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MANIA AND SLEEP

BY BERTRAM D. LEWIN, M.D. (NEW YORK)

In mania, to cite Rado (1928), the ego fuses with its superego in an intrapsychic reproduction of that fusion with the breast which takes place at nursing. In going to sleep, many have remarked (since M. J. Eisler's original exposition in 1921), the ego repeats a process like the first infantile falling asleep: a fusion with the breast at nursing. Except for the topography and the two mental end states, these remarks are identical: an intrapsychic fusion repeats the baby's psychic experience at the breast and leads in one case to mania, in the other to sleep. Freud, in *Group Psychology and the Ego*, compared sleep and mania because of the disappearance in both of a part of the personality. In sleep the ego disappears, rejoining the id, and comparably in mania the superego disappears, rejoining the ego. Referring to the Saturnalia, carnivals and other feasts, Freud thinks of a possible periodic biological necessity for both types of psychological dedifferentiation.

Superficially, certainly, it is hard to see what this common feature of the two states could mean, for the manic patient appears supremely awake. The phenomenologists, who try through *Einfühlung* and *Nacherleben* to grasp the subjective *Erlebnis* of a mental state, would hardly find themselves intuiting or re-experiencing in mania anything that suggests the subjective experience of sleep. The introspective method (and common sense too) would say at this point: Go no further! Indeed, we cannot go further—with introspection and common sense. Another path we may take, however, away from the introspective surface, was blazed by Freud whom Blüher called *der Stoffdenker*. We are permitted to regard visible manifest form—even so apparently all-embracing a form as the quality of a total state of consciousness—as a manifest element for which there is a latent content.

This paper will be a chapter in a forthcoming book, *The Psychoanalysis of Elation*, to be published by W. W. Norton & Co., Inc.

Sleep, basically, comes from oral satisfaction. The baby after nursing falls into a presumably dreamless sleep. Theoretically it may be more correct to speak of the baby's having a 'blank dream', a vision of uniform blankness which is a persistent afterimage of the breast. Later in life, this blank picture of the flattened breast, preserved from the earliest experiences of nursing, persists in dreams as a sort of backdrop or projection screen, and like its cinematic analogue comes to have projected upon it the picture that we call the visual manifest content of the dream. The fulfilment of the wish to sleep produces only undisturbed sleep and the dream screen. So far as falling asleep reproduces the infant's first sleep after nursing, it reproduces the fusion of the ego and the breast. The primitive sleeping ego is id, except for that dream screen, the erstwhile breast, sole and first representative of the environment.

Into sleep, and into the hypnagogic moments that precede it, intrude other representatives of the environment, past and present. An early one is hunger, and the first dream 'picture' might well be a hallucination of milk, if we are entitled to infer this from the sucking motions of the soon to awaken babe. Not much later, besides such immediate 'organic' intruders into sleep as hunger, cold, and pain, daytime recollections participate as visual elements on or before the dream screen. We do not have the data to follow the growing complexity of the sleeping consciousness or manifest dream life. But as the child has more and more contact with the world, and the daytime life becomes longer, more filled with meaning, more complex and more varied, daytime wishes and ideas increasingly penetrate the nighttime world. The wish to sleep is opposed then by other wishes, the unconscious and preconscious wakers and disturbers, which with greater or less distortion form the manifest content of later dreams.

That there is development in dream life from the simple to the complex, with an increased participation of the growing ego, is proved not only by the potential richness of adult dream life, but by the dreams of children as well. Those who study adult regressions, which are intricate and show the distorting

effect of subsequent stages of development, may need the reminder that the infantile phenomena which are copied and travestied in the regressions may originally be very simple. Many adult dreams, due to the censorship of the riper ego, are complex; but the dreams of the very young are usually simple. Freud's example of little Herman, who with much reluctance gave his uncle a basket of cherries as a birthday present, was quite direct and simple. The twenty-two-months-old child dreamed: 'Herman eaten all the cherries'. Thus the unfulfilled disturbers of sleep, residuals of more and more days of waking life, add gradually to the complexity of the sleep state by instigating increasingly intricate dreams.

These considerations of consciousness and lack of consciousness indicate that there are different states called 'sleep'. As Kubie (1948) put it: 'We are never totally awake or totally asleep. These are relative and not absolute terms. Parts of us are asleep in our waking moments, and parts of us are awake in our sleeping moments; and in between lie all gradations of states of activity and inactivity.' Rado (1925) too has argued that we should not be misled by the etymology of the word 'hypnosis', as our forefathers were by the derivation of 'hysteria' from *hystera* (the uterus). Hypnosis, from *hypnos* (sleep), he remarks, should not be thought of as a simple artificial sleep, but more properly as an artificial dream state.

Mania, then, may be compared to sleep if we specify the kind of sleep we mean, and if we take into account that dreams of different degrees of complexity and with a variable amount of censorship are also parts of sleep as we know it. Mania could thus be a kind of sleep, however far from *sopor*. So considered, a typical elation or mania resembles in its playful wish fulfilment the dream of a small child. Basically, it would be the dream life of the narcissistic pleasure ego, if it is possible to grant a dream life to an ideal construction of this sort. It would, also ideally, be free of anxiety and any affect other than good spirits.

Nowadays no one will be deceived by the idea that children's playful fantasy is the conflict-free affair that it was once thought

to be. Reference to Anna Freud's discussion of 'denial through fantasy' should dispel any doubt on this account. The simple dreams of children that Freud relates in *The Interpretation of Dreams* closely resemble the simple denying fantasies recorded by Anna Freud and the child analysts (Anna Freud [1936], Berta Bornstein [1936]). We may, indeed, have been hampered in our study of elations by an old familiar resistance; unconsciously, we may have equated the fun and play of mania with children's happiness, and thus fulfilled our own fantasy of that Age of Innocent Play. The similarity of manic activity and children's play is an ancient psychiatric idea; the understanding of children's play is as new as psychoanalysis.

The comparison of mania and the child's dream is possibly somewhat obscured above by the references to the child's wish-fulfilling fantasies and games. It should be stated that in the elations, the fantasies, words, and deeds are used mainly for denial, and resemble the denying secondary elaborations that come after the distortion of the latent dream thoughts. The content of the elations is a direct denial of a fact; it is believed unreservedly and gladly, and so resembles in mode of operation the believed dream of the child rather than the playfully held fantasy.

A young woman, whose oral attachment to her mother was extreme, illustrates the relation of mania and dream psychology. She had intellectual insight into her passive erotic needs, yet denied that they in any way affected her. During her analysis she had four hypomanic attacks, all set off by the same circumstances. After a day spent lunching and shopping with a mother figure, she would come to her analytic hour in a blissful mood of erotic absorption. Carrying this over into the night, she would have a visually blank dream with sexual orgasm. Then, the ensuing hypomanic attack denied the importance of what had happened. It was filled completely with heterosexuality and independence. She would tell of numerous fiancés, chosen from among prominent young men in political and artistic circles, and with these, she alleged, she was engaged in various coöperative enterprises, combining love with art and

business. Previous to her hypomania, dreams had occurred that were simple to interpret; for example, she found herself in bed with a young man she admired and he turned into her mother. In the hypomania, she hotly resented any interpretation of dreams in which it was suggested that the men represented anyone but themselves. If a dream exactly repeated a fact which was familiar to her from her childhood and obviously referred to her mother, but which manifestly pictured as the mother one of her erotomanically loved objects, she would confabulate her childhood. This man, she said, had been her nurse or baby sitter, he had sung her to sleep, taught her to walk, etc. The analyst was knocking vainly on a closed door in her ego, which had been open before the attack. Beyond that iron door lay her reality testing.

The blank dream with orgasm, stimulated directly by the contact with a mother figure, reproduced for her a union with the mother at nursing. The elated delusional state that followed was a belated part of the blank dream; in fact, it was the belated manifest content of the dream which denied the wish that was simply and directly fulfilled by it. In this sense the patient was partly asleep while awake, for a large part of her waking consciousness was busy performing a function that is ordinarily, or better, classically performed by the dream work through distortion and secondary elaboration. Her sense of reality when awake was a manifest dream reality, made up of a thoroughgoing denial of the source of the excitement in the dream.

Toward the beginning of her attacks the patient was nearly sleepless despite medication. She dreamed little or forgot her dreams. Later, she remembered some at great length: they were involved, dealt much with the day's activities, and included connected narrative of pleasant activities with her fantasied heterosexual pseudo objects. The repudiative daydreams thus altered the content of her nighttime dreams, which she tried to take as literal wish fulfilments that simply meant what they said. She avoided free associations by flighty evasion or by a downright refusal to give them as soon as they neared the denied

facts. The analyst's intervention in favor of reality led to angry and stubborn contradiction.

Structurally, manic dreams do not differ markedly from the general pattern. The blank herald dream is an exception; it is to be interpreted not only as a dream of oral satisfaction, of fusion with the mother at the breast, but as picturing in pure culture the fulfilment of the wish to sleep which Freud considers the main reason for all dreaming. Excluded from the dream picture was all but the dream screen and the 'organic' sexual stimulus.

Paradoxically, the very elaborate dreams that often appear in milder transient elations (such as those which accompany denials during therapy) also represent the wish to sleep. For, by repeating a dream for the better part of an analytic hour, the patient is 'acting out', i.e., reproducing, the sleep of the night before, so that for analytic purposes he might as well have had a blank dream. Usually, however, in these 'analytic' states of denial and elation the denial comes to expression in the dream itself.

This patient's hypomanic attacks were like manifest dreams which denied the latent dream thoughts of the day's residual. By a rough analogy with little Herman's dream, her hypomanic attack stated, 'I didn't want the cherries. I have all the other fruit I need and always did have.' The hypomanic attack resembles the dreams of children more than their games in one important respect: children's dreams have a sense of reality and complete credibility, and mania includes these too. Put somewhat differently, the sleeping child's ego is more nearly a pure pleasure ego than that of the child in fantasy or play.

The patient was surer of herself awake than asleep, and as we have seen, her dream life only gradually regained its capacity for excluding unwanted stimuli. As guardians of sleep, those dreams were most successful which took over directly the imaginations of daytime life, as when the patient introduced her imaginary lovers into her dreams. These dreams, however, had to stand on the single leg of these very specially selected day residuals and they had to continue the accepted falsification. The analysis of this patient's dreams and those of others, some

of which I have reported, reveal the mechanisms of defense described for the ego of manics. These defenses are used against the unwelcome residuals of the day, including analytic interpretations, in the form of denials, or they express appropriate fantasies in the form of identifications, and show reversals of rôle. Their use is quite intelligible; they are part of the ego's contribution to the dream structure. Manic sleep is notoriously poor, due doubtless to the great defensive cathexis on the ego. The possibility of a special defense against sleep needs further discussion and will receive it later.

To deal more directly with the question of the extent to which manic states resemble dreams, we may inquire what classic symptoms of mania are capable of interpretation as if they were dream elements. This would mean an attempt to give 'dream meanings' to the common features of manic verbal and psychomotor production.

The most striking of these manic features is of course the elated mood. Dreams with a manifest elated mood are well known; dreams which contain laughter or which palm themselves off as 'happy dreams' mean the reverse of what they seem to say. They contain latent death wishes or thoughts of one's own death (Freud [1900], Ferenczi [1916], Grotjahn [1945]). The elation in such dreams is like manic elation, or the elation that comes with denial during analytic treatment. Again, much motion is a well recognized feature of the elations. The manic moves a great deal, romps, plays, and is impatient of any postponement. If we turn to Freud's *Interpretation of Dreams*, we find that he records dreams of romping and playing which depict the 'innocent' fun of childhood, and hide and deny other fun that has come to be considered less innocent. Several dreams of children that Freud selects are called 'dreams of impatience'. Many manic attacks are bursting with innocent games and impatience. Some, precipitated by a stroke of evil fortune or great real trouble, are exactly like the boisterous, impatient dreams.

Another common feature of the elations is the variety of content and the speed of associations known as flight of ideas. Dreams filled to the guards with manifest content, to which there

is no end of the telling, are no novelty in analytic practice. They are resistant dreams that do not get analyzed; their plenitude and variety distract the dreamer from the latent content. Mania, with its plethora of manifest action and its speed, resembles that type of dream.

The blank dream, which initiated each of the four hypomanic attacks, at first sight appears to stand apart from manic symptomatology, especially because of its presumed rarity. It signifies a pure fulfilment of the wish to sleep and might be considered as something not reflected in the psychoses. Yet, it has its exact counterpart in the nosology of the manic-depressive states, not, it is true, in the schematic ups and downs of mood or excitements and inhibitions of the circular psychoses, but in the benign stupor.

The benign stupor, first defined by Kirby (1913) and then studied extensively by Hoch (1921) and later by MacCurdy (1925), consists of a recoverable stupor with no conscious mental content. Before the stupor, the patient often expresses a wish that he were dead, and the stupor is frequently followed by an attack of elation, or 'poststuporous hypomania' (Hoch). The anamnesis shows that there have been previous depressions, manic attacks, or similar stupors. When Hoch first described benign stupors, he thought of them not as 'empty' of meaning because of their lack of conscious content, but as a living out of the fantasy of being dead. My own feeling is that this is not the deepest interpretation, but that like blank dreams, they repeat early infantile, visually contentless sleep. To borrow Dr. Kubie's neat, paradoxical formulation, benign stupors are somnambulatory representations of sleep.

The patient who reported her four blank dreams with orgasms and subsequent hypomanic elaborations, had, in late adolescence, lived through what in all probability was a benign stupor of several days' duration. For these days she had absolutely no memory, as if she had slept through them; later attempts to penetrate her amnesia led to nothing but screen memory imaginings patently fabricated on the spot. There is some suggestion that the stupor was precipitated by a relationship not unlike those that preceded the blank dreams. Later, I

shall have more to say of ideas of sleep and death. Here it will suffice to say that a wish to sleep is obviously ontogenetically older than a wish to die, and that the idea of death is a modification of the idea of sleep.

Viewed as a problem in the psychology of sleep, the difference between the artificial excitements of drug intoxication and the natural manic and elated states becomes more evident. The manic does not follow through in his approach to sleep; the pharmacothymic patient does. Hence, taking the transition from waking awareness to sleep as a gradually descending slope rather than a discontinuous set of steps, the manic gets only so far in his descent, the pharmacothymic ultimately all the way in his drug stupor. In the drug addict's stuporous sleep, the union with the breast is more complete, less avoided, than is the case in mania. Suicide, in both types, perhaps reproduces in fantasy the sleep at the breast in its most extreme form. Because in German the addict's drugs are called *Rauschgifte*, and *Rausch* means 'spree', we may again have been partly misled by language, and we may not have given due consideration to the artificial stupor the drugs usually produce. Rado (1933) has remarked on both stupor and suicide as sequelæ of drug addiction, and because of the value of his account, symbolized by his fresh term for the illness, *pharmacothymia*, I prefer and use this designation.

In Abraham's discussion of regression in the depressive and manic states (1924) he noted, without precisely clarifying his idea, that there was a regressive pull toward the early oral stage, antecedent to the biting, cannibal stage where he postulated the main point of libidinal fixation. The early oral wish to be nursed at the breast would be completed or fulfilled by a falling asleep, if the fantasy is carried to the end. Such a fantasy we recognize in the blank dream, the benign stupor, or in suicide.¹

We began with the question, in what sense could mania

¹ The reader is referred to the vivid description given by Zilboorg (1933) of states of consciousness that precede catatonic stupors and sometimes benign stupors. The psychological identity of prestuporous and predormescent phenomena is striking.

be called a form of sleep, since both states reproduce psychologically the fusion with the breast at nursing. Having expanded the idea of sleep to include dream states, we found that for all its appearance of vigil, mania repeats a fusion with the breast at nursing and a falling asleep. The ego's fusion with the superego in mania repeats falling asleep, but it is not a direct reproduction of the original model. It lacks the sound, blank-dream sleep of the baby, which would be repeated by a stupor. It reproduces a reproduction—namely, the later sleep of a somewhat older child, with its dreams of relatively simple manifest structure, with denials, identifications, and happy wish fulfilments. Hence, mania is an altered copy of a child's sleep, which itself is an altered and developed copy of the first sleep at the breast.²

Mania, it was shown, splits off a fact-denying part of the ego from the rest. Before the elated ego has successfully influenced the dream life, there may be a period in which night-time dreaming shows more evidence of reality testing than does the daytime elated fantasy state. This situation was noted by Freud (1941) in a case of paranoid jealousy, where the dreams were perfectly 'sane', and by Ruth Mack Brunswick (1928) in her paranoid patient. The split in the ego was demarcated by the sleep-waking boundary. In early infancy, apparently, this

² Here a few words may clarify my difference with Melanie Klein as to more or less normal infantile forerunners of mania. For Klein, the earliest antecedent of elation is the 'manic position', about the end of the first year of life. This manic position is a defense against a preceding 'depressive position', and generally against the danger to which the baby's ego is exposed from its own death instinct, from its id and introjected 'bad objects'. In my construction I specify two points, or rather planes or levels, in the child's chronological development—one earlier and one later than Klein's manic position. One of these is the very earliest nursing period with emphasis on falling asleep at the breast. This level of smaller area in absolute terms, though greater perhaps proportionately, I take to be a relatively uniform, physiologically grounded, reflexlike experience, quite regardless of ego structure; consequently any idea of the baby's defending itself is irrelevant. The second level is a later cross-section of larger area in the development of the function of sleep, and one that is clearly dependent on an ego of some complexity. The young child that dreams away its daytime privations is, of course, employing a defense mechanism—denial.

boundary is not so sharp as it later becomes. Grotjahn (1938), reporting the dreams of a child two years and four months old, stated that going to sleep and waking up had not the abrupt effect they have for adults; the child carried over manifest dream thoughts into waking life. This particular direction of influences, from the sleeping to the waking state, must come to be blocked very early in life. There are few dream residuals in ordinary waking life, or they pass unnoticed. Ordinarily the action is one-way and valvular; thoughts from the day enter into dream formation but night thoughts, except pathologically, do not enter into waking formations.³ Going to sleep and waking up become the obvious initial splits in mental life.

In another place I expanded Freud's idea of the determinants of the analytic defensive response—denial. I assumed that the condition that evokes a denial during analysis, namely, intellectual insight without emotional self-commitment, is also provocative of elation or depression, especially the former, and that similar insight, or near insight, in ordinary life might have the same effect. In ordinary life, it is true, insight is relatively easily avoided through the usual defenses, such as repression, but it is less avoidable at night. Then we may be given insight we do not wish if the dream censorship fails in its sleep-guarding function.

The dream censorship usually fends off the instincts, but it sometimes gives the impression of needing education and practice to carry out its duties.⁴ When it is circumvented by a sufficiently disguised wish, the sleep-waking boundary is secure;

³ But see Sterba's report of patients in analysis acting out the dream content of the previous night (1946). See also Ernest Jones (1911).

⁴ In the absence of any definitive work on the maturation of the censorship from childhood on, we must assume that there is an evolution that keeps pace more or less with the age and growth of the child; an assumption borne out by all that we know of ego development and children's dreams. As we hold that the superego and the reality testing function grow with time, we may plausibly believe that the censorship too undergoes a gradual ripening and is influenced by the individual's history, which is to say that it probably does profit from 'education and practice'. Indeed the adaptiveness and modifiability of the censorship, in one sense or another, are implicit in our general theory of analytic therapy (see French [1937]).

but occasionally, as though inept or taken by surprise, it permits the passage into consciousness of deeply dreaded erotic and aggressive wishes. In puberty especially, the dream censorship is often unprepared and taken off guard by direct incestuous thoughts, which appear starkly in the manifest dreams. A thought of this sort is not easy to set aside; it acts like a premature and undesired or ill-timed analytic insight into the unconscious and provokes a reaction in waking life.

It will be remembered that the young woman with the blank dreams, in her clear periods, had dreams in which young men in bed with her turned into her mother, and that in the hypomanic attacks that followed the blank dreams, the men played a great rôle in her imaginations, while all reference to the mother was taboo. Her prehypomanic dream censorship was inadequate to its task of sheltering her from recognizing the stimulating effect of her relations with women, and in the blank dream failed completely to protect her by a denying, hallucinatory, manifest dream. This task was accomplished by the repudiative erotomanic fantasies of her elation. A new sleep-guarding mechanism was built up during the later parts of her elation, when the daytime imaginings had gained sufficiently to deceive her ego.

Innocent surely of any psychoanalytic thinking, Reiss (1910) reports the following 'psychogenic depression'. A woman brooded over the approaching marriage of her son. The night after the wedding ceremony she dreamed that lightning flashed through the church window and struck the bride as she was standing at the altar, tearing off the bridal veil. The patient became sleepless, depressed, and anxious, and, a Swabian *Jocasta*, hanged herself. The failure of her dream censorship brought unwelcome insight and affected her waking life.

A girl, who lost her mother just before puberty, slept through her teens in close proximity to her father and brother, often sharing a room with one or the other. She was troubled by overt dreams of sexual relations with these two men. Going to sleep was an agony for her, and when she awoke after a dream she would thank God that it was only a dream after all.

In her later character neurosis, which followed a depressive pattern, she took to homosexuality and—the escape that led back to the beginning—to bouts of alcoholic self-stupefaction, which signified for her the erotic sleep of her teens, and about which collected the guilt she had felt at that time. From these she would awaken, alarmed at what might have happened, particularly that she might have masturbated while she was unconscious, and resolved that she would not repeat the performance. In her analysis her outspoken dread was that she might have a frank dream of intercourse with the analyst.

In two cases of neurotic hypomanic personalities, at adolescence frank dreams of incest with the surviving parent of the opposite sex precipitated both the neurosis and the vast career of denial on which these persons embarked. One of the patients was a woman who had lost her mother at about the age of eight; the other, a young man, had lost his father at nine. Both were upset by the incestuous dreams, and defended themselves against their repetition, at first by rituals and hysterical symptoms, but finally by altering their personality into overactive, overcheerful but dissatisfied types, with an inflated identification with the lost parent. They were not homosexual, save for brief adolescent experiences, nor alcoholic, but relied on excessive action (including much sexual behavior) to distract them from any repetition of incestuous thoughts or dreams.

These patients were menaced by insight that came to them in dreams, and they sought escape from instinct and anxiety in alcoholic stupor or hypomania. The older, natural sleep had become unreliable because of the weakness of the censorship; the stupor and the hypomania were the new equivalents of sleep where the censorship prevailed, in the case of stupor by the complete absence of consciousness, in the hypomania by the alertness and possibility of acting out a denial. The psychological equivalents of biological sleep were dependent on the same mechanism of fusion with the breast or its later successors. As if the adolescent breach in the sleep-waking boundary necessitated a healing, other forms of sleep with different, well-

guarded boundaries were established. The failure of the adolescent dream censorship set up compensatory oral mechanisms that represented new and pathological fulfilments of the wish to sleep.

To return now to the problem of mania and sleep, enlarged and expanded by our consideration of certain stupors and by an expansion of the idea of sleep to include various types of dreaming, we may summarize our equation of sleep and mania. Both are the result of an intrapsychic fusion with the breast at nursing, but only a stupor reproduces the infant's sound sleep. Elation repeats a repetition and development of this primal sleep—the wish-fulfilling dreaming sleep of a somewhat older child; it is a substitute sleep, or sleep-equivalent, guarded by a type of censorship that is created particularly to employ the defense mechanism, denial—denial of insight—and to prevent emotional acceptance.

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EGO FUNCTIONS AND DREAMS

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The customary meaning of 'ego functions' in connection with dreams is that of 'secondary elaboration', the process by which the disconnected manifest dream elements are woven into a more coherent pattern (7). Added to it are such phenomena as the feeling in the course of dreaming, 'this is only a dream', or the reverse feeling, 'this is real'.

However, Freud's constructions on the dynamics of dream formation appear to have more complex implications for the relevant functions attributed to the ego¹ (7, 8, 9). The dream is a compromise between the wish to sleep and the potentially disturbing needs and desires of the sleeper. The wish to sleep, withdrawal from the world, is considered an ego function. A further effect of 'ego function' is assumed to be the diminution of 'censorship', i.e., functions of conscience, self-criticism, and reality testing (evaluation of external danger). The compromise between unforbidden bodily urges, such as hunger and the

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¹ The concept of the ego is one of the most complex constructs in psychoanalysis. As one of the theoretical agencies in the psychic apparatus, the following functions are commonly ascribed to it: perception, logical thinking, memory, concept and image of the self and of the outside world (reality testing). In connection with the last, the evaluation of the self and the attitudes toward other individuals (interpersonal relations) are frequently included, at least in so far as they represent remedial reactions to anxiety and guilt. Further functions commonly attributed are the integrative function of the personality, character (habitual modes of reaction with their underlying dynamics), defense mechanisms, anxiety, the function of adjustment ('mediation between superego, id, and outside world') and control of motility (3, 6, 11, 12, 13). The problem of how close these functions are to each other clinically and theoretically and how close they are to functions commonly spoken of as id functions (sexuality and hostility), and as superego functions (conscience, self-observation, and ideals) is beyond the scope of this article. Likewise beyond the scope of this paper are the special problems posed by the theory of agencies of the psychic apparatus, namely ego, superego, and id. To avoid these problems, the phrase, 'functions commonly attributed to the ego', is used.

wish to sleep, may be relatively simple and result in hallucinatory wish fulfilment. Even there, however, if the desire is too great and cannot be satisfied by hallucinatory wish fulfilment, the individual wakes; that is, reality testing wins out over the wish to sleep. Here, then, two ego functions seem at least in partial conflict. The situation becomes more complicated if the desires to be satisfied belong to the forbidden category. Then there is a double compromise, one between the desire to sleep and the urge, the other between 'the censor' and the forbidden desire. A still more complex situation arises if the forbidden desire becomes too intense or reaches a danger point and the dreamer wakes with anxiety. In this process three functions commonly assigned to the 'ego' are at work. One is the retention of reality testing (danger assumed to come from the outside world, e.g., retribution); second, the perception of danger (production of anxiety); third, awakening, which means giving up the wish for sleep for the sake of the individual's comfort and safety. The last becomes all the more impressive by the occasional exception of not waking from a nightmare. These dreamers are often finally wakened by someone sleeping next to them, after prolonged writhing and gasping. They are usually individuals who are reluctant to seek psychiatric treatment because they consider it a threat to their self-esteem, self-determination, and the 'intactness' of their personality. These attitudes then oppose, in the nightmare, the 'cowardice' of escaping danger by waking; both sets of attitudes are often considered ego functions.

We shall consider systematically, in relation to the dream, various functions commonly attributed to the ego: the general integrative functional strength of the individual, defense mechanisms, self-evaluation and interpersonal attitudes, the dynamics of anxiety, the concept of the self, and reality testing.

FUNCTIONAL STRENGTH OF THE INDIVIDUAL

The functional strength of the individual is estimated here by way of the relationship of the dream and its interpretability to the total analytic process. There are five types of such rela-

tionships. The functional strength of the individual, from the point of view of integration, is highest in the first example and lowest in the last.

1

The dream is clear, the patient accepts the interpretation and furnishes further relevant associations. This is illustrated by the dream-pair of a fifty-year-old phobic woman.

1. She is four or five years old and is about to make sexual advances to an idiot, a girl, in the lavatory, when the door opens and she stops with anxiety, shame, and guilt.
2. Her mother is away from the house and she feels happy and free.

The patient related in connection with the dream that her mother caught her masturbating when she was five years old and severely shamed her. She could not stop masturbating, developed nightmares, the fear of being alone in the house, and clung to the mother. There was an idiot living in the house but, as she herself recognizes, the idiot in the dream represents the patient. She suffered from affective stupidity which resulted in difficulty in her school work. This was an attempt to deny responsibility for her sexual activity as well as for her hostility toward her mother who had shamed her. The hostility probably amounting to a death wish is indicated in the second dream. This, together with her constantly anticipated disapproval and condemnation by the mother, on whom she was helplessly dependent, increased her fear of abandonment.

2

The dream can be interpreted with some persistence and ingenuity, and is accepted by the patient. A thirty-eight-year-old woman, a married social worker, suffered from work inhibition, caused by doubt of her ability and by the feeling that, whenever criticized, the work in question was worthless. She further exhibited psychoneurotic depression, mild but continuous alcoholism (six or seven cocktails daily), and occasionally had the feeling that she had a vaginal odor. In the early

phases of the treatment, she was insistent that she might be schizophrenic. She then had the following dreams.

1. She engages in the discussion of a case with another worker, in a self-assertive manner.
2. She is being examined by several physicians and it is found that she is not suffering from a serious vaginal disturbance but from a mild infection. One of the physicians remarks, 'Her vulva is the fringe of her persecution complex'. The analyst is present as one of the physicians in the room.

'Persecution complex' has two implications. The patient is saying, 'I am not repulsive and hopeless. I thought so only as a result of a mistaken evaluation.' It refers also to the patient's broken family following her mother's death when the patient was five, after which she felt she was unloved and homeless. This, fused with her sexual conflicts, resulted in a feeling of sexual worthlessness; further combined with a feeling of failure in her ambitions, this led to her hopeless fantasy of schizophrenia. The first dream represents a rise in self-esteem and self-confidence, saying, 'I can stand my ground with my equals'. These dreams were the beginning of the resolution of the patient's hopelessness, and of new insight and orientation before these became conscious or accepted in her waking life. Such a constructive solution of conflicts and problems (1, 4, 16, 17, 18, 21, 22) is a phenomenon of adjustment also commonly attributed to the ego. It is relatively rarely observed in dreams as clearly as in the example cited, and such dreams mark constructive turning points in the course of analysis.

3

The patient presents nearly all the significant emotional experiences in a dream which is a psychological production from which he is detached. Such patients have characterologically a general reduction of affect. A forty-two-year-old male homosexual had the following dreams.

1. He hears his mother's voice, but spoken with the analyst's accent, 'John, get up'.

2. He sees a curving staircase down which a Negro man is running toward him and then disappears. Other Negroes run down the stairs, all of them dressed in black. They make a very impressive color effect against the blue and red background. The patient, by the manner in which he is looking, can make the stairs appear as vertical or horizontal. This gives him the feeling of being in complete control of the situation.

The reference to the mother and to the analyst is clear. The patient states that in his childhood his father used to wake him. The general meaning of both dreams remains obscure until the analyst asks whether he had actually heard the words, 'John, get up', spoken the day before. The patient suddenly remembers that he had expected to be called by his new friend with whom he was on the way toward developing for the first time in his life both a sexual and an affectionate relationship. He then recalls that the Negro was running down the stairs with a movement characteristic of his friend. He adds that he experienced no anxiety in the dream but the Negro seemed to be anxious, as if running away from some pursuer. The dream is the patient's attempt by magic omnipotence to master his fear of the relationship with this prospective partner.

The impressive point is that the patient experienced little, and related nothing, about his fear of the developing affair. He could introduce it into the analysis only by way of a dream.

At times the device by which the patient lowers the threat confronting him is evident in the dreams themselves, as in those where the patient looks into a mirror (19), or where his urges and tensions are acted out by looking at a production on the stage. By this 'objective detachment', the patient reveals trends which would otherwise create disorganizing anxiety.

4

The patient offers several lengthy dreams with wandering associations, and no clear connection is discoverable with the current phase of the analysis or the patient's daily life (5, 10).

5

The dream reveals some repressed attitude almost without disguise. The patient is deeply disturbed and the interpretation of the dream, often surmised by the patient, only adds to the distress. The patient may be on the brink of a psychosis. A thirty-year-old woman, suffering from asthma, after a year and a half of analysis during which she had made very good progress, had two dreams.

1. She murdered her brother.
2. She dreamed of a word 'flailure' which she immediately explains as being composed of 'failure' and 'flay', both referring to the analysis.

The patient was restless and agitated, complained of feelings of strangeness and of passing thoughts of pushing people under subway trains. No attempt was made to analyze the dream. She was asked to sit up and face the analyst.

DEFENSE MECHANISMS

The mechanisms of defense commonly appearing in dreams are compromise, displacement, reversal (representation by the opposite), projection, and symbolization (6).

1

The mechanism of alterations of affect in dreams is expressed in three ways. The *suppression of affect* can be a general characterological defense of the individual. The attempt to *allay anxiety by humor or laughter* is illustrated by the dream of the fifty-year-old phobic housewife: 'My husband and I are looking at a five-year-old girl who is getting married. We are laughing heartily.' The age of the girl is a reference to the episode in which the patient was caught masturbating by her mother, marking the onset of her infantile fears. She is still afraid of sex and is attempting to allay this anxiety by laughter. *Rage* is a manner of coping with anxiety and guilt in a dream of the same patient.

She is walking on the street with an older woman and her three children. The three older persons go into a large

building, then her six-year-old daughter wanders away. (The daughter is her youngest child, actually fourteen years old.) The patient is worried, feels alone; then the daughter returns. The patient is very angry, scolds, beats, and bites her, saying, 'Why didn't you tell me that you were going away?'

Following the discovery of her masturbating, the patient was afraid to be alone (fear of abandonment by the mother). After she married, she became successively dependent on her children, the last one being her daughter. In the earlier years the daughter wanted to be independent, and the rage in the dream referred to this anger. In later years the daughter developed a phobic attachment to her, and she then was resentful over the reversal of rôles as well as over the inconvenience. Because of guilt the hostility is changed in the dream into worry over the daughter, with projection of the blame, and subsequent intensification of 'justified' hostility.

2

The mechanism of *denial by fantasy* (6, 15) is a device of beautifying. In this process an illusion is formed in the dream, usually of high æsthetic quality, by which the patient attempts to overcome his anxiety. An attractive and intelligent twenty-eight-year-old unmarried woman, who had broken seven engagements, had the following dream one night following intercourse.

She is in the sea, rising and falling with large threatening waves. The waves finally assume the shape of a beautiful orchid and become calm. Her anxiety subsides.

At other times only the end product of high æsthetic quality appears in the manifest dream content. Another form of denial by fantasy is closer to hypnagogic symbolization. The social worker, who dreamed about the 'fringe of persecution complex', had a recurrent dream before waking in the morning. She is solving some current problem of work by finding the solution to a complicated crossword puzzle. One of her consoling activities during the day, to which she was almost addicted, was solving crossword puzzles.

3

Complex multiple dreams are characterologically paralleled by the intricacies of the patient's reactions in the analytic hour and in his daily life. They are commonly combined with other defense mechanisms, as suppression of affect, humor, and the device of beautifying.

SELF-EVALUATION AND INTERPERSONAL ATTITUDES

These are feelings of helplessness, feelings of humiliation or superiority, attitudes of dependency, domination, submission and perfectionism (1, 14). Analytically, these attitudes are at times considered to be concomitants of various levels of libido development, e.g., dependency as the concomitant of the oral phase. At other times, they are considered to be restitutive measures in response to anxiety and guilt, and thus 'ego' reactions.

1

Feelings of humiliation, of loneliness, fear of rejection compensated for by an attitude of disparagement and superiority are illustrated by a forty-two-year old homosexual, a man of considerable polish, who suffered from mild depression and moderate alcoholism, intensified after the death of his mother six months earlier. He displayed little affective variation. He said initially that he had never been close to anyone except his mother. Later, he remembered the most painful experience of his life when, twenty years earlier, he was rejected by an intensely loved homosexual partner. It became evident that he felt lonely and craved affection. He considered himself superior to most people, but had serious doubts about the impression he made which gave him an insistent need to appear brilliant.

Early in an analysis characterized by long silences when he felt humiliated talking about his difficulties, his need for help, and particularly his homosexuality, he reported a dream.

A man has returned to the patient ten dollars he owed. The dream was so 'realistic' that when he woke he actually looked for the ten dollars.

Actually he owed his maid ten dollars. The dream reverses his indebtedness and, furthermore, puts another person into the inferior position. His next association was that the man in the dream was one to whom he was once emotionally and sexually attracted, and whom he had planned to seduce but did not. The dream ultimately represents a fantasy of being seduced by the analyst, who is thus degraded, and the patient's superiority over him established. The money received is a depreciated expression of love received.

2

Illustrating the need for closeness, feelings of helplessness and smallness, with rebellion against domination, is the dream of a borderline schizophrenic, a man of twenty-one.

He is in a military school, the students are assembled in ranks and the commanding officer is addressing them from the roof of a very tall building. The patient is in the room of an adjoining tall building, on the level with the commanding officer, looking at the scene. The officer looks at him, implying that he is supposed to be down in the ranks with the other boys. The patient leaves, weeping.

The dream refers to the patient's unloving and domineering father, from whom he ran away in rebellion. Weeping is associated with the patient's desolation whenever his mother got drunk; also his pity for and identification with any suffering creature. The whole scene dramatizes the feelings of distance, of smallness, and of domination.

The forty-two-year-old homosexual developed, in the course of treatment, a feeling of security in the analyst's support, and the companionship of his friends. He expressed the hope that he would attain heterosexuality. He had once married but was impotent. He had the following dream.

He is preparing cocktails for a party. In the process, the cocktail shaker falls out of his hand and goes down the drain. He feels sorry but then thinks it would be foolish to dig up the whole hill to recover the cocktail shaker.

The cocktail party is associated with his new, partly illusory, feeling of companionship and affection. The cocktail shaker

symbolizes genitality. Digging up a hill is a reference to the analysis. The fantasy of support and affection is used to escape a sexual conflict.

ANXIETY

The phenomenon of anxiety is one of the most important included among the functions of the ego (12).

Some patients display anxiety as a symptom, but in all patients various forms of anxiety act as a continuous unconscious dynamic force. The symptom, anxiety, appears at times simply as reaction to danger; at other times it represents in addition a plea of helplessness, and an unconscious demand for magic help. As a continuous dynamic force, anxiety results not only in the patient's avoiding dangerous situations and activities but also in his engaging in defensive, substitutive, and compensatory maneuvers. These cannot be remedied until the patient's unconscious anxieties are resolved. Like any dynamic force, anxiety can be repressed. This is illustrated by patients suffering from hysteria, obsessional, character or traumatic neurosis, who feel comfortable during the day but have recurrent anxiety dreams. It was characteristic of the forty-two-year-old homosexual. One of his recurrent nightmares was that he was standing alone on a great height, often the top of a fireman's ladder. This dream represented in a condensed, symbolic, dramatized manner four of the patient's anxieties: loneliness and isolation; falling from the height of his superiority; retribution for aggression (fire); and genital injury (castration) particularly as a punishment for sexual rivalry. The dream expresses at the same time three of the patient's ways of trying to remedy his feelings of helplessness and sense of danger: self-magnification, genital self-aggrandizement, and defensive aggression. This dream illustrates that anxiety and its compensatory measures are subject to the primary process.

CONCEPT OF SELF AND REALITY TESTING

There is no way of determining at what age the human being begins to dream, but there is no reason to doubt that they do so from the earliest period of life. In fact, the only logical

proof for the construction of hallucinatory wish fulfilment in infancy is the persisting experience of dreams. 'Real' and 'imagined' are very loose concepts in children, up to the age of about eight. As Piaget's investigations show (20), children assume that dreams come from outer objects and that they actually occur in space. It is not an uncommon experience that children react to their dreams after waking as to real occurrences.

A more elusive problem of reality testing, including social awareness, concerns the features which differentiate the dreams of the normal and neurotic from those of the psychotic. In psychotic dreams events occur repetitively which crassly contradict experiences of reality commonly respected in neurotic dreams (e.g., being with dead, eyeless people). Second, psychotic dreams may express such delusional ideas as fantasies of the end of the world. Third, commonly repressed or highly disguised emotional trends (murder, incest) are expressed directly. In children the psychotic anxiety dreams often have a quality of crass violence, as in the repetitive nightmare of a seven-year-old schizophrenic boy that he is stabbed in the back by his mother.

In harmony with the more undisguised egocentricity, the dreamer appears in person with relatively greater regularity in children's dreams. The concept and image of the self in dreams also show displacements and condensations, as when the dreamer is represented by another person, or an animal, or when his own features are fused with those of another person. The condensation may include the dreamer with his earlier self or the representations of the dreamer as a giant, a dwarf, or with his sex changed.

Dreams acquire their ultimate complexity and full thematic range only in late adolescence. Characteristic as the simple wish fulfilment is of normal children's dreams up to a certain age (7), so is the simple nightmare characteristic of children with emotional disturbances.

An eight-year-old boy, whose main symptoms were nightmares and fear of being alone at night, dreamed that he lost his

bicycle. He woke from this dream crying, fearful, and called for his parents. This boy's family had just moved and he was afraid of falling short of the highest standards in his new school. The day before he had lost a book borrowed from the school library. He felt guilty and was afraid of the teacher's disapproval. He was further worried that he would have no friends in the new place. He would beg his mother to drive him and his bicycle in her car to the old neighborhood where he could ride and play with his former friends, then have his mother call for him and take him to the new home. If his mother found this inconvenient, he got upset, angry, and worried. In the course of a therapeutic play session he re-enacted the dream, with the alteration that he walked in his sleep, that people hit him on the head, that he hit people on the head, and there was a general fight.

The dream shows a remarkable condensation of the various types of anxiety that act on the child as dynamic forces: fear of failure and of disapproval, guilt, fear of rejection and abandonment, counterattack, and punishment for hostility. One may add to this the possible symbolic meaning of the bicycle, thus adding the fear of castration and of locomotor helplessness. In infancy this child suffered from eczema and his hands were tied to the crib to prevent scratching. Implied in the dream are several of the patient's habitual devices used to remedy his feeling of helplessness and state of danger, namely his perfectionism, his excessive need for love and companionship, and defensive hostility. The various forms of anxiety, e.g., fear of abandonment, of course become reinforced when such remedial measures as unqualified love fail.

This dream illustrates in a striking way that anxiety and its remedial measures are subject to the primary processes.

SUMMARY AND CONCLUSIONS

The relation of dreams to the general integrative strength of the patient in the analysis, his defense mechanisms, his self-evaluation and interpersonal attitudes, his anxieties, his concept of himself, and reality testing are discussed. These are

commonly classed as ego functions. In the course of the presentation certain implications arose that will now form the basis of some general formulations.

1

We have found that some of the dynamic forces operating in defense mechanisms, in the function of self-evaluation and interpersonal attitudes, and further in the phenomenon of anxiety, as well as in the concept of the self and reality testing, can be unconscious in the truest sense of the word. These dynamic forces are then subject to the same primary processes as the functions assigned to the id, that is, sexuality and hostility; moreover, they may be subject to defenses similar to those to which the forces of the id are subject: condensation, displacement, representation by the opposite, the presence of contradictions, dramatization, and symbolization. They show the same urgency for preserving the total psychic functioning. The same may be said of the unconscious dynamic forces commonly attributed to the superego, namely, guilt and a striving for ideals, as illustrated by the condensations and displacements in the self-accusations of the depressed and the ideals of some obsessional neurotics. To this may be added the statement that the forces attributed to any of the single agencies may be in conflict within themselves (2). Thus the individual may attempt to allay anxiety both by submitting to and by overpowering his adversary. Aggressive masculinity may be in conflict with submissive homosexuality, and the need to be a hero and avenge a wrong may clash with the command, 'Thou shalt not kill', both of which may be egosyntonic.

2

Hostility may be in the foreground when anxiety—and sexuality when hurt self-esteem—is the initiating force; need for affection may predominate when the problem is one of sexuality. To this may be added sexualization of aggression and of anxiety, negative therapeutic results and criminal action arising from a sense of guilt. It is concluded that the psychological phenomena presenting themselves in any one of the functions

commonly attributed to the id (sexuality and aggression), super-ego (moral conscience and ideals), or ego (need for safety, mastery, reality testing, self-esteem, and affection) may be initially motivated by forces attributed to each of the other agencies. One might say that dynamically they are interchangeable. In every significant psychopathological manifestation the forces commonly attributed to all three systems participate in a complex manner. In any given instance, the relative relationship of these forces has to be investigated behind the dominant presentation.

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A Posttraumatic Dream

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A POSTTRAUMATIC DREAM

BY RUDOLPH M. LOEWENSTEIN, M.D. (NEW YORK)

A patient, analyzed many years previously, returned for a short period of treatment.

Some time before, he had made a canoe trip with his wife and two other couples. In three canoes they paddled down a river which had many rapids in its course, and which had become swollen from twenty-four hours of torrential rain. In a deep, narrow gorge, the patient's canoe capsized. He and his wife clung to their canoe and were able to attract the attention of their friends who came to rescue them. The wife succeeded in grasping one of the other canoes; the man, however, lost his grip on his own canoe and was carried away by the current. When he struggled to the surface he was far away from the others. He saw that his wife was being rescued. Fortunately, his capsized canoe just then floated by. He obtained hold of it and was swept down several miles by the violent current. Soon he heard the thunder of rapids which he was approaching. He took the precaution of disengaging his body from a rope in which he had become entangled. He was careful meanwhile not to lose his grip on the canoe, knowing that a man cannot by his own exertions keep afloat on the surface of foaming water. From then he recalled only that for what seemed to him an infinitely long time he was under water, trying desperately not to lose his grip on the canoe. When suddenly his head rose above the surface of the water, he was only a few yards from his friends. They succeeded in bringing him, completely helpless and exhausted, to a bank of the river. They rested for a while, but then had to embark again to complete the remaining fifteen miles of the journey by canoe. They spent a joyful evening celebrating the rescue which seemed almost miraculous to all of them. The night after the accident, the patient had the following dream:

He is shut in the highest room of a tower. An elderly woman is trying to prevent him from escaping. He succeeds in diving

through the floors, ceilings, and walls of the different rooms of the tower, one after the other. He arrives below in a yard, shut off by a large porte-cochere. He hesitates to ring for the concierge and dives through the door, turning outside to the right with a feeling of enormous relief. In the far distance he sees vaguely a medieval château with towers.

The analysis of this dream extended over a period of time, using infantile material known from the previous analysis. For clarity, this material will be presented in a summarized form.

The patient was well aware that the dream was to some extent a revival of the traumatic event of the preceding day. Diving down through ceilings, walls and doors reminded him of the movement he and his canoe had executed when carried through a waterfall at the head of the rapids. Turning to the right corresponded to the right bank to which his friends took him after he emerged from the water. There are, however, important differences between the traumatic event and the dream. In the event, he was rendered completely passive, owing his life partly to his tenacity in clinging to the canoe, but mainly to the skill and courage of the friends who saved him. These circumstances particularly impressed him painfully after the accident: his very happy and successful life might have been ended by a stupid accident; also, he owed his life to two people whom he liked very much but did not admire greatly. The latter was especially humiliating. In the dream, however, the passive rôle forced on him by the circumstances of the accident and the rescue was transformed into amazing exploits of activity and initiative.

The detail in the dream of the porte-cochere reminded him of a Mr. S, whom he had once known. As a young man, Mr. S had had tuberculosis so severely, he was told by his doctors that he had six months to live. A fanatic mountaineer, he went mountain climbing alone in Switzerland for a few years, and lived many decades longer. Some years after his illness, he became one of the leaders of a revolutionary movement. He and several friends were arrested and imprisoned. They knew that the police were awaiting their attempt to escape in order

to shoot them. Mr. S nevertheless prepared to make his escape by filing the bars and letting down a rope smuggled into his cell. He proposed that his cell mate go first. He refused, and, being a skilful mountaineer, Mr. S easily climbed down the three stories into the yard which was continuously patrolled. When his cell mate started climbing down, the police shot and killed him. Among the scenes of the escape of Mr. S were a yard and a porte-cochere which were outside of the walls of the prison. Afraid of being recognized, he did not dare to ring the bell to have the door opened; he saved himself by climbing the wall.

It was of this porte-cochere that the patient dreamed, doing even better than Mr. S by diving through the door. The patient had never been a good mountain climber, and though a rather good swimmer was never a diver. In the dream he transformed his humiliating passivity during the rescue into an active exploit, identifying with the man who had miraculously escaped death twice.

The diving through the walls reminded him, in addition, of *The Invisible Man*, by H. G. Wells, with the difference that the Invisible Man could not be seen but was caught and killed. Although visible, the dreamer could go through walls as do ghosts. For ghosts, he used the French *revenant*, which means one returned from the dead. He added that for some time after the accident he felt himself to be a *revenant*; that he had almost been in the other world from which he had returned; and he had the impression that he lived on borrowed time.

The dream reminded him of a series of nightmares and events of his childhood, which had been previously analyzed. The old woman, who tried to prevent his flight, resembled a laundress who played a particular rôle in his childhood. In analysis he had recalled in detail sexual activities between the ages of two and a half and four and a half: masturbation and sexual activities with domestics. To stop him from masturbating, his mother threatened him with paralysis and craziness. He would promise not to masturbate but would start again. The laundress was the last person with whom he had indulged

in sexual play, after which his mother caught him and reproached him severely. From then his sexual activity ceased throughout the latency period. In the period from the age of three he had numerous nightmares, which analysis revealed to be centered on the primal scene. In dreams he was threatened by ghosts from which he would escape by running down a flight of stairs. In a first phase the threatening figure was recognizable as the father, in the form of a ghost or a devil, etc. In the second phase the threatening person became a woman.

This shift occurred when the patient was almost four, following an explosion and a fire in the apartment above in which many persons died. The patient remembered that all the children ran downstairs. He was the last, excepting his mother who remained to help the children flee. As the patient was running downstairs, a burning woman,¹ a horrible sight, almost overtook him. It was impossible to decide whether he actually saw her or whether this was a screen memory; however, his subsequent nightmares frequently took the form of fleeing downstairs pursued by a horrible, threatening woman ghost. It had been possible to establish in analysis that this threatening figure was a composite of the burning woman, a friend of the family whom he knew to be his father's mistress, and his mother.² The series of nightmares stopped when he ceased masturbating at the age of four and a half. When he last had one of these nightmares, he was nineteen; it followed seeing a play in which a married woman makes her young lover kill her old husband. In that dream the dangerous woman was the patient's former

¹ The burning woman was the mother of the family in whose apartment the explosion occurred. She actually died from her burns.

² This shift from father to mother as a castrating figure is not, in our opinion, due entirely to the accidental factor of seeing the burning woman. It is not due either entirely to the fact that in his childhood it was the mother who prohibited masturbation and threatened him with castration; for even then he feared his father's wrath much more than his mother's. This shift, which we have observed in other cases, might be explainable by the fact that while the little boy is struggling against his instinctual desires, he gradually identifies with the father during the process of superego formation; and this occurs at a time when the mother is still a temptation, thus a threat.

mistress (for whom he had fought with a man) who later betrayed him.

The posttraumatic dream recalled another series of dreams from childhood, which clearly centered on birth and return to the mother's womb. Diving downwards head first and making his way out reminded him of birth.

Among other associations, the château with the towers, which he saw in the dream with relief, reminded him of fairy tales and corresponding childhood fantasies in which the young hero escapes from a house where he had been kept prisoner by a witch or a sorceress, and returns to his family's château. The towers reminded him of breasts.

SUMMARY

This posttraumatic dream repeats the traumatic event and thus serves gradually to overcome its impact (2, 4). The reported dream, however, also has the structure of an ordinary dream. The traumatic event is not exactly reproduced, and the distortions are clearly the fulfilment of wishes (3). The wish fulfilment coincides with the overcoming of the traumatic event. The latter is repeated in the form which satisfies the wish-fulfilling function of the dream as well as the trend toward mastering the threatening reality.⁸

In his childhood the patient renounced sexual activity, and, thanks to that, gained the security resulting from the elimination of the threat of castration. He benefited from this renunciation in the latency period by building up valuable sublimations. In the dream he once more eliminates by wish fulfilment the threat of danger, mainly in three ways:

He identifies himself with the man who escaped death through his courage and physical abilities. He thus transforms his own passivity in the rescue into an active feat.

He pictures himself as being reborn, adding to it, moreover, an active initiative.

⁸ Unlike the repetitive posttraumatic dreams described by Marie Bonaparte (1).

He represents himself in the dream as fleeing from the tempting but prohibited sexual objects of his childhood (his mother and the laundress).

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DREAMS AND HYPNOSIS

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Since Schrötter's fragmentary, unfinished investigation in 1911 (1) of so-called 'hypnotic dreams', there has been a good deal of glib talk regarding the power of hypnosis to create dreams which, according to most researchers on this problem, are in all ways like spontaneous night dreams. The classic example, often quoted by Freud and by many others since, is that of Schrötter's female subject, presumably an unsophisticated person, who was told while in a deep hypnotic state to dream of having homosexual relations with a lady friend; she promptly reported a 'dream' in which the friend appeared, carrying a shabby traveling bag, on which there was a label with the printed words: 'For ladies only'. This was certainly a provocative outcome but scarcely proof that the response to a hypnotic suggestion to 'dream' is a psychological product comparable in all significant qualities to the condensed, delicately wrought content which issues from the dream work during sleep.

It is curious that investigators appear to have taken it for granted that the hypnotic suggestion to 'dream' actually issues in a dream (2, 3, 4). It is as if the belief in the magic power of hypnosis overwhelms the investigator as well as the subject and thus, when the subject responds with a production which often resembles a night dream, it is assumed without further question that there is no difference between the two. The hypnotist might as well assume that were he to command his subject to fly, the resulting activity, whatever its nature, could

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be called 'flight'. Assumptions of this sort preclude any fruitful investigation of the true nature of 'hypnotic dreams'.

We believe, from our observations, that varying depths of hypnosis involve significant and varying changes in ego functioning (5); moreover, it is likely that the suggestion to dream produces further alterations. We are not in a position to study the precise nature of these changes, however, so long as we assume that our instruction has an inevitable result.

Before proceeding to a presentation of our preliminary hypothesis regarding the characteristics of the various forms of hypnotic 'dreams', we must comment parenthetically on the fact that it is still an open problem as to whether even all night dreams have precisely the same structure, formal qualities, and kinds of distortion. In his chapter, *The Dream Work*, Freud says: 'Thus, for example, I remember a dream which on waking seemed so particularly well constructed, flawless and clear that I made up my mind, while I was still in a somnolent state, to admit a new category of dreams—those which had not been subject to the mechanism of condensation and distortion, and which might thus be described as "fantasies during sleep". A closer examination, however, proved that this unusual dream suffered from the same structural flaws and breaches as exist in all other dreams; so I abandoned the idea of a category of "dream-fantasies" '(6). In a footnote added later he comments, 'I do not know today whether I was justified in doing so'.

Freud's persistent doubt about the uniformity of psychic productions during sleep is further indicated: 'A dream without condensation, distortion, dramatization, above all, without wish fulfilment, surely hardly deserves the name. You will remind me that, if so, there are other mental products in sleep to which the right to be called "dreams" would have to be refused. Actual experiences of the day are known to be simply repeated in sleep; reproductions of traumatic scenes in "dreams" have led us only lately to revise the theory of dreams. There are dreams which by certain special qualities are to be distinguished from the usual type, which are, properly speaking,

nothing but night fantasies, not having undergone additions or alterations of any kind and in all other ways similar to the well-known daydreams. It would be awkward, certainly, to exclude these imaginings from the realm of "dreams" '(7).

In still another connection he says, 'Indeed the natural dreams of healthy persons contain a much simpler, more transparent and more characteristic symbolism than those of neurotics, which, owing to the greater strictness of the censorship and the more extensive dream distortion resulting therefrom, are frequently troubled and obscured, and are therefore more difficult to translate' (8).

We include these comments to suggest that it is probably a meaningless formulation to ask whether hypnotic dreams are the same as spontaneous night dreams, as if *all* hypnotic dreams have certain formal qualities in common which distinguish them as a group from *all* night dreams. We have observed in our hypnotic work that there is a great range of psychic production at the instruction: to dream. Perhaps such a range exists for the spontaneous night dream as well. Rapaport is at present engaged in a study of the problem of night dreams, the preliminary findings of which promise to elucidate this question.

From our preliminary study of the verbatim recordings of the productions of both normal subjects and patients we have the following impressions: (a) the response to the suggestion, 'You will now have a dream', ranges from a slightly embellished reminiscence of an actual event to a production which at least on the surface resembles a classical night dream; (b) by and large, these productions employ 'primary processes' more than does normal, conscious, waking thought but less than does the 'typical' night dream described by Freud. It might be said that often the hypnotic dream is a kind of second-rate poetry in comparison to the tight, complex outcome of the dream work. Thus, although a wide range of phenomena appears, it may be said, from the point of view of the formal qualities, that the average hypnotic dream takes a position which is intermediate between the conscious waking daydream and the night dream,

with considerable overlapping at both ends of the range. In spite of the many similarities to night dreams in the formal structure of some of the hypnotic dreams, it must not be forgotten that while the primary function of the night dream is to guard sleep, the motive power for the hypnotic dream derives from the need to comply, in so far as possible, with the expressed wishes of the hypnotist; thus to guard an interpersonal relationship. We do not yet know what all the implications of this difference are, but we can suppose that it will prove to be an important factor in establishing the differing dynamic rôles of the two productions. Although we have not conducted experiments designed to test this problem, we can report that no one of our subjects reported anything remotely resembling a night dream if left to himself. The hypnotic dream, so far as we now know, does not occur spontaneously but only at the explicit or implicit behest of the hypnotist. Another significant difference lies in the fact that whereas one of the prerequisite conditions for night dreaming is the withdrawal of motor cathexes, the maintenance or withdrawal of motor cathexes for the hypnotized 'dreamer' is determined by the hypnotist.

With these important differences, there seem to be significant similarities between the hypnotic state and the state of consciousness which gives rise to spontaneous night dreams. In both there are significant alterations in the defensive and in the synthetic functions of the ego. It has been our observation, however, that these alterations in hypnosis are highly variable in different subjects and fluctuate a great deal from moment to moment (perhaps they do in sleep as well); they by no means imply an obliteration of ego functioning (5). Freud has compared the hypnotic state to a state preceding sleep. In his discussion of the necessary conditions for free association, he says: 'As will be seen, the point is to induce a psychic state which is in some degree analogous, as regards the distribution of psychic energy (mobile attention), to the state of mind before falling asleep—and also, of course, to the hypnotic state' (9).

Although we are as yet unable to establish a strict continuum in the range of hypnotic dreams we offer a rough classification of these productions which will provide illustrations of their great variety. Before proceeding to these, a technical point of procedure should be clarified. Suggestions to 'dream' are given in many different ways. The most frequent techniques described in the literature are: 1, the subject may be told simply, 'Now you will have a dream'; 2, he may be posed a specific problem or topic about which to dream; 3, a posthypnotic suggestion may be given to have a night dream on a specific theme; 4, he may be asked to recall a repressed night dream; 5, he may be instructed to continue 'dreaming' where a night dream has broken off. We believe that all of these techniques are, in a sense, what Ferenczi called 'forced fantasies' brought about in an altered state of consciousness or, better, of ego functioning. We shall indicate in each of our examples which of these techniques was used.

First, an instance of the embellished *reminiscence* was produced by a woman of hysterical character who was being treated for symptoms of anxiety, depression, and multiple somatic complaints. She complained, while in hypnosis, of a pervasive sense of failure and deficiency in the ability to make people like her. She was given the suggestion to dream about this problem and reported: 'I saw two of my girl friends on the porch of my home. I was there too. I seemed to be about fifteen years old. They told me they were not going to come back that evening as they had planned, but would come another time.' This dull and rather banal response was not typical for this patient, who frequently reported highly condensed hypnotic dreams of a sort to be described later.

Another variety of response is the *static pictorial image*. The following examples are from the records of a middle-aged man with a well-compensated, compulsive character, who was being treated for torticollis. He was not deeply hypnotizable, but at the suggestion to dream in hypnosis he sometimes produced static pictorial images which he found startling. A surprising number of them dealt with his being gazed at intently. In one

of the most striking he saw a vivid picture of a figure of indeterminate sex nailed to a cross, with head turned to the right and down, the same position into which the torticollis had twisted his own head. As he watched the figure, the head slowly lifted and the eyes fused into one which gazed at him intently and with great sorrow. The patient had not had, since early childhood, any interest in religion. This image, while it has a dreamlike quality, is relatively static and brief. In another such image he saw an owl watching him intently with great, wide eyes—'as though telling me not to be a fool'.

Still another level of production which appears to us distinct both from the reminiscence and the static pictorial image is the *quasi allegory*, a hybrid form, resembling the conscious daydream, but including, in a rather obvious and primitive fashion, some elements of unconscious symbolism. An example of this variety of hypnotic dream is taken from a case, recently reported by McDowell (10), of a veteran with the presenting symptoms of severe anxiety and ejaculatio praecox. This man was an unsophisticated person who, as far as is known, had no knowledge of the unconscious meaning of symbols. The production we will now describe occurred shortly after the disappearance of his ejaculatio praecox. He was told by the therapist that he would have a dream in hypnosis which would explain the meaning of his previous symptom of 'being like a jack rabbit' as he called it. The therapist left the room and when he returned the patient reported the following.

'There were long white stairs going up into the sky, as far as I could see. There were women lined up on both sides of the stairs. They were all reaching out for me as I was running up the stairs as fast as I could run, always running. At the top of the stairs is a beautiful girl with no clothes on, lying on a big, white, soft bed. I reached her, got into bed with her, "came" in a hurry and started running up the stairs again just like before. I looked back and she was still lying there with her arms raised toward me, looking disappointed, but I kept running.' This sequence is repeated several times, and he concludes: 'I got off the bed the last time and started

walking'. Now all the other girls were gone, the beautiful woman was waiting and after he had 'calmly climbed the stairs, began intercourse calmly—no hurry. We were still doing it when the dream ended.'

There is a shallowness and transparency in this response which gives it a rather contrived flavor. At the same time, the presence of the classic symbol of ascending the staircase in this naïve man links this production to the regressive, archaic night dream.

Still closer to the night dream is a variety of response which we will call the *quasi dream*. Our example is taken from the record of the analysis of a young hysteric. This young woman was possessed of an intense ambition to become a famous writer, having written many elaborate novels while working as a saleswoman. She came for treatment of 'spells' during which she became rigid and talked wildly. During the initial interviews she had been told by a young and inexperienced resident physician that if she wanted to be cured of her 'spells' she might have to give up her writing. Though dismayed by this prospect, she agreed to come for therapy. She was hypnotized occasionally during the course of the analysis, in periods of great resistance. In one such period, when it seemed that her unconscious competitiveness with the analyst as a defense against her strong passive wishes was fairly close to consciousness, she was hypnotized and told simply, 'You're going to have a dream'. Her response (in part) follows.

'I'm in a hospital bed . . . I like the room . . . it's not an ordinary hospital . . . it's way up high with a beautiful view . . . the walls are tinted pale green . . . I see the nurse's face or something . . . and it ought to startle me because her finger tips are gone . . . on the first two fingers, down to the second joint . . . and I was going to interrupt and tell the nurse . . . if it is a nurse . . . that part of her fingers are gone . . . but I hate to interrupt when they're talking ['they', unidentified at this point] . . . so I don't say anything . . . they're talking pleasantly and I'm comfortable.'

She was asked directly, still in hypnosis, what she thought the dream meant; she could make nothing of it. Accordingly, she

associated in the usual way, and it then appeared to the analyst that she was expressing both her wish for and her fear of the analyst's power over her, the specific threat to her own power being expressed in the symbol of the missing fingers, which on one level meant she could no longer type her novels, and would thus be deprived of her most important weapon. The dream was not interpreted, and she was given the posthypnotic suggestion to have a night dream which would embody the same meaning as this hypnotic dream. The next day she reported a night dream which seemed to state more clearly her intense defensive strivings for power. This was also not interpreted and again, on successive days, she was told to 'dream' in hypnosis, with the instruction that these 'dreams' would state even more clearly the same conflict (still not interpreted to her). Finally, she produced the following in hypnosis.

'I am sitting at a desk . . . a big desk . . . outdoors, looking down . . . I'm high up . . . looking down over beautiful scenery . . . there's a lake, a lot of trees . . . but no other person . . . just me . . . my desk is smooth and polished and large . . . I don't know how it got there.'

This seemed a simpler dream than the one about the missing fingers. Her associations in hypnosis made it clear that she was attempting to usurp the analyst's position. Her wish to be lofty and godlike, the *defense* against her passive needs and against her fears of helplessness now obliterated the wishes to be taken care of.

We have presented this series to illustrate two points: 1, this is a variety of hypnotic dream which seems fairly close in quality to night dreams; 2, that in such series there appears to be a progression either in the direction of accenting the defensive aspect of a conflict or, as we shall see in the next series, in the direction of exposing more sharply the underlying need or impulse which is being defended against.

A successful young surgeon, a morphine addict, who was gradually losing his practice because of his addiction, 'dreams' the following in response to the unstructured suggestion, 'You

will now have a dream'. He is in the operating room, performing an extremely difficult appendectomy and executing it with the utmost delicacy and skill. He describes, largely in the present tense and with relatively little affect, all of the complications and his successful techniques of handling them, lapsing occasionally into the past tense and finally, in response to direct questioning, confirming our impression that he was embroidering an actual experience. This kind of production, while obviously meaningful and perhaps even potentially helpful in therapy, is a far cry from the rebuslike character of the night dream.

In a subsequent session, in response to the same unstructured suggestion to 'have a dream', he again produced an actual experience, this time, however, wholly in the present tense and with intense feeling. He re-enacted the birth of his son who had not begun to breathe spontaneously. Over and over he shouted, 'You've got to make it, Tommy! Breathe, boy! I'm gonna help you! You've just got to!' He went through all of the motions of holding the newborn infant up to his mouth and helping him to start respiration. Tears rolled down his face, and finally he announced (still in the present tense) that the baby had begun to breathe and that he knew he had saved him.

On the next occasion, given the same instruction, he reported a production of a different order. The following is an excerpt.

'I am falling asleep now and all of a sudden there is a monster, a terrible monster [voice choking with genuine panic] . . . I can't breathe, it's choking me, it wants to mash me to pieces [breathing with great difficulty] . . . on my chest . . . weighting me down . . . it's horrible, horrible . . . I must fight it . . . it's smothering me, what shall I do? . . . a terrible thing . . . great big body and lots of legs . . .' As he continued this *quasi nightmare*, he began to clench his fists and became frantic. Suddenly, he shouted, 'I want to fight it, I have to fight it, can I fight it?' [Therapist: 'Yes, you can'.] At this point he began to flail his arms in the air, still breathing with great difficulty, and finally gave a great lurch which landed him on the floor. As he hit

the floor he looked around him in amazement, and somewhat sheepishly, no longer in hypnosis.

It is evident that these three productions, all in response to the suggestion to 'dream', are significantly different from each other not only in their manifest content, and in the degree of uncontrolled affect, but also in the degree to which primary and secondary processes are employed. It would appear also that there is a progression from the defensive position taken in the first hypnotic dream (where he denies his terror of helplessness by performing a delicate operation with utmost skill) to the second where the defense seems still in evidence, though somewhat shaky, in saving his child who cannot, at first, breathe; and finally to the third where there seems no longer to be any defense against the overwhelming anxiety associated with his feeling of helplessness and inability to breathe, an anxiety so intense that he breaks out of the hypnotic state altogether.

In the first of these two series (the hysterical girl), we see a progressively clearer statement of a defensive position, and in the second (the surgeon), an increasing disclosure of an underlying terror. Perhaps these progressions are analogous though not identical with the progression described by Freud in his discussion of dreams of the same night. He says: 'All dreams of the same night belong, in respect of their content, to the same whole; their division into several parts, their grouping and number, are all full of meaning and may be regarded as pieces of information about the latent dream thoughts. In the interpretation of dreams consisting of several main sections, or of dreams belonging to the same night, we must not overlook the possibility that these different and successive dreams mean the same thing, expressing the same impulses in different material. That one of these homologous dreams which comes first in time is usually the most distorted and most bashful, while the next dream is bolder and more distinct' (17). Freud does not discuss whether the increasing 'boldness' of the night dream refers only to the underlying impulse, or whether the defense may sometimes be clarified in this way also.

We cannot say from the preliminary survey of our material that this progressive clarification (whether of the underlying need or of the defense) is characteristic for hypnotic dreams in a series.

SUMMARY

We question the assumption that the hypnotic dream is a psychic production which duplicates, either in function or structure, the spontaneous night dream. We suggest instead that there is a wide range of response to the hypnotic suggestion to 'dream', the average production having a structure which seems intermediate between the daydream and the spontaneous night dream, in that primary processes are used more than is common in waking thought, but less than in the typical night dream. We add further the tentative suggestion that hypnotic dreams in a series may progressively clarify either the defensive aspect of a conflict or the impulse (or need) which is being defended against.

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Sense of Time in Dreams

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SENSE OF TIME IN DREAMS

BY ALFRED GROSS, M.D. (TOPEKA)

'The Unconscious Is Timeless': this psychoanalytic aphorism has blocked many analysts' interest in temporal relationships in dreams. Perhaps the thought that what is valid for the unconscious is valid for dreams overlooked the fact that not everything in dreams belongs or takes place in the system, Ucs. At any rate, references to the sense of time are abundant in dreams and are important to dream theory. They may be classified either according to the stage in the dream process at which they appear (manifest dream, latent dream thoughts, or the day residues), or according to different concepts of time. These differences have different practical meanings and perhaps also different theoretical implications.

I

The familiar fact that references to time frequently occur in the manifest dream is strange in itself for several reasons. As elements of the dream thoughts they would, according to Freud, be reduced by the dream work to more elementary mental categories and would thus appear in the manifest dream as either references to space, as figures, or as references to body elements. This general tendency of the dream work to distort notions of time into timeless mental categories can easily enough be understood as the derivative of an ego activity; for as the ego's wish to sleep is mainly achieved by a withdrawal from reality, that withdrawal would be impaired by admission of the passage of time, owing to the close relationship between time and reality.¹ The conclusion that references to time have no place whatever in the manifest dream assumes that references to time in the manifest dream could come only from the

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¹ Bonaparte, Marie: *Time and the Unconscious*. Int. J. Psa., XXI, 1940, pp. 427-468.

latent dream thoughts. It omits the possibility that references to time in the manifest dream are the distorted expression of latent thoughts not concerned with time at all, or not *mainly* concerned with the time element within those thoughts. It further omits the possibility that references to time in the manifest dream are incorporations of day residues similar to the incorporation of spoken words with little or no distortion.

Actually, all those possibilities, far from being on the level of working hypotheses, have the validity of constant clinical occurrence. Time elements are used—and appear as such in the manifest dream—for the distorted expression of emotionally highly charged thought processes going on behind the screen.

Whenever data like 'six p.m.', 'eight-thirty', or 'September twenty-sixth', appear in dreams, they express the distortion of an object relationship highly charged with emotion. In analysis the reference is usually to the transference relationship. Outside analysis, confirmation of this rule is occasionally observed. The ego's wish to sleep compels a compromise with its incapacity to withdraw all cathexis from the highly charged object; the compromise is expressed in terms of time. At first look this may appear farfetched. It becomes credible by analogy with the lover's anticipation: 'Tomorrow I shall see her again'. The 'her' will appear in his dream instead of the impersonal 'tomorrow', unless there is a conflict involved in his longing for her. The displacement from the person to time is the result of ambivalence or guilt regarding the id impulse which is connected with the object relationship. A dream will illustrate:

I am sitting in the car at a gasoline station. The man there should fill the tank. It is twelve-thirty, an hour until he closes. He puts two gallons into the car and then stops. Instead of going on filling the tank, he climbs into the car and sits down in the back seat. I sit in the other back seat and think the man is a homosexual and is going to attack me. I feel very angry.

Briefly, the dreamer was in a jumble of adverse feelings against his wife over the week end, and was looking forward to his analytic hour on Monday. That, however, was in conflict with

repressed homosexual undercurrents. It required two sessions of associations, inhibited by resistance, to analyze 'twelve-thirty' and 'an hour until he closes'.

This dream illustrates the following characteristics. 1. Time is referred to in the manifest dream by precise figures. Despite its precision the dreamer represses the pertinent associations. 2. The reference to time is a distorted expression of an object relationship which is current, is highly charged with emotion, is the focus of a conflict. 3. In psychoanalytic treatment it alludes invariably to the transference. 4. The distortion chosen by the dream work seems to be mainly, but not exclusively, the displacement of emphasis from the personal object to the impersonal element of time.

II

In references to time in the past, the element of time is presented by special actions or experiences which contain an *allusion* to time. These dreams, often repetitive from childhood, have an element of tragedy. To them belong dreams of missing trains, running after busses, and they show, apart from their familiar interpretation, a basic overdetermination which alludes, for instance, to a destiny-laden family constellation. It is characteristic that such dreams are ignored for a long time by the analysand, so accustomed is he to their repetitiveness.

An analysand, addicted to racing with time during his daily life, made complicated arithmetical plans to gain two or three minutes in his schedule. That habit did not conform to the character of a calm, well-controlled man. One day he told me of a recurrent dream of missing trains which surprised me by its contrast to his daily habit. I hinted that he seemed to punish himself during the night for his game of gaining minutes during the day. He objected emphatically that it was 'just the other way round', but then stopped and did not know how and why that reply had occurred to him with that special emphasis; however, in the course of his associations I traced a leitmotiv which alluded to his position in his family. He was the youngest of five children, and he had enjoyed the presence of both

parents for only one and three quarters years when they were divorced and his father left the house. Bitter resentment about the absence of the father, whom the older siblings knew much better than he, remained with him and gave him the feeling of having missed something in life which could not be restored. The dream repeated an unresolved trauma of having arrived too late in the family. The dream in the service of the repetition compulsion is evoked as a defense against anxiety in response to traumatic events. Sleep is preserved as if the ego were protected by conjuring up the old family tragedy and ascribing the responsibility for it to the dreamer.

A dream reported by Freud² belongs in the same category, with a characteristic difference of ego reaction. It is the dream of a lady who sits at a performance of a Wagnerian opera which lasts until the next morning. 'Her young sister reaches up from the stalls below and wants to pass her a huge piece of coal with the motivation that she had not known that it would take so very long and, no doubt, would be miserably cold by now.' Freud comments, 'The dreamer herself and her girl friend had *remained sitting*', a German figure of speech for a girl who has remained unmarried. The younger sister who still has chances for getting married passes her the piece of coal '... because she had not known that it will take so long a time'. What would take so long a time is not stated in the dream. Freud continues, '... in an ordinary tale we should say "the performance"; in the dream, however, we consider the sentence separately, declare it as equivocal and would add "until she gets married"'. Freud does not pursue that element which arouses our special interest here: 'that it would take so long a time'. Characteristically, it alludes to a deep grievance which the dreamer had experienced with time (*waiting*). That waiting (for a husband) is an experience of her past, as missing (the father) was an experience of the past of the dreamer of missing trains. That past experience of grievous waiting appears in the manifest dream with the same mechanism of distortion.

² Freud: *The Interpretation of Dreams*. New York: The Macmillan Co., Third Edition, 1942, pp. 326-327.

In these dreams, 1, the reference to time in the manifest dream is presented by a situation in which the dreamer suffers a frustration through time like the frustration of missing (trains) or waiting (for the performance to end). 2. Those frustrations in time in the manifest dream are the distorted expression of frustrations in object relationships *in the past* (in contrast to the first category where the object relationship belonged to the present). 3. The means of distortion consist of attempts to shorten the length of time of frustration ('the train has just left', 'the performance lasts to the next morning'); changing the subject of frustration from a destiny-laden or tragic one to one of absurd triviality (train for 'father', end of performance for 'husband'); the familiar change of the tense from the past to the present.

SUMMARY

1. The paper studies the sense of time in dreams. Only such references to time are investigated as occur in the manifest dream.
2. The two types of dream which resulted from this study show different characteristics. In the manifest dream the first type refers to time in precise figures of astronomical time; the second type alludes to time by presenting situations of frustration through time.
3. This distinction of two types of dream on account of two different forms of time reference in the manifest dream is, however, not accidental. Interpretation shows that each type of time reference in the manifest dream is correlated to a corresponding type of specific thought content which involves a specific task for the dream work. We find the first type to be a distorted expression of a highly charged and conflictual *current* object relationship; the second type is an (often repeated) attempt to reduce a traumatic ('tragic') frustration of *the past* to a trivial frustration of the present.

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TECHNIQUE OF DREAM ANALYSIS AND FIELD WORK IN ANTHROPOLOGY

BY GÉZA RÓHEIM, PH.D. (NEW YORK)

In the *American Anthropologist*, Dorothy Eggan¹ recently published a preliminary report on the psychoanalysis of a member of the Hopi tribe. It is to be hoped that the full text, with associations, will be published shortly. It will be a unique document for anthropology. It is noteworthy that, according to Eggan, *no special knowledge of the culture is required to understand the dreams*,² a truly freudian, and not a 'culturalist' conclusion. She makes the same observation with regard to unconscious guilt among the Hopi.³

In anthropology, the study of dreams has the variety of applications that it has in clinical analysis. The secondary elaboration of dreams has, for instance, detected for purely ethnographical purposes, customs that would otherwise never have come to light.⁴

One cannot, however, quite agree with some of Eggan's aims and methods. Of her method of collecting dreams at a distance without direct contact or association material she writes: 'It was impossible to interview the informant immediately after each dream but this fact which at first was regarded as a handicap now seems to have certain advantages. For the entire body of the dreams now in our possession seems to indicate that the theme of a dream is seldom finished in one arrangement. Rather, dream mechanisms tend, even at the manifest level and over a varying period of time, to work on problems which are of more than passing concern to the individual. Had the interview followed each dream in our various series, they might

¹ Eggan, Dorothy: *The Significance of Dreams for Anthropological Research*. *American Anthropologist*, VI, 1949, pp. 177-198.

² *Ibid.*, p. 180.

³ *Ibid.*, p. 197.

⁴ Róheim, Géza: *Dream Analysis and Field Work in Anthropology*. In *Psychoanalysis and the Social Sciences*, Volume I. New York: International Universities Press, 1947, pp. 87-130.

have influenced subsequent dreams and thus affected their spontaneous amplifications' (p. 180).

In analytic therapy, if a patient, after an interval of several days, says, 'I have had several dreams. Which shall I report first?', the analyst will always reply: 'First tell me the dreams of last night', for the reasons that the patient is closest in his associations to these dreams and that the day residues are quickly forgotten. This method of analyzing dreams without reference to their context is reminiscent of Jung. A very practiced and intuitive analyst might deduce some valid conclusions; but at best they would be highly speculative. Besides if dreams can be analyzed by obtaining associations immediately, why should one wait for the 'spontaneous amplification' of the latent content?

The patient, in the instance cited, was troubled by a conflict close to consciousness. It has been established that dreams often form a coherent series,⁵ but that everybody has an individual pattern of dreaming is, I must confess, something I have not observed in a quarter of a century or so of analytic work.

Eggan states: 'First a survey which attempted to discover "universal" meanings among the Hopi indicated that they do not have a well-developed, culturally interpreted body of dream lore which has been transmitted from generation to generation. Even when a dream referent seems to be invested with an almost universal Hopi definition, an informant most frequently explains such an element in his own dreams in terms of personal viewpoint and considers the dream good or bad in accordance with his emotional or physical state upon awakening.'⁶ I am afraid there is some misunderstanding here.

Two years ago old Pitaga, one of the Ramah Navaho, came to see me. He asked what I wanted him to talk about because he would not mention the particular subject in which I was interested. 'Shall I tell you about dreams?', he asked, meaning the 'official' Navaho significance. Having heard this already

⁵ Alexander, Franz: *Dreams in Pairs and Series*. Int. J. Ps., VI, 1923, pp. 446-452.

⁶ Eggan, Dorothy: *Op. cit.*, p. 178.

several times I said, 'Look, I will tell you about that', which amused him no end. Traditional, tribal dream symbolism or the 'dream books' of European folklore surely have nothing to do with psychoanalytic symbolism. A symbol in a dream is something of which the dreamer is not conscious; therefore it is futile to inquire about it.

To separate the conscious from the unconscious, and to score the conscious according to Rorschach tests, is a regression to preanalytic times—due to a love of standardization and statistics—which cannot lead anywhere. Two people may have exactly the same dream, and yet the meaning of the dream may be quite different. A study of the manifest content might mean something from the point of view of the secondary dream elaboration if the latent content is known. But how can we study a mechanism of transformation if we do not know what it transforms?

'A deep psychoanalytic interpretation of dreams by anthropologists in the field', says Eggan, 'is impeded by limited time in the field and impossible without specialized training.'⁷ The lack of specialized training is certainly an objection. I have emphasized that, without being analyzed, and without having analyzed at least two or three clinical cases, the work should not be undertaken.

Is there any point in collecting dreams in the field if the anthropologist has no experience in psychoanalysis and cannot get associations? Certainly a lot of time will be wasted this way and many dreams will be collected that remain incomprehensible; however, some such dreams are bound to be partially revealing. The following dream of Pukuti-wara, for instance, confirms the well-known psychoanalytic interpretation of dreams of flying as coitus.

I saw the soul (*kurunpa*) of a man. It came like an eagle hawk (*walaura*). It had wings but also a penis like a man. With the penis it pulled my soul out by the hair. My soul hung down from the eagle's penis and we flew first toward the west, then toward the east. It was just sunrise and the eagle

⁷ *Ibid.*, p. 178.

hawk man made a big fire. In this he roasted my soul. My penis became quite hot and he pulled off the skin. Then he took me out of the fire and brought me into the camp. Many sorcerers were there but they consisted only of bones like the spikes of a porcupine.

Then we went to the west and the eagle hawk man cut me open. He took out my lungs and liver, only leaving my heart. We went further to the west where there was a small child. It was a devil (*mamu*). I saw the child and wanted to throw the magical (*nankara*) stone. But my testicles hung down and flew off instead. A man came out of the testicles and his soul stood behind my back. He had a very long skin hanging down each side of the subincised penis (*kalu katiti*) with which he killed the *mamu* child. He gave it to me and I ate it.⁸

Apart from certain details, the dream clearly expresses the equation, flying = erection, the projection of the medicine stone as ejaculation, castration anxiety, the initiation of a medicine man as a passive, homosexual experience,⁹ and the œdipus complex (he had actually killed some of his sons for his wife and other sons to eat).

Old Yirramba of the Eastern Aranda group told me that they sometimes dream of having intercourse with their mothers or sisters, real or tribal, and that they are then ashamed. This requires no comment.

A Kiwai relates that in a dream he was asked by a woman to have connection with her but he did not venture to do so for her vagina was provided with sharp teeth and opened and closed continuously like a mouth. Again and again he tried to muster up courage but shrank back every time. At last the woman got up and attacked him with a piece of wood and he fled into the water. But he found that he could not swim and to add to his horror a crocodile came toward him and was about to catch him when he opened his eyes.¹⁰

The woman is evidently a phallic woman because she attacks

⁸ Róheim, Géza: *The Riddle of the Sphinx*. London: Hogarth Press, 1934, pp. 37-38.

⁹ The dream occurred at the time of his initiation as a medicine man.

¹⁰ Landtman, G.: *The Folk Tales of the Kiwai Papuans*. Helsingfors: Acta Societates Scientiarum Fennica, Vol. XLVII, 1917, p. 444.

him with a piece of wood. The crocodile is a symbolic repetition of the *vagina dentata*. Swimming has here the obvious and usual meaning of coitus.

Another native of Mawata dreamed that two turtles were copulating; he tries to squeeze himself between them. First the male, then the female bites him, but he separates them with a piece of wood.¹¹

The primal scene in this dream is quite clearly represented, especially when taken in conjunction with the following myth of the same area about dogs who in former times were able to talk. 'One day their master has connection with his wife in the bush and the dogs were looking on. In the evening when the dogs and people were sitting together in the house the dogs began to laugh. The people asked them why they laughed and they said: "We laugh because father has had connection with mother in the bush". Their master was ashamed and thereafter they were deprived of speech.'¹²

Hundreds of dreams, however, have been collected without associations which mean just nothing at all as far as understanding the content or the dream mechanism. The optimal situation is one in which a native informant has the same reason for telling his dreams that a patient has in analysis.¹³ Usually, however, the informant is given something, or he is as interested in the curious ways of the white man as the white man is in him. Assuming that he is willing to tell a dream, what should be the method of eliciting associations?

Freud gives four ways of analyzing dreams: (a) the classical method of asking for associations to each episode of a dream as it is related; (b) picking a striking element of the dream that seems to contain the key to the whole thing; (c) asking for residues of the previous day that might be connected with

¹¹ *Ibid.*, pp. 444-445.

¹² *Ibid.*, p. 473.

¹³ Cf. especially Sachs, Wulf: *Black Anger*. Boston: Little, Brown & Co., 1947. Also, Róheim, Géza: *War, Crime and the Covenant*. Monticello, New York: Medical Journal Press, 1945, pp. 120-130.

the dream; (d) being completely passive and letting the patient take the initiative.¹⁴

Eggen's paper gives the impression that she employed the last method, or something very near to it, which is completely unsuitable in such situations. I always use the classical method of dividing the dream into episodes. To illustrate the method, I present the analysis of a dream taken from my field work with the Navaho.¹⁵ The dreamer is very intelligent and is used to working with anthropologists. Although he speaks fluent English, he observes the rites and beliefs of his people in every respect.

DREAM

I was going in a wagon, driving it. A man, [my] wife's relation, was with me. He was in back of the wagon, facing the other way. Wife and sister came opposite, walking. Both were painted with red clay. The other man says he does not like [is afraid of] the clay; he wants to get out. I said to my wife, 'I want to ride with you, not with the dead man'; then my wife and sister came in the wagon. That man jumped off, mad at us. My wife asked him, 'Why are you so mad? We don't want you!' He walked back where he came from. Then it started to rain; it washed the clay off. Then we went down a hill; big noise of wagon; we hit up against a rock. I woke up while we were going down.

ASSOCIATIONS

They use red clay to protect the face against sun when they go out at lambing time in spring to herd sheep. In Ghost Way, when a man sings for a patient he always puts red clay on too. The dead man worked well on silver, belts, beads, bracelets. He used to work for the traders in Gallup. He had five wives and lots of children who helped work the silver. Two of his wives died; then he got sick. He had been sick four months; his arms and legs were paralyzed two months; then he died. He mar-

¹⁴ Freud: *Anmerkungen zur Theorie und Praxis der Traumdeutung*. Int. Ztschr. f. Ps., IX, 1923. (Also in Ges. Schr., III, p. 305.)

¹⁵ Sponsored by the Viking Fund in 1947.

ried his own daughter by his own wife. She was one of his wives. People said he went crazy before he died. His legs and arms were no use, because he married his own daughter, medicine man says. Opposite to them comes his wife and older sister. She used to live opposite on this hill. She was pretty good woman when young, she would work like a man [plough with a team]. She would ride a wild horse like a man. She was about four years older than he is. She did not want to work for her husband; only for herself. She is separated from her husband. We were together as children. I was about twenty when she married. It is his own *wagon* in the dream. Red clay also occurred in story of the Owl when Coyote has incest with his daughter after having painted his face red.

I now ask him to tell me a story, any story he chooses, saying that we are finished with the dream.

STORY

A boy was named Tsoa [not quite right]. He was with his mother, no father. One day some people came where they lived. The mother told him to herd sheep while she goes to the store. The boy says, 'No, I don't want to herd sheep today. I want to go up in a little canyon where I saw some wild berries; they are ripe now.' Mother repeats he is to herd sheep. One of the strangers, a girl, said she will herd sheep. So they let him go. He asked his mother to get him some sardines. She said no, because he refused to herd sheep. He said he also wants chewing tobacco. Mother came home first; he came later. They asked him where he had been. He said he went to the canyon, quite a way. The berries were ripe; he started to eat them. Then he saw a bear coming closer, came right up and took hold of his hair and shook his head. 'The bear was mad, he did not want me to pick the berries. Then I shook the bear's head just the same. The bear hit me on mouth; I hit him back. He threw me down; I threw him down. Soon he got on me and held me down; then I did the same to him. He kicked my ass; I kicked his ass. I was fighting with the bear quite a while. Finally the bear left and I went home.' So when

people started eating he asked for sardines again. He opened the can and ate one after the other. It was summer time. While he ate, flies got into his mouth, so he yelled, 'Oh damn! I hope you [the flies] die in my mouth'; then he spat out the fish. He was sorry. Then he asked for the chewing tobacco. He chewed right away. 'Good white man who chews tobacco. I am a good white man too', he says. 'If you have fish, you don't want meat', he said. Then in the evening people were eating again. Then he told his mother, 'Now kill a sheep. I want meat.' He was a funny boy; he died some time ago.

INTERPRETATION

The dead relative who sits with his back to him is what he opposes in himself: the incest wish. A man who can actually do what others merely wish is very powerful (potent). He has many wives and many children, but his arms and legs become paralyzed, and he dies. Castration is the punishment for incest. The dead man jumps off the wagon because he sees the faces of the women covered with red clay (menstruation). He now meets his wife and her sister driving downhill (coitus symbol); the incestuous desire for his sister-in-law wakes him. The freely chosen story about the boy with excessive demands who lives alone with his mother illustrates the œdipal content. The bear whom he copies in every detail symbolizes the father as antagonist and ideal.

Obtaining associations is not by any means simple. Even if given the separate episodes of the dream, and they are willing to associate, one frequently gets such generalizations as 'he is a good man', 'he is my mother's brother'. In such instances I say, 'Well, tell me something specific about him; anything you remember about his ways or what he did or said', and very frequently I get a relevant association. This kind of activity is also frequently required in clinical analysis when the patient's attention must be directed from the general to the specific. Other obstacles are the specific taboos of the tribe. Not giving the name of the dead is one of the most frequently encountered.

The technique of the freely chosen story is to lull the informant into a sense of security, to catch him unawares. He is told that the dream is finished. I know that the story he will choose is real free association. This will not work if the dreamer does not know any stories, has told me his repertory of stories, or there is a taboo to telling the story that comes to his mind. An anecdote from life, or a song may be substituted, but a story or a myth is usually better.

The day residue is the most difficult to obtain. Usually the informant does not understand what is meant by it, and says that the day was like all other days. Being in the field, however, we know that the informant has, for example, taken part in some ritual, or has had a fight with somebody, and we can detect the event that relates to the dream.

If the dream contains sentences, the informant may remember who in reality spoke them. This may be very important in understanding a dream.¹⁶ Interpretation according to universal symbolism should be confined to instances in which the well-known meaning of the symbol corresponds to the interpretations gained from associations; otherwise such interpretation is justifiable only in some instances in which the symbolism and the manifest content are equally transparent.

It must be said in conclusion, that interpretations of dreams obtained even by the analytically trained anthropologist can never be as detailed, as deep, and as personal, as those obtained in clinical analysis.

¹⁶ Cf. a successful analysis of this kind in *War, Crime and the Covenant* by Géza Róheim. *Op. cit.*, p. 73.

Fugue with Awareness of Loss of Personal Identity

Charles Fisher & Edward D. Joseph

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FUGUE WITH AWARENESS OF LOSS OF PERSONAL IDENTITY

BY CHARLES FISHER, M.D. AND EDWARD D. JOSEPH, M.D. (NEW YORK)

Three types of fugue have been previously described: fugue with awareness of loss of personal identity, fugue with change of personal identity, and fugue with retrograde amnesia (1, 2). The first presents some interesting and puzzling features, the psychological meaning of which has not been completely elucidated. In this paper two cases of fugue with awareness of loss of personal identity will be presented along with pertinent observations made on five additional cases. This material sheds some new light on the more obscure aspects of this type of fugue and confirms certain earlier observations.

In seven cases of fugue with awareness of loss of personal identity so far observed, as well as in those reported in the literature, the fugue developed in two stages. Rapaport was the first to make this observation (3). In the first stage the previously 'normal' subject suddenly enters an altered state of consciousness during which he may be impelled by unconscious forces to perform complicated activities, sometimes involving travel over long distances. This stage varies in duration from fifteen minutes to days, weeks or even longer. From this, the patient suddenly enters the second stage in which, spontaneously or through the force of circumstances, he becomes aware that he does not know his name nor have any memory of his past life.

Typically, in the second, the subject has no memory for the first stage, but in several instances there was a spotty memory for it. Usually the patient remembers accurately the second stage while it is in progress, and the events of this stage may constitute the sum total of his memories. On emerging from it, either spontaneously or as the result of treatment, the patient regains his awareness of personal identity and the memory of

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his past life, but there is always a total or almost total amnesia for the first stage. Sometimes there is also an amnesia for the second, so that on emerging from this state the patient may, for example, be quite perplexed to find himself in a hospital. In others, especially those who have emerged from it as a result of treatment, its events may be remembered.

The first patient was observed throughout all except the first hour of the second stage which lasted twenty-three days before it was terminated by a sodium pentothal interview. The patient was given a Rorschach test on the fifth day, and again three days after termination of the second stage. Several weeks later it was possible to remove the amnesia for the first stage, and to investigate the psychodynamics of the fugue.

CASE I

A thirty-one-year-old Negress was brought to a hospital in 1947 by a friend who said she found her in the apartment building where she lived. The patient had no memory at all for anything concerning herself. She became disturbed when attempts were made to question her. She was negativistic, depressed, slow and reluctant to answer questions. There was no evidence of hallucinations or delusions. Physical examination was negative.

During the first week several unsuccessful attempts were made to terminate the fugue through hypnosis, by administering sodium amytal or nitrous oxide. The patient continued to be depressed, irritable and negativistic. On the fifth day the Rorschach test revealed no psychotic trends but a severe neurotic depression with marked retardation. During the second week the patient became more alert and cheerful. Her memory at this time showed that the last thing she remembered prior to coming to the hospital was being in the hallway of her apartment building where she encountered the woman who brought her to the hospital, but she was unable to identify this person. She remembered none of her past life prior to this incident. There was some impairment of intellectual functioning, and testing revealed borderline to dull normal intelligence.

Since all attempts to terminate the fugue were unsuccessful

the patient was not questioned further until the twenty-third day; during this period efforts were made to establish a better positive transference, to reassure her and to alleviate her marked guilt feelings. She constantly wondered what she had done wrong in the past. An average dose of sodium amytal was administered and, after the appropriate stage of narcosis was attained, the patient was told that she would remember her mother, then her father, and that she should describe them. Rapidly, she disclosed the major events of her life up to the day preceding the onset of the fugue.

It was revealed that she had separated from her husband several years before, had been upset and depressed following this, and had had at least two fugues following separation from her husband. At the time of the onset of the present fugue, she was living with an older married sister who resembled her mother, and played a maternal rôle in her life. She had a great deal of conflict with this sister and was planning to move away. On the day before the onset of the fugue they quarreled continuously, and the sister and her husband 'lectured' her all night about her conduct. On the day the fugue started she and her sister had a violent quarrel at a bar. The patient stated, 'She started calling me a bitch, a bastard, and a whore, and said I wasn't any good. She said I was no better than my mother who had committed adultery—and she saw it. Then I hit her and she hit me. It was early in the afternoon. I left the bar and walked around alone, for I don't know how long. Then I came back to the apartment building and that's when the lady saw me and brought me to the hospital.'

After leaving the bar she felt alone and abandoned and did not know where to go. She thought of returning to her place of work. At this point her memory stops, the onset of the first stage of the fugue. She believes she must have walked the streets for three or four hours. Her memory resumes when she is in her apartment building and sees a woman, who proves to be the janitor's wife. 'I asked her to bring me to the hospital because my head kept hurting. She kept calling me by name, but it didn't seem like my name' (the onset of the second stage).

The patient had recovered her personal identity, had full memory for her past life with the exception of stage one of the fugue—the period of three or four hours which elapsed between the time she left the bar and the moment she asked the janitor's wife to take her to a hospital and became aware that she did not know her name. On the third day after termination of the second stage a repeat Rorschach showed much less depression and retardation and the absence of psychotic trends.

Two weeks after the termination of the second stage, the patient was given sodium pentothal and the amnesia for stage one was resolved. At the time she 'blacked out' she was feeling lonely and abandoned. She felt that her sister had disowned her. She did not know where to go. She walked to the river and sat on a bench. She kept thinking of the things her sister had said to her during their fight. She was especially pre-occupied with her sister's statement that her mother had committed adultery and that she had seen her. She sat on the bench and brooded and then she became possessed with the idea that she would like to murder her sister for what she had said. She started back to the apartment building with this idea in mind, but without any clear notion as to how she would accomplish her purpose. She walked into the apartment building, down the hall to what she supposed was her sister's apartment, put the key in the lock and found it did not fit. At this point the janitor's wife saw her and addressed her by name. The name did not seem familiar to her; she had a terrible headache and asked to be taken to the hospital.

After the termination of the second stage, the patient had a series of three dreams, all of which involved her murdering her sister's husband.

My brother-in-law came to my bedside in the ward and accused me of taking something from the house. He had a knife and was going to attack me. Then I am pushing him down the elevator shaft and he is killed.

Associations: He is mean when he is drunk. He scolded me the night before I came here. When he's drunk he often walks

around the house with a knife or an ice pick in his belt. When he's sober he is quite nice. He's fifty-six years old.

I was out of the hospital and was going to an employment agency. My brother-in-law called me back and asked me to go to the store and get him several bottles of beer. I told him to get them himself. Then he grabbed me as I was going out the door and pulled me back. I hit him over the head with a broomstick. He fell down and did not get up like I expected him to. I thought he was dead. I ran out of the house and then I woke up.

Associations: He made advances to me several times when he was drunk. He felt my bosom once. He used to say he would marry me if my sister died.

In the third dream she killed her brother-in-law by hitting him over the head with a beer bottle.

These dreams throw some light on the psychodynamics of the fugue, but only a partial reconstruction of the psychogenesis could be made. The erotic, aggressive factors in her feelings toward the brother-in-law are clear enough from the dreams. It will be remembered that the sister was definitely a mother figure. The deeper conflicts involved in the etiology of the fugue probably involve the patient's oedipus complex. Evidently there were feelings of being rejected and abandoned by the sister (mother). There was jealousy of the sister (mother), with erotic wishes toward the brother-in-law (father). Murderous fantasies developed in relation to both the sister and her brother-in-law and these were prominent in the genesis of the fugue.

Zilboorg¹ has suggested that the impulse to murder seems to play an important part in the psychogenesis of the type of fugue under discussion. In reviewing the cases so far investigated this view is substantiated by considerable evidence. The fugue with loss of awareness of personal identity appears to represent both a defense against a murderous impulse and an opportunity

¹ In a discussion by Gregory Zilboorg of the paper, *The Psychogenesis of Fugues*, presented by Charles Fisher before the New York Psychoanalytic Society, December 19, 1944.

for its gratification. As with all symptoms, in some instances the defensive features predominate, in others the gratification. The impulse to murder may meet with one of three fates during the fugue. It may be acted out directly without distortion or disguise, as in the case of the patient who was caught by her landlady in the process of carrying out her desire to kill her sister. In another patient the murderous impulse was projected to the intended victim with the development of delusions of persecution and visual hallucinations (1). A third fate with which the impulse may meet is turning it against the self in the form of a suicidal attempt or fantasies.

CASE II

A twenty-one-year-old, white merchant seaman was admitted to a hospital complaining of headaches of several weeks duration, and the fear that he had sustained some damage to his brain. About ten months prior to admission he had had a fugue with awareness of loss of personal identity. One evening he left his home in the city to return to his ship. While walking down the street he 'blacked out'. He 'came to' about one and one half hours later, several miles away from where he had started, at which time he became aware that he did not know who he was or anything about his past history. He read his name on his identification tag, went to a police station, and from there was sent to a hospital. He had a small bruise on the right occipital area and a mild headache, but no nausea or vomiting. He was worried and restless in the hospital and expressed the fear that he might be mentally ill. He was in stage two for about twenty-four hours. After persistent questioning by a doctor, he suddenly regained his identity and the memory of his past. It was found that he had a gap in his memory covering the hour and a half period, noted above, representing stage one. General physical and neurological examinations were entirely negative. The physicians at the hospital where he was originally treated believed his amnesia to be due to organic brain damage and made a diagnosis of Subdural Hematoma, which was later changed to Intracranial Injury (Concussion). After leaving

the hospital the patient continued to worry about brain damage, and when he developed headaches he became more concerned and returned for a check-up. Since it seemed from the description of the fugue that it could not be organic in origin, an attempt was made to investigate it with the use of hypnosis. At the time he still retained the memory gap of one and a half hours mentioned above (stage one).

He was hypnotized and brought back to the time he was walking down the street. He then related that he felt dizzy and confused; he went into a subway and while going down the stairs he fell and struck his head lightly against a railing. This is how he sustained the small bruise mentioned above. He did not lose consciousness or suffer any great pain. At this point he was seized with the impulse to kill himself and walked to a nearby river with the idea of throwing himself into the water. There were some large rocks in the river and for some reason this deterred him. He left the river, walked back to town and 'came to', as described above, several miles away from his point of departure.

He was then told that he would recall why it was he felt he had to kill himself. With great agitation he replied, 'I once killed a man and so I have to die'. He then went on to relate that about a year before the occurrence of his fugue his ship was torpedoed and he and sixteen other men were in a small, open boat for eighteen days. His best friend, who was caught in the engine room when the torpedo struck, and who had sustained very serious burns, was in great agony, begged to be put out of his misery and kept trying to throw himself overboard. He reproached the patient for having saved his life, for not leaving him in the engine room to die. The patient was terribly upset at his friend's suffering and after a while he crushed one hundred aspirin tablets, made a paste, and administered it to him. Shortly thereafter his friend expired and was thrown into the sea by the men. The patient was immediately seized with remorse, and felt he had murdered his dearest friend. He reproached himself for what he had done and became convinced that his friend would have lived. For

five days he refused to eat in an attempt to starve himself to death in expiation for his crime. But he heard the other men munching food and he gave in to his hunger. Henceforth he could not get the image of his friend's face out of his mind; he had constant memories of his body falling into the sea and of the water closing over it. He wanted to drown himself. He kept returning to sea, even though he did not like the life, in the hope that he would get torpedoed and die; he went into the engine room as often as possible further to endanger his life.

He related how wonderful his friend was to him and told how he took care of him. He was like a father to the patient, a big, strong man who protected him from 'women and drink'. The other men on the ship kidded both of them, referring to the patient as 'his boy' because they were so close. The patient said he never had a real father, that his was a drunkard who beat his mother, was generally cruel and brutal, and ran around with other women. He went to sea in order to get away from his father. A few hours before the onset of the fugue he had had a violent quarrel with his father because his father was not giving money to his mother. He remembered his anger and resentment toward his father while he was walking down the street. He had always been very close to his mother and sided with her against the father; on one occasion he wanted to strike his father when he saw him beating the mother.

He was brought back to the moment he discovered his loss of personal identity. He stated he did not want to remember his name because it was his father's name and he wished to be rid of it. In the conscious, waking state the patient had no feeling of his guilt about the death of his friend; on the contrary, he never worried about it, felt quite justified in what he had done, considered it an act of mercy, felt that any one in his place would have done the same, and, in fact, the other men in the lifeboat had wanted to throw his friend overboard even before he died.

The material uncovered suggested that his friend was a father image, and that in contributing to his death he had symbolically

killed his father. From time to time he found himself wishing that it was his father who had died and not his beloved friend.

This case indicates that the impulse to murder was very important in the genesis of the fugue. The fugue had its onset shortly after a violent quarrel with his father. The guilt associated with the hostile, murderous impulse toward his father was associated with the guilt the patient developed over the death of his friend. The murderous impulse was turned against the ego.

In addition to the mechanisms noted, loss of awareness of personal identity may have other meanings. One patient stated he did not want to remember his name because it was his father's, and he wanted to be rid of it as he wished to rid himself of his father. In this instance it is a symbolic murder. Abeles and Schilder (4) have suggested that the loss of personal identity is a form of psychological suicide, an attempt to escape from punishment, and at the same time a self-punishment by effacing one's personality.

The importance of the impulse to murder does not minimize other trends. It is evident that libidinal strivings are also of significance. The presence in one patient of a homosexual conflict in relation to a friend (father), and the incestuous strivings in another are clearly evidenced. It is also clear that there is nothing specific about the type of conflict involved in these fugues, and it is not known why fugal mechanisms are brought into play in only a limited number of individuals in an attempt to solve these conflicts. Many of these patients show other manifestations of defense in the form of disturbances of consciousness. There is often a history of fainting spells, somnambulism or hysterical stupors.

CONCLUSION

The two fugues described in this paper confirm previous conclusions about the presence of two phases in this type of fugue (1, 2).

It has been suggested (1) that in stage one the patient acts out certain unconscious fantasies, which may take over motor

and perceptual systems and cause the patient to carry out complex activities such as are involved in travel over long distances. The patient while performing such activities may appear quite normal to the casual observer. It is from these facts that the term fugue, which means flight, is taken. The patient literally flees, impelled by the unconscious, and the executive motor functions may be intact. However, reviewing seven cases of this type of fugue thus far investigated, it would appear that the integrity of the executive motor functions in stage one has been exaggerated. In many of the cases this stage lasted for only from one half to several hours, and during all or a large part of it the patient was in a stupor. In one case (1), most of stage one was spent in a stupor followed by a period of hallucinatory, delusional activity associated with bodily motion for an additional half hour or more. Even when the executive motor functions are intact, the patient may be far from normal; he may be hallucinated, delusional, extremely distraught or in a panic (1). In some cases periods of motor activity are interrupted by several periods of stupor.

Fugues are related to somnambulism and through the latter to dreams (1). The fugue is like a somnambulist episode which occurs in the daytime; the individual in a fugue is a dreamer walking and acting out his dream. As in the dream, so in the fugue there appear to be manifest and latent contents. In the fugue the manifest content appears to be acted out. It was suggested that 'at least the latent unconscious wish or wishes do not in many cases obtain expression'. This requires some correction. It applies only to the first stage of the fugue. Usually with the onset of stage two, acting out of the unconscious fantasies terminates; also, it is apparent that in some cases the latent unconscious wishes are not subject to secondary elaboration but are acted out directly.

Often the acting out of unconscious fantasies terminates with the onset of stage two but this is not always the case. One patient (1) continued to hallucinate and was delusional all through stage two and only stopped being so when this stage terminated; another (1) also showed some mild hallucinatory

activity referable to the fantasies of stage one for a brief period during stage two.

There are wide variations in the behavior of different patients during stage two. Some appear alert and even cheerful and show a rather typical, hysterical *belle indifférence*. Others seem quite disturbed by their loss of memory and are eager to coöperate in therapeutic measures. Some are sullen and depressed and wish to be left alone. Several patients have stated that they do not wish to have their memory restored, that it is better not to remember. The mental disease which is associated with the fugue also determines the type of behavior during this state. The first case was in a rather severe depression with retardation during the first part of stage two. The two paranoid character types who developed hallucinations and delusions during stage one continued to be markedly disturbed during stage two.

There are simple fugues which consist only of the first stage without a second stage of loss of personal identity and amnesia for the past. Immediately on emerging from the fugue the patient remembers his name and his past history and has an amnesia only for the period of the fugue. The most baffling aspect of fugues is the existence of a second stage. That there should be an amnesia for stage one is no more surprising than the amnesia for a dream or a somnambulistic episode. The psychological function of the total amnesia and loss of personal identity of stage two remains obscure. It seems likely that it represents a period of *defense, resolution, and restitution*. When during stage one the patient is suddenly confronted with, 'What is your name?', he is forced to identify himself by his name and his past history. In the fugue the individual is always doing something which is in conflict with his superego; he is running away from some impulse alien to his ego. The question about his name may be felt unconsciously as an accusation. The patient protects his ego by concealing his name and his past history. These patients frequently behave like hunted criminals and often turn themselves over to the police on entering the second stage. It will be remembered

that the Negress entered stage two of her second fugue just when she was detected by her landlady in the act of opening the door to her sister's apartment presumably with the intention of murdering her. All through stage two of the second fugue she manifested feelings of guilt about the possibility that she had done something 'bad'. Just before she recovered, she was asked to name the Ten Commandments. She named only those having to do with murder, adultery, and bearing false witness.

During the first stage patients indulge in acts or fantasies which are in conflict with the superego; during stage two an attempt is made to defend one's self against and to resolve the guilt generated by the events of the first stage. The patient attempts to deceive his superego by losing his identity, by giving up certain ego functions.

Geleerd (5) has pointed out that patients who develop the type of fugue under discussion do so when they are told or wish to break off relationships with parent figures, or when they feel abandoned by the parent, as in both the cases presented:

'The relationship between ego and superego takes over the libidinal relationship between child and parent; hence its great narcissistic value. This explains why this relationship is seldom given up, and why fugues and related states are not more frequently seen. Giving up one's identity seems such an easy solution for a conflict. The superego gains its strength from the fear of punishment by, and loss of love from, the parents. A fugue develops in situations where it seems to the ego that the outside world is too threatening (as on a battlefield), or too unloving. Frustration of a wish, or a scolding may in some cases be felt as a withdrawal of love. When the outside world is or seems so threatening, the ego in such cases refuses to submit to the superego: "I refuse to be your good child. I will not acknowledge you any more." It seems, however, that at the point where the ego refuses to submit to the superego a complete reorganization of ego as well as superego—and their relationship—occurs. This results in a person-

ality with altered conscious strivings, altered moral values, and an altered state of consciousness.'

Probably no class of patient is more abused therapeutically than victims of amnesia. The challenge to the physician to dispel the amnesia is seemingly imperative. For this reason, patients are too frequently, and without adequate psychological preparation, assaulted with the entire armamentarium of narcotizing procedures, including hypnosis, the injection of amytal or pentothal and the administration of nitrous oxide. No individual abandons the memory of his entire past, his sense of personal identity, without pressing cause. Such extensive amnesias must serve defensive purposes. They are protections against powerful id impulses such as murder and incest.

It is recommended that the amnesia be resolved systematically in two stages. These patients are generally seen in the second stage; rarely, if ever, in the first stage. It is frequently possible to terminate the second stage quickly, but in other cases some time may elapse before this can be accomplished. One should always attempt to establish a positive transference. Once this is done, hypnosis, preferably, or one of the narcotizing drugs may be used. When the appropriate depth of trance or narcosis is attained, no attempt at psychological probing should be made, but all efforts should be directed to restoring defects of memory and awareness of personal identity. The patient should be urged to outline the major gross events of his life and then given posthypnotic suggestions to remember what he has revealed, or kept awake in the drug interview until one is certain he will retain what he has remembered. When this has been accomplished it will be found that the patient has full memory except for stage one; then, at a later date, after one has worked with the patient, gotten his history and some notion of his emotional problems, stage one may be investigated.

Another group of patients, seen after stage two has terminated, show only an amnesia for stage one. In these cases, after appropriate psychological preparation, the first stage may be investigated. If one attempts to uncover the conflicts

involved in the fugue while the patient is in stage two, it may serve to confuse the temporal relations between the two stages and spoil the investigation and the therapeutic process as well. It should always be remembered that the patient will eventually emerge from stage two spontaneously if left alone.

It has been suggested that this type of fugue cannot be considered a conversion hysteria, but that it represents a more malignant disturbance closely allied to psychosis (1). Experience indicates that this point of view needs correction. This type of fugue has been reported to occur in hysterical types, manic-depressives, schizophrenics, obsessive-compulsive characters, and in psychopathic personalities. It would appear more rational to continue to look upon it as a form of conversion hysteria, which, like other hysterical symptoms, may occur in any type of personality organization. While it is true that such fugues may occur in psychotic individuals, this is not always the case.

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August Aichhorn 1878–1949

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IN MEMORIAM

August Aichhorn

1878-1949

If personal devotion to a great man and the privilege of his friendship were the sole qualifications required to do him justice in a few remarks, then I should feel no hesitation in speaking to you about August Aichhorn. Unfortunately, I do not feel equal to the task of conveying a true picture of Aichhorn's pioneering accomplishments and extraordinary personality. His few published writings, of which only the classical *Wayward Youth* has been translated into English, do not provide an adequate picture of the man or his work. In fact, in reviewing his few published essays I find them pale in comparison with the vital, warm and generous personality of Aichhorn.

He began as a teacher in Vienna. His interests very soon expanded beyond teaching and became concerned with the fate of neglected and unfortunate youth. This remained his primary interest to the end of his life. For years before his acquaintance with psychoanalysis, he devoted his immense energies to work with delinquent children. He found in Freud's ideas and observations an explanation for his own intuitive approach and successes, and a basis for his future pioneering work.

In adapting Freud's techniques of psychoanalysis to the special needs of the treatment of delinquents, he was the first to recognize that the delinquent's actions were determined in a comprehensible way by a combination of internal and external circumstances. To my knowledge he was the first to discard both society's century-old punitive attitude toward the wayward child and the opposite tendency of sentimental charity and unlimited indulgence advocated by some in the child-training field. Aichhorn organized and supervised the work of a series of municipal child guidance clinics for the city of Vienna, and for a number of years conducted the unique institutions of Oberhollabrun and St. Andrä (1918-1922). There he undertook a radical departure from the customary methods of dealing with juvenile delinquents, and brilliantly

Read before the Chicago Psychoanalytic Society, November 22, 1949.

proved the validity and fruitfulness of his principles. These included among others a minimum of restriction and a maximum of freedom; the deliberate utilization of the counselor, carefully selected as to age, character and sex, for each group and type of delinquents; use of the mechanisms of identification within the group; the creation for therapeutic purposes of what he called the 'milieu' of the group; and perhaps above all in importance, the singularly successful use of transference reactions in therapeutic work. The description of this work in *Wayward Youth* makes fascinating reading for anyone.

Over the years thousands of children and adolescents passed through Aichhorn's hands, and the experiences gained in this work formed the basis and the stimulation for much that is being done today in Europe and this country in the field of progressive work with juvenile delinquents.

The first detailed suggestions about the significance of early conflicting identifications for the development of waywardness, the importance of defective and inadequate superego formation, clear concepts about the social determinants of delinquency and its connections with the immediate milieu of the delinquent, the concept of the family as a libidinous unit with a given state of equilibrium maintained at the child's expense, descriptions, still essentially unchanged, of delinquency in terms of its psychic dynamics and economics, the delineation of its dynamic position in relation to neuroses and psychoses, and a host of other discoveries about the meaning of juvenile aberrations derive from Aichhorn's ideas. Unfortunately he was not a prolific writer; in fact, he heartily disliked writing and so only little of his work is available in published form, in fragmentary essays scattered in the early editions of the *Zeitschrift für Psychoanalytische Pädagogik*, and of course in his *Wayward Youth*. Characteristically for Aichhorn, he gave the German original of his book a title more correctly translated as 'Neglected' rather than 'Wayward' Youth. The emphasis, of course, is on the function of the environment in bringing about the child's misdemeanor rather than the child's own willful contribution to the pattern of delinquency. Aichhorn's work lives on mostly in the efforts of his numerous students all over the world, who received personal instruction from him and had the privilege of partaking of his rich personality and his unusual gifts as a teacher.

I had occasion to observe his work at close range at the Child

Guidance Center. I was present at numerous interviews which he conducted with children, parents, teachers, and counselors in his seminar. To witness these interviews was an experience never to be forgotten. One received a most profound impression that Aichhorn was there completely and exclusively for the person to whom he was speaking, whether the talk lasted but a few minutes or the better part of an hour. One sensed his putting all of his humane, compassionate personality at the disposal of the other person, without emotional reservations. At the same time one had the great pleasure of watching a supremely keen, uncannily rapid intellect at work. Throughout, he retained a most direct and simple manner, never authoritarian, though at times one of quiet authority. I have never been impressed more by a capacity to uncover weaknesses and insincerities without humiliating the person interviewed. Aichhorn was a particular master at destroying false façades and pretentious attitudes, and yet he always managed to preserve the individual's dignity. He possessed an absolute inner security which obviated entirely any bolstering through righteousness or display of superiority. His capacity for dealing with people was superb. In this he deliberately fostered the development of the transference and utilized it with masterful skill. Far from being fearful of becoming embroiled in it, he welcomed transference to the fullest extent to effect the changes he desired in his charges, yet his great freedom in giving and absence of any impulse to abuse the power he wielded enabled the individual to mature and grow independent of Aichhorn. Being inwardly free of fear, and secure in the control and mastery of himself, he was willing to accept the responsibilities implied in the use of transference as an instrument. Thus, when dealing with people and inviting their emotional investment in him, he was at all times ready to help them carry their burden. In references to his work, the easily observable active part of it is often mentioned; the other, less discernible but no less important, is easily missed.

I think Aichhorn's personality was unique in that respect, and his methods of dealing with delinquents are not easily imitated by others. This limitation does not apply in the same measure to the ideas and recommendations laid down by Aichhorn in regard to institutional treatment of wayward children. These have been applied to great advantage and developed further by workers in the field.

One should, of course, note and perhaps emphasize that the techniques sketched were applied by Aichhorn only to the treatment of the dissocial child and adolescent, and of their environment, and not to his analytic work with neuroses. There he followed Freud's classical technique quite closely.

He had a most enjoyable sense of humor. It had an earthy, wholesome quality enhanced by his use of pungent and colorful Viennese vernacular. He told stories wonderfully. He liked a game of cards and enjoyed an occasional turn at roulette or other games of chance. He liked clothes and gadgets, he loved to have his picture taken on all occasions, and he was proud of his successes; but I have never heard him express an immodest or self-righteous opinion, or argue a point on the basis of mere authority, or even intimate the 'I told you so' attitude. However intense the narcissistic gratification he derived from his work, and great the pleasure in meeting what to him was always a new challenge, these were at all times subordinated to the needs of his patients.

Last spring Aichhorn suffered the first signs of a cerebral thrombosis and had to interrupt his work for several months. He resumed his full schedule this fall until the night of October 12, when a cerebral hemorrhage occurred during his sleep. He died in the afternoon of the next day without regaining consciousness. There is some consolation for those who knew him in the thought that he was able to work to the last day of his life and that he was spared a period of invalidism.

PAUL KRAMER

Leon J. Saul

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BOOK REVIEWS

BASIC PRINCIPLES OF PSYCHOANALYSIS. By A. A. Brill, M.D., With an Introduction by Philip R. Lehrman, M.D. New York: Doubleday & Co., Inc., 1949. 298 pp.

With this book, carried to completion after Dr. Brill's death by Dr. Lehrman, Dr. Brill has left us another of his inimitable expositions, written in his characteristic clear and witty style. The book is developed from material used in a course given to a group, at New York University, interested in problems of education and psychology. It is essentially a popular presentation of psychoanalysis using examples from the author's own vast experience.

The author points out the virtues, but also the limitations, of psychoanalysis. He believes that it will be most important in prevention, since its field of usefulness as a therapeutic agent is very limited. 'It cannot cure cancer, it cannot make an adjustable citizen out of a defective "radical", it cannot return an errant young husband to a neurotic elderly lady, it has no more to do with the separation of mismatched couples than a microscope with the dissolution of tissues. . . . But it has already rewritten all the mental sciences, and in the hands of trained psychiatrists it can cure the most chronic psychoneurotic affections. Moreover, the knowledge gained through it is developing a prophylaxis, which will not only diminish nervous and mental diseases but will establish newer methods in our system of education.'

The book follows a historic exposition of psychoanalysis beginning with the cathartic method of Breuer and Freud, tracing their earlier reasoning through to an appreciation of the unconscious motivation of symptoms. Following this, there is discussed the psychology of forgetting, the psychopathology of everyday life, dreams, and the common forms of psychoses. The individual neuroses are not discussed systematically. A chapter is devoted to the only child and the special problems it faces while growing up and in later life. There is also a chapter on fairy tales and artistic production, and one on the selection of vocations.

Freud is the only author referred to in the book. Later developments in relation to medicine, for example, psychosomatic studies, or explorations in relation to sociology and anthropology, and the general movement of psychoanalysis in the direction of integration

with the universities, with medicine, and with science in general are not included. This is no doubt because the book is primarily a popular one, directed to the layman. It is nevertheless always not only enjoyable but highly educational for even the most experienced analyst to take the old wine of Freud's original work from the new bottle of Dr. Brill's wide experience and wise observation.

LEON J. SAUL (PHILADELPHIA)

MASKS OF LOVE AND LIFE. By Dr. Hanns Sachs. Cambridge, Mass.: Sci-Art Publishers, 1948. 303 pp.

Hanns Sachs fortunately completed the manuscript of this book before his death. Its posthumous publication we owe to his editor, Mr. A. A. Roback.

Both Anna Freud, who wrote the foreword, and Mr. Roback, who wrote a penetrating introduction, discuss Sachs's personality, his analytic career, his exceptional position and rôle in what was called 'the psychoanalytic movement', i.e., in the history of psychoanalysis. Once again it is pointed out by Anna Freud that psychoanalysis has always had two aspects: one, the medical, in as much as it is a therapy and psychopathology; the other, in so far as analysis is part of general psychology, relates to the social sciences and anthropology. Sachs, from the beginning, was outstanding among those who were interested in the latter aspects of psychoanalysis—in the knowledge of man and the understanding of his behavior. If Sachs was an exceptional figure among analysts, this book is exceptional among psychoanalytic books. Analysts should be thankful to Mr. Roback for having edited and helped publish it. I believe that many of them will be deeply grateful to Sachs for having written it.

This book is exceptional because it is neither a treatise on any specific subject, nor in any way a popularization of analysis. It is a series of themes bound together by Sachs's profound interest in and understanding of human beings.

Mr. Roback gave this book the title under which it appears. Sachs intended to call it *The People of a Strange Planet*, which sheds light on the spirit in which the book was written—that of the surprised detachment of one who wants to emphasize the contradictions, discrepancies and inexplicable strangeness of human behavior. This attitude, far from being cynical, reveals a quality

which is encountered only too rarely: the opposite of complacency. To the end, Sachs kept alive a spirit of freshness and youthfulness: he preserved the ability to wonder and to be surprised, a curiosity and tolerant understanding, as well as a tolerance of the failure to understand.

The reviewer does not intend to give a detailed summary of the book. Even if he were to try, he would be unable to do so because of the extraordinary wealth of ideas, observations, remarks and formulations it contains. One might summarize it, as does Mr. Roback, by saying that Sachs intended to emphasize the striking contradictions in man's behavior between his conscious and unconscious wishes and motivations. The chapter heading, *Locked in a Room with Open Doors*, is particularly striking and illuminating in this respect. Yet Sachs's book deals with other problems; for instance, the fascinating chapter on *The Free Man*, in which he discusses great men and gives a portrait of Julius Caesar whom he considers the greatest of the great.

For several years before his death Sachs had intended to write about the life of Saint Paul. His scholarly knowledge of classical antiquity and his deep humanity would have qualified him well to write about the founder of Christianity. The chapter devoted to Saint Paul, called *At the Gates of Heaven*, was probably only a preliminary sketch of what might have become a much more important work. It is, to our knowledge, the only attempt of an analyst to approach this subject. Sachs attributes Saint Paul's ability to transcend death to his attainment of inner freedom. This concern with inner freedom is one of the leitmotifs of the book.

A chapter called *The Meaning of Shadows* deals with the amazing peculiarities of human sex life, and more particularly with sexual fantasies. There are other chapters concerned with sex, love, and happiness, the intricacies and the insurmountable difficulties of education, the discussion of hate which has hardly ever been attempted before in analytic literature, and childhood and reformers.

The last chapter, called *The Path to the Tree of Life*, centers around the frailty, the insecurity of the ego, and its shifting between the past and the future. Sachs describes how the ego acquires consistency and stability by reintegrating the past, how the value of the present is enhanced when the ego is aware that there is no

longer much left for the future, when man faces death with detachment and serenity.

To this reviewer the reading of *Masks of Love and Life* was a rare joy. He hopes that many others will share this joy with him.

RUDOLPH M. LOEWENSTEIN (NEW YORK)

THE PSYCHOANALYTIC READER. Volume I. Edited by Robert Fliess, M.D. New York: International Universities Press, 1949. 392 pp.

With the shift in the center of gravity of the psychoanalytic movement toward the United States in recent decades, much of the earlier psychoanalytic literature is becoming less readily available to the modern student. Robert Fliess has begun an elaborate salvage to make some of the earlier and often quoted European literature more easily accessible to the serious student. The *Psychoanalytic Reader* is the initial product of his effort and the first of a series of similar volumes.

The articles which he has collected are all important ones, especially historically, in the development of psychoanalysis. Excluded, of course, are the works of Freud and those whose collected works are available (Abraham, Ferenczi, Jones, Sachs, Nunberg). The editor has, of necessity, run into many difficulties in making selections for his first anthology. Anxious to choose significant articles, many of the papers included in this volume are not so unavailable at this time as to make it important to include them in an anthology. In fact, most of the material in the book can easily be found in this *QUARTERLY* or the *International Journal of Psychoanalysis* by the conscientious student of analysis. The more casual reader, tempted to seek an easy psychoanalytic education, will be quickly overwhelmed by the highly technical nature of the articles included in this volume.

The advantages of the volume, however, are many. The editor has collected and grouped his articles in such a fashion that the reader is in a position to organize his reading according to subjects, and with appropriate historical perspective. Fliess's introductions and comments are especially helpful in orienting the reader to the place of the particular article in psychoanalysis. One wishes that his comments were longer.

The outstanding section of the book is the second part, on

Theory, which brings together the papers on Female and Pre-œdipal Sexuality by Helene Deutsch, J. Lampl-de Groot and Ruth M. Brunswick. There is a running commentary and ontogenetic table by Fliess which serves to bind this section into a meaningful exposition. This section of the book, if combined with the appropriate papers of Freud and Abraham, would make an excellent monograph.

Also included is a collection of three early papers on Characterology by Wilhelm Reich, which continue to carry a freshness and lucidity about them upon rereading. Of course, these are now available in *Character Analysis*, in the new American edition. The paper by Fenichel, *On Transvestism*, is more than amply covered in his textbook, *Psychoanalytic Theory of Neurosis*; however, there is some advantage in combining it in one section with the paper by S. M. Payne, *The Fetishist and His Ego*. The papers by Victor Tausk, *On the Origin of the Influencing Machine*, and Ruth M. Brunswick's *A Supplement to Freud's History of an Infantile Neurosis*, are both significant inclusions.

Six previously uncollected papers by Karl Abraham are included; they are all interesting and informative contributions and one wonders how they managed to escape Abraham's previously collected works. His paper on an Imposter certainly foreshadows much that has subsequently been written by Alexander and his group on 'emotional re-education'.

The volume closes with some fragments of papers whose major claim to fame seems to rest on the fact that they were quoted by Freud. To the reviewer, this type of selection smacks a little too much of hero worship for comfort. In fact, the general high caliber and scientific merit of the material in this book necessitate no apologies. The reviewer was a little disturbed, therefore, by some of the defensive editorial comments especially in the foreword, which seemed to carry the implication: 'If you don't believe what we analysts have written, you'd better get yourself properly psychoanalyzed. You're too resistant.' This type of polemic no longer seems necessary in serious psychoanalytic literature.

The criticisms of the volume, however, are trivial compared to the obvious advantages: excellent selection of material, and helpful running commentary. We look forward to subsequent volumes.

MILTON R. SAPIRSTEIN (NEW YORK)

L'ANGOISSE ET LA PENSÉE MAGIQUE (Anxiety and Magic Thinking).

By Charles Odier. First Volume. Neuchâtel and Paris: Delachaux and Niestle, 1948. 248 pp.

This is a valuable book which brings to light many new points of view. The author's object is to integrate the genetic psychology of the ego in psychoanalytic theory and to study the intermingling of ego structures with id drives. Describing first the ego development on the basis of James Baldwin's and Jean Piaget's books, he distinguishes three stages.

1. The adualistic stage is characterized by a complete confusion, due to projective mechanisms. The child locates outside the mind what happens within it; it lends its feelings and thoughts to other people. As Piaget observed, the child projects not only its own feelings, but very often their complements. A child frightened by fire does not think that the fire is afraid, but attributes to it threatening intentions. At the same stage, the child introjects; it confuses elements from outside with its ego; it attributes to itself the thinking of other people. 2. Piaget has completed these remarks of Baldwin in describing what he calls children's realism, the attitude that phenomena are as the child perceives them; for instance, that colors and shadow exist in themselves.

At this point Odier introduces two new concepts: affective realism and exteriorism. Affective realism is the projection of one's feelings upon other people; the feelings are given an existence outside of oneself. Such is the luck which derives not from an activity but which befalls one; such is happiness resident in love objects, but independent of one's search for it. Exteriorism is any form of children's realism persisting into adult life, whether due to delayed development or to regression. 3. In his brilliant book, *The Moral Judgment in the Child*, Piaget has shown that the child grows out of realism through coöperation with children of its own age. This social experience leads it to objectivity, reciprocity, relativity, rationality, and the establishment of an autonomous conscience. These qualities are the signs of maturity. Odier proposes three other signs of ego maturity: acquisition and maintenance of inner security (processes of endogenous security); acquisition of the feeling of self-esteem (processes of endogenous estimation); acquisition of a feeling of autonomy (processes of endogenous autonomization). These acquisitions are constant and active ego functions in normal

people; they are absent in people with feelings of inferiority and phobias.

Odier, after these general considerations on ego development, tries to apply the structural schemes to some neuroses. He first reviews the problem of phobias.

At the bottom of all of them is what Odier calls primary anxiety, a compound of anxiety, feelings of helplessness, and manifestations of magic thinking. There is in every phobia a confusion of the dread with its materialization; the fear is confused with its hallucinatory projection, exactly as in wishful thinking the wish is experienced in a hallucinatory realization. This is an adualistic stage of thinking.

The objects of love or authority may be feared or loved; they become malefic or benefic according to the feelings of the child, or of the neurotic, who projects on them the complementary affect. The child has corresponding alternative reactions: one who threatens is wicked and should be hated and avoided; one who protects is good, lovable, and should never be left.

The phobic goes through three stages which correspond to three stages of ego development: the centripetal, in which the phobic is the passive victim, and his fear is objectified; the stage of incorporation of the evil, in which the phobic is active, and his anger is objectified; and the centrifugal, in which the phobic becomes a 'monster' (identification with the aggressor).

Every child has a fundamental tendency to split the world in two parts: the good and the wicked. This tendency subsists in the phobic too. One's inner security cannot be established so long as the ego has a section which fosters the belief in a malefic power. The phobic projects his fear in a hallucination which he takes for the reality of which he is afraid. This creates a vicious cycle which prevents any endogenous security.

What we observe in phobias, we observe in nightmares, says Odier. We have been told that nightmares result from unconscious guilt, self-punishment, or repressed sexual masochism. All this is true of the psychology of the id, but it does not clarify the structure of the nightmare. In every nightmare death is the central idea which brings us back to the stage of primal anxiety. Nightmares, like phobias, realize all the consequences of malefic representations; both are hallucinatory materializations of fear, using projection of complementary affect. In phobias only a

part of the ego is involved. In the regressive part of the ego, prerational thinking works as a functional unit. Thus a structural antinomy exists within the ego: logical and prerational thinking are contradictory. The result is a dislocation of the ego bringing about a secondary conflict between it and the environment, experienced as feelings of inadequacy, failure, inferiority, and so on.

The 'neurosis of abandonment', the discussion of which occupies half of the book, is a constant ambivalent fixation on the love-authority object which has the power both of creating and eradicating feelings of being abandoned, according to the ability of inspiring love or fear, security or insecurity. Whenever the feeling of security is impaired, the patient spontaneously ascribes the ego modifications to the object of authority or to its substitutes. The child's earliest situation of helplessness is revived. This authority object is introjected into the superego, and the dependency upon the introjected object permits an absence of self-criticism. Whenever the superego retains this strong authority, the patient projects the complement of his feelings of guilt onto the object and believes that any misfortune is a punishment. The result of this constant threat of the projected superego leads to a constant underestimation. The patient does not give himself the rights he gives to others; he does not put himself on an equal footing of reciprocity. He cannot assert himself, as he feels always wrong.

This lack of confidence is also a result of inability to think in terms of the relativity of reality. The 'abandonee', Odier's term for the patient who has not actually been abandoned but who suffers from feelings of having been abandoned, confuses the fact of making a mistake with the emotion of being wrong. Because of his fear of authority, he feels that his object is always right and he always wrong. In this regressive part of his ego, he does not see that he is unfair to himself because he is still on a level of unilateral, and not of mutual, respect. Intellectually, he will act quite differently, but as soon as he discusses the practical problems of life, only the regressive part of his ego participates with all its magical thinking, and he is unable to achieve the unification of his principles and standards, a unification which is another sign of ego maturity.

These difficulties in the ego structure reflect on the abandonee. Because of his inability to find security within, his whole system of striving for security depends upon his relations with the love

object (which is at the same time the authority object, as the superego is constantly projected onto it). Therefore, the abandonnee's main fear is a lack of attention from the love object or its substitutes. He is reassured not by real feelings but only by the external manifestations which have a magic value for him. This attitude belongs to the exteriorism which confuses the signs with their meanings. The abandonnee needs emotional certainties rather than rational concepts of security. He labors under a constant fear which is expressed either as doubt and uncertainty, or as an obsessional conviction of not being loved. Projecting the complement of his fear, the abandonnee accuses the object of a lack of understanding, of being unfair, hostile. In masochistic phases he reverses his feelings, accusing himself of the opprobrium directed to the object.

In the diseased section of the ego, the prerational thinking operates with global emotions, 'all or none' reactions. There is a constant relationship between a weak ego and a projected strong superego which can only lead to underevaluation and inferiority feelings. The results of this emotional vicious cycle are dissatisfaction, doubts, and worries in activities other than love; periodic depression; complete dependency upon the object. The abandonnee seeks not love but security in his love object. He acquires self-esteem only by overevaluation of the love object and a demand that the object reciprocate this overestimation. The loss of love or even of one of its signs undermines his self-esteem. When such patients are really abandoned, they suffer more from the subjective insecurity which follows than from the objective loss. This insecurity brings a secondary depression. Odier describes magnificently the misunderstandings and the catastrophes in a marriage of two abandonnees.

Along more general lines, one of Odier's greatest contributions is the notion of a parallel between id development and ego development. This description seems to clarify the goal of therapy. The ego must reach a certain maturity characterized by objectivity, reciprocity, relativity, and rationality—a process of self-security to which we should add the unification of our principles and standards. Freud formulated this in the theory that it is necessary to reach the genital stage in order to attain a complete object relationship.

Beyond this practical problem and the description of phobias,

Odier differentiates two kinds of anxiety: one which is due to some traumatic situation which influences the vicissitudes of instinct and which has been well described by Freud; the other which is due to emotional realism, a mental structure entirely inadequate for the ego's adjustment to reality. As emotional realism is not only a pathological phenomenon resulting from a trauma which splits the ego into a rational and a prerational section, but is also a normal stage in ego development, we have to admit that every normal child starts in life with a certain amount of anxiety due to his inadequacy to cope rationally with the outside world. This situation makes him strive for emotional security. From the beginning he uses two processes of achieving security—the emotional and the rational. The emotional is synonymous with what Odier calls exogenous security, using all forms of identification and defense mechanisms described by Freud, and the prerational thinking described by Odier; the rational process is a constant testing of reality, leading to an endogenous security.

One of Odier's great merits is to make us more deeply aware of the world of projections. He has described the dream in terms of projection, not of regression. He has not quoted the only place I know of where Freud speaks of dreams in such terms as 'A dream is, therefore, among other things, a *projection*: an externalization of an internal process'.¹ In reading Odier, it becomes clear that underlying all rational thinking is a constant magic emotional or prerational thinking which expresses itself in hallucinatory projections. The rational mature mind constantly discards this autistic thinking. The dream is not a regressive product of sleep; it is rational thinking which is stopped by sleep and which leaves the constant projective thinking uncovered. This projective activity may be stimulated by outside or inner perceptions; it follows that the unconscious is in a constant process of structuralization. The ego operates on two levels: an emotional, projective, hallucinatory level and a rational one; in neurotics, large areas of emotional thinking are not corrected by rational thinking.

Odier proposes in his introduction a combined method of analysis and genetic psychology; however, he does not say whether he means a method of investigation or a method of therapy. No doubt it is very useful as a method of investigation and we regret that Odier

¹ Freud: *Metapsychological Supplement to the Theory of Dreams*. Coll. Papers, IV, p. 139.

did not more often compare his thinking with Freud's in order to make clear the distinction between the new principles he introduces and those of Freud's ideas which require no modification. This would have helped toward a better understanding of the integration of ego structures into id drives.

It does not seem possible that Odier has accumulated so many observations on primitive stages of ego development without utilizing them in therapy. If he does, he gives no details of his combined method. From a theoretical point of view, it means that he interferes on the id and on the ego levels; but can these two kinds of interpretation be given at random, or is it better to reinforce the ego by tackling its problems first? Or should the id keep its priority? These are questions he does not answer. Odier is writing two other volumes and we can only hope that he will disclose his detailed findings in such revolutionary matters.

RAYMOND DE SAUSSURE (NEW YORK)

LE DÉVELOPPEMENT PSYCHIQUE DE L'ENFANT ET DE L'ADOLESCENT (The Psychological Development of the Infant and the Adolescent).
By Édouard Pichon. Second Edition. Paris: Masson & Cie.,
Editeurs; Librairie de l'Académie de Médecine, 1947. 240 pp.

The first edition of this book appeared in 1936; the author has since died. Few books on child psychiatry have been written by analysts; one of the better known is *Neuroses in Adults and Children* by O. Spurgeon English. Several psychoanalytically oriented works have been published, but they are collections of different topics by various authors, such as *The Survey of Child Psychiatry* which appeared in England, the book on *Child Psychiatry* edited by Pacella, the volumes of *The Psychoanalytic Study of the Child*, et al. One therefore welcomes a book written by an analyst, which attempts a systematic description of the normal development of the child and its deviations, be they neurotic, psychotic, or organic. Dr. Pichon has proved to be of a scholarly nature, but unfortunately he is familiar mostly with the French, Swiss and, to a limited extent, with the German literature. Nowhere in his book is any reference made to publications in English.

He was a crusader and he could not avoid using his book as a battlefield to attack authors with whom he did not agree. To this reviewer it is disturbing to find polemics midst general descriptions.

In his Introduction Dr. Pichon mentions the fact that the book was written for parents, educators, doctors, and psychiatrists. This reviewer fears that due to the format and style of the book, it can only be read by a sophisticated public and should be read *cum grano salis*. One can therefore recommend this book only to people well-versed in psychoanalytic theory and child development—for instance, as part of the required reading for students of child analysis who would be able to appreciate the scientific endeavors of the author and can omit that which is unclear, insufficient, or not true.

The book gives a clear description of the individual development of the human being, as understood by psychoanalysts. Then new terminologies are introduced; the author suggests that oral and anal phases should not be called sexual. There is an excellent treatise on language and language development, of which Dr. Pichon had made special studies. He emphasizes that infants who start speaking two or more languages at the same time suffer from an impoverishment of their language facilities. One can only agree with Dr. Pichon when he stresses the fact that parents should bring up their own children and not leave them to servants, but regrettably the author then makes the point that one should teach the infant to obey as early as possible, to train it for the toilet early, and not satisfy its needs to suck except during feeding. Clear descriptions of neurotic and psychotic states of children and their psychodynamics, and an explanation of them from the libidinal and ego developmental point of view would have been welcome. There are good classical descriptions in this book of encephalitis, hydrocephalus, and aphasia in children.

This reviewer has the impression that Dr. Pichon never integrated the general medical psychiatric conceptions of childhood disorders with the analytic point of view. Therefore this book is a peculiar mixture of sound psychoanalytic knowledge with standard clichés which one can find in ordinary textbooks on pediatrics and psychiatry. There are excellent quotations and descriptions of Anna Freud's works, and everywhere Dr. Pichon with clear reasoning tells why he prefers Anna Freud's way of thinking to Melanie Klein's.

It is easy to sit back in one's chair and criticize attempts to write a complete book on psychoanalytic child psychiatry. As the first book written along these lines, Pichon's is a valuable piece of pioneer work.

ELISABETH R. GELEERD (NEW YORK)

WHICH WAY OUT. Stories Based on the Experience of a Psychiatrist.

By C. P. Oberndorf, M.D. New York: International Universities Press, Inc., 1949. 236 pp.

This is a collection of short stories illustrating such conditions as transitory mania, suicidal depressions, female homosexuality, hysterical paralysis, and malingering with socioeconomic implications. Though written in a style pleasantly reminiscent of Conan Doyle, O. Henry, and de Morgan, they should not be appraised by comparison with fiction. The writer of fiction creates characters to still his own conscious or unconscious urges, makes them from fragments of his own psyche, infuses them with his own breath. Through his art the reader transiently knows what it is like to experience the emotional stress portrayed. Not so in *Which Way Out*. Dr. Oberndorf depicts rather how it feels to observe people in stress, and the interplay of forces which resulted in the unusual conduct. As a result these tales recall the way clinical medicine is learned, not by dint of scanning symptoms printed in a textbook, but rather by familiarity with certain individuals who typify the ailments from which they suffer.

As these narratives show, however, understanding of psychopathology entails more than ability to recognize trivia of behavior which, when added together, have diagnostic significance. There is appreciation of the matrix in which the malady occurs, the patient's social and economic circumstances. Here these circumstances are depicted by many vivid visual details, typical and specific for times as well as places.

Even more important than comprehension of externals is an objective realization of what suffering means to the patient: that he is not a bizarre automaton but a fellow being struggling to find his way out of intolerable traps. This valuable clinical asset is strikingly shown in these descriptions of troubled people, revealing that the worth of these stories is due as much to the author's human sympathy as to his literary skill.

With the viewpoint of a single physician, the book covers four decades, travels from luxurious hotels to charity wards, from one side of the Atlantic to the other. Psychiatrists will read it for diversion, laymen for instruction, and both will find what they seek in it.

GERALDINE PEDERSON-KRAG (NEW YORK)

SEARCHLIGHTS ON DELINQUENCY. New Psychoanalytic Studies. Kurt Eissler, Managing Editor. Paul Federn, Chairman of the Editorial Board. New York: International Universities Press, 1949. 456 pp.

This volume was dedicated to August Aichhorn on the occasion of his seventieth birthday, July 27, 1948. It re-emphasizes how profound is the debt that every worker in this field owes to him. Recently Aichhorn has been appointed a professor and is getting the aid of the Austrian Government in founding a new institute for the study and treatment of delinquents.¹ He reorganized the Viennese Psychoanalytic Society and became its second president. In this connection the words of Paul Federn, who was Aichhorn's analyst, are timely: 'There is a symbolic as well as a practical significance to the fact that Aichhorn is the second President of the Viennese group. He is no physician. His profession was originally that of a teacher in the elementary schools . . . his experiences induced him to join the psychoanalytic group. At that time he underwent his own training analysis with the writer of these lines. Had there then been those professional restrictions which have now been established in most countries, and which would have forced us to refuse to accept him as pupil and later as member of the psychoanalytic society, we all, including Freud himself, would have been deprived of him as our teacher. . . . Therefore this volume will also serve to remind whomever it may concern of Freud's statement that he would always oppose the pretension of medicine to monopolize psychoanalysis.'

The book contains thirty-seven articles, a preface by Ernest Jones, a warm dedication by Federn, and a brief but very informative biographical sketch by Kurt R. Eissler. The volume as a whole is suffused with Dr. Aichhorn's spirit, and is a fine tribute to him.

The first article, *Some Problems of Delinquency*, by Eissler, is a broad, somewhat philosophical discussion of the subject. It calls attention to the important field of condoned delinquency, an area that needs a great deal of exploration. Pfister's *Therapy and Ethics in August Aichhorn's Treatment of Wayward Youth* tries to show a close parallel between the four gospels and the work of Freud and Aichhorn. It suffers from the writer's attempt to make

¹ Since this review was written, August Aichhorn died. (Ed.)

the ethical content of Freud and Aichhorn's work a monopoly of the Christian religion, whereas it belongs to all mankind, including its non-Christian part, and to those who like Freud believed that religion was an illusion. Federn and Meng in *Psychoanalytic Prevention versus Therapeutic Psychoanalysis* urge a fine program of psychoanalytic prevention. Under *Clinical Problems* are contributions by Bender and Cramer, Kata F. Levy, Mahler, Simmel, Editha Sterba and Szurek. Bender and Cramer's article on Sublimation and Sexual Gratification in the Latency Period of Girls deals with two nine-year-old girls whose good school behavior was combined with uninhibited sexual activity. Levy's *The Eternal Dilettante* is a study in female sexuality in which female dilettantism is associated with sadomasochistic tendencies and castration anxiety, which hamper the development of either masculinity or femininity. Mahler's *Les Enfants Terribles* is a penetrating case study of a child whose latency period has been deferred because it was unable to identify with the desexualized ego ideal of the parent of the same sex.

Ernst Simmel's paper, *Incendiarism*, written with his characteristic simplicity of style and beauty of exposition, is about a twenty-one-year-old boy whom Simmel saw only twice. Although it contains no new material it is an example of Simmel's rare gift as teacher; in the few pages the boy becomes alive, like the boys in Aichhorn's book. Editha Sterba's *Delinquent Mechanisms in a Four-Year-Old Girl* is an interesting case of a child who at four already showed many of the characteristic personality distortions ('antisocial character formation') usually found by Aichhorn in wayward girls in the latency period or at puberty. Szurek's *Some Impressions from Clinical Experience with Delinquents*, like Dorsey's *The Use of the Psychoanalytic Principle in Child Guidance Work*, and Lippman's *Difficulties Encountered in the Psychiatric Treatment of Chronic Juvenile Delinquents*, are impossible to summarize briefly. Each is a condensation of years of fruitful experience in working with delinquents and each contains many thoughtful observations and conclusions. The paper by Szurek, Adelaide M. Johnson's *Sanctions for Superego Lacunæ of Adolescents*, and Ruth S. Eissler's *Scapegoats of Society*, deal with Aichhorn's views on family interrelations in delinquency.

In a letter to Ruth S. Eissler, Aichhorn says 'the intrafamilial libidinal equilibrium is maintained at the expense of the child

who, overburdened by it, defends itself and according to the given circumstances develops into a delinquent or a neurotic. The delinquent and his defects must never be viewed *per se*; one must view him and his libidinal relationship as enmeshed within the family group, for if the libidinal equilibrium is maintained at the expense of the child, it will necessarily be disrupted by the cure of the child. The child defends itself against the libidinal overburdening, and the family member who misused the child for his own needs will break down neurotically.' Ruth S. Eissler extends these observations to society as a whole, and shows the social rôle of the delinquent and criminal as scapegoat. Willie Hoffer's *Deceiving the Deceiver* is an interesting elaboration of Aichhorn's 'imposter type'. Oberndorf tells of the work that is being done at the Pleasantville School for dependent children. Melitta Schmideberg's *The Analytic Treatment of Major Criminals* is another in her interesting series on this subject. Since she is one of the very few who have attempted to analyze major criminals, one wishes she would elaborate her findings because so little analytic material is available on the detailed personality structure of the criminal.

Anna Freud contributes a classic, authoritative paper on *Certain Types and Stages of Social Maladjustment*, which is summarized by her as follows: 'Certain types of social maladjustment should not be understood as the consequence of early disturbance and consequent weakening of object love, but as happenings within the realm of the child's normal emotional attachments. A first phase of normal social maladjustment is brought about by the use of certain primitive mechanisms of projection, introjection, magic thinking, etc. as regards the object world. A second regular phase of social maladjustment can be traced back to the child's tendency to displace (transfer) its object relationships. A grave disturbance of social adjustment is to be traced back to the complete suppression of phallic masturbation and the consequent flooding of the ego activities with sexual content. This sexualization of ego activities produces certain familiar forms of psychopathic behavior.'

Kate Friedlander's *Latent Delinquency and Ego Development* is an elaboration of Aichhorn's concept of 'latent delinquency' and of Friedlander's earlier paper, *The Formation of the Antisocial Character*. It summarizes some of the material in her book, *The Psychoanalytic Approach to Juvenile Delinquency*, and concludes, 'One rather interesting conclusion could be tentatively drawn,

namely, that the idea current in the literature of delinquency that constitutional factors play such an important part in the development of antisocial behavior may be fallacious. We can point to the early environmental factors responsible for the faulty development underlying delinquency with even greater certainty than to those which cause neurotic disturbances.' This article serves to remind us of the great loss to this field by her recent death.

Some Points in the Transformation of a Wayward to a Neurotic Child, by Margaret E. Fries, is a clinical report which raises the question, 'Can the beneficial effect of the change in the father figure in a growing child who is passing through the œdipal stage be compared to the therapeutic rôle of the analyst in an older, wayward child during treatment?'. There are stimulating and provocative papers by Lampl-de Groot, Wittels, M. Woolf, Bergman, Burlingham, Grotjahn, Zilboorg, Reiwald and Zulliger. Redl contributes another in his important series on group behavior, The Phenomenon of Contagion and Shock Effect in Group Therapy. Edith Jacobson writes a unique paper on her impressions gained from a group of about one hundred female political prisoners during two years of common life in cells and collective confinement in Nazi Germany. There are four informative surveys by Archibald, C. Rose, Nelly H. C. Tibout, and Edward Glover.

Glover's paper, Outline of the Investigation and Treatment of Delinquency in Great Britain 1912-1948, is much more than a survey; it is a fine summary of the progress of ideas in this field, and in a deft manner it condenses many of the basic ideas and controversies about the character structure and treatment of delinquents. Concerning treatment he says, 'So far psychoanalysis has been applied mainly to delinquent children in the latency period, to psychoneurotic types of adolescent and adult delinquency, and to some forms of superego disorder giving rise to delinquent character and conduct. This factor of selection has given rise to some divergences in therapeutic method between psychoanalytic workers in delinquency in Britain. There are some who, following the tenets of Anna Freud and the orthodox child analysts, believe that, owing to retarded or abnormal development of the superego, treatment of delinquency, particularly of the psychopathic type, must follow the lines employed in the psychoanalysis of young children, i.e., it must be divided into two phases, one in which the superego and consequently the ego, is strengthened and a later

phase in which psychoanalysis proper is employed. On the other hand, some analytic workers, including the present writer, take the view that, given suitable elasticity of approach, psychoanalytic technique can be successfully applied even in refractory cases of delinquency, provided always the patient for one reason or another (the existence of some marginal degree of conflict, or even a desire to escape further penal measures) is prepared to "try" treatment if only as a last resource. According to this view, the key to the situation lies in the maintenance by the analyst of a supporting attitude, together with an immediate and rapid exploration of spontaneous negative (hostile) transferences, and catharsis of the early traumata that so often induce or increase these hostile and aggressive reactions.'

This book is an indispensable addition to the rather small library of good, analytically oriented books on delinquency. Let us hope it will lead to the prompt publication in English translation of Aichhorn's untranslated papers.

EMANUEL KLEIN (NEW YORK)

STUDIES IN CRIMINOLOGY. By Arthur N. Foxe, M.D. New York: Nervous and Mental Disease Monographs, 1948. 162 pp.

A collection of previously published articles, with three hitherto unpublished, is presented in this volume. They summarize the author's criminological studies, covering sixteen years as a prison staff psychiatrist. They range from brief articles prepared for lay readers (pp. 78 and 112) to a psychoanalytic case report of a sodomist. The writings fall into three groups: general articles on delinquency and criminality, articles on psychiatric and administrative classification of criminals and of prison inmates, and psychoanalytic studies. The book is described by the author as a summary of his reactions and observations in a field, the further development of which he now leaves to others.

In the introductory general article, *The Massive Structure of Delinquency*, the author struggles with a definition of crime. He gives three chief etiological factors in the 'criminoses'—severe trauma in infancy or early childhood, the existence of want or need not satisfied in the home, but 'otherwise satisfiable', and hidden participation of family and, later, of society in the criminal behavior. His psychologically sound observations are set within a philosophical discussion of what is considered crime in societies. The author

indicates that in a 'darkened' world in which prospects seem dim for rational self-understanding and control of main impulses and behavior, science and scientific method offer at least a hope for the future development of society.

Fourteen letters written by the convicted murderer, Judd Gray, as he awaited execution, are the basis for an article, *Post-Homicidal Contrition and Religious Conversion*. Of interest is the author's emphasis on the nature of the times in which the uncontrolled behavior of Gray and his murderous partner, Ruth Snyder, occurred. Inflation, an American world 'a little mad with success', offer the general background for the wild conduct of a hitherto meek and conforming man. The 'spiritualizing' process evident in Gray's letters in reaction to arrest, trial, and final denial of appeal from conviction, leads the author to say that 'spiritualization seems to occur with limitations imposed upon life'—a comment in keeping with current understanding of superego development.

A historical preface for a code of administrative procedure introduces the section on classification. Psychiatric and administrative classifications developed by the author are presented. These are carefully constructed and reflect experience and understanding of the individual and of his special situation in a prison setting.

The psychoanalytic section contains a number of clinical studies. The most extensive is the report of prolonged analysis of a thirty-seven-year-old sodomist, in which a characterological change was achieved, even under prison conditions. The chief interest in this case report lies in the implications for the need for treatment of the neurotic criminal.

A humane and contemplative outlook, a genuine interest in scientific method, a practical approach to problems of administration combine to make this a useful and stimulating book for psychiatrists interested in criminology. It offers an orientation and a point of departure for further development of the functions of the prison psychiatrist.

GEORGE J. MOHR (CHICAGO)

THE SHOW OF VIOLENCE. By Frederic Wertham, M.D. New York: Doubleday & Co., 1949. 279 pp.

Accompanied by a prologue and an epilogue dealing tersely with the story of Cain which serves as a text, here are nine high-powered chapters by a psychiatrist who has been in the very center of the

firing line in contested issues of murder cases he dramatically portrays. The book presents a collection of hard-boiled facts put together in virile, compelling, often ironic prose, which becomes a little shrill only in its generalized denunciations. Exhibiting sound scholarship, as in his previous book, *Dark Legend*, the author likens the situations in certain of his cases to the essence of some Greek tragedies—*Medea*, *Orestes*, as well as *Ædipus*. Then the complex of *Herostratus*, who followed his urge to make himself famous by a terrible crime, is enunciated and a wealth of apt quotations from great writers illuminates many a point on many a page.

The longest and most interesting chapter is devoted to the case of that art student, *Irwin*, who, many of us remember, made a news sensation of 1937 because he killed three people toward whom he had no grudge whatever. The accounts of his weird contract to sell his first confession to the *Hearst* papers in Chicago where he was staying undetected, the following investigations, the court proceedings, the length (seven months) of the lunacy commission's deliberations (its conclusions were published in a legal and a medical journal before the trial) filled columns in the press for nearly a year.

Wertham had first known the boy five years earlier when he was hospitalized after attempting to sever his penis; afterward he saw him in almost daily analytic sessions. Still later he frequently came to Wertham who had diagnosed his case in terms of unfortunate life experiences, a strong *œdipus* complex, and his catathymic—not schizophrenic—thinking. In 1937 Wertham read a paper at Johns Hopkins on Catathymic Crisis, citing *Irwin*, and *Gino* of *Dark Legend* as examples, predicting that from *Irwin* an outbreak of violence might be expected. Even as he spoke *Irwin*'s murders were front-page news. The detailed history of this boy and his ideas, and the author's long but unavailing fight, even against *Leibowitz*, the famous defense lawyer, to prove him legally insane is top-notch drama from the standpoint of psychiatry, criminology, and the law.

Wertham states that for the correct diagnosis of catathymic crisis as the proximate cause of a crime of violence, four stages of the criminal's psychodynamics must be recognized, and in particular the act must be immediately followed by a period of superficial normality with calmness and evident relief of tension. (As

this review is written comes the account of the wanton twelve killings in Camden by a 'soft-spoken', 'scripture-reading' young man. His mother had of late noted his building up of tensions and grudges, says the special writer of the New York Times who then emphasizes the murderer's utter calmness and reasoning frankness after the killings. Another instance of violence resulting from a catathymic crisis?)

Only one other case given presents the above clinical entity. Medea in Modern Dress is the case of a rather dull, immature young widow who, struggling to support herself and her two children, is seized by the impulse to kill them in order to relieve her life of stress. Good social work could have prevented the tragedy, it is maintained.

Indeed, the possibility of prevention of many murders is one of Wertham's recurrent themes and he gives many instances in point: Lavin, the gangster guilty of several homicides, never sentenced for any of them largely because he learned how to simulate insanity in jail; Fish, clearly psychotic, who committed at least five hideously perverse murders of children during many years when he was appearing in court on various occasions for a variety of offenses, was often 'picked up' for impairing the morals of children, and for short periods was in psychiatric hospitals. And cited are other cases of like import within the ken of the author, whose self-confidence in diagnosis is apparently justified.

This book is an immensely readable, devastating criticism of the superficiality that passes for criminal psychiatry, of the ineptness of legal procedure in the types of cases given, of the weakness of institutional authorities, and of the blindness of society in not perceiving what to do about all this. It should command a wide audience.

WILLIAM HEALY (BOSTON)

PSYCHOANALYSIS AND THE SOCIAL SCIENCES. An Annual. Volume I, 1947. Géza Róheim, Ph.D., Managing Editor. New York: International Universities Press. 427 pp.

In recent years the trend toward anthologies has invaded the field of psychoanalysis, so that one is confronted by an increasing number of 'yearbooks' and 'annuals' devoted to more or less specific subjects. These consist for the most part, as in this instance, of papers which

have already appeared in diverse publications. I must confess to no great enthusiasm for this kind of compilation, for, except in rare instances, the general effect of reading in succession such a series of independently conceived papers is a little confusing. This is no reflection on the merit of the individual contributions, but it would seem to me far more satisfying if such annuals were to be made up of a series of critical reviews, with pivotal points of controversy clearly presented in an introduction and amplified by individual authorities. Such books, involving, to be sure, a considerable expenditure of effort, would not only serve far better the purpose of unifying scientific endeavor, but might well aid in crystallizing focal points for research. Dr. Róheim has undoubtedly felt the need of a unifying influence in his annual, for he has promised to write an introduction to each of the social sciences to be discussed. But he can do this for only one of them at a time (in this volume for Anthropology), and it is obvious that this cannot tie the entire volume together.

It is Dr. Róheim's intention to publish 'exclusively psychoanalytic publications—in the sense that Freud would have called psychoanalytic', except for factual contributions by anthropologists of particular interest to the psychoanalyst, even if the anthropologist's point of view is not completely psychoanalytic. Thus there is a paper by Clyde Kluckhohn on Navaho infancy and childhood, in which he inquires into the discrepancy between the depressive, anxiety-ridden aspects of adult Navaho personality and the oral gratifications, the permissiveness, and the genuine affection with which Navaho children are reared. His conclusion is that 'probably', while such early rearing affords the best potential basis for the development of a feeling of security in later life, it does not guarantee such an outcome. Weaning traumata, the frequent ill-health of these children, teasing, experiences in later childhood, and beliefs in supernatural forces, says Kluckhohn, may largely vitiate the happy effect of earlier gratifications. This is intended as a critique of the viewpoint, held by certain psychoanalysts, that the earliest years of childhood are decisive for the formation of the personality. I am not aware of any authorities in psychoanalysis who hold such a rigid attitude. Certainly weaning traumata, abrupt changes from profound gratification to rude denial, teasing, traumatic experiences beyond the nursing period, can hardly be said

to encompass the definition of a more or less idyllic childhood. To demonstrate that the total situation in which the adult finds himself may seriously alter his basic personality, Dr. Kluckhohn would have to discover a culture less traumatic to the child than that of the Navaho.

At this point we would welcome another point of view on the same subject; but this paper is succeeded by one on the analysis of dreams and field work in anthropology, ingenious as only Róheim can make it, and overwhelmingly documented. There follows one on Japanese culture by Hermann Spitzer, who, refreshingly, reviews the work of others, and it is a thoughtful attempt at explaining the weakness of the Japanese ego.

Dr. Henry A. Bunker's note on Narcissus, in the section on Mythology, is characteristically concise and delightful. In it he cites evidence to show that the Greeks appeared intuitively to know what Freud later formulated: one may fall ill and die of an excessive accumulation of narcissistic libido. Another contribution by Bunker appears in the section on Religion—an analysis of the ritual known as the Bouphonia, or Ox-Murder, corroborating Freud's views on the primal horde. In the same vein is Sandor Feldman's Notes on the Primal Horde, in which he presents psychoanalytic interpretations of two rituals, and one game prevalent among male children in conservative Jewish communities in Eastern Europe. To argue back to the primal horde hypothesis from such data as are presented in this paper is not very convincing to this reviewer; for it would seem just as plausible to regard these games and rituals as derivative of the tensions inevitable to a highly organized patriarchal community as to consider them phylogenetically determined.

The title of Hitschmann's contribution, *New Varieties of Religious Experience*, I find rather puzzling. The religious conversions the author describes do not themselves add something new to the phenomenology of this subject (what he adds are interpretations based on the *œdipus complex*). Interesting is Lorand's paper, *The Anathema of the Dead Mother*, describing a Jewish ritual in which a mother dying in the last weeks of pregnancy is threatened with excommunication if she does not deliver the child before she is buried. Such excommunication of the dead is rare, and its resemblance to the rites and taboos of primitives, impressive.

Lorand's explanation, in terms of defenses against the fear of castration, appears plausible enough.

A curious inclusion in this book is the section on Literature. It is difficult to conjecture why Róheim classifies this art form among the social sciences. Among the contributions are Bergler's well-known paper on writers, characterized by an ill-concealed rancor toward this profession, and an interpretative formula couched in terms which he has used to explain an astonishing diversity of behavioral phenomena. Oberndorf reviews a number of psychoanalytic theories in the same field, pointing to the ineffectuality of the writer's attempt to solve his internal conflicts through the exercise of the creative urge, and citing as a case in point the tragic figure of Nathaniel Hawthorne.

Rudolph Loewenstein's contribution to the vexing problem of anti-Semitism is thoughtful, stimulating, and far broader in scope than the average paper on this subject. His conclusion, somber in its implications for the future history of Western civilization, and to me indicative of the terrible danger implicit in the domination of man's behavior by institutionalized systems based on projective thinking, is that the historical rôle of the Jew has been identical with that of Christ.

There are few psychoanalysts so abreast of the modern trend in ego psychology and so eminently capable of delineating it with clarity and substance as Dr. Heinz Hartmann. In a paper characterized by meticulous logic, he describes the relationship of rational and irrational action to the structure of the personality in such a way as to dispel numerous misconceptions among psychoanalysts, and, it is to be hoped, many nonanalysts as well. Just as substantial, and of immediate critical import, is the contribution of Ernst Kris and Nathan Leites, *Trends in Twentieth Century Propaganda*, analyzing the techniques of such public communication used during the two World Wars. The note in conclusion, which I quote, indicates the theme of this paper: 'If . . . appropriate education, on a vast enough scale, and at a rapid enough rate is not provided for, the distrust and privatization [*sic*] of the masses may become a fertile soil for totalitarian management'.

This sombre pronouncement comes to terrifying life in the final paper. I do not know whether this was by deliberate intention or not. In any event, Richard Sterba contributes an account of race

riots in Detroit. Disclaiming any attempt at a comprehensive explanation of racial prejudice, he confines himself to one psychological aspect of this murderous event—its unconscious origin in parricidal impulses.

NATHANIEL ROSS (NEW YORK)

TRIBES OF THE LIBERIAN HINTERLAND. By George Schwab. Edited with additional material by George W. Harley. Papers of the Peabody Museum of American Archeology and Ethnology, Harvard University. Cambridge, Mass.: Published by the Museum, 1947. 526 pp.

The author gives an excellent ethnographical description of the tribes of the Liberian hinterland without benefit of psychoanalysis. However, we get some interesting observations. 'Every crisis in life—unless it is death from old age—has its sexual implications. Failure in important undertakings is frequently attributed to broken sex taboos.' The concept of sin is known, but it applies only to those who have been initiated. An uninitiated boy is innocent and therefore married women can have intercourse with him (p. 183). One of the forms of intercourse for a young boy is with his father's 'child-wives', who will become his wives some day (p. 184). As of many other African tribes, one is not sure whether the concepts of sin are imported or autochthonous (p. 319).

GÉZA RÓHEIM (NEW YORK)

DEVELOPMENT OF THE BASIC RORSCHACH SCORE WITH MANUAL OF DIRECTIONS. By Charlotte Buhler, Ph.D., Karl Buhler, M.D., D. Welty LeFever, Ph.D. Los Angeles: Published by the authors, 1948. 190 pp.

Many of those who have worked with the Rorschach Test have felt that the test findings describe so large a sector of the personality that numerical evaluation of it is out of the question. This book is the first of a series of studies in standardization, and an attempt to establish the degree to which the Rorschach Test can be quantified and standardized. It is not concerned with the validation of the various Rorschach signs but deals with a new sign which represents as far as it is possible the test as a whole. Five hundred and eighteen 'unanimously and competently and diagnosed cases from every clinical category' were investigated, including forty-

six normals and fifty-three student nurses. A list of one hundred two diagnostic Rorschach signs was used in evaluating the patient. These were mostly taken from the Klopfer and Kelly System. Each of these signs was evaluated as positive or negative, and the patient's responses scored and totaled, the results being the Total Basic Rorschach Score. These scores were classified into four groups or levels—Number 1 representing the level of adequacy; Number 2 the level of conflict; Number 3 the level of reality impairment, and Number 4 reality loss. The authors believe that the basic Rorschach score is able validly to discriminate between clinical groups in a manner which harmonizes with the judgment of psychiatrists and clinical psychologists as to the seriousness of the personality disorder. The statistical data which make up the major part of this book seem to warrant this assumption, providing the technique used and described by the authors is followed. An effort is also made to make available a systematic study of the mean values of each Rorschach sign for each of the commonly accepted clinical groups. The best that can be said about this book is that it proves statistically in a fairly adequate manner that there is a high degree of correlation between the so-called positive Rorschach signs and the clinical findings observed in well-differentiated clinical psychiatric cases; that the Rorschach findings are consistent with clinical psychiatric findings. The worst that can be said is that an enormous amount of labor has been expended simply to add another Rorschach sign to the large number already present. The authors appear to be well aware of the scope and limitations of their work. When, however, it is stated that the basic Rorschach score appears to be of value in separating clinical groups with statistical accuracy, it simply means that the clinical judgment of the psychologists who have made the tests agrees well with the clinical judgment of the psychiatrists concerning the seriousness of the psychopathology. Although the authors have taken great pains to describe their technique, it is quite apparent that the scoring of the Rorschach is still an exceedingly subjective matter. The alluring possibility that we now have a statistically validated test which can readily categorize the individual as to the seriousness of his personality disturbance must be tempered by the realization that this statistical accuracy will fail or vary with whoever is doing the scoring, just as in clinical diagnosis it is by the psychiatrist. As long as one keeps in mind that the Basic

Rorschach Score is not necessarily equivalent in different kinds of personalities and has a different diagnostic value depending on the larger background of the personality in which it appears, it will be an interesting and valuable addition to the clinical psychologist's armamentarium. All in all this reviewer feels that the amount of energy that was expended in this work might have been more profitably employed in more fundamental research on the meaning of Rorschach terms in the analysis of the personality, as the Rorschach test is too valuable an instrument to be used simply to validate clinical psychiatric judgments, statistically or otherwise.

WILLIAM F. MURPHY (CAMBRIDGE, MASS.)

SOCIAL DISORGANIZATION. By Robert E. L. Faris. New York: The Ronald Press Co., 1948. 481 pp.

'Social disorganization' is defined as 'a disturbance in the patterns and mechanisms of human relations, as distinguished from other disturbances' of societies based on catastrophes like famine, epidemics, etc., which as such need not necessarily produce social disorganization. In a footnote (p. 21) the theoretical criticism that the judgment whether certain social mechanisms are functioning satisfactorily (the diagnosis whether a state of social disorganization exists in certain social mechanisms is dependent on 'arbitrary moral approval or disapproval') is dismissed with the remark that all concepts referring to human behavior are necessarily relative in character, and that refusing to operate with such concepts would make study of human behavior impossible. The reviewer feels that this is only partly true, and that the real objection in the above-mentioned criticism is not the relativity of such concepts, but their subjectivity. Our suspicion about the scientific approach of the author is increased when we read such sentences as 'A decline of sacredness [of social institutions] *opens* the way to disorganization' instead of the statement that such decline is merely a *symptom* of disorganization (p. 29).

The author undertakes to investigate the 'nature' of social disorganization 'as the physician studies anatomy and physiology' (p. 4) in order to prescribe an effective treatment of the social illness. But by relegating the investigation of the *causes* of social disintegration to the field of the economist, Faris merely studies the *symptomatology* of the social disease, and therefore can only

offer symptomatic relief. It may be that practically we cannot do more than that, but such a judgment is scientifically admissible only if we have proved that the task is one which should aim at specific causes of the social illness which we have found, that such task is impossible or too big except under catastrophic conditions, and why. Such facts as the tremendous increase of the world population within the last century, the horrifying relative shrinkage of arable acreage in that time, the resulting necessity for the production of unproductive commodities may belong in the field of economics, but the arbitrary line of demarcation between economics and sociology is no excuse for omitting either in a book about social disorganization.

But even if we accept the book as mere symptomatology of social disorganization, we miss a more thorough discussion of the psychological factors involved in the crisis of confidence in the social institutions (*Vertrauenskrise*), which is an outstanding symptom of social disorganization. The anxiety factors involved are not followed up even by psychological investigation of the conscious aspects of the problem, not to speak about the unconscious factors which are at play. Freud is not mentioned at all, Franz Alexander and Leon J. Saul only in reference to the increase of hypertension in our modern society, and the mention of psychoanalysis is made only in a footnote.

As a textbook for college courses, for which it is intended, it may suffice as a general survey of all kinds of possible symptoms of social disorganization. It is pleasantly written, and easy reading. But it remains superficial, and will probably not induce many students to profound thinking as it avoids deeper searching into the factual as well as the psychological problems.

CARL M. HEROLD (SARANAC LAKE, NEW YORK)

PERSONALITY: IN NATURE, SOCIETY AND CULTURE. Edited by Clyde Kluckhohn and Henry A. Murray. New York: Alfred A. Knopf, 1948. 561 pp.

This is a rich source book reflecting our knowledge, our ignorance, and our disagreements about the interrelationships of society and personality. Many would insist nowadays that to speak of an 'interrelationship' in this context is misleading, since in speaking of personality and society one refers merely to two aspects of a unitary process. The volume is timely, for we do not possess as

yet the particulars of tested knowledge to substantiate such sweeping conclusions on general principles. One of the great merits of this volume is that it brings into relief the gaps of such cohesive, tested knowledge.

Even though the volume avowedly did not strive to attain completeness (p. xiii), it reflects a great variety of theories, approaches, methods and findings. Its lack of conscious bias in selection offers much food for thought, not only to the layman and the student, but to all who are involved in the study of either personality or society. There is some attempt at integrating the contradictory views of the various contributors by the Introduction, by the chapters *A Conception of Personality* and *The Determinants of Personality Formation*, by the introductions to each section and to each contribution by the editors.

The views of the editors are most clearly presented by the following: 'Some anthropologists have tended too much to view personality simply as the product of special cultural conditions, particularly the patterns for the training of children. Some psychiatrists have, on the other hand, presented oversimple formulations which derived culture patterns almost wholly from the projection, sublimation, or symbolization of various unconscious dynamics in individuals. Today there is increasing realization that both of these viewpoints must be modified and merged with other factors in wider abstractions' (p. 161).

The psychoanalyst reading this volume will be gratified to notice not only the contributions of analysts (Alexander, Erikson, Fromm, Greenacre, Levy, Waelder), but also that hardly any of the other contributions fails to show the impact of psychoanalytic findings and thinking. He will, however, probably find the volume wanting because 'projection, sublimation, or symbolization of various unconscious dynamics in individuals' are not given their due share of attention. He will, let us hope, notice with humility and curiosity that there are many problems of human behavior for the understanding of which, knowledge other than psychoanalysis is needed, and that such knowledge will broaden his theoretical and perhaps even his practical horizons. He will almost certainly realize that his instinct theory must be sharpened and clarified, so that it have its due impact—which at present is in abeyance—on social-psychological and anthropological thinking. He will also find that the development of psychoanalytic ego psy-

chology will be greatly enhanced by regard for the facts and methods collected in this volume and, on the other hand, that the field covered by it stands to gain greatly by the achievements of psychoanalytic ego psychology.¹

The recently published related volumes are Newcomb, Hartley et al., *Readings in Social Psychology* (1947) and Róheim's *Psychoanalysis and the Social Sciences* (1947). The three volumes provide a rather rounded picture of the field. Even so, since the Róheim volume is not intended as a source book, the representation of the psychoanalytic contribution remains lopsided. A source book of the psychoanalytic contribution to social sciences, and an assay of the bearing of psychoanalysis on social science is yet to be written.

These days developments in genetics are about to root out the last vestige of the nature-nurture dichotomy² and developments in the theory of evolution are about to redefine the organism-environment relationship (Simpson, *Terry Lectures*, 1949). New patterns of thinking deriving from biology are becoming available for assaying our knowledge of the personality-society interrelationship, and for designing methods of attack on its problems. It is good that we are given these source books now. It is likely that in a few years the situation in the field—that was never quite consolidated—will become again so fluid that no one will be in the position to give such interim assays as they do. Yet it is regrettable that instinct phenomena and instinct theory of animal psychology (Uexküll, Lorenz, Wheeler, Tinebergen) and of psychoanalysis hardly entered Murray and Kluckhohn's selection. The chances are that the new synthesis to come will draw on these more heavily. Murray and Kluckhohn's best intent to the contrary notwithstanding, their source book and their own introductory chapters are still heavily slanted to the environmentalist side. Heinz Hartmann's *Ego Psychology and the Problem of Adaptation*³ could well have served to balance the picture given—at least in part.

¹ See, e.g., Erikson's paper, *Childhood and Tradition in Two American Indian Tribes*, familiar to us from *The Psychoanalytic Study of the Child*, Vol. I. New York: International Universities Press, 1945.

² Sonneborn, Tracy M.: *Beyond the Gene*. *American Scientist*, XXXVII, 1949, pp. 33-60.

³ Hartmann, Heinz: *Ich-Psychologie und Anpassungsproblem*. *Int. Ztschr. f. Psch. u. Imago*, XXIV, 1939, pp. 62-135.

The imbalance is well reflected in the listing of the 'determinants of personality formation': 1, constitutional determinants; 2, group membership determinants; 3, rôle determinants; 4, situational determinants. The instinct-drive-unconscious determination of personality development is underplayed (pp. 38 ff.), even though the theoretical necessity of accepting the 'concept of need, drive or vectorial force', and the concept of 'tension reduction' is stressed (pp. 14-15). Consequently myth, legend, and superstition, the time-honored fields in which the integration of unconscious individual and social dynamics can be relatively readily studied, are little regarded in the selection. True, such studies usually slant the issue in the other direction, but that is no reason to omit them from an essay in which nearly each contribution has a slant of its own.

The title of the volume promises that 'personality in culture' will also be treated in it. The topics science, art, and religion, the usual referents of the term 'culture' are, however, hardly treated at all in this volume. Is this the editors' omission, or lack of research material available? Probably the latter. It is amazing that most of what we know about the personalities who become culture creators, and about culture as builder of personality is derived from belles-lettres and biographies. The psychoanalytic contributions to these problems, though varied and many, are not systematic and are concerned more with the individual personality or art product than with culture as such. But even here Freud's *Civilization and Its Discontents* and *The Future of an Illusion* are exceptions.

The Kluckhohn-Murray volume is 'must reading' for the psychoanalyst. It will set his sights to the tasks that will have to be fulfilled before an integrated theory of the personality in its social setting can arise.

DAVID RAPAPORT (STOCKBRIDGE, MASS.)

Psychoanalytic Review. XXXV, 1948.

Carel Van Der Heide

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ABSTRACTS

Psychoanalytic Review. XXXV, 1948.

Three 'Battles' During Analytic Treatment. Edmund Bergler. Pp. 273-284.

The unconscious ego fights against the influence of the superego and also against further progress of the neurotic illness. The third battle consists of the struggle against the neurosis through 'mobilization of unconscious guilt in the transference situation', which in Bergler's opinion is the main therapeutic agent in psychoanalysis. Properly conducted analysis forces these three battles to merge into one; failure to achieve this merger causes endless continuation of a pseudoanalysis and of the analytically unreached defenses as well.

Some Mechanisms of Paranoia. Nathaniel Thornton. Pp. 290-294.

Thornton questions the general applicability of the concept of homosexual conflict in the psychogenesis of paranoid processes. He finds satisfaction instead in various explanatory ideas, e.g., escape from social responsibility, repression of inferiority feelings, and evasion of the painful reality of failure. Clinical data for these views are strikingly absent. A sharp nosological distinction between paranoia and paranoid schizophrenia is recommended, but criteria for such a differentiation are not offered.

Memorial Issue for Smith Ely Jelliffe and Abraham A. Brill. Pp. 343-452.

The editors of *The Psychoanalytic Review* have dedicated this issue (Number 4) to the honor of its founder and of an associate editor, both deceased during 1948. In doing so, they succeeded in building a monument to the memory of two great men without whose tremendous achievements the development of psychoanalysis and psychosomatic medicine in this country cannot be visualized.

An obituary of Jelliffe was written by Brill (pp. 343-349) in which he describes the different periods of Jelliffe's scientific production. He vividly comments on Jelliffe's exceptional endowment which allowed this 'psychoanalytic psychiatrist' to embrace biological medicine, neurology, psychiatry, and psychoanalysis, and thus led him to become a pioneer thinker in psychosomatic medicine.

Karl Menninger and George Devereux (pp. 350-363), calling Jelliffe 'The Father of Psychosomatic Medicine in America', present a report of Jelliffe's work in this field. A bibliography of thirty-four papers on psychosomatic subjects, beginning in 1916, comprises studies on influenza, skin diseases, psychotherapy and tuberculosis, postencephalitic parkinsonism and oculogyric crises, epilepsy, multiple sclerosis and arthritis. Menninger dwells on certain characteristics of expression used by Jelliffe which were apt to disturb his readers and audiences (for instance, the use of hybrid language such as 'a cough is a call for help'). This, according to Menninger, may partially account for the fact that Jelliffe never was given the academic teaching opportunities which he otherwise so highly deserved. However, at this time of frequently

dangerous enthusiasm in psychosomatic practice, it is beneficial to learn that Jelliffe strove to distinguish between psychological factors determining the choice of a particular organ for the expression of disease, psychological factors coloring the response of a given individual to a certain illness, and finally psychological changes resulting from 'organic' disease. Jelliffe also stands out as a psychosomatic therapist who did not consider psychological factors a contraindication for somatic treatment.

Under the title, *A Brief Passage*, Arthur N. Foxe presents some personal memories of Jelliffe (pp. 364-366).

The section devoted to Jelliffe closes with a reprint of *The Ecological Principle in Medicine* (pp. 367-388), a paper read by him in 1935 before the Central Neuropsychiatric Association. After referring to Socrates' understanding of the body-soul unity and his 'incantations', Jelliffe defines ecology as 'the study of the environmental adaptation of the organism with particular emphasis on its friendly and hostile relations'. He then introduces himself as the object of ecological research and discusses the interrelationships of his own latent spasmophilic condition, the altered calcium metabolism, the resulting osteopathology, the habit of hyperventilation during his oratorical efforts and its psychological origin. Following this daring and broadminded psychosomatic self-analysis, the ecological principle is demonstrated in various diseases reaching beyond Cannon's *Wisdom of the Body* and into the pathology and ideological aspects of illness. Thus, the muscle-joint-bone trilogy is related to the repression of anger, and pulmonary tuberculosis to the Nirvana principle. Attention is called to the symbolic significance of the predilection of certain skin ailments for the flexor and of others for the exterior skin surfaces. A discussion of the emotional components of cardiovascular disease leads to a differentiation of the tachycardia among phobic, conversion and projection types. Obviously, in his study of ecology, Jelliffe laid down some essentials of psychosomatic medicine of which the language and technique but not the principle have been altered during the subsequent fifteen years.

C. P. Oberndorf delivers an obituary on Abraham Arden Brill (pp. 389-393), and Nolan D. C. Lewis depicts Brill as a psychiatrist (pp. 399-402). In both biographies tribute is paid to Brill for his great achievements. Among the most outstanding were the introduction of psychoanalysis and dynamic psychiatry to the United States, the Freud translations, his original writings on psychoanalysis, and the founding of the New York Psychoanalytic Society in 1911. Fritz Wittels honors Brill—*The Pioneer* (pp. 394-398)—and relates memories of their personal acquaintance when both were with Freud in Vienna in 1907. In describing Brill's philosophy of life, Wittels appropriately quotes from a paper Brill read for the Vidonian Club one year prior to his death: 'those who have lived well their allotted sum of years, usually die without fear'.

This memorial issue contains a Bibliography of Freud's Preanalytic Period by Horace Gray (pp. 403-410). This list, more complete than ones previously published, mentions sixty-five scientific papers from 1877 to 1897.

CAREL VAN DER HEIDE

American Journal of Psychiatry. CV, 1949.

Psychosexual Factors in The Paranoid Phenomena. Henriette R. Klein and William A. Horwitz. Pp. 697-701.

Klein and Horwitz studied eighty patients in whom various types of paranoid pictures were encountered. Psychodynamic factors were investigated, with special reference to the concept that homosexual conflicts are basic in these disorders. The patients showed widely varying types of character structure. Insecurity in family backgrounds, instability in the face of frustration, and painful sexual experiences were prevalent in the histories. While overt and latent homosexual tendencies were prominent in some cases, in others there was a definite absence of any material which would support a supposition that homosexual problems were a factor. Moreover, the authors are of the opinion that homosexual anxieties, when they do occur, may be 'an expression of failure, blow to pride, or general distrust of acceptance. These fears did not, of necessity, represent homosexual strivings.' Klein and Horwitz conclude that 'if the relationship of homosexuality to the paranoid mechanism is assumed to be invariable, other important considerations will be neglected'.

MARK KANZER

Psychiatric Quarterly. XXII, 1948.

Sublimation and Aggression. By Henry Harper Hart. Pp. 389-412.

'Sublimation is a symbolic and largely unconscious displacement of libidinal and aggressive energy whereby largely pregenital and omnipotence components are transmuted into socially valuable and narcissistically satisfying channels.' It is a process brought about by renunciation through love of direct instinctual craving and by identification with parental love objects. Guilt is thereby reduced and a greater mastery of reality obtained. Anxiety brings about not sublimation but repressions and reaction-formations with their ill consequences for mental health. Hart therefore stresses the need for warm, mature, tolerant and original parents or parent surrogates in the development of a mentally healthy community.

Sleep Paralysis: Psychodynamics. By Jerome M. Schneck. Pp. 462-469.

Sleep paralysis is a peculiar disability in which the subject on going to sleep or awakening from sleep possesses conscious awareness of his surroundings but suffers from an inability to move and frequently is tormented by acute anxiety. Schneck presents some evidence that sleep paralysis is an inhibition of motor function, a conversion symptom due to unconscious homosexual drives and the defenses against them at a time when sexual urges are active and are less controlled by the conscious ego.

The case discussed is that of a prisoner in a United States Disciplinary Barracks. Conjectures as to the underlying dynamics are based on the usual type of anamnesis and the Minnesota Multiphasic Personality Inventory. A number of corroborative cases from the literature are cited.

JOSEPH BIERNOFF

Bulletin of the Menninger Clinic. XIII, 1949.

The Cultural Significance of the Changed Attitude Toward Work in Great Britain.
W. N. Evans. Pp. 1-8.

In this paper Evans attempts to analyze the factors responsible for the new sociological position of the working classes and the leisure classes in Great Britain. Whereas the gentleman of leisure was once considered the cultural ideal, he is now stigmatized as a 'drone'. The producing classes are now seen as warriors in the battle of production.

The author traces historically the traditional attitudes toward work. He believes that the teachings of Plato and Aristotle were an important influence in creating contempt for the workers who, in that society, were women, slaves or enemy aliens. He quotes from philology many examples of words associated with manual occupations, all of which have a sinister implication: 'crafty', 'designing', 'artful'.

Particular emphasis is placed on the fact that technical and manual activities were originally the realm of women. Work became despised because it became associated with the castrated person—the woman. The change of this attitude in Britain may be regarded as the last chapter of European history as we understood it in the past.

Adaptive Properties of Sensory Functioning: Some Postulates and Hypotheses.
George S. Klein. Pp. 16-23.

An attempt is made in this paper to describe and evaluate some of the elements in the sensory functions of the perceiving ego. Perception in general is regarded as an adaptive process toward an equilibrium which develops in accordance with the defensive and constructive functions of the ego. Klein describes some of the adaptive mechanisms observable in perception and then indicates how these functions may serve in the total ego structure. This highly specialized, abstract and conceptual construction makes for difficult but worthwhile reading.

Treatment of Problem Drinkers at Winter Veterans Administration Hospital.
Sidney Haber, Aaron Paley, and Arnold S. Block. Pp. 24-30.

The authors describe the methods used at a veterans' hospital for dealing with problem drinkers. Supervision in specially modified closed wards was found to be the best physical setup. Problem drinkers, with the exclusion of the uncoöperative, the deteriorated, and the psychotic, lived together. Group and individual psychotherapy were used to orient the patients to the concept of alcoholism as a symptom. Then the patients were given talks on some basic concepts of personality development. Later on they were encouraged to dramatize certain critical and typical situations which confront the alcoholic. This proved to be an extremely useful method of giving insight and of providing catharsis. The participation of the local Alcoholics Anonymous group was found very helpful in many of the practical problems the patients faced upon discharge. Evaluation of this program must await the accumulation of follow-up data.

New Ways of Ego Support in Residential Treatment of Disturbed Children. Fritz Redl. Pp. 60-66.

For a period of about two years Redl and a group of social workers worked with five aggressive, delinquent children between eight and twelve years of age in a carefully designed plan of 'total group therapy in a residential home'. Twelve different techniques for ego support are presented. The greatest problem was the resistance toward any adult interference which could only be worked out by the use of 'depersonalized' controls, i.e., the use of neighborhood games where rules can be accepted without loss of face. The inclusion of therapeutic personnel in the group climate of their daily life permitted the development of a 'treatment rapport' which would otherwise be impossible. Residential group therapy is not meant to be a substitute for individual therapy but a preparation for it. Redl warns psychotherapists about the 'quacky' way in which group therapy is currently sold to the public. He states that we ought not to 'surrender to the short-sightedness of the money-holding public or of foundations' managers, by compromises on a qualitative level, or by a compromise with the "numerical naïveté" so current in the civilization of our time'.

RALPH R. GREENSON

Psychiatry. XII, 1949.

The Theory of Anxiety and the Nature of Psychotherapy. Harry Stack Sullivan. Pp. 3-12.

In this paper Sullivan first quotes extensively from his two previous papers: *Therapy and Pseudotherapy in Psychiatry*, given at the San Francisco meeting of the American Psychiatric Association in 1938, and *The Meaning of Anxiety in Psychiatry and in Life*, published in 1948 in *Psychiatry*. The two are combined, and amplifying remarks are made on the question of the nature of psychotherapy and the theory of anxiety. Fear and anxiety, which as felt experience are identical, are clearly distinguished and their differentiating characteristics described. The different dynamic rôles of sudden severe anxiety, and milder, often vestigial anxiety tensions are also discussed. It is an understanding of the latter which makes so great a contribution to the comprehension of many of the difficulties of living and also of the 'technology of therapy'. The changes induced by psychotherapy in the patient's mode of living with others significant to him may be either fundamentally and basically curative, or merely ameliorative. Many of the ameliorative procedures which can have a respectable place in psychotherapy, can also, when crudely and brashly used, become absurd pseudotherapy and do more harm than good.

The Management of a Type of Institutional Participation in Mental Illness. Alfred H. Stanton and Morris S. Schwartz. Pp. 13-26.

The authors apply the methods of social science research to the group and social milieu of the mental institution in an effort to study and elucidate various repetitive social and behavioral patterns occurring therein, for the broad purpose of improving the decisions and methods of administrative psychiatrists.

This paper, the first report of a broader project, concerns itself with the study of a specific and frequently seen problem, namely a nurse, attendant or doctor taking a special interest in a patient. This interest is usually met with raised eyebrows by other members of the staff who generally imply or express the interpretation of the existence of erotic or hostile impulses. Examination of a number of clinical instances of this 'syndrome' revealed a rather stereotyped pattern because in all cases there was found to be another staff member with views toward the patient which were the mirror-image of those of the first. A growing antagonism between these two nurses or other staff members, undiscussed and usually unrecognized by them, was always at the core of the difficulty. Bringing these differences into open discussion usually resulted in almost immediate evaporation of the involvement with the patient, with a consequent sharp improvement in his condition. The implications with regard to ward management are discussed.

A Study of Mothers of Schizophrenic Patients. Trude Tietze. Pp. 55-65.

Twenty-five mothers of adult schizophrenic patients were studied psychiatrically, each for about six interviews. They were found to be overanxious, obsessive and domineering in type, rigid, perfectionistic and oversolicitous in their attitudes toward their children. Their own psychosexual development was warped and inhibited and was reflected in their repressive attitudes toward libidinal gratification in their children. Rejection of and hostility toward the children were almost always present, either directly or in more subtle forms. Particularly dangerous and traumatic were the mothers whose domination of the children took subtle forms of expression and was hidden under a superficial layer of seemingly passive and docile behavior.

LEO RANGELL

Psychosomatic Medicine. X, 1948.

Diarrhea: A Specific Somatic Equivalent of an Unconscious Emotional Conflict. Melitta Sperling. Pp. 331-334.

Melitta Sperling relates episodes from the analyses of six patients in an attempt to elucidate a psychodynamic mechanism for the symptom diarrhea. In these selected instances there was a specific unconscious emotional conflict which the diarrhea attempted to solve psychosomatically. The patients were dependent on a mother or mother substitute (the analyst) from whom they could not free themselves emotionally. The conflict, which could not at the time be resolved in reality, was dealt with by devaluating the needed object to feces, destroying it, and forcefully expelling it, thus achieving a separation. The value of interpreting the symptom lay not only in the immediate effect of causing the diarrhea to disappear but also in helping to make conscious the patients' most deeply hidden conflict.

Personality Factors in Allergic Nasal Disorders as Determined by Analysis of Recorded History Interviews. John H. Mitchell, Charles A. Curran and Ruth N. Myers. Pp. 357-360.

The authors studied and compared verbatim half-hour recorded initial history interviews from twelve patients with perennial vasomotor rhinitis (skin

test negative) and twelve patients with allergic rhinitis (skin test positive). The histories were obtained by the Rogerian nondirective method. Strong negative emotional attitudes occurred with six times the frequency in the vasomotor as in the allergic group; the former also showed multiple additional complaints three times as frequently as the allergic group. The value of the psychologic approach and the nondirective, patient-centered technique is stressed.

Emotional Factors and Tuberculosis. A Critical Review of the Literature. Beatrice Bishop Berle. Pp. 366-373.

The psychologic aspects of tuberculosis have been a topic of interest to both laymen and physicians over the centuries, from the Hindus as early as 1500 B.C., up to modern times. Berle assays a critical review of the literature on this subject under five headings: tuberculosis and genius, tuberculosis and mental disease, the psychopathology of tuberculosis, the patient-physician relationship, and the relationship between emotional factors and tuberculosis.

Her general thesis is that current as well as ancient notions concerning these relationships are impressionistic, are handed down rather uncritically from one generation to the next, and need to be re-evaluated. Thus, although in many cases the most brilliant imaginative contributions to the treasury of the world's literature were made by people in whom the disease was in an active state, 'evidence substantiating the affirmation that the presence of active tuberculosis in an individual of intellectual or artistic talent exerts a stimulating influence on the quality of his creative output has yet to be presented'. Concerning the association of tuberculosis and mental disease, the bulk of current statistical evidence indicates that 'the prolonged hospitalization in a tuberculous environment of dementia præcox patients rather than a specific lack of resistance of this type of patient to tuberculosis may be considered the dominating epidemiological factor'. The generally accepted prevalence of *spes phthisica* among patients suffering from tuberculosis is denied. Psychoanalytic studies describe the tuberculous patient as 'childish, selfish, self-centered, irritable, easily angered, easily pleased, capricious with food, dissatisfied and ungrateful'.

Berle recommends increased training of young phthisiologists along psychological lines and a systematic clinical investigation of the possible rôle of bodily reactions and life situations in the development of tuberculosis. The bibliography is impressive, listing sixty-nine articles.

LEO RANGELL

Archives of Neurology and Psychiatry. LX, 1948.

'Pentothal Sodium' As An Adjunct in Therapy of Anxiety Hysteria: Report of a Case. Milton Rosenbaum. Pp. 70-76.

The administration of intravenous sodium pentothal in a chronic neurosis will not uncover any repressed material. It can, however, be used in attempting to confirm preconscious memories. The therapist must have an understanding of the dynamics of the problem *before* pentothal is undertaken.

Relation of 'Thinking' and Language: An Experimental Approach, Using Dysphasic Patients. Russell Meyers. Pp. 119-129.

In order to clarify the relationship between thinking and language, Meyers performed an identical experiment with dysphasic and nondysphasic subjects. The abilities of both groups to find solutions to 'nonverbal' problems by the use of a multiple choice apparatus were measured. The data indicated that no significant differences were demonstrable between the dysphasic person's thinking abilities and those of the nondysphasic group. This would seem to contradict those psychologists and anthropologists who believe that our thinking processes rest upon the structure of language.

Experimental Masochism. Jules H. Masserman and Mary Grier Jacques. Pp. 402-404.

Five cats were trained to administer air blasts and electric shocks to themselves, even after these stimuli were no longer connected with feeding. Masserman and Jacques believe that these data may be relevant to the problem of primary masochism and indicate that previous association with the satisfaction of biological needs may condition self-punitive patterns.

RALPH R. GREENSON

British Journal of Medical Psychology. XXI, 1948.

Pediatrics and Psychiatry. D. W. Winnicott. Pp. 229-240.

This paper is an excellent recapitulation of the psychology of infant-mother relationships, with special emphasis on the establishment of a 'contact with shared reality', integration, and 'sense of body'. To illustrate these three points, Winnicott gives case material from child analyses and analyses of schizophrenics. It is a paper well worth reading.

VICTOR CALEF

Notes on the Psychopathology of Anorexia Nervosa. W. Clifford M. Scott. Pp. 241-247.

Scott's very brief paper is full of excellent clinical and theoretical considerations on anorexia, its rôle as a defense, its symbolic significance and its relation to depression.

Disorders of the Ego in Wartime. Stephen Schönberger. Pp. 248-253.

Schönberger describes states of depersonalization during wartime. He considers them the effect of immense quantities of hatred and destruction which bring about the loss of the 'peace ego'. In the process of adaptation to traumatic circumstances a new 'war ego' comes into existence. Clinical material is given which shows the difference between the old peace ego and the new one after the establishment of a new equilibrium. The theoretical considerations which follow Federn, Schilder and Searl are simply and brilliantly delineated.

NORMAN REIDER

Clinical Observations on Morbid Periodicity. W. S. Inman. Pp. 254-262.

Inman starts with an excerpt from an account of facts concerning Queen Elizabeth's life, as related to religious holidays. He then draws on a rich experience as an ophthalmologist, giving brief case histories which demonstrate a

marked periodicity in certain illnesses with special emphasis on illnesses which occur at Christmas and Easter. These are in turn related to derivations of the oedipus complex.

To the psychoanalytic psychologist the speculations made by Inman, which bring the festivals of religion in psychological proximity to the causal factors of illness, will be convincing enough. To others such speculations will seem odd, unscientific and uninteresting. The psychoanalyst will place this paper with the author's *Styes, Barley and Wedding Rings*. His knowledge of the psychology of penitence, and his speculations concerning its connections with the customs of religion, permit him to make predictions on morbidity in an almost mathematical sense.

On the Structure of the Depersonalization Neurosis. Heintick Winnik. Pp. 268-277.

Winnik describes some of the symptoms of the 'depersonalization neurosis' (estrangement, helplessness and anxiety, disturbed 'experience of time', despair, lack of ego integration) and analyzes them as primary disturbances of the ego. 'A primitive stage of development of the ego is reflected in the disease.' Without entering into the argument as to whether this is a separate disease, Winnik states that it is a borderline condition between neurosis and psychosis, and shows its dynamic relationship to other mental illnesses.

VICTOR CALEF

Journal of Mental Science. XCIV, 1948.

An Interpretation of Play Therapy by the Psychosomatic Theory of Family Sexuality. C. E. H. Turner. Pp. 718-732.

A theory of family sexuality is proposed in which animals are seen as man's primitive environment, and killing is the expression of the relationship of human beings to these animals. We have within us an inheritance of appropriate pugnacious instincts which are first expressed during suckling. The emotions of suckling portray the killing and being killed by animals. Coitus portrays killing and being killed.

In the light of this theory mothers are identified with animals. Children consequently love pets and concomitantly in their play they pretend to kill or be killed.

The rest of the paper consists of illustrations from case histories of how, following the technique of Melanie Klein, the therapist gives straightforward and early interpretations of these trends; this, he states, shortens the length of treatment in children.

NORMAN REIDER

The Application of Psychoanalytical Principles to Hospital In-Patients. John Rickman. Pp. 764-766.

Application of Psychoanalytical Principles to the Treatment of In-Patients in Mental Hospitals. W. Clifford M. Scott. Pp. 767-772.

The Application of Psychoanalytical Principles to the Hospital In-Patient. E. Stengel. Pp. 773-781.

The titles specify the general subject discussed by three British authors. Rickman emphasizes the basic importance of the transference situation, com-

plicated with in-patients by the presence of staff doctors other than the therapist. Rickman's accurate but scanty remarks hardly indicate his long and manifold experience with such problems.

Scott reports the psychoanalytic treatment, lasting several hundred hours, of a young, female, 'manic-depressive' in-patient who recovered and has remained well for ten years.

Stengel gives a personal account of how psychoanalysis has helped him with clinical work in mental hospitals. He sketches its value as a therapy and as a point of view in understanding the abnormal behavior and symptoms of the in-patient.

After discounting a 'we-do-it-better' bias, the impression still lingers that the American literature contains superior and more comprehensive expositions on this topic.

KENNETH MARK COLBY

Mental Hygiene. XXXIII, 1949.

The Age Period of Cultural Fixation. Weston LaBarre. Pp. 209-221.

The basic character structure of an individual is inculcated in the earliest years of life. What distinguishes one group or tribe from another with respect to aggression, competition, sexual mores, etc., is related to the culturally patterned ways of bringing up children. For this reason the age period in which such cultural fixation occurs is obviously of the greatest importance. 'To the extent that we have stereotyped ways of bringing up children, to that extent will we have stereotypes of preferred character structure in the adults of that society.'

Some tribes or nations stress one set of qualities, other groups stress other traits. It is this rather than 'racial inheritance' which determines the volatile qualities of one group, the submissiveness and mildness of another. One can only agree, therefore, with LaBarre's statement that the single most important thing in human cultural behavior is literally and specifically the way we bring up our children, the kind of human being, temperamentally, that we produce. Each culture produces its misfits. 'If cultures corset human beings in differing ways, and at different points, then we must expect the bulges to show up in different places.' We tend to overlook the cultural dimension in such psychological disorders.

Man's further evolution will be psychological, not physical to any significant extent. The key to this further evolution lies in his own hands. We have the technical knowledge to meet this problem, but not the social implementation: what shape of human personality shall we strive to create? Man is actually free to make alternative choices of mankind's future evolution, to select and emphasize the value systems which may perhaps lead him to a truly human dignity. The child is not merely father of the man; he is the father of all future mankind.

JOSEPH LANDER

Bulletin of the New York Academy of Medicine. XXV, Second Series, 1949.

A Critique of the Present Status of the Psychotherapies. Robert P. Knight. Pp. 100-114.

There is probably only one psychotherapy with many techniques. This psychotherapy rests on dynamic psychology and those techniques should be used which are clinically indicated for each patient. Certain techniques may be more appropriate for the initial stages, and others later, as the continuous clinical evaluation proceeds with the therapy. The goals and potentialities of the therapy become delineated through the patient's responses. Techniques as such are hardly separable from the individual who uses them. Psychotherapy is a complex intercommunication and emotional interaction between two individuals one of whom seeks help from the other. What is done and said by the one who tries to give help is inevitably his personal version of technique. Beyond all knowledge of dynamic psychology and training in techniques is the individual personality of the therapist, with its inevitable variables as to sex and size, depth of understanding, ability to communicate ideas, tone of voice, set of values, and many other highly individual elements which differentiate one therapist from another. Impersonality and analytic incognito cannot exclude the effect of such individual elements. In addition to a critique of psychotherapy there must also be a critique of the psychotherapist.

MARTIN GROTHJAHN

The Survey. LXXXV, March, 1949.

Toward World Citizenship. Weston LaBarre. 5 pp.

The essence of man's humanity is the control of his environment in ways differing from that of other animals. The man of today does not want to see his culture as it is, as a product of a chain of choices and judgments by his tribal ancestors. He wants an absolute morality handed him by nature. The anthropologist who tells him the truth is as suspect as the psychiatrist. Man seems unable to be honestly critical of the ideas he lives by. He is a new kind of animal: he is individualized, and he is removed from the law of survival of the fittest by having turned into a social organism. In addition, man makes *extensions* of his body—not his body—evolve for him. Man's biological specialization is in his two-legged gait, his big brain, his functionally freed hand and his space-assessing eye. His essential physical humanity is shared indifferently by all human beings alike. He must adapt to a world partly of his own creation. His major biological enemy is himself.

Only when we have answered the question of what kind of human beings are to exploit our knowledge of atomic energy will it be anthropologically safe for man to have discovered it. Anthropology and psychiatry can tell us a great deal about the processes involved but we must still make the choices of what kind of human beings we want to create. And if the cultures which shape human beings are man-made and not God-given, then we had better begin to explore the moral implications of this responsibility and this freedom.

MARTIN GROTHJAHN

Wiener Medizinische Wochenschrift. XCVII, 1949.

Bemerkungen über klinische Psychotherapie (Remarks on Clinical Psychotherapy).
A. Igor Caruso. Pp. 174-177.

The need for psychotherapy in the frame of medical clinics is emphatically stated, but one learns little about how this aim is to be accomplished. The spirit of the article is one of eclecticism; the influence of psychoanalysis is recognizable.

GEORGE GERÖ

Wiener Zeitschrift für innere Medizin. XXIX, 1948, No. 2.

Jahresbericht über die psychotherapeutische Ambulanz an der Nervenlinik Innsbruck (Yearly Report on the Psychotherapy of Outpatients in the Neurological Clinic at Innsbruck).

This statistical report about the activities of the psychotherapeutic department of the Innsbruck Neurological Clinic is just as inconclusive as statistical reports of this kind usually are. The data given in this short report do not seem to be sufficient to evaluate the nature and quality of the work done.

GEORGE GERÖ

Meetings of the New York Psychoanalytic Society

Joseph Lander, Charles Fisher & Joseph Lander

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NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

December 21, 1948. INSTINCT SATISFACTION AND PLEASURE. Ludwig Eidelberg, M.D.

Eidelberg suggests the desirability of distinguishing the concept of instinctual satisfaction from the concept of pleasure. In instinctual satisfaction, 'unpleasure' is removed without experiencing pleasure. Unpleasure is a signal that instinctual tension has passed a certain threshold. Because of its unpleasure, the infant must soon learn coördinated actions of its whole body to restore various disturbed equilibria. Some equilibria are restored by incorporation, others by elimination. According to Eidelberg, pleasure can occur only when there has been a coördinated action of the whole body and the participation of the sense organs in the process of restoring equilibrium. In addition, the objects sought must have a positive appeal to the total personality, must be acceptable to the individual and conform with its general sense of values. Eidelberg favors reserving the term 'pleasure' for the situation in which these criteria prevail. Unlike Freud, Eidelberg believes pregenital instincts are capable of end pleasure (discharge of tension, in contrast to forepleasure in which tension increases). He also believes that unpleasure is a precondition for achieving pleasure: we learn to tolerate the transient tensions of unpleasure until we find the object which permits discharge of tension. In these terms, defecation is an instinct satisfaction rather than pleasure for the 'normal', because in such an individual the total personality accepts the act without approving it as a valuable thing.

In discussion, Dr. Laci Fessler raised the question of the rôle played by the unconscious part of the ego and the superego in instinctual gratification, and the extent to which id characteristics (the primary process, etc.) hold true for the superego. Dr. Herbert A. Wiggers elaborated on the specificity of the difference between instinctual satisfaction with and without pleasure, illustrated by the infant who nurses without pleasure if the hole in the nipple is too large, with pleasure when sucking needs are properly met. He also advanced the theory that in the process of evolution the emergence of object libidinous attachment brought with it the feeling of pleasure. Dr. Paul Federn agreed in essence but disagreed that hunger is an experience of the whole personality; in his opinion, it is felt only by the ego.

JOSEPH LANDER

January 25, 1949. ON GROUP ANALYTIC PSYCHOTHERAPY. S. H. Foulkes, M.D.

Group Analytic Psychotherapy or Group Analysis is a form of psychotherapy, not of psychoanalysis, and its frame of reference is the group as a whole. The group situation introduces new features not present in individual psychoanalysis. Group analysis has in common with psychoanalysis its clinical and theoretical orientation. It focuses on the dynamics of the group but is concerned with the social integration of the individual. All the mechanisms observed in individual analysis are involved but special stress is placed on the existence of group

specific factors: activation, exchange, mirror reaction, active participation, social integration and communication. The group analytic situation is characterized by the basic attitude of the conductor, with its emphasis on active participation, unreserved discussion and insight based on the articulation of all contributions as they arise spontaneously. The aims and effects of group analysis deal with the very basis of neurotic conflict—it can lead to radical changes of personality. It offers the great advantage of economy in time and expense.

Group analysis adds another dimension to psychotherapy by illuminating the basic social context of human psychology and psychopathology. Its value as a method of investigation is rated by Foulkes as even higher than its therapeutic significance. The group situation is a testing ground for the kind of relationships the patient is able to form in handling social situations. It also affords an opportunity to study the group itself, and it thus merges with the wider field of sociological study. Finally, the principles evolved in group analysis can be applied to wider fields such as education and industry, and to the interaction of groups upon each other.

Mr. S. R. Slavson emphasized the similarities between group psychotherapy and individual psychoanalysis and minimized the importance of specific group mechanisms. Dr. Isra T. Broadwin questioned the necessity of insisting on the identity between individual analytic therapy and group therapy. Dr. Annie Reich asked what takes the place of free association in group therapy, while Dr. Philip Lehrman asked what occurs in the individual sessions which follow the group sessions. Dr. J. H. W. van Ophuijsen commented that whenever group therapy is successful it is because the therapist handles the situation in accordance with psychoanalytic principles. He pointed out that the voluntary contributions of the members of a group form a stream of associations which can be understood and handled in the same way as free association in individual analysis. He noted that the level of interpretation involving the language of the unconscious is never reached in group therapy and there is no final solution of the unconscious conflicts. He discussed the problem of why the repetition of emotional explosions in analysis and group therapy does not disrupt the treatment, with emphasis on the transference implications of this phenomenon. Dr. Lawrence S. Kubie raised the question as to the possible harmful effects of the isolation of patient and analyst in individual psychoanalysis. He also asked how the domination of the group by extremely aggressive members is handled and how the interpretation of the problems of any one individual is adjusted to the capacity of the other members to absorb such interpretation.

Dr. Foulkes took issue with Mr. Slavson by pointing out that in the individual sessions patients talked about the group and worked out definite stimuli arising from the group sessions. He suggested that the inability to discuss certain topics in the group is culturally conditioned. In reply to Dr. Broadwin, he insisted that there is a synthesis and integration between individual and group analysis and not a mixing of different methods. He commented that a kind of free-floating discussion takes the place of free association. He stressed again that group analytic psychotherapy is not psychoanalysis, and that it has its own concepts evolved from the investigation of the dynamics of the group.

CHARLES FISHER

March 29, 1949. DEVELOPMENT OF PSYCHOANALYSIS IN AMERICA. C. P. Oberndorf, M.D.

In the first of the Brill lectures to be given annually at the March meeting of the New York Psychoanalytic Society, Oberndorf's paper traced the beginning and subsequent evolution of psychoanalysis in this country. He stressed the uniquely important rôle played by Brill in this development. He also paid tribute to Adolf Meyer, who introduced dynamic psychiatry at the Manhattan State Hospital in 1902, and to August Hoch, who played a similar rôle at the Bloomingdale Hospital (now known as the New York Hospital, Westchester Division) in White Plains.

Oberndorf remarked on the quick conversion of the Manhattan State Hospital staff to analytic principles, a conversion made possible by the ease with which Freud's postulates could be demonstrated in the seriously ill patients in that institution.

An early and important landmark was the visit of Freud, Ferenczi and Jung to Clark University in 1909. The New York Psychoanalytic Society was founded two years later as a result of a meeting called by Brill in February 1911. Oberndorf pointed out that a substantial proportion of the fifteen charter members were either alumni or then on the staff of the Manhattan State Hospital. At the time of Jung's visit here in 1912, he had already differed from Freud in his disapproval of the importance of sexual drives and in his development of a theory of the collective unconscious. When Federn visited in 1914, two members of the Society persuaded him to undertake their didactic analyses, unfortunately soon interrupted by the onset of war in Europe.

The interrelationships with the European analytic societies were sketched in some detail. Following the Hamburg International Congress in 1925, the New York Society organized courses in a systematic fashion for the training of physicians for analytic practice. Sharp differences of opinion regarding the problem of lay analysis created some tensions, the New York Society capitulating to European opinion and accepting nonmedical candidates, but reversing itself soon afterward.

Oberndorf stressed Freud's general disapproval of certain tendencies in the development of psychoanalysis in this country: seeing patients less than five times a week, 'attempts at re-education through quick interpretations', efforts limited to symptomatic relief, and attitudes excluding lay analysts.

Dr. Bertram D. Lewin, in discussion, commented on Dr. Oberndorf's talents as a clinician, author and historian. He added the name of Dr. Dunlap as one of the early disciples of analytic theory and practice.

JOSEPH LANDER

MEETING OF THE LOS ANGELES PSYCHOANALYTIC SOCIETY

March 17, 1949. GROUP THERAPY ON PSYCHOANALYTIC PRINCIPLES. Walter Briebl, M.D.

The author prefers the term, Group Therapy on Psychoanalytic Principles, to Group Analysis. The latter should be limited to individual therapy. Group therapy is not to be considered a substitute for individual therapy.

Group work can be carried out on psychoanalytic principles. As Freud states in Group Psychology, 'The collective mind consists of no instances which do not exist in the individual, namely, libido, identifications, oedipal structure'. In addition, one works constantly with transference and resistance. Some forms of resistance to group therapy were pointed out. Several case histories were given, illustrating particularly effective mechanisms which gave symptomatic insight to neurotic characters and narcissistic personalities.

The technique of group therapy has value for the transitional training of students from psychiatric to psychoanalytic methods; countertransferences, therapeutic aptitude and empathy may be observed in group work. Group therapy has a contribution to make to The Nature of the Therapeutic Process which is part of a symposium on The Evaluation of Therapeutic Results.

The São Paulo Psychoanalytic Society, which was founded and provisionally recognized by Dr. Ernest Jones in December 1943, has this year been legally registered and is now called the BRAZILIAN PSYCHOANALYTIC SOCIETY.

The work of training in this society continues in the charge of Dr. Adelheid Koch, a former member of the German Psychoanalytic Society, who came to Brazil in 1936. She has had the efficient help and support from the beginning of Dr. Durval Marcondes, a Brazilian psychiatrist who had for many years been interested in psychoanalysis, and who had worked arduously to call the attention of medical circles to the importance of psychoanalysis.

After the first natural difficulties were overcome, this society developed steadily. It has now nine members and there are at present six candidates in training. For the time being, the whole training work as well as the supervision and lecturing lies in the hands of Dr. Koch; but as there are many applications, the group is seeking one or two more training analysts.

In addition to their work as practicing analysts, Dr. Marcondes and Virginia Bicudo give lectures in psychoanalysis at the *Escola Livre de Sociologia*, and three members of the Society belong to the staff of the *Departamento da Higiene Mental Escolar*, headed by Dr. Marcondes, where problem children are treated on psychoanalytic principles. Recently psychiatrists and many of the internists of São Paulo have become highly interested in psychoanalysis and refer many patients for treatment. All the members of the group are overcharged with work. The group is limiting its activity to the State of São Paulo. Another group is being founded in Rio de Janeiro, where Dr. Mark Burke from London and Dr. Werner Kemper from Berlin instituted psychoanalytic training following their arrivals in 1948 and 1949.

The Zürich Congress of 1949 gave provisional recognition to the São Paulo Society. It is hoped that the next Congress will give complete recognition to this Society and to the Society in Rio de Janeiro.

ADELHEID KOCH

A clearing house for the interchange of technical information among mental hospitals and other institutions which care for psychiatric patients in the United States and Canada will be established soon by the American Psychiatric

Association. The MENTAL HOSPITAL SERVICE (MHS) is made possible by a grant from the Commonwealth Fund and is for a two-year period. At the outset MHS services will be free to the mental hospitals that request them. After a suitable trial period, however, MHS will be made self-sustaining through subscription fees. MHS will function under the direction of Daniel Blain, M.D., who is the American Psychiatric Association's Medical Director with offices in Washington, D.C. A monthly mental hospital news bulletin will report briefly but adequately news of current developments in clinical practices, hospital administration, community relations, legislation, architectural planning, accounting procedures, research, and any and all other types of information which will help hospitals improve the treatment and care of patients. Clients who wish detailed information about any item reported in the bulletin may call upon MHS to supply it. The first issue of the bulletin will appear in January 1950.

The TOPEKA STATE HOSPITAL has been added to the clinical facilities available for training residents enrolled in the Menninger Foundation School of Psychiatry. This state hospital is now an integral part of the training program which includes residencies at Winter VA Hospital and the Menninger Sanitarium, approved by the Council on Medical Education and Hospitals of the AMA and by the American Board of Neurology and Psychiatry. The integrated psychiatric training program in Topeka is a cooperative enterprise directed by the Menninger Clinic with participation by the University of Kansas School of Medicine, the Veterans Administration, the Topeka Psychoanalytic Institute, the Department of Psychology of the University of Kansas, the Schools of Nursing and Social Work of the University of Pittsburgh, Smith College, Washington University and other institutions. Addition of the State Hospital's fifteen hundred beds will make possible an increase in the number of psychiatrists, clinical psychologists, psychiatric social workers, nurses, aides and therapists who can be given training in Topeka. The immediate increase in the number of Fellows to be admitted to the Menninger Foundation School of Psychiatry is four; an additional eight will be accepted for July 1, 1950. Address requests for information or application blanks to the Committee on Education, Topeka State Hospital, Topeka, Kansas (Attention Dr. Karl Menninger).

The DEPARTMENT OF PSYCHIATRY, YALE UNIVERSITY SCHOOL OF MEDICINE, has received from the Michigan Yale-Phillips Educational Corporation five fellowships of one thousand dollars each. These fellowships are intended to help defray the expense of psychoanalytic training of young teachers and scientists in the field of psychiatry and related sciences. Members of the Full Time Faculty and Advanced Graduate Students (Residents) of Yale University who are accepted for training at an approved Psychoanalytic Institute are eligible for application. The applicant's demonstrated ability and promise in research will receive particular consideration. Applications should be addressed to F. C. Redlich, M.D., 333 Cedar Street, New Haven 11, Connecticut.

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