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# THE RÔLE OF A SECOND LANGUAGE IN THE FORMATION OF EGO AND SUPEREGO

BY EDITH BUXBAUM, PH.D. (SEATTLE)

During the analyses of four patients with bilingual backgrounds, German and English, I had occasion to observe the way in which the ego and the superego contributed to the acquisition and use of a second language. From these observations some conclusions can be drawn as to the rôle of the second language in the formation of the ego and the superego.

Generally, people who learn a foreign language as adults retain an accent, even if they speak it fluently and without solecisms. Most children, however, who have part of their regular schooling in a second language, lose their native accent completely, while elders in their homes may still use their former tongue or use the new language incorrectly; yet there are exceptions among children. Some retain an accent and, although they may be unable to speak their native language, they never learn the new one perfectly. They are thus foreigners in both languages: to the old one because they cannot speak it, perhaps do not even understand it, and to the new one because their accent sets them apart from the rest of the people.

During the course of their analyses, two boys, both of German parents, lost their conspicuous accents. Their pronunciation was never discussed in the analysis. My own accent is of the kind I described above of people who speak fluently, having learned the language in adult life. An identification with my way of talking could not have improved their speech. It is therefore the more remarkable that, despite my own faulty pronunciation, these children should have improved theirs.

Eric, aged six, was an anxious, whiny boy. He was an only child who clung to his mother and had no relations with other

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Read at the meeting of the American Psychoanalytic Association, Washington, D. C., May 1948.

children. He was born in this country of parents both born in Germany. His mother spoke English with a scarcely perceptible accent, having learned and used the language in her childhood. His father spoke English correctly with conspicuously poor enunciation. He preferred to speak German whenever possible. He objected to many customs in this country, looked down on American education and culture, and let his family and friends know his opinions.

A large part of Eric's analysis consisted in dramatizing his fantasies and in helping me to write them down. They were mostly Western and gangster stories, in which he was the hero who conquered the villain, represented by man or beast. In this well-known pattern he expressed his hostility toward his father. The fantasies were accompanied by a great deal of excitement. Part of the excitement was anxiety, fear of his father's retaliation; part was fear of losing his father's love. Some of the excitement was clearly sexual, accompanied by masturbatory movements. The fantasies were like Western movies: fights for justice, honor, a girl—any excuse to get into a good fight was acceptable. It was fighting for the sake of fighting, so often observed among children. The fighting itself represented a sexual relationship with his opponent. Obviously he had to win for fear of being forced into a submissive, passive rôle, which to him would have meant being a woman and being castrated.

This latter, nevertheless, was the rôle which he acted out: his crybaby behavior provoked children to taunt and bully him. He similarly provoked his father to scold and punish him. He imitated his father in many ways but the imitation was hostile; in the course of his dramatic play, his characters so clearly became caricatures of his father that they were recognizable even to the patient. Mimicking his father's speech was part of his provocative caricaturing of him. With the hostility he provoked his father's attack upon himself, which gratified his desire for a love fight with him in which he could be the beaten woman. His fantasies were the reverse side of his everyday behavior. He clung to his mother to protect him-

self against his father's retaliatory punishment; also to protect himself against his own desire (from guilt) to be the punished. Clinging to his mother aroused the father's jealousy, and defeated its purpose.

Working through of this conflict brought about a change in Eric's relationship with his father. They became good friends. Instead of unconsciously making fun of his father, he achieved an openly 'kidding' relationship with him which they both enjoyed. His improved relationships with his playmates had long since enabled him to make friends and hold his own. He developed initiative and interest in his studies; he became an excellent student, particularly gifted in English composition. His accent disappeared, having been maintained for his hostile and provocative imitation of his father which he no longer needed, and he became indistinguishably an American boy.

John, aged eight, came to this country when he was three years old. Both his parents highly disapproved of American education and culture; both spoke English correctly but with a strong accent. John shared their disapproval of everything and everybody and, like Eric, had no friends. He admired his father, envied him for his ability and knowledge, and for being his mother's husband. He competed desperately with his father without success. In the course of analysis, he abandoned his father's interests, and began to play football and baseball, to know all the teams, players, and scores, and he spent his free time in the streets with his friends, to his parents' despair. His English did not become letter-perfect but he spoke the vernacular of the neighborhood.

It was interesting to observe that when they were angry, and wished to convince me of the 'silliness' and the 'unreasonableness' of their elders' ideas, both boys were adept in mimicking the speech of their teachers, their relatives, and their parents. In this they would deliberately emphasize their parents' foreign accents. They became critical of their parents for being different from other children's parents; they wanted to be allowed to be like other boys. Both believed that to please their fathers

they had to scorn their adopted country. That required, however, renunciation of the companionship of playmates and of interest in school. Rejection of the language was a means of excluding the influences of American culture to win the approval of their fathers. It was also part of their hostile, caricaturing identifications with their fathers which served their own libidinal aims: Eric's provocative attitude was to make his father punish him, which would give him a gratification of his passive homosexual tendencies; John's hostile identification was an attack on his father in order to replace him in the mother's affections. Apparent compliance with their fathers' wishes, in both boys, was a defense against unconscious castration fear. Eric feared castration as a means of gratifying his unconscious wish to be a woman; John feared retaliation for death wishes against his father. The foreign accent in their speech, being part of their hostile identification, disappeared as the resolution of their neurotic anxieties enabled them to express their aggression openly, and to establish less ambivalent, friendly relationships with their fathers.

Further observations were made during the analyses of two German women who emigrated in adolescence and completed their schooling in this country. Both understood German perfectly but refused to speak it. Anna maintained that she had been a singularly happy child until she moved to this country at the age of sixteen, when she became depressed. She believed that until then she had had an ideal relationship with her mother, which then became most unpleasant. Memories of her German childhood, as presented, were vague and romantic, obviously false. As is well known, childhood memories come alive in analysis only when the verbal expressions of that period are used; it became necessary for Anna to use the German idioms of her childhood.

Her preoccupation with the penis was extreme, including compulsive looking and obsessive fantasizing. In her associations, 'sausages' played a major part. The interpretation 'sausage equals penis' and discussion of her voyeuristic impulses did

not relieve her symptoms. When, however, she translated the word 'sausage' into German, she identified it as a sausage of a specific color and appearance. This released from repression the memory, from about the age of seven, of a man exhibiting his penis. She had thought, 'What is that *Blutwurst* he has hanging there?' This memory led to another of visiting a girl who was her partner in masturbation, and with whose father she had been in love. This girl and her father were substitutes for the patient's sister and her own father. Her sexual wishes toward her own father and mutual masturbation with her own sister were uncovered—all from associations to the one word, *Blutwurst*.

Childish terms for defecating, urinating, for the genitals, as well as endearing words used by herself and by her parents, were spoken with great difficulty. Recollection of a secret childhood jargon, spoken with her sister, released a flood of memories concerning her forbidden infantile curiosity and a guilty sexual relationship between her older sister and herself. Her resistance against speaking German was a mechanism of denial of her infantile sexuality. A new language enabled her to detach herself from the psychic traumata of her childhood. With the recovery of these memories she easily became bilingual.

The other patient, Bertha, a woman of thirty-six, had finished high school in Germany. She professed that when she came to live in the United States she had deliberately abandoned the German language because of the disappointment in love she had experienced with a boy while she lived in Germany. On emigrating, she had decided: 'Now I will be different. I will never again be swept away by my feelings.' She resolved never to fall in love. She knew almost consciously that never to speak a word of German would make it easier for her to repress her feelings. When she realized that repressing her feelings made her life empty, she said, 'I know I should talk German to you—but I don't dare. I don't know what would happen. I'd probably go to pieces!' As her anxieties decreased, she brought me her diary, written in German, which contained the story of her



love—an adoration from afar, of which the boy had been scarcely aware. Then she brought me some notes written in German. They were really love letters to me, in much the same mood in which the diary had been written. For her, German was the language of love. Finally she spoke German to me. She would leave sentences half finished, or sometimes only say a word and stop, expecting me to understand. She would quote a few words from the writings of well-known German authors, assuming I would be able to finish the quotations. This proved to be the way she used to speak to her father, and 'only he could understand her'. We may add that she wanted only him to understand her. Like Anna, she too had had a secret language.

In the course of her analysis, she dreamed repeatedly about windows to which she gave no associations. One day the word 'window' was translated for her into the German *Fenster*, to which her immediate association was *fensterln*, a word which has no English equivalent. It refers to a courting custom of Austrian peasants in which a young man draws attention to himself beneath the window of the girl of his choice. If she accepts his love, she opens the window and he climbs into her room. This custom provides occasion for much joking and teasing. Bertha's own interpretation of this custom was not courtship but rape. Her fears of intercourse had been aroused when she first learned, simultaneously, about intercourse and menstruation, information which she distorted into a belief that the latter resulted from the former. In forbidden books she had learned about the hymen, and decided that menstruation was not possible before the hymen was broken. When she first menstruated, she righted her misconception with the fantasy that she actually had had intercourse. The fantasy referred to talking with her father about sex. It was intercourse in words—hence the language in which the explanation was given was the language of incestuous love, which later on became forbidden like her incestuous feelings for her father.

Richard Sterba in a discussion of this paper stated: 'Language expresses mental contents in a threefold way. First,

it is used to express *conscious* contents which the ego wants to communicate; that is, it expresses what a person wants to say. Second, it expresses *unconscious* contents *through* the conscious expression as mediator. It is this layer of contents in the verbal expressions of the patient which we try to interpret when we observe the sequence of thoughts, the concatenation of associations in the patient's productions, the peculiarities of *verbal* choice and the slips of the tongue. Third, we find that the peculiarities of *pronunciation* of language and the mannerisms of speech serve in their own way as manifestations of unconscious contents apart from the contents of the verbal expressions in their obvious and in their hidden meaning. This third meaning of speech is the deepest, very closely knit into the character structure of the personality and the most difficult to objectivate in analysis; yet it is most revealing in the analysis of character. It was mainly Wilhelm Reich (2) who stressed the importance of directing our analytic investigation not only toward *what* the person says, but also *how* he talks in general, and in periods of resistance in particular.'

In the analysis of the two boys, the accent was one of the mannerisms taken over from their fathers which expressed, by hostile identification, both submission and revolt. When they were enabled to express their hostility openly, the accent became separated from their language; it became detachable like a symptom on its way out. As long as the meaning of the symptom was unconscious, it was part of an identification and as such beyond the child's control; when it became conscious, it could be used at will in the form of imitation, or it could be dropped. The unconscious identification was resolved partly into conscious imitation, which is historically the forerunner of identification.

The faulty accents of children, which proved in these analyses to be symptomatic, show certain basic similarities to other speech difficulties. Sterba suggested that it be called 'pathological accent'. In some cases of stuttering among young children, the symptom has been found to be a suppressed impulse to say something which in the child's experience incurs



punishment. Such stuttering has the same etiology as slips of the tongue which betray the unconscious by unintentional substitution or misuse of words. Like stuttering, the faulty accent represents a compromise between conflicting feelings.

The two women patients refused to speak their native language as if it were the key to the secrets which they had determined to forget—consisting of the repressed memories of oedipal masturbatory fantasies which were in conflict with the demands of their superegos. A new language provided the ego with an additional defense in accordance with Fenichel's (1) observation: 'A person's relation to language is often predominantly governed by superego rules'.

Sterba recalled a similar mechanism of repression from the writings of Ferenczi (3): the '... same emergence of word and emotional content is observed in connection with one language, which, however, is divided into an egosyntonic part and an ego-rejected lower part, which contains obscene words with all their forcefulness of infantile sexual and sensual representation'.

It has been repeatedly noted that language is full of elements of magic. Nunberg (4) calls language 'a substitute for actions'. He who tells a story 'vividly' brings it to life for his audience. Young children do not differentiate clearly their fantasies from reality; hence the telling of their fantasies may cause them to become excited or scared (5). Obsessional neurotics use certain words to create magic, to make things come about or to undo them. Superstition endows words of cursing or blessing with magic power. In the same sense, verbalizing experiences in the language in which they occurred makes them become real; speaking of them in any other language renders them unreal. Language in this way becomes the vehicle for reviving the past and releasing unconscious wishes and emotions into consciousness. The difficulty encountered by a patient in expressing himself is one measure of his resistance; in some instances the pressure exerted by the superego is so strong that the patient is unable to say anything. The superego uses its power to counteract the magic of speech.

Speaking English meant for the two women patients avoiding the language which contained the keywords to their repressed fantasies and memories. The suggestion that they speak the language of childhood, now forbidden by the superego, aroused full resistance to the point of silence—with the effect also of interrupting contact with the analyst. The silence, representing a withdrawal from the outside world, has a parallel in the reaction of infants to the prolonged absence of their mothers, with what Spitz (6) calls 'anaclitic depression'. Severely neglected children—and those whose attachments to adults are interrupted and infrequent, as often happens with children reared in institutions or in a succession of foster homes—are slow in learning to speak and may remain retarded in speech throughout their lives. These are anxious, insecure, inhibited children who were punished for self-expression, or suffered the pangs of hunger, cold, and loneliness. The silence of the patient in analysis is often the equivalent of the helpless, wordless, and desperate silence of the young child. Although the women discussed here used a second language as a mechanism of repression, it saved them from having to resort to long periods of complete silence and was therefore valuable in their treatment. Children, who for neurotic reasons are unable to talk, are nearly always able to sing the words of songs. A second language might be compared to the singing of silent children; both free the words of the emotional charge which burdens and inhibits the use of the native tongue. With the help of the new language, the superego was circumvented, its efficacy was weakened to some extent.

Imitation and identification are the most important methods of learning; they are, however, dependent on the relationship of the child to the person it imitates. Lack of relationships can result in severe inhibition of speech or in deficiency of vocabulary, which closely resemble retarded speech and retarded intelligence. Early conflicts, however, expressed in pathologies of speech such as stuttering and the like have no bearing on the development of intelligence. Stuttering children

are frequently highly intelligent. It seems that speech development is profoundly disturbed when early object relationships conducive to imitation are poor or absent. Speech is one of the ego functions impaired when the ego itself is impaired in its development. Speech in early childhood develops concomitantly with the ego as an ego function. In later years, as the superego becomes fully developed, replacing the authority of the parents, speech comes to a varying degree under its domination, in some instances 'predominantly governed by superego rules'.

Erikson (7) makes the suggestion that 'the analysis of the ego should include that of the individual's ego identity in relation to historical changes which dominated his childhood milieu. For the individual's mastery over his neurosis begins where he is put in position to accept the historical necessity which made him what he is.' The two women described in this paper attempted to establish an ego identity with the new group by repressing their identity with the past; the result was an amputated ego identity, a neurosis. They had to re-establish the past within the ego identity to gain mastery over the neurosis. The two boys attempted to forgo their current group identity to preserve the one from the past represented by their parents; they had to learn to reconcile the past with the present. Speech in all these cases was the symptom of their disturbance, expressing a conflict between two worlds, differing in time, space, and language.

### SUMMARY

The ability to learn to speak foreign languages may be dependent on unconscious feelings which are under the control of the superego. The ability to speak and to enunciate a foreign language takes its place among the other forms of speech symptomatology; it is subject to the mechanisms which produce slips of the tongue, stammering, and stuttering; it can be employed as an additional defense mechanism, reinforcing repression, and also as a means of weakening the strength of the superego.

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# THE PSYCHOLOGY OF APATHY

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## I

Apathy may be defined phenomenologically as a state of affectlessness (*II*). It is a term frequently used in the description of various psychopathological states. Apathetic reactions have been noted in catatonic schizophrenics and in depressives. It has been observed as a psychological sequel to organic diseases of long duration, and it is known to occur in otherwise apparently healthy human beings as a concomitant of boredom. In all of the above-mentioned conditions apathy was only a secondary or unimportant manifestation. During the war, however, it was possible to observe apathy as the predominant feature in certain types of war neuroses.

The most striking characteristic of the apathetic patient is his visible lack of emotion and drive. At first glance he seems to be depressed; closer scrutiny, however, reveals lack of affect. He appears slowed down in his psychic and motor responses; he shows an emptiness of expression and a masklike facies. These patients are often found lying in their bunks with their eyes open, staring endlessly at the ceiling. They exhibit no startle reaction; they do not tremble, nor do they sweat profusely. In general, they spend a good deal of time in bed, sometimes with their eyes closed, apparently asleep, but they can be roused instantly. They are well-behaved, complying with all the rules and regulations. They complain rarely and make no demands, all of which is in marked contrast to other psychiatric casualties of the war. In 'bull sessions' they listen to the stories of the other men, but contribute none of their own. They drink little and are not interested in women. They are often admitted to the hospital ward with a diagnosis of schizophrenia.

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It was difficult to obtain histories from these patients because they had no urge to communicate their sufferings and no awareness of their condition. Since they were passive and complained little they were often neglected. Their response to narcosynthesis was also quite different from that shown by the other types of war neuroses. The anxious patient, the depressed patient, and the patient with the traumatic neurosis would respond to intravenous sodium pentothal by reliving their recent past experiences and by abreacting strong, even violent emotions. The apathetic patients displayed noticeably little feeling.

One patient, twenty-one years old, formerly a tail gunner on a B-17, was stationed for twenty-five months in the Southwest Pacific, and was admitted to the psychiatric ward because he showed no response to four months of the convalescent program. He was quiet and coöperative and rarely spoke to the other patients. In the psychotherapeutic interview he sat hunched in his chair, his eyes focused on the floor. He answered all questions accurately, but spoke slowly and laconically. He was given 10 cc. of 2½ per cent sodium pentothal and fell asleep without a word. When he was roused, he started chanting in a low, quiet voice, 'I wanna go home, I wanna go home, I wanna go home'. He paused, took a deep breath, and continued: 'I wanna go home, I wanna go home, I wanna go home'. He was slowly given an additional 4 cc., and again he fell asleep. This time he was more difficult to rouse, but finally his eyes opened and again he began to chant: 'I wanna go home, I wanna go home'. This procedure was repeated on several occasions with the same results. He never betrayed any emotion. He would say the same words in the same way for almost an hour; then he would fall asleep.

This is a good example of the way apathetic patients talk (7). The flat and monotonous tone, the slow tempo, and the repetition of simple words is typical.

In the service history of such cases, there was a striking similarity in the kind of duty and stress to which these men were exposed. All were found to have spent long periods often

free of actual danger, but with poor food, in bad climates, under conditions of severe boredom, and in great loneliness. Most striking were those who had spent three or more years as prisoners of war of the Japanese, or who had been stationed for years on isolated islands in the Pacific. More cases came from Ground Force personnel than from the Air Force; and from the Air Corps there were fewer among flying personnel. This can be explained on the basis of differences in physical living conditions, monotony of duty and the amount of deference received.

These records seem to indicate that deprivation over a long period of time results in the development of apathy. Observations on the course of development of this clinical picture show that apathy is not an immediate response, but the end result of deprivation when it reaches traumatic proportions. Prisoners of war described initial reactions of belligerence, rebelliousness and aggressiveness; however, when angry rebellion and aggression brought continual defeat and humiliation, it would subside and apathy would gradually come into the foreground. Furthermore, it was noted that patients recovering from apathy went through a phase of marked hostility and irritability. This transition is readily demonstrable in a single narcosynthesis interview, but can be observed just as clearly over a longer period of time without this procedure.

Another patient was a twenty-five-year-old crew chief who had been stationed for some twenty-seven months in the deserts of North Africa. He was extremely quiet, passive, submissive, never complained, and because his condition did not improve he was given 12 cc. of 2½ per cent sodium pentothal. He fell asleep and then spontaneously began to talk in a subdued and mournful manner:

The first thing we did was to find cockroaches—and then worms floating around—it was a bad crossing. We went five thousand miles to get to England and the food was bad. Then Africa—bad—bad. We marched seventeen miles, forced march—guys were dropping out—laying in the mud,

sleeping on the floor, and then it was cold, your legs were stiff and you couldn't move, and there was no food—and we marched some more—for weeks and weeks there was mud up to your knees, and the Germans were close, and they bombed us and strafed us, and it was bad. And the food was bad, and the boys got killed (he began to cry softly). Rough, rough—oh it was rough; and the planes went out every hour, and half the boys didn't get back. It was bad. We lived underground. Dust, sand, and the Jerrys strafed us and bombed us, and we lost a lot of men. We lost them—good boys, too. There was not much to eat. We worked all the time, from daylight to dark, from daylight to dark. We got to Tunis and it was bad. German bodies all around, stinking. It was so hot. The tools burned your hands—it was bad. We were sick, the desert was hot, there were mines and booby traps. We had to work and work and there was no food. We moved—it was bad. The boys were starvin'. And the pilots would come back from their missions and there was nothing wrong with their planes (sob). We'd work on them and we got chewed out. Work, work, work, and no food—not a bit left. There was no one around for miles and miles—just beggars—dust—dirt. Day after day—food full of dirt—work day and night—day and night. The C.O. told the line chief to eat us out—day after day we did our best—from daylight to dark—we worked. We were soldiers—we did our duty, but they didn't care. They beat us into the ground, because the pilots were scared. There was nothing wrong with the planes (sobbing). Day after day, officers— young officers picked on us. We would fix something for ourselves to be comfortable and the officers would take it. We fixed lights, and what did they do? Took our generator that we built. We'd get parts, and they took it away. Our bulbs, from home—my folks sent them, and the C.O. would say we had too many bulbs and they took them away. All the while, all the while, we couldn't do anything—he had the rank. Rules, rules, rules. The clothes were uncomfortable. From daylight to dark, cold, wet, sleet, rain—heat so hot, but they didn't care. They had it tough, but we were machines, tear ya down, tear ya down, there was nothing left. I am sick and tired. We tried to be happy, but they tear ya down. You

couldn't sleep, you couldn't eat. We were on C rations for five months. Our stomachs hurt. We didn't eat. We were starvin' and what did the doc do—laugh in your face (sob). I want to be free, live like a white man. You don't know, nobody knows, nobody knows how it is. Please, no, (sobbing) no—no—no never go back, please—please. I got to be free, so I can be half a man again—just half a man—they tore us down, beat us to the ground, machines. I don't know, I'll go nuts if I have to go back (writhing). I can't help it. I wanted to be a soldier, a good one, but they beat me down. Never any more, never any more. They beat us down. I don't know. I don't even want to go back to my wife the way I am. What they did to me. I want to go home to a white man's life, not a slave, not beat you. They took your manhood—your spirit away—every time—for so long you can't enjoy.—You don't understand, they battered me, they beat me down. I don't trust mankind any more. Doc, don't send me back!

The transition is characteristic: the soft crying and the mournful laments; then the complaints, and finally the flashes of anger. From the record, deprivation is clearly equated with castration, 'Beat ya down, beat ya down', and 'They take your manhood away'.

Exposure to danger may become traumatic deprivation among men subjected to the stress of severe combat. Initially, they developed states of anxiety; if they remained in combat for more than twenty-five days, the anxiety receded and was replaced by apathy. Tremor, sweating and restlessness persisted, but unaccompanied by anxious affect. Under pentothal, despite the fact that they recounted the most violent combat experiences in great detail, they spoke quietly and sadly, without tremor, sweating or panic. This type of reaction was seen predominantly in Ground Force personnel and has been designated 'combat exhaustion' (20).

If one examines more closely the clinical picture of these apathetic patients, significant changes in all aspects of the mental life are demonstrable. Their instinctual drives seemed



severely diminished and restricted. There was a complete loss of interest in genitality and in women.<sup>1</sup> Masturbation and homosexuality occurred in the early months of captivity and then ceased. There was also a history of much scatological talk and anal references. When the full-blown picture of apathy developed, the only instinctual preoccupation concerned food and eating. Doubtless this was due to the fact that these activities became the primary factor for the individual's survival. It is also plausible to assume that constant frustration of genital and heterosexual wishes furthered the regression.

The ego also showed signs of regression which can be seen in the infantile quality of the thinking processes. At first there was much preoccupation with wish-fulfilment fantasies, which were rich and colorful. Then there was a trend to religion, magic and rituals. Here you found 'fox hole' religion—'Nobody is an atheist in a fox hole'. Then this ceased. The men who returned from the Japanese prison camps did not pray or observe religious rituals. Here, too, the constantly repeated disappointments and frustrations were too painful. It was better not to hope and not to pray; it would only lead to disappointment. There was an impoverishment of the thinking processes, predominantly visual imagery, and little motility. These men loved to read cook books and study advertisements of food (16). This may be explained as a further regression to the primitive state of ego development in which all perception is conceived as oral incorporation.

The status of the superego in these patients was not very clear. There were no overt signs of guilt feelings or self-reproach. The apathetic soldier obeyed meekly, never rebelled, made no struggle in the sphere of self-esteem. As in the case of infants, authority seemed to be vested in the external world and was no longer internalized (18, 13).

The personality structure of the apathetic patient indicates

<sup>1</sup> Cf. Friedman, Paul: *Some Aspects of Concentration Camp Psychology*. Amer. J. of Psychiatry, CV, 1949, p. 601. (ED.)

two important changes: there is evidence of a regression to a passive, oral, narcissistic, libidinal level as well as a severe restriction of ego functioning.

## II

In order to understand how deprivation causes apathy it is important to remember the basic needs for food and love in the human infant. In order to survive, food is necessary in the first few days of life. Love and its derivatives seem to be essential already in the first few months of life. Infants who are given the proper amount of physical care but who do not receive an adequate amount of mothering manifest the clinical picture of apathy (15, 19). Early in the infant's history the mother's milk serves to gratify both the instinctual and the narcissistic needs (3). The helpless infant is utterly dependent on some adult for its physical and mental equilibrium. As the infant gains motility and muscular coördination it also wins psychological freedom. The need to be loved, which was essential for the infant, diminishes with the development of the superego: self-esteem then provides much of the security formerly derived from being loved. To feel loved and cared for, to be needed and wanted, are nevertheless necessary for the maintenance of self-esteem throughout life.

The equations food equals love, and deprivation equals abandonment, become apparent when we study the apathetic patient. On Corregidor this couplet became popular:

We are the bastards from Bataan;  
No mother, no father, no Uncle Sam.

Irregular mail meant to these men, 'Our loved ones at home have forgotten us'. Bad climate was interpreted, 'Even God has abandoned us'.

It seems that starvation plays a dual rôle in producing apathy. Physiologically the lack of adequate nourishment brings about a state of marasmus, the physical response to the depletion of the essential bodily needs. Psychologically, the lack of food is felt as the loss of love. This loss of love then diminishes the

feeling of self-esteem which results in the feeling of having been abandoned. Rado (14) has shown that the infant's hunger is the prototype for the feeling of emptiness of which melancholics so often complain. The sequence of events also has its counterpart in the behavior of infants. Their first response to hunger is the rich affective discharge of rage, which only after repeated disappointments or protracted frustration gives way to apathy. This type of reaction has been noted in masses of people as well as in individuals. Immediately after the war, visitors to England and Europe frequently emphasized the apparent apathy of the people. It was especially vivid among displaced persons and in concentration camps. One of the factors responsible for the failure of oppressed peoples to rebel against tyranny is the development of a state of apathy from repeated defeats and disappointments (9).

### III

Since apathy occurs in the catatonic schizophrenic, in the depressed patient, and in the bored individual, it would be instructive to compare the dynamics of apathy in these conditions with apathy in war neuroses.

In the catatonic stupor the regression to an oral, passive, receptive level is clear. Autoerotic gratification is obviously manifested in uncontrolled urination and defecation and the necessity for tube feedings. Furthermore, one also sees here the withdrawal of the ego from reality. The difference between the apathetic soldier and the catatonic patient is based upon the relative intactness of the ego in the former. The soldier regresses primarily because of external stress, and restricts perception without confusing internal and external reality. Although there are some signs of archaic ego functioning, the most striking feature in the soldier is the impoverishment of the ego. One can use Freud's analogy of an army in retreat and state that the apathetic soldier has retreated in good order to an early oral orientation, whereas the catatonic has been disastrously routed. In both, however, external perceptions are severely limited because they herald

only pain or danger, and there is a retreat into a trancelike state.

The apathetic state also resembles the depressions in the subjective feeling of emptiness, the slowing up of motor and affect responses, and the oral orientation. Neurotically depressed persons suffer from the feeling of being unloved which is not in keeping with their real situation, and the depression is an attempt to force a disappointing love object to gratify the infantile narcissistic cravings. The apathetic patient no longer tries to wrest narcissistic supplies from objects in the external world. The apathetic soldier has renounced external object relationships.

In psychotic depressions, we find the same renunciation of external object relationships. Here introjection and ambivalence decisively color the dynamic picture. Freud (6), Abraham (1), Rado (14) and Fenichel (3) have clearly described how the external objects toward whom the depressed patient was intensely ambivalent have been incorporated and a renunciation of objects in the external world occurs. The internalization of this conflict does not resolve it but only perpetuates it. Since the introjection took place on a sadistic basis, a bitter struggle now goes on internally between the superego and the ego, manifested by tormenting guilt feelings, self-reproach and recrimination. In apathy this pathogenic introjection and the sadomasochistic conflicts between ego and superego do not appear and there is no evidence of internalization or ambivalence. The apathetic patient is able to avoid a psychotic depression because he is able to keep the deprivations and disappointments that the external world foisted upon him in the external world. Those who deprived him of food and love were objects he hated (11). He was not ambivalent; he only hated. This hatred was free of conflict. There was every justification for his hatred. When the apathetic patient regressively reached the predominating phase of oral incorporation, he could direct his aim toward food and eating which were real factors in his survival. Finally, since there was a minimum of guilt in his

predicament, conflicts between ego and superego were relatively unimportant.

Apathy may resemble more closely the primal depression described by Abraham (1) which occurs in children before the oedipal wishes are successfully mastered. It is similar to what Fenichel (3) calls a feeling of annihilation. This is described as occurring in children when a total lack of narcissistic gratification creates a sense of abandonment. It is intimately connected with oral frustration (15, 19).

Boredom is also a state of apathy (4). It is a mood of unpleasant indifference, of passive waiting, and a sense of loneliness. There is a disturbed awareness that time seems to stand still. There is a withdrawal of libido from the external world. Boredom, however, stems from a repression of instinctual aims, with the result that the external world is unable to offer any potentially satisfying stimuli. There is a restriction of perception for external and internal stimuli because the ego has to maintain the repression of forbidden sexual aims, and for the same reason is unable to face external stimuli which might remobilize these forbidden strivings.

To summarize: the apathy of catatonia, depression, boredom, and war neurosis have in common a restriction of perception and response to internal and external stimuli.

#### IV

It is characteristic of the ego to block perception when stimuli become traumatic. Fainting is the simplest example. Freud (5) in his *Reizschutz* theory and Rado (12) in a paper on the riddance principle elaborated this theme. Kardiner (10) discussed the shrinking of the ego in epileptics in a manner which conforms with these phenomena. The apathetic patient is partly unconscious; there exists a partial inhibition of consciousness, not as complete or intense as the loss of consciousness in fainting or epilepsy, but more persistent. The blocking of ego functions may be considered the cardinal manifestation of traumatic neuroses, and in this sense apathy belongs in this category.



Apathy is a defense against painful perceptions and serves the purpose of avoiding overwhelming feelings of annihilation. It may be regarded as a milder form of this feeling of annihilation, in the same way that anxiety is a milder form of panic. From this standpoint it can be regarded as a successful defense mechanism. Perhaps the relatively high number of survivors with a childhood history of coming from broken homes or orphan asylums suggests that early in life these men had been able successfully to withstand severe deprivation.

Clinical histories obtained from men who returned from three or more years of imprisonment in Japanese prison camps confirm this hypothesis. Norman Brill (2) stated that the men who kept hoping, 'Tomorrow, tomorrow we'll be liberated'—these men died. It was the men who said, 'No, it won't be tomorrow. Maybe later'—that survived. The men who ate their meagre portions of rice every day—who ate lizards, rats and worms, when they could find them—they survived. Those who hoarded their food to have one, big meal—they died. The prisoners themselves could predict this. They knew the 'rice happy' ones were going to die. The rebellious prisoners quickly perished. The men who gave up all hope and became depressed died. As one of the patients himself expressed it when he was questioned about how he managed to survive: 'I just put my mind in neutral'.

Emanuel Windholz<sup>2</sup> has suggested that in apathy the overwhelmed ego revives phylogenetically older mechanisms. The individual acts as though he were dead in order to avoid death. This phenomenon has been observed among lower animals and is known as the 'Totstell Reflex'. Living in this restricted, vegetative fashion was a means of conserving energy in order to maintain life (17).

## V

The recovery of the apathetic patient is similar to that of the grief-stricken patient. The improvement is based on a mech-

<sup>2</sup> Personal communication.

anism which resembles, in reverse, the work of mourning in melancholia (6). Grief is overcome in the grief-stricken patient by his resolving his attachment to the lost object piece by piece in various familiar situations, until the lost object is renounced in the external world and has been internalized. The apathetic patient has not renounced an object but the whole world. He recovers by saying hello bit by bit to the world and to the many objects he lost. During this process he relapses again and again into his state of not believing that he is no longer abandoned. For example, Americans freed from Japanese prisoner of war camps continued to eat voraciously many months after they had more than regained their lost weight. One officer had to repeat to himself every time he saw his wife, 'Yes, it's true, it's really true. I'm back, this is real.' When his wife left, he would become apathetic and only upon seeing her again would he become alert and responsive. Little by little, the apathetic patient gives up the constant image of disappointments and frustrations; lost objects are reinstated into the world and are once again charged with libidinal cathexis.

The only adequate treatment for these patients was to remove the basic etiological factor, namely, the deprivation. In the mild cases, warm, humane treatment and good food were enough. For the more severe cases, the army could not provide the love and care they needed. Sending these men home was the only hope for adequate treatment.

The prognosis for re-establishing the prewar mental equilibrium is favorable in the mild cases. Belligerence and hostility in the previously apathetic patient are hopeful signs.

On the basis of clinical observations it is felt that apathy is a specific response to traumatic deprivation. In certain war neuroses apathy was found to be a defense against overwhelming feelings of annihilation. This defense was accomplished by restricting the ego's function of perception and response to internal and external stimuli. Apathetic reactions also occur in the catatonic, the depressed and the bored individual.

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## The Symbolic Equation: Girl = Phallus

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# THE SYMBOLIC EQUATION: GIRL=PHALLUS

BY OTTO FENICHEL

## I

In the article, *The Analysis of a Transvestite*,<sup>1</sup> I established the fact that at the root of this perversion there lay the patient's unconscious fantasy of being a girl with a phallus. If—schematically speaking—the homosexual has identified himself with his mother, and the fetishist has not relinquished the belief in the woman's possession of a penis, both of these formulations are valid for the male transvestite: he identifies himself with a woman in whose possession of a penis, furthermore, he wishes to believe.

My patient acted out this rôle of a phallic girl in order to be able to yield to feminine wishes which were opposed by intense castration anxiety. The perversion purportedly counteracted this anxiety, for its purpose, as I stated, was to say to the object: 'Love me like the mother (or like the sister); it is not true that I thereby endanger my penis'. I was able to demonstrate the probability that this is, in a general sense, the meaning of the transvestite act. It is a compromise between feminine wishes and an opposing fear of castration, or, since the fear of castration is the result of a heightened narcissistic evaluation of one's own penis, between the feminine wish and the narcissistic pride in one's penis. The exhibitionistic behavior of such patients has therefore the double meaning: 'I want to be seen and admired for my penis', and 'I want to be seen and admired as a beautiful girl'. In the earlier paper referred to, I described as the most important incidental factor in transvestitism the fact that usually the identification with the mother is at the

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<sup>1</sup> Fenichel, Otto: *Zur Psychologie des Transvestitismus*. *Int. Ztschr. f. Psa.*, XVI, 1930.



same time, on a more superficial level, an identification with a little girl. These objectively contradictory tendencies are supposed to find expression simultaneously; of their relationship to each other, thus far nothing is conveyed. The situation might parallel that of the 'Wolf-man', in that a relatively primary feminine longing is opposed by the realization that 'the gratification of this desire would cost the penis',<sup>2</sup> as it might be that an originally strong penis pride and a phallic tendency to exhibitionism were inhibited by castration anxiety, and then became replaced by a feminine tendency to exhibitionism. In any case, phallic and feminine pleasure in exhibiting coalesce to form the leading fantasy of such patients: 'I show myself as a girl with a penis'. My patient, for example, was the recipient in his childhood of both phallic and feminine admiration, in that adults called his penis by pet names and also—because of his long hair—extolled him as a 'beautiful girl'.

In his perverse practices this patient represented not only a phallic girl but also a phallus pure and simple. I wrote: 'The patient combined his femininity with a naïve narcissistic love for his own penis, which as a child he had called pet names; indeed, the girl's name which he wanted to have as a girl bore a striking resemblance to the pet name for his penis. Thus came about the symbolic equation: patient in woman's clothes = mother with penis = penis in general.' The strength of the castration anxiety corresponds to the original penis narcissism, on account of which he could only indulge his later narcissistic longing to be admired as a girl by both equipping this girl with a penis and fantasizing her as a penis directly. The equations, 'I am a girl' and 'my whole body is a penis' are here condensed into the idea: 'I = my whole body = a girl = the little one = the penis'.

Here we see for the first time that the frequently valid symbolic equation 'penis = child' (the little one) can also assume the special form 'penis = girl'.

<sup>2</sup> Freud: *From the History of an Infantile Neurosis*. Coll. Papers, III, p. 473.

## II

That girls, in their unconscious fantasies, frequently identify themselves with a penis has often been set forth. We also understand how such an identification comes about. It is one way among others of overcoming the original narcissistic penis envy. We know that frequently the aim, 'I also want to have a penis'—when oral wishes are in the foreground, or oral fixations exist which in connection with the narcissistic injury occasioned by the discovery of the penis give rise to regressions—passes over into the aim, 'I want to incorporate a penis orally'; and again we know that such tendencies, by reactivating old oral-sadistic wishes which once were directed against the mother, result in identification. 'I have seized the penis and eaten it and have now myself become a penis' is the formula of identifications of this kind. The prerequisite for a reaction of this description is thus the persistence of 'tendencies to incorporation'. Lewin<sup>3</sup> has collected material germane to this. According to him, one often finds in women simultaneously the fantasy of possessing a penis and the fantasy of being one. They identify themselves, i.e., their whole body, with a penis, via the pathway of oral introjection. The idea of having bitten off a penis or of having otherwise incorporated it is the continuation of the unconscious equation 'body = penis'. This equation, the aim of which is in fact that of a *totum* being taken into the body of the object, may therefore be regarded as a passive complement to the fantasy of swallowing a penis. We are dealing, hence, with a postphallic partial regression to oral conceptions.

I myself was able recently to publish the case of a patient in whose sexual life voyeurism played a particularly important rôle. The wish to see a penis covered the deeper one of eating it. This oral-sadistic possessing of the 'seen' was meant as a genuine introjection and hence resulted also in identifications.

I have written elsewhere:<sup>4</sup>

<sup>3</sup> Lewin, Bertram D.: *The Body as Phallus*. This *QUARTERLY*, II, 1933, p. 24.

<sup>4</sup> Fenichel, Otto: *Weiteres zur präödiipalen Phase der Mädchen*. *Int. Ztschr. f. Psa.*, XX, 1934, p. 151.

As is usual with oral characters, all her object relations were shot through with identifications. This invariably became particularly evident in sexual relations. Once when a friend of the patient proved to be impotent, her reaction to this was masculine to such a degree that we found for it the following formulation: 'We are impotent'. *Affaires à trois* played an important rôle in her fantasies as well as in her actual love life. She liked her friend to be with another woman in her presence, enjoying this in empathy with him. She found it unthinkable and quite unbearable that her friend might visit another woman in her absence. She had the feeling: 'Without me he can't do it at all!' Her expressions of affection always resulted in her snuggling up to the man's body like a small part of the latter. When her friend left her she experienced a 'sore feeling' in her back, as though her back had grown onto him and had now been torn loose. When, finally, she produced dreams of men who instead of a penis had a child pendent from the abdomen, there was no longer any doubt as to her identification with a penis. In the fantasy of hanging like a penis from the man's abdomen, we had a kind of father's body fantasy, the opposite of the fantasy of eating the father's penis: herself to be eaten as a penis by the father. For the man who had a child hanging from his abdomen instead of a penis appeared once again; now he had many such children; he had placed them inside his belt, or perhaps he held one of them on high in order to harm it, like the great St. Nicholas in '*Struwelpeter*'; it was the '*Kindlifresser*' of Bern.

Gradually the oral-sadistic impulses and tendencies toward identification with the penis increasingly manifested characteristics which it was not possible to explain via the penis but necessarily originated in an earlier period.

The father's body fantasy then turned out to be the continuation of a mother's body fantasy, the idea of the penis a continuation of the idea of the inside of the mother's body. To the identification with the penis, the pendent part of the father, there corresponded an identification with the embryo, the dependent of the mother (the *Anhängsel* of the father, the *Inhängsel* of the mother). The intention of disproving oral-

sadistic tendencies against the penis by the fantasy of harmonious unity with it—'I am myself the penis'—seems in typical fashion a continuation of the intention of disproving oral-sadistic tendencies against the mother's body by means of the fantasy of harmonious unity with it—'I am myself within the mother's body'. We must agree here with Lewin,<sup>5</sup> whose paper on the body as phallus was soon followed by one on claustrophobia—that is, on the body as embryo. But this origin of our fantasy from a longing for the mother's body is of less interest in the present connection than the fantasy of the father's body (*Vaterleibsphtantasie*): a little girl hangs from the father's abdomen like a penis. Thus she is inseparably united with him, only a part of him, but his most important part; the father is powerless when she does not function for him as his magic wand, in the manner of Samson's hair.

I have since had the opportunity of analyzing another woman patient who, between the striving to be a man and to be able to love as a woman, had found a compromise in loving a man whose penis she unconsciously fantasied herself to be—a form of love which is of necessity strongly marked by identifying features. Let us say a few words about this, since it takes us back to the fantasies of the male patient first discussed.

A gifted and very ambitious young girl was inhibited not only intellectually but in her whole development to such an extent that she sought analysis. She presented, in the first place, the familiar picture of a woman with 'sexualization of the intellect'. She wanted to shine by means of her intellectual gifts, but was prevented from this by her fear of disgrace. Analysis showed that the exhibitionistic achievement she really craved was basically that of urination, and the disgrace she feared was the discovery of her penisless state. The fear of this 'disgrace' was unconsciously intensified by a fear of bloody injury to her genital. This fear manifested itself as a fear of retaliation for corresponding oral-sadistic tendencies, primarily against the penis. For instance, in order to escape the sadomasochistic

<sup>5</sup> Lewin, Bertram D.: *Claustrophobia*. This *QUARTERLY*, IV, 1935, p. 227.

temptation<sup>6</sup> involved in defloration by a man, she had deflorated herself, and was filled with a great longing for 'peaceful' sexuality. This longing for harmonious union of man and woman was intended to refute the unconscious impulse to steal the penis and to ward off the consequent fear of retaliation. She made the acquaintance of a man who impressed her as a 'ravisher' and of whom she was therefore greatly afraid before she entered into sexual relations with him. To her surprise the actual sexual union with him was quite different from what she had imagined. Tenderness dominated over sensuality; she felt united with him in perfect harmony, clung tenderly to him, free of any anxiety; that she did not achieve orgasm did not seem bad to her at the time; they talked little, and the patient thought this was so because the harmony between them was so perfect that they understood each other without words, since they had become so completely one. During their union she felt so fascinated by the man that she thought she could do nothing that he did not want her to do. To the interpretation that she had behaved as though she were a part of the man's body, the patient responded with a very thinly disguised œdipus dream in which the man was clearly recognizable as a father image. And it was only in relation to the analysis of this dream that the various examples of the many œdipal daydreams of the patient came to be discussed. Her father had traveled much and far, and upon his return from his journeyings used to tell of his adventures. The patient—in the latency period, and, even more clearly, in and after puberty—would then fantasy herself as his companion. Secretly and invisibly, she fantasied she was always with him and experienced all his adventures jointly with him. These fantasies once took concrete form in the patient's giving her father the figure of a little bear which he took with him on his travels. He fell in with these fantasies of his daughter by making it his habit upon his return to take the bear out of his pocket and to assure her that he had kept it sacred and that it was his talisman. The meaning of the fantasy thus was that the patient, as the great

<sup>6</sup> Freud: *The Taboo of Virginity*. Coll. Papers, IV, p. 217.



father's little companion, protected him to such effect that he would be powerless without that protection. In analysis the patient fantasied herself as this bear which, carried in her father's pocket, took part in his travels. She peeped out of the pocket; she had a fantasy of kangaroos which peeped out of their mother's pouch, and realized that in that night of love's harmony she had snuggled her small body against the big body of her friend as though she were just such a young kangaroo. Thus we have a father's body fantasy, quite after the pattern of the earlier case discussed.

Further analysis revealed unequivocally that here too the *Vaterleibphantasie* covered a *Mutterleibphantasie* on a deeper level; that the penis corresponded to the idea of the inside of the mother's body, of the embryo, in whose place she had fantasied herself. The harmonious love scene repeated early experiences with the *mother*, and the whole power of the oral sadism which so disturbed her life appeared only after the patient, speaking of the summer of her fourth year at which time a sister had been born, said: 'My mother couldn't have lain in a hammock then'. 'But why not?' 'Because one would have seen her pregnancy too clearly.' And to the remark that her thought suggested that her mother had lain in such a way that she had noticed the pregnancy, the patient replied: 'But I clearly remember that she didn't lie in a hammock!' Where-with the way was opened to the analysis of the patient's anger, stemming from that time. But this is of relatively little interest to us. For us the recognition is sufficient that here too, the fantasy 'I am a penis' represents a way out of the two conflicting tendencies, 'I want to have a penis' and 'I want to love a man as a woman'. The fantasy of being a man's penis (and therefore united with him in an inseparable harmony) subserves the overcompensating repression of the other idea: 'I am robbing a man and therefore must fear him'. For in that case nothing is taken away, and there exists only an indivisible oneness. This, however, is brought about through identification with the penis, which on a deeper level means once again: through the seizing of the penis.



## III

The œdipus fantasies of this patient have numerous points of contact with many often recurrent motives of legend and fairy tale, as for example, little girl rescuers who protect great men in all their adventures occur not infrequently. Miracle-performing little companions (who do not necessarily have to be female), such as dwarfs, mandrakes, talisman figures of all kinds, have often been analyzed, and the 'little double' has been recognized as a phallic figure.<sup>7</sup> The associations of the patient, however, first drew attention to the connections existing between such phallic figures and the 'little girl rescuers', by pointing, for example, to Ottogebe, who in her spirit of sacrifice rescued poor Henry, or to Mignon, or to King Lear's youngest daughter, Cordelia, or to King Nicolo—drawn after Lear's image—to whom in his adversity only his youngest daughter remained faithful. The usual interpretation of these girl figures is that they represent a reversal of the 'rescue fantasy'. As is well known, the fantasy of men rescuing women or girls has been interpreted by Freud in the sense that the rescued women represent the mother.<sup>8</sup> But a female figure who rescues a man must likewise have mother significance. We do not doubt such an interpretation, and would merely note that it leaves many traits of this 'girl rescuer' unexplained: her smallness, her outward weakness which stands in such contrast to her magic strength, and all the characteristics which these figures share with the above-mentioned phallic 'little double'. Might not the interpretation be justified that all these female figures too have a penis significance? Freud's interpretation of Lear's Cordelia, that she represents the death-goddess,<sup>9</sup> does not run counter to such a conception. The death-goddess is at all events a magically omnipotent being, holding the far greater, far stronger father completely in her power; she is connected with those phallic figures by the concept of 'magic

<sup>7</sup> Cf. Rank, B.: *Der Doppelgänger*. Imago, III, 1914, p. 97.

<sup>8</sup> Freud: *On a Special Type of Choice of Objects Made by Men*. Coll. Papers, IV, p. 192.

<sup>9</sup> Freud: *The Theme of the Three Caskets*. Coll. Papers, IV, p. 244.

omnipotence'. From the feminine point of view this fantasy can likewise be understood as a compensation for the narcissistic injury of their penislessness, of their being inferior and smaller. 'Even though I am little, my father must love me, since without me he can do nothing at all.' The infantile omnipotence of the girl, threatened anew through the discovery of the penis, is restored through identification with the penis. I recall the *däumelinchen* fantasies by means of which one of Annie Reich's patients was able to compensate the numerous severe traumata of her early childhood by dominating her male admirers through her enactment in unmistakable fashion of the rôle of a phallus.<sup>10</sup>

#### IV

In psychoanalytic literature Mignon figures have often been a subject of investigation, but always from the male point of view. Noteworthy in particular in this connection is Sarasin's great work on Mignon herself,<sup>11</sup> who loved Wilhelm in so unhappy and dependent a manner and also had Harfner beside her as a father figure to whom she belonged and together with whom she first formed the 'strange family'. Sarasin recognized her as a figure in which the poet idealized his sister Cornelia; the poet developed an ambivalent father identification toward her, with mutual rescue (and destruction) fantasies. Sarasin noted that Mignon has various male characteristics, and he cites *inter alia* two quotations from Goethe which may be quoted here: 'These two remained to him—Harfner whom he needed, and Mignon whom he could not do without'; in the second passage referred to, Mignon is called a 'silly, bisexual creature'. Such passages as these have caused other, preanalytic interpreters of Mignon (e.g., Wolff) to emphasize Mignon's hermaphroditic nature; but Sarasin explains these male traces in Mignon simply by reference to the fact that in her there occurs a condensation of the memory of Goethe's sister Cornelia

<sup>10</sup> Reich, Annie: *Zur Genese einer prägenital fixierten Neurose*. Int. Ztschr. f. Psa., XVIII, 1932.

<sup>11</sup> Sarasin, P.: *Goethes Mignon*. Imago, XV, 1929.

and that of his dead brother Herman Jacob and of his other brothers and sisters. This is certainly correct but does not seem to us sufficient. The poet feels empathy not only for the Harfner-father (grandfather) who kills and rescues children, in order thus to play the rôle of father toward his brothers and sisters (to love them and threaten them), but he also feels empathy for Mignon—the intensity of Mignon's longing for Italy leaves no doubt of this—in whom he would thus be loved or threatened in passive-homosexual fashion. Mignon's male characteristics stem from the fact that she represents the poet himself, that she gives expression to the fantasy: 'How would my father act toward me if I were a girl like Cornelia?' It is interesting that Sarasin, who did not recognize this, nevertheless came close to this interpretation when he wrote: 'Here, probably, we are made privy to a state of mind which borders on madness, where the longing for the beloved object obliterates the boundary between the "I" and the "you", and initiates the psychic process known to us by the name of identification'. That Mignon moreover represents not only a boy, but specifically his penis, cannot be maintained with certainty on the ground of her hermaphroditic characteristics, but becomes probable on the basis of the total context, and also if one takes into account for example the symbolism of her dancing.

Other available analyses of little girls like these, needful of help, yet in the sense of a talisman, rendering it—infantile women—leave from the masculine standpoint no doubt that in such cases we are dealing invariably with a narcissistic object choice. Such objects always represent the man himself who fantasies himself as a girl. 'I want to be loved as a girl in the same way as I now love this infantile woman.' The same mechanism of object choice here involved, as Freud has described, pertains to a certain type of male homosexuality,<sup>12</sup> and it is now established that it also occurs in the heterosexual. In my volume, *Perversionen, Psychosen, und Charakterstör-*

<sup>12</sup> Freud: *Three Essays on the Theory of Sexuality*. Trans. by James Strachey. London: Imago Publishing Co., 1949, pp. 22, ff.

ungen,<sup>13</sup> I wrote in this connection: 'In feminine men who during childhood or puberty liked to fantasy themselves as girls, the same mechanism is present as in heterosexuals. They fall in love with little girls in whom they see themselves embodied, and to whom they give what their mothers denied them. Very probably this mechanism is also the decisive one in pædophilia.' To this we will now add: basically this object choice in heterosexual persons also represents a homosexual type, in which the woman, chosen in accordance with narcissistic object choice, is usually fantasied together with a great man, a father figure (whom the person himself represents); in empathy with the woman the man thus unconsciously is loved homosexually. Always such fantasies are combined with the idea of mutual protection: the little woman is rescued by the great man in actuality, the latter by the former in magical fashion.

A paper by Spitz on the infantile woman<sup>14</sup> likewise explains the choice of small love objects in need of help on the basis of a narcissistic type of object choice. We are here concerned, he writes, with men who in their childhood were brought up by their mothers more or less openly as girls; such a tendency toward feminization in boys is strengthened by the later and very sudden inhibition of aggressive tendencies; if there is an older sister with whom the boy can identify himself, the eventuation in the narcissistic object choice described is facilitated. Thus Spitz explains the hermaphroditic nature of the 'child-woman', and believes that it is connected with socially conditioned changes in educational norms, that this type of choice of love object is currently more prevalent than formerly; he does not recognize, however, that these women represent not only the man himself who loves them but, in particular, his penis. In the way in which the charm of such figures is

<sup>13</sup> Fenichel, Otto: *Perversionen, Psychosen, und Charakterstörungen*. Vienna: Int. Psa. Verlag, 1931, p. 21.

<sup>14</sup> Spitz, René: *Ein Beitrag zum Problem der Wandlung der Neurosenform (Die infantile Frau und ihr Gegenspieler)*. Imago, XIX, 1933.

generally described one invariably finds a suggestion of their phallic nature. They are *phallus girls*, as in the fantasy of the transvestites described above.

## V

Recently, in the analysis of a male patient, I was given the opportunity of a glimpse into the genesis of a totally different region of fantasy which at the same time seems to me to facilitate the understanding of the phallus girl—namely, the nature of the clown and of slapstick comedy.

This was a patient with a distinct predilection for clowning, for grotesque humor of the American kind, and so on. Although he had a totally different profession, his favorite fantasy was that of appearing as a cabaret comic or even outright as a clown. There was no doubt that these fantasies were a matter of 'wooing exhibitionism'; he wanted to impress by his appearance, and wanted to be loved for his clowning ability. The problem was: what gave this specific form to his exhibitionism?

It seems to us that with this question we approach the problem of a certain specific neurosis of childhood. There is a type of child who invariably seeks to entertain his playmates or adults by jokes of the most varied kind, and who continually plays the clown, the Punchinello. Such children are apparently those whose self-esteem is threatened, whose self-awareness is only restored when they can make others laugh at them. While such children at first are usually successful in this attempt because they are frequently very funny, one gradually realizes that we are concerned here with a neurosis, and that these children could in no wise act differently.

The exhibiting of one's comic qualities gives the impression of being a *substitute*. It looks as though (and the analysis of the patient mentioned above confirmed this) the children wished originally to exhibit something else, something more serious, and as though their clowning were saying: 'As long as I am not taken seriously anyway, I want to have *at least* this success, of making people laugh at me'. Instead of a great exhibiting—one is tempted to say, instead of the exhibit-



ing of an erected penis—they 'at least' exhibit something else. Since the substitute success which they achieve consists of their being laughed at, it seems as though they were striving to make a virtue of necessity, as though what prevented the original 'more serious' exhibiting were the fear of being ridiculed. The formula is roughly as follows: 'I want to exhibit—I am afraid of being laughed at for doing so. Therefore I shall exhibit in such a way that you will laugh, that I shall impress you in spite thereof, so that being laughed at is in itself a success. You who laugh at me shall see that he whom you laugh at possesses nevertheless a secret greatness.' Of what does this greatness consist? When one analyzes the words and acts of clowns and slapstick comedians, two seemingly contradictory features emerge:

(a) Phallic features: the traditional garb of clowns itself contains many phallic features. The relationships between clown and dwarf are manifold, but the phallic symbolism of the dwarf hardly needs amplification. I will remind you only of the analysis of Gulliver by Ferenczi, who emphasized the phallic symbolism of all those figures who utilize the equation  $\text{body} = \text{penis}$ , and are associated with the fantasy of eating and being eaten.<sup>15</sup>

(b) Pregenital features of various kinds: one has only to witness a clown act in any circus or to attend the performance of a great clown such as Grock, for example, to perceive that a large part of the effect of clowns consists of their more or less disguised expression of the otherwise forbidden tendencies characterizing infantile sexuality. The more these actually projected pregenital tendencies are covered by an æsthetic façade which tempts us to the 'premium of laughter', the more we attribute to such slapstick comics the character of real art.<sup>16</sup> The anal-sadistic element seems herein to play an especially prominent rôle. It would seem that slapstick belongs under the rubric of sadomasochism: beatings are constantly admin-

<sup>15</sup> Ferenczi, Sandor: *Gulliver Fantasies*. Int. J. Psa., IX, 1928, p. 283.

<sup>16</sup> Cf. Freud: *Wit and Its Relation to the Unconscious*. In, *Basic Writings of Sigmund Freud*. Trans. by A. A. Brill. New York: Modern Library, 1938.



istered. In such sadism, concealed as it is by clowning, one must take cognizance of two things: first, the striving of the clown, whose original wish it was to exhibit 'seriously', to revenge himself secretly for the ridicule to which he is exposed (and one may here recall the numerous legends and stories in which court jesters, dwarfs, and similar figures who are the object of laughter unexpectedly obtain a frightful revenge—as for example in the story of *The Jumping Frog* of E. A. Poe<sup>17</sup>); and second, one justifiably thinks of a regression engendered by the circumstance that an original piece of ridicule has disabused the hero with regard to his phallicism. With this second point we arrive at the following general interpretation: exhibition is here invoked in a specific manner in which phallic and pregenital features are combined with each other. This is apparently to be understood as follows. A phallic exhibiting which must be repressed is replaced by a pregenital exhibiting (which due to its genesis still retains phallic features), going hand in hand with fantasies of omnipotence: 'I am small, it is true; you laugh, but in spite of my small size I am omnipotent. If my penis is too small, well then, I am in my whole person a penis which you must still respect!'

The pleasure of the child prodigy in exhibiting is apparently related to this. The patient discussed above, who gave her father the bear talisman, was admired in her childhood as a child prodigy. The motive in common is the 'greatness of the little one'. Here clown and prodigy completely merge in the tradition of the dwarf. The small child, who because of its small size feels despised or castrated, fantasizes itself *in toto* as a penis, in order to compensate in this way for the narcissistic injury involved.

We return to our specific theme with the attempt to demonstrate that such phallic figures as clowns, prodigies, and dwarfs are frequently fantasied specifically as a 'girl'.

The patient with the predilection for slapstick had a remarkably inconsistent attitude toward women. Either he despised

<sup>17</sup> Apparently the author refers to *The Celebrated Jumping Frog* by Mark Twain. (Tr.)

them as relatively insignificant compared to the significance of the psychological problems discussed among men; or else, he defended the rights of women in a suffragette spirit. These two alternating attitudes (the motives of this alternation were analytically most interesting) were mutually contradictory, and yet had something in common: the 'differentness' of women is denied in both cases; in the one case in the attempt to repress women altogether, in the other in denying their individuality. As an advocate of women's rights the patient was ever concerned with showing in an exhibitionistic way how well informed he was on matters feminine, how little different girls really were from him, etc. Thus his feminine identification became clear, 'I am myself a girl', an identification which found expression also in woman-despising homosexuality, and which in early childhood had provided an escape from his castration anxiety: 'In order not to become like a woman, I act as though I were myself a woman, and furthermore act as though women were no different from men'.

If in him the wish, 'I want to exhibit my penis', was inhibited by a fear of humiliation, on a deeper level by castration anxiety, it found a substitute in the idea: 'I want to exhibit myself as a slapstick comedian (as the pregenital phallus)', and likewise in the idea: 'I want to exhibit myself as a girl (as the female phallus)'. He fantasied himself not only as a cabaret artist but occasionally also as a female cabaret singer, and in this respect is reminiscent of the transvestite (observed by Hirschfeld) who initiated his transvestite practices by appearing as a female trick shooter—thus a phallic woman—in vaudeville.<sup>18</sup> As such a pregenital, or female, phallus he wanted to be admired—above all, certainly by men. His competitive relationship to other men was outspokenly libidized: he liked to attack them in various ways, yet always needed their reassurance that they did not take the attack seriously but regarded it in a 'sporting' manner, as a sort of love act, somewhat in the manner in which the competitive urinating of little boys—wherein similarly one participant tries to outdo the other—

<sup>18</sup> Hirschfeld, Magnus: *Die Transvestiten*. Berlin, 1910 (Case 5).

has a homosexual character. Thus all the details described had as their purpose the eliminating of a deep castration fear. To such a purpose was also to be ascribed the feminine identification: 'I am a girl, let me be loved as one, but let me not need to be afraid'. As in the case of the transvestite mentioned at the beginning, the phallic woman whom the patient enacted was here too regarded as a phallic figure as a whole (slapstick comedian), but here it was possible to recognize that this fantasy of the phallus girl was preceded by an injury to phallic exhibitionism, on the occasion of which the patient developed his deep castration fear. Of this injury to phallic exhibitionism we were given in the analysis a few screen memories, without our being able to ascertain their specific historical character. The fantasy of the phallus girl is a substitute for the phallic exhibition which is inhibited by castration anxiety, and is composed of the two kinds of 'castration denial': 'I keep my penis by acting as though I were in fact a girl', and 'girls are really no different from myself'.

## VI

Finally before discussing the general significance of the figure of the phallus girl, I should like to cite a fragment from the analysis of another male patient in order to emphasize still another trait characterizing this figure.

It is the case of a man who through an unhappy marriage saved himself in masochistic fashion from a neurosis, but at the same time had left many of his possibilities and gifts unutilized. It was not difficult to see that he atoned with his whole life for an unknown guilt. This guilt, stemming from his infantile sexuality, was concentrated in shame over an enuresis of some years' duration which persisted past his tenth year. His (inhibited) ambition pointed to the strength of his urethral erotism; his exhibitionistic joy over small achievements (he denied himself large ones) had the unconscious meaning: 'Look, today I can actually use the chamber pot!' The bringing into consciousness of his guilt feelings gave rise at first to a depression during which the patient wept a good

deal. After holding himself in check and keeping his eyes closed to his lot in life over the space of many years, this relaxation was greatly welcomed, and the analyst repeatedly urged the patient not to be ashamed, but to allow himself to weep whenever he felt like doing so. After a time, however, it became obvious that the patient was beginning to abuse this invitation. He wept in the analyst's presence in a masochistic manner. What was the meaning of this sudden abundant flood of tears? The patient now no longer wept solely over his fate, but became sentimental and allowed the tears to flow whenever he thought of something 'touching', whenever a 'good' deed or the like was the subject mentioned. His moral masochism had much of the character of the 'rescue fantasy'. His unhappy marriage he continued for the sake of his poor wife; he had a vocation in which he was able to 'help the poor'; in short, the 'good' man, over whose 'goodness' he shed tears, was himself. His main fantasy ran thus: the poor little Cinderella that is himself must suffer much and is never understood, but at last comes one who understands him and therewith releases his tears. Dreams and fantasies then showed further that 'understanding' really meant 'caressing'. The patient had been rachitic as a child, had been obliged to rest a good deal, and had been made to feel that he was a burden to his humbly situated family. The neurosis consisted in his attempts to work out the aggressions thus aroused, to make a redeeming Christ out of the persecuted Cinderella. His longing was: 'If I suffer much, someone will come at last who will caress me, and then I must weep', and he sought in the environment a person whom he would caress and allow to weep, in the same way as he wanted it done for him. When he had reached this point in the analysis, he began a new affair with a poor girl for whom he felt pity, and developed *ejaculatio præcox*. The analysis of this new symptom now brought certainty regarding something already suspected: the weeping corresponded to urinating. A poor child (a poor girl) was to be caressed until it wet itself—this a beneficial release with no guilt. There now remained no doubt about who the poor child was to whom this was supposed

to happen, and a dream expressed this clearly: his own penis. The urethral fixation of the patient was passive-phallic: 'I want to be touched passively on the genitals. Let someone caress my poor little penis, so that it gets wet and is allowed to get wet!' This episode seems worth narrating because it is purely typical that the love which the man directs toward the phallus girl is passive-phallic and urethral.

## VII

In connection with the phallic figures which Ferenczi described in his paper on Gulliver,<sup>19</sup> he overlooked the fact that a remarkable number of these at the same time represent girls. He writes: 'One of my male patients recalls having used a small female creation of fantasy in his youthful masturbation fantasies, which he always carried in his pocket and took out from time to time in order to play with it'. This was the *phallus fantasied as a girl*. Furthermore, Gulliver encounters the giant women who despite their feminine nature manifest clear evidences of the symbolism of erection—and one recalls too the frequent fairy tales of giant girls. Naturally one does not overlook the fact that giant women also represent the adult mother, by comparison with whom the little child feels so small; but it is Ferenczi himself who describes why in all these fantasies the giant, or the dwarf, represents *also* a penis.

Once one has become aware of the fantasy of the phallus girl, one finds in literature the most varied representations of it. Steff Bornstein has called my attention to the fact that it would be worthwhile in this regard, for example, to investigate the creation of Bettina von Arnim and her relation to Goethe. The fantasy of being given over femininely to a person great and powerful, at the same time to be united with him so indissolubly as to be a very part of him, together with the idea that one is moreover the most important part without which the mighty one would be powerless—this is certainly to be found also as characterizing a particular type of religious devotee. One thinks for example of Rilke's lines:

<sup>19</sup> Ferenczi, Sandor: *Gulliver Fantasies*. *Loc. cit.*



What will you do, God, when I die,  
When I, your pitcher, broken, lie?  
When I, your drink, go stale or dry?  
I am your garb, the trade you ply,  
You lose your meaning, losing me.<sup>20</sup>

Or of the lines of Angelus Silesius:

I am as great as God: He is as I as small;  
He over me or I under Him can never be at all.

And:

I know that without me God cannot live a moment;  
Were I to perish, He could but give up the ghost.

This reference to the 'feminine' lyrics produced by men engenders the thought that other frequently occurring fantasy figures might also be connected with the phallus girl. One thinks for example of the figure of the 'female soldier' which appears in so many variants in literature. It may be objected that such girlish soldiers or soldierly girls represent 'the woman with the penis', and that this by no means necessarily implies that they must represent the penis itself. In the first place one is obliged to perceive in them simply objects of the latent homosexuality of all men, regarding whose object choice Freud with justice wrote: 'There can be no doubt that a large proportion of male inverts retain the mental quality of masculinity . . . and that what they look for in their sexual object are in fact feminine mental traits. If this were not so, how would it be possible to explain the fact that male prostitutes who offer themselves to inverts—today just as they did in ancient times—imitate women in all externals of their clothing and behavior? . . . In this instance . . . the sexual object is not someone of the same sex but someone who combines the characters of both sexes; there is, as it were, a compromise between an impulse that seeks for a man and one that seeks for a woman, while it remains a paramount condition that

<sup>20</sup> Translated by Babette Deutsch, in *Poems from the Book of Hours*. New York: New Directions, 1941. (Tr.)



the object's body (i.e., genitals) shall be masculine.'<sup>21</sup> 'Moreover, we have frequently found that alleged inverters have been by no means insusceptible to the charms of women, but have continually transposed the excitation aroused by women on to a male object.'<sup>22</sup> Correct as this is, it does not explain the circumstance that our 'female soldier' so often appears as a 'page', i.e., as primarily a helpless little fellow inseparably devoted to a great person, in order in magical fashion to help or to save him. Such girl or half-girl figures are no different from other phallic symbols, which, despised at first on account of their smallness, turn out later to be powerful, and become the most important helper of the hero, much like the small helping animals in fairy tales or like dwarfs.

If these phallus girls are omnipotent in consequence of their phallic nature, it is also true that they can misuse their omnipotence. The 'fear of retaliation' felt by some fathers toward their narcissistically (as phallus) loved daughters certainly belongs here.

Thus, what we encounter here is a fantasy in which male and female narcissism, male and female pleasure in exhibiting, are condensed. In such fantasies, penis envy is condensed with her femininity in the woman, penis pride with his castration anxiety in the man.

## VIII

Let us emphasize, finally, that the fantasy of phallus girls bears a close relationship to two hitherto little understood forms of perversion. It will already have been noticed that many of the examples cited here are closely related to masochistic fantasies, in particular to masochistic fantasies of the type usually designated as those of complete sexual dependence. This sexual dependence consists of the dependent person's feeling indissolubly united with the person on whom he is dependent, able to do nothing against, or indeed without, his will—repre-

<sup>21</sup> Freud: *Three Essays on the Theory of Sexuality*. Op. cit., pp. 22-23.

<sup>22</sup> *Ibid.*, p. 23 fn.

senting, as it were, a part of him. One thinks of the type of religious devotee mentioned above, whose devotion is associated with the fantasy that even God would be helpless without him. It would still have to be inquired whether the fantasy is not likewise present in all cases of such sexual dependence; that one has not only become a weak, helpless part of the person one is dependent on, but also the reverse: his most important part; that the person in question is now at the same time in (magical) dependence on the one dependent on him.

Frances Deri has expressed the opinion that this is in fact the pathognomonic mechanism of sexual dependence, and we can only find ourselves in agreement with this opinion.<sup>23</sup>

That which is termed 'sodomy', the sexual love for animals, is probably something of a very different kind. One type thereof, however, according to analytic experience seems to stem from the fact that the person concerned has remained fixated at the stage of *partial love*, and sees in animals penis symbols. The unconscious fantasies of 'infantile totemism' which magically unite a human being with an animal species<sup>24</sup> are certainly not entirely based on the fact that the animal is fantasied as a part of one's own body, as oneself in phallic form. But there are forms of the love of animals in which the attitude to the loved animal representing the penis is so completely identical with the love of a man for a 'child wife', chosen according to the narcissistic type of object choice, that we should like to include this type of animal love here.

One concluding remark may anticipate possible misunderstandings: in cases in which in relation to the penis introjection and eating fantasies play a particular rôle, or in other words, wherever the symbolic equation body = penis holds,

<sup>23</sup> Josine Müller, describing a case of dependence, wrote as early as 1925: 'She fantasied herself as being herself the penis of this exalted father, and thus his most precious and most important part'. (*Früher Atheismus und Charakterfehlentwicklung*. Int. Ztschr. f. Psa., XI, 1925.)

<sup>24</sup> Freud: *Totem and Taboo*. Chapter IV, The Infantile Recurrence of Totemism. In, *The Basic Writings of Sigmund Freud*. New York: Modern Library, 1938.

this relation to the penis stems from *pregenital* antecedents. Likewise, the phallus girl is, generally speaking, not only a penis but also a child, feces (content of the mother's body) and milk. It is the *introject*, and one which is again projected. The penis thus is only the final member of the series of introjects. It was primarily my intention at this time to lay emphasis upon this final member of the series.

Translated by HENRY ALDEN BUNKER, M.D.

## Transference and Love

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## TRANSFERENCE AND LOVE

BY LUDWIG JEKELS, M.D. AND EDMUND BERGLER, M.D. (NEW YORK)

'The greatest difficulties lie precisely  
where we are not looking for them.'

— Goethe

### THE MIRACLE OF OBJECT CATHEXIS

'Narcissistic or ego libido seems to be the great reservoir from which the object cathexes are sent out and into which they are withdrawn once more; the narcissistic libidinal cathexis of the ego is the original state of things, realized in earliest childhood, and is merely screened by the later extrusions of libido, but in essentials persists behind them.'<sup>1</sup>

This statement of Freud raises a number of questions. That the ego relinquishes a part of its libido in favor of an alien ego is anything but a matter of course which would make superfluous inquiry into basic causes; rather is it a miracle which urgently requires explanation. Why does the ego act in this manner? What are its motives? Does it gain advantages by this process—as seems very likely—and if so, what advantages?

As far as we know, there is in psychoanalytic literature only one direct clue to this puzzle: Freud<sup>2</sup> says that the ego employs object cathexis in order to avoid an increased damming-up of the libido in the ego, which might be experienced as unpleasant. This explanation cannot be denied a certain degree of correctness. It is our purpose to investigate beyond this, and to seek the psychological motives which may explain this miracle of object cathexis which is ordinarily taken so much as a matter of course.

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<sup>1</sup> Freud: *Three Essays on the Theory of Sexuality*. (Trans. by James Strachey.) London: Imago Publishing Co., Ltd., 1949, p. 95.

<sup>2</sup> Freud: *On Narcissism: An Introduction*. Coll. Papers, IV.

## THE WISH TO BE LOVED

A forty-year-old married woman made a confession to her analyst which was very painful for her to make because it conflicted with her moral standards.<sup>3</sup> During the following session she told the doctor between sobs: 'Yesterday evening I had the feeling that you had deserted me. I felt that I no longer had you, that I didn't know where you were, that I was not good enough for you.' Every analyst can cite an abundance of similar examples. The patient's reaction leaves no doubt that the substance of her fear is that she may be deserted by her analyst who represents her superego. This fear of being separated from one's superego is rightly interpreted in psychoanalysis as the fear of the threatened loss of love. The narcissistic identification with the analyst<sup>4</sup> doubtless also serves to prevent fear of loss of love. From the frequency with which a patient repeats the doctor's views almost verbatim without any recollection of their source, this unconscious plagiarism in analysis, this identification, is to be regarded as a defense against anxiety, that is, as a desire to be loved, which may be formulated: 'I am like you, and since you love yourself, you must love me also'. Beside this fear of loss of love, we must also note that this anxiety is almost always unequivocally expressed by the idea of separation in space. It scarcely requires more precise observation to establish this.

This state of affairs deserves attention all the more in that Freud, in *The Problem of Anxiety*, describes anxiety as the reaction to a loss, to a separation. According to Freud, the anxiety of infants, and young children no less, has as its sole condition the missing or loss of the object. This object toward which longing is directed and whose absence causes anxiety is, according to prevailing opinion, the beloved and yearned-for mother, or her substitute. The child is believed to experience this for an economic reason, as a consequence of the increase in tension arising out of need. This explanation is based upon

<sup>3</sup> Jekels, Ludwig: *Das Schuldgefühl*. *Psa. Bewegung*, IV, 1932, p. 345.

<sup>4</sup> Bergler, Edmund: *Das Plagiat*. *Psa. Bewegung*, IV, 1932. (See fifteenth and sixteenth forms of unconscious plagiarism.)



the fact that the presence of an externally perceived object can end the danger implicit in the situation.

This summary provides us with a framework for the detailed analysis of the psychic experience, through the minute observation of which we hope to gain an understanding of object relationship in its earliest beginnings. It is our conclusion that spatial separation as an expression of anxiety is based—far beyond the object-libidinal relationship to the mother—fundamentally upon the feeling of the threat to narcissistic unity. One corroboration of this is the fact that feelings of guilt and anxiety have their source in not being loved by the superego which is the fear of being unloved. This brings us directly to the problem of love. In order, however, to throw light upon this phenomenon in its complete psychological sense, it is essential to consider first the structure and function of the superego.

### THE DEVELOPMENT OF THE SUPEREGO

The modifications which the concept of the superego has undergone since its formulation clearly mirror the development of the freudian instinct psychology. This 'stage of the ego' was discovered at a time when the libido alone was recognized, and the ego instincts seemed in no way demonstrable. This differentiation in the ego was then called the ego ideal: 'Man does not want to forgo the narcissistic completeness of childhood, and when he cannot hold on to it . . . he tries to regain it in the new form of the ego ideal.'<sup>5</sup> Seven years later it was conceived of as ' . . . the sum of all the restrictions to which the ego is supposed to submit'.<sup>6</sup> Following replacement of this instinct dualism by the antithesis of Eros and Thanatos, and to the extent to which in general the importance of aggression was increasingly taken into account, there occurred a shift, in favor of the latter, in the conception of the content and character of the institution now called superego, till the current degree of

<sup>5</sup> Freud: *On Narcissism: An Introduction*. *Op. cit.*

<sup>6</sup> Freud: *Group Psychology and the Analysis of the Ego*. New York: Liveright Publishing Co., 1940.

exclusiveness was reached: 'The superego seems to have made a one-sided selection, to have chosen only the harshness and severity of the parents, their preventive and punitive functions, while their loving care is not taken up and continued by it'.<sup>7</sup> This superego, however, retained also the character and the function of the former ego ideal: 'It is also the vehicle of the ego ideal, by which the ego measures itself, toward which it strives, and whose demands for ever-increasing perfection it is always striving to fulfil. No doubt this ego ideal is a precipitation of the old idea of the parents, an expression of the admiration which the child felt for the perfection which it at that time ascribed to them.'<sup>8</sup>

Despite these definite statements, there exists considerable confusion, as a survey of the literature shows. Nunberg, for example, states: 'If, furthermore, the ego ideal is supposed to be a replica of the loved objects in the ego, and the superego an image of the hated and feared objects, how is it that these two concepts were confused, and used interchangeably?'<sup>9</sup>

We believe that, with the concept of the struggle between Eros and Thanatos which we here use, Freud's view of the superego will gain in clarity and sharpness by a precise understanding of details, especially in the relationship between superego and ego ideal.

We conceive the ego ideal to be a 'neutral zone', lying between two countries. We believe further that, just as in war every effort is made by neighboring belligerents to occupy at the outset any neutral strip of land, here too the possession of the ego ideal is the real goal and object of the seesaw struggle between the two great opponents, Eros and Thanatos. This conception of the neutral character of the ego ideal is, in our view, a very gradual development, traversing a number of preliminary stages. In every state of this development we find the two basic drives to be at work, and from this point of

<sup>7</sup> Freud: *New Introductory Lectures on Psychoanalysis*. New York: W. W. Norton & Co., Inc., 1933, pp. 89-90.

<sup>8</sup> *Ibid.*, pp. 92-93.

<sup>9</sup> Nunberg, Herman: *Allgemeine Neurosenlehre auf psychoanalytischer Grundlage*. Bern: Hans Huber Verlag, 1932, p. 124.

view one may, very schematically, speak of two roots of ego ideal development. One of these consists of the attempt of the ego to redirect upon objects the aggression of the death instinct, which is aimed against the ego, whereby these objects become something to be feared. There is thus an attempted exchange of an inner for a projected external danger which, however, miscarries. This consummation of the instinct of destruction is parried by Eros by the incorporation of these fearsome objects into the ego, where they become the subject of one's own narcissism.

The following process may be regarded as the second root. The child's feeling of omnipotence is undermined by the demands of external reality, such as hunger, weaning, toilet training. After a series of unsuccessful attempts to restore its feeling of omnipotence, the child is faced with the alternative of relinquishing it or of maintaining it at the price of a compromise. Such a compromise is described by Freud: 'We may say that the one . . . has set up an ideal in himself. . . . To this ideal ego is now directed the self-love which the real ego enjoyed in childhood. The narcissism seems to be now displaced on to this new ideal ego, which, like the infantile ego, deems itself the possessor of all perfections. As always where the libido is concerned, here again man has shown himself incapable of giving up a gratification he has once enjoyed. He is not willing to forgo his narcissistic perfection in his childhood; and if, as he develops, he is disturbed by the admonitions of others and his own critical judgment is awakened, he seeks to recover the early perfection, thus wrested from him, in the new form of an ego ideal.'<sup>10</sup>

If Eros were to succeed in this defense against Thanatos through setting up the ego ideal, this would be exclusively the place of love, which in reality it is not. Thanatos does not admit defeat, but on the contrary sharpens this weapon which Eros has created. It is well known that the formation of an ideal is based upon identifications which begin very early and are demonstrable at all stages of organization. We know,

<sup>10</sup> Freud: *On Narcissism: An Introduction*, *Op. cit.*, p. 51.

however, that desexualization runs parallel with every identification.

Desexualization, which is the achievement of Thanatos, is a subject hitherto little touched upon by psychoanalysis. Desexualization is commonly considered equivalent to sublimation—incorrectly so, in our opinion, because desexualization is more inclusive, and sublimation a special case of desexualization. The latter we imagine as a continual process, following the libido like its shadow, a process active in all stages of its development. Under the influence of the destructive instinct, the ego tries in the pregenital stages to preserve the oral, anal, and urethral functions from sexual amphimixis, and to change them into pure ego functions—ingestion, intestinal and urinary excretions. Even here, as we know, only a partial success is attained, one completely denied the ego in the phallic-genital stage. This is comprehensible when we reflect that the genital does not possess any ego function and only serves the sexual one. Thus desexualization—as is proven by the latent period in which it happens—would equal an extinction of sexuality altogether, would mean throwing out the baby with the bath water.

It is well known that neurosis leads to the opposite result: the sexualization of the functions of the ego. But as far as the phallic-genital phase is concerned, sexualization, usually occurring after the termination of the latent period, is subjected to a renewed desexualization by the neurotic process (impotence, frigidity). The ego's attempts at desexualization are crowned with complete success only after the resolution of the oedipus complex because desexualization here concerns the organ specific to, and exclusively serving, sexuality; also perhaps after so many unsuccessful attempts, an occasional resigned giving-over of attempts to satisfy the libido directly may supervene. All the preceding explanations, especially with reference to the developmental history of the ego ideal, its derivation from the process of identification, and the attendant desexualization, serve to support the conception of the ego ideal as a neutral zone. We believe that with this statement, and with the arguments set forth to prove it, we have come very close to one of the problems

stated by Freud which gives a more general and deeper meaning to our views. We refer to that much discussed and variously commented upon passage in *The Ego and the Id*, in which there is given a hypothetical explanation of the direct change (independent of the behavior of the object) of love into hate, as, for example, in cases of paranoia persecutoria; also of hate into love in some cases of homosexuality in which love was preceded by hostile rivalry. Such a direct change of affect, Freud believes, makes the differentiation of the two kinds of drive very questionable or impossible, since this change is based on the assumption of 'contrary physiological processes'. There is, however, also another possibility of explaining this phenomenon of the transformation of affect into its opposite which does not contradict postulating two kinds of drive. This would be the concept if this change of affect were based merely on the economic motive of a more favorable possibility of discharge. Of course, Freud continues, this hypothesis is based merely upon the assumption: 'We have reckoned as though there existed in the mind—whether in the ego or in the id—a displaceable energy, which is in itself neutral, but is able to join forces either with an erotic or with a destructive impulse, differing qualitatively as they do, and augment its total cathexis. Without assuming the existence of a displaceable energy of this kind we can make no headway. The only question is where it comes from, what it belongs to, and what it signifies.'<sup>11</sup>

We believe it possible to strengthen Freud's hypothesis, to lend it added proof, by referring—on the basis of our conclusions—to the ego ideal as that displaceable neutral energy postulated by Freud. This is the less contradictory because the ego ideal has those characteristics which Freud presupposes for that neutral energy: it stems from the narcissistic reserves of the libido, and is desexualized Eros.

Here, however, arises an apparent contradiction; for it is not easy to join narcissism with a neutral state of energy. This contradiction loses much of its point when one remembers that Eros has here undergone desexualization. Little more than its

<sup>11</sup> Freud: *The Ego and the Id*. London: Hogarth Press, 1927, pp. 61-62.



shadow remains. One might say that there is about it a tincture of the death instinct, since desexualization is, in fact, the work of Thanatos; furthermore, the introjected persons were fearsome till the intervention of Eros, which greatly modified this fear. All in all, the ego ideal presents itself as an unhomogeneous, and hence very incomplete institution, a barely successful alloy of two unequal substances—of the extremely resistant, almost invincible original narcissism with the images of the introjected persons to whom one cannot attribute nearly the same resistance.

Little wonder, in view of this nature of the ego ideal, that the two instincts have no difficulty in taking possession of this energy which thus becomes the alternating prey of now the one, now the other, and then wearing the colors—one thinks of black and red—of the victor of the moment. Like Homer's heroes who wake to new life in Hades after they have drunk blood, so can this shadow, the desexualized Eros, be revived through the infusion of the energy of one of the two drives.

This changing play of the instincts makes it understandable that the superego is founded on a double principle, which Freud characterized by the two formulas: 'You ought to', and 'You must not'. The two currents differ both genetically and from the standpoint of instinct psychology. The 'you ought to' corresponds to the ego ideal. The 'you must not' has its genesis in the aggression of Thanatos directed against the ego, an aggression which the ego attempts at all costs to redirect to external objects, so that it may not itself be annihilated. But this redirection can be successful only to a small degree because of the helplessness of the child, which cannot express such considerable aggressions. The irreconcilability of self-aggression with the narcissistic position of the ego results in a projection of this aggression in such wise that it is felt as coming from without as an external threat. However, these persons in the environment originally felt to be dangerous are later on incorporated into the ego ideal, a fact which has as its consequence a radical change in their evaluation as dangerous.

There they have become invested with narcissism, so that the ego's aggression against them must be greatly reduced and modified; otherwise it would in a certain sense become self-aggression. This in turn results in a damming-up of aggression, and therewith the danger of its being turned against the subject's own ego, a danger which is signalized by anxiety.

The derivation of the 'you must not' of the superego—in which the emphasis seems to lie with the intensity of the death instinct, whereas its conditioning by the object and its connection with the latter is regarded as a very loose one—finds support in the striking fact that the severity of the superego is comparatively rarely derived from the severity of the parents. Usually there is, rather, no relationship, or an antithesis between the two. The decisive factor seems to us the presence of a greater outpouring of instinctual energy which the ego is hindered in directing upon objects. The ultimate aggression of the death instinct, turned against the subject's own ego, is reflected in mythology and ancient religion in the daimon, and for purposes of easier reference we shall use this term to designate the anxiety-creating you-must-not part of the superego. The non-homogeneity of the ego ideal furthers the strivings of the daimon to an extraordinary degree. It is possible for the daimon to use the ego ideal and its neutral energy as a sort of silent example which is constantly held up to the intimidated ego, thus giving rise to feelings of guilt; thus it happens that the persons of the environment who have been incorporated into the ego ideal turn out to be extremely uncertain allies of the ego. They attack the ego behind its back, and become indirectly helpers of Thanatos in that they alleviate the aggression of the ego and are themselves full of contradictions—an echo of the inconsistency of all upbringing. This explains why the daimon can dictate the most contradictory and therefore entirely unachievable demands to the ego. On the one hand, the daimon is opposed to every object cathexis because this conducting-off of aggression relieves the ego; on the other hand, it urges the ego toward object cathexis, in constantly holding up

to it the silent example of the ego ideal which also is a residue of objects; finally the daimon also turns against the self-sufficient narcissism as an expression of Eros.

By using the ego ideal for his own purposes, the daimon mobilizes Eros against Eros, defeats him with his own weapons, and thus renders at naught the purposes of Eros which the latter pursued in the creation of the ego ideal.

Nevertheless, Eros is by no means finally defeated; he is constantly attempting to parry Thanatos's onslaughts, and to shake the ego ideal out of its neutrality. The aggression directed against the ego (originally it had no relationship at all to the objects of the external world) is experienced by way of projection as coming from the external world to relieve the narcissistic threat involved. Even the need for punishment may be conceived of as a *praevenire*, whose motive is also to be found in the striving for narcissistic unity. Perhaps this is the true meaning of Nietzsche's conception of guilt: the will to power against one's own helplessness.

While, however, these processes may be regarded as protective and thus merely defense measures of Eros, the possibility of a complete triumph is vouchsafed only if Eros succeeds in erotizing punishment, in making it a source of masochistic pleasure. Thus masochism is a triumph of Eros, but certainly not an isolated one because, as one of us noted in an earlier paper,<sup>12</sup> guilt not only is a consequence of but also an incentive toward renewed efforts on the part of Eros in its fight against the death instinct; efforts not only to restrain aggression, but even to use it as a means to its own ends. The hard-pressed ego does not shrink from attack in its despairing defense. There is no lack of visible evidence of these offensive tactics of the ego which is usually regarded as only passive in this struggle. Witness, for example, the psychodynamics of wit, comedy,<sup>18</sup> humor, and especially of mania. These are all—with the exception of mania—more or less veiled eruptions of the ego's aggression against the ego ideal. They represent attempts to

<sup>12</sup> Jekels, Ludwig: *Das Schuldgefühl*. *Op. cit.* p. 345.

<sup>18</sup> Cf. Jekels, Ludwig: *Psychologie der Komödie*. *Imago*, XII, 1926, p. 328.

wrest from the daimon the weapons used to torture the ego. For this, the narcissistic ego mobilizes aggression against the daimon's aggression; the daimon is to be conquered with his own weapons. In this case aggression seems to have been placed in the service of Eros; the complete antithesis to the use of the ego ideal by the daimon. Eros pitted against Eros, Thanatos against Thanatos—what complete revenge!

### LOVE AND GUILT

Despite the fact that from ancient times there have been numberless investigations of the subject, little progress was made in elucidating the psychology of love. In his *Metaphysik der Geschlechtsliebe*, Schopenhauer wrote: 'One should be surprised . . . that a thing which in human lives plays such an important rôle throughout has been regarded so little by philosophers, and is still an uninvestigated subject today. Plato perhaps was the only one to treat the subject to any extent, as he did, especially in the Symposium and in the Phaedrus, but what he has to say remains in the field of mythology, fable and jest, and mostly concerns only the Greek love of boys. The little which Rousseau in his *Discours sur l'Inégalité* has to say on our subject is incorrect and insufficient. Kant's discussion of the subject, in the third part of his *Über das Gefühl des Schönen und Erhabenen*, is very superficial and without knowledge of the subject, therefore also partly incorrect.'

M. Rosenthal, a contemporary writer who is not a psychoanalyst, states in a book entitled *Die Liebe, Ihr Wesen und Wert*: 'To discover and explain the spiritual currents which partly flow deeply below the surface, and which have determined the development of sexual love from its beginnings, to the modern idealistic view . . . is a difficult and hitherto unsolved task'.

In psychoanalysis we are again indebted to Freud for giving us the most far-reaching, most comprehensive illumination of the psychology of love. From his paper on Instincts and Their Vicissitudes we gather that the relations of the ego to the object, carried by pregenital libido, can at most be regarded as preliminary stages of love. This is true not only of the

object relations of the oral stage, but especially of anal-sadistic relationships, which are hard to differentiate from hate. One can speak of love only when the relation of the whole ego to the object stems from the already developed genital organization of the libido. This relationship to the object cannot be separated from genital organization, is conditioned by it, and formed by it into the antithesis of hate.

These are accepted as psychoanalytic axioms; however, when these formulations were made, Freud had not as yet developed two of his greatest concepts: Eros and Thanatos, the two powers dominating the mind and the metapsychological structure of the personality.

In our discussion of the superego we have sketched the struggle between these two primal instincts, and we believe that love also is an expression of this struggle. For here, too, the problem is to make the daimon powerless by taking away its implement of torture, the ego ideal, and adding the erotic striving to the neutral energy of the ego ideal. This accounts for the often startling similarity of love to the exalted mood of the manic and of the unquestionable psychological relationship of the two. The difference is the use of another method of disarming the daimon. In mania the daimon is disarmed by aggression, in love by projecting the ego ideal onto the object. This is the ideal state in which there is no tension between the ego and the ego ideal. We believe, nevertheless, that the search for love has as its prerequisite a certain degree of tension between ego and ego ideal. Love, for the ego, has the significance of incontestable proof that the unbearable tension between ego and ego ideal does *not* exist; thus love is an attempted denial which, in contrast to mania, is successful. It is self-evident that where in the normal states there is no appreciable tension of this sort, this mechanism of denial is unnecessary.

The disarming of the daimon, as well as the great narcissistic satisfaction given by the proof of being loved by one's own ego ideal, are the sources of the manic ecstasy of love.

The projection of the ego ideal on the object, under pressure



of the daimon, springs from a tendency of the ego to renew the ego ideal out of the endopsychic perception that the old ego ideal has proved itself insufficiently effective against the daimon's aggression, and that its projection has been felt to be insufficient. This projection ('cathexis of the object with libido') is the attempt to set up an agreement between the object and the ego ideal, such as the subject desires in his hard-pressed state.

This projection is followed by a partial reintroduction of the projected ego ideal into the ego, which by implication means that the object was cathected with narcissistic libido. This reintroduction exhibits, by comparison with the initial projection, the essential element of love. One can speak of love only when such a reintroduction has taken place.

In love the ego ideal is, then, projected on the object and, thus 'strengthened', is reintroduced—the daimon is thereby disarmed. The consequence of this is the pre-eminence of Eros, which also has taken to itself the neutral energy of the ego ideal. This is the explanation of the disregard of all logical and rational considerations so often observed as characteristic of almost all love, and of the overestimation of the love object, sometimes almost delusional in degree. Behind the beloved object there is one's own ego—basking in the manic intoxication of being loved—which the object has deemed worthy to replace the most treasured thing on earth, the ego ideal.

This concept of ours leads finally to the conclusion that love is an attempt at recapturing narcissistic unity, the complete wholeness of the personality, which the ego considers endangered, seriously threatened by the daimon, by guilt feeling which constitutes a considerable disturbance to narcissistic unity.

Is love then a consequence of a feeling of guilt? This opinion may seem peculiar, but we maintain it. We also believe that it is substantiated by the phenomenon of transference. Let us emphasize at this point the decisive characteristic which distinguishes the latter from love. We are sure of the assent of

all experienced analysts when we emphasize the following symptoms of transference as especially striking and characteristic: 1, the infallibility of its occurrence despite the absence of choice as regards the object, manifesting itself with a complete disregard of age or sex, and disregarding every personal quality or its absence; 2, its impetuosity which, though often veiled, betrays itself in some instances before the patient has met the physician.

In contrast to the indiscriminateness and inevitability of transference, how greatly and how closely is love conditioned by circumstances; how touchy and changeable in its early stages if conditions do not conform to at least a minimum extent.

This phenomenological difference reveals to a large extent the psychological one. What do these characteristics of transference, the inevitability of its occurrence under practically all circumstances and its impetuosity, denote? Are these not the characteristics of an attitude of 'cost what it may', and the expression of the fact that the transference is an act of despair arising from a mood of panic—born out of the intuitive realization of the power of love to protect against the daimon, as in the case of the person in love? But what a difference! Like the provident fighter, the person in love knew how to wrest from the daimon at his first approach the weapon of the ego ideal even before he could successfully grasp it.

There is an almost grotesque contrast between the neurotic, capable of hardly more than years of passivity without initiative (the intermediate state of the transference neurosis), and the activity and initiative of the person in love who in wooing the object projects his ego ideal with unceasing efforts to remodel the object to accord with his wishful fantasy, and to attribute to it as much reality as possible. There is no more effective force in human motivation than love. The mature lover is a victorious fighter.

Is guilt the only difference between transference and love? Psychoanalytically, the difference is that in the case of love, only the ego ideal is projected onto the object, whereas in

transference the superego, the ego ideal and the daimon, are projected. Transference is also very different from love in that the object is not only the object of love but perhaps to an even greater extent an object of anxiety.

While the ego ideal is capable of a complete projective cathexis—possibly due to the plasticity and displaceability of the erotic drives—the daimon can apparently be only partially projected. The recurrent depressions and complaints of patients in analysis, long after projection has been completed, speak in favor of this.

All loving is the equivalent of being loved. In the last analysis there is only the wish to be loved; it depends only on the mechanism whether the wish to be loved is infantile (pregenital) or mature (genital). Either the object coincides with the ego ideal which the subject in love feels as ego, or the situation is reversed and the person himself acts his ego ideal and reduces the object to the ego.

These two mechanisms have a special place in the phenomena of love. On the one hand there is a type of person in love who looks up to the object, stands in subjection to it, demands and enjoys the object's care, demands emphatically to be loved in return. The other extreme is exemplified by him who is concerned primarily with patronizing, benevolent ruling, caring for, and spending upon, and who cares much less for the return of affection.

For purposes of differentiation we call the first type feminine love, the second masculine love. These designations result from a general impression, and we do not maintain that these forms of love always coincide with the respective sexes.<sup>14</sup>

It is superfluous to emphasize that the psychological difference between the two types of love does not conflict with the statement that the meaning of love is the disarmament of the daimon. Only the method is different. While the masculine type arrogates the attributes of the ego ideal to annihilate all tension between it and the ego, the feminine type succeeds through the

<sup>14</sup> This noncorrespondence is largely conditioned by fixations: in the male on the oral, in the female on the phallic level (penis envy).

illusion of satisfying the ego ideal by being loved by it. A confirmation of the correctness of this explanation of the process of love is the fact that it resolves a contradiction in the psychology of narcissism. While in Freud's *On Narcissism: An Introduction*, the essential feature in relation to the object is the desire to be loved, the opposite is stated in *Libidinal Types*, where it is stated that the active desire to love is characteristic of the narcissistic type. The two types discussed by Freud seem to correspond wholly with what we call feminine and masculine loving whereby, as already mentioned, both lead back to the deep desire to be loved.<sup>15</sup>

The narcissistic intoxication of love requires that the object fulfil the wishful rôle which the ego ideal projects. In requited love, this strengthens the feeling of being loved. While nothing happens to destroy the illusion, there obtains the possibility of astonishing deception. The more completely the object conforms, the more happy and intense the love. This seems to apply especially in instances of 'love at first sight'. As an example, one recalls young Werther who at the very first meeting falls deeply in love with Lotte, who appears as a loving mother surrounded by children to whom she is giving bread.

Occasionally very little agreement between the desire of the ego ideal and the reaction of the object is necessary to produce the feeling of requited love. Gross indifference or repulse from the object causes the lover to fall prey to a more or less profound depression, a severe narcissistic injury with marked reduction of self-esteem. The narcissistic ego has failed in the drive against the daimon who now basks in his victory over the ego. The ego ideal which had been wrested from the daimon again becomes subservient to its aims. The discrepancy between the fantasied and the realizable ego ideal is inescapable, and the ego is plunged into an abyss of guilt, to the point of a feeling of complete worthlessness.

The preservation of self-esteem observed in mature personalities, which despite disappointments enables them to invest new objects with love, stems from an ego that—to escape the

<sup>15</sup> Cf. Spinoza: *'Amor est titillatio concomitante idea causae externae.'*

daimon—can prove to itself that it is after all loved by its ego ideal. After a disappointment in love the ego may regress through homosexuality to narcissistic withdrawal or suicidal masochism.

The correctness of the interpretation of love as a reintrojection—following its projection—of the ego ideal is gauged by its utility, by its illumination for us of much that was hitherto unclear. To illustrate this point we choose a phenomenon which Freud indicated as hitherto unexplained, and which seems without doubt of the greatest importance both for the comprehension of psychopathology and for the understanding of character formation: the substitution of object cathexis by identification, which Freud first established in homosexuality, later in melancholia, and finally, in *The Ego and the Id*, he attributed to normal character development.

‘When it happens that a person has to give up a sexual object, there quite often ensues a modification in his ego which can only be described as a reinstatement of the object within the ego, as it occurs in melancholia; the exact nature of this substitution is as yet unknown to us. It may be that by undertaking this introjection, which is a kind of regression to the mechanism of the oral phase, the ego makes it easier for an object to be given up or renders that process possible. It may even be that this identification is the sole condition under which the id can give up its objects. At any rate the process, especially in the early phases of development, is a very frequent one, and it points to the conclusion that the character of the ego is a precipitate of abandoned object cathexes and that it contains a record of past object choices.’<sup>16</sup>

We believe that Freud’s reservation, ‘the exact nature of this substitution is as yet unknown to us’, is no longer justified in the light of our conception of the love process; for this identification, replacing object love (reintrojection), is not a phenomenon arising *de novo*, but occurs at the very beginning of the love process and is an integral part of it. Our concept of reintrojection and of its pre-eminent importance in the process

<sup>16</sup> Freud: *The Ego and the Id*. London: Hogarth Press, 1927, p. 36.



of love is, moreover, greatly strengthened by Freud's conception in *Instincts and Their Vicissitudes*: 'It is primarily narcissistic, is then transferred to those objects which have been incorporated in the ego, now much extended . . .'.<sup>17</sup>

The conflicts and complications arising out of love in many instances constitute a sort of atonement through the chronic suffering which greatly outlasts the state of being in love, an appeasement of the daimon, who thus takes revenge at compound interest for his temporary helplessness. When a love relationship terminates, the ego treats the object with the same severity and criticism with which it is itself dominated by the daimon. This makes understandable the aggressions against a former love object; they are attempts of the ego to transfer the punishment of the daimon onto the object. This represents at the same time a *captatio* of the daimon, according to the formula: I don't love the object.

### THE AUTARCHIC FICTION

At the beginning of extrauterine life the infant is ignorant of any sources of pleasure other than in itself, a state falling within the scope of the 'period of unconditional omnipotence', described by Ferenczi. According to Freud, the maternal breast is for a time regarded by the child as part of its own body. This conception of Freud has hitherto been insufficiently appreciated in its fundamental significance, indeed hardly recognized. The familiar controversy about when the ego is discovered must much more correctly and fruitfully be replaced by the more important question: when is the object discovered.

This stage of infantile omnipotence is an 'autarchic fiction' of the infant. A substantiation of this is the frequency with which an infant reacts to weaning with masturbation—demonstrating how unwillingly the infantile ego orients itself to objects, and how, clinging to its feeling of omnipotence, it first of all disavows objects.

How enduring this autarchic fiction is, is illustrated by the psychoanalysis of coitus. Stärcke's paper on the castration

<sup>17</sup> Coll. Papers, IV, p. 81.

complex<sup>18</sup> deserves first mention because he was the first to call attention to oral castration through weaning. Ferenczi<sup>19</sup> observed that infants of both sexes play the double rôle of child and mother with their own bodies.<sup>20</sup> Coitus is characterized as a 'trace of maternal regression' in which there is a threefold identification: of the whole organism with the genitals; with the partner; with the genital secretion. The rhythm of sucking is retained as an important part of all adult erotic activity, whereby considerable quantities of oral and anal erotism are transferred to the vagina. In the transformation of instincts, the female infant's pleasure in sucking the nipple is displaced to the woman's vaginal pleasure in receiving the penis in coitus.<sup>21</sup> For her this re-creation of her first relationship to an external object is an 'oral' incorporation which represents a mastering of the trauma of weaning. According to Bernfeld, the hand of the male infant at first replaces the mouth, and is later characterized by equating milk and semen. Adult coitus thus would not only be a substitute for the breast but a sadistic revenge for weaning. Bergler and Eidelberg<sup>22</sup> observed clinically that children have the repetitive compulsion to reproduce actively in play what once they had to endure passively, in attempts to master the trauma of weaning. The severe narcissistic injury caused by withdrawal of the breast is partially compensated by masturbation which helps restore the feeling of omnipotence. The authors assume a cathexis of the penis with an instinct fusion of Eros and Thanatos, and believe that the position of this fusion, stemming from the death instinct, has undergone such extensive change in the sex act that its gratification can be accomplished without danger to the ego. In coitus the male, in identification with the phallic mother,

<sup>18</sup> Stürcke, August: *The Castration Complex*. Int. J. Ps., II, 1921, pp. 179-201.

<sup>19</sup> Ferenczi, Sándor: *Thalassa: A Theory of Genitality*. New York: Ps. Quarterly, Inc., 1938.

<sup>20</sup> Cf. also Rank, Otto: *The Genesis of Genitality*. Ps. Rev., XIII, 1926, pp. 129-144.

<sup>21</sup> Deutsch, Helene: *Psychology of Women*. Two Vols. New York: Grune & Stratton, 1944 and 1945.

<sup>22</sup> Bergler, Edmund and Eidelberg, Ludwig: *Der Mammakomplex des Mannes*. Int. Ztschr. f. Ps., XIX, 1933, pp. 547-583.

overcomes the trauma of weaning through becoming the active rather than the passive participant.

Thus, in the opinion of all the authors cited, coitus has the significance of a repetition of infantile sexuality. Beyond this assumption of coitus as an echo of the child-mother relationship is our conviction of the deeply narcissistic character of the sex act. The emphasis placed on the relationship to the object seems not to be what is of importance, especially since by identification with the object the infantile gratification is also recaptured. What is fundamental is that the desire to be loved—the nucleus of the later demand of the ego upon the ego ideal—is based on the desire never to be separated from the lactating maternal breast. This longing is not really directed to the object, the maternal breast; rather it represents an attempt at narcissistic restitution, for it was directed to the breast when this was still perceived as part of the subject's ego—the basis of the later ego ideal. Of what great consequence this 'cardinal error of the infant' becomes—*sit venia verbo*—regarding the 'allocation' of the giving breast, we have outlined in connection with the process of love. Grotesque as it may sound, the object cathexis in the process of love stems in the last analysis from this, its purpose being to recapture for the individual his lost narcissistic completeness. Freud's well-known statement supports this thesis.<sup>28</sup>

When we keep in mind how the ego continually endeavors by means of the attempts at restitution outlined above to make sure of its narcissistic unity, the behavior of the neurotic in the transference at last becomes clear. It is based primarily on the fear of literal spatial separation.

The truly surprising fact—usually dismissed with a reference to the instinct of reproduction—that love so imperatively urges sexual union and satisfaction now also becomes comprehensible. We believe that there must exist precise psychic determinants, the discovery of which seems essential for the comprehension of the psychology of love. To Freud's formulation that love stems from the capacity of the ego to satisfy part of its drives

<sup>28</sup> See the first paragraph of this paper.

autoerotically, through the gain of organic pleasure, we would pose the question: for what purpose, then, does the ego follow the roundabout way through objects, only to return again to itself?

In the final analysis both tender and sensual love have the same aim. Both are by nature narcissistic attempts at restitution which occur under the pressure of the repetitive compulsion.

Coitus expresses physically what tenderness does emotionally; for what in tenderness is expressed through reintroduction of the object, substituted for the ego ideal, is revealed in sensual love through the pure impulse to 'contractation', this hitherto puzzling urge which so dominates people in love, the need to cling together as closely, as inseparably as possible.

It is alone the combination of both parts of love—the maximum expression of unity—that becomes the strongest negation of the feeling of separateness, of incompleteness, of narcissistic damage—a maximal expression of unity perhaps only surpassed by the creating of a child, that materialization of the fantasy of unity.

### THE TRANSFERENCE

In *Observations on Transference Love*, Freud says that no difference exists between transference and love. Transference is merely love under special conditions (of analysis and resistance), and thus represents merely a special case of love.

Repeating and supplementing our earlier discussion of love in transference, we believe that the difference between the two lies in the fact that while in love the object is put in the place of the ego ideal through projection, in transference the physician unites in his person via projection the superego, ego ideal and daimon. In the last, anxiety predominates. With the former there is overestimation of the object, the work of love. Dread of the physician, or the desire to be loved by him, are thus the characteristic attitudes of transference.

In the positive transference the patient wants to be loved by the doctor as his ego ideal. The consequence of this desire

to be loved by the physician and of the fear of him is a narcissistic identification with him. The nucleus of all positive transference, as in the case of love, is the narcissistic phenomenon of wanting to be loved. Equally, what has previously been said about active loving and the passive desire to be loved applies also to transference: the actively loving person represents his ego in the object, while he himself imitates his ego ideal. For the person wanting passively to be loved, the object represents the ego ideal by which he wants to be loved, and he himself represents the ego.

In the negative transference the hatred directed against the physician (the parents) is also directed against the ego. This hatred often disguises love (positive transference under the guise of negative transference), or the aggression of the patient is merely an attempt to test the love of the physician. Sometimes the discharge of the aggressions of the person's own ego upon the object has been unsuccessful. This is the difference between 'normal' and neurotic hatred; in the former, the directing of Thanatos onto the object has been successful. Neurotic hatred is directed against the ego through anxiety and guilt.

This leads to the psychopathology of ambivalence. According to the conception here outlined, love is the desire to be loved by the ego ideal which has been projected onto the object; hate is the attempt to transfer Thanatos onto the object. The attempt is unsuccessful; the aggression is inhibited because the object is the person's own ego ideal, so that the aggression is after all again directed against the ego.

Thus, in positive and negative transference narcissistic elements are as predominant as they are in love. What distinguishes it from love is the extent of the participation of the superego which is projected onto the object (in love, only the ego ideal; in transference, the ego ideal and the daimon). Progress in analytic treatment lies in overcoming the projection of the daimon upon the doctor in the interest of projecting the ego ideal upon him, in order to resolve this too at the end of treatment. Thus, the patient learns to 'love'. Identification



as a defense against anxiety gives way also to that identification which we have previously designated as an integral part of love.

### NARCISSISTIC RESTITUTION AND THE DISCHARGE OF AGGRESSION

First the ego turns toward objects only reluctantly; in the stage of fictitious autarchy its own body is also an object. Only after attempts to maintain this fiction have failed, does it resort to other mechanisms to reinstate the lost feeling of omnipotence. This is the most basic function and use of objects for the ego. This is the origin of the ego ideal, of the libidinal cathexis of objects.

Adult love has been described as a special instance of object cathexis, dependent upon feelings of guilt. The infant, however, first invests the objects which ministered to its instinct of self-preservation and which become sources of pleasure. This seems to reverse our view of the close tie of love with guilt, since it would seem that there is no place for feelings of guilt in this instance; however, insufficiently discharged forces of self-aggression exclude complete freedom from feelings of guilt.

Anna Freud, in connection with a report by Dorothy Burlingham on the urge for communication in children—according to which, apart from its exhibitionistic aim, it is also an invitation to partnership in mutual sexual pleasure—made some observations which seem to be extremely important. Anna Freud believes that in view of this concept, the uninhibiting form of upbringing does not differ in its result from the orthodox, prohibiting form because the expectation of sexual partnership by the child is not attained. This may account for instances in which the most complete tolerance toward infantile masturbation has not the anticipated effect. The child may feel in the adult's failure to participate in its sexual activity an actual rejection.

From here, it is only a short step to assuming feelings of guilt in the infant. The young child does not remain ignorant



of the fact that its desires are at variance with the attitudes of adults, that it therewith remains far behind its developing ego ideal.

The objection that this assumption of guilt in the child contradicts psychoanalytic theory is met by the statement that we are speaking here only of the preliminary stages—however far-reaching in their consequences—of the superego which will finally emerge only after the complete resolution of the oedipus complex; moreover, let us not overlook the fact that in the question of guilt feeling we are dealing, in the last analysis, with the problem of anxiety, and let us take stock of the intimate psychological relationship between these two phenomena. One may then justly state that as guilt feelings act as a motive for love in the adult, so anxiety acts in the child. Freud's conclusion is basically that this anxiety is an expression of the fear of separation. But we do not regard this postulated desire not to be separated from the mother as the ultimate and deepest motive, but rather regard the threat to the infant's narcissistic unity as the ultimate danger. The autarchic fiction gives us a clear hint that fundamentally anxiety is based on the threat to this fictitious unity, which seems to be paradigmatic for psychic life; thus, a disturbing of this fiction may be evaluated as the most severe violation of narcissism, whose restitution is at the root of object cathexis, the almost compulsive pertinacity of which it explains.

The way in which the object is made to serve this narcissistic restoration has already been sufficiently emphasized in the discussion of the phenomenon of love. Let us mention the familiar psychoanalytic concept according to which the ego withdraws from objects the libido with which the id has cathected them in order to grow and expand at the cost of these objects. Let us also add that reintrojection is not only a weapon against the daimon, but likewise, through the expansion and strengthening of the ego, renders considerable support to the fiction of omnipotence. This seems an additional proof that love may be counted among those narcissistic efforts at restitution which occur under the pressure of the repetitive

compulsion. As can be seen from the foregoing, we do not consider justified a far-reaching distinction in principle—let alone an antithesis—between narcissistic and object-libidinal cathexes, however great the heuristic value of such differentiation might be. Object cathexes have no other significance than of a statement concerning the state of the narcissistic libido; hence nothing more than an indicator. We are thus in complete agreement with Freud's original contention, unchanged through five decades, as expressed in the New Introductory Lectures: 'There is therefore a constant transformation of ego libido into object libido, and object libido into ego libido' (p. 141).

The second function of objects for the ego—the discharge of the aggression of Thanatos originally directed against the ego itself—is certainly as important for the psychic economy as the first. It, also, serves narcissistic intactness. However apt it might be, we are not malicious enough to state that object relationship in the service of the discharge of aggression is the most respectable of which the human being is capable.

Here again we find a cause why real objects are necessary in the automatic repetitions previously described. Why does man not stick to masturbation which has been familiar and comfortable to him since childhood? Surely all this could also have been partially expressed in masturbation. Simply, there is not enough possibility in the subject's own ego for discharge of so important aggressive elements, which in part form the substratum of these tendencies, such as revenge, hostile feeling tones, etc., unless one chooses the masochistic and hence neurotic way out. It is practically the stigma of neurotics, with their insufficient and inhibited directing of aggression from their own egos upon objects, that they have to resort to masturbation. The insufficient discharge of aggression in masturbation seems to us a circumstance of which the importance should not be underrated.<sup>24</sup> It is one which seems important to us for two reasons: first, it explains the inadequacy of satisfaction

<sup>24</sup> Nunberg, Herman: *Allgemeine Neurosenlehre auf psychoanalytischer Grundlage*. *Op. cit.*, p. 168.

through masturbation; second, it makes highly questionable the frequently alleged harmlessness of masturbation, if it does not contradict it outright.

The autarchic fiction is the paradigm of the striving for narcissistic completeness which man, with the aid of objects, pursues throughout his life. Possibly the intuitive realization of this is reflected—however distortedly—in those philosophical systems which teach that the world exists only as idea. Much more attractive is the thought that the autarchic fiction may in the last analysis be why man's whole life is interwoven with fictions, and is hardly possible without them.

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## THE CREATIVE IMAGINATION

BY HARRY B. LEE, M.D. (CHICAGO)

Freud admired artists, especially writers, for their intuitive access to the unconscious. He commented that it was more important for a psychoanalyst to be a poet than to be a doctor of medicine; yet, he paid comparatively little attention to the problems of artistic sublimation. His writings reveal only an incidental interest in them. He described the artist as a citizen, but not as an artist. An examination of his statements about artistic sublimation, and of his references to art, reveals that he was relatively insensitive to art. Even this marginal interest was not animated with the usual qualities of his scientific temper since he, also, was influenced by the erroneous philosophical æsthetic accepted by Western culture.

In *The Moses of Michaelangelo* (1), Freud confessed an inability to experience æsthetic emotion, stated that he was attracted chiefly to the subject matter of art, and expressed a preference for literature and sculpture. He was '... almost incapable of obtaining any pleasure from music'. His insensitiveness to art as art led him into the common error of confusing with æsthetic emotion the emotion described by the subject matter. It is conceivable that his insensitivity also led him to regard art in the way for which he has been criticized by those artistically sensitive scholars and critics who are otherwise friendly to the theories of psychoanalysis.

The Cultural Lag in *Æsthetics* (2) traced to culture's approval of a philosophical theocentric æsthetic the failure of science to solve the central problems of æsthetics: artistic creation and appreciation. It traced to the same cause the failure of psychology, experimental æsthetics, and psychoanalysis to solve these problems, and also their failure to approach them effectively. It described the errors of the philosophical directive

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with which culture indoctrinates all: 1, to displace with the philosophically given problem of beauty-as-a-universal, the actual problem of examining artistic experiences; 2, to view the problem as an otherworldly mystery that is incapable of solution by the human mind. The following is from that study.

The faults of the philosophical æsthetician, who accepts 'beauty' as his problem, and then confuses problems of art with those of 'beauty' by bracketing the beauty of art with that of nature, are duplicated in psychoanalytic literature. For example, Freud brackets 'the beauty of human forms and movements, of natural objects, of landscapes, of artistic and even scientific inventions. . . . We expect a cultured people to revere beauty where it is found in nature and to create it in their handiwork so far as they are able.'

The philosophical æsthetician's statement that the problem of artistic beauty is a mystery which cannot be solved is duplicated in psychoanalytic literature. Although Freud criticizes the view that problems of religion are inscrutable, he states, 'The nature of artistic attainment is psychoanalytically inaccessible to us'; that psychoanalysis ' . . . can do nothing toward elucidating the nature of the artistic gift, nor can it explain the means by which the artist works. . . . Whence comes the artist's ability to create is not the question of psychology. . . . Unfortunately, psychoanalysis must lay down its arms before the problem of the poet'; and that the artist ' . . . possesses the mysterious ability to mold his particular material'.

*Summary:* We have found that such radically different scientific approaches to the problems of artistic experience as those of experimental æsthetics and psychoanalysis are governed by the same basic faults in their conception of the nature of these problems as philosophical æsthetics; that both of these approaches, from accepting the same erroneous premises, are misled into applying their respective techniques, or else their theories, to discriminations which have little to do with the central problems of æsthetics. We must conclude that the scientist's misconception of his problem, the ineffectiveness of

his efforts, and the sterility of the scientific literature about æsthetics, result from our lifelong indoctrination by culture with the idea that art is an echo of divinity.

I do not imply that Freud's views about artistic sublimation are philosophical. They are scientific. But we may conclude that his usual curiosity and scientific method of approach to this problem was enough governed by artistic insensitivity and the influence of an erroneous philosophical directive that he was unable to pursue it with much satisfaction. Also, he neglected to revise the theory of sublimation and to accord it that scientific spirit of perpetual tentativeness with which he treated his other theories. Freud's demonstrations of the ubiquity of the œdipus complex in our unconscious mental life, and of its expressions in the subject matter of works of art, were very significant advances in the history of ideas, and they went far beyond the philosopher's insistence upon the ubiquity of God's beauty as a universal in art-and-nature.

Besides pathography, which demonstrated from the subject matter of art less about the nature of artistic experience than about the presence of the œdipus complex in one or another of its variations, Freud made another inadequate approach to the problem of artistic sublimation by drawing inferences from its loose analogy with fantasy. *The Relation of the Poet to Daydreaming* (3) expressed the hope of understanding artistic creativeness from an analogy between the subject matter of art and that of daydreaming.

If we could only find some activity in ourselves, or in people like ourselves, which was in any way akin to the writing of imaginative works! If we could do so, then examination of it would give us a hope of obtaining some insight into the creative powers of imaginative writers.

The idea of explaining creativeness with this analogy was not a new one. Addison called æsthetic experience 'a pleasure of the imagination'. Coleridge believed that the laws of drama and of dreaming are the same. Shakespeare, Nietzsche, Ellis, Ribot, and many others had noted the analogy of daydreaming

with art. Others, for example Flaubert and Schiller, protested the looseness of this analogy because the complex activity of creative experience is very different from passive daydreaming. Freud discovered in the content of fantasy and in the subject matter of art certain fundamental similarities of their unconscious meaning and dynamics. He demonstrated that these similarities derived from the repression of instinctual impulses. But kinship is not identity. Daydreaming expresses our interest in possessing or consuming an object, and the pleasure that we gain from it is not the same as the spiritual pleasure and the inner sense of beauty which result from artistic activity. Artistic experience is not merely an idle waking dream, nor a make-believe satisfaction, but an activity in which we orient ourselves to the ideal values of an object, and with little interest in possessing or consuming it. It is not reasonable, therefore, to ignore in this analogy the outweighing differences, or to expect that we could infer the nature of æsthetic activity from our knowledge of the psychology of fantasy. The intuitive apprehension of formal relations in the æsthetic content of art is something else than the perception of its literary content. In fact, æsthetic emotion has little to do with subject matter. We esteem music as our highest form of art because here form and content are one; and works with exciting subject matter may give us other kinds of pleasure, but no exercise of the spirit.

Freud's explanation of artistic experience from an analogy with fantasy, and his employment of the subject matter of art for this purpose, have resulted in a vast literature of pathography and pathobiography that has earned considerable criticism from those friendly critics, artists, art historians, æstheticians, and psychologists, who had looked to psychoanalysis for a better directive than philosophy had furnished. Although this group is touchy about art, many of the criticisms are justified. These are unable to see what characteristics of the artist psychoanalysis has revealed which are not shared by people who are not artists. They wonder how the ubiquity of the œdipus complex explains a man's creativeness, why he is only occasionally creative, why women are much less creative

in the arts than men, or the unique features that distinguish artistic experiences from daydreaming. They object to demonstrations from his production alone, or in combination with the history of the artist's life, the intention of the artist, and how his mind worked during its production. They complain that Freud ignored the contemplative orientation of the creative artist, and also that he did not have an accurate picture of the artist as a citizen; for, honest and original artists are ordinarily hard-working, bourgeois people, who lead quiet and unostentatious lives, and who are more interested in their work than in ' . . . honor, power, riches, fame and the love of women'.

A Critique of the Theory of Sublimation (4) evaluated Freud's basic contributions to our understanding of this transmutation of instinct, and criticized the confusion and incompleteness of the theory. Freud tended to avoid the problem of sublimation after formulating his views about it in 1905 (5). It has not been revised to meet the metapsychological standards that psychoanalysis as a science has set for itself.

The theory of sublimation brought scientific construction and considerable order to earlier empirical beliefs about the subject. Freud contributed very valuable generalizations in describing sublimation as an unconscious mental process, and as a vicissitude of nonrepressed instincts; with his concept of component sexual instincts as the source of the energy modified; with his observations that the capacity for sublimation was a factor in preventing neurosis; with his description of the mental process of reaction-formation; and with his discovery of the important contribution made by sublimations to character formation. Although the theory has proved useful, it remains a confused, incomplete, and static description. Freud stated that sublimation deals with nonrepressed instinctual energies; yet, he stated that sublimation can occur through reaction-formation, and also that reaction-formation is a form of repression (6). Clinical experience has revealed that additional confusion arises not only from the classification of reaction-formation as a subspecies of

sublimation, but also from failure to classify artistic sublimation as an entity distinct from sublimation in general. These three processes are quite different ones. The leading feature of reaction-formation is social acceptability; in sublimation, it is productivity; and in artistic sublimation, creativeness. Thus, there persists, unrevised since 1905, an unsatisfactory classification that groups artistic sublimation, other sublimations, and reaction-formation as if all these were a unitary function for modifying instinctual energies. The theory has been criticized also for its redundant emphasis upon cultural value.

When we examine the writings of other psychoanalysts about sublimation, we find that most of them only paraphrase Freud's formulation. Many increase the confusion by stating, contrary to Freud, that sublimation deals with repressed instinctual tendencies. Even artistically sensitive psychoanalysts copy Freud's examples in drawing inference from the analogy of art with fantasy, and in employing the thematic properties of a work of art to illustrate the *œdipus* complex and other things which, while psychologically interesting, have no important bearing upon the fundamental problems of artistic creativeness and appreciation. I refer particularly to the writings of Abraham (7), Rank (8), Sachs (9, 10, 11), Stekel (12), and Winterstein (13). These are interesting but uncritical repetitions of Freud's theory of artistic sublimation. They repeat his faulty methodological approach, and do little to repair the confusion, inconsistency, and incompleteness of the theory.

There are some notable exceptions. Bernfeld (14) discussed Freud's ambiguous use of the term 'sublimation', called it unscientific and illogical, and attempted to resolve the difficulties arising from its confused usages by endowing the term with several 'layers of significance'. Sterba (15) proposed a scale of sublimation, of which the degrees are determined by the deviation of the goal from the aim of primitive instinct. Róheim (16) observed that he '... cannot easily understand how a sublimation, that is an impulse deviation, can occur without repression'. Jones concluded from his study of *The Problem of Paul Morphy* (17) '... that the process of sublimation



has ultimately a defensive function'. Bergler (18) has commented that the theory has not been revised, that '... there is no uniformity of view on what is to be considered sublimation...', and that '... there are contradictions between Freud's original formulation on sublimation and newer formulations which consider sublimation as a defense mechanism'.

Klein (19, 20, 21, 22) and Sharpe (23, 24) have made important contributions demonstrating the rôle played by unconscious restitutive tendencies in sublimation. Klein maintained that guilt and the desire to restore a damaged object are universal and fundamental factors in the development of sublimations. Klein and Sharpe reported that the creation of art consists in the unconscious restoration of persons destroyed in fantasy. They concluded that the projection of introjected objects was a requisite for creativeness, that restitution by creativeness relieved anxiety, and that the restitution is made because of guilt for destructive tendencies. I have confirmed their findings from clinical observations of artists, and constructed from these a more comprehensive theory of creation and appreciation (25, 26, 27, 28), one that opens the way for classifying the varieties of artistic experiences (29). The view of creativeness as a reactive substitute for highly organized unconscious fantasies affords us altogether new explanations of the artist's guilt, his narcissism, the episodic nature of his creativeness, and the high, cultural value of his production.

The reports of Klein and Sharpe moved Glover to attempt to construe their findings in accordance with Freud's theory of sublimation. His *Sublimation, Substitution, and Social Anxiety* (30) concluded that '... pending further research, we are justified in using the term (a) for loose descriptive purposes, and (b) as a basis of metapsychological investigation of instinct. But we must realize that this double application of the term is liable on occasion to give rise to considerable confusion.'

In conclusion of a rapid survey of a subject so freighted with theoretical and practical imports, and to summarize our estimate of the present status of the theory of sublimation, I

can do no better than to quote a reversal of his earlier opinion by Ernest Jones (31): 'We are far from the day when analysts were prone to cite the blessed word sublimation as the *deus ex machina* in all social and idealistic impulses. Things have proved to be very much more complicated than they seemed in the early days of psychoanalysis.' We should, however, take courage from Freud who, having declared many times that psychoanalysis could not solve the mystery of artistic creativeness finally reversed his earlier opinion (32): 'This kind of satisfaction, such as the artist's joy in creation . . . has a special quality which we shall one day be able to define metapsychologically.' Until then, he had held, artistic creativeness was not the province of psychoanalysis.

### SUMMARY

From this brief review we can draw some instruction regarding our approach to the problem of artistic sublimation. It is not an insoluble mystery. The problem is one of artistic experience, not of beauty. The beauty of natural objects is not the same as artistic beauty. No one mental process explains all of the varieties of creativeness and artistic appreciation.

More of our studies and reports ought to be based upon those expressions of the creative imagination that we are able to observe in clinical practice, rather than speculative pathobiographical and psychographical studies. We should gather and sift clinically observed facts until we can describe the processes of artistic sublimation according to metapsychological standards. Upon this solid foundation, we will be able to construct more clear, more consistent, and more complete generalizations about sublimation, and about the varieties of artistic experience.

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**Fundamentals of Psychoanalysis. By Franz Alexander, M.D. New York: W. W. Norton & Co., Inc., 1948. 312 pp.**

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A bar chart with the x-axis labeled 'Age' and the y-axis labeled 'Number of people'. The x-axis has four categories: 18-24, 25-34, 35-44, and 45-54. The y-axis has a scale from 0 to 100 in increments of 20. The bars represent the following values: 18-24 is 20, 25-34 is 40, 35-44 is 30, and 45-54 is 50.

Age	Number of people
18-24	20
25-34	40
35-44	30
45-54	50



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## BOOK REVIEWS

FUNDAMENTALS OF PSYCHOANALYSIS. By Franz Alexander, M.D.  
New York: W. W. Norton & Co., Inc., 1948. 312 pp.

The author begins his book with the discussion of the methodological problems of psychoanalysis. He observes that 'thinking is one of the functions of the biological system' and therefore psychology, in as much as it is based on a causal approach, is not only related to biology but represents a legitimate part of it, equal in its importance to anatomy, physiology, etc.

He defines and defends 'common sense' which in the 'normal person', he believes, promotes scientific understanding. Identification is the chief instrument of common sense. Four errors grossly reduce its value: deliberate deception, self-deception, individual differences and 'blind spots'. One might add unconscious projection.

In his discussion of the theory of instincts, he argues in favor of Freud's first theory and rejects his second. His criticism seems to be due to misunderstanding. The first theory '. . . was not an attempt to describe instinctual forces' and is therefore not more clinically valuable than the 'philosophical' second one. Freud always insisted that the concept of the instincts is the result of speculation; that instinct itself cannot be observed by psychological methods, and that the subject of psychoanalysis is the derivative of instincts. Both theories are schematic abstractions, a filing system for the collection of clinical data.

Freud did not regard the death instinct as being directly responsible for neurosis; he cited cancer as an illustration of its function. Because he regarded psychological phenomena as derivatives of instinct fusions, he described the death instinct as being 'silent' (*Stumm*). These and other misunderstandings are probably responsible for Alexander's statement: 'Freud . . . continued to distinguish between self-preservative and sexual instincts' (p. 62). In *An Outline of Psychoanalysis*,<sup>1</sup> Freud writes: 'The contrast between the instincts of self-preservation and of preservation of the species, as well as the contrast between ego love and object love, falls within the bounds of Eros'.

<sup>1</sup> Int. J. Psa., XXI, 1940, p. 31.

In an excellent description of the development of sexuality, Alexander rightly criticizes Ferenczi's explanation of the genital stage as a pure summation of the pregenital impulses. He characterizes the genital stage by a new factor 'the impulse to give'. He overlooks, however, that women too arrive at a genital stage, which is characterized by the impulse to receive semen and to offer their breasts. His statement (p. 79), 'Incorporative tendency in the form of hunger is not considered an erotic phenomenon', will probably not be generally accepted and may even provoke the question whether Alexander also regards seminal ejaculation as not erotic.

His simple but accurate description of the ego function does not mention the unconscious part of the ego, and in discussing the various defense mechanisms he omits isolation, undoing, introjection and representation by the opposite.

The chapter on dreams is a thorough discussion of the theory and function of dreams and sleep.

A chapter on the psychology of wit and æsthetics notes the importance of form as distinguished from content in art, but neglects to mention the exhibitionistic and scopophilic gratifications.

A schematic description of the origin of the neuroses draws an accurate picture of the different neurotic symptoms without mentioning the interesting problem of the choice of neurosis.

In the chapter devoted to the obsessive states there is no discussion of ambivalence. Neurotic characters, according to Alexander, are characterized by acting out, whereas the psychoneurotics (presumably symptom neurotics) discharge their activity in fantasy. The more commonly accepted differentiation is that the former is egosyntonic, the result of an unconscious satisfaction and the defense of an infantile wish accepted by the total personality. The attitude of the total personality toward the unconscious mechanism of defense is also missing in the chapter about perversions. Alexander describes a masochist as one whose sexual sufferings represent a compensation for his self-centered attitude in nonsexual relations.

In an excellent chapter on conversion, there is no detailed discussion of the differences between conversion and certain disturbances of the visceral organs like the example given in his paper, *Fundamental Concepts of Psychosomatic Research*, published in *Psychosomatic Medicine*, V, No. 3, 1943.

The description of psychoanalytic therapy can probably be accepted by the majority of analysts as correct, especially his point

about the increased responsibility of the patient for his unconscious, and his advice to analysts not to allow the patient to withdraw completely into the therapeutic situation. Reducing the frequency of interviews may be, as he suggests, a simple means of preventing the transference from becoming too powerful, but he neglects to say that it may increase at the same time the danger of the patient's acting out.

The reviewer believes that Dr. Alexander presents an excellent digest for Freud's basic works, but that its practical value may be impaired by the recent publication of *An Outline of Psychoanalysis* by Sigmund Freud.

LUDWIG EIDELBERG (NEW YORK)

PSYCHIATRY IN A TROUBLED WORLD. By William C. Menninger, M.D.  
The Macmillan Co., 1948. 636 pp.

The first part of this book is a report of the rôle of psychiatry in the army during World War II. A similar report, Volume X of the Medical Department of the United States Army in World War I, was promptly consigned to the shelves and remained in obscurity until the advent of the last war; then it was taken down and consulted in the hope that it would provide paradigms for the solution of the gigantic problems that lay ahead. The fact that the present volume, instead of being relegated to official archives, is offered to the reading public attests the widespread interest in psychiatry that occurred during and since World War II.

This report is not one that he who runs may read. Great thoroughness has gone into its making. The problems that confronted psychiatry, the measures taken to cope with them, and the lessons learned, are aired with meticulous attention to detail. Copiously documented, with footnotes and references, charts and graphs, tables and appendices, facts and figures, the account makes for somewhat labored reading. As a recompense, it will provide, for those who are interested in and unfamiliar with the army, a comprehensive picture of psychiatric organization and functioning during the last war. For those who served in the army, in a necessarily limited capacity which permitted but a worm's-eye view of what was going on, the observations of the author, who by virtue of his position commanded a panoramic view of the whole process, will afford new perspectives.

Considerable difference of opinion exists regarding the achievements and effectiveness of psychiatry in World War II. From some accounts, certain sections of the public have been led to infer that psychiatry was practically dormant before the war or, at least, underwent a major revolution as a result of the challenge war thrust upon it. This error is not surprising when many military psychiatrists themselves tended to think along similar lines. It is safe to say, to take one instance, that few of the many psychiatrists who utilized the technique of narcoanalysis were aware of the fact that abreaction, its essential component, was a phenomenon discovered by Freud some fifty years ago. At any rate one might justifiably have misgivings lest Dr. Menninger, who worked so indefatigably to build up psychiatry in the army from rude beginnings, should look with indulgent, parental eye on the product of his creation. Actually the author can be acquitted of any such tendency. The report is refreshingly frank and objective. It points with pride in many directions, but there is no attempt to gloss over unpleasant facts or shortcomings, whenever and wherever they were encountered.

When one appreciates the truly stupendous task that suddenly presented itself, the lack of preparation for that task, the paucity of trained personnel, and the obstructionism from external sources that stood in the way of the effort to create psychiatric order out of virtual chaos, then, any criticism is likely to appear carping and gratuitous. Since the reviewer has on one occasion delivered himself of some comments not entirely laudable regarding military psychiatry,<sup>1</sup> he was all the more preoccupied, while reading this disarmingly frank report, with the possibility that he might have to eat proverbial crow. He does not, however, feel bound to do so. Actually, some of the abuses alluded to are confirmed by Dr. Menninger; moreover, it would appear from this over-all survey that one particular theater of operations—the one in which the reviewer functioned—operated on a lower level than did the others (cf. pp. 194, 208). There is many a slip 'twixt official army regulations and their application by some subordinate officer bent on misapplying them. Thus it is informative to note that the comparative table of psychiatry in World Wars I and II, drawn up by Strecker and Appel and reproduced in this volume, states that there was no resort to elec-

<sup>1</sup> Needles, William: *The Regression of Psychiatry in the Army*. Psychiatry, IX, 1946, pp. 167-185.

trical stimulation in suggestion therapy in the recent war. The fact is that it was used in at least one large, purely psychiatric installation in the theatre of operations alluded to. The Emersonian law of compensation did not suspend operation in the army. The chief consultant in neuropsychiatry had a commanding view of the entire field but it was humanly impossible for him to know intimately everything that was happening. A vast gap existed between the beachheads and the Pentagon.

The second part of this book looks toward the future. Greatly encouraged by the accomplishments of psychiatry, as applied on a vast scale in the army, the author appeals for its acceptance toward the solution of social problems in a peacetime world. He cites the special contribution that psychiatry has to offer in such diverse fields as intrafamily relationships, industrial conflicts, unemployment, racial prejudice, housing shortages, adequate medical care, education, criminology, as well as in the sphere of psychiatry itself, where the problem of sufficient and competent treatment has become critical. As prerequisites for the achievement of the program envisaged, he recommends intensive research in psychiatry, with the attainment of shorter forms of therapy, among other things, in mind; an increase in the number and the quality of psychiatrists to do the job; and, by a persistent educational campaign, the softening up of resistance against the infiltration of psychiatry into what some consider alien fields. All of this will sound familiar to psychiatrically informed readers. If at times it is repetitious and at times borders on the platitudinous, it must be remembered that it is a book avowedly or implicitly propagandistic in purpose, and for a good cause.

Here again, no one who realizes what needless havoc is wrought in human relationships by archaic emotional attitudes and biases, how widespread such disruptive forces are in our society, how close human beings have come to eradicating each other and being wiped off as a bad experiment of nature because their intellectual equipment has so far outstripped their emotional maturity, and who realizes at the same time that psychiatry is the instrument par excellence for exposing and neutralizing these inimical forces, can do aught but encourage the effort to insinuate psychiatry into every possible corner of the current scene. Unless, of course, he can view with equanimity a state of affairs in which the alarming incidence of mental disorder threatens to make of the world at large, a clinic.



However, a sober appraisal of the facts leads to certain disquieting thoughts which, while they should not lead to nihilism, must dispel the idea of an easy victory. Menninger relies largely on analogies drawn from the army in time of war as he goes forth to slay the dragon in civilian life. It would seem important to recognize decisive differences that exist side by side with the similarities. One such is the fact that, whatever else one had to contend with in the army, private vested interests constituted no serious opposition to any plan for the general welfare. Men could be shifted about and environments manipulated with one dominant goal in view. In civilian life this is not the case. It is still part of our heritage, for good or bad, that human lives may be drafted, but not private property. It is part of our history that, in a nation that subsequently spent a hundred billion a year in the war effort without going bankrupt, the proposal to allocate a billion or two for slum clearance led to charges of hare-brained recklessness and incompetence; also, that such basic needs as clothing and housing were not available in a nation as technologically advanced as ours because the return in dollars and cents did not appear appealing enough to those who could provide them. Coming closer to home, to the medical profession itself as a vested interest in the complex problem of national health insurance, one must note—without necessarily subscribing to the proposed plan as an undiluted blessing—how close to emotional thinking are some of the objections raised: for example, if the plan that lacks the free choice of a doctor by the patient precludes good medicine, it is nevertheless defended by the very men who laud the achievements of military medicine in which there was no choice of a doctor; or by men who legitimately boast of the solid accomplishments of well-run clinics, in which, again, there is no choice of a doctor. At any rate, when one reluctantly recognizes that the recent cataclysm failed so promptly and so conspicuously to effect a transvaluation in the direction of the common good, the question of whether the gentle persuasions of the psychiatrist will avail against powerful counterforces remains at least conjectural.

Similar considerations apply when Menninger, encouraged by the gratifying results obtained by abbreviated forms of therapy in the army, hopes to translate such measures into civilian psychiatry. Certainly the stress on treating cases early and educating the public to apply early for needed treatment is unexceptionable. Doubtless

there are cases in which superficial measures and manipulation of the environment can afford substantial relief. One significant difference between the two categories of mental disorder, the military and the civilian, looms up, however. Psychiatric casualties, for whom short term therapy proved so effective in wartime, involved individuals who succumbed to intolerable stresses and strains. The situational factor, in other words, was decisive. The individual who succumbs in civilian life to stresses and strains, that are not inordinate and which his fellow men bear without breakdown, may be presumed to be internally vulnerable and suffering from inadequacies long in the making and more difficult to eradicate. Menninger states: 'It may be more desirable, when we see the patient early, to give immediate corrective suggestions, re-enforcement and support. Then we might trust the tendency of nature to regain equilibrium rather than attempt to expose contributory, deep-seated, emotional conflicts.' However, whether nature in these cases will provide this benign *deus ex machina* is also conjectural.

WILLIAM NEEDLES (NEW YORK)

COMPULSION AND DOUBT. By Wilhelm Stekel, M.D. New York: Liveright Publishing Corp., 1949. Two Volumes. 645 pp.

These two volumes contain seventy-eight case histories, some by other authors, most of them, however, from Stekel's own material. The blurb tells us that the author is credited with having psychoanalyzed more than ten thousand individuals. This may be explained in part by Stekel's 'active method', which was in his day much contested. It is now being praised as an innovation in some circles. Stekel believed that those who need analysis of more than nine months 'do not want to be cured'. He has a way of not bothering about the analytic meaning of his statements.

The author ejects copious opinions on compulsion neurosis. Every psychoanalyst can learn something from his enormous experience if he can condone the patent weaknesses in theoretical understanding. Documented by an endless parade of cases, he states that obsessives believe in the omnipotence of thought and, therefore, consider themselves immortal; however, they constantly play with ideas of suicide because they know that their hidden goal is unattainable. They are all criminals but lack the courage to follow their impulses. An atavistic drive in them fights with their strict

superegos. They are ambivalent (Stekel uses the expression 'bipolar') in every respect and therefore are doubters. Next to the doubt stands the secret which simultaneously is carefully kept and unconsciously betrayed. All compulsives are fundamentally religious people, but deny it; yet, this neurosis should be called private militarism rather than private religion, as Freud called it. All compulsives run after infantile imperatives, often a repetition compulsion of early sexual experiences. Their aims conflict (dirtiness versus cleanliness; compulsive honesty versus fear of confession), but open conflict is avoided. As though it were a matter of secondary importance, we learn that they all have 'anal complexes' (p. 506). A complete cure is hardly ever possible. They all secretly wish to triumph over their analyst.

Stekel relates Freud's 'rat man' history briefly (pp. 400-410); he feels that the patient's love for his deceased father, the hidden lust for necrophilia in addition to cannibalistic instincts are the keys to the case. Many alleged neurotics are really schizophrenics.

Stekel evidently did not believe in resistance analysis, and hardly ever analyzed negative transference. His unusual talents made him bombard his patients with interpretations and in this way he often succeeded in unearthing their buried conflicts. Stekel said himself that this translation from the unconscious to the conscious is, as a rule, not sufficient to cure a patient.

Dr. Gutheil's translation is quite readable; his editing of a text, which in the original language is at least twice as voluminous, is excellent. The translator cannot be made responsible for the titanic chaos of Stekel's presentations. To diminish it, Dr. Gutheil has prefaced the work with an introduction in which he tries to build a system into the 'fullness of vision'.

FRITZ WITTELS (NEW YORK)

**THE BATTLE OF THE CONSCIENCE.** A Psychiatric Study of the Inner Working of the Conscience. By Edmund Bergler, M.D.  
Washington: Washington Institute of Medicine, 1948. 296 pp.

It is difficult to believe that Dr. Bergler meant to address this book to the general public, yet there is much evidence throughout that this was his intention. To understand the clinical complexities and elaborate metapsychological concepts of which he writes requires the background of an advanced analyst. This is a tech-

nical book, technically worded despite the admirable literary allusions. It is strong meat, hardly digestible by the most intelligent layman.

Dr. Bergler's powers of observation are acute, and not a little overwhelming. He is an indefatigable collector of variations on a clinical theme. Thus, and I quote, 'having been interested in the problem of hypocrisy for a long time, I collected a great variety of types, fifty-one to be exact'. Other lists abound, but somehow they all get reduced to the same formula, the author's well-known 'three-layer structure of every neurotic symptom'. These layers are, '1, wish to be mistreated, counteracted by a superego reproach; 2, first defense mechanism of pseudo aggression; 3, rejection of the defense'.

For the last few years, papers have appeared by Bergler describing a large variety of psychological phenomena, from habitual smoking to homosexuality, as characterized by this three-layer structure. I cannot help being suspicious of a hypothesis which professes to explain so much. No psychological theory can be valid which makes all personalities look alike. Adler fell afoul of this vast monotony, and despite Bergler's undeniable powers of observation and imagination, one cannot but feel a little uneasy at his eager insistence upon forcing so many complexities into his particular Procrustean bed. One gets a little sceptical, too, of his choice of clinical data to prove his thesis. This is particularly striking in his chapter on criminality. Here he gives numerous examples of cases of 'criminals' who are not criminals at all in the psychiatrically accepted sense of the word—a man with writer's cramp who threw a burning lamp at his wife in a fit of rage, a woman who neglected her sick child so that it died, a man who attacked policemen while drunk, a woman who falsely accused men of rape, etc.

In the last analysis, this is a book on the death instinct. Among others, I take no particular joy in this concept—as an instinct, it seems to me an essentially unprovable assumption. To explain the enormity of the superego's attack upon the ego, inexplicable in naïve environmental terms, is certainly a most vexing problem. It requires much further research into the earliest development of both these structures, and I cannot believe that a great deal of progress can be made by what practically amounts to begging the question. To designate it the most elementary of instincts, as

Bergler does by making the wish to be refused the most primary expression of such an instinct, is decidedly a backward step.

Theoretical differences notwithstanding, *The Battle of the Conscience* makes rich reading. There is much that is sound in it. To cite only an example or two, Bergler properly insists that identifications must be understood in terms of their dynamic purposes, and his account of magic is masterful. Much would be gained, however, in a more temperate use of the first person singular. The intelligent layman will not like the rather obtrusive use of this particular pronoun.

NATHANIEL ROSS (NEW YORK)

**PSYCHIATRY: ITS EVOLUTION AND PRESENT STATUS.** By William C. Menninger, M.D. Ithaca, New York: Cornell University Press, 1948. 138 pp.

**YOU AND PSYCHIATRY.** By William C. Menninger and Munro Leaf. New York and London: Charles Scribner's Sons, 1948. 168 pp.

The two volumes are additions to the growing body of literature which expounds psychiatry and psychoanalysis to the general public: the former, the *Messenger Lectures* delivered at Cornell University in the fall of 1947, is directed to the college educated group; while the latter, as regards language and style, seems geared to the intelligent G.I., therefore to the high school educated.

The first book consists of three lectures: one containing a much condensed history of psychiatry plus an account of its current position with relation to the social sciences and other disciplines and techniques; one on the psychoanalytic theory of personality and of neurosis; and one on the place and function of psychiatry in the social order. Of these, the last is very good indeed: the author's heart is in it, and it is imbued with a profound love of humanity and hope for its future. Here the voluminous experience acquired in the author's war activities, and the broad social attitude developed therein, contribute importantly to the authenticity and sincerity of the presentation. In a world beset by 'countless social problems', uneasy, restless, immature in its absorption with self and its blindness toward the misery of distant others, Dr. Menninger feels that psychiatry can contribute to their solution by stressing the need for greater maturity of the individual and by teaching him how to achieve it.



While this is a sound and laudable program, the content given to it seems weak to this reviewer. It consists in teaching people to understand themselves in accordance with the findings of psychiatry, and in admonishing people to love rather than hate each other—describing the nature of love as contrasted with hate. If the latter could really be an effective method toward the achievement of maturity, surely the great passage in St. Paul's First Epistle to the Corinthians ('Though I speak with the tongues of men and of angels') could not be surpassed. Such attempts overlook the fact that there are in each of us obstacles to the free operation of love, that these obstacles are ingrained more deeply and are more powerful than the mere irritations and frustrations of daily living, and that surmounting them involves more careful and accurate investigation into their nature than has thus far been accomplished. Such investigation might result in more general agreement than can yet be reached upon the precise nature of these obstacles and how they may be overcome.

The second book is well calculated to give to the intelligent layman an understanding of the function of psychiatry in our world, the nature of psychiatric problems and their main issues. The language is swift and colloquial, the examples are frequent—hardly a paragraph is without them—and they are vivid, homely and, for the most part, well chosen. The book is actually an expansion of the second of Dr. Menninger's Messenger Lectures and contains, in addition, a detailed description of the psychiatrist's methods of diagnosis and treatment. The theoretical background is in the main freudian, though it contains some deviations from freudian concepts. The libido theory, for example, is presented without much reference to the libido itself, and the developmental stages are treated much more as areas of experience than as biological inevitabilities. This particular deviation has its advantages as well as its disadvantages, for it enables the authors to stress the importance of ego maneuvers in the anal phase of development, factors never emphasized by Freud though alluded to briefly by Abraham in the opening pages of his paper on the anal character.

In many of the chapters advice is offered to parents in the matter of rearing their children. These suggestions are always clear and unequivocal, practical and, to the reviewer, eminently sensible, wise and well related to the theories presented. To many laymen this will be the most valuable feature of the book, and it could

well be recommended to intelligent parents who are puzzled and baffled by the behavior of their offspring and wish to learn how to deal with it with benefit to their children and to themselves.

Both works suffer from the attempt to present psychiatry as a unified front in its understanding of the details of human personality and its dynamics. The fact that there exist today at least as many as seven competing theories of personality is not hinted at, and the consequences of such disagreement (since each of these theories has its adherents among the general public) are nowhere taken into account.

But the plea that the world's ailments are essentially the result of man's immaturity is a strong one, and the affirmation of the desperate need of specific methods for achieving greater maturity is perspicuous, timely and genuinely humane.

WILLIAM V. SILVERBERG (NEW YORK)

**FAILURES IN PSYCHIATRIC TREATMENT.** Edited by Paul H. Hoch, M.D. New York: Grune and Stratton, 1948. 241 pp.

This symposium, presented by the American Psychopathological Association, essays an evaluation of failures in psychiatric treatment, psychoanalytic, Meyerian, and group therapy, child therapy, psychotherapy of criminals, 'psychosomatic therapy', insulin and electric shock, prefrontal lobotomy, social casework, and the treatment of epilepsy and neurosyphilis. The limitations of this first comprehensive attempt are dwarfed by its epochal importance as a contribution to psychiatry.

Much consideration had to be given in each of these articles adequately to define terminology and, particularly, the criteria of successful therapy. Therapeutic goals vary because each patient's psychopathology determines in part the potential for cure, and because the doctor's skill and his therapeutic orientation also participate in determining therapeutic objectives. All the contributors agree to the need for critical appraisal of therapeutic results to determine the influence of 1, the type of therapy used; 2, the specific life problem to be solved at the time therapy is initiated; 3, the biologic and psychologic organization of the individual; 4, the setting in which therapy occurs, which includes not only the environmental factors outside therapy but also the therapeutic milieu.

There is close agreement that the main causes of failure are:

1, the use by the therapist of a method not suitable for the patient, in some instances knowingly, in others because of a faulty evaluation of the patient; 2, the psychiatrist's insufficient experience; 3, external conditions like organic illness occurring during therapy, the secondary gain from illness, family attitudes supporting neurotic reactions; 4, the patient's failure to assume responsibility.

One wishes that Oberndorf's excellent article on psychoanalytic therapy could have had more discussion of transference. The psychobiological method, as outlined by Muncie, appears to allow for a relationship with psychoanalytic therapy; certain divergences are indicated by Rennie's discussion of this article. The articles on hypnosis and child therapy as well as psychosomatic medicine are definite contributions. The examination of group psychotherapy is properly entitled an appraisal since so little is known about results. The discussion of the treatment of criminals seems unduly optimistic.

Insulin and electric shock, chemotherapy of neurosyphilis and epilepsy, prefrontal lobotomy, are therapies which lend themselves to more precise evaluation. Particularly valuable are Dattner's conclusions on the treatment of neurosyphilis. Kalinowsky's warning regarding the abuse of electric shock in the psychoneuroses is well taken. The use of insulin shock in schizophrenia on the basis that this is '... a disease process which rests mainly on a physiologic disorder and reveals itself in mental symptoms' would not be agreed to by many psychiatrists, nor his conclusions that '... correct and early diagnosis with prompt and competent (insulin) treatment will mean very few failures'. Rose's discussion of prefrontal lobotomy, while indicating definite types of failure, suggests that this operative procedure and its indications are clearly understood. Merritt stresses the point that in treating epilepsy the symptom, not the cause, is being treated and that the psychologic problems of the epileptic and his family are also of importance for therapy.

Kallmann's stimulating paper on the rôle of heredity and constitution points out the need to understand genetic problems in mental illness, not only from the point of view of therapy but also of mental hygiene. The discussion of social casework is limited to marital problems and therapy of children. Hoch has made an excellent summary of the symposium at the end of the book.

The readiness to discuss its failures is a sign of psychiatry's coming of age. It connotes that psychiatry has accumulated a body of

data that is sound enough to be scrutinized and appraised. This marks an epoch, not only from the point of view of the data collected, but also because of the way in which this evaluation is accomplished. It has been done by most of the contributors with moderation and a lack of the aggression and defensiveness that have characterized so many psychiatric discussions. These evaluations are made without fanatical devotion or dogmatism, and criticism is not directed toward others but rather toward the authors' own methods.

Much of psychiatry has been discredited in the eyes of the public not just by the deplorable conditions in public hospitals, but by the schisms and differing 'schools' of psychiatry as well. Psychiatrists have been unable or unwilling to reconcile dissensions, which has led the public to believe there are no basic facts.

Hoch's book will go a long way toward the restoration of professional and public confidence. It is a dignified and scientific discussion of some of the most important problems in psychiatry. It follows a procedure accepted in other scientific and medical disciplines. It is a declaration of principles, offers a methodology which was greatly needed, and sets a new standard of psychiatric procedure and evaluation. It is a guide for students and practitioners. Whoever reads this will be a better psychotherapist; he will see new challenges; his work will be more interesting; a new problem of study or research may be suggested.

Difficulties are inherent in the subject matter of psychiatry, and it is well that they be brought repeatedly to our attention. The lack of knowledge of etiology is among the more important—though we should bear in mind we know more about the etiology and development of nervous and mental illness than we know of the cause of cancer. The want of sharp definition of psychiatric categories, compared with internal medicine, augments difficulties of diagnosis, as do different formulations and varying psychodynamic emphases from the same data. There is no agreement on the criteria of successful treatment, nor as to how treatment should be conducted in certain disorders. Recoveries occur with radically different therapies; some are responsive to a therapy, others are not. Lewis points out the intangible factors at work in the therapeutic process. Dogmatic attitudes often lead to psychotherapeutic failures.

Lewis and Oberndorf indicate the need for elasticity and 'adap-

tive technique' even in psychoanalysis. Muncie says that principles and therapeutic methods are changing, and that there is an overlapping and mergence of different approaches. The importance of the use of medication and other organic procedures in psychosomatic conditions is emphasized by Mittelman, in contrast to the general tendency in psychotherapy. The consideration of social and environmental factors in psychotherapy is stressed by Lewis, Ackerman, Mittelman, Austen and Merritt.

This symposium has initiated a type of criticism which should stimulate future research. It offers a program for future studies. Each chapter contains suggestions for more intensified and statistical study. Repeated evaluations will help to clarify psychotherapy not only as an art but also as a science. Dr. Hoch is to be congratulated not only on his conception of the work but on its achievement.

KENNETH E. APPEL (PHILADELPHIA)

**STUDIES IN PSYCHOSOMATIC MEDICINE.** Edited by Franz Alexander, M.D. and Thomas M. French, M.D. New York: Ronald Press Co., 1948. 568 pp.

This is a collection of papers written individually or collectively by the staff of the Chicago Institute for Psychoanalysis since 1933 on the psychoanalytic study of patients suffering from psychosomatic disorders. Most of these papers have been published elsewhere; a very few appear in print for the first time; some like the symposium on Psychological Factors in Gastro-Intestinal Disturbances,<sup>1</sup> are classic landmarks in the history of psychosomatic research.

The book begins with a brief introduction by Alexander in which he presents concisely the fundamental postulates and operational concepts underlying psychosomatic research. The thirty-four papers which follow are divided into eight parts, the first, General Principles, containing seven papers covering some important theoretical considerations. The first paper, Fundamental Concepts of Psychosomatic Research, by Alexander, presents a concise, clear-cut distinction in the psychological and physiological difference between conversion symptoms and vegetative neurosis. In this section are two other important papers, one by French, Physiology and Behavior

<sup>1</sup> First published in this QUARTERLY, III, 1934, pp. 501-588.



in Choice of Neurosis, and the other by Saul, A Note on the Psychogenesis of Organic Symptoms, both of which are important in their delineation of mechanisms that make intelligible the gap between psychogenesis and physical symptoms. In this connection Saul's paper is especially important since it is a convincing elaboration of a type of phenomenon, first described by Deutsch, which points out that organic symptoms of psychogenic origin are not necessarily conversions, but often represent a result of an organic process initiated by emotional disturbances. For instance, if a chronic oral receptive attitude becomes manifest by a person keeping his mouth open during sleep, this in turn may lead to dryness and soreness of the throat. The sore throat can be seen as an indirect result of a psychogenic conflict. Despite the fact that this point has been made by many authors, there continue to occur in psychosomatic literature explanations which use symbolization and conversion as mechanisms rather than the more accurate direct causes which are stressed in Saul's paper.

The second part contains five papers on disturbances of the gastrointestinal tract beginning with the previously mentioned symposium. There follows a report on A Case of Peptic Ulcer and Personality Disorder which was treated by Alexander in thirty-six sessions over a period of ten months, advancing the thesis that during this period of time the same type of unconscious material was obtained and the same kind of therapeutic results were achieved as were customarily obtained in prolonged psychoanalytic treatment in daily interviews. This is followed by a paper by Alexander and W. C. Menninger, The Relation of Persecutory Delusions to the Functioning of the Gastro-Intestinal Tract, which is of interest because it is one of the few papers in which statistical studies have been effectively used to prove psychoanalytic concepts. There follow papers by Van der Heide and Wilson reporting more detailed studies on the personality problems of patients with ulcers. Wilson's case is important since it is evidence that material concerning the development of the patient's ulcer was definitely of a pregenital nature; however, the material which appeared in connection with a hysterical symptom which developed in the course of the analysis was definitely phallic.

Part III deals with diseases of the respiratory system and contains four papers, one by Gerard on asthma which is a brief resumé of knowledge to date on the subject, emphasizing the rôle of the attack

as a reaction to the danger of separation from the mother or loss of her love. The second paper, by French and Johnson, is on psychotherapy in bronchial asthma, in which the rôle of confession in psychotherapy is emphasized. The other two papers in this section are by Wilson, one on the case of acute laryngitis occurring as a conversion symptom during analysis, and the other on studies in hay fever, both interesting clinical communications. Part IV of the book contains five papers, the last by Saul, on cardiovascular disturbances, which deal chiefly with the problem of the intense inhibited hostilities common in these patients. Part V of the book contains two papers on metabolic problems. The first is by Alexander and Portis on their study of hypoglycemic fatigue, and the second by Meyer, Bollmeier and Alexander on correlation between emotions and manifestations of diabetes. Part VI consists of three papers on skin diseases of which Miller's study of a case of neurodermatitis and Saul's study of The Emotional Studies of Some Attacks of Urticaria are noteworthy. Parts VII and VIII comprise ten papers on studies of diseases of the joints and skeletal muscles and various miscellaneous studies important among which are Gerard's study on psychogenic tic and her study on enuresis. Other noteworthy contributions are contained in the last part of the book, especially those by Grotjahn and French, Johnson, and Saul. It is regretted that the substance of every paper mentioned cannot be summarized.

The members of the Chicago Institute may justly be proud of this collection. It contains fundamental research which, put together, forms an important reference work, and is especially more valuable now since some of the important studies previously published are no longer available elsewhere. Since the purpose of the book was the collection of these previously published papers, it is perhaps not entirely germane to raise critical points of omission, especially in regard to matters which are undoubtedly the subject of future papers. Nevertheless, the question of specificity, which Alexander seems to settle rather summarily in his first paper, deserves more critical review and analysis; moreover, objections to Alexander's operational concepts<sup>2</sup> might have been discussed.

It is also regrettable that Alexander did not include, with his

<sup>2</sup> Fenichel, Otto: *Nature and Classification of the So-Called Psychosomatic Phenomena*. This QUARTERLY, XIV, 1945, pp. 287-312.

highly controversial *A Case of Peptic Ulcer and Personality Disorder*, the discussions by Karl A. Menninger and Gitelson which appeared in *The Proceedings of the Third Psychotherapy Council* (1946, Chicago Institute for Psychoanalysis) and which are only partially answered by French and Alexander in their rebuttal to these discussants.

Nowhere in any of these studies is there any indication of the possible relationships between psychosomatic disturbances and psychotic processes. This reviewer and colleagues with whom he has discussed similar problems have observed cases of psychosomatic diseases in which the symptoms of an ulcer or hypertension or migraine are clinical disguises for paranoia, in which the body has become the persecutor. The psychotic substructure is often most difficult to recognize in some of these individuals until one begins analytic work with them. It may, therefore, not be idle to conjecture that good results may be obtained in such cases by 'brief psychotherapy' in which the goal is set by the therapist, during which no attempt is made to work through thoroughly, and in which the acquisition of intellectual insight strengthens ego defenses, which in turn aids repression and leads to the disappearance of symptoms.

NORMAN REIDER (SAN FRANCISCO)

**TEACHING PSYCHOTHERAPEUTIC MEDICINE.** An Experimental Course for General Physicians. Given by Walter Bauer, M.D., Douglas D. Bond, M.D., Henry W. Brosin, M.D., Donald W. Hastings, M.D., M. Ralph Kaufman, M.D., John M. Murray, M.D., Thomas A. C. Rennie, M.D., John Romano, M.D., and Harold G. Wolff, M.D. Edited by Helen Leland Witmer, Ph.D. New York: The Commonwealth Fund, 1947. 449 pp.

Few teachers of psychoanalysis have not at times despaired of communicating the complexities of their discipline, and the more conservative have insisted on containing their pedagogical efforts within strict bounds. There is a great, and indeed to some extent justifiable, fear of dilution and distortion, particularly in the matter of teaching psychodynamics to general physicians. Nevertheless, there is a great hunger for such learning. We cannot complain of the obtuseness of the medical public if we do not make earnest efforts to develop adequate methods of teaching dynamic psychiatry

to physicians in such a way that they can use it safely and wisely. If these remarks have arrived at the point where they may be regarded as a truism, it is because of the persistent efforts of such as those who are responsible for this excellent book.

In April 1946, a group of psychiatrists and medical educators, led by Thomas A. C. Rennie and John M. Murray, gave a two weeks course in psychiatry at the University of Minnesota to twenty-five representative physicians, with the intention of introducing basic psychiatric thinking into general medicine. This effort, viewed as experimental, has been carried forward by others, and we continue to hear of similar courses, given by teams including psychologists and social workers, at various V. A. Hospitals. The course described in this book included 'the coherent presentation in simple terms of a few basic concepts, clinical practice under supervision, and abundant discussion of a very informal kind'. While the foreword is modest in disclaiming the published record as a manual of psychotherapeutic medicine, it is perhaps too much so for the range and treatment of the subject matter, and the skill and resourcefulness of the physicians who conducted the course can well serve as models for future endeavors of this kind.

Especially engaging in the lectures and discussions is the unhesitating use of vernacular to translate difficult concepts into the language of immediate experience. Occasionally downright salty, such language never offends good taste, nor is it a diversion from the basic dignity of the proceedings. Considering the suspicion of studied esotericism which has inevitably adhered to psychiatry, such teaching technique is an essential entering wedge into communication with those whose acquaintance with this subject has been confined to the observation of a few psychotic patients while in medical school.

If one is sceptical of the value of presenting such an ambitious program in so limited a time to general physicians, one has only to take note of the penetrating questions asked by the students, the extraordinarily intelligent manner in which a considerable number of them handled the patients assigned to them, and the liveliness and relevance of the discussions. If this is a tribute, as indeed it is, to the skill of the teachers, it should also dispel much of the doubt entertained by many about the effectiveness of teaching psychiatry to physicians. Students were repeatedly cautioned against stirring up unconscious material, yet one has the impression

that they achieved at least an elementary awareness of its crucial importance.

Such a substantial beginning must lead to expansion in the teaching of practical, dynamic psychiatry. Those who collaborated in it have shown most admirably that it can be done.

NATHANIEL ROSS (NEW YORK)

PSYCHIATRY IN GENERAL PRACTICE. By Melvin W. Thorner, M.D.  
Philadelphia: W. B. Saunders Co., 1948. 659 pp.

The current appeal of 'self-help' books is evident from the 'best seller' lists. As advertised, this book is beamed to the general practitioner as a 'self-help' to psychiatry, to provide 'the kind of treatment you can use, with frequent and explicit explanations of what the patient will say and what you should say in return. . . . psychotherapy slanted your way, interpreted so it is applicable to your problems, your needs, your limited time'. It proposes 'to lift psychiatry out of the realm of *terra incognita*, to remove the aura of mystery from the practice of psychiatry'. Here, then, in six hundred fifty-nine pages would appear to be the quintessence of psychiatry tailored to meet the needs of the general practitioner; however, the content is ill-fitted to the real need of the general practitioner, just as 'self-help' books in their generality and inexactness fail to ameliorate the specific.

After reading this book, one is forced to the author's own conclusion: 'There is a common tendency in mankind to attempt to simplify all ideas to an ultimate degree. Such simplification inevitably introduces inaccuracies and theoretical concepts which, far from being useful, may actually be misleading. Often the oversimplification of a rigid system of definitions and classifications may be inaccurate.' To avoid descriptive phenomenology, the author presents a new classification of patients, illustrating them with prosaic case histories, quixotic and puerile, with bold marginal extracts that challenge the intelligence of the reader. His comment on psychoanalytic theory is better suited to his own material, 'that patients on paper may be squeezed into a predetermined mold, but patients in the flesh are often refractory to such treatment'. The contrast between these histories and the rest of the text is on the order of literary schizophrenia.

His attitude toward psychoanalysis follows a similar pattern. He subscribes to, and recommends, the use of the couch and free associa-



tion, and states that most of his case history material was obtained by short analysis (defined as follows: 'to indicate freudian psychoanalysis not contemplated . . . a type of therapy, that is heterogeneous and borrows liberally from other more rigidly specified methods'). This type of analysis considers transference manifestations as 'psychological allergies, mysterious unexplained resentments, as an omen of failure, and as indication to transfer the patient to another psychiatrist'. Further, 'probably the chief reason some physicians are better psychotherapists than others is that they have a more friendly (i.e., less antagonistic) attitude toward the patient than others'. He repeatedly states, 'If psychoanalytic theory be correct', and concludes that 'the most serious objection [to psychoanalysis] is that a wholehearted acceptance of psychoanalytic concepts may obscure [*sic*] the true nature of a childhood or adult psychiatric problem'.

By far the most worthwhile chapter is that on Shock and Related Therapies, in which he states that 'The most damning thing about shock therapy is that in some quarters it is considered a substitute for the medical practice of psychiatry'.

If such a book is needed for general practitioners, this is not it. Even in fantasy, it is difficult to conceive of the general practitioner's changing the decorative scheme of his office, adding a couch, arming himself with a narcosis syringe, and engaging in definitive psychotherapy while his reception room is crowded with patients awaiting his characteristic services. The majority of general practitioners are realistic enough to recognize their adequacy and their limitations in therapy, let alone to recognize the relative needs of their patients in relation to the available resources for definitive therapy.

If psychiatry is as confusing, and treatment as ill-defined and empiric, as this book would suggest, then the real need would be to simplify psychiatry for the psychiatrist first before attempting to hand it down as a therapeutic instrument for the general practitioner.

R. C. HENDRICKS (SEATTLE)

CONTEMPORARY SCHOOLS OF PSYCHOLOGY. By Robert S. Woodworth.  
Revised Edition. New York: The Ronald Press Co., 1948.  
279 pp.

The appearance of this book is most appropriate at this time. With the increasing participation of clinical psychologists in prac-

tical clinical problems, it is perhaps wise for all of us to obtain a wider perspective of the status of psychology in its philosophical and practical relationships.

The historical portions are illustrated by interesting quotations from early writers like Hobbes and Spencer. In thinking of the book as a whole the reader may discern some lack of awareness of the total field of psychology. Excursions into abstract areas of thought without sufficient ballast of practical clinical reality appear to have caused a waste of mental energy in the work of many of the schools. One is struck by the lack of fruitful application that can be or has been made of the many hypotheses set forth in this book. The development with great fanfare and much controversy of the school of behaviorism is a case in point, since the essentials of the school derive from the earlier work of Pavlov and Thorndike. After all the tumult and shouting died, little of constructive value for the further development of psychology seems to have developed therefrom. While it may well be that the direction of psychological thinking at the time of the development of the behaviorist school needed the corrective effects that are supposed to have been derived from it, one wonders if this does not really show the weakness of all psychological speculation when it fails to keep closely in touch with clinical reality.

Examination of the views of many of these schools shows ever more clearly the need for a common vocabulary, terms which will have as few connotations apart from the word's customary and scientific use as possible. Here, too, the reader may wonder at the tendency so commonly found in many of the scientific disciplines to create new words. This tendency is frequently justified by the individuals who make up such new words by asserting that such words become a kind of shorthand which simplifies discussion. The shorthand however succeeds only in creating a kind of code or cipher, on the adherence to which only the school concerned agrees. Taking such new words out of the school's context renders them impotent to convey an adequate idea of meaning beyond that employed by the school. The reviewer wonders if a little more effort might not be exercised by writers to examine any new word they create with a view to determining whether it is satisfying an emotional need in themselves or truly filling a gap in scientific thinking. Certainly some schools of psychiatry as well as psychology can well be accused of going on neologistic sprees so

far as the creation of new terms is concerned, and if the multitude of scientific disciplines is ever to establish a free intercommunication with a view to arriving at more universal and applicable theories and laws, careful sifting of scientific writings for the purpose of eliminating all such new terms wherever possible appears to be badly needed.

Throughout the volume Professor Woodworth has been most skilful in arranging his material in such fashion that transitions from one school to the next occur with ease and accomplish a general movement toward the final delineation of psychology as it appears today. The apposition of the behaviorists' school and Gestalt psychology is an excellent case in point, and the balancing effects of the two sets of hypotheses are shown with great clarity. It seems plain that the earlier Gestalt hypotheses led perforce to the more recent development of Kurt Lewin's field theory, and that in his development of the field theory he was strongly influenced by a background of psychoanalytic theory. Lewin's approach is truly humble and scientific, and one is constantly prompted to contrast his calm objectivity with the rather more violent and sweeping pronouncements of some of the other schools. In the light of the latter approach one may suspect that the paths of philosophic speculation are lined with pitfalls for the theorist lacking awareness of his own narcissism.

Professor Woodworth's treatment of psychoanalysis and related schools is a clear one but the reviewer feels that his lack of knowledge of some of the essentials of psychoanalytic theory may leave the reader somewhat confused. His unfamiliarity with medicine also appears in such statements as: 'The sex drive of the infant has not nearly the intensity that it will have in adolescence, when the sex glands and hormones [*sic*] have matured'. A statement such as: 'So the oral-erotic individual is acquisitive, the anal-erotic thrifty and orderly, the repressed genital-erotic ultraconscientious . . . . . ' is certainly highly debatable from the standpoint of psychoanalytic theory.

It is surprising that the author did not show more clearly the close relationship that obtains between Gestalt psychology and the various holistic or organismic hypotheses. He fails to show, too, the many cross-fertilizing influences which have operated constantly between all the 'schools' since the beginning of the century. In the reviewer's opinion a more philosophical approach might have

demonstrated the fundamental dichotomy of psychologies derived from Pavlov and those derived from Freud more clearly than this book does, and have shown the manner in which the various minor schools derive from them. Nevertheless, this book is most readable and does provide a satisfactory over-all view of present-day psychology.

HERBERT I. HARRIS (CAMBRIDGE, MASS.)

READINGS IN THE HISTORY OF PSYCHOLOGY. Compiled and edited by Wayne Dennis. New York: Appleton-Century-Crofts, Inc., 1948. 587 pp.

In the light of modern developments in psychology and of its definition as the science of the mind in any of its aspects, the readings included in this volume are decidedly limited. One is forced to suspect that the editor has been strongly influenced by the outworn attitudes of behavior psychology so that for him the emotions are things about which William James might write (as a novelist) but which Freud, Jung, Adler and their followers have carried into areas entirely outside the scope of the science of psychology. Since the editor says that he referred his selected list of authors to 'fourteen psychologists . . . . . of wisdom and responsibility' the reviewer experiences a kind of Lewis Carroll sense of unreality in wondering what is going on in psychology today?

The domain of psychology considered as a science and a philosophy should, from an academic standpoint, be broad and catholic. In such a domain psychiatry should be regarded as one of the applied aspects of psychology. Yet so profound have the effects of contributions from psychiatry been on the development of psychological theory and philosophy that the wonder grows that any mention of them is omitted in a volume of this kind.

The selections made available are of decided historical interest and are difficult to come by in the busy round of one's daily activities. The older selections, from Aristotle through Berkeley, are in some cases classic both in style and content. The later, more 'scientific' papers show the influence of an increasing complexity of the field with a consequent need for narrowing the area under study. The reviewer gets the impression from reading the selections herein contained that the editor was to an appreciable degree motivated by the now somewhat time-worn credo of Claude Bernard. In the face of present-day cybernetics and the increasing influence

of the concept of the unconscious in a growing number of disciplines, the contents of this volume take on some of the qualities of 'far away and long ago'. The relevance of its contents to an atomic age is indeed difficult to discern. Perhaps escape into academic ivory towers and quiet laboratories may be achieved by perusal of it, and if that is the object of the book, one may consider it highly successful.

HERBERT I. HARRIS (CAMBRIDGE, MASS.)

**MEDICAL HYPNOSIS.** By Lewis R. Wolberg, M.D. New York: Grune & Stratton, 1949. Two Volumes. 962 pp.

It is extremely difficult for a reviewer engaged in a given field of research to appraise critically the work of a fellow investigator grappling with precisely the same problems. This task becomes doubly difficult when the reviewer has had firsthand contact with the intensity, ingenuity and devotion of that colleague's investigations. Perhaps, under such conditions, the attempt should not even be made, especially when the work in question stimulates in the reviewer many negative as well as positive reactions. More precisely, while this reviewer feels that these two comprehensive volumes contain a rich mine of clinical material, and invaluable verbatim instructions on hypnotic technique, the over-all effect is somewhat confusing and sometimes even misleading.

The author attempts to include far more than is really possible even in nine hundred and sixty-two pages. The first volume contains the history, phenomenology, theory and technique of hypnosis, as well as a bird's-eye view of the dynamics of all of the major psychological illnesses, of the applications of hypnosis to each of these, and of the basic principles of psychotherapy. The second volume includes an extended discussion of the use of hypnosis as an aid to various psychotherapeutic approaches (reassurance, persuasion, re-education, psychoanalytic therapy, etc.) and a wealth of verbatim material from therapeutic sessions.

The author does not take it for granted that his readers may be reasonably familiar either with the dynamics of psychological disturbance or with the standard psychotherapeutic procedures. This may have been a realistic and wise decision if the aim is to provide a beginner's textbook; for the more advanced reader these detailed discussions slow things up considerably, especially when they concern peripheral problems. For example, one is startled to encounter



in this context a discussion of the meaning of 'color shock' and of 'edge detail' on the Rorschach test (Vol. I, p. 204) or again, detailed instructions regarding night sedation (Vol. I, p. 353). Perhaps the author felt that he had to imbed all discussions of hypnosis in the broader presentation of psychotherapy to make it clear that hypnosis is simply an adjuvant technique, not an independent form of psychotherapy. This is assuredly a point worth underscoring many times, especially for those who still think of hypnosis either as an independent means for direct symptom removal by direct suggestion or as a technique for abstract 'exploration' or 'abreaction'; however, I am not certain that this aim is accomplished by trying to combine a basic course in psychodynamics and psychotherapy with a handbook on the use of hypnosis in psychotherapy.

The author's task is made particularly difficult by the fact that our conceptual framework for the practice of psychotherapy is as yet lacking either a clear structure or even a uniform vocabulary. This absence of systematic conceptualization is reflected in these two volumes—as indeed is usual in most discussions of psychotherapy—and issues in such expressions as 'hypnoanalytic desensitization'. Although the author cannot be held responsible for the relative chaos of our psychotherapeutic concepts, it is disturbing to be left with the impression that he is not worried by this state of affairs and quite willing to offer such hybrid formulations on a strictly empirical level.

Any psychotherapist who wants to include the technique of hypnosis in his therapeutic armamentarium will find much invaluable help in these two volumes. The presentation of hypnotic induction and the practicalities of specialized hypnotic techniques are excellent; also, Dr. Wolberg makes an admirable and consistent effort to show how hypnosis must be employed with a high degree of flexibility, and be adapted to the patient's leading mechanisms of defense. For example, he offers a thoughtful discussion of the need of the compulsion neurotic to be 'in control' and the consequent necessity for so modifying the hypnotic technique as to avoid a frontal challenge to this need. It is to his credit that he tries whenever possible to show the specific psychological meaning of hypnosis to patients with varying personality structures. One wishes that he would emphasize more than he does that these attempts are not 'tested knowledge' but, rather, interim research hypotheses.

MARGARET BRENNAN (STOCKBRIDGE, MASS.)

THE PSYCHIATRIC STUDY OF JESUS. By Albert Schweitzer, M.D. Boston: The Beacon Press, 1948. 81 pp.

Albert Schweitzer had long since become an ordained minister and was a renowned interpreter of the organ music of Johann Sebastian Bach when he took up the study of medicine. By 1911 he had passed his state medical examinations, but had still to write a doctoral thesis and complete his internship. For the thesis he chose to write a refutation of medical works, then recent, asserting that Jesus was a paranoiac. The *Psychiatric Study of Jesus* is Schweitzer's thesis. It was published in 1913, the year in which he became a Doctor of Medicine and in which he began his famed missionary activities in French Equatorial Africa.

Schweitzer is principally concerned in this monograph with a critical evaluation of books by George de Loosten (Dr. George Lomer), William Hirsch and Charles Binet-Sangle, published respectively in 1905, 1911 and 1912. All of these authors adduce Biblical evidence to support their contention that Jesus suffered from delusions, hallucinations, pathological emotional reactions and other symptoms of paranoia. Schweitzer brings all of his knowledge of the higher criticism and of medicine in rebuttal against these writers and appears to discredit them, both as psychiatrists and as students of the Bible.

Schweitzer's conclusions are subsumed under four main points. He proves, first of all, that the material used by these authors is unhistorical; it is largely drawn from parts of the Bible not accepted by theologians as authentic. As a second point, Schweitzer argues that his adversaries make no attempt to understand the contemporary religious and ideological climate—the culture—in which Jesus lived. Actions and utterances that would be considered pathological in twentieth century Europe, he argues, were not so in the Near East of Jesus' day. In the third place, Schweitzer contends that the pictures of paranoia constructed by the three authors are artifacts; they do not conform to the clinical picture or progression of any known form of mental disease. Finally, if one were to concede that there are two symptoms that must be accepted as historical—'the high estimate which Jesus has of himself and perhaps also the hallucination at the baptism'—these alone fall short of proving the existence of mental illness.

This reviewer is not competent to discuss Schweitzer's theological

evidence. It is obvious, however, that his psychiatry is Kraepelinian. He rests his case on textbook descriptions of several forms of paranoia; and since Jesus' 'symptoms' fail to conform to any of these, no diagnosis is possible. From the point of view of modern dynamic psychiatry, such reasoning is at best specious. More telling is Schweitzer's rebuttal in terms of the lack of adequate developmental history and understanding of Jesus' adjustment to the culture in which he lived. Several of these points are made by Dr. Winfred Overholser in the foreword which is excellent. The text itself is somewhat turgid in style and confusing in places, and for this the translator must be held responsible.

DOUGLASS W. ORR (SEATTLE)

**STUDIES IN ANALYTICAL PSYCHOLOGY.** By Gerhard Adler, Ph.D. New York: W. W. Norton & Co., Inc., 1948. 250 pp.

Gerhard Adler is one of the most representative disciples of C. G. Jung. His book originated in lectures which were given in London from 1936 to 1945. Adler says he does not give any systematic presentation of Jung's concepts, but one can get pretty complete information about Jung's ideas from this book.

As one may expect from a faithful disciple, Jung is placed very high on the scale of European science and culture. Close to him, but still below, are Kierkegaard, Nietzsche and Freud, the last being characterized by quotations from Jung as the 'great destroyer who bursts the shackles of the past', who has the 'passionate power of enlightenment', but who is also 'conditioned and limited by his own era—the nineteenth century', the 'shallowness and self-deceits' of which Adler not infrequently emphasizes. Besides being a scientist, Jung is presented as a European spiritual center which will enable Western men to liberate themselves and will unite East and West. The author considers Freud to be close to Jung. While reading the book one often is impressed by the similarity of concepts. The parting point between Freud and Jung is mentioned—significantly enough—in the chapter about the psychological approach to religion (p. 178). Jung 'showed that the libido has a dichotomous way, namely, that of instinctual processes and that of spiritual processes'. Those who wish to study the metaphysics of the collective unconscious and the archetypes, which play such a decisive rôle in the Jungian interpretation of dreams, will find an excellent exposé in

the third chapter. Adler calls the freudian approach to dreams 'causal-reductive', theirs 'synthetic-constructive'. Psychological 'schools' pass each other like ships on the ocean. There is a short greeting signal of recognition but no idea about their cargo. If Adler would read recent dream studies, for instance those of Thomas French, he might stop using the term causal-reductive.

Edward Glover recently published in the English journal, *Horizon*, a series of articles entitled, *Freud or Jung*, a critical scientific review of the medley of Jung's doctrines. Jung's ideas are temptingly attractive. This pensive peregrination through the centuries, dozens of cultures with their mythologies, symbols, creative achievements; this tender comparing and connecting (for instance, from the dream of a patient, German and Greek mythology and Lao-Tse, p. 156) are fascinating. This reviewer has often wondered whether patients who consult Jungian therapists are a special breed for which this comparative cultural approach has a particular allure.

FRITZ MOELLENHOFF (CHICAGO)

**THE PSYCHOLOGY OF IMAGINATION.** By Jean-Paul Sartre. New York: Philosophical Library, 1948. 285 pp.

Many will be disconcerted by the loud jacket, narrow margins, crowded pages, and the typographical errors of this book. The translation is confusing and the translator's name and the date of original publication are not given. Even without these handicaps the book would make difficult reading, for Sartre mixes the terminologies of psychology, philosophy of phenomenology, introspective account and metaphysics. Familiarity with any of these terminologies is of no help to the reader for the upshot is a terminology which is strictly Sartre, with small islands here and there creating a false sense of familiarity. Factually incorrect or, at least, questionable information is not infrequently presented as 'the truth' (e.g., p. 46 on the Muller-Lyer phenomenon; p. 52 on entoptic phenomena and hypnagogic reverie; p. 62 on the motor basis of attention; p. 213 on schizophrenia; p. 215 on hallucinations).

And yet the reader who persists through the jungle of terminology and all other obstacles, may find some rewards. Sartre calls attention to the forgotten insights of Husserl, Meinong, and Brentano. Many of his observations of subtleties of conscious experiences, awaiting explanation by dynamic psychology, are still totally disregarded

in its recent literature. We are reminded that contents of images in consciousness may be 'posited as existing', 'not posited as existing', 'posited as nonexistent', 'posited as assumed', 'posited as present', 'posited as absent', etc. From the point of view of the psychoanalyst, these describe fine shadings of reality testing and judgment, opening a broad and enticing vista of phenomena yet to be studied by psychoanalytic ego psychology. Since Paul Schilder's *Die Psychologie der progressiven Paralyse* and *Seele und Leben*, psychoanalytic theorizing has paid precious little attention to these important subtleties.

An introspective analysis of 'perceiving consciousness', 'imaging consciousness', etc., leads Sartre to the assumption that these are different forms of consciousness. By carrying introspection to a fine point, he approaches the very conclusion toward which recent empirical investigations are leading us:<sup>1</sup> between waking and dream consciousness there is an unbroken continuum of forms of consciousness distinguishable by the degree of reflection and by the balance of voluntary effort versus 'spontaneity' present. Sartre writes: 'Every consciousness posits its object, but each does so in its own way. Perception, for instance, posits its object as existing. The image also includes an act of belief, or a positional act [act of positing]. This act can assume four forms and no more: it can posit the object as nonexistent, or as absent, or as existing elsewhere; it can also "neutralize" itself, that is, not posit its object as existing' (p. 16).

Gems of observation and insight hidden in a thicket! The question is only who will find it worth his while to seek them out.

DAVID RAPAPORT (STOCKBRIDGE, MASS.)

THE EMOTIONS. OUTLINE OF A THEORY. By Jean-Paul Sartre. New York: Philosophical Library, 1948. 97 pp.

This book has the loud jacket and poor translation of its sister volume, *The Psychology of Imagination*, but its printing is agreeable to the eye and its conception more ordered. The author attempts to sketch a phenomenological theory of emotions. He gives a blistering critique of positivist academic psychology, a justifiable criticism of James's and Janet's theory of emotion and uses the investigations of Levin and Dembo on anger as the basis for his theory.

<sup>1</sup> Cf. Lewin, Bertram D.: *Mania and Sleep*, and Brenman, Margaret: *Dreams and Hypnosis*. Both papers read at the 1948 Winter Meeting of the American Psychoanalytic Association, and to be published in this *QUARTERLY*.



His discussion of psychoanalysis acknowledges that 'psychoanalytic psychology has certainly been the first to put the emphasis on the signification of psychic facts' (pp. 41-49). Yet he rejects psychoanalytic theory because in it the signification is that of something extraconscious and thus it contradicts the Cartesian '*cogito ergo sum*' which is Sartre's *sine qua non*. Beyond these generalities his discussion reveals no familiarity whatsoever with the psychoanalytic theory of emotions.

The premise of Sartre's theory of emotion is: '... a phenomenological description of emotion will bring to light the essential structure of consciousness, since an emotion is precisely a consciousness. And conversely, a problem arises which the psychologist does not even suspect; can types of consciousness be conceived which would not include emotion among their possibilities, or must we see in it an indispensable structure of consciousness?' (p. 15). Haughty and commonplace as this may sound, it remains a fact that 'varieties of emotional experience as conscious experience' have so far been insufficiently explored (this is particularly obvious for anxiety). That even the psychoanalytic theory of emotions (not to say anything about the other theories of emotional experience) is but a series of fragments<sup>1</sup> is partly due to the lack of such phenomenological groundwork.

The salient points of Sartre's theory of emotions are: 'Fear is not originally consciousness of being afraid any more than perception of this book is consciousness of perceiving the book. Emotional consciousness is at first unreflective' (p. 50); 'emotion is a certain way of apprehending the world' (p. 52); 'they [emotions] represent a particular subterfuge, a special trick, each one of them being a different means of eluding a difficulty' (p. 32); 'It [emotion] is a transformation of the world. When the paths traced out become too difficult, or when we see no path, we can no longer live in so urgent and difficult a world. All the ways are barred. However, we must act. So we try to change the world, that is, to live as if the connection between things and their potentialities were not ruled by deterministic processes, but by magic. Let it be clearly understood that this is not a game; we are driven against a wall, and we throw ourselves into this new attitude with all the strength we can muster. Let it also be understood that this attempt is not conscious

<sup>1</sup> For a summary of these fragments see Rapaport, David: *Emotions and Memory*. Baltimore: Williams & Wilkins Co., 1942, pp. 28-33.

of being such, for it would then be the object of a reflection' (pp. 58-59).

Sartre's conclusions are derived partly by aprioristic speculation and partly by introspective inspection of consciousness, handicapped by an utter disregard for and by an aprioristic rejection of unconscious determination. Nevertheless they call attention to important facts. They stand in stark contrast to the conception of emotions as physiological processes, disorganized responses, etc., prevailing in academic psychology. They show a parallel to psychoanalytic conceptions of emotion in that they emphasize the primordial magical aspect of emotional experience. In Freud's theory, when immediate discharge is delayed<sup>2</sup> the arising instinct representations have a qualitative aspect (cathected memory trace) and a quantitative aspect (the charge of affect), and their discharge becomes manifest as emotional expression and emotion felt.<sup>3</sup> Dembo's conception of emotions, Sartre's model, also refers emotions to difficulties which by delaying action prevent the discharge of tension. Just like the psychoanalytical theory, Sartre's theory too refuses to relegate emotions to physiological or neurological analogies and insists that they be psychologically described and accounted for.

It is regrettable that what Sartre calls an outline of a theory is in the main a bit of speculation and a few worthwhile pointers for phenomenological observation not yet exploited for the theory of emotion. A theory it is not.

Sartre makes it too easy for us not to notice a worthwhile point or to notice it only to say that we have known it all the time.

DAVID RAPAPORT (STOCKBRIDGE, MASS.)

**THE PSYCHOLOGY OF ABNORMAL BEHAVIOR. A Dynamic Approach.**

By Louis P. Thorpe, Ph.D. and Barney Katz, Ph.D. New York: The Ronald Press Co., 1948. 877 pp.

This is one volume of a series in education, offered as a text for college and university courses. It follows closely the lesson pattern of a routine dissection; actually the approach is less dynamic than it is skilled—more technically objective than inspirationally subjective.

The authors, faculty members of the University of Southern

<sup>2</sup> Freud: *Two Principles of Mental Functioning*. Coll. Papers, IV, p. 16.

<sup>3</sup> Freud: *Repression*. Coll. Papers, IV, pp. 84-97.

California, are identified with the Departments of Education and Psychology. The Psychology of Abnormal Behavior is an impressive example—well nigh akin to the classical—in which vast segments of professional endeavor are audited competently and comprehensively, by which recorded techniques are briefed and set apart conclusively, and for which a huge array of established works has been classified and codified directionally. It is well indexed (authors, cases, subjects), contains a reliable glossary, and at the end of chapters recommends generously readings of documental value. The encyclopedic scope (charts, graphs, illustration, tables, etc.) of this book suggests that this highly organized work be regarded as of value in orienting advanced students, with access to seminar discussions and instruction, and for diplomates preparing for examination. The authors are impartial, objective and concise. They appear more authoritatively tolerant of the organically interpreted aberrations in human behavior than of the functional manifestations of inhuman conduct exposed by analytic or psychosomatic scrutiny. Psychoanalysis is presented in thirty pages.

H. E. CHAMBERLAIN (SACRAMENTO)

**BEHAVIOR PROBLEMS OF SCHOOL CHILDREN.** By Jnanendra Dasgupta, Ph.D. Calcutta: University of Calcutta, 1948. 110 pp.

This monograph is based on an investigation into the problems of discipline and mental health of school children, undertaken by the Teachers' Training Department, Calcutta University, in 1944, sponsored by the government.

The author is a psychologist trained in the universities of Dublin and Calcutta. He is apparently a visiting psychologist among the schools of Calcutta, who organized the material in this monograph for the instruction of teachers.

Some of the specific problems studied under the major headings of maladjustment and delinquency are: inhibited aggression, over-indulgence, fear, stealing, lying, truancy, mental deficiency—a familiar list among the problems of behavior anywhere! It might be a melancholy consolation to the author that the discrepancy between diagnostic skill and facilities for treatment, of which he complains, is also typical of our much more affluent school systems.

Techniques used for diagnosis and therapy include a revision of the Stanford-Binet test, 'profiles', questionnaires, word-association

tests, and interviews. Dr. Dasgupta found one of the questionnaires for estimating a child's wish to give and receive love the most sensitive criterion of emotional maturity.

Though it is difficult to evaluate the techniques and conclusions because of social and linguistic differences, the author's remarkable psychological talent emerges impressively in spite of semantic difficulties. But his facile interpretations often appear to overreach the data, and theoretical discussions suffer from eclecticism—perhaps an academic requirement in India as elsewhere!

For foreign readers, it is a pity that no description was included of the social structure, and of the educational programs of the various schools in which the children were studied and treated. The concept of one world, emphasized by the similarity of human behavior in so different a part of the world, should encourage an exchange of ideas as a consistent policy.

AUGUSTA ALPERT (NEW YORK)

**PEDIATRICS AND THE EMOTIONAL NEEDS OF THE CHILD.** Edited by Helen L. Witmer. New York: The Commonwealth Fund, 1948. 180 pp.

In March 1947, a group of pediatricians and psychiatrists held a conference in Hershey, Pennsylvania. This monograph is a dressed-up report of their three day discussions which relatively few people will care to read. It is true that some excellent points were made by a handful of physicians and social workers. Unfortunately, however, almost fifty people took part in the proceedings. Their short speeches and arguments, while probably quite stimulating at the time, do not seem very impressive in print. A recital of this threshing-out process, in which many who have attained eminence in fields other than child psychiatry participated, is hardly an efficient way to give the reader a clear and unified concept of the subject.

The very fact that the conference took place, however, represents a milestone in pediatrics. Here was revealed the growing interest of pediatricians in the emotional development of infants and children, a desire to learn something about dynamic psychology, and the attempts that have been made to bring about psychiatric orientation of the members of well-organized pediatric departments.

IRWIN PHILIP SOBEL (NEW YORK)

**SOCIAL MEDICINE. ITS DERIVATIVES AND OBJECTIVES.** Edited by Iago Galdston, M.D. New York: The Commonwealth Fund, 1949. 294 pp.

In 1947, in anticipation of its centennial celebration, the New York Academy of Medicine sponsored an Institute on Social Medicine. The idea was an outgrowth of the Academy's Committee on Medicine and the Changing Order, which had explored the social impact of the accelerating accumulation of more and more scientific data. The effect of increasing specialization and new techniques upon the art of medicine has been to blur the social, economic, and other environmental factors in illness so as to make them virtually non-existent to the average physician. Seeking a balance between science and life, the Academy invited authorities to contribute and exchange ideas from those branches of the humanities closely related to clinical medicine. The fruits of this symposium are the provocative essays being reviewed.

This book is a sociological history of medicine. It discusses social pathology and differentiates it from clinical and preventive medicine. The application of psychiatry to social medicine occupies two sections, the second presenting its applications to childhood, adolescence, the family, and society in general. The final chapter, Social Medicine: The Appeal to the Common Man, is by Lord Horder.

In an illuminating foreword, Dr. George Baehr points out that in England, in some of the large medical schools, there is a chair of social medicine. In America, 'social medicine is everybody's business but nobody's responsibility'. To define social medicine and distinguish it from clinical medicine and public health is well-nigh impossible. One might say that it is the interrelation of individual health and illness to larger groups—the family, industry or occupation, economic or ethnic groups, the community, the nation, and ultimately the world.

Social medicine is the antithesis of specialization. The latter focuses on an organ or organ system and often loses sight of the body as a whole. The domain of social pathology is the impact of the sick individual on a larger entity and vice versa. Clinical examples familiar enough to those interested in psychodynamics are the type factors which sometimes contribute to the causes of peptic ulcer, hyperthyroidism, and hypertension.



Among the most fascinating facets of social medicine are the experimental areas: for instance, the study of the iodine content of the soil and its products in relation to goiter as compared with a control community; the relation of adequate diet, and of family income, to the incidence of disease.

The practice of social medicine requires the collaboration of a wise and experienced clinician, a public health officer, a biostatistician, a roentgenologist, a psychiatric social worker guided by a psychiatrist, a public health nurse, and clerical helpers. Such a team may need other medical consultants or specialists, perhaps a sociologist, a historian, and a pediatrician, depending on the nature of the problem attacked.

The importance of a psychiatric approach to social medicine is well stated in the chapter on Psychiatry and Social Leadership by Nolan D. C. Lewis. Here it becomes clear what the psychiatric specialist can do when he applies his knowledge to social phenomena. Mass psychology is analyzed from a psychiatric approach.

The individual essays in this collection are on a uniformly high level of professional competence and genuine insight. Quite apart from its authoritative value, this is a book which will make the physician look up from the sick bed or the couch, and make an effort to apply his skills and knowledge to the larger community. This alone makes it well worth reading.

THEODORE SANDERS (NEW YORK)

THE CLINICAL APPLICATION OF PSYCHOLOGICAL TESTS. *Diagnostic Summaries and Case Studies.* By Roy Schafer, M.A. New York: International Universities Press, Inc., 1948. 346 pp.

Mr. Schafer is not a neophyte to psychological literature. His name appeared first in 1944 as collaborator on David Rapaport's *Manual of Diagnostic Psychological Testing*. A few years later, Rapaport published his two volumes of *Psychological Diagnostic Testing* in which Mr. Schafer's name also appeared as one of the chief collaborators. One might well ask why there is another publication on the same topic so thoroughly covered in these two volumes. The answer is obvious. Rapaport's two books contain a great deal of fine psychological reasoning and the establishment of psychological rationales for test factors. He uses many statistical data and methods of validation. This renders his books a bit unwieldy.

Another shortcoming of Rapaport's books is the discussion of various clinical entities under each subtest grouping; for instance, if one wants to know how an obsessive-compulsive reacts to the Wechsler Test, one has to consult the diagnostic summaries for all eleven subtests.

Schafer takes each clinical group and describes how each reacts to the Bellevue Scale, Babcock Test, Sorting Test, Rorschach, Word Association and Thematic Apperception Tests. Instead of searching for diagnostic indices through two large volumes, Schafer has prepared brief diagnostic summaries for each clinical entity. Added to this are case studies which contain full descriptions of scores obtained on each of the tests, an analysis of the test results, clearly stated conclusions and clinical summaries. This novel approach is of great help to the clinical psychologist, but it is by no means a substitute for thorough training, clinical knowledge and perhaps a necessary dash of intuition.

Alcoholic addiction and narcissistic character disorders have been added as new clinical groups. The terms 'coarctated preschizophrenia' and 'overrideational preschizophrenia' have been replaced by new designations such as schizoid character, incipient schizophrenia, and schizophrenic character. It is regrettable that the whole field of organic involvements and perhaps some borderline cases in psychosomatic medicine have not been included.

A minor criticism might be leveled against the organization of the book. Typographical contrasts between diagnoses and the names of the tests used is insufficient and there are no topical headlines on each page. This makes the use of the book a bit cumbersome because one must always consult the table of contents to find a diagnostic summary or the respective case study.

This book is written primarily for the clinical psychologist; however, it will acquaint psychiatrists and psychoanalysts with the methodology and terminology of clinical psychology and should help to make psychological reports and summaries more meaningful to them.

ADOLF G. WOLTMANN (NEW YORK)

**ART AND THE UNCONSCIOUS.** By Lionel Goitein. New York: United Book Guild, 1948.

In this book art is 'put on the couch' and analyzed as though it were a dream. Seventy pictures are reproduced in black and white on

the left-hand pages with a description of their manifest content beneath them. The opposite page is devoted to 'analyzing' them.

Dr. Goitein has made a wide and interesting selection, including primitive statuary, old masters, various modern schools, cartoons, architecture. In his analyses he makes no use of what is known of the artist's life or personality, but uses only the manifest content of the art object. In a somewhat personal and technical style, Dr. Goitein, by the use of his own associations to the picture, deduces the unconscious fantasies, impulses, and attitudes of the artist. For instance, anal-sadistic impulses are seen disguised beneath a tranquil landscape by Cotman or in a social-protest etching by Goya. Though undoubtedly many readers will find the results convincing, the danger of this method (which in many cases is the only one available) is obvious. The same manifest content may mean different things to the artist, and to various 'analytic' observers.

Dr. Goitein's interest is not in developing a theory of æsthetics, but in gaining a deeper understanding of the individual art object; thus, although he discusses unconscious mechanisms in his introductory chapters, their application in the analyses of individual pictures is generally implied or taken for granted. He relies more on the manifest content than the form, technique, and style, though he does make some comments on the latter.

JOSEPH WEISS (CINCINNATI)

## Psychoanalytic Review. XXXV, 1948.

Carel van der Heide

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## ABSTRACTS

*Psychoanalytic Review*. XXXV, 1948.

**Some Psychoanalytic Speculations on Anti-Semitism.** Arthur B. Brenner. Pp. 20-32.

A distinctive characteristic of anti-Semitism is the extent to which 'Jew' can symbolize not merely one, but almost each and every positive and negative conflict-laden element of the unconscious. The emotionally supercharged response to the presumably neurotic component of the 'Jewish personality' is compared with the reaction of the Southern whites to the Negro; considerable identifications are at play in both instances. Brenner arrives at the conclusion that the Jews are actually fulfilling a mission by serving as a kind of measuring stick which indicates the degree of psychic health of the people of the world.

**Dostoevski's Matricidal Impulses.** Mark Kanzer. Pp. 115-125.

Preoccupation with the thought of killing a woman, Raskolnikov's central theme, is also encountered in other writings of Dostoevski. Psychological analysis of these not only provides us with an understanding of the relationship of parricide to epilepsy but, according to Kanzer, also shows Dostoevski's homicidal strivings towards the woman-mother. Evidence of Dostoevski's passive adjustment to oral frustration is presented, and the murder of the mother is perceived as an orgy of oral-sadistic revenge on her.

**Mohave Indian Infanticide.** George Devereux. Pp. 126-139.

Although the Mohave Indians are fond of children, live burial of infants which were repudiated by the father, or of those conceived in intercourse with a white man, occurred in earlier times. When children were repudiated, mothers wreaked revenge on the deserting father whose duty it was to execute the burial. Burial of half-breeds expressed rage against the despised white race.

Historical case material concerning infanticide is reported along with the Mohave myth which suggests a causal relation between the burial of a child and the birth of agriculture. Analysis thereof reveals that the act of infanticide is determined by restitution fantasies (return of the child to the earth-womb), the equation child = father, and a cannibalistic motif.

**Obsessive Hobbies.** Victor W. Eisenstein. Pp. 151-170.

Although they are attempts at sublimation, obsessive hobbies actually are unsatisfactory defenses against anxiety. They are more tolerable than symptoms. Three psychoneurotic boys in prepuberty provided the clinical material for this study. Though the nature of the psychotherapeutic situation is not revealed, rich biographic information (and in one case emotionally



charged drawings) made possible a deep understanding of the pathogenesis and the psychodynamic function of the obsessive activity. In conclusion, Eisenstein considers the hobby a transition between true sublimation and neurotic symptom, or between a compulsive symptom and a perversion.

CAREL VAN DER HEIDE

*American Journal of Psychiatry.* CV, 1948.

**Genesis of Hostility in Children.** Laretta Bender. Pp. 241-245.

Bender disputes Freud's earliest concept that aggression is a primordial reaction to frustration, nor does she agree with his later formulation of it as related to the death instinct. Instead, she emphasizes inborn constructive tendencies and sees in aggression the result of an inadequate outlet or a developmental disorganization of these tendencies. In support of her viewpoint, she cites observations on schizophrenia, organic brain disease, and developmental handicaps of children. She takes issue with the use of the term 'hostility' applied to aimless and destructive behavior in institutionally reared children. Bender concludes that education and treatment must be based on furthering 'the normal maturation of the personality' and on ameliorating the 'developmental discrepancies in whatever field they may arise'.

**The Psychoanalytic Contribution to the Treatment of Behavior Problems in Children.** Sandor Lorand. Pp. 357-360.

Lorand discusses the development of the ego in the earliest years of life and traces into later periods the 'manner in which the child is influenced to control his drives and impulses'. He stresses care and educational methods which take psychoanalytic knowledge into account and maintains that the treatment of children 'demands considerably more of the therapist, emotionally, than does the treatment of adults. . . . The therapist's liking of the child is of real importance for therapy.'

MARK KANZER

*Psychiatric Quarterly.* XXII, 1948.

**The Myth of a New National Disease. Homosexuality and the Kinsey Report.** Edmund Bergler. Pp. 66-88.

This paper is a sharp criticism of Kinsey's concept of the 'hetero-homosexual balance' which, in Bergler's opinion, is a superficial statistical evaluation of manifest data that completely ignores unconscious motivations. The report arrives at figures that are much too high and would make homosexuality appear a national disease. Kinsey's information was supplied by volunteers, and secondarily interested other volunteers who, consciously in good faith and inspired by noble intentions, unconsciously may have used their opportunity to prove that 'everybody' has homosexual tendencies, thus justifying their own trends. Kinsey may not have paid sufficient attention to the fact that neurotics

are particularly interested in a work such as his. While he considers homosexuality a biologic fact, it did not occur to him that it is a neurotic disease.

As an antithesis Bergler gives an excellent summary of his own concept of male homosexuality. The homosexual is an orally fixated and regressed person who predominantly uses the unconscious defense mechanism of a man to man relationship to escape his repressed masochistic attachment to the preëdipal mother. He seeks the penis of the other man as the reduplication of his own penis which has become the narcissistic compensation for the breast that disappointed him.

BERNHARD BERLINER

**Analysis of a Presumptively Telepathic Dream.** Jule Eisenbud. Pp. 103-135.

Eisenbud writes in the rôle of an embattled exponent of the occurrence of telepathy in the dreams of patients in analysis. He continues to defend himself against the attacks on him and others by Albert Ellis published in the *Psychiatric Quarterly* of October, 1947. He reports a dream which occurred to one of his patients during the week end he spent writing his reply to Ellis. The dream presented him with confirmation for the arguments with which he tried to meet the criticisms in Ellis's paper. In analyzing the patient's dream, which contained elements telepathically transferred from the author's unconscious, he presents autobiographical material revealing his ambivalent and unquiet attitude toward the thesis he is trying to maintain. 'If we make use of the telepathic hypothesis, the validity of which I claim to have been more than adequately established on independent grounds, we are in a position to contribute an interpretation of the dream under discussion which satisfies all the requirements of exact dream interpretation, whereas no other method seems to suffice.'

JOSEPH BIERNOFF

**Psychoanalysis—A Critique.** Hiram K. Johnson. Pp. 321-338.

This is one of those pamphlets of the name-calling variety which could have been written forty years ago but is now very much out of date. The opening sentence reads: 'In the following pages the writer will attempt to show that at the present time, coming closest to the phrenology and animal magnetism of another age, both from the standpoint of cult value and in success in erecting an imposing scientific façade, is that discipline which has come to be known as psychoanalysis'. Johnson does not indicate the sources of his information. The trained analyst finds little of what he knows to be his science and method; most of the paper is strange fiction, e.g., 'The fundamental fallacy will be discovered in the concept of "free" associations, the basic concept upon which the entire superstructure is built and upon which all the scientific pretensions of psychoanalysis are based'. A critic ought to know that free association is not a 'basic concept' but simply a technical help. There is no evidence that Johnson has read Freud's works; these at least are not the subject of this critique. Some older and newer pamphlets against Freud are applauded, as Maylan's *The Tragic Complex of Freud*, the books by Helen Puner and Emil Ludwig, and

Oswald Bumke's *Die Psychoanalyse* which was written in pre-Nazi Germany some decades ago but is praised by Dr. Johnson as 'Europe's final judgment on the problem'. Has anyone yet passed America's final judgment?

If Dr. Johnson meant to criticize the misuse of psychoanalysis by quacks, we could agree with him on some of his points. Unfortunately, he does not say so.

BERNHARD BERLINER

*Bulletin of the Menninger Clinic.* XII, 1948.

*Some problems of Rural Psychiatry.* Rudolph Kieve. Pp. 158-165.

Kieve has been practicing psychiatry for ten years in the rural communities of New Mexico where he met some special problems which decisively influenced the patients' prognoses and the aims of treatment. In the rural community the psychiatrist is looked upon as a potentially dangerous and wicked force who endangers the interdependence of the family unit. This greater dependency of the individual members of the family upon one another tends to make the patient and his family seek the psychiatrist only when their family life is threatened. These patients want to be relieved of symptoms in order to return to the family and not to achieve any real structural changes in their personality.

*The Psychiatric History in the Teaching of Psychosomatic Medicine.* Sidney Rubin. Pp. 182-186.

Rubin discusses the value and method of the taking of histories from psychosomatic patients. He uses a flexible and associative technique which is in itself therapeutic. There is no reference to Felix Deutsch's classical paper on this subject in this *QUARTERLY*, VIII, 1939, pp. 354-381.

*Emotional Factors in the Patient with Diabetes Mellitus.* I. Arthur Mirsky. Pp. 187-194.

Mirsky reviews the basic factors responsible for diabetes mellitus. There is a hereditary factor which limits the efficiency of one or more of the regulatory mechanisms responsible for normal metabolism. There are many precipitating factors, among which emotional stress is one of the most important. He quotes the work of Selye and Long which demonstrates the chain of reactions by which psychic tension disturbs the function of the adrenal cortex, which results in hormonal imbalance. He believes that only when a psychic trauma reactivates some infantile neurosis on a preverbal level can one expect the development of diabetes. The psychological factors responsible for obesity and the prevalence of obesity in diabetics is also discussed. Mirsky very succinctly ends this penetrating study with a plea for physicians to 'treat the urine less and the patient more'.

*Psychological Factors in Essential Hypertension.* Lewis L. Robbins. Pp. 195-202.

Robbins reviews and summarizes the conclusions of various observers regarding the psychological factors in the hypertensive patient. The hyper-

tensive has been generally deprived of adequate parental love in childhood and suppresses his hostile feelings in order to establish a passive-dependent attachment to one or both of the parents. These people become obedient and submissive and deal with authority by appeasement and ingratiation. They react against these strivings by developing a superficial character of stubbornness, passive defiance and spite. They develop manifest symptoms when their relationship to a parental figure is threatened. The hypertensive has been unable to find a suitable way of expressing either his dependent strivings or his hostile, aggressive impulses.

**Ulcer, Phobia, and Narcolepsy.** Herbert C. Modlin. Pp. 203-209.

Modlin presents a patient who began as a typical ulcer personality but who later developed phobias and then narcolepsy. Although the ulcer would indicate conflicts related to passivity, the narcolepsy and the patient's overt behavior seemed to indicate that he was able to cling openly to his passive oral strivings. It is not clear what factors are decisive for the development of this atypical picture.

**Varying Hypnotizability in a Case of Parkinsonism.** Waldo H. Bird. Pp. 210-217.

Bird demonstrates the fact that direct hypnotic suggestion can effect an inhibition of tremor in a patient with Parkinson's disease. It is particularly interesting that the hypnotizability of this patient was not static but continually varied. This confirms the assumption that the hypnotic situation is a unique and intimate interpersonal relationship which changes with the dynamic, economic and unconscious factors operative in the patient at a given time.

RALPH R. GREENSON

**Psychiatry.** XI, 1948.

**Statement by International Preparatory Commission, International Congress on Mental Health, London, August, 1948.** Pp. 235-261.

This statement was drawn up by a Preparatory Commission in preparation for the Third International Congress on Mental Health which met in London from August 11th through August 21st, 1948. It is a broadly-visioned document, addressed 'to administrators, workers in the social sciences, in psychiatry, medical and allied professions, and to thinking people everywhere'. Its purpose is to stimulate and promulgate the universal application of the principles and practice of mental health with the very broadest social aims. It speaks of the vast promise which the social sciences and psychiatry hold out of reducing the toll of human waste and suffering so that we now 'stand on the threshold of a new epoch of the science of man' with immense possibilities for constructive effort. Yet we also have come to understand 'how vast destructive forces may be let loose upon the world' from distortion of human impulse on a large scale and this compels us to face the problems of better education for life with one another. Peace requires a world-wide

foundation, and practical ways must be found of improving the relations between the peoples of the world, individually and collectively. This calls for sustained teamwork by those who devote themselves to the study of man and society.

Men have long accepted the inevitability of recurring misfortunes in the shape of group conflict and war on the grounds that 'that is human nature'. A rigorous investigation of 'human nature', however, has clearly revealed that these discouraging traditional views have no valid foundation. Man and his society are modifiable, despite powerful obstacles to reform which must be recognized and dealt with, both within the mental processes of the individual and within the framework of social institutions.

Problems of mental health in relation to human development and to the rôle of society are then discussed. The basic process of human development is briefly outlined from birth, through infancy, childhood, adolescence, maturity and senescence. Social patterns and institutions are not permanent and static, but can and should be modified when they outgrow the particular human needs which set them up. Failure or delays in modification become 'a possible danger to mankind. Survivals of this kind can only be regarded as breeding grounds of social disorder when they frustrate the human purposes they originally served.' Through the introduction of a dynamic theory of personality and its expression in social, political, and economic life, it is beginning to be understood that specific changes can be promoted successfully only when they are brought into relation with the resistances and facilitations which are derived from the particular life history of the people concerned. Special importance must be attached to research conducted in such a way that the psychiatrist and social scientist are brought into the closest possible contact with the administrator and the political leader.

The Statement develops the idea of 'world citizenship', not in a political sense, but to convey the idea of a 'common humanity'. The question is asked whether indeed survival is possible without it. The phenomenon of group exclusiveness in our era is fraught with grave danger, impedes social growth and change, and reaches its peak in an exaggerated nationalism which separates groups of men the world over, tending even towards the monopolistic control of scientific research. The sciences of man offer the hope of a new approach to the problems of war and a world community. Since the issues of peace and war are of immediate concern, methods must be chosen and applied with the time factor in the forefront of our attention. The movement toward a world community already has taken its first embryonic steps in many aspects of human life and actually fulfils, rather than goes counter to the trend of history. Obstacles and resistances are fully recognized. There is no room here for an easy optimism. Just as the discoveries of the physicist can be used to construct or destroy, so too the psychological sciences can either contribute to mental health or they can be exploited to divide and confuse mankind. There is all the difference between recognizing that a task has immense difficulties and insisting that it is impossible.

While the mental health services of each country should be developed according to its particular needs and must take into account specific local conditions, certain general principles can be laid down as useful guides to



all countries in their efforts toward improving mental health. Such principles for the planning and organization of mental health services, the education of the general public, the training of specialists, and research activities are enumerated and amplified under 'Recommendations'. Finally, the Statement concludes with a series of international recommendations addressed to the various appropriate agencies of the United Nations, such as the World Health Organization (WHO) and the United Nations Educational, Scientific and Cultural Organization (UNESCO), the newly formed World Federation for Mental Health, and to other nongovernmental international organizations concerned with the betterment of mental health and human relations.

**Notes on the Development of Treatment of Schizophrenics by Psychoanalytic Psychotherapy.** Frieda Fromm-Reichmann. Pp. 263-273.

Fromm-Reichmann records the increasing application of psychoanalytic therapy to the treatment of schizophrenics. One of the early deterrents to this was, she believes, Freud's concept of the narcissistic and regressive character of schizophrenic disorders which precluded the possibility of a workable relationship between the schizophrenic and the psychoanalyst. The experiences of a number of later authors, including her own, led to a revision of this concept and to the feeling that no matter how tenuous the interpersonal relationships in the schizophrenic may be, 'they are sufficient for the establishment of a new relationship, the doctor-patient relationship'.

In recent years changes in the technique of psychoanalytic treatment of psychotics are found in both the establishment of the doctor-patient relationship and the approach to the contents of psychotic communication. The sensitive, cautious, and overpermissive approach to the patient formerly used is not the best way of establishing an effective interpersonal treatment background. This type of relationship addresses itself too much to the rejected child in the schizophrenic and too little to the grown-up person. This attitude must therefore be blended with one of respect and understanding relevant to the patient's chronological age. As far as the interpretation of content is concerned, the chief therapeutic emphasis at the present time is directed toward an understanding of the genetics and dynamics which determine the content, rather than an overemphasis of the content itself.

The author makes some practical comments on technique with special reference to the timing of therapeutic endeavors, the contraindication of the couch, the necessary flexibility of the schedule, the amount of attention paid to dreams, the reasons against the use of free association, etc. Finally some pitfalls to be avoided and the personality prerequisites of the therapist are lucidly discussed.

**Observations Concerning Typical Anxiety Dreams.** Irving Harris. Pp. 301-309.

A study was made of two typical anxiety dreams, dreams of falling and dreams of being attacked from without, in roughly four thousand people, including selectees at induction, military patients, children and mothers. The method consisted of direct brief questioning about consciously remembered dreams and various expressions of overt acts of aggression and hostility toward

either parent. The hypothesis was advanced that the falling dream might reflect chiefly fear over loss of love or support from the mother and the dreams of being attacked, fear of castration by the father—corresponding to the two commonly known psychic threats in the infant. It was therefore anticipated that the tendency in people with predominantly falling dreams would be to inhibit aggression toward the mother and to express it more overtly toward the father while the opposite would be true of those dreams of being attacked. The answers obtained supported the tentative hypothesis. The limitations and inconclusiveness of the methodology were recognized. It was suggested that the eliciting of a person's predominant anxiety dream might be of use in the diagnostic psychiatric interview.

LEO RANGELL

*Psychosomatic Medicine*. X, 1948.

*An Approach to the Study of the Diabetic*. Therese Benedek. Pp. 284-287.

Psychoanalysis has always been used simultaneously as a therapeutic and research tool. Only after it became customary to record the psychoanalytic sessions systematically was it possible to separate therapy and research. By recording, transmissible data are obtained which can be studied independently and free from the pressure of therapeutic aims. Such data furthermore can be correlated with data obtained concomitantly by laboratory or other procedures. This kind of analytic research has afforded scientific results in the study of asthma, blood pressure, glycosuria, and disturbances of gonadal hormones.

Since the psychosomatic study of diabetes presents especially difficult methodological problems, a special project was designed to permit, 1, the observation of the correlations existing between emotional fluctuations and metabolic reactions; 2, the detection of behavioral responses which reflect the perception of metabolic dysfunction and physiologic change; 3, the investigation of the presence or absence of some 'basic biologic pattern' or 'instinctual constellation' which primarily burdens the organism in such a way that the arising conflict tension finally breaks the chain of the normal metabolic process and leads to diabetes.

The analytic study of six male and three female patients has shown that conflicts which are specific for the individual may produce an increase in glycosuria, that a diminution in the tension of the conflict may result in a decrease in glycosuria, and that the resolution of the conflict may actually lessen the metabolic derangement. Thus a glycosuria resulting from an increase in the rate of the breakdown of liver glycogen may be regarded as an unconsciously functioning emergency response of the diabetic. Furthermore, it was possible to show that the basic conflict was followed by reaction patterns related to the fact of having diabetes. Those who react with extreme compulsiveness in diet, since they have strong egos, are able to ward off anxiety by self-restriction. Those with weak egos respond by overeating with spiteful, provocative, and even delinquent attitudes toward their diet. Insulin becomes the tool for mastering anxiety, a source of gratification, a symbol of power.

While it may be assumed that the expression of a need for replenishment on a metabolic level serves to maintain physiologic homeostasis, there is no doubt that some individuals respond to any strain on the integrative capacity of the ego by reverting to an increased desire for passive replenishment. This is regression, the depth of which is determined by the total personality as well as by the burdens which are imposed upon the ego. Analysis of the variations in ego strength, the periods of regression, and periods of reintegration may indicate the rôle of emotion in the etiology of diabetes mellitus.

**The Rôle of Emotion in the Onset and Course of Diabetes.** George E. Daniels. Pp. 288-290.

Emotions play a rôle in the fluctuation of the sugar level in diabetics. There is also considerable evidence that such factors may be important in the precipitation of the condition. This conclusion does not leave out of consideration known hereditary factors and the rôle of obesity.

**Psychodynamic Mechanisms in a Case of Neurodermatitis.** Milton L. Miller. Pp. 309-316.

A detailed psychoanalytic study of a case of neurodermatitis corroborates many of the findings in the literature. The specific way in which the repressed aggression toward father figures was handled by this patient was by attacking himself through the skin and exhibiting an unconscious passive feminine attitude. The regressive fantasies underlying the feminine attitude were an expression of early infantile sadistic attitudes toward female figures and an identification with them in an attempt to deal with the problem of aggression toward male members of the family.

Fear and rage at the frustration of competitive attitudes had been repressed since childhood, but these emotions were expressed in the skin eruptions which occurred at times when aggression toward stronger men was inhibited.

Scratching tended to become a reflex method of expressing rage and frustration, and its control by the patient was therapeutically important. Scratching during sleep stopped when the aggression connected with it could be expressed in the analysis. An allergic state was present, but not specific, and seemed to change with the emotional state.

Miller's present patient differs from both of his previously published cases in the severity of the repression which allowed the entire vicious cycle of aggression, masochism, and feminine identification to mount into a frustrating chain of reactions. In addition the present case seems to throw more light on how the skin became the organ of choice for the expression of this particular character neurosis. In this patient there was greater integrative capacity of the ego.

MARTIN GROTJAHN

*Journal of Nervous and Mental Disease.* CVIII, 1948.

**A Note on Some Basic Concepts of Psychotherapy.** Leopold Bellak. Pp. 137-141.

In a brief and simple form Bellak presents a few well-known concepts with the aim of stating 'some generally intelligible operations basic to

psychotherapy'. Dynamic psychotherapy is outlined as involving communication, interpretation, insight and working through. Directive psychotherapy is viewed in terms of guidance, counseling, persuasion, and reassurance while expressive psychotherapy is seen as an emotional catharsis. Though the paper contributes nothing new, it could be of value to beginners and ancillary workers in psychiatry.

**Healing Processes in Schizophrenia.** P. Rube. Pp. 304-346.

Forty-two rambling pages of comments about schizophrenia satisfy the reader that they contain nothing that has not been said before. Rube is convinced there is something psychological going on in the disease, yet he is unable to say much more than that regarding it. There is no mention of dynamic concepts such as regression and restitution. As a psychotherapy, psychoanalysis 'would not only result in certain failure, but might also enhance a number of symptoms, reinforce delirious beliefs, and create morbid attitudes'. If such a paper is at all representative, then the French school has little to add to our knowledge of schizophrenia.

KENNETH MARK COLBY

**Mental Hygiene.** XXXII, 1948.

**Character Development in Nursery School.** Lili E. Peller. Pp. 177-202.

Psychoanalytic understanding of the educational process forms the background of this study of 'the child's spontaneous endeavor to come nearer to adult status and standards'.

A distinction is drawn between the philosophy of progressive education ('all pressure should be removed from the young child') and the orientation of the psychoanalytic educator, who 'is lenient in order to win as his ally the full force of the child's own wish to grow up'. Too much of the child's energy is ordinarily expended in fighting the adult but overindulgence is not the only alternative to a severe suppressive educational attitude. Understanding of what the child is trying to do enables the adult to reduce progressively the external pressures on that child, and enables the educator to release the child's energies for more constructive growth and behavior.

For example, one sees the practical value of such understanding in the case of the tattler. Some children tattle out of resentment, when another child is 'getting away with' activities which have been forbidden the tattler. Another tattler may be strongly tempted to engage in some forbidden activity and his tattling means: 'I don't want to be bad like Johnny; help me to be good like you' (teacher or parent). A third motive may be found in the projection of one's own guilt on to the other fellow, with vicarious relief when the offender is punished or stopped. Still another motivation may be the child's desire to find out if the behavior in question is really bad and the tattling then represents a special way of asking a question. The child who fears temptation tattles because he fears the strength of his id; the child who tattles to gain relief from his guilt feeling is moved by his superego. If the tattling is motivated by identification with the teacher, the ego is the propelling force.

Under these conditions, benevolently ignoring the tattler fails to meet his needs, fails to provide him with the relief or help he seeks in his tattling. The tattler is much more concerned about his own relationship to right and wrong than he is about the behavior or misbehavior of his playmates. One finds relief if one can impose on others the restraints one has to undergo one's self. This is typified by some members of 'Alcoholics Anonymous' who must play an active part in preventing others from drinking.

Tattling often signifies that the standards at home or at school are too high and the child, caught between what is allowed and what he feels he must do, is thrown into a state of tension from which he may find relief in tattling.

Similar analytic understanding is applied to the question of school room segregation according to age. The weight of evidence indicates the desirability of a wider age range in a given class than is currently the practice in most schools. Aggressive hostile competition seems to be increased when the age of the group members is close. When there is a wider age spread in a given group, competition and aggression can be replaced by protectiveness towards the younger members, while the younger members can identify better, and consequently learn more, from the older children.

The behavior of siblings in the same school revealed a surprisingly protective attitude of the older towards the younger. This was at times in sharp contrast to the acute rivalry the same children displayed towards each other when at home. The explanation may lie in the greater ease with which the older siblings are able to identify themselves with the absent parent than with one who is in the next room. It may be that the absence of the parent (when the children are at school) provides a stronger incentive to do what would please the parent. At home the child is afraid of the parent, who imposes restrictions and may inflict punishment, but at school longing for the absent parent may strengthen the commands of the superego. Peller points out that in general, in societies in which the relationship of mother and child is less close, there seems to be far less sibling rivalry.

**Psychosomatic Medicine: Clinical and Research Implications.** O. Spurgeon English. Pp. 560-567.

Studies of patients with psychosomatic disease show first, that large quantities of superfluous or misdirected emotional energy are acting through the body or a body system, disturbing normal physiological activity; or second, a body organ is symbolizing an emotional problem with such intensity as to impair normal physiological function. The 'hater' can be delinquent, hypertensive, migrainous or suffering from gastrointestinal disturbance. The longing to be taken care of is seen in the depressives, the alcoholics, the addicts, the neurasthenics and hysterics. The symptoms cry for many patients who fear to cry or otherwise reveal emotion. The practicing physician needs to be acquainted with these misdirected energies and to understand how childhood training and education failed to channelize the forces properly, how childhood needs for love were never met, childhood hate and fear never neutralized.

It is most important to acquire, early in life, certain personality charac-



teristics. One is the ability to tap the warmth of other people. Another is to develop various techniques for meeting disappointment and frustration. A third is a basic trust that one can obtain the good will of most people if one works hard at it. A fourth is a recognition of the fact that one needs the friendship of other people, and the ability to use it when one finds it.

'No one group of equal numbers could do a more effective job of mental hygiene than a well-informed body of pediatricians who understood the needs of the personality.'

JOSEPH LANDER

*Journal of Abnormal and Social Psychology.* XLII, 1947.

**The Use of Relaxation in Short-Term Psychotherapy.** Gerald R. Pascal. Pp. 226-242.

Pascal summarizes his experience with a psychotherapeutic technique applied to twelve neurotics in an army setting, briefly reviewing the course of psychotherapy with five of them. The two high lights of his technique were to encourage a feeling of participation, of 'democracy', in the therapeutic relationship, and to use a method of inducing relaxation in his patient. The spirit of participation was fostered by stressing the voluntarily cooperative aspect of receiving treatment and giving information to the therapist, the joint nature of decisions, and the therapist's reliance on the patient to help him track down etiological factors. The technique of inducing relaxation, similar to that of inducing hypnosis, is described. Once relaxed, the patient is helped by suggestive directions to relive critical emotional experiences and to recover repressed memories. 'Simple relaxation seems to be sufficiently far along on the hypnotic continuum to facilitate recall and to increase the suggestibility of the patient.' The technique is recommended as useful when relief from symptoms, based on partial insight, is as ambitious a therapeutic goal as circumstances (army setting) allow.

**Primitive Psychotherapy in Native American Cultures: Peyotism and Confession.** Weston LaBarre. Pp. 294-309.

This is a review of the chemistry, physiological and psychological effects, history, and present status of the ritual uses of peyote, a powerful narcotic, among American Indian tribes. The peyote cult is held to be 'a great inter-tribal religion' and a major cultural technique for alleviating individual anxieties. There is no illness for which peyote is not regarded as a specific cure, and peyote meetings of many groups incorporate public confession of sins as an important auxiliary 'mechanism for the liquidation of individual anxieties'.

**Traits Related to Improved Adjustment of Psychotics After Lobotomy.** Henry N. Peters. Pp. 383-392.

An investigation of the relationships between one hundred ninety-nine behavior traits and improvement after lobotomy in seventy-one hospitalized patients produced evidence of more or less significant association of thirty-one

traits, which Peters classes under 'two principles of prediction'. A generally heightened activity level and a state which indicates that integrity and dominance of the cortical centers has not been lost are both favorable to improvement after lobotomy. In support of the first principle is the finding that the traits 'energy, active, restless, alert, agitation, euphoria-elated-or-pleasant, and excited' characterized those who improved while 'psychomotor retardation' characterized those who did not. In support of the second principle is the finding that the traits 'purposive, initiative, independent, aggressive, circumstantial, ambitious, interests evident, reality grasp, apprehensive, speed or flight of ideas, number of fixed ideas greater than two, attentive, sociable, affable and obscene' characterized those patients who improved, while deterioration, sudden violence, apathy, hypophrenic, hallucinations, varied mood, and mood swings characterized those who did not. The findings with respect to the second principle are grouped under the headings 'Directedness of action, which is controlled within the person', 'Reality contact is maintained', 'Ideas are dominant', 'Sociability', and as a negative heading, 'Sub-cortical control'. A glossary in 'basic English' is included to define these various behavior traits.

**Black Boy: A Value Analysis.** Ralph K. White. Pp. 440-461.

This is a partly qualitative and partly statistical analysis of the book, *Black Boy*, by Richard Wright. Both methods of analysis point up the unhappiness of Richard Wright's life—the bitterness and aggression both in his life as a whole and in the motivation of this book, his special animus against his father and against Southern whites, his ambivalence toward his mother and indifference to girls of his own age, and the ruthless honesty of thinking which may have kept him from venting his aggression unrealistically against scapegoats. According to the statistical analysis especially, there was a great deal of physical fear in Richard Wright's life, which leads to the supposition that his aggressiveness was 'defensive in character and rooted in very deep anxieties'. The evidence suggests that he did not have a thorough-going identification with Negroes as a group, but rather that he was a relatively solitary person. A 'more or less classical' oedipus complex is also suggested by his complete disapproval of his father, who was to him 'something unclean', the apparent absence of other important love-objects of either sex on his own age level, his relatively strong concern for his mother's welfare, and his profound satisfaction when he found the protecting mother-figure for whom he had always longed.

ROY SCHAFER

*Journal of Mental Science.* XCIV, 1948.

**The Medea Complex: The Mother's Homicidal Wishes to Her Child.** Edward S. Stern. Pp. 321-331.

The suggestion is made that the terms 'Medea Complex' and 'Atreus Complex' be admitted to psychological literature as names which would indicate those feelings of hostility which mothers and fathers respectively might have

toward their children. Interesting clinical, anthropological, and literary evidence is brought to bear demonstrating that such hostilities exist. However, justification for the adoption of such terminology is lacking. Besides, it might prove extremely misleading, since the story of Medea covers a very specific reaction motivated by revenge in a woman with a particular oedipal constellation, while Stern proposes the terms for a great number of different solutions of the oedipus constellation in which hostility and death wishes towards one's children are only one manifestation, not necessarily the most important. It also has the effect of naming complexes within complexes which might provide intellectual games but no clarification.

**Some Clinical Observations on the Psychodynamic Relationship Between Depression and Obsessive-Compulsive Symptoms.** E. Stengel. Pp. 650-652.

Stengel makes some interesting comments on the interaction of depression and obsessive-compulsion syndromes to show that the depression may aggravate or unmask obsessional symptoms and that the obsessional personality structure may be an integrating influence on the depressive personality. Atypical states are better understood and prognosis more accurate if these mechanisms are known, especially in borderline conditions. It is to be regretted that Stengel confined himself to such a brief communication.

VICTOR CALEF

**Internationale Zeitschrift für Individualpsychologie.** XVI, 1947.

**Zur Psychologie der Morphiumsucht (The Psychology of Morphine Addiction).** Igor Caruso. Pp. 152-168.

The 'existential synthesis' of a young Viennese morphine addict culminated in the 'discovery of the patient's hierarchy of values; so his eyes opened to the recognition that the values of selflessness are higher than the values of selfishness; and the values of love higher than the values of individual rights. He begins to understand that for him the morphine was the denial of love.' Nothing is known about the patient after his discharge from the hospital. The paper never leaves the level of a sentimental newspaper report. Truly remarkable is Caruso's neo-German verbiage; to illustrate: Psychoanalysis has to be replaced by '...ein Bekenntnis zu einem wertgebundenen Daseinsentwurf'.

MARTIN GROTHJAHN

## Joint Meetings of the Los Angeles and San Francisco Psychoanalytic Societies

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## NOTES

### JOINT MEETINGS OF THE LOS ANGELES AND SAN FRANCISCO PSYCHOANALYTIC SOCIETIES

October 9, 1948. PSYCHODYNAMICS OF THE INTELLECTUAL. Herbert I. Kupper, M.D.

Why do many renowned thinkers, who have devoted their lives to rational, scientific thought, suddenly turn to religious, mystical, or political faiths? The author traces the use of speech and thought as a defense against instinct among the intellectuals. The chief defense is against the oral, nonverbal, preöedipal attachment to the mother. All thinkers deny this mystic affective union by the very act of thinking. Concepts, abstractions, words are so many breasts to be mouthed lovingly. When thinking fails, and with aging, the loss of objects, or the approach of death (the ultimate separation), conversion to a faith often occurs. Clinical excerpts are given, and the case history of a well-known intellectual who was converted to Catholicism is reported in detail. The search for truth is partly a search for instinctual satisfaction, partly the mature ego's seeking for the betterment of society; however, the affect displayed in this search for truth may so distort rational thinking that there is an unconscious search for an 'absolute' faith. The conflict is solved by submergence of the instincts and the ego into an all-knowing authority. A common compromise is a rational mode of thought with an irrational emotional response to it. The difficulty in discussing politics or religion without vituperation is an instance. It is difficult for the ego of individuals who libidinize thinking to live with doubts, to sustain the function of testing reality, to withstand narcissistic blows in the search for truth, and, at the same time, to see *new* things in nature—to venture very far from the preöedipal Mother Nature.

January 20, 1949. THE RÖLE OF IDENTIFICATION IN PSYCHIATRIC AND PSYCHOANALYTIC TRAINING. Martin Grotjahn, M.D.

Contrary to the often repeated statement that there are few or no differences between therapeutic and training analyses, Grotjahn directs attention to some important differences which should be studied so that they may be properly utilized or eliminated. Identification is a part of every analysis, but it is more complex when it develops between one physician and another than between a physician and a patient. There is a reality identification, stemming from the fact that the student wishes to become an analyst. It is a partial, testing identification, and the student willing to learn will have to integrate the behavior pattern growing out of it. The student's identification in the transference, on the other hand, is a neurotic, repetitive, ambivalent phenomenon. Its analysis calls for no technical devices that are not already known, but it demands of the analyst a special alertness and freedom from blind spots in his relation to his colleagues, because of the frequency with which the negative aspects of the identification are isolated, projected upon another analyst of the group, and acted out. Any sign of identification



occurring in the analytic situation calls for special attention, interpretation, and working through. The object of identification need not always be the training analyst. The identification may be displaced to other analysts of the group, or it may be enlarged to include the entire field of psychoanalysis. In the early generation of European analysts the identification was largely with Freud. The vicissitudes of identification among some of the pioneers of psychoanalysis have left their stamp on the history of the psychoanalytic movement. It is an absolute necessity—and a challenge to the technical skill of the training analyst—that the ambivalence conflict with the introjected father, represented by the identification of the student with his analyst, should be resolved analytically. An illustrative case, describing the different stages of identification in the development of a candidate during his analysis, is presented. The training analyst usually responds with a counteridentification to the identification of his younger colleague. Corresponding to the wish of the student to become like his analyst, there is a tendency within the training analyst to fashion his young colleague in his own image. While the analyst's own ego ideal plays a rôle in every analysis, it needs special awareness in the analysis of one physician by another. It may be considerably more difficult for the training analyst to face and handle manifestations of hostility in his younger colleague, such as attacks on his skill and qualifications as an analyst, or in the form of acting out within the group of analytic colleagues. For these reasons the training analyst may unconsciously be tempted to avoid the development of negative transference and to maintain 'a happy and undisturbed father-son relationship'. These pitfalls often hinder the attainment of that depth which is desirable in didactic psychoanalysis and may be responsible for the fact that training analyses have so often only limited therapeutic benefit. Grotjahn expresses the hope that the discussion of these difficulties will lead to an improvement in the quality and results of training activities.

February 17, 1949. CULTURE AND CLINIC. Marvin K. Opler, Ph.D.

Psychoanalysis and cultural anthropology are, and should be, intimately related. Both deal with man and with his behavior as a cultural being. But the manner in which they are properly related must be consistent with the best information and the best tenets of each field. In the first quarter of the century, this relationship left much to be desired. In the main, it fell into two phases: first, a period of evolutionary anthropology, old style, in which, in Spencer for example, civilization was seen as in part being a race evolution, a working out of psychic energies from primitive times in response to what Spencer called 'internal, original factors' (psychogenetic factors in evolution) beginning with an 'infantile, emotional, magic-ridden primitive'. This primitive had never been found, but he provided a comparison with individual clinical cases, ontogenetically understood, and by imputation, a parallel phylogeny. This was the time when, to quote Whitehead, society used 'biological generalizations pressed into its support'; and it was the time when Totem and Taboo discussed the primal parricidal act, based on Lang-Atkinson theorizing concerning totemism, traceable in the early works

of Jones, Róheim, and others. The universality of the oedipus and the exclusion of social psychology were the cornerstones of an essentially nondynamic, sociological theory which does justice neither to the later work of Freud, nor to the findings of cultural anthropology. On such shaky foundations, a second phase ensued in which the two fields drifted apart: anthropology engaged in discovering actual cultural histories as seen in the enormous data indicating variety in the patterns of culture; psychoanalysis built its mountainous body of clinical case references, oriented largely to individual cases from Western European civilization and exemplifying the central core of theory. The middle thirties saw a resurgence of active collaboration between the two disciplines motivated largely by the shift in freudian theory to include the outlines of a culturally related social psychology. In Freud's writings, this was a shift in emphasis from the oedipus to the superego ('... the heir of the oedipus complex [representing] the ethical standards of mankind'). This was in response to the criticism of the anthropologists, Kroeber and Malinowski, and was embodied in his later and greater work, *The Ego and the Id*. It is the latter, with its emphasis on the demands of an individually incorporated superego, varying with social structures, and implying an interplay of cultural and individual 'subcultural systems' (Sapir), which constitutes Freud's revision of his system to modern anthropological trends. The Kardiner-Linton, Sapir-Sullivan collaborations, while not complete, represent fruits of an insight which involved renewed anthropological interest in the unconscious patterning of behavior in society, and in the freudian mechanisms of behavior. From the freudian side came renewed interest in cultural pattern and recognition of the need for a social psychology in which anthropology may be used to test psychic voltages in normal cultural circuits.

Some recent instances of careful field findings are reviewed, bearing witness to the importance of a cultural, social psychology which will not dissolve into particularizations of unique case histories, or treat of culture as if the individual did not exist. It is shown that sound understanding of the conditions of a culture and a knowledge of Freud are equally important. There remains still a need for closer collaboration in field work (some field work reworked by the analyst turns out to be incomplete while some analytic deductions from our culture need cross-cultural testing in the field), and further work should be done on such theoretical problems as the 'primary incest group' (Murdock) in view of the crucial theoretical importance of this group in the determination of in-group size and solidarity.

March 17, 1949. THE PROCESS OF MATURATION IN GROUP PSYCHOTHERAPY AND IN THE GROUP THERAPIST. Martin Grotjahn, M.D.

On the basis of his experience in conducting group psychotherapy and utilizing frequent discussions with other analysts of their work with groups, Grotjahn has concluded that therapeutic work with groups is particularly conducive to continuing the self-analysis begun by the didactic analysis. The group is a challenge to the therapist, requiring of him self-assurance in his feelings and emotional responses and a clear set of values. The group leader must be flexible and alert and keep continually sharpening his perception

of subliminal cues as signs of transference and resistance. He must be alive to the different transference rôles thrust on him by the different members of the group at any given moment. The therapist in a group feels himself as much observed as he is observing. The danger that the doctor's blind spot may become bigger and 'blinder' in his work is diminished in group work, which can be compared with work in front of a gallery of mirrors. The spirit of a well-conducted group appears to be more tolerant toward the therapist than is the case with the individual patient, and as a result the therapist can afford to be less defensive in his work and later in his general behavior and personality. The detection of countertransference is greatly facilitated in a group. If the group is functioning well, it will call the leader's attention to any manifestation of exaggerated countertransference. This will stimulate the therapist to further self-analysis and an integration of the lessons learned. The group setting offers valuable training in handling resistance. Even when the group leader does not recognize resistance, the group may sense it and call attention to it. 'The collective unconscious can judge—and judge well—pretense, camouflage, and neurotic avoidance.' The lessons learned by the therapist can mean more than a refinement in technique. By being driven to a recognition of his part in the difficulties that arise in the progress of the group work, the analyst is stimulated to deepen his self-analysis so that he may mature both as a therapist and as a personality. Several clinical illustrations are given, demonstrating the process of working through in the group and in the group therapist simultaneously.

April 8, 1949. SHAME AND SCOPTOPHILIA. Norman Reider, M.D.

A case is presented of which one of the main clinical features was the withholding by a young woman of knowledge of her pregnancy for almost seven months. This initial part of the analysis was characterized by long periods of silence, in which shame, which had played an important rôle in the patient's life, was predominant. After the birth of the baby the analysis revealed much of what is recorded in the literature about the sense of shame. In addition, there was present a phobic avoidance of certain foods which analysis revealed represented the castrating eye.

June 16, 1949. THE MOTHER TONGUE AND THE MOTHER. Ralph R. Greenson, M.D.

This paper investigates the relationship between language and the mother. The clinical material is based largely on the analysis of a patient who spoke German for the first sixteen years of her life. Her analysis was conducted in English, a language which she spoke fluently, articulately, and enjoyably. For about a year the analysis proceeded relatively smoothly until certain stubborn resistances became apparent. This was associated with an addiction to an unsuitable man which was not altered by interpretation and working through of oedipal and transference factors. At this point it was suggested that the analysis be carried on in the mother tongue, since it was felt that in the new language the patient was able to isolate and maintain in repression important emotional and instinctual infantile material. The use of the

mother tongue brought to light hitherto completely unknown pregenital material. Now it was possible to get beyond the addiction to the man and to work out the much more important oral relationship to the preœdipal mother. The relationship of the mother tongue to obscene words is described. The use of a second language as a defense against pregenital strivings is demonstrated. There is some discussion of the relationship between the child, the mother, the breast, and the acquisition of speech.

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Dr. William C. Menninger was elected chairman of the WORLD HEALTH ORGANIZATION'S EXPERT COMMITTEE ON MENTAL HEALTH, which held its first meeting in Geneva during August 1949. The group will organize the first international mental health program as approved by the second World Health Assembly in Rome in June. Among items on the committee's agenda are collaboration with the United Nations in a study of the causes and prevention of crime and treatment of offenders; psychiatric examination of offenders prior to sentence; juvenile delinquency; mental health problems arising in rural districts, in industrial units, and among students; mental health training for medical and other personnel; public education; mental health and child care; medical statistics and nomenclature. The committee will also consider further WHO collaboration with the World Federation for Mental Health, which has recently concluded its annual meeting in Geneva.

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The annual conference of THE CHILD STUDY ASSOCIATION OF AMERICA will be held Monday, February 27, 1950, at the Hotel Statler, New York City. The subject for discussion is 'Children in Our High-Pressure World'. Speakers: Bishop G. Bromley Oxnam, of the Methodist Church; Leona Baumgartner, M.D., Associate Chief, U. S. Children's Bureau; and others. For detailed information write Child Study Association of America, 132 East 74th Street, New York 21, N. Y.

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