aiding the formation of democratic character and personality . . . by proper sampling we can turn the globe into a village and familiarize every villager with the facts of life.'

Since the author's 'key hypothesis about the power seeker is that he pursues power as a means of compensation against deprivation', one turns with special interest to a chapter entitled, *Political Reality and the Unconscious*, only to find that the rôle of the unconscious is considered not as a source of power but almost exclusively in terms of the impairment or loss of power. Human destructiveness—'evidently man's great enemy'—is disposed of summarily in a page and a half.

For an expert in interpersonal communication, Professor Lasswell is outstanding in the turgidity of his style, always preferring a curiously involved 'scientific' jargon to simple statement. War is 'a relatively destructive folkway', it 'kills people, destroying their somatic integrity'. He writes constantly about 'social psychiatry' and 'sociosomatic medicine' as 'sciences' without making clear why and how their methods, as opposed to their goals, are scientific. He abounds in didactic definitions containing words which need definition. In a long section of political propaganda, full of clichés from the daily newspapers, he criticizes the errors of Marxism, then offers 'democratic science' and 'democratic personality' as panaceas.

With a nod to Freud—'The therapeutic potentialities of insight were first abundantly and scientifically developed by Freud'—he suggests that 'the spot interpreter' can do the work of the psychoanalyst. With another nod to the Gestalt psychologists he embraces the contextual principle and concludes with Panglossian catholicity that 'the task is to search for every conceivable means in every available situation'.

PERCY WINNER (NEW YORK)

PSYCHOLOGICAL MEDICINE: A STUDY OF THE SICK SOCIETY. By James L. Halliday, M.D. New York: W. W. Norton and Co., Inc., 1948. 278 pp.

As a social scientist rather than a physician, the reviewer is not competent to judge the technically medical parts of this interesting and suggestive book. Dr. Halliday's emphasis on the great importance of the psychosomatic 'affections', as he calls them, seems, however, to be in line with much of the most significant development of medical science in the last generation. That psychosomatic illness, as well as the neuroses, is a highly significant and sensitive index of the 'state of the social system', is very much in line with the development of thought in social science circles in recent years. Dr. Halliday's book is an important contribution to the rapidly growing literature of this interstitial field.

There is a contribution of many acute observations both from the author's own extensive clinical experience and from other sources. A thoroughly justified emphasis is placed on the importance of age, sex and status distribution of the different psychosomatic disorders. The book, however, reveals the woefully fragmentary character of anything which could be called exact knowledge of these important facts. This is a particularly fruitful field for empirical investigation.

Dr. Halliday also strongly emphasizes the importance of the declining birth rate in Western countries as a symptom of the 'sickness' of society. This view agrees with the predominant opinion of social science experts. His treatment of this problem, however, serves to raise quite acutely the question of the general adequacy of his approach to analysis of the relations between the medical and social fields. We can agree that a population which as a whole falls markedly short of reproducing itself is in some sense functionally inadequate. However, it may be noted that Dr. Halliday fails to mention that this need not apply to individuals, or sub-classes, of whom many of the most creative, and by any definition socially desirable, have been childless. Nor, curiously, does he even mention that over most of the world today the 'sickness' has exactly the opposite symptom, for surely by almost any criteria a population which produces children far in excess of the numbers who can possibly be cared for or supported would not seem to be entirely 'healthy'—for instance in India.

More generally the book, with all its insight and suggestiveness, makes a rather curious impression on a social scientist. Dr. Halliday seems flatly and without discussion to assume that the problems of the stability, equilibrium—or whatever term is used—of societies is a medical problem to be solved by the extension of the resources traditionally commanded by the medical profession.

The history of the applied sciences seems to indicate that they have become effective in proportion to the development of the underlying scientific disciplines. The great advances of organic medicine in the last century have thus depended on developing knowledge in the sciences of physiology, biochemistry, etc., which has only in part been derived from clinical or medical sources. Similarly, the more recent developments of 'psychological medicine', the importance of which Dr. Halliday so rightly emphasizes, are to a high degree the product of the increasing maturity of psychological science to which Freud has probably been the greatest single contributor. But only part of modern psychology is in any sense medical in origin or application.

In calling again for extension of perspective on the health problem to the social level, Dr. Halliday seems blandly to assume that this is a simple medical problem—all that is needed is 'social medicine'. Incredibly, there is not a sign in the book of the slightest awareness that even tentative beginnings of a nonmedical scientific study of social phenomena exist. Undoubtedly the social sciences are extremely backward and inadequate, but I venture to say that if this important social perspective of medicine is to be developed, it is scarcely to the advantage of the medical profession to rely entirely on their own resources and cut themselves off from the developing disciplines of social fields which have developed outside of medicine. This would be about as sensible as the specialist in organic medicine saying he would have nothing to do with any chemistry not developed in hospital laboratories.

Dr. Halliday's own attempt to throw light on the etiology of the illnesses with which he is concerned, by analyzing the differences of the social situation in England in 1870 and the late 1930's, contains much excellent insight and common sense. But it is completely *ad hoc*. He could have had some technical aid from previous analyses of social structure, but he seems to have been completely uninterested in and unaware of the existence of this possibility.

Finally a crucial problem of jurisdiction arises. Traditionally

medicine has been concerned with the health of individuals—the recent psychological emphases have not altered this fact. But, discovering that the health of individuals is dependent on the 'state of the social system', Dr. Halliday proceeds to extend the concept of medicine to include any concern with this state. This apparently is what he means by 'psychosocial medicine'. Then any attempt to deal practically with social problems on the basis of any sort of scientific understanding of social phenomena would become 'medicine'. I do not recall ever before having encountered so radical—and perhaps I may say presumptuous—a claim to extend the jurisdiction of a professional field. I can scarcely believe that very many physicians would care to contemplate their profession assuming the responsibilities which would be involved in Dr. Halliday's definition of its scope. Surely there must be something wrong with his analysis somewhere.

TALCOTT PARSONS (CAMBRIDGE, MASS.)

MENTAL HEALTH IN MODERN SOCIETY. By Thomas A. C. Rennie, M.D. and Luther E. Woodward, Ph.D. New York: The Commonwealth Fund, 1948. 424 pp.

The title of this book contains an inference that it will provide a useful reference for the lay reader on the general subject of mental health. It is organized into three parts: I. Lessons from the War Period; II. Post-Emergency Problems in Mental Health; and III. Sources of Help in Treatment and Prevention. The three divisions are quite unequal in size, unlike in style and aim, perhaps due to the dual authorship.

A book written by Clara Bassett in 1934 entitled *Mental Hygiene in the Community* was helpful in educating the public in that decade but is now out of print and present-day interest calls for another. Do we have it in this volume? An assistant librarian in a liberal arts college gave me her opinion: 'Mental Health in Modern Society' definitely is a book which could be used in the average college library. It fits into both sociology and psychology courses. The discussion of the contribution of the physician, the social worker and the psychologist is especially valuable for the layman. The fields of each are clearly defined. However, in the last part of the book the material is scattered over too great a range and gives only a smattering of the new viewpoint, but perhaps

this is better than none at all. Part III is easy reading compared to Part I where many technical words affect the reader's interest adversely. For instance, psychosomatic, narcosynthesis, phenobarbital, abreaction, pentothal, narcosis, NP diagnosis, syncopal, transference situation, monosymptomatic, psychometric, Rorschach test, sodium amytal, benzedrine sulphate, venal glycosuria, personality dynamics, hypnagogic. Finally a definition of psychosomatic illness is found on page 174, and a definition of psychotherapy on page 180. But, on the whole, the point of view of the writers is excellent.'

Chapters 1 through 4 aim to show the lessons taught by the war which 'need to be recorded, digested, and made permanent for the future' (Preface, p. vii). Chapter 1 gives an excellent descriptive statement showing the organization of a mental hygiene unit in the army, the work of a division psychiatrist, and treatment methods used. The emphasis on careful plans leaves an uninformed reader with the impression that much more was accomplished than was actually the case, as is made clear in *Psychiatry in a Troubled World* by Dr. William Menninger. The bibliography of fifty-seven selections is probably the best to be found anywhere at this date. Chapter 2 on veteran-civilian adjustment whets one's appetite for more case illustrations to supplement the insufficient picture of what our returning men and their families experienced. It contains rather unrelated bits of information of various projects here and there and on the whole is disappointing. In Chapter 3 we have nine pictures of patients' reactions to specific precipitating factors caused by the military situation—vivid vignettes well written. Only two references are given despite the scope of the title of this chapter, *The Psychiatric Disabilities of War*. In Chapter 4, discussion of treatment sounds as though only since the war has it been realized how strikingly utilizable is the transference phenomenon. The therapeutic principles, aims and methods mentioned in this chapter reiterate prewar experience. Two techniques used more in wartime, narcosynthesis and group therapy, are described. The seventeen reading references are helpful.

Part II, only twenty-seven pages in length, lists some of the future mental health problems and places more emphasis upon personnel shortages and the need for research rather than upon psychiatric problems to be met.

Part III could well have constituted a separate volume since the many subjects touched upon so lightly deserve to be developed more fully. These subjects include under the heading of Sources of Help in Treatment and Prevention, chapters on contributions of the practicing physician, of social workers, of the psychologist; pastoral counseling; mental hygiene in industry; mental hygiene in education; practical considerations in interviewing and counseling; mental hygiene of family living; and then a summary and prospect on the individual and society. The bibliographies are carefully compiled and useful. The book is well worth adding to one's professional library.

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

EXPERIMENTAL STUDIES IN PSYCHODYNAMICS. By Donald W. MacKinnon and Mary Henle. Cambridge: Harvard University Press, 1948. 177 pp.

This is a laboratory manual of fourteen psychological experiments designed to acquaint the undergraduate and graduate psychology student with methods of experimentally harnessing and examining dynamic personality processes. It leans heavily on the experiments and theories of Kurt Lewin and his co-workers, but acknowledgment is also made to the clinical investigations of Freud. Some of the experiments deal with level of aspiration, aggressive and 'regressive' reactions to frustration, substitution or displacement phenomena, 'repression', and satiation effects. The significance of the appearance of this manual is mainly historical and educational, for it expresses, along with the great increase in clinical psychology courses in our colleges and universities, the heightened academic recognition that the basic subject matter and teaching matter of psychology is the complexly motivated human being.

ROY SCHAFER (STOCKBRIDGE, MASS.)

PROJECTIVE METHODS. By Lawrence K. Frank. Springfield, Illinois: Charles C. Thomas, 1948. 86 pp.

This book is written on a consistently abstract level. It does not present specific principles of interpretation for specific projective techniques; its purpose is to formulate the theoretical position regarding personality that is required by contemporary scientific theory and is necessary for the effective use of projective techniques.

The emphasis throughout is on process, organization, and the individual; the attack is directed against the study of static end products and isolated traits by means of purely statistical, group- or norm-oriented research.

To provide a psychological rationale for projective techniques, Frank hammers away at two basic propositions: the 'psychocultural approach' and the 'principle of biological relativity'. The psychocultural approach 'conceives of the individual personality as a dynamic process whereby the individual creates, maintains and defends his "private world". This private world arises from the individual's taking over and utilizing all the patterns of our cultural traditions, but doing so in his own peculiar idiomatic way, with the feelings that his experiences in childhood have established as his susceptibilities and his immunities and persistent affective reactions' (p. 38). 'Individual personalities, idiomatically using the prescribed social and cultural patterns, create the social and cultural space-time' (p. 41). 'The personality process involves a selective awareness of all situations, as patterned by the prior experience of the individual who has been sensitized or rendered more or less anesthetic, so that he sees, hears and otherwise perceives what has become relevant and meaningful to him and ignores or rejects all else. The process operates also in the individual's peculiar way of fitting whatever he has selectively perceived into the more or less unique pattern, configuration, or organization of his private world, of interpreting and defending it and dealing with it, always according to its meaning and emotional significance for him. . . . The generalized patterns derive from the cultural traditions of each group of people. Thus, there are certain regularities of action, speech, belief and feeling (the *eidos* and *ethos* of a culture) which will be utilized by all individuals, just as they use the common language in their attempts to communicate. These recurrent, statistically demonstrable modes of conduct are the norm around which individuals deviate' (p. 42). The principle of biological relativity, which orders every observation or measurement to the field of its occurrence, when applied to the study of personality, asserts that 'the objectively observed and recorded activity of the individual, measured whenever possible, becomes significant for understanding that individual only when interpreted in terms of its relative magnitude and its meanings or relationships within the "field" or the configuration of its occurrence, i.e., the private world of the personality' (p. 44). 'Only when the single observation is

combined with others, *from the same identifiable individual*, can it offer any significant clues to its meaning *for that individual*' (p. 45). It follows that 'no matter how objective or quantitative a test may be, the use of the findings will call for clinical experience and judgment in the field of personality development and/or psychotherapy' (p. 4). Frank argues that this relativistic, configurational approach characterizes all modern science.

Turning to projective techniques, the author maintains, 'The essential feature of a projective technique is that it evokes from the subject what is, in various ways, expressive of his private world and personality process' (p. 47). A projective technique confronts 'the subject with a situation to which he will respond according to what the situation means to him and how he feels when so responding' (p. 46). Five varieties of projective method are distinguished and described: the constitutive (Rorschach Test), constructive (play with toys), interpretive (Thematic Apperception Test), cathartic (puppet plays), and refractive (handwriting). The book ends with a discussion of problems in establishing the reliability and validity of projective methods, in which it is demonstrated that traditional statistical methods are not applicable because they conflict with the psychocultural view of personality and the principle of biological relativity; appropriate clinical techniques of investigating reliability and validity are suggested.

The general rationale advanced in this volume focuses the projective tester's interest on strivings and feelings, and particularly on defensive and adjustive mechanisms; this focus is a prerequisite not only of meaningful test reports but also of meaningful research with psychological tests. Psychologists have too often mechanically applied essentially inadequate statistical techniques in the study of test results of various clinical groups; they have relied heavily on averages of single scores, thereby ignoring the configurational aspect of personality and its expression in test results; as a result they have often ended up with contradictory positive findings, untrustworthy negative findings, and underemphasis on individual variability. Frank performs a service in implicitly calling attention to the need for clinical research in which the material to be summarized and compared consists of individual personality analyses, in preference to the atomistic averaging and comparison of single scores, as in much current Rorschach Test and Wechsler-Bellevue Scale research.

CASE STUDIES IN THE PSYCHOPATHOLOGY OF CRIME. A Reference Source for Research in Criminal Material. Volumes III and IV. By Ben Karpman, M.D. Washington, D. C.: Medical Science Press, 1948. 834 and 875 pp.

Very likely it is because the reviewer is retired and hence supposed to have time to read them that he is asked to review these two immense volumes. With double columns on oversized pages they equal in word content at least eight ordinary books. While it is no small task to go through them, what a prodigious labor it must have been to assemble this material over the years, working under the restrictions that Dr. Karpman describes. Each volume is devoted to four cases, all men presumably guilty of or convicted for murder, and as insane—though later proved not to be chronically psychotic—committed to St. Elizabeth's.

These last two series of case studies, dated four years after the appearance of the second volume, are each introduced by a new, lengthy preface, well worth perusal, where Karpman tells of the difficulties—which we can well appreciate—he encountered in obtaining the life stories of these men. He had to work in the seclusion of the prisoner's cell, listening and often able to make notes only afterward. There was no possibility of recording their outpourings verbatim and very little material is published in its original version. Evidently in some instances of the better educated, they did a great deal of writing in response to questions or topics proposed, but even then what was produced had to be edited and organized. It is not clear in what cases this writing, and how much of it, was undertaken by the patients themselves.

Psychiatric interpretations as given for therapeutic purposes in these cell interviews are entirely omitted from the text. Karpman purposely refrains from any interpretations. There is one notable exception: in the record of the Negro poet, Caesar, Karpman cogently expounds his reasons for considering this a classical case of paranoia developed as a prison psychosis. The central idea of these documents is 'to present 'raw material' for elucidations of the psychogenics of criminality. Since his aim is clear and he knows full well the genetic import of influences in early life, Karpman candidly deplors the fact that in some instances nothing whatever is known of the family and childhood. In other cases, for various reasons particularly related to the mental disturbances

that these patients have experienced, alleged happenings and feelings in a distant past may be partially or entirely untrue.¹ To be sure, there is some significance for interpretation, as Karpman maintains, in what the patient says were his early emotional experiences, even though he is mistaken or fabricates; however, this reviewer believes that actual, verifiable facts concerning the highly impressionable periods of life are much more valuable.

In the preface Karpman forthrightly meets his critics who, on a number of points, have questioned his previously published studies: for example, knowledge of the genetics of criminality in general may not be much furthered by communications from this group of peculiar and somewhat abnormal individuals; the omission of sociocultural factors in the stories, which Karpman correctly denies; the unknown reliability of unverified statements; the useless quantity of dreams, usually written by the patient—without associations and sometimes obviously expanded by conscious fantasies; the modified psychoanalytic technique used in two cases, and the interpretation, made in only one case, that the good outcome resulted from psychoanalytic therapy. Questioned, too, is the emphasis on sex. Karpman defends himself in this matter saying that he is not for or against revelations of sex life, but it does seem as if the reader could have been spared the scores and even hundreds of pages on this subject, pages which, as presented, hinder and throw little or no light whatever on the causes of criminality in these offenders. On the other hand, it is perfectly plain that alcoholic excesses, likewise dwelt on to no slight degree, did play an important part in many cases.

These eight case presentations vary greatly in length, partially no doubt because of differences in method, but certainly the page coverage far from correlates with their relative values for adducing facts that bear upon the psychogenesis of criminal behavior. In each volume a single case is given over five hundred pages—a thousand pages in an ordinary book. In some records considerable space is given to the patient's own comments on criminals he has known, on criminality in general, on rackets, prostitution, prisons, etc. Since these are based on relatively recent adult experiences it is to be supposed they give a fairly true picture. One curious feature of some cases is the inclusion of opinions about a given

¹ Cf. *This QUARTERLY*, XV, 1946, pp. 512-522.

patient elicited from some other prisoner. The reviewer was intrigued by such data, in one instance coming from a man he knew as a boy. This personable fellow, during enforced residence in mental hospitals, had become sophisticated in psychiatric verbiage and writes about the other patients with some understanding of psychoanalytic implications.

These case records badly need the introduction of something in the way of a life chart, perhaps similar to Adolf Meyer's schema for concisely setting forth the main events in a patient's history. As it is, the reader, through the vagueness of the text on these points, finds it quite a job to figure the ages at which successive experiences took place and the length of their continuance. Very few will do more than attempt to skim through the contents of these huge books and any labor-saving device would be appreciated.

It is fruitless in a short review to try to give a 'readers' digest' of any one of these long cases—though many of them have enough interest to warrant such treatment; for example, that of the Negro poet, Caesar, who murdered a fellow soldier in France. A few sentences about him must suffice. He, 'dark brown' in color, was the last of eleven children born to parents of advanced age. They both had been slaves in their early years. The father, an austere fundamentalist, was a farmer who educated himself and became a preacher of standing in the Negro community. The mother, though we can discount the patient's florid account of her, must have been, though scarcely able to read, a very fine lovable woman. One of their children received a good education and, following his father, went into the ministry. (We doubt the story that both father and son received the degrees of Ph.D. and D.D.) Two of the others became prosperous farmers. The family fortunes prospered, the home was in a good neighborhood and in a better than ordinary social circle. The children were brought up in a deeply religious and highly moral atmosphere. Caesar himself was a puny child, bright in school. At nine he was severely ill for a long time as a result of spinal meningitis. After that he had a violent temper and was considered not quite normal at times. He reached the first year of high school and after that led an irregular life, apparently meanwhile reading good literature, especially poetry. Such reading and his upbringing stand in great contrast to his excessive sexual liaisons, often prolonged, with at least thirty-six girls and women, recounted with the utmost vul-

garity in many pages of the record; besides, he became an alcoholic. He gave Dr. Karpman nearly a hundred of his poems, fourteen of them printed, which display a fine feeling for language and beautiful imagery.

Assaying these eight massive case studies, are we moved to grant with Karpman that 'psychiatry offers the best hope for the solution of the problems of crime'?

WILLIAM HEALY (BOSTON)

FATHER LAND. A Study of Authoritarianism in the German Family.

By Bertram Schaffner, M.D. New York: Columbia University Press, 1948. 203 pp.

In a somewhat apologetic introduction Margaret Mead introduces the author as a 'young psychiatrist' who applies the hypothesis that family life may be used as a key to the understanding of a cultural character—'authoritarianism'. David M. Levy adds his hope 'for further psychiatric investigation on this topic'. Referring to the 'German mentality', Levy states what now sounds outdated: '... the primary requirement' for winning the peace 'is an understanding of the psychology of the German people. The modification of that psychology is the main task of Military Government.'

Perhaps this reviewer, with thirty-three years of his life spent in Germany, should have disqualified himself to report on this book. However, even a reader less handicapped by a representative German background will be appalled by the misuse of a technique initiated by Freud in *Totem and Taboo*, later applied with considerable skill by Wilhelm Reich in his analytic interpretation of German Fascism, and later applied in a modified form by Margaret Mead. Schaffner's book collects all possible clichés concerning The German Family, The German Mother, The German Father, The Anti-Nazi German, culminating in a chapter called, The American Soldier as Educator. 'The German father lays so much stress upon respect for his authority that he actually may sacrifice other familial values in order to maintain it. The American father tends to assume the authoritative rôle because there is a need for some one "in charge" and he is usually the logical one to have such authority.' On page 107 is the following curious statement: '... there is some satisfaction in knowing that the bombing of

German cities had one salutary result; more than any other single factor it has tended to wipe out social and class distinctions'.

Half the book is a repetition of the statement that the 'authoritarian character' of the German people is due to the autocracy of the German father, the submissive attitude of the mother, the broken '*ehrfurchtsvolle*' (respectful) spirit of the children. The author's remedy against authoritarian Fascism, sanction of aggression, and depreciation of the dignity and rights of the individual is stated as follows: 'There are roughly three main avenues of approach to a modification of the German character: 1, through political ideologies; 2, through changes in social and legal institutions; 3, through changes in interpersonal relations and family life.'

The second half of the book is devoted to a description of the Information Control Division Screening Center, which Dr. David Levy organized. These test methods, courageous in their design, original in their approach, dynamic in their formulation, stimulating and interesting in their special setting, deserve the fullest attention of the anthropologist and the field worker. The results of these methods deserve a more careful interpretation than that given by Schaffner, who in half of his chosen examples does not include the most interesting details of Dr. Levy's new method. Small groups of Germans, usually four people, were admitted to the center for screening and were observed for three to four days. First, intelligence tests were given, and then a Rorschach test; an ingeniously devised incomplete sentence test turned out to be a veritable trap in revealing political ideologies. Of special interest is the 'German Attitude Scale' which allowed scoring. Every German was given the task of writing a political essay on a topic like 'My feelings during the Nazi period', or 'The collective guilt of the German people'. The examination was aided by a political analysis interview which made use of police records, and was completed by a psychiatric interview. During an informal evening session the Germans tested were asked to relate an anecdote or experience in their lives of their own choosing. The choice of the story usually betrayed their characters.

In the bibliography neither Sigmund Freud, Wilhelm Reich, nor Thomas Mann is mentioned; but Richard M. Brickner is referred to frequently.

MARTIN GROTHJAHN (LOS ANGELES)

TRENDS IN SOCIAL WORK. By Frank J. Bruno. New York: Columbia University Press, 1948. 387 pp.

Mr. Frank J. Bruno is Emeritus Head of the Department of Social Work at Washington University, St. Louis, has spent forty years in the practice and teaching of social work and is a current contributor to periodicals. This book was an assignment, authorized in 1945, by the Executive Committee of the National Conference of Social Work. The Conference limited the author to recounting in three hundred pages its own development during the seventy-two years of its existence. The only bibliography is the publication, *Proceedings of the National Conference of Social Work*.

The first two chapters give interesting accounts of the personalities of the founders and the beginnings of the National Conference; the last chapter pictures its influence throughout the nation and mentions the leading officers during nearly three quarters of a century. The material is divided into three periods: from 1874 to 1898; from 1898 to 1924; from 1924 to 1946.

Mr. Bruno's task was no small undertaking and he is to be highly commended for his scholarly and enjoyable style. That his work will evoke both positive and negative reactions will be no surprise to him for, in his preface, he remarks, 'No one could possibly be more aware than the author of the limitations of the book. . . . In each period those topics are included which seemed to be prominent in the minds of the Conference members, but no effort was made to follow any particular topic into the next period, or through all three of them.' Just as the decision about emphasis or omission is based on his own knowledge, so the reviewer is subject to a similar influence by interest and experience. To this psychiatric social worker, Bruno's treatment of the deep influence of psychoanalysis on case work is superficial. He disposes of this matter in two quotations, and those dated 1935. One finds in one of his early chapters (p. 149) an inaccurate description of psychiatric social work among the mentally ill: 'psychiatric social service, on a professional basis . . . is given after release (of the patient from the hospital) and ignores the great value involved in creating a sound public opinion by inducing the patient's relatives and neighbors to share the process of restoring the patient to such place in society as he is capable of filling'. The chapter on the evolution of case work is skilfully organized but is only a stimulus

to further reading of the source material itself. This is probably true of the other chapters of whose subjects this reviewer has less knowledge. The author decided to omit any discussion of alcoholism because the attitude of the numerous speakers was moralistic and not scientific. This omission is regrettable because the persistence of this attitude had, historically, an important effect on work accomplished. His decision to omit any mention of the philanthropic foundations seems more sound: another publication covers this subject well and the actual papers given in the Conference were few.

The publisher's jacket calls the book 'a record of the growth of a living social institution'. We know that only some of the experience of a growing body of practitioners finds its way into conferences and what reaches publication depends upon the leadership in small committees. We know that only some of what was printed has been selected as descriptive of the evolution in thought and attitudes which has taken place in this diversified field of social work. It is a unique book and merits attention.

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

International Journal of Psychoanalysis. XXVIII,
1947.

H. W.

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ABSTRACTS

International Journal of Psychoanalysis. XXVIII, 1947.

The Psychoanalyst. Ella Sharpe. Pp. 1-6.

This paper is the first chapter of a book entitled, *Talks to Students of Psychoanalysis*, which Ella Sharpe was engaged in writing at the time of her death. In it she discusses the qualifications of the student and the rationale of the various training procedures, with particular stress on the pungent reasons for a deep personal analysis. In passing, she scotches the 'perfection myth' inherent in the phrase 'completely analyzed'. 'Such phrases betray an unconscious standard of perfection in the mind of the speaker which has little relationship to the facts of human nature' and 'which is not the goal of analytic endeavor'. She goes on to describe some of the many pitfalls awaiting the poorly trained psychoanalyst: various countertransference problems, problems of identification, motivations based on unresolved infantile conflicts and the unconscious seeking for childhood gratifications from his relationship with his patients. Throughout the paper, and particularly in its closing paragraphs, Ella Sharpe makes many illuminating observations and offers much homely advice which will be welcomed by students and may perhaps disturb some of the rationalizations of 'the complacent ones'.

On the Development of the Ego and Superego. Jeanne Lampl-DeGroot. Pp. 7-11.

Jeanne Lampl-DeGroot takes such dissenters as Horney and Fromm to task for denying the influence of infantile sexual drives on the formation of ego and superego. In a further discussion of the development of these entities she postulates an 'inborn core', present at birth, from which the ego originates. Intelligence is the instrument through which the ego operates. 'In a series of experiments, Piaget¹ observes how the intelligence grows out of the "*réflexe héréditaire*" which is already present at birth, as the sucking reflex. . . .' This growth is in three stages: 'empirical' intelligence is present at one year, 'systematic' intelligence (assimilation and accommodation) at one and a half to two years, 'constructive' intelligence (judgment and reason) by the third or fourth year.

After discussing the growth of the five functions of the ego—1, perception; 2, the building up of memory out of traces of perception; 3, reality testing; 4, mastering of motility; and 5, synthetic function—Jeanne Lampl-DeGroot describes the forces enabling the ego to develop its intelligence. She points out the fact that while the outer world is mastered through sublimated aggression and desexualized libido, a narcissistic ego cathexis is essential as a counterbalancing force to produce an essential feeling of self-esteem. The

¹ Piaget, J.: *Le Naissance de l' Intelligence chez l' Enfant*.

choice of the defenses used by the ego against id, superego and the demands of the outer world, the author holds, are also in part determined 'by an inborn factor, a tendency of the ego core'. In the etiology of interferences in the development of the ego functions and defense mechanisms there is invariably found a childhood narcissistic injury. A normal narcissism results in a healthy free ego functioning.

Jeanne Lampl-DeGroot closes with a discussion of the contents of the superego and its relation to social influences and strivings.

Three Dreams of Descartes. J. O. Wisdom. Pp. 11-18.

Wisdom quotes Descartes' first biographer, Baillet, who recorded three dreams of November 19, 1619, the night after Descartes had 'arrived at the essence of his discoveries about Method'. In addition to the dreams, Baillet also recorded some of Descartes' associations to them. From this material and Descartes' writings, Wisdom attempts to reconstruct the philosopher's major unconscious conflicts. In essence, these consist of his struggle toward a cathexis of objects in the real world. An intense fear of castration, oedipal in origin, evoked by the sinful sensuality (especially that related to scopophilia) inherent in such strivings forced him to retreat to philosophizing as both a defense against the conflict and a reassertion of his potency. In his metaphysic he tried to create a dualism separating mind and the external world enjoyed by the senses. The '*cogito*' in his *cogito, ergo sum*, 'is in fact an expression of castration, and the philosophical problem is to reassert potency, to reach reality after being cut off from it'. In this he to some extent succeeds through an assertion of a God-given scopophilic 'natural light' which enables the mind to attain eternal truth—the appreciation 'of reality in the world of feeling'.

Transference Sleep in a Neurosis with Duodenal Ulcer. Leo Stone. Pp. 18-32.

Stone records in some detail his analysis of a forty-year-old man suffering from duodenal ulcer and various other neurotic symptoms such as marked disturbances in his sexual functioning, periods of depression and anxiety, compulsive character traits and constipation. He compares his psychodynamic findings with those of Alexander and his colleagues, Carel van der Heide, and Garma in their studies of ulcer patients. In addition to many etiological factors which Stone's patient had in common with those of the other workers, he indicated a deeper, more primitive one in a symptom which consisted in falling into a deep sleep on the analytic couch whenever the analyst made an interpretation. Stone says, 'The biphasic problem of sleep strongly suggests that the *Anlage* of this patient's psychophysiological disease lay in the sadomasochistic and libidinal borderland between the in-ra-uterine type of sleep and the need to establish normal sleep through the sucking of a breast. Such a depth consideration would be of importance in relation to Alexander's statement that the ulcer has no symbolic significance: . . . It could legitimately be argued that the ulcer might achieve psychological meaning

only after the fact. However, if its potentiality lay in the earliest experiences and dynamics of life, this *Anlage* might well be anterior to ordinary symbolic thought and thus importantly germane to the development of all further symbolic tendencies. The material of this case at least suggests such a possibility.'

The Analysis of an Exhibitionist. Melitta Sperling. Pp. 32-45.

This is an extensively detailed account of the analysis of a young man who suffered from the compulsive need to exhibit his genital and to bump into girls in public conveyances. This symptom was accompanied by extensive anxieties and inhibitions in his relationships with women for whom he felt affection. Sperling's description of the psychodynamics as they unfolded during the analysis is noteworthy for its clarity and understanding of the various interwoven themes underlying his illness. The author considered his 'oral fixation . . . the most important determinant for the origin of the exhibitionism'.

H.W.

Psychoanalytic Review. XXXIV, 1947.

Dreaming Like Waking. Joseph Popper Lynkeus. With a prologue by the translator, A. A. Brill. Pp. 184-198.

Freud's Correlation with Joseph Popper Lynkeus. Fritz Wittels. Pp. 492-498.

This witty sketch contains three dreams of a man who boasted that he 'never dreamed anything nonsensical'. Brill comments on the remarkable fact that the author actually showed that dream distortion will not occur if there is compatibility of the impulses raging in the psychic life.

The story was written prior to Freud's *Dream Interpretation*, and Freud himself did not read *Dreaming Like Waking* until several years after 1899. It then prompted him to study Popper's other writings. Joseph Popper was a physicist, poet and social reformer, a contemporary of Freud, with a similar Viennese background. Ten years after Popper's death, Freud paid tribute to this original thinker with whose idealistic reformative ideas he could sympathize but not agree. In *My Connection With Joseph Popper Lynkeus*, Freud explained that the absence of dream distortion evidences a high degree of inner harmony, since distortion is the result of a compromise between the repressing forces and the unconscious. He suggested that such harmony might well characterize the personality of Joseph Popper as well as the ideal social order which he so passionately advocated.

Fritz Wittels, author of a book on Popper which he once sent to Freud, discusses the relationship of these two men. He quotes parts of a letter from Freud in which we find thoughts later expressed in *My Connection With*

Joseph Popper Lynkeus. Freud stated that though he admired Popper for his understanding of the mechanisms of the dream, he felt no desire to meet him personally. Too often, Freud said, he had felt rejected by men whom he admired but who were unable to understand his lifework. Wittels confirms the correctness of Freud's expectation by relating how, at the age of eighty-three when reading *Group Psychology and the Analysis of the Ego*, Popper could only appreciate the quotations from LeBon. However, Wittels points at other motivations which Freud might have had for avoiding Popper, the scientist and father image, until it was too late and in Freud's own words, he could 'but salute his bust in the park in front of our City Hall'.

CAREL VAN DER HEIDE

Revista de Psicoanálisis. IV, 1947.

Vicissitudes of Symbols. Angel Garma. Pp. 611-613.

In about 1780 Louis Boilly painted a picture entitled *Nina's Prelude*. Garma describes and analyzes the changes made in the many copies executed from that time until the present day. The original depicts a violinist and a pianist, who have suddenly stopped playing, kissing each other while each holds and caresses the instrument—symbolically the genital—of the other.

A short while ago, this picture was used in an advertisement of a well-known perfume. The bed is gone, the instruments unused: all that is left is the kiss. As if such repression were not enough, in a still more recent advertisement of the same perfume, the original picture appears as a faded background for a proper couple with an almost respectful attitude toward each other. Garma holds nevertheless that such severe repression cannot be maintained and points to the sudden and violent re-emergence of the instinctual forces in the symbolism of the most recent picture of the series. Now the original reappears but in place of the couple there is simply the girl's overturned chair—her complete genital surrender.

Psychoanalytic Training. Arnaldo Rascovsky and Ludovico Rosenthal. Pp. 646-663.

This is a study of psychoanalytic training methods in Berlin, the United States and Buenos Aires. The authors describe the development of the Psychoanalytic Polyclinic in Berlin and the adoption and modification of its methods by the psychoanalytic institutes in the United States. They hold that training has evolved farthest in the United States and is now a model for all other countries.

In Latin America there is some psychoanalytic activity in Brazil, Chile and Peru, but formal psychoanalytic training in South America began with the founding of the Argentine Psychoanalytic Association in Buenos Aires. Theirs is a three-year program and it is at present attended by students from Brazil, Uruguay, Mexico and Colombia.

Psychoanalysis of a Twelve-Year-Old Child. Flora Scolny. Pp. 664-703.

This remarkable paper describes in detail the psychoanalytic treatment of an asthmatic child. The major part of the work deals with the analysis of fifty-four drawings by the patient (reproduced in the paper).

The boy's illness began at the age of four, treatment was started when he was twelve, and he was discharged as cured at fourteen. The symptoms began shortly after the boy's parents were divorced, as an unconscious expression of his effort to keep them together. Rather than succeeding, the asthma evoked hostility from both parents toward him. The transformation of the resulting 'masochism' into a necessary, self-protective aggression during therapy is depicted in the drawings. The negative oedipus complex appeared in the same medium. One day the patient suddenly understood the etiology of his symptomatology when he discovered for himself the mechanism by which he had introjected his 'bad mother'. He thereupon passed from the anal stage to the genital and all symptoms disappeared. He accepted his parents' attitudes toward each other, handled them in such a way as to create a pleasant relationship between them and himself, and became a 'well-adjusted person'.

Balzac, an Oral Character. Arminda A. de Pichon-Rivière. Pp. 705-717.

In this paper the author presents a formulation of Balzac's character based on Abraham's theory of the development of melancholia from the conflicts surrounding orality. She feels that Balzac's personality is especially amenable to such an analysis because of his identification with the characters in his novels. However, she adduces Balzac's 'oral character' from historical facts: he suffered an early oral frustration and was rejected by his mother at the age of four when she shipped him off to school and saw him there but seldom until he was fourteen. He was demanding, hostile and overdependent. He drank and ate excessively, and exhibited a marked loquacity and a thirst for knowledge. According to the author, an anal trend was also indicated by his love of collecting and his occasional avarice.

G. FERRARI HARDOY

American Journal of Psychiatry. CV, 1948.

Psychoses Occurring Among Psychopathic Personalities in Association with Inelastic Situations Overseas. Herbert S. Ripley and Stewart Wolf. Pp. 52-59.

Psychopathic personalities appeared to be especially susceptible to the development of psychosis in the combat area of the Southwest Pacific. These psychopaths had previously utilized a wide latitude of peacetime activities as an outlet for their drives. The lack of such accustomed satisfactions, combined with the restrictions of army life, led to a feeling of being trapped, and seemed particularly favorable for the development of psychotic reactions. Suicidal tendencies were noteworthy.

Psychiatric Interviewing. Some Principles and Procedures in Insight Therapy. Jacob E. Finesinger. Pp. 187-195.

The Intake Interview as the Beginning of Psychiatric Treatment in Children's Cases. Jules V. Coleman, Genevieve B. Short and J. Cotter Hirschberg. Pp. 183-186.

The Psychiatric Social Worker Functioning at Intake in a Community Clinic for Adults. Myron J. Rockmore and Marion E. Kenworthy. Pp. 196-203.

Several valuable contributions have been made recently to the theory and practice of the psychiatric interview. Finesinger presents a particularly careful and detailed analysis of the interview as an instrument of 'insight therapy'. He distinguishes four guiding principles: 1, The development of an effective physician-patient relationship; 2, Goal-directed planning and management; 3, Channelization on topics relevant to goals; 4, Minimum activity by physician, maximum initiative from patient.

Coleman and his co-workers distinguished three functions in the initial interview: a referral service for patients who require assistance from agencies rather than strictly psychiatric treatment; a preparation for psychiatric aid proper; and an actual therapeutic force in itself. Illustrations are given as to how the interview may be oriented in the desired direction.

Rockmore and Kenworthy, reporting on their experiences at the Treatment Center of the New York Psychoanalytic Institute, discuss the proper rôle of the psychiatric social worker at the intake interview. 'The major emphasis of the intake interview should revolve around the individual's need and desire for treatment, and the ability of the service to meet the demand.' They warn against permitting too extensive communications or cathartic experiences on such occasions and find that 'the safest method, where possible, is to limit the interview content at the outset to an account of the problem for which help is being sought'. Such an approach is important not only in determining the need for and proper form of psychotherapy, but in orienting both patient and psychiatrist in the initial treatment relationship.

MARK KANZER

Psychiatric Quarterly. XXII, 1948.

Psychosomatic Aspects of the Korsakoff Syndrome. G. M. Davidson. Pp. 1-17.

Davidson submitted eight male patients suffering from Korsakoff's Syndrome to sodium amytal interviews to determine to what extent personal material could be obtained to explain certain difficulties of memory with special reference to confabulation. He discusses three of these interviews. He noted that the patients showed considerable improvement of memory for the duration of the narcosis. The statement that the mechanisms of amnesia and confabulation in these cases are obviously rooted in the dynamics of early life seems too broad to be covered by the presented facts. Although Davidson's statement that 'psychoanalysis has not contributed anything specific with reference to

Korsakoff's Syndrome' may be true, his failure to mention, in his review of the literature, the outstanding paper by Ferenczi and Hólos on the Pathoneurosis, Psychoanalysis and the Psychic Disorder of General Paresis, seems a significant oversight.

The Song of the Sirens. Géza Róheim. Pp. 18-44.

The universal folk tale of the Siren is traced to the dream experiences of the race. Róheim supplies an abundance of anthropological and psychoanalytical references. The water motif is derived from physiological bladder pressure and a wish to urinate during sleep. This leads to erotic feelings. The dream regression takes the dreamer back to the primal scene. Anxiety transforms coitus into a nightmare with the dreamer in a passive rôle. The song of the Siren is both the mother's lullaby and the noise of the primal scene. Forbidden voyeuristic elements related to the mother's breasts, vagina or imagined penis enter the picture. The phallic mother is visualized usually as a water spirit with a fish's tail (penis) or a bird with claws. Father appears as a water bull or horse. The lure of the Siren is the wish to regress to childhood and mother. The symbolism is overdetermined.

JOSEPH BIERNOFF

Bulletin of the Menninger Clinic. XII, 1948.

Diagnosis and Treatment of Schizophrenia. Karl Menninger. Pp. 96-106.

This paper was presented before a group of physicians who were not psychiatrists and is therefore limited to a simple presentation of some of the basic conceptions of schizophrenia. Menninger stresses the prevalence of schizophrenia and the importance for physicians to differentiate between neurotic and psychotic illnesses. He points out the danger of provoking acute psychotic episodes, suicide and homicide if these cases are unrecognized. He also indicates that incipient cases of schizophrenia have a relatively good prognosis if they are sent early for treatment.

The Practical Application of Basic Mental Hygiene Principles by the Cornelian Corner. Leo H. Bartemeier. Pp. 113-116.

In this paper the origin and purpose of the five-year-old Cornelian Corner is discussed. This association strives to educate parents in the basic psychological needs of the child. It strongly advocates the abandonment of the practice of separating the newborn from its parents and encourages breast feeding whenever the infant is hungry or anxious. Through seminars conducted by psychiatrists, pediatricians, obstetricians and psychologists, this small group has already influenced five Detroit hospitals to permit infants to remain in the same room with their mothers from the time of their birth.

A Commentary on the Oral Phase of Psychosexual Development. Mary Leitch. Pp. 117-125.

Three instances of emotional problems in infancy are discussed with the aim of confirming or denying the psychoanalytic theory on the oral phase of libidinal development. One child manifested an unusual amount of sucking activity at five and one half months of age which was traceable to severe frustration caused by a thrush infection in its first days of life. It later went through a very severe biting phase.

A second child manifested inconsistent behavior related to feeding and biting which might have been the consequence of a bad relationship with its mother and a sudden change to a rigid foster mother.

A third baby developed normally until ten and one half months but suddenly stopped after undergoing a severe local and systemic reaction to a smallpox vaccination. The boy then regressed to his earlier excessive sucking activity with marked impatience and with no biting activity at all. Leitch states that more detailed and systematic studies are needed in order to determine both the range and variability of infant behavior and the relationship between specific modes of behavior and constitutional, physical and environmental conditions.

Some Considerations Regarding Psychotherapy with Psychotic Children. Sibylle Escalona. Pp. 126-134.

Escalona reports on seventeen psychotic children, so diagnosed by the children's division of the Menninger Clinic. Their symptomatology included speech disorders, circular and autistic logic, bizarre preoccupations, low frustration tolerance, excessive fantasizing and a lack of integrative capacity. Escalona found that all these children had been to some extent atypical and disturbed since earliest infancy. They showed either exceptional remoteness or irritability or both toward their mothers who felt puzzled by the children from the beginning. In many instances the maternal attitudes seemed to be entirely adequate but the child's reactions eventually caused some pathological behavior in the parent. These findings contradict our usual conception of the etiology of emotional problems in children.

In treating these patients two different types of therapy were used. Some children were treated with the usual psychoanalytic approach in that they were permitted to develop a strong relationship to the therapist which then made past traumatic events and unconscious material accessible so that they could be interpreted to the child. Another method of treatment might be called suppressive, in that it discouraged the expression and acting out of fantasies and provided gratification only in more realistic pursuits. This treatment was only possible when a positive transference was maintained and here the transference was not interpreted. Escalona found that neither approach was entirely successful. The children treated by the expressive type of therapy gained insight, but either failed to change or would relapse as soon as therapy was terminated. With suppressive therapy some clinical improvement could also be obtained, but the underlying psychotic process

remained untouched and a pseudo adjustment occurred. The author states that at this time treatment of the psychotic child is often unsatisfactory and we will have to learn more about the nature of these illnesses before we can hope for adequate therapeutic results.

A Case of Anxiety Neurosis in a Small Child. Nic Waal. Pp. 143-151.

Waal treated a child with an acute anxiety state by means of psycho-analytic play therapy plus a technique modeled after the 'vegetotherapy' of Wilhelm Reich. This consisted of a game in which rhythmic breathing with coördinated muscular relaxation was done by the therapist and imitated by the patient. After nine interviews this patient was cured. Waal does not explain why she used this breathing game and what she believes it accomplished.

RALPH R. GREENSON

Psychiatry. XI, 1948.

Anti-Nazis: Criteria of Differentiation. David M. Levy. Pp. 125-167.

To determine what personal and social influences tend to produce an anti-Nazi mentality, Levy selected for study twenty-one German men from among the candidates for positions with the American Military Government who were undergoing a period of training at the Bad Orb School. Examination of the case records plus psychiatric interviews and psychological testing provided the data for the study. A summary of each case study is presented in this paper. Six factors were found to be significant as criteria of differentiation. 'They represent differences in the particular cases from the assumed typical German life history of the comparable cultural group.' Those factors are the following: 1, absence of strict paternal discipline, as through death of the father in childhood, avoidance of corporal punishment as a means of discipline, or the presence of an easy and free relationship between father and son; 2, demonstrative maternal affection (which is not typically displayed by the German mother beyond early childhood); 3, position of 'only' or 'favorite' child in the family, which favors the development of more individuality; 4, 'crossing' of religious or national boundaries, through either the individual himself or his parents having married persons of different faiths or nationalities, or through membership in a dissident church; 5, strong influence against Nazism either in childhood or later in jobs; 6, the influence of reading and travel in those cases in which it definitely affected the point of view in an anti-Nazi direction. Three or more of those factors were found in all but three of the twenty-one cases studied, and in those three the anti-Nazi bias was questionable. A score of three or higher is therefore considered to be an indication of anti-Nazi attitude.

The study shows that the deviation factors are selective of certain types resistant to 'Nazi-mindedness'. 'As a group, the anti-Nazis, in comparison with typical Germans, have escaped the conventional and rigid family structure. They have been brought up with more affection and less restraint.

Their world is a broader one, less limited in terms of religious, social and intellectual boundaries.' Further work to check the validity of these criteria both in known Nazis and in other anti-Nazis is in progress. Sufficient data, Levy states, has already accumulated to support the validity of the criteria.

The Rôle of the Parent in Psychotherapy with Children. Hilde Bruch. Pp. 169-175.

Hilde Bruch, in her private practice, has reversed the prevalent tendency in child psychiatry to delegate the management of the parent to another therapist, by undertaking herself to deal with the faulty and detrimental attitudes of the parents of her young patients. This paper is a discussion of some of the difficulties encountered in the use of this approach. It concerns itself in the main with the problems presented by parental attitudes, although mention is made of countertransference dangers, e.g., reactivation of anxiety in the therapist by the very fact of dealing with parents, excessive identification with the child, and competition with the parent for the child's affection.

The early assessment of the parent's attitude to psychiatric treatment and the proper handling of it are important for the success of therapy. There is the parent who is frankly antagonistic, having come to the psychiatrist as a result of outside pressure or from a conscientiousness which would overlook no resource, improbable of success as it might seem. Direct analysis of this attitude may effect a constructive coöperation between parent and therapist; if neglected or side-stepped, it will wreck the treatment. A case illustration of how such a negative attitude was successfully managed is presented.

The more typical attitude of parents nowadays is to expect psychiatric miracles. These modern parents are often burdened by a fundamental doubt of their adequacy and by a feeling of guilt at having failed in their rôle. Without further undermining their confidence in their ability to be good parents, the therapy aims to make them aware of their true attitudes toward their children. 'The therapeutic task is to help such parents discover their capacities for love and a genuine relationship with their child.' The treatment of the parents is limited to the areas which significantly enter into the relationship between parent and child.

S. GABE

Psychosomatic Medicine. X, 1948.

Studies in Epilepsy: Personality Pattern, Situational Stress, and the Symptoms of Narcolepsy. Wayne Barker. Pp. 193-202.

Observations on four narcoleptic patients, studied in repeated interviews by free association and with intravenous sodium amytal injections, indicate that the narcoleptic patient is in an insoluble conflict between the need for self-differentiation from a life pattern laid down for him by others and the psychological ties that hold him to that pattern. Whenever the patient is con-

fronted with life situations which tend to provoke behavior unacceptable to him, narcoleptic symptoms are precipitated and serve to interrupt integrated activity. A series of such symptom-provoking situations plus the ensuing reactions are recreated in the interviews with each of the patients. Narcoleptic symptoms also ensue whenever the patient's interest in the environment slackens and tension from internal needs is minimal, since the narcoleptic patient's hold on wakefulness is tenuous as a result of his unsatisfactory, boring existence. Barker views narcolepsy as 'a pattern of discontinuous organism . . . environment integration in which interruptions occur whenever intolerable distress arises in the course of the existing integration or whenever chronic distress and immediate decrease of biologic tensions reduce the degree of integration below the waking level'.

S. GABE

Criteria for the Evaluation of Group Therapy. Edward M. L. Burchard, Joseph J. Michaels and Benjamin Kotkov. Pp. 257-274.

A review of the literature on group psychotherapy revealed a wide divergence in orientation, goals, techniques and methods of reporting. In an attempt to clarify this situation the authors have developed a schema of pertinent major categories: therapist's frame of reference, therapeutic aims and goals, patient population treated, rôle of therapist, the group management of meetings, and appraisal of results. The reports of fifteen investigators representing different therapeutic approaches were analyzed and presented. The authors hope that a clarification of terms may help in the process of understanding the dynamics of group psychotherapy.

Psychosomatic Studies of Children with Allergic Manifestations. I. Maternal Rejection: A Study of Sixty-Three Cases. Hyman Miller and Dorothy W. Baruch. Pp. 275-278.

According to David Levy, the rejecting mother is defined as 'one whose behavior toward the child is such that she consciously or unconsciously has a desire to be free from the child and considers it a burden'. The authors add a further criterion used by Newell, namely, that the rejection be expressed verbally by the mother. In the allergy group, sixty-two of the sixty-three children (98.4 percent) suffered from maternal rejection; in the nonallergy group, nine of the thirty-seven children (24.3 percent). The critical ratio of the difference in proportions was seen to be significant. Thus it can be said that 'maternal rejection' appears to be an important factor in the personality of the clinically allergic child.

The Significance of the 'Emotional Climate' in Early Feeding Difficulties. Beata Rank, Marian C. Putnam and Gregory Rochlin. Pp. 279-283.

The minimum data from two cases of severe feeding problems in young children are presented to demonstrate that a mother's conflicts and anxieties may be re-enacted in her child's development with a remarkable similarity. The similarity in the manifest behavior, the choice of organ or symptom, becomes

obvious. There is also a parallel between the mother's and child's underlying dynamic attitude to their unconscious conflicts. Attempts to resolve them by establishing specific defensive measures are alike.

In each case the history obtained from the mother indicates that in her relationship to the grandmother (her mother) a similar struggle over food and deprivation constituted a central conflict in early childhood.

MARTIN GROTJAHN

Archives of Neurology and Psychiatry. LIX, 1948.

Sociopsychologic Structure of the S.S.: Psychiatric Report of the Nürnberg Trials for War Crimes. Leo Alexander. Pp. 622-634.

In this paper Alexander describes first some of the characteristics of the Nazi S.S. organization and then attempts to formulate the dynamic basis of its strength. The members of this group were strongly bound together by the guilt feelings stirred up by their criminal acts. If a member did anything which put his loyalty to the organization in question, he was killed or had to undertake an act of violence which would re-establish him in the group. Instances are cited where men of science who at one time questioned the barbarous experiments on living prisoners became the most fanatic experimenters themselves. Originally they committed these acts ostensibly to avoid ostracism, but soon the sadistic gratification overcame any demonstrable evidence of superego function. The destructive urges also spread to the group membership and there are many examples of fratricide within the organization.

In order to prepare the Nazi youth for a world where murder and torture were approved methods of conduct, it was exposed to a systematic campaign of propaganda. In a high-school textbook on mathematics, for example, the problems would be formulated in terms of 'How much phosgene would be needed to poison a city of a certain area and specified population?'

There are many more illustrations in Alexander's paper which show how the Nazis painstakingly exploited their knowledge of the unconscious and of mass psychology in their attempt to corrupt their countrymen. The material is fascinating but the formulations lack clarity and depth.

RALPH R. GREENSON

British Journal of Medical Psychology. XXI, 1948.

The Play of a Psychotic Child. Elizabeth Norman. Pp. 155-170.

Norman demonstrates the reflection of the schizophrenic thought processes of a child and its relation to reality and to objects in its play and drawings. Despite loose dynamic constructions and deductions, she makes a valuable contribution to the literature of play with children in the clinical setting. Lack of reality determination in the manner of play, undisguised play on sexual

and excretory themes, excessive aggression and destruction in the absence of friendly and constructive themes, are all evidence for making a diagnosis of psychosis if they are persistent themes of play. Some of these features are occasionally seen in the play of a 'normal' child.

Social Conflict and the Challenge to Psychology. R. E. Money Kyrle. Pp. 215-221.

Kyrle raises the question of the relation of science to ethics, the psychologist's dilemma. Partisanship may result from infantile attitudes and may thus be unscientific; neutrality may be the coward's choice. The author wishes to demonstrate that partisanship need not be unscientific, neutrality may not be evasive. An ideology can be defended by argument only on the basis of the proposition that it is the unknown cause or effect of something generally desired. Thus to defend humanism, the argument that people tend to be more healthy, more mature or more happy in a humanist world than in an authoritarian world should be attempted on factual or empirical grounds. Kyrle seems to believe that this will lead to a kind of scientific partisanship akin to that of the economist who makes partisan predictions. He points out two limitations of this type of psychological partisanship leading to predictions of social change: the extent to which predictions would not influence policy (determined by unconscious motive and not conscious motive) and the fact that such partisan prediction creates antagonism leading to loss of the 'social patient'. The alternative technique confines itself to the analysis of motives—as in individual analysis—preserving a strict ethical and political neutrality.

The remainder of the paper concerns itself with an interesting but not new analysis of political motives and some comments on the social effects of analysis. Once again, as in a previous paper, the author concludes that what he calls collective analysis (books, broadcasts, group discussions) will produce a society whose conflicts approach realism more consistently. Moreover, he expects the political consciences of rival parties to become more consistently humanist.

VICTOR CALEF

Journal of Mental Science. XCII, 1946.

Ageing and Senility: A Major Problem of Psychiatry. Aubrey Lewis. Pp. 150-170.

The Psychological Aspects of Ageing and Senility. Margaret Davies Eysenck. Pp. 171-181.

Social Aspects of Ageing and Senility. H. Goldschmidt. Pp. 182-194.

People with foresight in other countries as well as our own plead for measures to meet the swelling problem of the fate of the aged. These British papers parallel our experience and conviction that it is tragic to prolong physical life when mental life is ended.

In a detailed statistical study Lewis records the steady increase of the proportion of old people in the community and their consequent increasing proportion in mental hospitals. Within the next thirty years the bulk of patients admitted to mental hospitals will likely be the elderly. Eysenck reports the conclusions of the recent psychological literature on the intellectual abilities and emotional life of the ageing. It seems agreed that from a peak period in the early twenties, mental, perceptual and motor abilities decline with a concomitant withdrawal of libido from the outer world. She offers several criticisms of test and questionnaire methods and recommends large-scale longitudinal follow-up studies.

The impact of social factors in normal and abnormal ageing processes is considered by Goldschmidt. Integration with other human beings, occupational activities, the rôle of diet and disease, the effects of financial security, nationality, etc. are contrasted in old people living in a mental hospital, in the community, on an estate and at a pensioners club. Of all the contributing factors to mental health, that of social integration is the most significant. The author endorses a nonresidential advisory center for the ageing, much like a child guidance center. This center's success will depend on ancillary measures taken by the community such as adequate housing, medical care and facilities for the elderly to contribute to a socially useful end.

A discussion of the three papers follows. Several of the discussants stress inferentially that we shall pay through hardships to many, for our apathy towards the accelerating distress of old people.

The Epilepsy of Fyodor Dostoevski. H. Harris. Pp. 364-369.

A brief discussion of Dostoevski's epilepsy follows an account of some facts about his life. Harris concludes that Dostoevski's religious mysticism originated in the same way as the religiosity of the average epileptic, i.e., from the particular character of his emotional experiences. However, though his guilt, mysticism and character structure are mentioned, no correlation between them and his life experiences is drawn. Freud's and other psycho-analytic writings are not cited.

Clinical Survey and Results of Two Hundred Cases of Prefrontal Leucotomy. Jan Frank. Pp. 497-508.

Waning enthusiasms and growing doubts cluster around the worth of the shock therapies as time shows their effects to be limited and transient. Fresh hopes for the relief of mental illness by physical methods begin to swell the literature in accounts of the results of prefrontal leucotomy.

This British study is a calm and sincere statement of experience with two hundred cases, written in a readable, graceful style. Frank begins with a just objection to clinical psychiatry's heedlessness toward the unique properties of the individual when dealing with descriptive terms, mass observations and statistics. For example, apart from the fact that in almost every leucotomy operation different fibers are cut, the response of a particular individual to

brain injury cannot be predicted by any clinical criterion. In addition to a clinical descriptive classification of his illness (admittedly difficult because of the confusion in psychiatric nosology), and assessment of chances of spontaneous recovery, the quality of the individual's present and past personality as well as the social environment into which he will be discharged must be considered among the indications for leucotomy.

The cases selected were those of the chronic population of an average county mental hospital. All had proved refractory to psychotherapy or some form of shock treatment. Those showing permanently disturbing hallucinations, unmanageable aggressiveness, increasing melancholic agitation, or constant unrelieved anxiety were chosen for leucotomy. Favorable prognostic criteria were sudden onset of the psychosis after some justifiable psychological or physical cause, plasticity of symptom formation, cyclic tendencies and an island of integrated personality beneath the psychosis.

Leucotomy was of questionable value when the patients had no one to look after them outside the hospital or their families had lost interest in them. Follow-up observation varied from nine months to three years. A social recovery consisted of ability to earn a living or to look after a household as before the illness. Considered improved were those who were more manageable and had diminished psychotic symptoms but were not well enough to be on their own.

The results showed that among schizophrenics the numerical results were disappointing although individual cases made startling recoveries; alterations of mood of manic-depressives seemed curable by leucotomy; involuntional melancholia responded well; aggressive mental defectives responded poorly; three of four chronic obsessives made an excellent social recovery. In the case of schizophrenia it is noteworthy to read Frank's emphatic statement that the success of the operation is absolutely dependent on the proper handling of the postoperative course in which the environmental situation must be managed to provide an appealing reality with no possibility of experiencing failures.

Among the complications of leucotomy were noted some neurological sequelae as well as appetite and hair-growth disturbances. In patients under fifty-five intellectual deficit after one year was undetectable. In the successful cases recovery was always gradual, taking months. None of the patients regained insight or was able to appreciate what the operation was for. No patient in the series was worse after operation. The mortality was 2.5 percent.

KENNETH COLBY

Journal of Abnormal and Social Psychology. XLI, 1946.

Social Attitudes of American and German Youth. Donald V. McGranahan. Pp. 245-257.

Attitude questionnaires, designed to probe broad social and ethical aspects of personality, were given to samples of American and German youth. German youth favored obedience to authority—state or other—above independent decision and action more than did the Americans. Young German

Nazis apparently substituted state authority for family authority, while young anti-Nazis opposed the state, not because they rebelled against authoritarianism as such, but because they remained under the influence of family authority that was in conflict with the state. German youth admired men of great military and political power in world history more than did the Americans. The American youth viewed crime primarily as a matter of personal violence against other individuals, while for the Germans it was primarily a matter of disloyalty to the state and dishonor in one's own character. Correspondingly, the Americans placed relatively greater emphasis upon teaching children to be considerate of others, while the Germans stressed the importance of developing a sense of patriotism and an honorable character in children.

Basic Personality Structure and the Subgroup. Alvin W. Gouldner. Pp. 356-358.

Reviewing the orientation expressed in *The Individual and His Society* and *The Psychological Frontiers of Society*, Gouldner takes Kardiner and Linton to task for neglecting the 'social level of integration'. This level, 'while not apart from the psychological level, is at least conceptually separable from it. Social phenomena cannot be reduced to psychological for much the same reason that a reduction of psychological to physiological is scientifically not permissible; namely, the distinguishing or unique characteristics of the former are eliminated.' This neglect, specifically the neglect of the class society aspect of our culture, is implied in glossing over differences in child-rearing patterns among subgroups in our culture and treating the family structure essentially as a causal agent while neglecting to interpret the family also as effect, as a social product. This is shown to lead to erroneous reasoning about the conditions of social stability.

What Price Lobotomy? Mary Frances Robinson. Pp. 421-436.

The test performance of ten schizophrenic patients who had undergone bilateral prefrontal lobotomy are compared with those of seven patients of similar diagnosis and vocabulary ability who had not undergone the operation. Rorschach and Binet Tests, and other tests of abstract thinking, learning, planning, deliberation and deliberative behavior, were administered. The major finding was the impairment of the capacity for 'deliberation' and 'deliberative behavior', or of 'prolonged attention', following a prefrontal lobotomy. The lobotomized individuals retained many of their prepsychotic personality traits. A much larger sample of cases is needed to render this finding trustworthy.

ROY SCHAFFER

Journal of the American Medical Association. CXXXIX, 1949.

Idiopathic Ulcerative Colitis. Sidney A. Portis. Pp. 208-213.

Portis discusses the nervous pathways and enzymatic processes involved in ulceration of the bowel, and points to the emotional factors underlying the

disturbed physiology. He advocates close collaboration between psychiatrist and internist in the management of the disease and emphasizes that psychotherapy should at all times be accompanied by rigid medical supervision of the patient. A plan of medical management is outlined.

G. GABE

The Social Service Review. XXII, 1948.

Psychiatry Experiments with Selection. Henry W. Brosin. Pp. 461-468.

In this paper Brosin reports his experience in selecting medical students. He was interested not only in eliminating men who would fail but also in selecting those who were gifted. It was decided to do pilot control studies on a number of students in different medical schools, to follow their progress through four years of school, and for some time thereafter. Two classes, totaling four hundred and fifty students, have been examined. Nineteen different tests have been given to each of them.

The results of the preliminary analysis were uniformly disappointing. There is little hope that these tests, the best available at the present time, will furnish the means of differentiation. Intelligence tests have brought out only one fact, that a man with an I.Q. below one hundred thirty on the Binet will find the competition severe both in medical school and after graduation. Brosin found that a considerable amount of neurotic disturbance is tolerated by many students. It remains to identify those assets of the ego which permit a person to work efficiently in medical school in spite of his neurotic burden. The successful student shows a relatively uninhibited work motivation and intellectual activity.

Superior ability is no guarantee of success, since personality factors, including motivation, are more important. The Rorschach, accompanied by an individual interview with a psychiatrist, is by all odds the best method known at present for selection purposes. When these two methods were combined it was found that the most successful students show accuracy of perception, freedom from obsessional concern with small details, freedom from interference by extraneous material, and freedom from anxiety under pressure. These students are not stimulus bound, are able to retain their ability to shift easily to relevant material and enjoy a better use of abstracting ability.

The testing interview of all students should, if possible, be done by the same psychiatrist. Spontaneous association should be encouraged. In the future all the students will be interviewed by three different psychoanalytic psychiatrists. It has been found that such interviews in quick succession on the same day may alter significantly the candidate's orientation. With this approach detailed histories cannot be obtained but considerable data for genuine understanding of the person can be gained.

This very stimulating and thoughtful paper concludes with the warning that caution must be exercised by admission committees of schools to avoid an artificial homogeneity in the composition of a class.

MARTIN GROTHJAHN

Meetings of the New York Psychoanalytic Society

David Kairys, Joseph Lander, Leo Angelo Spiegel, Charles Brenner & Edward E. Harkavy

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NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

September 28, 1948. ON NEUROTIC OBESITY. Gustav Bychowski, M.D.

Bychowski finds obesity, chiefly among women, to be an expression '... of autoplasmic processes dominated ... by unconscious mechanisms'. These patients eat compulsively; when unable to eat, they become anxious; they behave towards food as an addict to his drug, lapsing into compulsive eating whenever they are frustrated; they are emotionally unstable, and tend to develop reactive depressions. Food for them has special unconscious meanings—strength, security, maternal love. Compulsive overeating implies introjection (cannibalistic incorporation) of the mother. Guilt and depression therefore follow bouts of overeating. The development of fat expresses an identification with the mother including fantasies of pregnancy. Denial of femininity is prominent, with attitudes typical of the female castration complex. The cushion of fat protects the patient against both the aggression of the male and her own exhibitionism. Bychowski postulates that the ego accomplishes the autoplasmic expression of the conflict by making use of complex metabolic processes, such as water retention and changes in lipid and carbohydrate metabolism. Basically, these individuals are engaged in a fruitless, lifelong struggle for permanent retention of the infantile love object by means of its partial incorporation.

Dr. Hilde Bruch commented that observers starting from widely divergent positions reach similar conclusions about obesity. 'Her own studies confirm Dr. Bychowski's conclusions. In childhood, obesity occurs in males as often as in females; both show confusion about their sexual rôles. Organic etiology is rare in obesity. In her experience obese patients are very difficult to analyze. Dr. Bela Mittelman finds that obese patients are so difficult to manage that sometimes intramural therapy is necessary. Dr. C. P. Oberndorf observed that similar neurotic mechanisms may be found in both obese and nonobese patients and asked what determines whether or not obesity develops from these mechanisms. Dr. Bychowski summarized that determinants of the choice of neurosis may lie in both somatic and psychic predispositions. The idea of hospitalization he found comparable to the treatment of drug addictions.

DAVID KAIRYS

October 12, 1948. THE PROBLEM OF INTERPRETATION IN PSYCHOANALYTIC ANTHROPOLOGY. Géza Róheim, Ph.D.

Róheim challenges the anthropological thesis that interpretations are valid only within the limits of one culture. He emphasizes the fact that Malinowski, who first propounded the thesis that there is no œdipus complex in a matrilineal culture, had neither been analyzed nor (as he himself confessed) did he clearly understand psychoanalytic theory. 'It is very difficult to understand how a psychoanalyst of Fenichel's standing could have accepted Malinowski's naïve conclusions.' The tendency of modern anthropology is to emphasize sibling

rivalry and to scotomize the œdipus complex. In opposition to the 'culturalist', Róheim adduces evidence from various societies to substantiate the belief that the œdipus is universal. It evolves from oral ambivalence with the father taking the place of the 'bad mother'. Much stress is laid on Bolk's theory that man's delayed infancy has resulted in a fetalization of the species.

In the discussion, Dr. Emanuel Klein expressed the belief that emphasis should properly be placed on the infinite variations in the resolution of the nuclear complex in different cultures and its varying structures and ramifications. Referring to Fenichel, he stressed the almost endless modes of solving the œdipus, thereby enabling us to conclude that 'human nature can change'. Dr. Paul Federn stated that Róheim's assumptions are in accord with the theories of Freud and Abraham. In discussing the question of optimism, he took issue with Wulff Sachs who felt that prolonged breast feeding explained the optimism of African Negroes and their inability to resist exploitation by the white man. Federn believes that prolonged breast feeding produces strength, not weakness.

JOSEPH LANDER

November 30, 1948. MENTAL REACTIONS IN PATIENTS WITH NEUROLOGICAL DISEASE. A DYNAMIC AND GENETIC STUDY. David Beres, M.D. and Charles Brenner, M.D.

Two divergent explanations have been given for the mental symptoms accompanying disorders like multiple sclerosis. One states that mental symptoms are dependent on the etiology of the disease and are the same or similar in all cases. (The evidence presented does not support this view.) The other contends that mental symptoms accompanying organic disease are determined by the psychological significance to the patient of the symptomatic disability resulting from the illness and the consequent disturbances in mental equilibrium or libido economy. The authors conclude that one can best understand why such a disability is traumatic through a knowledge of the unconscious conflicts of the patient. The illness is traumatic precisely because of the existence of an unconscious conflict even though it produced no symptoms at the onset of the illness. The neurological disorder mobilizes the unconscious conflict, and mental symptoms ensue. The psychological consequences of serious physical illness are summarized: increased dependence, deprivation of customary gratifications and sublimations, and the reappearance of forbidden gratifications such as soiling. These changes increase the task of the ego in maintaining psychic equilibrium. Certain 'weak points', characterized by significant defense mechanisms, play a specific rôle in the neuroses accompanying organic illness. Thus, in two cases where there was extensive reaction-formation against anal-sadistic drives, the most traumatic aspect was the loss of anal sphincter control. In each patient it was found that only that aspect of the neurological disease which disturbed the balance between defense and instinct in a pre-existing unconscious conflict could be considered traumatic.

Charles Davison stated that organic improvement occasionally precipitates neurosis; Ludwig Eidelberg, that the defense-stimulating nature of organic symptoms resides in their unconscious meaning.

LEO ANGELO SPIEGEL

January 11, 1949. PROBLEMS OF TRANSFERENCE. Rudolph M. Loewenstein, M.D.

Transference may be positive or negative, involve id, ego or superego functions, help or hinder analysis, be conscious or unconscious. None of these classifications necessarily corresponds with any one of the others. A positive transference may hinder and a negative one help the analysis. Transference is inevitable, and there are some standard rules for analyzing it. The speaker illustrated the necessity of evaluating and expressing the *reality* of the analytic situation in a transference interpretation. The special importance of transference interpretations is that the emotion is actually felt at the time by the patient. This emotion, if not too great, facilitates insight. The relation of transference to memory was also discussed: transference is to memory as pantomime is to talking; it is a type of acting out.

COUNTERTRANSFERENCE. Bertram D. Lewin, M.D.

Dr. Lewin defined countertransference as the *whole* of the analyst's attitude to the patient. In this sense analytic technique may be called a sublimation of the countertransference. Most of what is called countertransference difficulty is due to bad technique or stupidity, *not* to the analyst's emotional involvement with the patient since this has been minimized by adequate training analysis and supervision. For the analyst to react to the patient is inevitable, not necessarily evidence of countertransference trouble. If the reaction gets out of hand the remedy is not advice, but further self-analysis or analysis by a colleague.

Dr. Simon Weyl commented that a slight reaction of the analyst to certain of the patient's remarks about a reality situation is desirable, especially in borderline cases. This facilitates the task of helping the patient to differentiate reality from fantasy. Dr. Raymond de Saussure said that transference, an emotion of the past re-enacted in the present, showed lack of objectivity, reciprocity, and relativity. He added that it was isolated and could not be integrated. This explained its relation to memory. Correct interpretation permitted the patient to stop this repetition. Dr. Bychowski noted that emotions from the recent past might be transferred from a previous analyst to the present one. He recommended very early analysis of transference phenomena to avoid their becoming too strong to be analyzed later. As worthy of study, he mentioned the 'dangerous phenomenon of transference improvement'. Dr. Heinz Hartmann pointed out, with reference to the problem of memory, that transference facilitated recall of unconscious material which, however, appeared as acting out. Conscious recollection could then be achieved by interpretation which resulted in the necessary process of integration by the ego. Organic memory defects result in lack of this integrative capacity. The analysand's adult ego might even integrate old experiences in a way impossible to him as a child, a process which is more than mere recollection. The relative inability of nonanalytic forms of psychotherapy to reconstruct an individual's past is a serious handicap to their therapeutic potentialities. Dr. Loewenstein stated in summary that in his opinion transference was essentially a displacement, not a projection, although in some cases the mechanism of projection might be involved—as might all other defense mechanisms.

CHARLES BRENNER

March 1, 1949. THE PREPUBERTY TRAUMA IN GIRLS. Phyllis Greenacre, M.D.

Prepuberal trauma is of special significance in female sexual development. Women in whom it occurred all suffered from severe disturbances of pregenital development and from intense, unresolved oedipal struggles. Frequent primal scenes had evoked sadomasochistic fantasies reinforced by disturbances in anal functioning. There followed a more than usual masculine identification with a stubborn effort to resolve the threat of castration by means of an illusory penis. The prepuberal trauma regularly occurred at eleven or twelve and was always provoked by the girl herself. The later memory of the trauma is a condensed representation of the disturbances in preoedipal development which it serves to screen. Its dynamic significance derives from its use as a defense against entering the sexual conflicts of puberty since it serves as 'real' evidence of sexual dangers. Its defensive value is reinforced by its communication to adults who are then made to bear the guilt, thus allowing the child to conceal her own provocative rôle. (In the usual sexual contacts with other children this method of self-absolution is less easily practiced.) The prepuberal period is especially favorable for the provocation of such traumata since it is a period of heightened curiosity and increased activity.

Berta Bornstein raised the question of regressive deformation of genital orgasm appearing in the form of massive body discharges, such as copious diarrhea. She stressed general restriction of the ego (inactivity, idleness and restraint) rather than compulsive symptoms which appeared as a regressive response to pregenital strivings. She suggested that prepuberal experiences have a special significance for character formation and perhaps for the development of psychopathic personalities.

LEO ANGELO SPIEGEL

March 15, 1949. PSYCHOANALYSIS AND THE DYNAMICS OF PSYCHOSOMATIC MEDICINE. Sydney Margolin, M.D.

Margolin psychoanalyzed a woman while concurrently inspecting her gastric mucosa which had been surgically exposed following a suicidal attempt with caustic potash. He discovered to his surprise that unconscious ideas and affects influenced gastric functions to such an extent that these functions became dissociated under the influence of certain unconscious constellations. From these observations and others not yet reported by him, he derives a 'dynamic resynthesis of psychoanalysis with the biology from which it arose and later parted', as well as 'a new method of validation of psychoanalytic hypotheses and theory'. His first dialectical step is to distinguish between mind and brain: the central nervous system contains localized representations of organs and their functions, while the mind elaborates fantasies of form and of function. Secondly, as the fantasies change, memory traces called engrammes of both psyche and soma remain. Finally, deep regressions may evoke 'engrammes based on the involuntary part of the bodily functions' such as those seen in the dissociated functioning of the stomach.

Dr. Eidelberg expressed his confidence in psychoanalytic data themselves, considering them as valid as the knee jerk. He asked how the speaker differentiated between conversion hysteria and organ neuroses. Dr. P. Goolker could not

accept the view that an organ can regress. He regretted the lack of supporting clinical data and the reliance upon dialectic which gave the impression of circular reasoning. Dr. Federn referred the speaker to the works of Scherner and Meng. Dr. Schur wondered how increased adrenalin output could be associated with panic states and at the same time be the drug of choice against urticaria which frequently appears with anxiety. Dr. Margolin, in reply, stated that the psychosomatic viewpoint differs from psychoanalysis only in procedure. Dr. Ralph M. Kaufman closed by telling of a patient who responded with a psychosis to the curing of her dermatitis by means of hypnosis. He agreed with Dr. Margolin that 'organ response could be used as an indicator of the validity of psychological phenomena'.

EDWARD E. HARKAVY

The WORLD HEALTH ORGANIZATION in a report on Mental Health stated: in its effect on productivity, a recent investigation of the United Kingdom Medical Research Council demonstrated that psychoneurosis in an industrial community caused losses rather greater than those produced by the common cold. Very little is known of the effect of the mental health factor in rural and under-developed communities. The first great need is to gather information. This WHO proposes to do with the aid of the recently established World Federation for Mental Health by sending investigation teams to rural and industrial communities, as well as a special team to a selected university to investigate mental hygiene of students.