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Therese Benedek

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CLIMACTERIUM: A DEVELOPMENTAL PHASE

BY THERESE BENEDEK, M.D. (CHICAGO)

I wish to begin with a defense of the term 'climacterium' which has made its way into medical dictionaries only very recently. The word was probably so neglected because of its hybrid, incorrect formation. It is derived from the word 'climacter' which means the 'round (or the bout) of the ladder'; thus, 'climacteric' refers to something or somebody being around the top of the ladder and starting on the way down. Hence the popular term 'change of life' is a meaningful translation of the medically often used, if linguistically haphazard, climacterium. It designates a particular period in life characterized by the termination of the reproductive period in women and is usually associated with the gradual cessation of the menstrual function—the menopause. Although the terms menopause and climacterium often are used as if they were interchangeable, the former should be reserved for one aspect of that period, the cessation of the menstrual flow, while climacteric or climacterium encompasses the more general bodily and emotional processes which usually coincide with menopause or follow it, and which are not necessarily causally related to it. However characteristic of the climacterium these manifestations may be, they are dependent upon the previous history of the individual; they are motivated by trends which, woven into the personality of the mature woman, may be reactivated by the internal changes associated with that period.

The concept of climacterium as a developmental phase can hardly be defended from the biological point of view. The growth of the individual in the climacterium was finished several decades, a full generation ago, when the physiological maturation channelized the 'overflow of surplus energy' (*x*) to nourish the propagative function. Now this source is exhausted. The

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climacterium indicates that the ovaries have ceased to produce mature ova, that the cyclical production of the two ovarian hormones (estrogens and progestins) has ended, and therefore menstruation, which generally for about thirty to thirty-five years appeared regularly, now abates, indicating the end of the childbearing period. Helene Deutsch (2) summarized the hormonal changes of the menopause: 'With the cessation of ovarian activity the remainder of the endocrine system is deranged in functioning'. However exaggerated this may sound, the fact remains that at the climacterium the developing hypo-ovarianism indicates hormonal imbalance which may be accompanied by various systemic disturbances. The most generally known of these are manifestations of an increased instability of the sympathetic nervous system. Restlessness and insomnia, vasomotor instability, palpitation and hot flushes are the most common, immediate symptoms of menopause. Other physiological signs of ageing develop more slowly: the fat distribution changes, the breasts may atrophy, and in some individuals some growth of hair appears where before there was none. Ageing is an involutional process which hardly can be called 'development' from the biological point of view.

The psychodynamic point of view, however, is different. Development is a process in which the internal physiological changes and the psychological processes stimulated by them are integrated (or responded to) in a way which enables the individual to master further, and anew, environmental stimulations. While adaptation also includes regressive phenomena, development (as the term is used here) means progressive adaptation.

Do the observations justify the assumption that normal climacterium represents a progressive psychological adaptation to a regressive biological process? No doubt, adaptation is necessary. There is no other period in life—except puberty—when internal changes of the organism put the individual's capacity to master those changes to such a test; and while puberty may be difficult for many girls, even greater is the number of women who at the time of their climacteric show signs of stress, strain

and emotional disturbances of variable severity. Studies (3) of the medical and psychiatric aspects of the climacterium are confusing. In surveys of large groups of women it has been shown that eighty-five percent pass through climacterium without interrupting their daily routine; and of the remaining fifteen percent it could not be established that the menopause was the sole cause of the complaints. In a recent study Greenhill (4) questioned the advisability of using the term 'climacteric syndrome.' There are several recent psychiatric studies which speculate about the nature and cause of the reactive depression as the characteristic psychiatric picture of the climacteric woman. But to what are those women reacting?

Human development is determined by the past—as the past lives in the parents; in reference to women, specifically, the past resides in the mother whose personality is continued in the daughter. For it is well known that the intricate processes of identification with the mother during the preœdipal phase and the struggles with her during and after the œdipal period determine the girl's reactions to the pleasures and pains of that complex developmental task to which we usually refer as 'the acceptance of the feminine role'. Its first testing ground is puberty. The climacterium cannot be discussed without referring to some aspects of puberty, especially to the reactions to the first menstrual flow—the menarche.

Menstruation is one of the conspicuous manifestations of the physiological differences between the sexes. It signalizes the existence of an organ of which the girl previously was unaware and indicates its future functions of pregnancy and childbirth. It is no wonder that menstruation, often painful and always bloody, was surrounded in all cultures with a sort of mystic fear. Folklore as well as medical knowledge connected the ebb and flow of emotions in woman with the phenomenon of menstruation. Since Mary Chadwick (5) published a psychoanalytic interpretation of customs related to menstruation, several other significant anthropological investigations have dealt with society's response to and its defense against the men-

struating woman (6). These studies show that society, probably indicating man's society, is, or used to be, deeply afraid of the menstruating woman. This fear, expressed in the great variety of taboos and customs, necessarily influenced the girl's reaction to menstruation. She learned from her mother indirectly and by observation that she would be excluded from society, that she would be regarded as dangerous. As a result of such expectations we all assume it to be quite normal that the girl responds to her menstruation with rebellion. In our culture women and men alike are so accustomed to referring to menstruation as 'the curse' that we can ask with some amazement why we readily accept the idea that women should be desperate when the pains and inconveniences of menstruation disappear from their lives.

Although the ageing woman does not appear to be a promising subject for anthropological studies, there are observations indicating that in several primitive societies the woman gains status and enjoys greater freedom in social functions after she passes her menopause (7). Beyond the sociological setting, folklore and fairy tales reveal the emotional attitudes toward the ageing woman. There exists a large fairy-tale literature about the kind, discerning, loving, and undemanding grandmother; she is very often the one who undoes the harm of the world and the harm done by the parents, especially by the mother. (This aspect of fairy tales deserves special consideration.) Even more extensive is the folklore about the vicious, 'bad', old woman. The various activities of witches in many cultures and centuries reflect the fear which men, and women too, harbor regarding the old woman who has lost her charms, her capacity to love, and who, because of this loss, or (psychodynamically speaking) as a result of it, becomes hostile and irrationally dangerous. One fought against her during the Middle Ages with unreasonable, bigoted vigor. The stories about witches and witch hunts and the documented processes against them represent the struggle against the woman who became dangerous because she became sexless. Does this relate to the climacteric woman? To her rage and relentless anger because she has lost her ways and means

of sexual gratification? Folklore knows better. It depicts the witch either as a young, narcissistic woman who does not desire the man and therefore is unconquerable by him; or as a very old woman who either never had children, or hated them and therefore was completely disappointed and frustrated by them. Thus folklore accounts in a broad way, but very clearly, for those aspects in women's personality and fate which finally lead in some women to the picture of the aggressive and/or anxious—and in any case, unloving and self-centered—old woman. The model of that fairy tale is the old woman as she had become after a long period of involution, and does not symbolize woman at the age of the 'change of life'.

It is well known that sexual excitability, desire for sexual gratification and the capacity to achieve it do not cease immediately with the menopause; women who were not frigid before may keep their orgasmic potentialities for a long time. There are also some women whose orgasmic capacities, as if released from fear, definitely increase for a period during the climacterium. There is little of the mystic fear and the tendency to isolate the climacteric woman in the way menstruating women are customarily isolated in some cultures (7). On the contrary, women who are about to lose their propagative powers and sexual attractiveness gain power and prestige in many cultures. It would be interesting to know more about the emotional and psychosomatic reactions of women to menopause in societies like the Chinese where the woman becomes a real power within the family only after her son is married. The 'change of life'—we may assume—is not as threatening to them as it is to women in our society in which youth is at a premium. Probably this prompted Helene Deutsch (2) to state: 'The woman [in the climacterium] is mortified because she has to give up everything that she received in puberty'. This, of course, could be true only if woman received a gift of sexual maturity at puberty in one parcel and kept it as a stable asset until—just as traumatically as it came into her life—it disappeared.

Much of the exaggerated fear of menopause appears to be

culturally determined. It is an expression of the expectation—in woman and in man alike—that the abating sexual function will be experienced as an irreparable blow to the ego. These observations do not, however, sufficiently take into account the changes which occurred in our own civilization during the last decades. In Western civilization, not only the attitude toward the climacteric woman, but the climacteric woman herself, seems to have changed in many respects. The responsibility for this lies with the cultural process known as ‘the emancipation of women’. Study of the interaction of cultural and biological factors could be directly demonstrated in the evolution of the psychosexual personality of women in our times (8).

The woman’s life, more markedly than the man’s, is divided into periods which are defined by the reproductive functions. There are many signs of physiologic maturation before the first menstruation. Recent investigations have shown that the onset of menstruation does not indicate complete functional maturity (9); from the menarche to full physiologic capacity for child-bearing several years may pass. These years of complex interaction between physiologic and emotional events of maturation represent *adolescence*; the length of this period, as well as its manifestations, show great individual variations. It should not be forgotten that female psychosexual development is more complex than that of the male, since woman has to adapt to sexuality not only as a pleasurable function but also has to adapt to its pain. Pain is an integrative part of the psychosexual experience of woman. This may be exaggerated by secondary masochism or may be erotized by the normal feminine libidinal processes. Which of these will be the fate of a girl is determined by many factors. The most significant is her mother’s personality—her mother’s emotional and sociological orientation to her own feminine functions. Through identification, this determines the girl’s attitude toward herself as a woman; it motivates her reactions to menstruation, her acceptance of or her rebellion against the painfulness of the female

sexual functions. Emancipation and mental and physical hygiene no doubt minimize the trauma of menstruation. Yet the psychosexual integration of menstruation in the total personality is a complex process of maturation which is usually not finished during adolescence. Psychosexual development receives new impetus when the sexual function reaches its completion by impregnation, pregnancy and childbirth.

From menarche to menopause, in cyclic intervals, the woman prepares for conception, failure of which results in the menstrual flow. From one menstruation to another, with an average interval of twenty-eight days, the female sexual cycle revolves.

The sexual cycle in women represents a complete correlation between the preconscious manifestations of emotions and the hormonal function of the ovaries (10). The busy life of a woman may cover up what is happening to her physiologically. However rarely and however little she may permit herself to express her emotional needs, dreams, and fantasies, the subtle changes in the tempo of her daily living reveal a close and unbroken response to the physiological stimuli originated by the ovarian hormones. These hormones, and this should be clearly understood, do not create the personality or its characteristics, but do stimulate and bring to the fore the specific emotional needs which participate in creating specific emotional tensions. The woman responds to the estrogens—to the follicle ripening hormones—with an increased tendency for extroverted activity; her heterosexual desire increases parallel with it and usually reaches its height about the time of ovulation. After this the woman is under the influence of the progestins, the hormones which prepare the uterus for nidation. This stimulation turns the woman's emotional interest toward herself, pregnancy and children. If pregnancy does not occur, the hormonal production declines, the uterine mucosa breaks down and menstruation follows. The study of the premenstrual phase of the cycle, i.e., of the emotional events which accompany the physiological decline of hormone production gives us a clue to the physiology and pathology of climacterium.

Freud recognized in his early observations that during the days approaching menstruation, the woman repeats the neurotic constellation which she established at puberty (*II*). This concept has its validity today although closer scrutiny of the hormonal and emotional processes qualifies its psychodynamic meaning.

In every cycle the woman's feeling of love, her capacity to love—sexually as well as in a more sublimated sense—increases with the rise of the sexual hormone level. It is our conclusion that, normally, the woman reaches the highest level of her psychosexual integration at the height of her hormonal cycle. This integration, in emotion and behavior, changes as the woman responds to the inner perception of the hormonal decline. Corresponding with Freud's original assumption of a 'premenstrual neurosis' most psychoanalysts assume that women respond to the conscious expectation of menstruation as if it were a repetition of the trauma of the first menstruation. In this way they explain that women, during the days preceding menstruation, often become restless, anxious and irritable. Sensitiveness to being hurt, fearfulness, crankiness, and fatigue often alternate with tense, impatient, hostile moods which should indicate the woman's fear and resentment of the 'fact of castration' which—it is assumed—menstrual flow represents to her. This interpretation seems to be justified since the accompanying dreams and fantasies often reveal the young woman's anxious preoccupation with her body. Dreams often express the fear of bleeding, rebellion against femininity, hatred toward men, the wish to attack and hurt men, the fear of harm to her own body, or fear of being killed. Such reactions may be accompanied by sexual desire which has an urgent character, as if the woman, fearful of frustration, would demand gratification with the expression of hostility rather than love. Other women, or the same woman in other premenstrual phases, may lack sexual desires; they are depressed and feel depreciated; a sense of loss, or a fear of losing something, may best describe their emotional state. Dreams then usually contain the symbols of

anal-eliminative, soiling tendencies. During the premenstrual phase the woman appears and acts less composed, less mature; she is more dependent and demanding than she was at the height of the same sexual cycle. Thus, observation of behavior indicates a regression, however temporary this may be. A study of the psychoanalytic material reveals that in correlation with the premenstrual hormonal decline, the libido (psychosexual energy) regresses from what is called the 'level of genital integration' to a more primitive, anal-sadistic, or to a passive-dependent level.

If such regression may occur in every sexual cycle with the decline of hormone production, what should the woman expect when there is a permanent decline of hormonal production? Such monthly experiences would justify every pessimistic expectation in regard to the menopause and on a physiologic basis would challenge the concept of climacterium as a developmental phase.

The persistence of premenstrual symptoms, their severity and character, have a prognostic significance for the climacterium. Yet fortunately, this itself belongs in the realm of pathology. Although one or the other of these symptoms may occur in every woman normally, the premenstrual symptoms decrease with the progress of psychosexual maturation. While dreams may still reveal signs of psychodynamic regression, the adult woman and mother, especially if she is not frustrated sexually, has usually little or only negligible signs of her premenstrual phase. There is a developmental absorption of those conflicts which are responsible for the premenstrual tension. (Here I mean by 'conflict' not only the psychological, but also the hormonal aspect of the functional disturbance.) Physiological maturation, as well as emotional development, is favorably influenced if the propagative function evolves completely—if the woman has children.

There are women to whom life denies this fulfilment. Early disturbances of psychosexual development may be responsible for a personality which, in itself frustrated, impedes the woman's

interpersonal relationships in such a way as to enforce external frustrations. A woman has to have a personality which permits her to be passive, to be loved and cared for, so that she may give in to her physiological needs with pleasure, without protest, and thus may enjoy pregnancy and motherhood. If her personality does not permit her to respond to her physiological needs, she will struggle against them within herself during every sexual cycle. These are the women who suffer from the symptom complex of premenstrual tension or premenstrual depression to such a degree that the condition may become an expression of serious emotional disturbance.

This is the case of a young, married woman of twenty-five, tall, slender, boyish in build, but feminine and sensitive in facial expression. She came for treatment for what she described as 'negativistic behavior'. Her withdrawal from social and professional life had started soon after she married about four years previously. She had suffered from dysmenorrhea from the time she entered college and began to have more or less serious flirtations. Three to ten days before every menstruation, she was sick; she felt heavy and swollen, she had cramps, was depressed and irritable; a sense of hopelessness and emptiness alternated with an anger which she described as 'wrath without adrenalin'. She felt rage without energy for expressing it. She had diarrhea, colic, nausea with her menstrual pain. Throughout her analysis she appeared to be sterile. During the time of the premenstrual depression and even at times when she was free from depression, she was self-centered. She lived in fantasy, and did not dare to take any responsibility except taking meticulous care of her little household for fear that she could not live up to her own ideal. This was her rationalization for not wanting a child.

The patient was the second of two daughters. Her developmental history revealed that she suffered from the distant, reserved, undemonstrative attitude of her otherwise conscientious parents, especially from the coldness of her mother. As a preschool child she speculated whether she was adopted. Her mother's answer to this question was, 'As far as I can remember,

I bore you'. This answer the patient always consciously connected with her feeling that 'nothing is certain in this world'. Probably such frustrations drove her into temper tantrums so severe that her father once said, 'Take that child away before I kill her'. Yet her need for affection turned her toward her father, who offered more tenderness than her mother. Her œdipal struggle ended with a strong masculine identification. In her fantasies she often was a boy. She and her sister fancied themselves brothers rather than sisters. Her fantasies showed that her feminine libidinal needs were in conflict with her masculine identification; yet her overcompensatory masculine drive was not too intense. After she gave up her temper tantrums in childhood, she became rather retiring and shy. Her mother prepared her for menstruation in a purely intellectual way, telling her also about the changes she would experience in the 'change of life'. Thus she behaved very 'reasonably' when she started to menstruate at the age of thirteen. Her menses came irregularly, at six to eight week intervals. She did not have severe pains until she was about seventeen years of age. On the purely physiological side we may speculate that this was because her ovaries were functioning inadequately. Viewing it psychologically we may say that sexuality was not an actual problem in her life until she felt threatened by her awakening needs and rebelled against her feminine role. This is the usual explanation of dysmenorrhea. Now we must add that this 'rebellion' was the emotional manifestation of an organic dysfunction: retarded development, puerile organs, insufficient hormone production went hand in hand with this patient's 'psychosexual inhibition'. She received hormone treatment for two and a half years during which the intervals between menses became shorter, but the dysmenorrhea did not improve. (It seems that intensifying the estrogen stimulation at a time when she was still struggling against her feminine desires was not an etiologically sound therapy.) Her marriage intensified the conflict. Depression, agitation, sensitivity and quarrelsomeness increased; she was sterile.

Vaginal smears revealed that the patient's hormonal produc-

tion was insufficient in comparison with women of her age. Although her psychoanalytic material had shown that she responded emotionally even to a slight degree of estrogen or progesterone production—the content of her dreams and fantasies changed characteristically with either of the hormone groups—her feeling in either case was frustration. Her own words often expressed clearly that she felt the deficiency in herself as a lack, a want, an emptiness which, she explained, ‘took part of her’ so that the remaining part was unable to produce a feeling of satisfaction, either in herself, by herself, or by her husband. Instead of responding sexually she was ‘seeking that part of herself which she needed in order to be whole, satisfied and satisfiable’. The anger accompanying such a sense of frustration was turned toward herself when she felt helpless, inferior, withdrawn; when it increased so that she could not hold it any longer, she projected the reasons of her unhappiness and discharged her anger against others, particularly against her husband. We may say the patient responded to the inefficient hormone production with emotions revealing a perception of being frustrated internally by processes, within her organism, beyond her control. The sense of futility, as well as the effort to discharge the emotional tension, necessarily created conflicts with her environment, in this case, with her husband. Thus the internal frustrations, the emotional manifestations of the lack of hormones, and the external frustrations (real or secondary, created by her own behavior) entered into an emotional vicious circle which explained her wrath as well as her depression. That the patient suffered from this most intensely during the very long, low hormone level period before menses is easily understandable. For then, not only is the hormone level lower than usual, but the vegetative nervous system at this time appears to respond to the lack of hormonal stimulation with a greater sensitivity. In the premenstrual phase the ego seems weaker, the psychic apparatus less capable of fulfilling its tasks of mastering stimulation and frustrations, whether produced without or within the individual.

This case demonstrates that the psychosexual development—arrested, involved or complicated—may lead to an inhibition of the hormone production which was perceived by this sensitive and introspective woman as an 'internal frustration'.

In psychoanalysis the term frustration indicates that a drive is thwarted in attaining its goal. Thus, frustration may be the result of external prohibitions, or of the internal prohibitions of the superego which debar the instinctual need from gratification. It is assumed that the perception of being frustrated is dependent upon the dammed up libido, i.e., the psychosexual energy of the thwarted impulses. Here, however, we use the term *internal frustration* to refer to the patient's description of her feelings which reveals a perception of her inability to feel gratified. Although in this case we assume that this was the result of the development of her personality, this was not our concern in the study of the patient's hormonal cycles. In correlating the inefficient ovarian production with her sense of frustration, we assume that the latter expresses a lack of libidinous emotions rather than the reaction to or expression of 'dammed up libido'. This distinction is significant for the psychodynamics of climacterium. For the sense of internal frustration—as the patient described it—not only explains many symptoms of premenstrual tension and depression, but it is also in the center of the emotional experience of the climacterium.

Much of the confusion about the climacterium originates in the lack of understanding of the physiology and psychology of the sexual cycle. The *Sexual Cycle in Women* (10) describes the fluctuations of emotional manifestations in correlation with the hormonal cycle. Although it contains only a sketchy and incomplete demonstration of immensely complex events, it permits a rough differentiation between two kinds of emotional tensions: one is created by, or can be correlated with high gonadal hormone production; the other represents the manifestation of the lack of libidinization, and it seems to be created by a lack of desire, a sense of internal frustration which coincides usually with low hormonal phases of the sexual cycle. We know

that the former, libidinal tension, expresses itself in sexual wish, desire or need, while the latter manifests itself with anger and other regressive phenomena.

Keeping in mind what we know about the sexual cycle, many observations about climacterium fall in line. The emotional tension originating in the conflicts of feminine development may return when the hormonal function, which formerly neutralized (or libidinized) the tension during the years of sexual maturity, declines and its integrative effects dissipate. This may explain why many psychological aspects of climacterium seem to represent a repetition of puberty, especially the puberal reaction to menstruation. The rebellion of puberty appears to be repeated when the internal frustration of the declining hormonal function activates aggressive, hostile and regressive behavior. Hormone therapy is considered to be the method of choice. Yet the complex psychodynamic motivations which lead to the symptoms—whether they be ‘premenstrual’ or actually ‘climacteric’—may account for the failures of hormone therapy. While hormones usually alleviate the vasovegetative symptoms, they do not resolve the emotional conflicts without adequate psychotherapy. It requires a thorough understanding of the patient’s personality to discover the emotional problem to which the woman responds when she suffers from a reactive depression. It is the consensus that the psychiatric symptoms around the time of climacterium can be classified as reactive depression.

Many women present a period of anxious overactivity instead of, or before the development of depression. Women who could not develop enough emotional security, who feel that they did not achieve the goal of femininity, may be seized by fear of ageing, or fear of losing their sexual attractiveness. These women appear driven, inwardly urged to start life again. Such women, more than others, will overreact to the outward, superficial signs of the climacterium. Like a young girl who is afraid of blushing because it reveals sexual emotions, the climacteric woman may be afraid that the hot flushes expose her secret.

Fortunately, estrogenic hormones control the hot flushes completely and also diminish the other signs of physiological instability. Another manifestation of sexual decline in the climacteric is the tendency to indulge in eating. Nowadays women feel that they have to fight this tendency; thus they often enforce an external frustration at a time when they have to adjust slowly to the internal upset of their equilibrium.

In accordance with our observations on the premenstrual phase, we may assume that such narcissistic, more or less regressive, preoccupation is one of the manifestations of declining hormonal production which diminishes the ego's capacity to love. However, at a time when there is an increased tendency to regression, the woman has to meet the tasks of her life situation and they may be very complex and demanding just at this period. Not to mention marital discord which may occur on account of the changing pace (sexual and otherwise) between husband and wife, there may be many events upsetting the emotional balance of the family. Daughters grow away and begin their own sexual lives; sons bring home their wives. Many similar situations may activate tensions in the woman which she has difficulty in mastering. As long as she is able to relate her difficulties to actual situations and responds to them in the manner and degree she did during her adult life, she is safe. In many instances, however, the external conflict activates responses in her which she cannot reconcile with her accustomed behavior or with her ego ideal. Then her self is hurt. Her ego-alien emotional responses threaten her. 'This cannot happen to me', is an often heard defense of the climacteric person. Which aspect of the decline will mobilize in the woman the disappointment in herself depends on the total personality. Any disappointment in the self engenders feelings of inferiority and self-accusations which may finally lead to severe depression.

The following two cases illustrate the psychodynamics of severe climacteric depression. One patient was a successful professional woman, compulsive in her personality make-up, rigid and ambitious. She was unmarried and had never had

sexual relations with men, although she was appreciated and respected as a friend and a clever companion. In her early forties, her relationship to one of her professional woman friends became intimate and sexual. She felt some guilt about this but was satisfied for many years. Then the early vasomotor disturbances of the approaching menopause forced her to take a vacation, after which she went to work with relentless vigor. Slowly she began to feel that her friend did not appreciate her work, that she was being taken advantage of. She became very 'nervous', insecure, and sleepless. She took another vacation—her need for it explained by her menopause. But while she was away from her work she became panicky. Suddenly she felt that everything was wrong with the friendship and the work which had seduced her into this relationship. Yet she hoped she could get hold of herself by mustering all her will power, collecting all her ego strength. 'This can't happen to me', she repeated to herself, and while she fought against it, she became more and more aware of the failings of her ego defenses. She became desperate because her ability to do what she wanted and had found to be right had vanished. Her ego strength submerged in panic, she developed a psychotic episode.

On the basis of conclusions drawn from the premenstrual symptoms, namely, that the lack of hormone diminishes the ego's integrative strength, we can assume that as this woman's hormonal function declined, her ego (like that of some women in their premenstrual phase) lost the power to integrate all the demands of her daily life. Since she did not produce enough libido to meet those demands, she felt frustrated. She projected the reasons of her internal frustrations and began to respond with great sensitivity to an environment which before had been completely compatible and satisfactory. This oversensitive reaction brought about the patient's critical attitude toward her friend and thus her great disappointment. Clinically one would say that this woman, in her menopause, developed a reactive depression because of a grave disappointment which she experienced due to a homosexual relationship. Psychodynamically,

we assume that the hormonal decline and all the psychophysiological changes which it implies, mobilized a regression of the ego's integrative capacity. This regression brought to the fore various previously compensated aspects of her personality, such as oversensitiveness, narcissistic reactions, etc. Evaluation of all factors raises doubt as to whether one should consider such a depressive, psychotic reaction as a simple reactive depression.

Another case ended with suicide. This woman, who had many advantages of money and education, was dissatisfied all her life. She was married, had children, had a profession, yet her narcissistic character neurosis interfered with every area of her life. Time after time she went from a blissful satisfaction with her own artistic understanding into a state of desperation, since she felt she could not share her own feelings with anyone else. Neither her husband, nor her children, could ever live up to her expectations. About the time of her menopause, the periods of depression became longer and increasingly severe, while menstruation still occasionally occurred. Her depression represented a rebellion against ageing; it progressed to a fatal termination because of her narcissistic character neurosis. Her emotional gratification resulted from intellectual and æsthetic pleasures, yet her sublimations did not represent a balanced growth of the total personality. They went parallel with an adolescent expectation of purely platonic, idealized relationships with men—a sort of fulfilment of her bisexual tendencies—which should elevate her above the disappointments and dejection of female sexuality. She was unable to achieve happiness in interpersonal relationships. No matter how enthusiastically she began them, she soon reverted to herself, to her past, to her idealized experiences. The present never measured up to the past; she never measured up to her ego ideal. When ageing destroyed the hopes for the realization of her ego ideal, the flexibility of her ego was already exhausted by the great internal strain of many previous attempts and, with the beginning of old age, the hope for narcissistic gratification became more remote than ever. As if she had overdrawn her account for sub-

stitute gratification, when the internal frustration became unbearable, she committed suicide. Her rationalization was that she wanted to free her children from her inadequate personality. Thus she won a final (narcissistic-aggressive) victory: she did not need to go through the deterioration of ageing.

These examples demonstrate that the symptoms of psychiatric disturbances of the climacterium are determined by lifelong, individually characteristic methods of mastery of psychic tension. The analysis of the factors involved in the mastery of frustration—as it can be studied in the sexual cycle—may serve as indication for the psychic reaction to be expected about the time of the menopause. In the two examples cited, the psychic adaptation failed during and after the climacterium. If adaptation to frustration occurs always, or usually, at a cost of an increase in the narcissistic defenses of the ego, we may expect that the narcissistic armor will break when it becomes overtaxed by the internal and external frustrations of the climacterium. Yet it seems that in the cyclical repetition of the gonadal function the woman has a method of practicing her adaptive capacities. The repetitiveness of the sexual cycle prepares the woman not only for the tasks of motherhood but, through the mastery of the emotional fluctuations corresponding to hormonal decline and menstruation, for the physiologic cessation of gonadal stimulation at the climacterium.

Psychoanalysis as a genetic theory of personality recognizes the marked influx of sexual energy as the crucial impetus to development. Our question is whether it is justified to characterize the more or less chronic but well-defined cessation of the reproductive function also as a 'developmental phase'. Its hazards and the factors which may be responsible for its pathology have been discussed. It has also been shown that the pathology which becomes manifest or dangerously aggravated in climacterium existed previously. The climacterium adds only one factor: it diminishes that part of the integrative strength of the personality which is dependent upon stimulation by gonadal hormones.

Every developmental phase has its pitfalls. The psychoanalytic theory of neurosis and of personality development represents but an evaluation of the fate of the œdipal phase. In our culture, the greater part of the libidinal influx which affects the œdipal phase has to be repressed in order that the personality may develop normally. The mastery of the œdipal complex—as Freud assumes—is a process of desexualization which is responsible for establishing human personality with its internalized psychic faculty, the superego. The sexualized eros needs to be freed from its genital-libidinal qualities to act as an integrative force. We know that at puberty the influx of sexual energy attacks the already achieved integrity of the personality; thus a period of developmental struggle follows, after which mature sexuality—socially permissible and gratifying function—becomes a fundamental part of a complex adult life.

Psychoanalysis has tried to formulate in various ways the psychodynamic meaning of mature 'adult' love. We assume that it is a combination of genital-propagative tendencies with 'goal-inhibited', 'postambivalent', i.e., tender, protective, empathic qualities of heterosexual feelings. Helene Deutsch (2), in her extensive study, has taken great care to explain the specific manifestations of feminine love and its sublimations—intuition and motherliness. Her concepts of a deeply rooted passivity and a specific tendency to introversion, as specific qualities of female psychology, were confirmed by our studies of the sexual cycle in women. Our investigation revealed that the 'deeply rooted passivity' and the 'tendency to introversion' are repeated in cyclic intervals in correlation with progesterone production; and we conclude that these characteristics of the emotional life of woman represent the psychodynamic manifestations of the female propagative tendency, the woman's biological need for pregnancy and motherhood. The emotional manifestations of the passive-receptive tendency may appear regressive (or rather 'recessive') in comparison with the active, extroverted heterosexual behavior. Yet its monthly repetition can be considered as preparation for the withdrawal and introversion of psychic energies which motivate the moods and emotional attitudes

during pregnancy. The concentrated libidinal charge of the body—a result of the physiological processes maintaining the pregnancy—enhances the woman's willingness for and pleasure in bearing the child; her pregnant body, like a reservoir replenished with libidinal feelings, becomes the source of motherliness. Motherliness, complex and emotionally charged, is not independent from hormonal functioning. As it unfolds with its many functions and shades of feelings, it serves not only the infant, but also the mother; it affords her pleasures originating in infantile erotic as well as in highly sublimated gratifications. The emotional interaction between mother and child, while it establishes the child's identification with the mother, maintains and furthers the mother's identification with the child; for the mother's psychosexual life encompasses her child, all her children. Psychoanalytic studies reveal that with her daughter more directly than with her son—but with each child in a somewhat different manner—the mother repeats those emotional attitudes which originally determined her own psychosexual development. Thus, with each child the mother takes the chance and has the hope of reliving and overcoming the conflicts in her own personality. Identification with the child may be the pitfall of motherliness as well as its bliss. Many mothers do not outgrow early, infantile-possessive identifications with the child, and various pathological distortions of motherliness ensue. Yet normally the mother progresses with her child, especially if she lets the child develop; she regains her own emotional independence as she permits her child to become independent of her. Motherhood, indeed, plays a significant role in the development of woman. Physiologically, it completes maturation; psychologically, it channelizes the primarily introverted, narcissistic tendencies into many psychic qualities designated 'feminine', such as responsiveness, empathy, sympathy and the desire to do, to care for others, etc. Thus, from motherliness it is only one step to many forms of feminine achievement since these, or many of them, represent the extension and expansion of motherliness.

The accomplishments of the reproductive period—and this means not only the propagative function, but also the total developmental achievement of the personality, its lasting sublimations, its capacity for love—will sustain the personality when the cyclically returning hormonal stimulation abates and the woman faces the ‘change of life’. This change in the normal course of events does not occur as a sudden upheaval which breaks the established code of the personality, but evolves as a slow process of maturation. As the desexualization of the emotional needs proceeds, the balanced personality finds new aims for the psychic energy.¹

This statement recalls the œdipal phase and invites comparison. In the œdipal phase, repression of the sexual impulses leads to superego formation and socialization of the child; in the climacterium, the cessation of biological growth affects further intrapersonal integration—a transmutation of growth—and releases new impetus for socialization and learning.

Many of the interpersonal attitudes of the woman change. She does not love with youthful ardor, but much of her ambivalence, jealousy and insecurity have been overcome. Thus her love becomes more tolerant and shows those ‘postambivalent’ qualities which Abraham (12) expected from maturation at a younger age. This attitude evolves unconsciously and effort-

¹ In the discussion of this paper, it was called to my attention that it may be confusing to the reader that we speak about the effects of the gonadal hormones as *stimulation* for development, and that then we state that the cessation of the gonadal activity serves again as sort of stimulation for developmental achievements.

From puberty to menopause, the sexual cycle represents the individually characteristic struggle between the sexual drives and the ego. The mastery of the resulting conflict-tension is in the service of the propagative functions, from the biological point of view. Psychodynamically, the same processes achieve a greater integrative capacity within the personality. Thus when the approaching menopause diminishes the fluctuations of the sexual drive, the ego is flexible enough to use the energies released from previous tasks for new integrations. (We used the terms maturation and development as do Hartmann, Kris and Loewenstein, in their paper on Comments on the Formation of Psychic Structure in *The Psychoanalytic Study of the Child*, Vol. II. New York: International Universities Press, 1947.)

lessly toward grandchildren; identification with her pregnant daughter or daughter-in-law permits the ageing woman to be a mother again—even if one step removed. It is well known that a woman's love toward her grandchildren is free from the conflicts of a mother toward her own children.

Closer to awareness, because they require more deliberate effort, are the middle-aged woman's intentions toward greater socialization. As if her superego would become stricter, she demands more from herself now than she did before; her ambitions may be reserved for her household or for accomplishments for the sake of her family, but almost as often it happens that her activities expand to include new and larger fields of interest. A greater social conscientiousness, and often an avid desire to learn, stimulates women to various, even if sometimes incongruous, activities for which—as they usually rationalize—they 'did not have time' before.

Is it just a problem of time, of unaccustomed leisure, that women, freed from the tensions and fluctuations of sexuality, released from fears of and desires for childbearing, finished with the time-consuming duties of child care, suddenly feel an influx of extroverted energy? Probably one will be inclined to answer that women, emancipated from childbearing, throw themselves with great eagerness into a competitive, communal life or even into professions and business in order to act out a 'masculine protest', so long stagnant behind the duties of their 'feminine role'. It may be! Yet our case studies have shown that those women whose personalities have been exhausted by narcissistic defenses and masculine protest do not show such a postclimacteric development; rather, they become sick. The women described here are not those whose activities, even if good-willed, become destructive because they are charged with aggression. Fortunately, there is a larger number of those who, while they learned to accept frustrations and substitute gratifications in earlier life, become able to open up new areas of satisfaction for themselves after the climacterium. It is as if these women, reassured that their main job is done, may draw on the emotional capital invested in that achievement so that they over-

come feelings of inferiority and insecurity which inhibited them before. No doubt the emancipation from sexual competition and from the fear of sexual rejection often releases talents and qualities unsuspected before. What may appear as the overconfidence of the dilettante may be growth for the individual. Measured on another scale, these attempts may be insignificant; their primary purport may be the individual's psychological gain: they enable a woman to rise above regressive phenomena which make the climacterium such a critical period for others. Yet the uncountable attempts add up to an important contribution to the creative and social life of the nation.

Harvey O'Higgins (13), in an excellent book, *The American Mind in Action*, deals with these problems in discussing the role of women in American society. With fine psychological understanding, he describes the various types of American woman. He gives greatest importance to the Puritan woman who used to be and still is the 'home and mother type'. To her he ascribes the emotional and ideological education of the nation. The effectiveness and influence of the American mother does not spread merely through the channels of home living and the raising of children. Much of the work was done, and is being done, through the almost inexhaustible idealism and educational ambition of women, outside the family, in communal and cultural activities; and much of it is accomplished after they reach and pass the climacterium. All this would not be possible if women did not, and could not, meet the climacterium as a developmental phase.

Our discussion has dealt so far only with woman, in spite of the fact that one uses the term 'male climacterium' to refer to phenomena attending the decrease of normal sexual function in the male. It is not our intention to present a study of the male climacteric here. Yet it seems opportune to mention that the male climacterium necessarily differs from that of the female since there are fundamental differences in the biological functions of both sexes, and also in the cultural and sociological attitudes in regard to them.

In the female, the two psychodynamic tendencies of the

propagative functions—the need for heterosexual gratification and the need for reproduction—are separated, while they are fulfilled by one act of the sexual function of the male. In the male, the sexual desire tending toward genital gratification reaches consciousness with a sense of active urgency while the need for reproduction does not need to become conscious at all. Although there is evidence indicating that the human male also has a primary instinctual need for parenthood which he may express in the desire for offspring, yet the cultural and sociological significance of fatherhood usually overshadows the instinctual need. Accordingly, in the male, there is no cyclically returning recession and reintegration of the gonadal and emotional pattern comparable with the female sexual cycle. Thus the psychosexual maturation of the male does not prepare him either for parenthood or for the cessation of the gonad function by a similar repetition of the adaptive processes by which the woman is prepared. In women, the menopause indicates the cessation of the reproductive function in an unmistakable manner, even if a capacity for sexual gratification remains. In men, the termination of the reproductive function is not expected as long as orgasmic potency remains. Actually, both the sexual urge and the reproductive capacity may be rekindled even if they appear to be extinguished. Thus, men have not to meet the hazards and benefits of a ‘change of life’, circumscribed in time and in its manifestations. Ageing is a slow, insidious process in men which they may fear and deny, and against which they are not protected by an adequate emotional preparation.

In the patriarchal society, the social significance of the ageing man was beyond doubt. Whatever the oscillations of his psychosexual potency were, he did not need to feel threatened since his importance as head of his family was not impaired and his social prestige was growing rather than declining. Our society, however, puts little premium on ageing. The decline of sexual potency becomes a double threat if marriages are insecure. In a competitive society, the necessity to prove himself never

ceases for a man. Men in our society, less protected by tradition than they were before (and less than women are protected even today), try to compensate for their insecurity with increased self-reliance and with unceasing competitive productivity. And while these efforts sap his energy, he prepares for his old age only in terms of a 'retirement plan'. This is his illusion of security, qualified by the idea of having time to play. But play—even if he could succeed with his preparations for it in time—does not give enough gratification for an ego which is used to getting its satisfaction by hard-gained and well-fought-for attainments. As long as the retirement age is far away, one can think of it with relish; when it approaches, the first signs of diminishing potency—sexual and otherwise—bring about a serious narcissistic conflict. The psychosomatic and psychiatric aspects of geriatrics deal with a great variety of attempts toward the mastery of the conflicts of the ageing man.

Various aspects of biological and social life converge to make ageing a task less difficult for women than for men. Probably this is the key to the secret that women, after they reach the end of their reproductive period, have a longer life expectancy than men in the corresponding age group. After the woman succeeds in mastering the adaptive task of her climacterium, she can plan an active life which promises much ego gratification. She can reap the harvest of her previous work, for she may feel loved and important in a family which now grows as a part of her, but without pain and effort; besides, whatever she produces with her sublimated endeavors is looked upon by herself, as well as by others, as a surplus. This surplus gratification—while it cannot propagate growth directly—sustains emotional satisfaction and helps to balance the regressive phenomena of the oncoming exhaustion of vital energies in senescence.

SUMMARY

The climacterium is characterized as a period of intrapersonal reorganization in women. Parallel with the declining hormone production—menopause is a manifestation of that aspect of

ageing—proceeds the desexualization of the emotional needs which, in turn, releases psychic energies for sublimation and further integration of the personality.

Anthropological data concerning menstruation and menopause are cited to indicate that cultural patterns determine to a high degree the anticipation of and the reactions to a physiological experience of the individual. In our culture, the climacterium is anticipated with exaggerated fear. The psychiatric symptoms which often accompany the menopause are, however, not related in simple causality to the physiology of that event; they are rather motivated by the psychosexual history of the individual.

Study of the sexual cycle affords the clue to the psychopathology of the climacterium. The sexual cycle represents the correlation between the hormonal function of the ovaries and the conscious and preconscious manifestations of emotions. The highest level of psychosexual integration corresponds to the peak of the hormone production; parallel with the premenstrual hormone decline a regression takes place. The manifestations of this regression represent the premenstrual neurosis.

An instance of premenstrual depression is cited to illustrate that disturbed psychosexual development may lead to inhibition of the gonadal function, and that inadequate production of hormones may be perceived as a lack of libidinous emotions causing a sense of frustration from within. The individually characteristic methods of mastery of psychic tensions—as they may be studied in the sexual cycle—serve as indications of the psychic reactions to be expected about the time of menopause. Two cases of severe climacteric depression are presented to demonstrate that the failures of adaptation to the internal frustration of the menopause were determined by the already previously exhausted and rigid adaptive mechanisms of those individuals.

In the female, the two psychodynamic tendencies of the propagative functions—the need for heterosexual gratification and the need for reproduction—are separated; cyclical repeti-

tion of these two trends of the sexual drive prepares the woman for the complex physiological and emotional processes of her reproductive function. Motherhood is a further step in the integration of the personality. Physiologically, it completes sexual maturation; psychologically, it channelizes and sublimates the specifically feminine trends of the sexual drive. The accomplishment of the reproductive period, and its lasting sublimations, sustain the personality during the climacterium so that after the woman has succeeded in mastering the adaptive task of her climacterium, she can plan an active life which promises ego satisfaction.

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Laci Fessler

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THE PSYCHOPATHOLOGY OF CLIMACTERIC DEPRESSION

BY LACI FESSLER, M.D. (NEW YORK)

This survey is based on the careful study of one hundred patients who were not analyzed. Statistically our diagnostic evaluation of these data conforms to a high degree with the findings of Jacob Hoffman (1) and those of August Werner (2) whose studies were carried out on much larger material. The statistical data only show that the condition of the majority of women during the climacteric is not normal. We hold that an undisturbed menopause is normal though extremely rare.

The fact that the diminishing or the cessation of menstruation is accompanied by a great variety of symptoms suggests the plausible assumption that it is this physical change which produces all these symptoms. This assumption then logically implies that the therapy of these conditions should consist in replacing the diminishing function through hormone therapy. Inasmuch as psychic disturbances constitute the bulk of menopausal symptoms, it is further assumed that hormone therapy should also effect a cure of the varying degrees of depression; however, the results of endocrine therapy have become more and more disappointing. Failures of such therapy have been reported by H. S. Ripley, H. D. Palmer, A. E. Bennett and their co-workers (8).

Two clinical facts became increasingly apparent (6, 7): 1, a strange discrepancy developed in the response to hormonal treatment. The best results were the relief of hot flushes and the symptom of sweating. Headaches, numbness, tingling, and formication responded much less satisfactorily. 2, Even less encouraging was the efficacy of such therapy in dispelling irritability and the almost inevitable depression.

Read before the New York Psychoanalytic Society, November, 1947.

To check our experience, I asked several gynecologists about their observations. They all confirmed a discrepancy in the therapeutic effect of hormonal treatment in the majority of their cases. They had also noticed that the psychic symptoms showed the poorest results (35). In evaluating the influence of hormones on the psychopathology of the climacteric we should recall that during pregnancy the endocrine physiology is quite different from normality. Somatic changes are normally much greater than in the menopause and, moreover, they set in far more suddenly; yet serious psychopathology during pregnancy is comparatively rare. During the period of lactation the occurrence of psychic disturbances increases. And yet neither during pregnancy nor during lactation does the percentage of psychopathic disturbances approach the number observed in women around the menopause. Such observations are bound to shake the theory that symptoms during the climacteric are merely the direct result of a hormonal deficiency, and clearly indicate the preponderance of a psychogenic etiology.

The almost chaotic irregularity of climacteric symptoms and their puzzling extensiveness make it extremely difficult to coördinate the psychopathological features with organic changes. It was this confusion which impelled us to follow Dr. Paul Federn's suggestion to examine with special care the patient's preclimacteric personality.

Our questions covered the following points. 1, How many cases, prior to their climacteric symptoms, had shown disturbances of one kind or another? In only nineteen percent was the pathological climacteric the very first disease. In eighty percent the history recorded some previous disturbance. In one percent no final decision could be made. 2, In three percent the former conditions could be called essentially organic. 3, In six percent the nature of the former conditions seemed to be partly organic and partly psychogenic. 4, In four percent the answers were not precise enough to justify a diagnostic decision. 5, To the most important question: were the disturb-

ances experienced prior to the climacteric purely psychogenic? the answer was sixty-seven percent affirmative.

The qualifications 'organic' or 'psychogenic' are the unchanged reports and evaluations of what the patient herself felt was the reason for her suffering; the women themselves felt that their disease was psychogenic. The percentage, sixty-seven, of the psychogenic cases may well be much higher because practically all patients try to convince themselves and others that their disease is organic, and diminished menstruation is obviously an organic change.

In the differential diagnosis between a climacteric and an endogenous depression the following seems to be pertinent. In endogenous depression the peak of the depression occurs in the morning and there is a characteristic improvement in the evening. The changes in mood of the climacteric depression are likely to occur at any time of the day, and are much more fluctuating and capricious. Likewise, in endogenous depressions, self-accusation and self-reproach are very severe. The patient brands herself as unworthy because she has misconducted herself in some terrible way. She is harassed by guilt-feelings. Through these self-accusations these patients provide themselves with a justification for their own paranoid tendencies. In connection with this self-tormenting behavior they develop an extremely pessimistic attitude toward the future. They feel doomed to perish, and this seems to them a well-deserved punishment. Self-accusations, self-reproach and self-depreciation are not so persistent in the climacteric depression. These exhibitions of being a failure have a kind of theatrical pathos which has a somewhat mocking tinge which aims to provoke opposition. A paranoid attitude is often quite pronounced and the patient is overtly more aggressive. She finds fault with almost everybody and indulges more in self-pity. In endogenous depression the patient tends to consider the pain she feels as part of the much dreaded punishment to which she is exposed. In the climacteric depression her desire to impress her environment with the seriousness of her condition drives

the patient to describe her sufferings in superlatives. The depressed patient is comparatively modest and indifferent; on the whole she pities others and accuses herself. In the climacteric depression the general attitude is quarrelsome; neither the doctors nor the nurses are felt to be competent and, what is more, they are not interested in their patients; in short, the patient pities herself and accuses the others. In the endogenous depression the approach to the patient is difficult since she is taciturn, shy, and withdrawn. The patient in a climacteric depression is loquacious, very touchy and therefore quick to sulk, stubborn and aggressive when she feels that not enough attention has been given to her sickness. In contrast to other states of depression, to the patient in a climacteric depression any organic symptoms cause alarm and their importance is exaggerated beyond all bounds. While patients with endogenous depressions typically lose weight, a loss of weight is an exception in climacteric depressions, and when it does occur may be the result of purposely neglecting proper eating. Such self-imposed sacrifices usually serve the wish to be pitied by the environment. The fact that in climacteric depression the weight usually remains unchanged is another indication that—other things being equal—the climacteric depression is the less severe condition. There are some cases of depression whose apparent improvement is due to shrewd dissimulation and not a real overcoming of the disease, and these are very difficult to detect. In climacteric depressions dissimulation never occurs. On the contrary, they parade their misery, and woe to him who pays no attention.

It is our opinion that the climacteric depression has a marked resemblance to hysteria, which also leads one to expect—at least to some extent—the presence of the other defense mechanisms which we find at the phallic stage. The three well-known defense mechanisms are conversion, phobia, and the hysteric character. Indeed our material shows that in eighty percent of the cases some kind of conversion or some kind of phobia of a hysteric character preceded the climacteric depression.

CONVERSION

The patient is forty-seven years old. She had been suffering for many years from pain in the coccyx. At the age of thirty, an operation was performed to correct a prolapsed uterus because this prolapse was supposedly the cause of her continuous backache. The backache persisted unchanged after the operation. She had had severe headaches when menstruating since the menarche.

The patient is fifty-six years old. She reports that she was always a very nervous child. Her menstruation was painful from the very beginning and she had repeated fainting spells during her menstrual periods.

PHOBIA

The patient is forty-nine years old. Ever since she can remember she has been very irritable. She has a feeling of oppression when in a closed room but she is also afraid in open spaces, particularly when she is crossing streets. The patient felt as if the ground under the feet were hollow. She suffers from palpitation of the heart.

PHOBIA AND HYSTERIC CHARACTER

The patient is forty-nine years old. She says that for years she has often been extremely nervous. At the age of forty-one, when her menstruation was still normal, she developed states of anxiety, emotional instability, and very marked features of agoraphobia. She was highly irritable and giddiness often accompanied the sensation of anxiety.

CONVERSION AND HYSTERIC CHARACTER

The patient is forty-nine years old. She was always very susceptible to colds and suffered from 'rheumatic pains'. For many years there were various 'nervous' complaints. She was always very irritable and responded in an exaggerated way to outside events.

The patient is fifty-five years old. At the age of seventeen she had a pain in the stomach; two years later hematemesis. At that time there was a diagnosis of an ulcer. Eleven years later, when she was thirty, her ailment was pronounced a 'nervous stomach condition'. The symptoms were a feeling of pressure in the pit of the stomach and an irradiating pain in the back. Some medicine cured her condition completely within eight days. She has always been very 'nervous' and irritable.

The patient is forty-three years old. She had been depressed for five years. The depression set in after an operation because of an extrauterine pregnancy. The operation made the patient sterile. She feels she is no longer a real woman. As a girl, she was very much afraid of intercourse and thinks that therefore she has always been frigid. 'The operation destroyed the most important nerves.'

HYSTERIC CHARACTER

The patient is forty-eight years old. She has suffered from anxiety since early childhood, also from disturbed sleep and depressed moods and has always been 'touchy'. She had periods of marked gaiety which changed into moods of brooding. Now her symptoms are self-accusation, anxiety, and fatigue.

CONVERSION, PHOBIA, HYSTERIC CHARACTER

At the age of twenty-one this fifty-three-year-old woman had attacks characterized by crying spells, convulsions, cramps and spasms all over the body. They were accompanied by a sensation of oppression, palpitations of the heart and dyspnoea. She has been subject to attacks of blushing since puberty.

From a clinical point of view it seems justifiable to say that the climacteric depression is, so to speak, the continuation into the period of menopause of the patient's preclimacteric condition. This preclimacteric condition, however, according to these records is essentially a hysterical one. We therefore infer that the psychopathology of the climacteric depression belongs in the category of the defense mechanisms encountered at the level of the phallic stage. Inasmuch as every defense mechanism is put into action to protect the ego, a study of the psychology of the ego should yield relevant particulars in regard to the structure of the ego in hysteria. If we assume the validity of our theory that the climacteric depression is the hysteria of the menopause, we should also be able to trace and establish in these patients some further characteristics of the ego of hysteria.

Years ago Federn pointed out that the greater the flexibility of the ego boundaries the more intense are the relationships

between the ego and its environment (9). Federn also stated that hysteria is characterized by the flexibility or the lability of the ego boundaries. As he put it: 'In hysteria the ego boundaries are flexible, they are always ready to include other persons, or more precisely expressed: they are always ready to expand to this purpose'. This is a clinical feature which also characterizes the depression of the climacteric. The climacteric depression is, in fact, much easier to approach and to influence than the endogenous depression. Federn states that it is this flexibility of ego boundaries which is responsible for the hysteric's greater readiness to form identifications and which results in the hysteric's greater suggestibility. In the same paper he makes another pertinent point characteristic of hysteria. He states: 'Just as we have to distinguish very sharply from a phenomenological point of view between the body ego and the psychic ego, we have to distinguish between body fear and psychic fear. In hysteria the fear is always experienced as body fear, in the compulsive neurosis as a psychic fear. In hysteria the body ego is threatened by destruction.'

It became evident that most of the fears expressed by the climacteric patients, regardless of whether they were experienced in the present or belonged to the past, pertained to their bodies. Both the hypochondriacal nature of the complaints and their frequent changing from one afflicted organ to another clearly indicate that the patient feels that her body ego is threatened. This detail further corroborates the assumption that the climacteric depression has the structure of hysteria.

Before discussing what contribution a psychoanalytic orientation has to offer toward a better understanding of the psychopathology of the climacteric depression, we must clearly establish the characteristic features of clinical observation. The most obvious fact is that the menstruation has either stopped or diminished. This is a purely organic event. The way in which the patient responds to this obvious organic change, however, has two aspects: organic and psychological.

Psychoanalysis has never questioned the influence of somatic

factors on psychological behavior. The climacteric presents a situation similar to the one Hartmann pointed out, when discussing the relationship between psychiatry and psychoanalysis (10). There he stressed the impossibility of approaching in a psychological way the question: 'Why is a patient afflicted with general paresis?' In the same manner we must realize that the reason for entering menopause must be sharply distinguished from the ways in which women react to having entered this period.

Our second aspect is the strictly psychological one of the reaction to this change. We try to understand the psychological features of the woman's reaction because they comprise her individual adaptation to this organic change. It is the patient's awareness of this change which determines the specific features of her response, and it would therefore be as futile to try to understand a climacteric depression in terms of the laboratory findings as to try to evaluate the psychotic features of paresis from histological slides.

Obvious organic changes, even if they are the causative agents of mental or psychotic symptoms, in no way invalidate the psychological approach as a means of understanding the structure of the psychological symptom. Schilder and Hartmann (11 to 14) were able to give psychological interpretations of the symptoms encountered in cases of brain lesions. Ferenczi and Hollos (15), and also Schilder (16), studied and reported on the psychology of patients suffering from general paresis. Hartmann and Anna Freud (10, 31) repeatedly stressed the fact that an organic change may act as a trigger to set off regressive processes. Moreover, research workers in the field of neuropathology have pointed out time and again that impaired functions, such as those in brain lesions, show the stigma usually encountered on a more primitive level. Kurt Goldstein (32, 33) published many important papers on this subject and has given convincing case histories.

In the psychology of a woman there is a lifelong connection between menstruation and the functioning of her reproductive

organs. Thus her awareness that menstruation is diminishing is to her an indication of approaching sterility. That necessarily means to her that she is going to be deprived of something she has had before—her ability to bear a child.

To understand the clinical features of the climacteric depression we must clarify the unconscious meaning of the termination of menstruation: what does it mean to a woman to be able to bear a child, or what does the child represent to a woman? The most reliable, the genetic approach, has been elaborated by Freud, Abraham, Helene Deutsch, Karen Horney, Rado, Edith Jacobson, and others on this subject (17 to 30). We may say, briefly, that the woman eventually overcomes the frustration due to her lack of a penis by her ability to bear a child. This implies that the child acquires the significance of a female penis. The woman's idea that a child is her unique and inimitable compensation for not having a penis is extended to all other areas which can be associated with this compensation, so that they, too, become correspondingly cathected. One of the most obvious examples of such libidinal cathexis by association is menstruation. Thus menstruation becomes a symbol of being able to bear a child and for that reason menstruation spells for the woman female completeness. The menopause revives this chain of associations, causing the woman to repeat the infantile attitudes which formerly were her reactions to her lack of a penis. It is common knowledge that a gynecological operation which eliminates menstruation is a far greater shock to a woman than one in which menstruation is not eliminated.

The climacteric depression is, then, a psychogenic condition characterized by regressive processes; the regressive processes are a reaction to the necessity of coping with the conflict presented by the approach of permanent sterility. Since the climacteric depression is the result of a regression, let us review the crucial points of a woman's psychosexual development: 1, the small girl wants a penis, expects her mother to give it to her, and is disappointed; 2, she then transfers this hope to her father and her wish is again disappointed; 3, the third phase

of this wish is her desire to have a baby from her father as a compensation for the denied penis. This wish is likewise doomed to disappointment. Thus it becomes clear that the little girl has actually and repeatedly been exposed to disappointment. When we remember the tenacity with which we insist on the gratification of our infantile wishes and the intensity of our infantile reactions, it is not surprising that disappointment is the attitude which colors and even controls the entire psychic picture of the climacteric depression.

Disappointment is the core of climacteric depression, while the endogenous depression is characterized by mourning. Freud (34) defined mourning as the emotional effort required to dissolve expectations. In normal mourning this necessity is forced by the reality of the death of a beloved person which requires relinquishment of the libidinal cathexis invested in this love object. This effort to free the libido struggles against the tenacity with which we cling to libidinized objects. The greater the conflict between reluctance and effort, the more prolonged is the mourning. Freud then differentiates between normal mourning and the mourning which occurs in depression. Normal mourning is a reaction to a loss suffered in reality. The mourning of depression may occur without any loss in reality. In normal mourning it is the external world which we feel has become poor and empty; in depression it is an inner feeling of depletion and impoverishment. Such intrapsychic impoverishment is the result of a mechanism which Freud calls narcissistic identification, and he contrasts narcissistic identification with hysteric identification. Narcissistic identification is with a former love object, that is, the identification is made after the previous libidinal cathexis with the love object has been dissolved. In the hysteric identification the identification is made without dissolving the libidinal cathexis to the object. In my opinion normal mourning probably consists of dissolving the libidinal cathexis without forming an identification with the object.

The implications for climacteric depression of these two kinds

of identification lie in the type of expectations which are to be dissolved. In disappointment the expectations are circumscribed and definable, while in depressive mourning they are diffuse and ineffable. In disappointment the expectations have been provoked or stimulated either from the outside or from within and are manifest, whereas in depressive mourning they are latent and unconscious. There is an understandable relation between the extent of the unfulfilled expectation and the intensity of the ensuing disappointment. No such relationship characterizes the melancholic mourning. The reason a melancholic patient would give for his mourning usually is meaningless and in no proportion to the intensity of his sadness.

Another difference between disappointment and mourning lies in the way in which the patient deals with aggressiveness. Disappointment is more apt to provoke aggressive behavior than does sadness. The openly aggressive behavior in the depressions of the climacteric demonstrates very clearly the connection between disappointment and aggressiveness. The patient's aggressiveness toward her environment shows that she has made and maintained an identification with objects and has retained her libidinal cathexis to them. We will recall that Freud considered the persistence of libidinal object cathexis as a characteristic of the hysteric. Since the melancholic patient identifies himself with an object to which he no longer has any libidinal cathexis (narcissistic identification), this absence of libidinal cathexis leaves the patient free to express his aggressiveness toward the object. Inasmuch as object and patient become identical, it follows that his aggressiveness will be expressed toward his own person.

The validity and clinical usefulness of a psychoanalytic study of the climacteric would be greatly enhanced if a sound explanation could be given for the undeniable fact that menopausal disturbances are the rule (eighty-five percent) rather than the exception. In a chapter on the psychology of women Freud (19) stated: 'The castration complex in the girl . . . is

started by the sight of the genital organs of the other sex. She immediately notices the difference, and—it must be admitted—its significance. She feels herself at a great disadvantage and often declares that she would “like to have something like that, too,” and falls a victim to *penis envy* which leaves ineradicable traces on her development and character formation, and, even in the most favorable instances, is not overcome without a great expenditure of mental energy. That the girl recognizes the fact that she lacks a penis does not mean that she accepts its absence lightly. On the contrary, she clings for a long time to the desire to get something like it, and believes in that possibility for an extraordinary number of years; and even at a time when her knowledge of reality has long since led her to abandon the fulfilment of this desire as being quite unattainable, analysis proves that it still persists in the unconscious, and retains a considerable charge of energy.’

Freud’s words, ‘and even in the most favorable instances’, illuminate our problem of the frequency of climacteric symptoms. They remind us that Freud never tired of stressing that the intensity of our infantile wishes continues unabated. The tenacity with which man strives for the gratification of these infantile wishes equals their intensity, and although time does not secure their gratification, neither does it diminish their readiness to be revived at the slightest provocation. The cessation of menstruation is such a provocation, and more than a slight one. Freud speaks of the ‘ineradicable traces’ which the castration complex leaves ‘in the development and the character formation’, and says that ‘even in the most favorable instances’ a very great psychological or mental effort is needed to overcome the effects of penis envy. This implies that women are faced with a task beyond the adaptive powers of the majority, and it is therefore no exaggeration to say that the effects of penis envy are pathogenic in most instances.

Any attempt to reduce the confusing variety of symptoms of the climacteric depression to a few significant types inevitably

imposes certain oversimplifications and distortions. But as the establishing of typical symptom complexes yields a better clinical orientation, it is justifiable to risk minor inaccuracies and distinguish two main types of depression in the climacteric.

One is an 'overfrustrated type'. Patients of this type belittle everything, are very touchy and, accusingly, use such phrases as: 'People do not like me!'; 'I do not amount to anything!'; 'What can I do? I am helpless!' They are particularly spiteful toward women. This type corresponds strikingly to the girl who rejected her clitoris as small, insufficient and insignificant as compared with the penis. This hurt the girl's self-esteem, and by a process of displacement became an attitude of total self-depreciation. Freud pointed out that the little girl's idea that the penis is the sign of perfection and that therefore the lack of a penis spells incompleteness is responsible for the belittling and disparaging attitude so many women show toward other women.

In the case of these chronically disappointed women it is justifiable to say that the 'neurotic sexually inhibited type' of Freud's description appears in the climacteric depression as the 'overfrustrated type'.

The second type is the 'masculine type'. Such women show a mannish kind of behavior. They try very hard to appear important. Their manners are rather rude and their general attitude intolerant. They complain about not being understood. They are quarrelsome and aggressive, arrogant, domineering and condescending. They treat female physiology as unimportant, insist on the organic nature of their aches and pains, but were never concerned about menstruation. Generally their intelligence is better than that of the overfrustrated type. At times they show a good sense of humor which may be in surprising contrast to somewhat paranoid behavior. Such behavior in the climacteric is a continuance and exaggeration in the menopause of what Freud described as the masculinity complex in women. The original disappointment is overcome by denial.

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The Concept of Normality

Norman Reider

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THE CONCEPT OF NORMALITY

BY NORMAN REIDER, M.D. (SAN FRANCISCO)

The popularization of psychiatry, psychoanalysis, and mental hygiene has had the effects of an earlier and readier recognition of psychopathology, and greater treatment facilities, but there have also occurred sequels difficult to evaluate as improvements in mental health. While the alleviation of anxieties by psychiatric education often leads to individual and social benefits, there are numerous instances of individuals who are worse for their knowledge: women who develop conflicts about the psychological implications of frigidity, or the meaning of an inability to nurse the baby; men and women who become concerned about their avoidance of people; the knowledge that inner forces, over which they have no control, motivate behavior. Many attitudes are now recognized as a symptom; many symptoms acquire distressing significance. Specters of abnormality and immaturity haunt the initiated. Davis¹ has shown, in his incisive sociological critique, how concepts of normality have become the morality of the mental hygienists, who subserve a class function.

A few clinical observations as to how the new morality has complicated our nosology and psychodynamics leads, from one approach, to the conclusion that nothing much has changed—that simply another layer of secondary defense, in large part intellectual, has been added to the character structure. In many, it is a thin layer which disappears quickly in the course of the initial communication between patient and therapist. 'Is that normal?' is soon recognized as meaning 'Did I do right or wrong?' Many use their own particular version of nor-

Read at the annual meeting of the San Francisco and Los Angeles Psychoanalytic Societies at Los Angeles, October 1947.

¹ Davis, Kingsley: *Mental Hygiene and the Class Structure*. Psychiatry, I, 1938, pp. 55-65.

mality or of 'facing reality' as a new guide, and in some patients it is not difficult to detect how poorly it works. What is interesting is how well it works in so many others.

Let us consider a compulsive character who becomes aware that his rigidity is a symptom. His concern about regularity and orderliness may give way to a more or less studied irregularity and some disorderliness which is a great reassurance to him since it is 'normal'. Probably no greater service has been done by the popularization of psychoanalytic literature than in making masses of people aware of the unconscious motivations of behavior. If a neurosis is not too severe, the synthetic capacities of the ego can assimilate the knowledge and alter behavior by denial, successful repression, or some resolution of conflict. How much the character has actually changed is another matter; but it is sufficient for more successful living in quite a few instances. For instance, an intelligent woman for many years rationalized her cupidity and narcissism. After reading some of Freud's works she became convinced for the first time of what a few friends, and, in earlier years, her family, had tried to tell her—that she was a selfish, cold person. She accepted her traits as symptoms, and after a spell of mild depression, she determined to do what she could to change. She established what seems so far to be a loving and mature relationship.

A pseudonormality is prominent in many psychiatric syndromes, perhaps most conspicuously in ambulatory schizophrenics, and especially those who have recovered 'with scars' from a psychotic episode. A high degree of 'loyalty to reality', and excessive vigilance to conform to normal attitudes, are often taken to be evidence of excellent insight—which well may be what 'insight' is intended to mean.

How pathological these pseudonormal trends may be is most obvious in paranoiacs, who, aware of the unacceptability of their delusions, take care that the delusions are hidden, and give evidence only of what they feel is acceptable as normal.

One such patient decided to win a young woman, in whom he had no particular interest, from a man he considered a rival. He played his role so well that he felt free of persecutory delusions for the first time in years. The euphoria which accompanied this transient identification with what he considered normality led to the realization that he was in a sense his own persecutor. Then he became depressed and after involving me in his paranoid system recovered from his depression. He now acts 'normally' for a period of time, feeling mounting tension with increasing awareness that he is imitating me (or what I represent to him); then he becomes hostile and paranoid to me because I am influencing his life; realizing again that he is paranoid, he becomes depressed, and the cycle is repeated.

In the psychiatric clinic we see mothers who have become well armored by their intellectual assimilation of lecture courses in mental hygiene, child care, nursery school conferences, Parent-Teachers' Association programs, and their reading of Gesell, Spock, and others. Initially, one can find very little wrong with their handling of their children. Jokingly among the staff, the syndrome is referred to as 'the mother who makes like normal'. She can be told nothing that she does not already know; there is no formulation of the problem which she has not anticipated. She is aware that children need love and affection and demonstrates matter-of-factly, not protestingly, how she gives her children the love they need. She knows that frustration and deprivation can make a child react with aggression or by withdrawal. She knows that some degree of inhibition of impulses in children is necessary if they are to be educated. She is very well aware of the tensions which arise from sibling rivalry. To demonstrate to such a woman what is happening in her relationship to her child is almost impossible. She has a formula suited to every circumstance.

The popularization of psychiatry has sent many people with headaches, sleep disturbances, gastrointestinal upsets into psy-

chiatric treatment. Overwhelmed by the information that something is wrong emotionally, they acknowledge it and seek help. There are others, however, who more or less successfully isolate their symptoms and use their knowledge as a reassurance, feeling no particular threat to themselves. The concept of normality that these people have is extremely elastic. One occasionally hears from them rationalizations which give clues to their use of the concept as a defense against anxiety: 'After all, who is normal?'; 'How do you draw a line between what is normal and abnormal?'. Solace is thereby derived on a statistical basis. Another extension, not uncommon, is to rationalize the symptom by stressing the value of the secondary gains expressed in some variation or other of the 'Be glad you're neurotic' attitude. 'This is undoubtedly due to some conflict I've never solved', and 'I am sure if I were analyzed I would find I never really got over my hatred of my mother', are mildly paranoid projections with enough validity to be convincing; clinical improvement often follows when the theater of conflict and the source of anxiety are thus shifted from the ego to childhood.

This looseness of definition serves us all in good stead. Not so many years ago among analysts there was in general an attitude that a well-analyzed person was *inter alia* free of symptoms. At present, however accurate this observation may be, I seem to detect more frequent remarks from colleagues about their own neuroses, and that it might be good to have some additional analysis. Apparently analysts themselves find it acceptably 'normal' to have symptoms under certain conditions. Some of this is undoubtedly rationalization, some possibly the result of the thesis, prevalent in psychiatric literature during the war, to the effect that every man has his breaking point. Psychoanalytic literature contains numerous direct and oblique references to the limitations of therapy. With the validity of this attitude there can be no argument; its practical application is another matter.

It is impossible to enumerate the diversity of clinical reactions which exposure to psychoanalytic concepts, isolated or personal, literary or social, can produce in the way of reaction-formations, counterphobic attitudes, and identifications with the concept of normality. For instance, a Jewish male, becoming cognizant that his indifference to Jewish women, which had never distressed him, might be a sign of his own œdipus complex, turned away from Gentile women and accepted a Jewess because he no longer had to fear what he felt he had unconsciously been afraid of. Another, in identical circumstances, maintained his Gentile relationship to prove he had successfully resolved his unconscious conflict. Both felt greatly benefited by the bit of revelation they experienced and subsequent events justified their feelings of being more 'normal'. The dialectic nature of the processes permits some working through in either direction; the determining factor of the particular direction each solution takes is not clear. Numerous examples of this type of re-establishment of psychic equilibrium could be given. It undoubtedly reaches its extreme in the indiscriminate application of so-called psychoanalytic principles in the practices of some cults and educational institutions.

The effect of the impact of the concept of normality is evident in some people who superficially, at least, appear to be what may be called pseudonormal individuals. They act as they think a normal person acts. It is 'normal' to give vent to anger and hostility, not to suppress feelings, to be 'spontaneous', to be independent, to have 'insight', to 'sublimate', to 'face reality', to be 'mature', to masturbate. Whatever truth or untruth these dicta may have is beside the point; the way they are used is the degree of justification for their use. Some people, on learning that their inhibitions may be due to traumatic episodes in childhood, take the attitude that there is now no experience which need frighten them; they seek experiences. Emotions and affects are no longer shunned; love, hate, anxiety, pregenitality are now tested out and found

good because they are the essence of the developmental processes of life. Some thereby achieve a degree of belated mastery.

Standards of both normality and abnormality are perceived as threats. When abnormality is the danger, it is equated to instinctual wishes felt as dangerous. Successful reaction-formation or a counterphobic attitude² against these fears gives the individual a reassuring feeling of mental health. However, the social impact of the new psychological standard of normality in recent years has added a new element to the superego ideal. The psychoanalyst and the psychiatrist stand *in loco parentis* with an accusatory, 'You are not normal!' The psychoanalyst is popularly perceived not only as a benevolent therapist, but also as an aggressive, disturbing indicter who is appeased by identification. This identification with the aggressor is one of the mechanisms by which many psychoanalysts, psychiatrists, psychiatric social workers, nursery school workers, and possibly their families, who are acquainted with psychoanalytic literature, or who live in psychoanalytically oriented environments, derive therapeutic benefit.³ There are instances in which this identification is undoubtedly with the kindly healer.

The psychiatrist has become the butt of a repertory of jokes, the subject of caricature in cartoons, radio, movies—which obviously aim to devalue him. He is not an ideally normal, godlike performer of miracles; he is only human, has his own difficulties in facing reality, and in rearing his children; he

² Fenichel, Otto: *The Counterphobic Attitude*. Int. J. Ps., XX, 1939, pp. 263-274.

³ 'It appears to be a hopeless task to set up normality as a basis for the selection of potential analysts whose training would be presumed not to take too much time. Psychoanalytically we are compelled to look upon "normality" as a defense in so far as we are concerned with the person's capacity for empathy with his own and another person's unconscious processes. Often enough it is a defense by way of multiple or of rigid identifications and of "adjustments" in the shallow sense of that common word. Such adjustments, when examined, are often seen to be examples of the mechanism of "identification with the aggressor" which Anna Freud has demonstrated.' Gitelson, Maxwell: *Problems of Psychoanalytic Training*. This QUARTERLY, XVII, 1948, p. 206.

has his foibles and idiosyncrasies, and because of these things it is doubted that he has attained the genital primacy which his patients seek to attain from him.

A thirty-year-old woman came into analysis after delivery of her only child. She had anticipated an easy labor, but when it became long drawn out, she was overwhelmed by a wave of fear that her baby would not be born normal, and even though she recovered quickly she thought she had better be analyzed. She had considered herself normal for many years and was disturbed that she should react in such a way.

Analysis began with considerable apprehension which quickly disappeared. Some initial explanatory remarks she interpreted as reassurance from me. She proceeded to demonstrate she needed no reassurance and to show she could do the analytic work herself. She was acquainted with analysis through friends, books, and lectures, and her understanding was clear. In early adult life she became interested in psychoanalysis because of her sexual inhibitions. Reading and discussions with older friends led her to place the blame for her inhibitions on her rigid upbringing and her fear of bodily injury from masturbation. Gradually she gathered courage and began to accept dates with men. She was not upset by her initial frigidity; it gradually disappeared and she came to consider herself 'normal', and was happy; her envy of others who seemed to enjoy life more fully and her feelings of inadequacy eventually disappeared.

When, as it became possible, she was shown that her recitals of her adequacy and her normality had overtones of protestation, she felt accused of not being normal. This led to some understanding of her unfounded fear of her baby's abnormality. She then wondered if she could have had hostile impulses toward the baby. This in turn led to her finding out that some of the warmth she showed people was a cover for her hostile feelings. Then she found that most of her life she had tried to be like people of whom she was afraid and to whom she felt hostile. At about the age of twenty-one

she became more or less successful in this. This began her period of 'normality'.

Between the ages of four and five she was subjected by her parents to daily enemas or cathartics which she feared, resented, and felt she did not need. One day she decided she would move her bowels every day to escape the dreaded enemas, and she did. This analysis showed a remarkable flexibility in meeting aggressive assaults (anxiety) by identification with aggressors who were feared. To the age of five she had had temper tantrums and was stubborn. At five she became docile, subdued and afraid of her parents, especially her father. At seven she began to masturbate with feelings of pleasure mixed with guilt against which she protested—as if she were entitled to masturbate if she wanted to. Associated with this was a shameful fear of becoming sick, and a fear of doctors who might find out she had damaged herself. She countered these fears (related to the *œdipus*) by playing games in which she was a nurse who took care of sick people; she took pride in excellent physical health—an additional reassuring evidence of normality.

The earliest determinants of this patient's adaptability were never found out. Her analysis led to an unexpected increment in sexual pleasure, and being more secure than ever before. Of utmost importance was her working through of the meaning to her of being a 'good girl' and a 'normal' woman. Most significant was the dissolution of the counterphobic attitude toward abnormality, which had earlier determinants in being 'healthy', 'good' and undamaged by masturbatory activity and fantasies.

SUMMARY

Clinical observations on the concept of normality reveal that to a certain segment of our population the term has meaning as an extension and a derivative of the concept of 'good'. In various ways acquaintance with it can be anxiety-provoking and anxiety-allaying. To some it constitutes a threat and

accusation. Others more or less successfully use it in adopting counterphobic attitudes, in aiding reaction-formation, and in processes of identification. The ways in which it has become of value culturally and the manner in which it is multiply determined are illustrated by clinical examples. It is evident not only as a class phenomenon, but also as playing a role in many individuals of different psychiatric diagnostic categories. In the main, when it is used successfully against anxiety it is seen as an additional layer of intellectual defense.

Rudolf Ekstein

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TRIAL ANALYSIS IN THE THERAPEUTIC PROCESS

BY RUDOLF EKSTEIN, PH.D. (TOPEKA)

Most psychoanalytic training institutions have agreed upon the formal requirement of a trial analysis which characterizes the initial phase of the didactic analysis. The technique of trial analysis is widely used by psychoanalytic practitioners, even though most authors on psychoanalytic technique have found it superfluous to dwell on it. However, the recording of some observations may be warranted.

In reviewing the literature on the subject of trial analysis we find only a few scattered references. The most important one seems to have been made by Freud (4) in 1913: 'Some years ago I set forth the considerations of chief importance in the selection of patients, which I shall therefore not repeat here; since that time other psychoanalysts have confirmed their validity. I will add, though, that since then, when I know little of a case, I have formed the practice of first undertaking it only provisionally for one or two weeks. If one breaks off within this period the patient is spared the distress of an unsuccessful attempt at cure; it was only "taking a sounding" in order to learn more about the case and to decide whether it was a suitable one for psychoanalysis. No other kind of preliminary examination is possible;¹ the most lengthy dis-

Read before the Topeka Psychoanalytic Society in June 1948, and at the meeting of the American Psychoanalytic Association in Montreal, May 1949.

¹ The question has been raised whether Freud's position that 'no other kind of preliminary examination is possible' can still be maintained in the light of modern psychological testing and the clinical study as used, for example, at the Menninger Clinic. While this author believes that the test battery as developed here is of utmost importance, he feels equally strongly that the final 'test' must be the psychoanalysis itself. The psychological test is useful as a screening device but, as Drs. Jan Frank and Lewis Robbins have suggested, we have as yet not been able to develop test methods which can replace trial analysis as an exploration into the 'psychological mindedness' of the patient.

cussions and questionings in ordinary consultations are no substitute. This experiment, however, is in itself the beginning of an analysis, and must conform to its rule; there may perhaps be this difference, in that on the whole one lets the patient talk, and explains nothing more than is absolutely necessary to keep him talking.'

Similar recommendations have been made by other authors as, for example, Fenichel (2): 'A trustworthy and detailed estimation of all the ten points [referring to ten contraindications for psychoanalytic treatment] in any given case is possible only during the analytic procedure itself. That is why patients are advised to have a few weeks of trial analysis; final decision as to whether the patient needs a complete analysis is made after these weeks. The trial analysis is conducted according to the same rule as the final analysis; but the analyst's attention is directed toward judging the indication.'

It must be kept in mind that these two statements on trial analysis refer not to the application of this technique in a didactic analysis specifically but to psychoanalytic treatment in general. The same holds true also for the answers to Glover's question presented to a representative group of British psychoanalysts (6): 'Do you frequently recommend a "trial trip"?' Glover reports: 'Two thirds of the answers were on the whole against "trial trips" and one third in favor. One analyst always makes the first two or three weeks probational, while another only recommends probation as a last resort.'

The only reference we find to trial analysis as it relates to psychoanalytic training is by Sachs (7). Discussing the problem of the selection of candidates, Sachs states: 'In these matters, reliable judgment can be formed only by the candidate's analysis itself. Thus it follows that it is even much more advisable to start a training analysis under the condition that it is a trial analysis than it is in the usual practice with therapeutic analysis.'

It seems that most authors who agree on the use of a trial analysis think of this period as an experiment which will permit

them to come to a decision whether the analysand is analyzable. In case of contraindications the arrangement of this trial period gives the analyst a 'way out' and softens the shock for the patient who was prepared for this possibility. The literature does not go beyond the function mentioned and it is therefore not surprising, as cited in Glover's study, that many analysts do not make specific use of it. There is also no agreement on the time that is needed to come to such a decision. Stekel (8), for example, devotes a whole chapter to what he calls the 'trial week'.² He refers to this trial week in but one paragraph.

'I tell the analysand that the trial week, the period of preliminary observation, will show me the strength of his resistance and how much he is able to back up my efforts. . . . During the early days of treatment, the analyst's chief business is to discover the sources of resistance. Simultaneously he wrestles with the difficult task of making the patient aware of the resistance—which may be insuperable. . . . The trial week serves for the ascertainment of the analytical situation. . . . I am also willing to admit that I renounce the attempt to treat patients which seem to me hopeless.'

These references, covering the period from 1913 to the present, do not indicate any substantial change in the use of the trial period² and it may be worth while to return to the early remark of Freud and the context in which it was made in order to throw some light upon the psychological implication of this technical procedure employed in the beginning stages of analysis.

Freud's recommendation for a 'provisional analysis' is referred to by him as one of the 'rules of the game, acquiring their importance by their connection with the whole plan of the game'. He speaks of it as one of the 'rules for the opening of the treatment'. His comparison of psychoanalysis

² Dr. Lewis Robbins called attention to the fact that the psychological significance of the 'decision to begin' has been well understood by the social casework profession within its own function. A rich literature on the 'intake process' is available and might be of use to the analyst who wants to think through the technical aspects of the beginning stages of analysis.

with the game of chess seems to us of considerable significance. The recommendation of trial analysis and other rules for the beginning of treatment are introduced by Freud (5) with the following statement.

'He who hopes to learn the fine art of the game of chess from books will soon discover that only the opening and closing moves of the game admit of a positive, systematic description, and that the endless variety of the moves which develop from the opening defy description; the gap left in the instructions can only be filled in by the zealous study of games thought out by master hands. The rules which can be laid down for the practical application of psychoanalysis in treatment are subject to similar limitations. . . .

'The exceptional diversity in the mental constellation concerned, the plasticity of all mental processes, and the great number of the determining factors involved prevent the formulation of a stereotyped technique, and also bring it about that a course of action, ordinarily legitimate, may be at times ineffective, while one which is usually erroneous may occasionally achieve the desired end. These circumstances do not prevent us from establishing a procedure for the physician which will be found most generally efficient.'

While the rules of chess permit an unlimited number of constellations, they limit the relationship of the players in such a way as to provide for these unlimited moves and counter moves. Although it is impossible to predict precisely all the many moves and counter moves between analyst and analysand, it is clear that they are possible only within the structural framework of psychoanalysis. It is important to stress the interrelationship of the structure that is set up for the psychotherapeutic situation and the psychological process it permits. Fenichel (3) referred, we assume, to this interdependence of structure and process in his concluding remarks on psychoanalytic technique:

'Although there are infinitely many more problems about the details of interpretation, nevertheless we are *essentially*

through with the discussion in accordance with Freud's dictum that instruction in analytic technique may be compared with learning to play chess. The opening and concluding situations are typical and relatively easy to present in their rudiments; the complications of the intermediate moves are too diverse and can be learned only from actual cases. The details in the course of an analysis that fill with vivid life the structural framework we set up at the beginning become more and more plastic, the perspective more and more difficult.'

This structural framework, as Fenichel calls it, the stated and implied rules of psychoanalytic therapy, is of utmost psychological significance (*r*). It permits a specific kind of relationship, the psychology of which is usually described as if it were typical for any kind of relationship regardless of structure. It is for this reason that many different psychotherapies develop different theories of personality and find it possible to 'prove' them through their experience, overlooking the fact that their experience is limited to a particular structural framework. A psychological relationship cannot be understood if the apparently obvious function of structure is not clarified. Freud, of course, was well aware of the psychological implications of the 'rules of the game' and was quite consistent in discussing the true meaning for technical recommendations, for changes, or the abandonment of rules that become a burden to the therapeutic relationship.

Including the structural aspects of all psychoanalytic relationships, let us attempt to throw some light on the psychological function of trial analysis within the wider structural framework of psychoanalytic training.³ This refers to one essential structural difference between a therapeutic and a training analysis. While the process and the goal (genital maturity, psychological integration, the resolution of major neurotic conflicts) are more or less the same in both, training analysis

³ The author's discussion of the relationship between process and structure in the psychoanalytic process has been stimulated by the 'casework philosophy' of the Pennsylvania School of Social Work whose leaders were influenced by the teachings of Otto Rank.

is part of the broader framework of acquiring analytic skill. The analyst and the analysand have a responsibility toward the rules of educational committees and training programs. The difficult problem of the selection of candidates for psychoanalytic training has always been a major concern of training committees. The trial analysis helps both analyst and analysand to come to a decision which will be in conformity with the goal of the training institution.

A generation ago, analysis was mainly 'depth psychology', limited to 'making the unconscious conscious'. With scarcely any definition of need or purpose, it was simply assumed to be advantageous for every psychoanalyst to be analyzed. Although good results were achieved, one wonders if time were not lost and certain issues evaded. Today, not only the id but also the ego is analyzed; not only the repressed but also the repressing forces. It has come to be appreciated more fully that the analysand has to have the conviction of his need for an analysis rather than the formal compliance with an accepted principle that it is good for an analyst to be analyzed. The trial analysis then not only helps the analyst to come to a decision about the candidate's suitability for training, but helps the candidate as well to find out what an analysis really is, whether he really wants it, and its purpose beyond obtaining status and a specialty.

To illustrate the specific use of trial analysis, the instances of two psychologists, candidates of the Topeka Psychoanalytic Institute, who 'wanted' to be psychoanalyzed as a part of their professional training, are given to clarify the meaning of this aspect of psychoanalytic structure. (These candidates have given permission for the use of this material.) Aware that the request for an analysis might, perhaps, stem more from the external demands of a psychoanalytic environment than from genuine inner needs, the training committee recommended trial analysis.

During the initial interviews, both students were able to do little more than say that they wanted to be analyzed to become

better professional workers, engage in psychoanalytic research, or be relieved of some 'problems they might have'. The main feeling expressed was a mixture of fear and hope about acceptance; to 'go through' a trial analysis meant for them to be acceptable to me and to the training committee. It was as if they were saying that they wanted analysis because that was the way to gain love and recognition in this particular cultural group, and that they would be willing to submit to it in order to belong to the 'inner circle'. This is an oversimplification and perhaps not a very exact description of all the feelings the analysands expressed, but it certainly is a very important aspect of it. At first they made no effort to reflect on their real purposes for an analysis, their inner problems, and the possible goal of such an analysis for them.

The author tried to convey to the analysands that trial analysis is a trial in a double sense.⁴ Not only would the analyst have to make recommendations to the training committee about the continuance of the analysis, but what was more important, they, too, would have to assume the responsibility of finding out for themselves whether they really wanted the analysis and if so, why.⁵ Withdrawing from the analysis

⁴ Dr. Jan Frank raised the question of the problem of countertransference during the period of trial analysis. He referred to the power of the training analyst who, like St. Peter, seems to have the key to the gate of the psychoanalytic heaven. This power may disturb the analysand less than the analyst. From his experience as a training analyst, the end of the trial period usually produces no major shift in the unconscious forces. This paper is an indirect discussion of countertransference, for the proposed technique is an attempt to overcome difficulties rooted in the countertransference.

⁵ Dr. Merton Gill wonders if the analysand's choice can be a genuine one since it is the analyst who has the power of the final decision. He believes that only a final decision about 'total' acceptance of the candidate might bring a major shift in the unconscious forces. While it is true that the structure of the analytic relationship assigns a different function to both analysand and analyst, the author calls attention to the analysand's freedom of choice as far as his function within the analytic process is concerned. To give him the same function as the analyst would mean the destruction of the analytic structure, the end of treatment. It can also be argued that the 'trial' does not end with the end of the trial period, that the candidate is confronted with many additional requirements. Trials and requirements do not end with the trial period but take new forms and create new problems for the analysis.

would not mean failure or rejection by the analyst; it would be simply having explored an experience and having determined whether they really needed or wanted to continue. The analyst stressed that he meant this genuinely; that it was not technique.

The ensuing emotional struggle in the problems of having to come face to face with their own ambivalence about the analysis, of having to take the responsibility and make the decision, was not easy to resolve and to live through. The analysands protested that the analyst should be the one to decide everything, that he make the decision for acceptance or rejection and carry sole responsibility for their training. They finally came to understand trial analysis to mean a specified period from two to three months during which both analyst and analysand had to come to a decision about recommendations to be made to the training committee. Both, having a responsibility toward the training program, had to make up their minds to share their decisions and feelings about it, and thus come to a mutual understanding about the function of their analyses. The consistent use of this structure of mutual 'selection', of sharing responsibility in trial analysis hastened the candidates' recognition of their emotional problems and the function of the psychoanalytic process.

One of the candidates did everything possible to make himself liked by the analyst, to win the analyst's acceptance and promise of favorable recommendation to the training committee; on the other hand, this candidate delayed his own decision even after he realized that he had been accepted for training analysis. His way of seeking affection and acceptance, without being able to involve himself completely, or to give of himself as much as is necessary for a genuine relationship, helped him to see his psychoanalysis as a process of therapy rather than an official hurdle to be surmounted to gain permission for training.

He dreamed someone was selling German surplus materials—antiques and scientific apparatus. He rummaged and found a delicate chemical balance of particularly fine construction.

When he was about to take it he saw a cruder one, easier to operate, which seemed more practical. The first one was a very sensitive instrument of precision which, however, required much energy and care and certainly a great deal of time to use. Undecided which he should buy, the salesman called his attention to a beautiful antique watch with a perfect, beautiful dial, and a button one pressed to make the hands move. He bought it for twelve dollars.

The German salesman is the analyst. ('You cannot give me all of yourself but only what you have as "surplus"; I have to be satisfied with limited time and I find it difficult to accept this limitation.') The indecision is about the trial analysis. The fine instrument of precision refers to his ideal of technical skill; the cruder instrument is the alternative to analysis. He originally thought analysis to be a fine diagnostic precision instrument. He expected it would enable him to examine himself and see how he functioned, but he did not expect it to change him, did not intend to use himself differently. His associations to the timepiece were of change and maturation, which he had learned was the purpose of analysis and which he was now ready to choose.

The other analysand, while consciously having a positive attitude toward analysis, found it difficult to make fullest use of his opportunity. His resistance expressed itself in ignoring the payment of fees for his analysis. He felt very tense about the trial period, wanted to be accepted at once. He believed that some of his resistance stemmed from not being fully accepted by the analyst, from being left in a state of uncertainty. Why should he invest anything in a relationship which did not promise security, offered no guarantee? When he disclosed that the analysis was financed by a loan from relatives whom he would later repay, he reacted without any emotional response to a reduction in fee. The strong denial of feelings in his matter-of-fact attitude was another form of resistance; he could not express feelings about matters urgent and important to him so long as he did not truly feel accepted. One

of his first responses, after the analyst felt justified in telling him that he was willing to make recommendations for ending the trial period, was his decision to find a way of financing his analysis without the help of relatives. He then worked through his intense feelings about his dependence, his desire to be independent, and his difficulty in meeting the requirements for love which the significant adults of his childhood imposed. His acceptance in training freed him to some extent from the need to be accepted at home, proved in terms of financial aid. He was now ready to accept the psychoanalytic relationship not only in words but in deeds. The trial period had helped him to discover one of his most important emotional problems, to be convinced of his need for therapy, and to regard training analysis as an opportunity for change and growth.

In instances in which analyst and analysand were to decide against continuance of analysis, the use of such a structure might prevent the decision from being experienced as a crushing failure in what had never been the analysand's inner goal but, rather, an implied, formal requirement. As in clinical practice, practical realities are taken into consideration in the arrangements between analyst and analysand, so psychological use should be made of that portion of reality which is specific to training analysis, and expresses itself in the function of trial analysis in relation to the requirements of training or educational committees of psychoanalytic institutes.

One may object, perhaps, that the weak ego of the neurotic is dependent upon the analyst for a decision, and that to expect the analysand during the trial period to realize why he wants the analysis puts too much responsibility on him and means that the analyst does not accept him as someone in need of help. Such a view takes into account that analytic candidates have neurotic conflicts. However, the attitude of the analyst, who during the period of trial analysis gives the patient a choice, approves of him either way, and does not necessarily expect him to pursue his analysis, implies something different:

a belief in the integrity of the analysand and in his capacity for decision; the analyst's willingness to help, provided the help is really wanted. This requirement may also seem to be an imposition, an external interference with the psychoanalytic process, but it is an existing reality which should not be ignored but, if possible, utilized as an exercise in testing reality.

While the analysis of realities is no longer new in psychoanalysis, under changed circumstances the analyst may continue to assume that his work continues within the framework of reality of his former experience. In large training centers where most of the teachers are psychoanalysts, students without compelling inward motivation respond to the pressure of the psychoanalytic 'climate'.

In the past, candidates sought psychoanalytic training from long established and well-founded convictions about analysis, and usually it was pursued in spite of hostile cultural pressures. Today it is the prevailing opinion—especially in centers of training—that psychoanalysis is the ultimate in clinical psychological preparation. We have the responsibility to help students to discover their own needs rather than analyzing them because of current needs for personnel. Not everybody can or should be psychoanalytically trained. A constructive use of a trial period of analysis should help analyst and analysand to come to a decision.

SUMMARY

The use of trial analysis as discussed in this paper is really an experiment. It stems from the conviction that the analysand must be helped to find out what he wants, if and why he wants analysis, and must be helped to come to a decision. It is his right to participate in this decision. Such a decision can only be made in a more than intellectual way if trial analysis is used dynamically. This procedure may prove generally as useful as it has been in two cases cited, and deserves the attention of those responsible for training. The author feels inclined also to assume that some of the aspects of trial analysis

which have been mentioned in reference to training analysis are applicable to therapeutic analysis as well.

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On the Enjoyment of Listening to Music

Heinz Kohut & Siegmund Levarie

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ON THE ENJOYMENT OF LISTENING TO MUSIC

BY HEINZ KOHUT, M.D. AND SIEGMUND LEVARIE, PH.D. (CHICAGO)

Not everybody is musical, but probably nobody lacks entirely the ability to experience some pleasure through music. There is no nation, culture, or period in which some form of music has not existed. Such a universal phenomenon must fulfil a deeply rooted human need; it must be the response to important psychological constellations. Whether the psychological basis for music be a single factor supplying a prime motivation; or a multiplicity of variable factors of which none may be indispensable, but which together bring about the necessary motivation; or a combination of one essential psychological need with various auxiliary motivations—these are questions which theorists and philosophers have asked and attempted to answer in various ways.

Aristotle saw the basis for all art forms in the principle of imitation. He claims (2) that music has a special position among the arts because it imitates not the external aspects of objects, but character—in his language, the passions and virtues. Quite similarly, although in different terms, Schopenhauer (25), too, gives music a position of special distinction. Other art forms, he says, are only indirect objectifications of the will, while 'music is the copy of the will itself'. While it is difficult to translate such philosophical concepts as Aristotle's 'character' or Schopenhauer's 'will' into the vocabulary of modern psychology, one feels inclined to believe that they are related to the asocial, nonreasonable, emotional, or instinctual motivating forces—in short, to that part of the anatomy of the mental apparatus which Freud calls the id. Similar considerations probably led Kant (16) to rank music lowest among the arts. He, too, finds

From the Division of Psychiatry and the Department of Music of the University of Chicago.

its point of gravity on the side of the emotions and thinks that it makes the least contribution to the dominance of reasoning power and intellectual progress. The intermediate position is taken by Plato (21) who, recognizing the intrinsically emotional nature of the musical experience, is aware of the fact that the motivating power of the emotions may be made to subserve reasonable and moral goals. He therefore evaluates music according to the nonmusical and nonemotional parts of the total experience depending on whether the final result is in the service of moral or immoral tendencies.

In contrast to these views are those of such writers as Karl Philipp Emanuel Bach, Rousseau, Darwin, Spencer, Hanslick, and Whitehead. The common denominator which sets apart their point of view from that of the philosophers first mentioned is their attempt to evaluate music not by itself but as a biological or social phenomenon. Darwin (7), for example, finds in music the residue of a formerly more important means of interpersonal communication in the service of the survival of the race: a device with which the male of the species attracts the female. Spencer (26) also believes that music has its origin in interpersonal communication, as appears from his statement that language plus emotion is responsible for its production. Whitehead (29) considers music to be a semantic symbol, useful for communicating something about emotions. Similarly, both K. P. E. Bach (3) and Rousseau (23), and later Kierkegaard (18), Riemann (22), and Croce (6), stress the point that music serves as a special means of communicating the emotions of the composer through the performer to the listener. Hanslick (13) seems also to belong to this school of thought because of his emphasis upon the logic of the formal arrangement of sounds which characterizes music. In summary, this second group of theorists stresses the intelligible, purposeful, and reasonable aspects of the musical phenomenon, or, in freudian terminology, the participation of the ego.

In this investigation of the psychology of musical enjoyment we are less interested in the work of such psychologists as Helm-

holtz (14), Wundt (30), and Stumpf (28). Valuable and important as their work may be, they take the enjoyable quality of music for granted and restrict themselves to the description of likes and dislikes in reaction to sounds. But, on the other hand, the conclusions of the philosophers fail equally to elucidate the problem. It makes little difference whether the emphasis is placed on the emotions or the intellect; whether id participation or ego participation is demonstrated. As a complex psychological phenomenon, the enjoyment of music should warrant the participation of the total personality. What remains obscure is something more specific: an explanation of the mechanism of the production of pleasure in the listener which will take into account the essential universality of this experience, as well as the circumstances which can prevent the experience from being pleasurable.

Psychoanalysis has taught us that phenomena in adult life which are seemingly unintelligible and indefinable take on new meaning when understood in terms of chronologically early experiences. Hence it seems that the investigation of a phenomenon so widespread and at the same time so hard to describe in the language of the adult as is musical enjoyment should lead us back to the primitive and archaic—in short, to infantile organization. The expectation, however, that psychoanalytic literature will contain many contributions to the topic leads to disappointment. Sterba (27) summarized the situation: 'In psychoanalytic literature one can find very little that has been written about music, and what has been said on the subject is not very enlightening. It is considered proven that music is based on anal and narcissistic instinctual foundations, but analytical investigation has not gone further than this.'

All psychoanalytic writers on the subject consider music almost exclusively from the point of view of the creative artist and explain the pleasure which the listener experiences through his identification with the composer (4). Eggar (8) states: 'There is . . . a primary physical impulse in the musician; that is, to make a noise . . .'. Mosonyi (19) derives the origins of music

from the tension-relieving cry of the infant. Sterba's very significant contribution (27) is also derived from the standpoint of the performing artist and appears to assume identification of the listener with the artist.

Since our interest is confined to the pleasure produced by *listening* to music, and not with the pleasure of creating music either by composing or performing, we omit examining the origins of music as a social or biological phenomenon, or the psychological mechanisms in the creative artist. No doubt the primitive precursor of the impulse to create music was present in the history of the race long before the nonproducing listener became important. As music develops and becomes an integral part of a culture, the noncreative listener increases in importance. This development in turn influences musical composition, for the creative artist, while still following inner needs of expression, is aware that he is composing for an audience, however much he may deny it.

What is the precursor of music to the infant? We are told that (15) '... auditory stimuli [are] rarely effective during the first twenty-four hours, for the newborn infant seems to be deaf, the middle ear being filled with embryonic mesenchyme tissue and becoming gradually pneumatized on the first day or two of life'. Soon 'the Moro reflex is displayed in response to a loud noise, a sudden jarring of the crib . . . : the infant lying on his back extends his arms forward, stiffens the lower extremities and contorts his face into a grimace; after a second or two he brings the arms slowly together into a sort of embrace, emits a cry and then gradually relaxes. The reflex normally persists for about a month or six weeks, being gradually replaced by the startle response shown by adults following a loud noise like a pistol shot.'

That children and adults react to sudden noise directly, by reflex action—without immediate interference of logical thought between stimulus and reaction, as though it were an undoubted signal of approaching danger—lies within the everyday experience of all of us. A shrill and loud sound may be experienced

as an unpleasant attack, almost like a sudden blow. Under certain circumstances of great emotional vulnerability, even a very soft noise, particularly when suddenly interrupting silence, is reacted to by a startled response as connoting danger even though a moment later one might be embarrassed and smile about the apparently foolish overresponse. The latter reaction occurs particularly when the noise interrupts an atmosphere of self-concentration and self-preoccupation. Here belong the frequent observations of the hypersensitivity to noise in periods of stress during psychoanalytic sessions, or in traumatic neurosis, when the mental energies are taken up with the task of mastering a recent threat to the individual's physiological and psychological integrity (11). Both states resemble the psychology of the infant in one significant aspect: the major cathexis is intrapsychic, while a weakened remainder of the ego faces a threatening reality.

The infant's reaction to sound differs significantly from its reaction to other stimuli. After having been expelled from the Eden of intrauterine existence with its protective perfect equilibrium and its minimum of disturbing stimuli, the infant has to make the first great adjustments to external reality in order to survive: it has to breathe and it has to take nourishment. For the rest, a loving human environment (the mother) attempts to create a state as similar as possible to the former intrauterine existence. The infant must be protected from unusual temperatures and from severe mechanical stimulation or it will not survive. Against lesser mechanical irritation it can protect itself (15): 'Coördinated withdrawal of an extremity from a painful stimulus [occurs] at the latter part of the first week of life', and the intruding disturbances from visual stimulations are kept away with the aid of the covering eyelids. It remains exposed to auditory stimuli, however, to a much greater degree. This exposure must create an early close (or 'symbolic') association between sound and the threatening external world, as opposed to quiet and security. Hence, in the regressive psychological states mentioned above in which hypersensitivity to noise

is revived, the danger reacted to is, on the deepest level, the greatest and earliest of all: the danger of total psychobiological destruction. Such a concept is, of course, to be taken not as a final, exclusive explanation for every fear reaction in response to sounds but rather as the primitive precursor and central nucleus around which later reactions crystallize. As the child grows up, physically, emotionally, and intellectually, it is threatened by dangers which are specific for the various periods of psychosexual development (weaning, toilet training, castration). Specific noises may come to evoke specific fears, and sensitivity to them may give clues as to the point of regressive fixation. Some people are particularly sensitive to the noisy chewing of others; some overreact to sounds reminding them of intestinal flatus; still others hear in the specific inflections of a male voice the voice of an angry father and react to it with anxiety or aggressive defense. Sounds may also represent realistic dangers. A striking example of the special significance of sudden sound in creating a feeling of panic is corroborated by many Jews who, in Germany under Hitler, lived in continuous fear of being arrested and sent to a concentration camp. They experienced less fear when encountering storm troopers in the street than when at home they suddenly heard the ringing of the doorbell. The unknown significance of the signal in an atmosphere of continuous danger produced without fail a paralyzing effect.

Not only sudden noises produce fear. Repetitive, monotonous sounds produce mounting tension and may, under special circumstances, lead to a feeling of panic. This effect is used artistically by Eugene O'Neill in *Emperor Jones*, in which the thumping of a drum, coming closer and closer, is the symbol both of the internal guilt and of the threatening external punishment, and the monotonous sound of increasing intensity leads to panic and death. That primitive warriors used noise to create terror in the enemy is well known. In the last war the Germans deliberately attempted to produce panic in the Allied troops by attaching sirens to their dive bombers. All these examples

support the opinion that the archaic mental apparatus, whether in the infant, in primitive man, or under special circumstances in the adult, has the tendency to perceive sound as a direct threat and to react reflexly to it with anxiety.

Pleasure is experienced when psychological tension is relieved or when such relief is shortly anticipated. Energies bound to a certain task become freed and can now be employed in pleasurable discharge. When after carrying a heavy load on one's back one is suddenly relieved of it, the act of walking, which is usually a neutral experience on the pleasure-pain scale, becomes for a while definitely pleasurable. The amount of surplus energy freed by the removal of the load is discharged in exuberant motions, in extra elasticity of gait, and the accompanying emotion is one of pleasure. Could it be that the enjoyment of music is based on similar mechanisms; that the original fear evoked by sound plays the role of the burden that is removed, creating pleasure through the release of energy?

Before examining the artistic use of sounds we shall have to trace the development of the infant in his relations to the external world of which sound is one of the most threatening aspects. We must not forget that at first the whole external world represents an influx of disturbing stimuli to the infant, and that what is done by the environment to diminish this threat is an attempt to keep these stimuli—internal (hunger, thirst) and external (temperature deviations, mechanical stimuli)—at a minimum. Silence at this stage would, therefore, seem to be the ideal medium; and it is true that in regressive states of later life (states of ego constriction) like severe physical disease, traumatic neurosis, and sleep, an absence of sudden or loud noises is experienced as beneficial and pleasant by the individual and is provided for by an understanding environment.

But the external world must be dealt with, and the developing ego begins to recognize it, not only as the unknown danger from which it tries to withdraw, but also as the source of satisfactions for which it reaches out. The chaotic, disturbing sounds are gradually replaced by meaningful ones. If the environment is

a satisfactory one, most of the sounds take on the early 'symbolic' association with pleasurable events. Such associations are manifold and vary not only with the stage of libido development (or regressive libido fixation) but also with the specific present-day situation of the adult. The mother's voice becomes associated with oral gratification for the infant; the mother's lullaby, with the drowsy satisfaction after feeding. Early kinesthetic eroticism (rocking the cradle [5] for example) anticipates the enjoyment of dancing and may become associated with definite rhythmic patterns. The tiny anal exhibitionist may later by identification enjoy the sound of instruments which connotes his former pleasure in excretion (9), a pleasure otherwise not consciously admissible. Identification with the soloist, but often also with the solitary or predominant sound of a musical production, may have phallic-exhibitionistic, pleasurable implications. Silence, at later stages of development, may in turn be experienced as threatening because, after once the need for a good human environment has been discovered by the ego, silence implies being alone. Music as a group experience connotes the relief of this later fear, and one of the factors of musical enjoyment is certainly that it is a group experience. While this factor does not seem to be a specifically musical one (most other art forms relieve loneliness in much the same way), the purpose of certain forms of music appears to be to relieve just such specific anxieties. Here belong the group singing of clubs and fraternities, the courage-inspiring singing of the national anthem, and probably to some extent the war chants of primitive tribes. 'Whistling in the dark' is an attempt to dispel the anxiety of loneliness by creating the illusion of a supporting group.

Music gives various things to different individuals. One may sit with closed eyes and open mouth and drink in music, in regressive enjoyment, as he once sucked his mother's breast. Another enjoys mainly the rhythm: he cannot sit still; he has to move his fingers and hands, his feet, his head in enjoyable kinesthetic discharge of the tension created by the rhythmical

sounds. For a third, music is mainly enjoyable as a group experience: he derives from it a feeling of strength, the support of many, the relief of loneliness. A fourth may find the sublimated gratification of a long-forgotten curiosity aroused by rhythmical sounds of the primal scene. A fifth identifies himself with the composer or performer and finds a vicarious fulfilment of ambitious and exhibitionistic wishes. These factors and perhaps others, or combinations of them, undoubtedly play a great role wherever music is enjoyed, but they do not explain what is the specifically *musical* element about pleasure in listening to music.

For this problem, let us return to the earliest fear of sounds, to a stage of the unformed ego to which sound is a chaotic, threatening experience that cannot be mastered. The relief of this primitive fear of destruction is brought about by the formal aspects of music which enable the developed, musical ego to master this preverbal sound experience. Through music a psychological situation is created in which the individual is confronted with a complex, nonverbal influx of auditory stimuli which, essentially, cannot be understood in other terms. Such a situation resembles the one in which the unorganized ego faces the world. If flight is not possible, or if the impulse to withdraw is resisted, a large amount of energy is mobilized to neutralize an anxiety which is anticipated as the listener prepares himself to confront the sounds. But music is intelligible, it has forms and laws which the ego can learn and which it can make a part of its organization. With the aid of this organization the sound stimuli are mastered, and the energy which was mobilized, in anticipation, to deal with the influx of unorganized sound, is liberated.

An important objection will have to be met at this point. If the source of the pleasure in music stems from the liberated energy, if this liberation of energy is made possible because the anxiety proves to be unnecessary, and if, finally, the anxiety becomes unnecessary because of the intelligibility of the formal aspects of music—why, it may be asked, do these considerations not apply equally to every intelligible sound, and why, there-

fore, is not every intelligible auditory impression as enjoyable as music? The answer is that there are quantitative as well as qualitative differences between the psychological effects of music and the psychological significance of other intelligible sounds.

It may be assumed that the understanding of spoken language, the recognition of the sounds produced by the waters of a brook, and the like, have some pleasurable quality; but this pleasure is, under ordinary circumstances, not great enough to be noticeable. It simply creates a vague feeling of general well-being. The pleasurable feeling is increased whenever the experience of recognition is not entirely taken for granted, for example, when one hears the familiar sound of one's mother tongue in a foreign setting. A similar pleasurable effect, though essentially a non-musical one, is created in program music through imitation, as of the song of birds (Respighi's *The Pines of Rome*), or of a thunderstorm (Richard Strauss's *Eine Alpensinfonie*), or the simulation of human conversation (Ravel's orchestration of Musorgsky's *Pictures at an Exhibition*).

There is, however, a more significant difference between such sounds and music. The meaning of all the intelligible sounds other than musical can be verbalized. When hearing the murmuring of a brook, one can say, 'I hear a brook'; or 'the wind', or 'a person talking'. The mere fact that the content of an experience can be put into words exempts it, psychologically, from being threatening on the deepest levels on which the musical effect originates. Pure music cannot be translated into words. The world of pure sounds cannot be mastered with the main instrument of logical thinking—the neutralizing, energy-binding functions of the mind—which Freud calls the secondary process of the psyche (10). This fact accounts, perhaps, for the special position of music among the forms of art. It, surely, is the explanation for the specific quality of pleasure in music. Stimuli which cannot be mastered through translation into words (or comparable symbols used in logical thought) mobilize much greater forces, and perhaps also forces of a different distribution corresponding to a very early ego organization. This

energy is required to withstand the influx of a chaotic stimulation; it becomes liberated when the form of music transforms the chaos into an orderly stimulation that can be dealt with comparatively easily. Logical study of a work of music and abstract, theoretical knowledge of a musical composition are aids to understanding which lie outside the intrinsically musical. They are not an essential part of the capacity for musical enjoyment; but, as they belong to the secondary process, they add the minor æsthetic pleasure of recognition to the major, primary pleasure, which one might call the 'ecstatic' pleasure. They do, however, sometimes enable a listener to create for himself an atmosphere of security in knowing, in which the deeper transformations of energy can take place, and in which the ecstatic pleasure can be experienced.

One could, perhaps, on the basis of the foregoing considerations, attempt to differentiate theoretically, first, the nonmusical listener; second, the primitively musical listener or the musical ecstatic; and, third, the person who enjoys the æsthetic pleasure of consciously recognizing and following the formal structure of musical creations. Often, however, the second and third types coexist. The faculty for musical enjoyment can be better delimited. It is the capacity to confront the world of sounds without the aid of processes of verbalization and without a logic in terms of visual imagery. It is the capacity to solve the musical task through musical mastery. It was stated, for example, by many musical people that they felt frustrated by Walt Disney's *Fantasia* because the visual impressions distracted them from the music. Other listeners were pleased with the aid given by the simultaneous visual 'commentary' which the film provided and which made them tolerate complex musical stimulation that could otherwise not have been mastered by them and would perhaps have created an unpleasant tension.

Music for films, according to this point of view, poses a special problem. As long as the emphasis is placed on the action of the moving picture, the music cannot be mastered and enjoyed by the listener. It will either prove to be an unpleasant distraction

for the nonmusical part of the audience, or it will create enough tension in the musical listener to induce him to close his eyes. This fact has been recognized by those who write and perform film music. The devices used to prevent unwarranted tension effects in the audience are: first, great simplicity of the musical task for the listener (most of the film music is merely descriptive underlining of the action of the moment); second, low intensity of the sounds to enable the listener to withdraw his attention from them. The relationship between music, on the one hand, and words and action, on the other, has to be carefully treated in other art forms such as opera. Composers who place the emphasis upon the music must keep the libretto simple: the feelings portrayed have to be strong and directly understandable (love, hate, jealousy, triumph, submission) or the musical listener will be distracted. Verdi successfully represents this approach. Another device is the alternation of action parts (recitatives) with musical parts (arias and ensembles), as in the operas of Mozart.

All these examples demonstrate that a certain concentration of the listener on his task is necessary. Distractions hinder the musical work of mastering the influx of sounds and lead to anxious tension. The tension-producing effect of music is also noticeable when music accompanies an entirely different task, for example, reading when 'the radio in the next room' can drive the reader to distraction. A similar frustration is brought about when extraneous noises compete with the musical sounds. It is particularly instructive to analyze one's emotional reactions under such circumstances as when during an open-air concert the noise of a passing train intrudes on the listener, or when during a concert-hall performance the whispering of impolite neighbors, the rustling of the pages of the program, or the step of a latecomer creates a similar disturbance. Tension, anxiety, and reactive anger betray the listener's psychological dilemma: if he turns his attention to the nonmusical sounds he cannot master the musical stimulation; if he tries to continue his concentration on the musical task, the extraneous noise is not

logically understood and takes on primitive threatening qualities. Minor extraneous noises of low sound intensity, which ordinarily would not interfere with the process of listening to music, are sometimes rationalized as the source of disturbance by a listener who, in reality, feels himself unable to master a particular musical composition.

Music intended to supply the background to other activities is usually of such light nature as to present no special problems. Dinner music falls in this category. Even an ardent music lover would object to having a Brahms symphony accompany his chewing, while he might not mind on that occasion simple compositions which would otherwise bore him. Experiments have been made testing the effect of music accompanying work, with results pointing toward the conclusion that the efficiency of the workers increased in the beginning but that excessive fatigue canceled this gain in the end (1, 17). This fact corroborates our hypothesis. Energy freed through the listening process produced first a joyful mood and with it greater capacity for work. It is not the basic store of energy of the worker, however, that is increased, but only the rate of its discharge or availability. As the basic energy becomes exhausted, not only does the work become tiresome, but the task of mastering the music constitutes an additional burden. Music, in these circumstances, has an effect similar to such pharmacological stimulants as benzedrine: it is useful when a special effort is needed for a short period, but the depletion of energy takes place at a more rapid pace.

In special circumstances even the attentive listener will be frustrated in his attempt to achieve pleasure. Such is the case when he is confronted with music, the form of which is entirely unfamiliar. Unable to cope with the unfamiliar sounds of atonal music, for example, large numbers of listeners trapped in the concert hall experience a gradual rise of anxious tension at the strange sounds which they cannot master. Mass flight, rationalized as moral protest, and compulsive laughter, in an attempt to relieve the tension, were frequent results in the early days of Schönberg and his pupils. Another defense on such

occasions was the production of counternoises (hissing, booing), over which the listeners at least had control, to drown out the uncontrollable and unintelligible music. If flight is not possible and if no supporting group of equally helpless listeners makes it practicable to turn the threatening passivity into active attack, then the only recourse is to close one's ears, as it were, by actively turning one's attention away from the sounds. This withdrawal can be partially achieved by daydreaming, which becomes almost automatic when exposure to music has been too prolonged and fatigue prevents the psychic apparatus from dealing with the stimuli in an adequate fashion.

Up to this point we have discussed in some detail the auxiliary factors which contribute to musical enjoyment and have stated, in the most general terms, that the basic pleasure stems from the energy liberated through mastery of the musical task. This latter process requires more detailed attention. Questions which have to be answered are: 1. What are the formal aspects of music that allow the listener to master the auditory stimuli? 2. In what way does the basic psychological process (threat—relief—pleasure) become reinforced and reduplicated in the musical composition? 3. How does the freed energy find discharge through essentially musical means? These three questions cannot be entirely separated because the same musical device often serves more than one psychological purpose.

To answer the first question, we recognize that nearly the whole of musical theory could in some way or other be credited as contributing to the solution of the task of the listener. We will mention only the most important means and those in which the psychological aid received by the listener is most clearly intelligible.

Immediately we can say that for the listener the psychological task is a limited one and that the scope of any musical work can be surveyed by the listener at least in approximation. Each composition has a clear-cut *beginning* and a definite *end*, and the listener knows this to be a fact. The attitude of the musical listener and artist at the beginning of the performance is note-

worthy: both insist that a state of complete silence precede the first musical sounds. This silence has two functions. It brings into sharper focus the basically threatening situation in which sound interrupts silence and, therefore, by increasing the threat, increases the possibilities of enjoyment through mastery. It also allows the listener to prepare himself psychologically for the task of mastering the musical sounds by withdrawing his attention from sounds that can be understood with the aid of processes of verbalization and directing it to the specifically musical task: mastery through recognition of musical organization.

The main aid given to the listener in mastering the musical sound experience lies in the use of *tones* rather than noises. Tones supply the basic elements for building a composition. A tone is an already organized acoustical phenomenon. Unlike other sounds, it is characterized by regular sine vibrations which are responsible for giving it definite pitch, loudness, and timbre. These qualities permit us to master it, while noise, lacking them, remains chaotic. Very few compositions rely on noises rather than tones unless an effect of shock is desired. It is significant that noisy instruments, such as cymbals, are used primarily at the point of climax, as in the prelude to *Die Meistersinger*. Noise at the very beginning of a composition, as the roll of the snaredrum in Rossini's overture to *La Gazza ladra*, creates an intentional state of alarm, which, in this case, is quickly resolved into exaggerated hilarity.

The artistic necessity for the mastery of auditory stimuli also sheds new light on the concept of *tonality*. Tonality is a definite organization of tones as opposed to the chaotic influx of random tones. Its validity is derived from the natural organization of the overtone series. The physical interval of the octave, which is expressible by the simple frequency relationship of two to one, sets the consonant frame within which all the other tones are organized. As the histories of various civilizations show, the number of tones within the octave appears to be acquired arbitrarily according to principles which are not necessarily musical. Curt Sachs (24) has pointed out the correlation be-

tween the number of tones used within an octave and certain holy and symbolic numbers: thus the Chinese divide the octave into five tones; classical Western culture has seven; modern music twelve. It can be easily proved that we can condition ourselves to any kind of tonality. Chinese music, for instance, will sound weird to a Western ear at first hearing, but repeated hearing of a Chinese composition will soon make us receptive to its tonal organization. Tonality can thus be understood as a group of tones bound by an acoustical law and repeatedly experienced, and hence as an important means permitting the mastery of otherwise chaotic acoustical stimuli. Within each tonality one special tone is chosen as a signal, a frame of reference within which all other tones can be understood. It is commonly called the tonic. It is a fixed point from which one measures all other tones and which determines the consonant or dissonant character of all other tones. It is an accepted rule of composition that a musical work should begin on the tonic. Gregorian melodies, sung and codified fifteen hundred years ago, follow it, as do recent works of such representative contemporaries as Hindemith and Stravinsky. The musical reasons for such universal observance are strong. The content of music being fundamentally the movement from consonance to dissonance to consonance, a norm must be set at the beginning of the composition against which all later tones and harmonies may be interpreted as either consonant or dissonant. This norm is quite understandable in terms of the psychological need of the listener for a mastery of the musical material.

Further organization of the material is supplied by the regular *rhythm* which has characterized Western music of the last few centuries. Bar lines usually follow one another at equal distances. Wherever we encounter irregularly shifting rhythms, either the music is organized by the rhythm of an underlying familiar text (as in vocal music), or it becomes upsetting to the audience, even to the point of riotous demonstrations, as with Stravinsky's early rhythmical shocks in his 'barbaric' *The Rites of Spring*. The most regular rhythms are used in compositions

in which the avoidance of psychological shocks is desired, as in lullabies and hymns.

Another device which has long been recognized as musically essential is *repetition*. We can hardly conceive of a composition in which certain motives, phrases, melodies, or whole sections do not recur more or less frequently. Instrumental music without any repetition whatever, and some Gregorian melodies (without reference to text), put a strain on any audience. The element of repetition permeates the music of most of the cultures we know, and can be easily traced in the development of Western music. Many historians of music have used it as a standard by which to measure the progress of musical communication. Sequences in Gregorian chant employ it. Songs of troubadours acquire their form by it. Renaissance composers construct entire masses on the repeated use of a *cantus firmus* or its fragments. The construction of baroque and classic melody invariably contains repeated motives. Even modern music has never dispensed with the element of repetition. Music critics have accepted the need for repetition almost as an æsthetic dogma. The economics of dynamic psychology may supply an explanation: when hearing a phrase or a melody for the second time, the listener saves a part of the energy required for a first hearing. He recognizes it—that is, requires less effort to master it than when it was new. The surplus energy is one of the sources which enable the listener to experience joy.

This procedure is closely related to another that provides pleasure in anticipation by recourse to previous experiences of the listener. Having thus far touched the factors of melody, tonality, and rhythm, our speculation must now turn to the musical concept of *form*. Musical form can be explained only by reference to the repetition and recurrence of certain musical elements, be they melodic, harmonic, rhythmic, or other. A new question arises with regard to the history of musical form: established musical forms are discarded after extensive periods of dominance. Thus, for example, the fugue dominates the

baroque period, and the sonata form the nineteenth century. Adherence to one definite formal scheme through several generations would appear rigid if it had not supplied audiences of many generations with the special joy of utilizing previous experiences. The acoustical threat is reduced if the listener knows what is in store for him. He spends some energy, to be sure, distinguishing between one specific fugue or sonata and another which he has heard before; but he saves more energy in the anticipation of a familiar pattern. The pleasure of the audience is particularly great when such anticipation seems foiled for a moment to be followed instantly by the appearance of the familiar pattern. Such an experience is illustrated in an excerpt from a letter from Wolfgang Amadeus Mozart (20) to his father: 'The Andante also found favor, but particularly the last Allegro, because, having observed that all last as well as first Allegros begin here with all the instruments playing together and generally unisono, I began mine with two violins only, piano for the first eight bars—followed instantly by a forte; the audience, as I expected, said "hush" at the soft beginning, and when they heard the forte, began at once to clap their hands. I was so happy that as soon as the symphony was over, I went off to the Palais Royal, where I had a large ice. . . .' (Paris, July 3, 1778.)

Mastery is also facilitated by the traditional use of familiar *instruments*. The composition of a symphony orchestra and smaller musical ensembles is fairly well standardized. Unfamiliar instruments emphasize the inherent threat and arouse anxiety. This anxious tension was exemplified by the excessive giggling among student listeners at a presentation of strange Chinese musical instruments.

The pleasure of energy release in listening to music is usually not immediately discharged as it is through laughter. The musical composition reduplicates the original task and its solution by creating a secondary tension in the listener. In music this is accomplished by leading the composition from consonance through dissonance back to consonance. This mechanism corresponds to the one which Freud described in the play of children. A child plays 'being gone' to master the painful ex-

perience of its mother's absence (*II*): ' . . . one gains the impression that it is from another motive that the child has turned the experience into a game. He was in the first place passive, was overtaken by the experience, but now brings himself in as playing an active part, by repeating the experience as a game in spite of its unpleasing nature. . . . We see that children repeat in their play everything that has made a great impression on them in actual life, that they thereby abreact the strength of the impression and so to speak make themselves masters of the situation. . . . the unpleasing character of the experience does not always prevent its being utilized as a game. If a doctor examines a child's throat, or performs a small operation on him, the alarming experience will quite certainly be made the subject of the next game. . . . '

Similar mastery is achieved by the musical movement into dissonance and back to consonance. The composer first establishes the tonic against which subsequent tones are anticipated as consonant or dissonant. The need for resolution of the dissonances drives the composition forward to the desired resolution. This resolution, already known to the listeners, is simply a return to the tonal consonance of the beginning. Only the manner in which the solution is brought about—the artistic detour—varies from composition to composition.

The listener must be permitted to expect that he will be able to solve the task. If the originality of the composer presents him with an unusual task, the composition will at first meet with violent resistance. Beethoven's First Symphony, for example, adds a puzzling minor seventh to the opening tonic chord of C major, and Wagner avoids the clear establishment of a basic tonality at the beginning of *Tristan und Isolde* by a series of unexpected modulations. As we know, both composers were harshly censured by their contemporaries. The shock effect of such dissonant and unfamiliar beginnings was criticized as 'chaotic', 'revolutionary', 'undisciplined', and 'indecent'. The audiences felt defenseless. In both instances, however, the composer had merely set for himself a new artistic problem, which he solved in his own manner. To Beethoven, the first

chord justified the long, slow introduction preceding the statement of the first subject of the sonata movement; to Wagner, the indefinite opening served as a means of expressing, in Wagnerian terminology, the 'unfulfilled yearning' and the 'love woes' of the emotionally high-pitched lovers, and of justifying the sheer length of the dramatic musical development to its climax.

The various manners in which composers can playfully reproduce the development from initial threat to final resolution are called *style*. In both classic and romantic styles, for instance, the return to the established tonality is a foregone conclusion. A classical composer will lead the listener all the way to the solution. Little in music is more affirmative than the end of a Beethoven symphony. A romantic composer, on the other hand, will lead the listener close enough to the solution to permit him to guess it, but he will not necessarily present the solution with the same emphasis as the dissonance.

Either overcomplexity or oversimplification of the task becomes responsible for changes of style. In the first case, such changes usually take the form of a deliberate musical revolution against a threat which has grown too great to be mastered. The esoteric constructions of the *ars antiqua* were as self-consciously thrown overboard by the *ars nova* of the fourteenth century as were later the sophisticated accomplishments of the *musica reservata* of the sixteenth century by the Florentine reform. In both instances the musical revolution brought about a return to simpler musical constructions.

In the case of oversimplification, a change of style becomes necessary because the tensions created in the listener are too minute to allow him to experience noticeable pleasure with the solution of the task. Modern popular music affords a good example of such a change within a narrower frame. A new song does not become a hit until it has become familiar enough so that people can prove their mastery of it by whistling it. After repeated playing has made it so familiar that no energy need be mustered to meet it, the listeners lose interest, and it has to be replaced by another tune.

A closer scrutiny of the psychoeconomics reveals that if the curve of the tension is too steep and the release too sudden, the type of enjoyment changes. The suddenly liberated energy has to be discharged immediately by laughing (as in the example of the overture to *La Gazza ladra*), or other motor activity, such as the clapping of hands (see Mozart's letter). The stormy enthusiasm at the end of a concert performance may serve at least in part as a means of release of tension which the listener was not able to discharge more gradually. But while the opportunity for such socially acceptable relief of tension is welcomed by most listeners, it does not seem to be a necessary component of the mechanics of pleasure in music.

That the discharge of energy takes place in true enjoyment through essentially musical means can be demonstrated by the symphonies of Beethoven. It is well known that with the approaching end of the symphony the music rises in sheer intensity of sound and that the listener experiences it as triumphant and victorious. The triumphant intensity of the ending is the solution of the musical task, coinciding with the return of the composition to, and the final establishment of, consonance. This is the moment in which the greatest quantity of energy is liberated and the peak of enjoyment is reached. That the musical composition reaches its triumphant peak at this particular moment can mean only that now the listener and the music have become *one* emotionally—that the music is now expressing and discharging the liberated energies of the listener. In identification with the music, the listener has reached the final mastery of an external task. He has reached it by regression to a primitive ego state which permits the ecstatic enjoyment of music. To this ego state belongs the most primitive form of mastery by incorporation and identification. At this moment the ecstatic listener does not clearly differentiate between himself and the outside world; he experiences the sounds as being produced by himself, or even as being himself, because emotionally they are what he feels. With the breakdown of the ego boundaries, the 'oceanic feeling' (12) of being one with the world ('*Seid umschlungen, Millionen!*') is reached, and with it a socially accept-

able form of magical omnipotence and a repetition of early, primitive kinesthetic pleasures as the listener flies through space with the sounds (27).

Introspection and observation indicate that the ecstatic enjoyment of music of all styles, not only the nineteenth century symphony, rests on the same principle. The example given demonstrates the case of the solved task and the resulting triumphant feeling which the listener finds both in himself and in the music he hears. Similarly, various tensions can be created on the way to the solution, creating different moods in the listener and, at the same time, reproducing the mood in the composition. The opening of Beethoven's First Symphony and the beginning of Wagner's *Tristan und Isolde* illustrated this point. The listener reaches the union with the musical sounds which enlarges his identity to embrace a whole primitive, non-verbal universe of sounds after the original threat is overcome, when during the playful repetition of the task of mastery he has recognized that the emotions expressed in the music are his own. The ability to regress to this early ego state, while at the same time preserving the complicated ego functions required to recognize and master the influx of organized sound, is the prerequisite for the enjoyment of music.

SUMMARY

We have attempted to clarify only certain genetic, topographic, and psychoeconomic aspects of the problem of the enjoyment of music. From the genetic point of view it was demonstrated that unorganized sound symbolizes primitive dread of destruction. The fear is made unnecessary by the intelligible, though nonverbal, organization of sound in music. Elements in this organization are the clear-cut beginning and end; the use of tones rather than noises; a tonality to which the listener is conditioned; a statement of the tonic at the beginning of the composition; regular rhythm; repetition; traditional formal patterns (for example, fugues or sonatas); and familiar instruments. Topographically, the coexistence of the understanding ego functions (which recognize orderliness in the essentially alarm-

ing nonverbal stimulations) with the ability to experience primitive id mechanisms (which bring about magical omnipotence and loss of ego boundary) appears to be the condition for the ecstatic enjoyment of music. This pleasure is reached not directly but only after the musical composition has playfully repeated the original task and its solution by deviating into dissonance and returning to consonance. Joy and other moods created in the listener discharge themselves predominantly through the listener's identification with the musical sounds. Psychoeconomically, the steepness of the curve of liberated energies seems to contribute to the definition of the special quality that characterizes musical enjoyment.

There is perhaps no better way to summarize these theoretical considerations than by a quotation from a poet.

. . . *Denn das Schöne ist nichts
Als des Schrecklichen Anfang, den wir noch grade ertragen,
Und wir bewundern es so, weil es gelassen verschmäht,
Uns zu zerstören. . . .*¹
(*Duineser Elegien*, Rainer Maria Rilke.)

1 . . . For Beauty's nothing
But beginning of Terror we're still just able to bear,
And why we adore it so is because it serenely
Disdains to destroy us. . . .

(Trans. by J. B. Leishman and S. Spender.)

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Psychoanalytic Aspects of Bureaucracy

Otto Sperling

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PSYCHOANALYTIC ASPECTS OF BUREAUCRACY

BY OTTO SPERLING, M.D. (BROOKLYN, NEW YORK)

On the psychoanalytic couch where people have the opportunity to utter their grievances without censorship, a group of recurrent complaints may be observed which can be put under the heading of bureaucracy. They are directed against employees who have the power to make decisions affecting the patient. These employees may be in the service of the federal, state, or municipal governments, employees in industry, banks, the school system, the army, the church, in national fraternal orders or welfare organizations. The actions of these employees are within the law but of such a nature as to make the patients suffer in one way or another. Although these employees have authority over the patients, they do not have the psychological qualifications of the leader, as described by Freud,¹ failing partly because they emphasize their limited responsibility, their own position as underlings.

For many centuries the staff of the leader was represented by the nobility, the military, the police or palace guards. Since the thirteenth century, bureaucrats, who are here defined as salaried employees with specialized duties, have become more and more the organs of government in every civilized country. Weber² predicted that their importance would increase in the future, and subsequent events have confirmed this opinion. In the United States in 1910 there was one person in two hundred sixty-four on the federal pay roll; in 1943, one in every forty-one.³ Weber emphasized the advantages of bureauc-

Read before the American Psychoanalytic Association, Washington, D. C., May 1948.

¹ Freud: *Group Psychology and the Analysis of the Ego*. London: Int. Psa. Press, 1922.

² Weber, Max: *Wirtschaft und Gesellschaft*. Tubingen: 1922.

³ Sullivan, Lawrence: *Bureaucracy Runs Amok*. New York: Bobbs-Merrill, Inc., 1944, p. 14.

racy: precision, reliability and efficiency. As compared to the continuous struggle for power in the feudal system, bureaucracy has the advantage of clear distribution of authority, the authority belonging to the office, not to the individual. Formality has reduced personal hostilities in interdepartmental communications. Graft and exploitation have been reduced by security of tenure, by planned careers with increments, and the *esprit de corps* of civil service. At the same time bureaucracy has become a term of opprobrium, identified with formalism, pedantry, inefficiency, and waste. A number of monographs have been written which document gross examples of bureaucracy, both in this and other countries.⁴

The following are several of the most frequent charges leveled against bureaucracy. 1. Indecision. A soldier (who was later my patient) was to be given a furlough before embarkation, started on his way and was recalled from the railroad station fourteen times. 2. Avoidance of Responsibility.⁵ 3. Misleading Advice. A patient wanted to send fifty dollars to Cuba during the war. In the American Express Company, a clerk told him to go to window three. After waiting there half an hour, he was told to speak first to one of the officers, who was then in conference. When the patient had an opportunity to inquire, he was told which forms to complete and which window to go to. At the window he found that these were still not the proper forms, and he had to stand in line once more. 4. Waste of Work Hours, Manpower, and Tools.⁶ 5. Lack of Respect for the Applicant's Time. 6. Infringement on the Pursuit of Happiness, allegedly necessary for some higher purpose. The child of a patient was operated on for appendicitis. When the father wished to visit the child in the hospital, he was told that this was not permitted for medical reasons. However, after he had pulled some strings with the board of directors, the medical reasons disappeared and the

⁴ *Ibid.*, p. 314.

⁵ *Ibid.*, p. 255.

⁶ *Ibid.*, p. 28.

visit was permitted. 7. Unnecessary Work. During the war innumerable questionnaires were sent out from Washington. Most of the completed forms were filed and forgotten.⁷ 8. Disregard of Individuality. A patient who had a pilot's license and who was an expert mechanic was assigned to the medical corps, while a premedical student was sent into the infantry; an electrical engineer was made a mail clerk, while a mail clerk was placed in the signal corps. 9. Repression of New Ideas in favor of routine, and an unwillingness to experiment are criticisms which have been emphasized by Laski.⁸ 10. Coercion to Do Things Which Make No Sense. The Veterans' Administration, for example, expects its neuropsychiatric examiners to give a complete physical examination, including measurement of weight, height, and thorax expansion; fremitus, breath sounds, vocal resonance, etc.

One attempt to explain these defects of bureaucracy has recourse to Wundt's heterogony of ends,⁹ and explains the discrepancy between the ethical ideals of bureaucracy and its actual status by the principle of displacement of goals, whereby an instrumental value becomes a terminal value. Merton, Allport¹⁰ and Lasswell¹¹ assume this principle to be a general quality of the human race. In the psychoanalysis of individual bureaucrats, however, I have not found that the displacement of goals is the driving motive. Pedantry is not the logical result of precision. The sense of limitation of one's authority does not by itself degenerate into avoidance of responsibility. Specialization does not necessarily turn into 'trained incapacity', and it is naïvely benevolent to assume that chicanery stems from the 'santification of routine'.¹² Lasswell believes

⁷ *Ibid.*, p. 151.

⁸ Laski, Harold J.: Bureaucracy. In: *Encyclopedia of the Social Sciences*. New York: The Macmillan Co., 1948.

⁹ Merton, Robert K.: *Bureaucratic Structure and Personality*. Social Forces, XVIII, 1940.

¹⁰ Allport, Gordon W.: *Personality*. New York: Henry Holt & Co., 1937.

¹¹ Lasswell, H. D.: *Politics*. New York: McGraw-Hill Book Co., Inc., 1936.

¹² Merton, Robert K.: *Op. cit.*

that the delays caused by the procedural devices of bureaucracy have the purpose of restraining 'a quick passage of impulse into action'. Experience has shown, however, that typical bureaucrats always know some way of cutting red tape and getting quick action when they have something personal to gain, or when they fear political intervention. The expectation that delay will bring about an improvement is familiar to the psychoanalyst through the study of compulsive neurotic patients. This tendency to procrastinate can be traced, in individual case histories, to the period of toilet training. Procrastination therein provided not only anal gratification but also the narcissistic triumph of having power over the mother and the sadistic thrill of making her suffer. In psychoanalytic practice the complaints enumerated in the list above as the defects of bureaucracy are familiar to the psychoanalyst as symptoms of compulsion neurosis: indecision, avoidance of responsibility, waste of time, rigid adherence to rituals which make no sense, and the compulsion to make others conform to them.

An example of the compulsive type is a sixty-eight-year-old man who sought treatment for a phobia. At the age of sixty-five he had been retired from the civil service and began then to spend a good deal of time at home. He observed that his wife was extremely fond of her dachshund and lavished much affection on it. Having worked in the health insurance branch of the government, he had some familiarity with medical matters and his jealousy of the love given the dog, of which he felt deprived, was rationalized in terms of hygiene. The dachshund had got in contact with another dog on the street which appeared to him to be sick. Reading about diseases of dogs, he learned that *echinococcus* can be transmitted from dogs to human beings and cause dangerous and complicated diseases. Thereupon he imposed on his family a number of measures to prevent the disease. The dog was not permitted to go near any other animal. After touching the dog, he insisted that his wife and the cook wash their hands thoroughly.

The couches and chairs onto which the dog jumped had to be cleaned with antiseptics every day. A special smock had to be worn by the cook when she was handling food. Naturally the cook left and her successors stayed only for short periods. His wife could not tolerate this state of affairs and wanted to give up the dog, but her husband would not permit it. He would not give his wife the opportunity of saying that she had given up for him the only thing she loved in the world. Finally his wife attempted suicide, and it was her physician who persuaded the husband, who had hitherto not suspected there was anything wrong with him, to undergo treatment.

In his analysis it proved that this man had had an obsessional neurosis by the age of three. During the course of a walk to the woods, he had wanted to have a bowel movement, and his mother put him down in a field beside the road. Later, when he learned that wheat grew in the field, and that bread was made of wheat, he became very frightened by the idea that he had poisoned the field by his bowel movement and that therefore many people would die when they ate bread. According to family tradition, he studied law and entered the civil service. It was not by accident that he found his place in the health insurance section. The ways in which his compulsion neurosis found expression in his job could not be fully ascertained because he had no insight into the problem, but some very obvious and common bureaucratic practices did come to the fore. For instance, for every treatment, for which the fee was approximately fifty cents, the patient had to bring a form which had his name, address, rank, and signature, confirming the fact that he had been treated by the doctor. When any detail was missing, my patient sent the form back to the doctor who had to write his patient to return to him to complete the form.

It is not maintained that every bureaucrat has an anal-sadistic character or a compulsion neurosis, but the majority of bureaucrats analyzed by the author have been compulsive neurotics. (The total number of 'bureaucrats' analyzed was twenty.) In

addition to this type, two others—the fanatic and the idio-pathic-psychopathic—have been observed.

The most important motivation among the compulsive neurotics was unconscious sadism; among psychopathic types, conscious sadism. Direct gratification of sadism being excluded in our culture, officialism in government provided for my patients an opportunity to vent their sadism in occupations which provide rational motives, and to change socially acceptable action, by a small variation, into chicanery. Even where only an impersonal attitude is required, a callous inhumanity mortifies its victims. While the compulsive neurotic causes only annoyance, the psychopath may be dangerous. One patient, whose job it was to test drinking water, saved himself a lot of work by inventing the figures instead of making the chemical and bacteriological analyses.

An army officer ¹³ in a displaced persons camp forbade keeping bread or pets in the rooms. The latter ban caused great hardship because for some of the displaced persons a dog, their sole possession, was the only thing they had left to love in the world. The officer had a Nazi mistress who coveted a certain dog belonging to one of the inmates. He offered its owner a sum of money, but the dog was not for sale. Immediately thereafter, under the pretense of maintaining cleanliness and order, the ban on keeping pets was imposed, and the officer's mistress got the dog. When he embarked for the United States and found he could not take the dog with him, he abandoned it ashore.

On first impression this man appeared to be a likeable fellow. During the war he sent all his money to his fiancée. When she wanted to marry somebody else, he persuaded her to visit him in camp with the implication that he would marry her there. Having prevented her marriage to another man, however, he changed his mind about marrying her himself. His next fiancée he would arouse sexually but refused to have intercourse under the pretense that this should be done only

¹³ This case history is taken from the clinical records of Dr. Melitta Sperling.

after the wedding. He was satisfied with convincing himself that he had the power.

This man's father, a disciplinarian, was a policeman. At the age of eight or nine the patient played with his father's gun, knowing that it was loaded, and fired it in the air to frighten his family into thinking he had committed suicide. He treated his mother badly but nobody in his family dared to punish him because he reacted so violently to punishment. Fearful of examinations at school, he would run out into the street in his underwear, or hang his legs out of the window, in order to catch cold. He was jealous of his sisters and thought that his mother preferred them to him. Never overtly sadistic, he knew that his actions were cruel and, although he did not feel guilty, he did not like to talk about them. He reacted to analytic interpretations with angry silence which led to interruption of the treatment.

The suffering caused by the fanatic type in bureaucracy is based on a lack of understanding; he appersonates his clients, feels them to be a part of his own person, wants to protect them but cannot understand that their thinking is different from his and that they have an individuality of their own.¹⁴

An example of the fanatic type was the child of poor working people who suffered from the financial hardships of his parents. At the age of fourteen he started to work but continued his education in evening courses and eventually studied law. He had no time for personal relationships, but concentrated upon the ideal of freeing the working class from the economic restrictions which he had felt so bitterly in his own childhood. His activities were soon appreciated in the Social Democratic Party which gave him a job in the municipal administration. Because of his superior intelligence, he advanced rapidly and became the head of a department. His unhappy marriage brought him to psychoanalysis. He abused his wife, whom he considered stupid, and was impatient with his children. He took it for granted that everyone in his department was a Social Democrat

¹⁴ Sperling, Otto E.: *On Appersonation*. Int. J. Psa., XXV, 1944.

and insisted that the whole group march with him in political demonstrations and in the May Day parade. Most of his employees had been loyal subjects of the Emperor, were old and conservative and, although their pay was very low, nothing was farther from their minds than the revolution. One of the employees, whom I had occasion to analyze, became a Nazi as a result of his indignation at being forced to march with the proletariat and having to join a union.

Characteristic of this man's bureaucratic attitude was his impatience with the slow comprehension of the public: people did not know what was to their best advantage. He had their best interests at heart but met with passive resistance. He thought people did not understand him, but in reality it was he who did not understand other people. Shy, and unable to express himself convincingly, he relied on directives which resulted at best in reluctant compliance, and always in resentment.

Whatever the motive, the effects of bureaucracy on civilian and army population are very serious, to enumerate but a few: 1. Bureaucracy in the army led to desertion; in the Office of Price Administration, to the black market, and 2, circumvention of the bureaucratic restrictions; for instance, in the fight against OPA, reduction of quality, or introduction of substitute articles; 3, organized defense—lobbying in Congress and in the press; 4, (flight) the movement of industries out of the country; 5, depletion of the individual ego because of coercion and arbitrary illogical regulations, sometimes resulting in serious depressions and suicides; 6, Simmel, in his last work on war neurosis,¹⁵ mentions personal discrimination (red tape, etc.) as 'a basic causative factor of mental disorder'; 7, recruits in the army sometimes resorted to pseudomorancy to escape it. The story of the Good Soldier Schweik¹⁶ is a classic example. 8. Identification with the bureaucrat, however, has the most

¹⁵ Simmel, Ernst: War Neurosis. In: *Psychoanalysis Today*. Edited by Sandor Lorand. New York: International Universities Press, 1944, p. 235.

¹⁶ Hasek, Jaroslav: *Schweik, The Good Soldier*. Garden City: Doubleday, Doran & Co., 1930.

deleterious effect from the point of view of this paper. In such instances, the individual takes revenge on a bureaucratic society for the suffering imposed upon him by becoming a bureaucrat himself, in this way sabotaging the goals for which he is allegedly working. Emperor Joseph II of Austria tried to establish tolerance and equality for Jews and decreed that they should be allowed to have surnames. The imperial employees, however, sabotaged his intention by giving them ridiculous and disgusting names and in this way set them apart from the rest of the population. Another example is that an officer who suffered during basic training thought that others should suffer as well; he drove a number of men under his command into war neuroses. When the lieutenant is subjected to abuse, the effects appear in psychoneuroses among the privates. When the husband suffers from bureaucracy, he establishes a similar sadistic system toward his wife and children.

An example of this trend is a man who as a child was shy and timid. He was tyrannized by his four-year-older brother, but he was his father's pet. To the age of eight he was enuretic because he was 'too weak to control' his bladder. In school and later at work he accepted orders 'if they made sense'. He had a good work record but felt that he had always been taken advantage of because of his flat feet which admitted him into the army for limited duty only. He had been promised a clerical post but was inducted into the infantry and made to undergo basic training. When he failed in marching, he was assigned to kitchen police. After six months of this he was given a furlough from which he was recalled by telegram fourteen times in the following month just before his departure. He became so exasperated that he could not rest or sleep. His heart pounded. He became aggressively irritable and had a fist fight, in spite of his previous habit of avoiding quarrels. Finally he felt that he had to leave camp without permission or go to a psychiatrist. He was put in a psychiatric ward with chronic alcoholics in delirium tremens. In the next

bed was a patient who was incontinent. He then wanted to return to kitchen police but instead he was given a job lifting heavy barrels of gasoline onto a truck. During the night he felt a buzzing in his head and was frightened by the idea that he was going out of his mind. Upon the intervention of a psychiatrist he was next given an easy job in Florida but, despite the favorable environment, he began to wet his bed, the sun caused a stinging pain in his back, he developed rashes, furunculosis, tonsillitis, and was finally discharged.

When this man returned to civilian life he demanded that a fellow worker who joked continuously about sex, especially about homosexuality, be quiet. When his pleas failed he gave an ultimatum to his employer: 'Either he or I must go', an attitude completely contrary to his previous ardent trade-unionism. A very hard worker himself, he complained of the secretaries, 'They loaf and don't deserve the money they earn; they talk to each other too much and waste time putting on make-up'. The girls did not like him although he was always polite and concerned about their health; he was too inquisitive, meticulous, made them work too hard, insisting on unnecessary details. He made salesmen wait in an outer office, long delayed giving his orders, canceled them, renewed them only to cancel them again, solving his indecision finally by letting someone else take care of them.

His wife left him because he criticized her for using too much make-up, overdressing, wearing sheer stockings in winter, and nagged her to complete her high school education—all ostensibly in her interest.

In this case the specific compulsive neurotic features were not present before the patient went into the army: he had been ambitious, loyal, obedient and aggressive. He entered the army with misgivings but with an ardent desire to make good. Regimentation itself would not have affected him because he was used to taking orders, but he added characteristically that he was used to taking orders 'if they made sense'. He did not blame anybody personally—they had all been polite and friendly.

Parsons' 'structural generalization of goals' assumes¹⁷ that people act according to the institutional situation in which they are placed, rather than according to their personality structure. However, bureaucracy is a field where individual personality makes a decisive difference in the action. That two people do the same thing does not make them the same. In welfare agencies, for instance, social workers decide whether to give or withhold money from the clients. Psychoanalysis of such clients proves that some develop good relationships with their social workers. By contrast, one patient described clearly how a social worker had abused her power by 'analyzing' the client against his will; another felt that answering the social worker's questions about his sex life was the price he had to pay for assistance. The personality of each social worker is expressed in the way she asks the questions—which unfortunately cannot be omitted—and on this depends whether her attitude evokes resentment or gratitude.

The chances for improvement are small because so many of the faults of bureaucracy are based on the personalities of the bureaucrats. It might be possible to avoid the excesses of bureaucracy by supervision and by a number of administrative measures suggested by Laski;¹⁸ but prophylaxis would be better. In addition to the usual achievement tests given governmental employees, it would be desirable to introduce personality tests, at least for those in the higher brackets, in order to employ people with qualities of leadership and especially to eliminate those with compulsive neurotic, psychopathic or fanatic characters. A note in the *Manchester Guardian* of April 29, 1948 indicates that such tests are being considered in England.

Even with careful selection there will always be some prejudice against bureaucracy, inasmuch as these employees have to execute the laws which represent either the will of the

¹⁷ Parsons, Talcott: *Psychoanalysis and the Social Structure*. Read before the American Psychoanalytic Association, Washington, D. C., May 15, 1948.

¹⁸ Laski, Harold J.: *Bureaucracy*. *Loc. cit.*

majority or of the leader, laws which of necessity impose restrictions on the individual. There is a readiness on the part of the people in general to hate the representatives of the higher authority—ultimately the image of the father. Hatred of the father and the leader is sacrilegious, but the stepfather may be hated. Freud¹⁹ demonstrated that the ambivalence toward parents is split into its components in fairy tales by the invention of evil foster parents, or step-parents, beside the good parents. In the same way the ambivalence toward the leader is relieved by directing the hate against his underlings. The good king with evil counsellors of the fairy tale is in later life represented by the good leader and his evil bureaucratic agents.

A patient had worked thirteen years in one organization. Her immediate superior was indulgent and often looked away when she came late or made blunders. The owner of the organization, however, had made very strict rules and insisted that his staff obey them. Still the patient admired and loved the head of the organization and hated her immediate superior. When the owner retired and her superior took his place, within several weeks the new head of the concern became her revered father image and all her hatred was concentrated on the new immediate superior.

During the war years in the United States a number of patients, business men and manufacturers were hotly indignant about regulations of the OPA. During the depression they had not made any money because they could not sell their goods; now people were willing to pay any price, but somebody sitting in a bureau apparently begrudged them their profits because he had never made any money himself. All the accumulated hatred of their lives against the restrictions of law and authority was displaced to the head of this 'little' bureaucrat. This was facilitated by a campaign of publicity against bureaucracy which served as the rationalization for

¹⁹ Freud: *The Interpretation of Dreams*. New York: The Macmillan Co., 1913.

hatred and as a justification for prejudice. The prejudice against bureaucracy can be used by any government as an alibi for its inefficiency. It serves, however, as an outlet for the accumulated resentment of the people. It is quite possible that Russian censorship has this in mind when it permits caricatures and satire against bureaucracy.

SUMMARY

Complaints about bureaucracy are an indication of failure in leadership on the part of the staff given positions of authority, however minor. This failure may be caused by poor choice of personnel. Some of the individual traits which make the bureaucrat unendurable are compulsive character (or neurosis), lack of empathy (schizoid fanaticism), conscious sadistic tendencies (psychopathy), and identification with the aggressor (bureaucrat). Some of the hostility toward bureaucracy stems from a prejudice of the people, based on the 'stepfather' role of the bureaucrat. Complaints about bureaucracy are an outlet for hatred against the leader and for discontent with the restrictions of civilization.

BOOK REVIEWS

YOUR CHILD MAKES SENSE. A Guidebook for Parents. By Edith Buxbaum, Ph.D. With a Foreword by Anna Freud. New York: International Universities Press, Inc., 1949. 204 pp.

This is a popular book based on the author's long psychoanalytic experience in this country and abroad. As a 'Guidebook for Parents', it is concerned not only with conscious educational plans and intentions, but it also shows how the emotional interplay between the adults in the home affects the child. The young child senses its mother's moods to a surprising extent. Temperamental differences between mother and child can become a cause of disturbance; a mother who is aware of the child's resemblance to a disliked uncle or father may react to the child with ambivalence. Discord in the home is harmful to a young child whether or not it is drawn into it. A child who has been harshly corrected may become more submissive than the parents intended. One chapter has the poignant title, *Children Are Good Observers and Bad Interpreters*; the parents are warned that overt actions do not tell the whole story; even the young child is not always an open book for its parents. These are points not included in other books; here, and in the ensuing practical advice, this book covers new ground. Other chapters, like *Mouth Activities*, and *Control of Excretory Functions*, present material which will be partly familiar to the reading parent. On the other hand, this reviewer misses a discussion of the relation of the child's castration anxiety to the care of its hair and nails, or its bathing and clothing. The conflicts stemming from the child's physical care are not discussed in other books; Edith Buxbaum could have shown that here too 'the child makes sense'.

Parents are relieved to read about others who have problems similar to their own. The many short case histories, well chosen from the author's wide experience, offer this comfort.

A book which of necessity points to many potential dangers should not be unduly threatening or pessimistic. Substituting 'may be' for 'is' or qualifying a blunt assertion by 'sometimes' would lead to less apprehension without affecting the truth. It may be that the author wanted to emphasize her points; her goal may be not only to inform parents but to crusade for more con-

cern, more genuine devotion to the young child. This wish may also account for an occasional undertone of annoyance when speaking about parents.

Dr. F. L. Swanson contributes a chapter on Physical Development and Care which has helpful paragraphs on illness and operations.

At a time when psychoanalytic advice on children's education and development reaches much wider circles than psychoanalytic therapy, Anna Freud's introductory statement is pertinent: 'It is still true that people who have undergone an analysis themselves find it easy to extend the understanding of themselves to their children. But it is no less true that an honest, unprejudiced approach to the understanding of their child will reciprocally help many parents to gain tolerance and insight for their own past and present problems.'

Throughout the book one senses the author's thorough psychoanalytic knowledge. This combined with simplicity of style makes it a very helpful book for parents. This reviewer finds it also well-suited as a textbook for students of child development or teachers in nursery schools.

LILI E. PELLER (NEW YORK)

YOUR CHILD'S MIND AND BODY: A PRACTICAL GUIDE FOR PARENTS. By Flanders Dunbar, M.D. New York: Random House, 1949. 324 pp.

Dr. Dunbar has achieved an unusually clear and interesting presentation of dynamic development in a very short text of two hundred eighty-eight pages, a difficult task, even with the short cuts of analytic terminology. She has conveyed the essential psychoanalytic concepts important for child rearing in a very lucid readable manner. The material is not limited to childhood, but gives the adolescent and adult personality traits related to childhood, so that the scope of the book is far broader than might be expected from its title and subtitle.

In fact her book serves as an excellent aid for pediatricians because it illustrates the overdetermination of any given behavior. The arrangement of her chapters gives her a unique opportunity to integrate her data. For example, in the chapter, *Does Your Child Sleep*, she has integrated the effect of waiting, fears, the state of

helplessness, the all or none reaction of infants, defects in knowledge and perception, and the attitudes of adults. Other chapters are likewise inclusive, and in each fundamental concepts are repeated—as, the vital importance to the child that the parents accept, respect, and live with it. This concept and others are repeated, in concrete terms of daily life, so that they are brought home to the reader practically, without boring abstractions.

Just as important as the content, or maybe more so, is the form of the communication. A friendly attitude pervades the realistic scientific data. The reader can identify equally well with the child as with the parent in the situations discussed. By trying to allay guilt and increase parents' acceptance of themselves and others, she tries to encourage them to find solutions to their daily problems. Her case illustrations tend to bear this out as well as her frequent analogies and simple, homely quotations and slogans.

Dr. Dunbar's style has a refreshing and welcome optimism. A large number of case illustrations are of parents with analytic insight and adjusted children. This occasionally leads to oversimplification and exaggeration of what parents can do: she illustrates how a parent can relieve a child's anxiety so that it can recall and verbalize disturbing repressed material; or how a mother supplies the repressed material and relieves anxiety; or how by analyzing a child's dream the parent can understand the child's conflict. She tries to balance this by warning against analyzing too deeply. Nevertheless there seems to be some danger in advocating in a guidebook for parents the clinical application of some psychoanalytical techniques to family relationships.

One sentence from the book succinctly expresses both content and attitude: 'No parent's job is really easy, but it can be fun'.

MARGARET E. FRIES (NEW YORK)

APPLIED PSYCHOANALYSIS. Selected Objectives of Psychotherapy.

By Felix Deutsch, M.D. New York: Grune and Stratton, 1949. 244 pp.

This remarkable book ¹ fills a great need by its presentation and elucidation of one type of the various psychoanalytically oriented

¹ The title is misleading. It has long been used exclusively with the meaning that Freud gave it in Volume IV of his Collected Papers. Its use in another sense introduces a regrettable confusion. (Ed.)

brief therapies which today are a theoretic, economic, and social necessity. It begins with a short exposition of the difference between psychoanalysis and the psychotherapy in which 'a goal-limited adjustment' is the aim of the treatment, and leads immediately to the verbatim report of an initial interview between the doctor and a patient with a chronic skin disease. Commentaries, following significant statements of both the doctor and the patient, are given in italics. These commentaries are didactically most useful, indicating what is going on in the treatment: 'He escapes into silence. He is brought back into the sector by taking up the feel of "pain" '; another example: '. . . too much anxiety is seemingly stirred up, therefore [the] interviewer leads him back to recent times'.

The first interview is given as a demonstration of the technique of 'associative anamnesis',² followed by an extremely important theoretical and technical discussion of the use of this method of interviewing, with cogent remarks about what happens dynamically in such treatment. To indicate the differences, occasional comparisons with therapeutic psychoanalysis are made.

The major portion of the book is devoted to a case of anxiety neurosis. The patient was seen fourteen times in weekly interviews which are recorded verbatim with commentaries. In many ways this is a remarkable document worthy of serious study and full of potentialities for teaching. The second, third and fourth portions of the book are brief, the second consisting of two essays on psychiatry and psychoanalysis, and social work, both having important theoretical and practical implications; the third section is on mental health in industry with some brief case reports on 'job phobia'; the fourth section is a short chapter on family disruptions, cases of 'separation neurosis' seen during the war.

The greatest value of the book lies in the second case. Many students in psychiatry, psychoanalysis, psychology and social work will profit simply by reading it, but it may have even a greater value if the case be used for a didactic seminar for psychoanalytic candidates in their first year of training, and for this purpose the book is highly recommended.

It was of course impossible for Dr. Deutsch to write as many

² Deutsch, Felix: *The Associative Anamnesis*. This *QUARTERLY*, VIII, 1939, p. 354.

commentaries on the verbatim interviews as we would like. However, there would be a wealth of opportunity in an informally conducted seminar to indicate the reasons why the therapist said what he did at the particular time, and what was operating in the patient during the treatment. In this way it would be possible to illustrate the closeness of the technique used to the classical psychoanalytic techniques at some points, and its divergence at others. Possible also are numerous theoretical points which will be of special value to candidates in training who are not doing supervised analytic work, but who do, for the most part, brief psychotherapy. The material presented by Dr. Deutsch seems pre-eminently suited for this purpose.

It is refreshing to see how the technical details are carried out in strict conformity with theoretical considerations, and especially that so little reference is made to the transference. Transference is recognized and is skilfully utilized in the treatment, but it is not discussed, nor foisted on the patient; nor is it 'manipulated'.

NORMAN REIDER (SAN FRANCISCO)

THE CRIMINAL AND HIS VICTIM. Studies in the Sociobiology of Crime.

By Hans von Hentig. New Haven: Yale University Press, 1948. 461 pp.

The foreword of this book states that sociologists look at the social conditions of crime, that psychiatrists and criminal anthropologists look for its physical determinants. The author proposes to examine 'interstitial areas where social and constitutional forces enter into combination'.

The first third of the book is devoted to constitutional factors in relation to crime. Here the relationship of physique in general, and certain physical traits and peculiarities in particular, to crime are reviewed. The author draws heavily upon Lombroso; even such a phenomenon as graying is considered. Included in the section on constitutional factors is one entitled Psychological Variables, of which, astonishingly, subsections on intelligence, tattooing, and criminal slang comprise the total content. The author explains that he regards tattooing as a definite symptom of retardation and that criminal slang indicates the impoverishment and restriction of the emotional life of the criminal.

Mental disorders, including the major psychoses, epilepsy, hys-

teria and toxic psychoses, are included in the discussion of constitutional factors. Just as the earlier part of the book is fairly pure Lombroso, here equally pure Kraepelin is presented. It may be remarked while references to the literature are very numerous, those of a date later than ten years preceding the publication of the book are very rare.

The second general section deals with sociobiological elements of crime. A thoughtful summary of the literature on gangs is presented here, which draws heavily upon the works of the University of Chicago sociologists. The difficulty of obtaining reliable statistical data on crime is ably discussed.

The most interesting section of the book deals with the victim of crime. Crime involves two participants, the perpetrator and the victim. The fact that the victim is a recently immigrated foreigner determines the nature of certain crimes. The psychologically more impressive considerations deal with murder and suicide as complementary phenomena, and with the role of the victim ranging from consent or compliance with the criminal act to provocation.

As a textbook, the emphasis upon outdated material and orientations is regrettable. It must be clearly stated that the author himself has anything but outdated perspectives, but they are buried under the mass of material. His discussion, for instance, of physical defects and handicaps is at once scholarly and psychologically sound. Perhaps one should not expect a psychological treatise when the emphasis is on the 'sociobiology' of crime. Yet one has the strong impression that an understanding of the 'interstitial' areas inescapably involves the integrating effect of a synthesizing psychology. It is this lack that determines the unsatisfying aspects of an interesting work.

GEORGE J. MOHR (CHICAGO)

PSYCHOSEXUAL DEVELOPMENT IN HEALTH AND DISEASE. (The proceedings of the thirty-eighth annual meeting of the American Psychopathological Association, held in New York City, June, 1948.) Edited by Paul H. Hoch, M.D. and Joseph Zubin, Ph.D. New York: Grune & Stratton, 1949. 283 pp.

This volume contains a cross-disciplinary survey of the field of sexuality with contributions from biologists, anthropologists, psychiatrists, psychoanalysts and sociologists.

The first paper, basic for many of the following, is *Concepts of Normality and Abnormality in Sexual Behavior*, by Kinsey, Pomeroy, Martin and Gebhard, and is based, of course, on their famous report. The problem appears greatly complicated by a philosophy, prevailing in our culture, that has neither biological nor sociological validity but stems from early Jewish and Christian theology, which judges certain sexual practices or even the totality of sex sinful or criminal, although science cannot discover any harm they may cause the individual or society. Current concepts of normality and abnormality in human sexual behavior represent what are primarily moral evaluations.

Psychosexuality in Animals, by W. Horsley Gantt, and *A Cross-Species Survey of Mammalian Sexual Behavior*, by Frank A. Beach, present valuable biological data. Sex play long before puberty, and forms of sexual behavior which in the human are called perversions, including autogenital stimulation and homosexuality, occur regularly in many species. *A Brief Description of Human Sexual Behavior in Cross-Cultural Perspective*, by C. S. Ford, covering the available information about one hundred fifty cultures other than our own, confirms the regularity in a great many societies of sexual practices which are tabooed by our sexual mores.

In the discussion of these papers, Kardiner holds that the array of evidence is presented in a way as to render it entirely misleading. Human sexuality in our culture cannot be studied by comparison with animal behavior nor with practices in primitive societies which are described as isolated from the entire social context. Sexual control, Kardiner contends, is a social necessity to prevent irresponsible procreation. Neurosis and perversion are the price we pay for this purpose.

Papers by Jules Henry: *The Social Function of Child Sexuality in Pilaga Indian Culture*; A. Irwing Hallowell: *Psychosexual Adjustment, Personality and the Good Life in a Non-Literate Culture*; and Margaret Mead: *Psychologic Weaning: Childhood and Adolescence*, add further anthropological material. While presented with much factual information, we feel reminded also of the fallacy of considering a sexual pattern 'normal' because it occurs among primitive people. The sociological functions of sexuality are essential for the explanation of apparently biological phenomena in any culture, civilized or primitive.

Part III, *Clinical and Psychoanalytic Approach*, is opened by

an article on Childhood Sexuality, by Richard L. Frank. The sexual problem before puberty is presented in connection with, and secondary to, the problem of security and social adaptation.

For the psychoanalytically oriented reader by far the most interesting contribution is *An Adaptational View of Sexual Behavior* by Sandor Rado. 'The scientific picture of sexual behavior has become so distorted with artificialities that we must make a serious attempt to rediscover the obvious.' The libido theory and the knowledge accumulated under its guidance must be re-examined and interpreted on the basis of motivation. The standard pattern of sexual behavior is coition of the heterosexual pair dominated by the desire for orgasmic pleasure. It cannot be understood on an individual basis. Male and female sex functions determine each other on anatomical, physiological and psychological grounds: the 'push and pull principle'. If fears and guilt acquired in childhood incapacitate the individual for standard performance, orgasmic satisfaction may be found through some modified forms of sexual activity. Perversions, self-stimulation and homosexuality are reparative patterns born of fear. Very interesting is the part on sexual pain-dependence. The terms 'sadism' and 'masochism' and the much too complicated old theories, including death instinct, are discarded. Instead, the two forms are described as either the frightened or submissive form in which the individual achieves orgasm by inviting the required painful stimulation from the mate, or the angry or defiant form in which the person vents his rage upon the mate, thus hiding his own vicarious suffering. This reviewer feels that there is some oversimplification. The interpretation of the pain associated with the sexual desire as an advance punishment is one-sided and does not reflect the totality of the problem. While the theory of the 'need for punishment' is unfortunately retained, the understanding of pain-dependence as interaction within a pair of individuals rather than as an individual instinct is a definite clarification. Equally interesting is Rado's view on homosexuality, although there seems to be no particular gain in replacing this term with a new one: 'eidolic behavior' (eidolon=aim-image). The various forms are described not on biological grounds but as reparative patterns. Though Rado's clarity and brevity are impressive ('Male pairs are based on the reassuring presence, female pairs on the reassuring absence, of the

male organ.'), the reader who is not thoroughly familiar with the subject may wish to see it presented in a less condensed form.

An article, *Some Aspects of Psychosexuality in Psychoanalytic Experience*, by Gustav Bychowski, discusses Kinsey's findings, particularly concerning pregenital sexuality, homosexuality, and sublimation, and refers to the limitations which are necessarily imposed on any behavioristic investigation.

An address by Robert P. Knight, *Therapeutic Attitudes Toward Psychosexual Disorders*, takes exception at the 'strong-arm methods': electroshock, sodium amytal and certain forms of hypnosis.

The Sociological Approach is presented by E. W. Burgess: *The Sociologic Theory of Psychosexual Behavior*; E. Franklin Frazier: *Sociologic Factors in the Formation of Sex Attitudes*; and George Peter Murdock: *The Social Regulation of Sexual Behavior*. Sexual behavior, though biologically founded, has to be explained on sociological grounds. The material of Murdock's paper is derived from a study of two hundred fifty societies. It appears that the sex mores of our own and of western European societies are highly atypical. The prohibition of sexual intercourse outside of marriage is characteristic of only a handful of human societies, at the most five percent of the peoples of the earth. 'Our own sexual code is even more of an ethnological curiosity than is cannibalism or the *couvade*.' Premarital license is the rule in nearly three fourths of all human societies. However, intrafamily incest taboos are absolutely universal. They seem to be needed for the prevention of sexual rivalry and consequent disruption of the family.

In the discussion, Kingsley Davis rejects Murdock's interpretation. He doubts that the two hundred fifty cultures are representative; some of them are very small. On the other hand, the cultures influenced by Judeo-Christian ethic, to which the Mohammedan and Hindu cultures must be added, comprise half or more of the world's population and therefore cannot be considered aberrant. If the majority of primitive societies have a sexual morality superior to ours which produces neuroses, how does it happen that ours has survived and spread, whereas the primitive cultures are not able to survive?

The editors say in the foreword: 'Though we have amassed a great quantity of observations, we still lack a comprehensive understanding of sexual behavior'.

BERNHARD BERLINER (SAN FRANCISCO)

GREGORIO, THE HAND-TREMBLER. A Psychobiological Study of a Navaho Indian. By Alexander H. Leighton and Dorothea C. Leighton with the assistance of Catherine Opler. Papers of the Peabody Museum of American Archeology and Ethnology, Harvard University. Cambridge, Mass.: Published by the Museum, 1949. 177 pp.

Anthropology is rapidly gaining in the precision of field work and detailed observation. This is the first of a series of publications on the Ramah Navaho. In the Introduction to the report on the Ramah Project, Clyde Kluckhohn explains the aims of what certainly looks like a new phase of field anthropology.

'During 1940 the conception of the project crystallized during discussions with Alexander and Dorothea Leighton. To the fundamental idea of charting the fortunes of individuals and their culture through time were added the principles of multiple observation by different persons and of multiple approaches by individuals who had received their training in various disciplines' (pp. v-vi).

The Leightons who, next to Kluckhohn, have given more time and work to this project than anyone else, present a very thorough and detailed study of the life of a Navaho who practiced hand trembling. The authors however, have no hypothesis to offer on the meaning of hand trembling or the reason why Gregorio took this as a profession. They are thinking in terms of 'psychobiology' and not in terms of the unconscious.

Let us see how Gregorio describes his first experience of hand trembling. His father was a Navaho, but on the maternal side he is a Chiricahua Apache. Four members of the family, three maternal aunts and a maternal uncle, practiced it. He relates how he first saw his aunt practicing hand trembling. She orders all the children to be sent out of the house; only adults are permitted to be present. She sits beside the patient for a while and then her hand starts shaking. 'It got shaking more and more till she reached over on the patient, just kind of felt over the body, on the arm, head, chest, and all over. While she did that I watched her face and she closed her eyes. After she quit she was breathing pretty heavily, seemed as if she had been running. After a little while the father of the patient asked her what she had found out. She said that when the patient's mother was carrying the patient before he was born, the father killed a snake, chopped the head off. That

gave the patient a pain in the chest. At the same time the father also saw a cow struck by lightning, dead and all *swollen up*' (p. 9). Approximately in his twenty-sixth year he had his first onset of hand trembling. He felt sick and went to sleep. 'When I woke up my legs and feet and whole body felt all large just like when you sit down and your legs go to sleep. . . . And I could feel something through my arms there as if it was running through my hands and right out of my fingers. After that my hands started shaking. . . . The sun was shining bright like today in a little spot where I was sitting. That happened just a little while and then the sunshine moved off to the south side very quickly. Then that feeling I had in my body, I could feel it very well. . . . When you are going to do hand trembling first you close your eyes you feel something like lightning or sunbeams coming from heaven, strike down inside the house. . . . Everything is white and bright. . . . The light does not stay long, then your hands start shaking' (p. 20). Gregorio's marriage was a failure; his wife did not think much of him. His first case was a woman in labor pain, and he developed into a specialist in obstetrics (p. 21).

The authors emphasize that much of Gregorio's life was spent with the herd, and in helping in the lambing he might have acquired a special knowledge of obstetrics. From a psychoanalytic point of view this would mean a preoccupation with the primal scene and with the womb as the origin of children; moreover his maternal aunts were the hand-tremblers, and the first hand trembling he saw was about something that happens to the child in the womb. It should be mentioned that the Father God of Navaho mythology is the Sun who wields the bolt of lightning. This gives significance to the cow struck by lightning which became swollen, and to the hand-trembler penetrated by lightning or sunbeams. Gregorio is playing the role of the mother in the primal scene, and also of the child who goes into the mother's body to find out where the siblings come from.

The authors' conclusions are different. They discuss Gregorio in terms of inheritance, social pressures, security, etc. (pp. 30-31). There is no conflict between the two different points of view.

GÉZA RÓHEIM (NEW YORK)

INTRODUCTION TO THE SZONDI TEST. By Susan Deri. New York: Grune and Stratton, 1949. 354 pp.

The Szondi Test is a personality evaluation test of the projective type based upon the positive or negative reactions of the subject to forty-eight photographs. These are divided into six sets, each containing the picture of a homosexual, a sadist, a hysteric, an epileptic, a catatonic schizophrenic, a paranoid schizophrenic, a manic-depressive depressed, and a manic-depressive manic. According to Dr. Lipot Szondi, the Hungarian psychiatrist who originated the test, when a person is confronted with one of these photographs he will react positively or negatively, according to the similarity of his gene structure with that of the person in the photograph, and in accordance with the needs of his inner tension which vary from day to day. The subject picks out the two photographs he likes best and the two he dislikes most from each of the six sets. The results are tabulated in a graphic form called the personality profile. The entire test is repeated ten times as the subject's likes and dislikes vary from day to day depending upon what is called the drainage of his inner tension needs. The ten successive tests are studied en bloc. The examiner may in addition ask the subject to associate to the pictures or make up stories around them. It is assumed that the eight diagnostic categories of the test correspond to eight different systems of need in the organism. Homosexuality represents passive tenderness and yielding. The picture of the sadist expresses the need for physical activity and aggressive manipulation of others. The epileptic expresses aggressive hostile emotions and tendencies for storing up and suddenly releasing energy. Hysteria is linked up with exhibitionism and the way a person deals with tender emotions. The catatonic schizophrenic represents the need to keep up the ego's narcissistic integrity and withdraw from the environment; the paranoid represents the expansive needs of the ego and the tendency to fuse with the object. The depressive patient expresses the possessive anal type of object relationship; the manic, the clinging oral type of object relationship. A great number of choices in one category means that the subject has strong similar needs and identifications which are pressing for discharge. Reactions to a picture may be positive, negative or ambivalent, or the subject may pick none of the pictures in a certain category or a

great many. Each of these reactions has a meaning of its own, and these meanings are tempered by the profile taken as a whole. The conclusions of the examiner may be modified by his or her clinical impression of the patient and, of course, by the patient's associations to the pictures or the stories told about the pictures; but these modifications in the end result are not stressed.

Criticism of this book cannot be separated from criticism of the test and it is difficult to know where to begin. Szondi's theories of the genesis of mental disorders are omitted, and to this reviewer they appear to be simply a variation of the universally accepted belief that constitutional factors play an extremely important role in determining the strength of the instinctual needs. The main bone of contention, however, is whether or not these needs are expressed in a photograph and are responded to in the test situation. The author expresses the problem very well: 'Without the assumption that these eight types of mental disturbances imply well definable extreme manifestations of generally known psychological mechanisms, the functioning of the test would be inconceivable. We also have to assume that the presence of these extreme and exaggerated psychologic drives is somehow expressed through the corresponding photographs and further that the subject's liking or rejection of the pictures is based on an unconscious identification or counteridentification with the processes depicted.' She appears to be perfectly well aware that all of this is somewhat dubious and nonvalidated and spends a great deal of time and energy digging into psychoanalytic literature in an effort to make it sound plausible. There appear to be some doubts as to whether or not this has been accomplished, and she begs the reader's indulgence: 'As it is, the acceptance of practically any of my statements about the meaning of the various factorial constellations is left to the good will of the reader . . . until he can convince himself about the clinical validity of the statements by the actual use of the test'. With the leeway given an examiner with this type of test, any connection between results and validity is purely coincidental. The author feels that the coincidence of the student's interpretations with independent clinical evidence is a constant source of validation as is also the increasing demand for Szondi reports. In connection with this, another of her statements is interesting. 'I am fully aware of the autistic nature of this reason-

ing since actually in this manner I am the only one who received the accumulative evidence of all these individual clinical validations.' This type of reasoning does not need criticism. She feels that the fact that the test works has to be accepted anyway as a pragmatic proof that something essentially characteristic is expressed and reacted to in the picture used as a stimulus material. No one will quarrel with this statement. However, one wonders what the subject is reacting to. An individual's reactions are so unique and complicated that a great deal of work must be done fully to comprehend his likes and dislikes, which may turn more on a dislike for a beard or a bald head than on the fact that the subject is a catatonic *præcox*, more on the size of the nose or the presence or absence of teeth than whether the subject is hysteric or epileptic. The subject may repeatedly choose adjacent photographs. Some may be interested in small details in the pictures and react to them accordingly. Others consider the picture as a whole as in the Rorschach Test. As yet, these reactions have not been integrated into the text. The administration of the test is adequately described and, despite the theoretical deficiencies, the material and clinical examples are interesting enough to warrant reading by those interested in research in the evaluation of personality.

WILLIAM F. MURPHY (CAMBRIDGE, MASS.)

PSYCHODIAGNOSIS. By Saul Rosenzweig, Ph.D. With the collaboration of Kate Levine Kogan, Ph.D. New York: Grune and Stratton, 1949. 380 pp.

This book is exactly what it purports to be, an up-to-date introduction to psychodiagnosis which can be easily read and understood. The language is nontechnical and discussion of test standardizations has been avoided. The purpose, material, instructions, data, methods of scoring and interpretations of the more important psychological tests of general intelligence, intellectual deviations, vocational aptitudes and interests, and tests of personality patterns, including personality inventories and projective methods, are adequately and interestingly described and explained. The author has a style which is refreshingly clear and direct, and a good understanding of the capabilities and limitations of psychological testing. There are many well-detailed clinical examples showing how the results of the various tests are collated, and a picture of the

living individual reconstructed from the data. Chapter VIII, which discusses how the psychologist should present the picture of the individual, deserves special mention and praise. There are few psychologists or psychiatrists who present cases before clinical conferences who could not read this chapter with profit. The method of integrating and interpreting the various findings from a battery of tests is designated by him as a method of minimum hypothesis. This means that a picture of the subject is drawn up which accounts for the largest number of possible observations and facts in terms of the smallest number of underlying or explanatory variables, a procedure which he feels has been more commonly observed in the breach by the majority of clinical psychologists. Hiding behind the technical expressions afforded by particular tests (as a way of escaping translations, interpretations, and recommendations) is scored, and it is recommended that the psychologist pay attention not only to incidental observations in the test situation but data from psychiatric interviews, social history and nurses' notes. To him, the clinical psychologist 'expends his energy not in blind fortunetelling but in achieving insight which on the clinical experimental basis of interpretation will explain the maximum number of facts with a minimum number of assumptions and yet not sacrifice individuality of the person to oversimplification'.

Students, professional psychologists, and psychiatrists who wish to become acquainted with or review the aims, scope, advantages, and limitations of psychological testing will find this book of great value.

WILLIAM F. MURPHY (CAMBRIDGE, MASS.)

PROJECTIVE TECHNIQUES. By John Elderkin Bell. New York: Longmans, Green & Co., 1948. 533 pp.

Attempting to present a comprehensive picture of the whole field of projective techniques, this book is designed for advanced students of human personality and is written with exemplary clarity and objectivity. The various techniques are described in sufficient detail for the reader to obtain an informed impression of their respective merits and applicability. The author's critical approach is generous and encouraging, but optimism does not substitute for keen critical appraisal and constant awareness of the requirements of scientific methodology.

It must be admitted that psychoanalysts, until the past few years, have been among the most hostile critics of the projective methods of personality diagnosis. This attitude is understandable among practitioners of the discipline which produced our greatest insight into the nature of personality, but only at the expense of hundreds of hours of microscopic psychologic study. All short-cuts were viewed as inadequate. However, as we have become more secure in our position among the medical and psychological fraternities, and have thus been led to face the problems incident to dealing with larger groups of patients by means of various applications of psychoanalysis (short-cuts of our own), we have become more tolerant of, and even interested in, the possible short-cuts to personality diagnosis.

The author divides the projective techniques into four groups: word-association and related techniques; visual stimulus techniques; expressive movement and related techniques (including the analysis of handwriting); and play, drama and related techniques. In this division the author has attempted a 'functional' classification rather than one based on the nature of either the stimulus or the response.

In a discussion of the nature of projection, and the use of the term 'projective' to describe these techniques, the author carries the reader with him through various dilemmas of definition and usage to the point where he decides to adopt the term for his text 'because it does describe partially what takes place in the techniques and because it has the advantage of carrying a significance through usage beyond the strict meaning of the term'. Although it seems that Dr. Bell may misunderstand the psychoanalytic definition of projection as an unconscious process, in that he expects the materials manipulated by the defense mechanism also to be unconscious (cf. p. 2, 'The expression of consciously recognized autobiographical material through projectives confirms the impression that more than psychoanalytic projection is involved.'), one cannot quarrel with his conclusions. This reviewer is particularly sympathetic toward Dr. Bell's problems of definition and semantic probings as he himself vividly recalls the interminable discussions and the agonies of definition that took place at the Harvard Psychological Clinic in the middle thirties during the gestation of several of the tests described in this volume.

The final chapter is noteworthy. The author enumerates 'criteria for the adequacy of a projective technique', outlines eleven justifiable criticisms of projective techniques and discusses 'seven major areas of research with projectives which require the attention of scientists'. Limitations of space make it impossible to do justice to this excellent discussion. Suffice it to say that the points raised are of interest to all serious students of personality and should be particularly stimulating to the psychoanalyst.

There is a well-chosen bibliography at the end of each chapter; also an index of subjects and of authors.

WILLIAM G. BARRETT (SAN FRANCISCO)

PERSPECTIVES IN MEDICINE. *The March of Medicine 1948.* New York: Columbia University Press, 1949. 163 pp.

Herein is recorded the thirteenth series of lectures to the laity, sponsored by the New York Academy of Medicine.

Ominous notes are struck by speakers on the *The Atom in Civil Life* (Lewis Strauss quoting Einstein: 'Atomic energy is here to stay. Are we?'); *Food and Civilization* (Sir Raphael Cilento: '. . . the body and the mind of man are essentially the products of the foods that he eats'); *Psychiatry For Everyday Needs* (William C. Menninger quoting Chisholm: '. . . because of our immaturity our generation has continued to . . . war'). The last is an excellent resumé of what dynamic psychiatry may contribute to personal and social problems. Edward Stieglitz ably discusses the new science of gerontology in *On Being Old Too Young*. Cornelius Rhodes on *Perspectives in Cancer Research* describes the 'basic science' approach. James Conant presents some practical issues involved in *The Interrelation of Pure and Applied Science in the Field of Medicine*.

HUGH M. GALBRAITH (OKLAHOMA CITY)

GERIATRIC MEDICINE. *The Care of the Aging and the Aged.* Edited by Edward J. Stieglitz, M.S., M.D., F.A.C.P. Philadelphia and London: W. B. Saunders Co., 1949. Second Edition. 773 pp.

Five of the chapters of this book are written by the editor, whose interest in this field of medicine is well known. Forty-six other well-known physicians have written a chapter or collaborated on one. Like other books so arranged, it has the advantage of being

the best material an outstanding authority has to offer on his subject in a chapter, but it lacks some of the cohesiveness and condensation which a single author can give. The first section is on general considerations, and the others follow the textbook pattern of dealing with disorders of various body systems.

Those interested in the psychosomatic approach to the disabilities and illnesses of old age will look hard to find it in most of the chapters of this book. Under general considerations, there is a chapter on Mental Changes With Normal Ageing. This is largely an evaluation of the ageing individual from the standpoint of the psychology laboratory. In the chapter on Medical Care of Normal Senescents, there are four pages devoted to mental hygiene, the best example in the book of the geriatric patient as a person. There is a particularly good chapter on Medicolegal Aspects of Senility, and a well-written chapter on Mental Disease.

The references at the end of each chapter, which in some instances are quite extensive, make practically no mention of any work on the application of emotional factors to organic illness. There is need for a book on geriatrics by an author who takes into account that emotions still influence the physiological functioning of later life even though the incidence of organic disease is high and tissue changes are undeniably present.

O. SPURGEON ENGLISH (PHILADELPHIA)

READINGS IN THE CLINICAL METHOD IN PSYCHOLOGY. Edited by Robert I. Watson. New York: Harper & Brothers, 1949. 740 pp.

The stated purpose of this book is '... to demonstrate the clinical method of the psychologist, its nature and historical background, its application in various settings, its use in diagnosis and prognosis, and its use in treatment'. The editor warns that the book is not a study in dynamics, a report of research nor a manual for psychological testing. Fifty-three articles published since 1937, in psychological books and journals, make up the contents. The authors are members of, or are eligible for membership in the American Psychological Association.

The book is divided into four parts with a separate bibliography for each section: I The Clinical Method; II The Functions of the Clinical Psychologist; III Diagnostic Methods; IV Methods of Treatment. There are seven hundred seventy-six titles listed as

references. Of the seventy-eight psychiatrists whose works are listed, approximately half are psychoanalysts. Occasional references are made to the writings of other psychoanalytically trained authors.

In this collection of papers marked differences of both emphasis and style are to be found. For the most part the selections are good and the best contemporary thought in the field is made available. No attempt has been made to eliminate differences in opinion; an instance is the use of nondirective therapy debated with vigor by Snyder and Thorne.

A very healthy self-searching as to the proper role of the clinical psychologist is revealed, and throughout the papers comes the call for adequate clinical training and experience. A great deal of thought has been devoted to methods which can enable therapy to be practiced safely within the limitations of present training. It is heartening to read the constructive contributions of the psychoanalytically trained psychologists.

By and large, psychoanalysis is given apperceptive evaluation. The critical comments of Thorne are an exception and reveal a high degree of ambivalence toward the subject. Watson's reviews which complement and round out the last three sections are particularly to be commended.

This book will be a valuable addition to the library of any psychoanalyst. Through it an appreciative insight can be obtained into the resources and problems in the field of clinical psychology. It is warmly recommended for this purpose.

RICHARD L. FRANK (NEW YORK)

DYNAMIC PSYCHOLOGY. By Percival M. Symonds, Ph.D. New York: Appleton-Century-Crofts, Inc. 1949. 413 pp.

In contrast with most introductions to the study of psychology, this book is written primarily from the viewpoint of freudian psychoanalytic theory and based principally upon psychoanalytic literature. Presenting the findings of clinicians rather than those of experimentalists, the writer draws upon the experience of Abraham, Ferenczi, Rank, Jones, Alexander, Reik, Klein, Isaacs, Fenichel and other psychoanalysts. He includes the views of only a few of the psychologists who have made contributions to dynamic principles, among whom are James, Woodworth, Wertheimer, Koehler, Koffka, and Kurt Lewin.

The book is divided into twenty-one chapters, with an introduction. After defining psychology broadly, as 'the science of experience, of the mind and of behavior', the writer briefly discusses the relationships of biology, physiology, sociology and anthropology, to psychology. He then reviews the methods of the experimentalists, the approach from the viewpoint of Gestalt theory, introspectionism, behaviorism, and dynamic psychology, which is concerned with the action of forces of the total personality operating at different levels.

Chapter II, dealing with 'drive', covers the physiological principles of homeostasis, tissue needs and tensions, as well as ego and libido goals. The importance of desires, needs and gratifications in relation to the learning process is stressed.

Chapters II to VI are devoted to mental conflicts associated with frustrations, problems of aggression, inferiority feelings, anxiety, guilt, punishment and loss of love. The remaining chapters are almost exclusively concerned with descriptions of the ego's mechanisms of defense.

Chapter XX contains some valuable comments regarding ego development and the growth of the personality. It is interesting to note that a professor of education considers it important to emphasize the significance of unconscious tensions and conflicts in connection with the learning process and with the functioning of the intellect. The implications for mental hygiene in relation to education are clear.

The last chapter on normality has the limitations of all verbal generalizations about dynamic concepts. However, the author is well aware of this, and therefore describes various levels of functioning with such yardsticks as reality testing, freedom from unconscious compulsion, integrative capacity of the ego, etc.

In describing psychotherapy, there is a tendency toward simplification of the processes of increasing ego span and functioning. The entire concept of 'working through' is ignored, giving the impression that intellectual understanding of the unconscious alone is dynamically effective.

There is a short paragraph about the most important aspect of any psychotherapy: transference. Unfortunately, the author defines transference as the 'positive and negative feelings and attitudes that a client develops toward a counselor during the period of treatment'.

No mention is made of the unconscious repetitive processes involved, or the displacement of affects from figures in the past whenever true transference phenomena occur. Countertransference is only indirectly alluded to.

Questions at the end of each chapter suggest that the book is intended for use in seminars for which it probably is best suited. A selected bibliography includes excellent classical and current references.

EDWIN R. EISLER (CHICAGO)

A STUDY OF INTERPERSONAL RELATIONS. Edited by Patrick Mullahy.
New York: Hermitage Press, 1949. 560 pp.

The twenty-five papers by seventeen authors, which comprise this volume, reflect the orientation of the William Alanson White Psychiatric Foundation. According to the theory of interpersonal relations, 'The individual is no longer conceived of as an isolated being equipped with fixed instincts and drives, but as a social being whose problems arise from specific social conditions'. Most of the papers in this collection appeared in the journal, *Psychiatry*, and include contributions by psychoanalysts, sociologists, anthropologists and psychologists, of whom Harry Stack Sullivan, Frieda Fromm-Reichmann, Clara Thompson, Kingsley Davis, Ernest G. Schachtel, Talcott Parsons, Harold Lasswell and Ruth Benedict are representative. The diversity of topics covered is illustrated in these sample chapter headings: On Memory and Childhood Amnesia; Certain Primary Sources in Patterns of Aggression in the Social Structure of the Western World; The Role of Women in This Culture; The Transference Phenomenon in Psychoanalytic Therapy; Cultural Complexity and Psychological Problems; and Therapeutic Investigations in Schizophrenia.

Differences from classical orientations in psychoanalytic psychiatry are presented in several papers. Schachtel's fundamental paper on memory develops the thesis that infantile amnesia is a universal phenomenon, determined culturally rather than by repression of specific sexual content, and outlines the effects of our culture on the basic senses of touch, taste and smell, in shaping significant infantile experiences and emotions. Clara Thompson, taking issue with Freud on the psychological consequences of the anatomical

distinction between the sexes, contrasts the neurotic manifestations of the dependent women of his time with the mass restlessness of modern career women who have achieved independence but have failed to find new satisfactions because of cultural factors. Frieda Fromm-Reichmann calls for increased attention in therapy to the 'conscious defenses of the self' and for 'more consideration to the cultural and realistic aspects of the patient's outer world, his personal relations in general and with the analyst'. These changes in emphasis, she feels, are necessitated by the increasing number of character and psychotic disorders of today as against the psychoneuroses which formerly laid greatest claim to analytic study. The section by the late Harry Stack Sullivan, whose influence pervades the book, provides stimulating theoretical concepts but very difficult reading.

Interpersonal theory, as presented in this volume, greatly broadens the frame of reference for the psychologic study of the individual; in the resultant perspective, however, little is seen of unconscious conflict, and less of libido theory, as applied to the understanding of individual clinical disorders. Most of the psychocultural articles are of general interest, yet of particular value to students of comparative psychology and of social psychiatry.

VICTOR W. EISENSTEIN (NEW YORK)

PERSONALITY PROJECTION IN THE DRAWING OF THE HUMAN FIGURE. By Karen Machover, Ph.D. Springfield, Illinois: Charles C. Thomas, 1949. 181 pp.

Dr. Machover presents a new projective technique based on a systematic attempt to analyze the patient's drawing of the human figure. She merely has the patient draw two figures, a male and a female. Her analysis considers the style and form of the drawings, the placement on the page, size, content, and a comparison of the two figures. It is assumed that the drawing will contain projections of the patient's conflicts about his own body or will refer to parent imagos. If any particular part of the figure is omitted, or done in a style not consistent with the rest, or contains erasure marks or transparencies, the patient is presumed to have a conflict about that part of the body.

Dr. Machover gives a detailed account of the conflicts that may

be revealed in each part of the drawing. Thus schizoid patients may give their figures a long thin neck and thus symbolically represent a separation of the intellectual and controlling center from the impulses of the body. A paranoid may reveal his concern for the opinion of others about him by exaggerating the size of the ears. A man may show his sexual confusion by peculiarities in the drawing in the genital area. To illustrate the method sixteen figures are reproduced with accompanying case histories.

Dr. Machover states that she has developed her method empirically from considerable case material and also from the associations of the patients to parts of their drawings. In her eagerness to standardize the method she seems to be a little arbitrary in some of her formulations. As in any such test, standardization, no matter how detailed, is no substitute for wide experience.

Psychiatrists, such as child therapists who make use of drawing in their therapy, though not intending to become expert at this new projective technique, should find much in this book to interest them.

JOSEPH WEISS (SAN FRANCISCO)

THE PROBLEM FAMILY. An Investigation of Human Relations. By A. S. Neill. New York: Hermitage Press, 1949. 224 pp.

Generalizing from his experience with mishandled children, for whom the permissive atmosphere of Summerhill actually represented therapy, Neill proposes a solution for all emotional evils of 'sick mankind'. What he advocates is in essence to live according to the pleasure principle (uninhibited instinctual gratification), with little or no recognition of the necessary frustrations which the average child has to learn to tolerate in the world of reality. In an iconoclastic mood throughout his book, Neill ridicules civilization, the concepts of a conscience, sublimation, self-control, etc. Why live a human life, when only cats are happy! If the goal of life is to live the aimless, uninhibited existence of cats as extolled by Neill, then his philosophy might apply.

Not burdened by a scientific background nor a solid foundation of real knowledge, Neill in a chatty informal manner talks in twenty-one chapters about everything and actually says nothing. He admits that he has not studied (and that he does not feel prepared to

understand) Wilhelm Reich's work on Orgone, yet he believes that Reich has brought to the world the most important message and that Orgone is the cure for all ills.

I consider this book, written for lay people, especially parents, confusing and dangerous. Parents may fall prey to Neill's naïve illusion (obviously the result of his own complexes) that his values are absolute. Because of his naïve approach even those statements, which in themselves are sensible and correct, become useless and the good is lost with the bad.

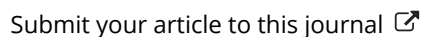
MELITTA SPERLING (NEW YORK)

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Jacob A. Arlow, Harry H. Nierenberg, Theodore Branfman, William Pious, I. Peter Clauber, Edmund Bercler, G. Pederson-Krag & Richard L. Frank

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ABSTRACTS

International Journal of Psychoanalysis. XXVIII, 1947.

Notes on Psychoanalysis and Integrative Living. Marjorie Brierley. Pp. 57-105.

In this paper, which is actually the third and final portion of a monograph, Brierley proposes 'to present in broad and tentative outline, the general conception of human nature and attitude towards life with its consequences for behavior which appear . . . to be inherent in psychoanalysis'. Since neither the philosophy of crude materialism nor the traditional agencies of moral authority have secured stability or freedom from tension for individuals and nations, the need for a new, rational ethic founded on scientific understanding of human psychology seems imperative.

As the *summum bonum* of this new morality, Brierley proposes the touchstone of 'integration'. By integration is understood 'the sense of wholeness resulting from the organization of dynamic components, a living unity engendered by the harmonious patterning of variety . . . a stable and unified personality'. By understanding those factors leading to personal integrity, it is hoped that principles conducive to world integration will be derived.

A first step in the process would be the classification of personality types. This task is not possible in our present state of psychoanalytic knowledge, but the ultimate classification, the author maintains, must be a psychosocial one. 'A generation or two might suffice to bring about an appreciable change in the distribution of psychosocial types.' During recent years, Western civilization has favored the development of immature and poorly integrated personalities.

Religion, specifically Christianity, as a method of personal integration is not losing ground. If anything, it is experiencing a revitalization, in spite of its failure to prevent cataclysmic warfare. Psychoanalysts have paid insufficient attention to pre-*œdipal* conflicts in religious motivation. Religious mysticism is motivated largely by such drives. In rare instances a life of sanctity may represent an extremely adequate and gratifying form of personal integration. Although psychoanalysis may lead to a complete understanding of the intrapsychic economy of religious experience, it cannot settle ultimate issues. The objective reality of God's existence and man's communion with him is an open question. Telepathy and psi phenomena in general, if established as valid, would influence the decision.

'Optimal integration is as much a goal of world organization as it is of mental organization. The fundamental principles of governing nations and of bringing up children may indeed be identical, but their application will necessarily vary widely in different fields.' The pressure of Christian culture upon the *œdipal* conflict has brought about a personality pattern in which much of instinct is identified with the denigrated infantile and parental erotic and sadistic self. The child thus purchases a precarious ego security at a heavy cost of poverty of available instinctual energy. There is, therefore,

little hope for individual integration or for world stability until the fundamental psychological phenomena of infancy are as well understood and taken for granted as are the bodily events. Libidinal freedom under a regime of common sense restriction is the means of fostering personal and therefore world integrity. A greater capacity of libidinization implies a lesser need for the direct expression of aggression, although some unmodified aggression can serve integrative ends. Surplus frustrated aggression without outlet may lead to wars or revolutions. Only after individuals acquire more confidence in their ability to control their own impulses by using them effectively can people be free from personal anxiety about aggression and from the threat to social stability. Civilized living could offer plenty of scope for domesticated uses of aggression if only human beings did not feel constrained to apologize for having any aggressive impulses at all.

Brierley believes that the most fundamental problems of personal development and social organization probably are the same for all human beings at every time and in every place. This is reflected in a relative constancy of moral standards. Early personal values are solidly based on real experiences of pleasure and pain, but as development proceeds, subsequently differentiated values tend to diverge from reality to the extent that the family ethics fail to coincide with actual needs and facts. This is most detrimental to the development of a realistic capacity for moral judgment. A clearer understanding of the earlier (preœdipal) protomorality is essential.

'A good life can result only in so far as the demands of instinct and of conscience can be harmonized sufficiently well to give the ego some measure of united backing in its conduct of daily life. . . . Integrative valuation can be based only on the assessment of instinctual needs, of conscience demands and of environmental requirements.' Psychoanalysis accepts man as a psychosocial being, whose psychological needs, as a result of development, go beyond gratification of his primary animal requirements.

To create the atmosphere conducive to integrated personality and world organization a reassessment of values, ancient and modern, is required. The development of a more stable civilization depends upon the discovery and practice of more efficient methods of psychosocial integration than Christianity has yet achieved. Every personal attempt to live integratively is a direct, if minute, contribution to the raising of the psychological standard of living for all.

Throughout this article almost no acknowledgment is given the very complex historical, social, economic, and political conditions which constitute the framework within which human existence and even analytic investigation take place. Formulations derived from the psychoanalysis of individuals are applied with little hesitation to the phenomena of social ethics. Such a one-sided methodological misapplication of psychoanalytic knowledge led other authors, for example, to the ludicrous suggestion that wars could be avoided if heads of states supplied a psychoanalyst with every ministerial portfolio. Little respect for psychoanalysis as a scientific discipline accrues from such an approach. Although many articles like Melitta Schmideberg's

After the Analysis have discussed the meaning of the unrealistic, omnipotent expectations from analysis, such illusions continue to flourish, even among psychoanalysts themselves.

JACOB A. ARLOW

Narcissistic Equilibrium. Henry Harper Hart. Pp. 106-114.

Psychoanalytic literature refers to many seemingly divergent phenomena as 'narcissistic'. Hart attempts to clarify this ambiguity by correlating the contributions of many writers as follows: The primary narcissism of the child gives place to secondary narcissism as the superego develops and the child renounces instincts, sublimates and develops object love via identification with the parents. Narcissistic equilibrium is a state of harmony between ego and superego, or ego security based on realistic mastery and self-appraisal. Narcissistic imbalance from superego condemnation evokes a compensatory inflation of the ego—commonly but unspecifically referred to as 'narcissistic'. The basis of this narcissistic equilibrium is a reciprocal relationship between object love and self love determined by that between child and parent, and later between ego and superego. Narcissistic imbalance is reflected in over-estimation of the love object—falling in love as a habit, falling in love with the projection of an earlier introjected object—and jealousy. Narcissism is differentiated as to whether it is regressive or progressive, that is whether it leads away from reality mastery or toward it. Psychotic narcissism is regressive; healthy narcissism, creativity, and ambition are progressive. Psychotic narcissism is compensatory narcissism which follows the pleasure principle of the id, disregarding reality. In schizophrenia there is a return to fetal narcissism and an absence of the sublimation of compensatory narcissism. In homosexuality the absence of identification with the father shows itself in superego weakness and consequent narcissistic imbalance. Passivity, with its oral dependence, also shows narcissistic imbalance. Narcissistic imbalance in the presence of intoxicants such as alcohol, morphine, etc., also stimulates compensatory narcissism while it impairs the ego's efficiency. Compensatory self-esteem in feminine narcissism need not be regressive but may lead to achievement in reality through motherhood. Narcissism, however compensatory, is in itself not a source of anxiety but a signal of inadequate control of the ego over its instinctive drive. Complete loss of narcissistic equilibrium is illustrated in suicide: the ego kills the cruel superego which in turn demands the death of the ego.

The Superego and Other Internal Objects. Adrian Stephen. Pp. 114-117.

Stephen proposes that the concept of the superego as a single entity needs to be revised. He presents the superego as a collection of wishes and its function as the fulfilment of these wishes. Patients in analysis act as if in accordance with standards set up by loved or critical objects taken inside of themselves. This behavior is referred to as 'the expressions of fulfilled wishes'. The subject feels as if he contained—or were—the blaming or praising

objects because he unconsciously wishes that he did contain these objects and his wish has become what Freud calls a 'psychic reality'. Stephen's point is that there can be no fast distinction between such superego wishes and id or ego wishes even though, he says, the superego wishes seem to stand apart from the ego wishes. He draws support from Freud's statements that his formulations regarding the structure of the superego should not be taken rigidly. He believes that Freud confused the concept of the superego by introducing ethical considerations into a dynamic scheme. The case of a fifty-year-old woman suffering with alternating periods of depression and elation is used as an illustration. Her symptoms are presented as the fulfillment of her identification wishes. The patient verbalized her wishes to have 'the needed discipline'—her husband, her mother, and her father—locked up within her. She heard threatening voices which Stephen believes cannot be distinguished as representatives of the superego from representatives of the id.

HARRY H. NIERENBERG

Science and Belief. C. H. Waddington. Pp. 123-130.

In this paper, the second Ernest Jones Lecture delivered to the British Psychoanalytical Society on November 19, 1947, Waddington quotes Jones who pointed out thirty years ago that matters of belief (religious, ethical, political, etc.) have their origin in the unconscious. Although older beliefs have been undermined by the advance of science, they have been replaced by new myths and doctrinal schemes. In so far as beliefs continue profoundly to influence men's actions, it is important not to adopt a high-minded silence about them. However, the center of interest must shift from the nature of the ideal to the mechanisms by which beliefs in general come to be formed and the part they play in the functioning of the whole personality.

While belief is essentially a restraining force (superego), it may be employed in carrying out violent actions derived from primitive urges (id). The belief structure may be regarded as an introjection of a parent and as such it is the subject of both love and hate. This inner tension may become increasingly acute and lead to the commission of terrible crimes in the name of the very ideals which are supposed to prevent such conduct. This danger, inherent in the belief structure, may be averted by erecting a second dualism in which the hate of the first can be mutated into the service of the second. The Christian belief structure is cited as an example of this with the two ideals of holy humility and the organized Church. The present danger would seem to lie in the exclusive belief in the ideal of free enterprise or that of social organization.

A further requirement of a benign belief structure is that it be not unduly restrictive if it is to fulfil its function of enlarging the breadth and scope of social heritage which the individual is willing to acknowledge, test, and possibly accept. Finally Waddington suggests that the scientific ideal (attitude of logical thought checked by appeal to experience) combined with the quite different ideal of the creative artist offers a possible dualistic belief structure for man in our time.

THEODORE BRANFMAN

Analysis of a Schizophrenic State with Depersonalization. Herbert Rosenfeld. Pp. 130-139.

This is a very well written and very stimulating report which accomplishes the exceedingly difficult job of portraying a therapeutic relationship of some three years in a few pages. Rosenfeld's purpose is to point up certain of the mechanisms encountered in analyzing a schizophrenic person and to demonstrate that depersonalization is only quantitatively different from the more serious and severe manifestations of ego disintegration. The clinical data are very lucidly described. The author demonstrates convincingly that the patient's attacks of depersonalization, as well as her psychotic states, are related to current deprivations and that in their content they re-enact childhood situations which were evidently experienced by the patient as very traumatic. The symptomatology is beautifully described, including such phenomena as withdrawal, ego splitting, development of paranoid feelings and ideas, and others. Rosenfeld's selection of the patient's descriptions is excellent. His comments concerning technical difficulties are all too brief, but nevertheless very much to the point.

The paper has some shortcomings which are unfortunately all too frequent in clinical reports. For example, there is too much use of theoretical concepts in the clinical description. Such concepts as regression, fixation, resistance, transference, defense and others, have definite usefulness in the final formulation but become unclear when they are employed as descriptions and leave the reader to guess what actually occurred. It is particularly important to bear in mind that there is, as yet, no complete agreement as to the applicability of these concepts to the schizophrenic state. It is, in a sense, begging the question to use the concepts as if they were clinically established facts, instead of presenting the material in such a way as to permit a modification of the concepts, development of additional concepts, or the demonstration that the concepts are applicable. Another fault in this paper, and other clinical reports, lies in the omission of certain concepts in the formulation and summary section. The concept of restitution in schizophrenia is not referred to, nor are many of the basic psychoanalytic concepts, such as the *oedipus*.

These faults are not as marked in this paper as they are in many other clinical reports. The clinical descriptions are sufficiently clear to enable the reader to draw his own inferences and compare them with those of the author. The report merits careful study. It is to be hoped that Rosenfeld will publish additional reports and further clinical material about this interesting analysis.

WILLIAM PIOUS

On the Intense Affects Encountered in Treating a Severe Manic-Depressive Disorder. W. Clifford M. Scott. Pp. 139-145.

Scott relates the views of Melanie Klein's 'depressive position' to conclusions of his own arrived at in treating manic-depressive states in which were found intense, pathological types of anger, love, fear, and grief. These conclusions are illustrated by many details from the analysis of a twenty-

year-old hospitalized woman suffering from severe depression. Symptoms and a series of critical situations in the analysis are described. Scott states that as in the analysis of children he focuses on interpretations of details of behavior, the sequence of behavior, and reactions to interpretations. Some of the interpretations are based upon intuitive understanding and experience, proof of which appears in subsequent behavior and material. Fantasies connected with vomiting and vomitus are related to feelings of persecution from within and without and lead to disturbances in ability to speak about feelings. Atonia of sleep, sleep itself and fatigue are used as defenses against the effects of 'bad' internal objects. Convulsive reactions are used as an inhibitory symptom against reactions of rage.

Masturbation appeared as a defense against aggressive oral wishes. The working through of oral aggression connected with identification with the father led to a resolution of the identification and promoted feminine wishes and identification. This was followed by alternations between feminine and masculine identifications which Scott understands in terms of the swiftly changing relationships of the patient's internal objects.

When the patient ignored the analyst it was interpreted as a disturbance of the reality sense by an internal object. When the patient treated the analysis as a dream she did not wish to subject the analyst to her sadism. Writing was a projection mechanism acting as a defense against oral activities. Drawings were interpreted as the projection of memory and of fantasy material. Scott concludes that in treating psychotic patients the analyst should try to understand the extraordinarily complex interplay between the mechanisms of introjection and projection and the relationship of internal and external objects.

I. PETER GLAUBER

Circumcision and Problems of Bisexuality. Herman Nunberg. Pp. 145-179.

This is a brilliant, though highly involved and overextended (thirty-four pages) study on circumcision culminating in the formulation that foreskin and femininity, circumcision and rebirth, are unconsciously identified. Anal and oral regressive fantasies are also found in the identification of glans and mother's nipple, and foreskin with smegma, and breast with milk. 'The former represented to him [the patient] the masculine principle, the latter the feminine one . . . , he restored the unity of his masculine and feminine parts, of himself and of his mother, he became again bisexual, a man and a woman in one person' (p. 157). Nunberg's deduction has the advantage of contributing an answer to the anthropological puzzle of why an injury to the penis (puberty rites of primitives) makes a man more masculine. If circumcision means elimination of femininity in the boy, there is less of an enigma.

Nunberg touches on a great many tangential problems such as those arising from masculinity and femininity in general, activity and passivity, religious attitudes, and even the question of German war guilt. It is at these tangential points—especially the first two—that doubts arise. It should be stressed, however, that Nunberg's main thesis, with its wealth of corroborative material, is

extremely convincing. The permissible doubts raise the question whether all these complex problems are specifically solvable without centering one's focus on the image of the preœdipal (hence terrifying) Giantess of the earliest nursery where the concept of masculinity and femininity are still unknown. It is also questionable whether activity and passivity on the oral level can be clarified without taking into account the concept of the actively giving mother and passively receiving baby. Finally, the possibility cannot be excluded that the bisexual identification of the circumcised boy, though biologically conditioned, could psychologically represent an autarchic denial of dependence on the Giantess. One gathers the perhaps erroneous impression that the author focuses too exclusively on phallic castration fears. Such an impression is strengthened by his statement ' . . . perhaps we are not entirely aware of the paramount importance of the castration complex' (p. 146).

EDMUND BERGLER

A Generalized Hedonic Theory of the Ego. W. Baggally. Pp. 179-197.

In *Hedonic Conflict and the Pleasure Principle*, published in 1941, and in this article the late W. Baggally, a mathematician and physicist, studied psychoanalytic phenomena by means of calculus. He was especially interested in such paradoxical applications of the pleasure principle as erotogenic masochism, moral masochism, and situations in which a stimulus associated with pleasure resulted in an increase of unpleasure. His method was to designate the responses to various stimuli by appropriate symbols and then to give these symbols values, arbitrary but probably accurate in relationship to each other. He then showed by equations, approved by competent mathematicians, that the result of simultaneously experiencing a variety of stimuli could not be foretold by simply adding similar or subtracting differing stimuli, but was rather according to relationships expressed by higher mathematics. By means of such computation Baggally felt that he could explain phenomena such as the satisfaction of vengeance or love play culminating in orgasm. However, one may speculate whether these effects were not due to psychic processes beyond the reach of a few symbols, and whether the attempt to express and predict emotional happenings by means of mathematics is not of the same order of usefulness as translating an article into Chinese to find out whether it will have the same meaning in that language as in English.

G. PEDERSON-KRAG

A Note on a Child's Game. W. Baggally. Pp. 198-200.

Baggally attempts to explain a game of a seventeen-month-old girl in terms of the hedonics of play. The game consisted merely in standing upright on the couch and then slowly swaying and overbalancing so as to fall over and sit down with a bump after which the child scrambled up and the game was repeated. During the repetitions, the time taken in swaying before the fall became more and more lengthened until ultimately she lost interest in the game and turned her attention to other activities.

The author supports a generalized theory of hedonia which states that if the ego is subjected to a pleasure and a less intense unpleasure simultaneously, both associated with the same wish, the resulting pleasure will be more intense than it would be in the absence of the unpleasure.

He summarizes his proposed explanation of the falling game as follows: the falling down while learning to walk constitutes a miniature trauma. This sets up three kinds of fear corresponding to physical pain, narcissistic mortification and loss of equilibrium. The first of these is probably predominant. The wish to avoid these fears is acted out in the game. Standing on the couch reduces the threat of pain but the memory of experiences on the floor remains. The other two fears are also reduced since the game places the child in control of the danger (except for memories of past discomfiture) and since equilibrium is regained immediately after the fall.

The game brings the unpleasure associated with memories of previous falls on the floor into hedonic conflict with the more intense pleasure of finding oneself safe, unruffled and right side up in spite of one's fears. A large increase in pleasure is thus obtained (as well as erotic pleasures from the physical movement).

As the fears are reduced by repetition, the swaying and unbalance are prolonged to spin out the remaining unpleasure. Finally, immediate experience banishes the fears and no unpleasure remains to set against and increase the pleasure so that another game must be sought.

Baggally attempts to apply the same theory to the traumatic neuroses, especially to unsuccessful repetitive dreams. The shock which precipitated the traumatic neurosis leaves an intense wish to prevent its repetition. When asleep, the dangers of the real world seem removed and the patient may envisage the possibility of experiencing the trauma on purpose to set the unpleasure of the weakened apprehension against the pleasure of security so as to increase the resultant pleasure. The attempt fails when the dreamer awakens from the preliminary anxiety of the dream just as it would were the child to fall on the floor in the game. Baggally speculates that if the patient could be kept from waking the anxiety might ultimately exhaust itself in a succession of dreams of decreasing affective intensity.

RICHARD L. FRANK

Revista de Psicoanálisis. VI, 1948.

Georg Christoph Lichtenberg, Clandestine Psychoanalyst of the XVIIIth Century. E. Eduardo Krapf. Pp. 5-31.

On the basis of a detailed study of the posthumous works of Georg Christoph Lichtenberg, Krapf shows that this learned man of the eighteenth century was not a mere humorist but anticipated psychoanalytic thinking so thoroughly that he might in justice be called an extemporaneous psychoanalyst. Krapf makes detailed reference to the psychological method and doctrines of Lichtenberg, stressing especially his remarks on dreams and pointing out his profound understanding of the importance of instinctive life and the unconscious. He brings out the fact that Lichtenberg understood how revolutionary his observations

and doctrines were—in fact, he did not publish a word of them in his lifetime. Hence the author refers to him as a clandestine psychoanalyst, a title which summarizes in two words his glory and limitations.

(AUTHOR'S SUMMARY)

A Psychoanalytic Essay on the Personality and Dramatic Works of Richard Wagner. Enrique Racker. Pp. 32-72.

Racker, on the basis of a study of Wagner's works and life, first shows the composer's fixation in the œdipus complex and his resultant conflicts. He then describes Wagner's pregenital conflicts and their expression in manic-depressive and paranoid processes. An attempt is made to understand, on the basis of these mechanisms, the complex character of Wagner, his vacillation between depression and aggressiveness, self-destruction and destruction of the outside world, contrition and megalomania, rebellion and submission, etc. Racker also tries to clarify the mythical obscurity of various of Wagner's works and to bring out into the open the universal conflicts and problems contained in them.

(AUTHOR'S SUMMARY)

Psychosomatic Aspects of Dermatology. Enrique Pichon-Rivière. Pp. 295-329.

This paper is the first of a series of three which will deal with the psychosomatic aspects of skin diseases. Pichon-Rivière reviews the literature on pruritus and eczema and then presents his own ideas. He believes that pruritus has a role in skin diseases that is comparable to the role of anxiety in the psychological field and of pain in organic illness. General pruritus is an extension of or a displacement from anal pruritus. He mentions the possibility that there is a congenital skin erotism which would explain the apparent erotic gratification found in scratching, a gratification which contributes to the chronicity of many dermatoses. He cites cases which point to the anal masturbatory nature of scratching.

In his discussion of eczema, Pichon-Rivière points out that it can be experimentally produced by suggestion, that there is a strong link between allergic states and eczema—both having a similar emotional nucleus—and that one can establish an interplay between the allergic and emotional factors in individual cases.

Psychoanalysis of a Nightmare. Flora Scolni. Pp. 581-615.

Scolni reports the analysis of a five-year-old girl who suffered from nightmares. The patient rejected her mother as a 'bad mother', a feeling reinforced by experiences with sadistic nursemaids and by the fear of being replaced by a male sibling. Her œdipal attachment to her father, in consequence, became intensified. She dreamed of attacking beasts, devils, witches, etc., which represented her fear, secondary to the wish, that her father would rape her. The nightmare is the punishment for this forbidden desire.

In analysis the girl expressed her conflicts in her games and in numerous drawings which are reproduced in the article. She worked through her penis envy, her ambivalent feelings toward her father and her hatred of her mother.

Hatred of her mother led to retaliatory fantasies and dreams: she is poisoned by the witch. She was inadequately nursed and refused to eat, preferring to suck. In her play, the analyst became the bad mother witch who has no milk for her child. Oral aggressive drives were vividly depicted in dreams of being dismembered, cooked, and eaten.

When masturbating she substituted her finger for a penis and developed an abscess on the finger. She eventually accepted her femininity, identified with her mother, and openly showed affection for her father. Her anxiety then began to disappear along with the monsters in her dreams and her fear of the dark. Treatment lasted nine months (five sessions weekly) and a follow-up two and one half years after treatment indicated a successful therapeutic result.

DAVID KAIRYS

Samiksa. III, 1949.

Laughter in Psychoanalysis. Martin Grotjahn. Pp. 76-82.

A witticism told by a patient during the spontaneous flow of free associations often contains the key to unconscious, disguised material. The point of the joke, when told, liberates the preconscious awareness and renders it fully conscious. Making people laugh contains an aggressive quality and castrates the listener, rendering him helpless in laughter. Children, who are nearer to a genuine understanding of the unconscious than are adults, perceive the underlying aggressive meaning of a joke and react accordingly with shame, embarrassment, and anger. They overlook the disguise which is essential for the adult's displaced attention.

Sometimes a witticism may be used as a means of giving an interpretation; a psychological truth which would otherwise be resisted may by this method be made conscious. A dream in which the analyst is involved in a laughable situation usually is a thin disguise for hostility. Sudden insight into the unconscious, as that following the interpretation of a dream, is often reacted to with laughter unless the insight frightens and the anxiety is too great. Laughter of this sort can be observed during a scientific discussion of dreams where the participating physicians are themselves at a safe emotional distance.

Psychosomatic Aspects of Cardiospasm with Case Presentation. Louis A. Schwartz. Pp. 83-103.

After a brief review of the literature, Schwartz reports the analysis of a thirty-seven-year-old dentist suffering from cardiospasm. The illness was precipitated by a conflict between active masculine drives and passive, feminine, dependent, masochistic tendencies. The spasm enabled the patient to 'push out' (reject 'taking in')—his defense against oral, incorporative homosexual wishes. At the same time, by 'holding', he himself became castrative toward his hated and aggressive phallic mother and sister and his threatening elder brothers. The cardiospasm represented the two phases of his conflict, i.e., the active, expulsive, contractive phase and the retentive, passive, dilated phase.

LEO RANGELL

American Journal of Psychiatry. CVI, 1949.

Affective Learning and the Student-Teacher Relationship. Samuel R. Warson. Pp. 53-58.

The Problem of Teaching Psychological Attitudes to Medical Students. Eleanor A. Steele. Pp. 59-64.

The principle of self-analysis as a valuable preliminary to the understanding of others is applied to the teaching of psychiatry to medical students in two interesting studies. Warson, at the Washington University School of Medicine, reports the superior effectiveness of teaching methods in which the student-teacher relationship evolved along the lines of group therapy. 'The approach of the teacher to the underlying anxiety in the students was the same as that advocated for the students to use with their patients. This gave the students an opportunity for an emotional experience which could be translated in terms of the relationship of the patients to them. The transfer of the attitudes of the teacher to the student is one of the goals of teaching, and was accomplished in this manner.' Warson stresses the special orientation and training required of the teacher in such a situation.

Steele, at Temple University, laid particular stress on autobiographical reports in conjunction with the study of dynamic mechanisms which were under discussion. The students were encouraged to investigate their own conflicts and defense mechanisms (such as tendencies to project) as an aid to an understanding of patients. Steele's results were encouraging. Seventy-five percent of the students reacted favorably; negative reactions are also discussed.

MARK KANZER

Bulletin of the Menninger Clinic. XIII, 1949.

Research in Psychiatry. Karl A. Menninger. Pp. 73-82.

This paper represents a condensed and informal presentation of what Karl Menninger considers the basic postulates of the science of psychiatry. He places considerable emphasis upon the experimental method as a means of establishing predictable and general laws. He warns us that empirical practicality in psychiatry will restrict its further development unless it is accompanied by an appropriate program of research.

A Note on Nyctophobia and Peripheral Vision. George Devereux. Pp. 83-93.

This paper examines the neuroanatomical and neurophysiological basis of the frequent fear of darkness. Man is primarily a diurnal animal and his night vision is distinctly inadequate while the mode of life of today calls for a great amount of nocturnal activity. Vision is one of the most accurate of our senses and one of the most heavily taxed in our attempts to orient ourselves within the real world. The suppression of vision promotes both sleep and regression. Night vision is primarily peripheral vision which helps confuse perceptions and fantasies in the dark.

Neurotic fear of the dark is based primarily on psychological experiences, yet the peculiar nature of man's night vision provides a suitable neurophysiological foundation for the growth of neurotic fears. The remainder of the paper is devoted to some of the typical and specific unconscious factors in nyctophobia.

A Concept of the Genesis of Hostility. J. G. N. Cushing and Mary McKinniss Cushing. Pp. 94-99.

The authors have examined motion pictures of human fetal behavior and sections of the central nervous system of the same fetuses. On the basis of these observations the Cushings believe that the human fetus is capable of feeling and expressing hostility in utero. They contend that the infant becomes resentful and irritable and feels rejected during the birth process. This early store of hostility continues to be a lifelong problem to the individual which forces him to seek affection ever after. (These motion pictures were not made in Hollywood!)

Sex and Science: The Kinsey Report. Lionel Trilling. Pp. 109-118.

The Kinsey report is an event of great importance because on the one hand it is therapeutic in its over-all permissive effect and on the other it is symptomatic of the need in our culture for absolute standards of normalcy. Unfortunately this work has been presented to the public despite the fact that it is a technical project full of assumptions and positive statements on highly debatable matters. However, the Report also gives back to the people the moral right to discuss and question sexual activity openly and honestly.

It is unfortunate that the Report deals with sexual experience only in terms of the physical act and that the evaluation of evidence is entirely quantitative. Emotions are dealt with very much as if they were merely a superstructure. Although Kinsey et al. lament the fact that the concept of 'normal' has obstructed scientific knowledge of sex, throughout their book the idea of the 'natural' quietly assumes this identical position. The fact that rats indulge in homosexual behavior or that the chimpanzee ejaculates immediately upon intromission does not make this conduct in humans either normal or abnormal. Quickness of response is considered a superior trait in the Report and there is a total disregard of the important role sex plays as an intimate personal relationship. The attitudes of the male toward women, their body, and sex organs are hardly mentioned in this book. There is almost no reference to the male's reaction to pregnancy and menstruation.

The Report combats the psychoanalytic concept of pregenitality by stressing the fact that even infants are capable of orgasm. It opposes the psychoanalytic conception of homosexuality and perversion because it purports to find that many 'successful' scientists, educators, physicians, etc. indulge in this kind of sexual behavior. This oversimplification of what is considered natural and normal and what criteria determine mental health may be less damaging in

zoology than it is in psychology. The numerical strength of these recorded facts has had the unfortunate effect of establishing an ineffectual standard of sexual behavior.

The Dermatologist and the Psychiatrist. A. H. Gottesman and Karl Menninger. Pp. 119-123.

There is an intimate relationship between emotional conflicts and skin disturbances. Most frequently the dermatologist combines medical and psychological treatment in his therapy. It is necessary, however, that the dermatologist have an understanding of basic psychiatric principles so that he can determine which patients he may treat and which patients belong in the hands of the psychotherapist.

Juvenile Warts Removed with the Use of Hypnotic Suggestion. Mehl McDowell. Pp. 124-126.

A young woman with numerous juvenile warts which had not responded to eight months of dermatological therapy was treated by direct hypnotic suggestion. After four sessions within a three-week period, all the warts disappeared without the patient's underlying anxiety state having been influenced in any way.

RALPH R. GREENSON

British Journal of Medical Psychology. XX, 1944.

Theory of the Rationale of Convulsion Therapy. W. Abse. Pp. 33-50.

This paper elaborates on the view previously stated by Abse that the 'efficacy of convulsion therapy in mental disorder is dependent upon the fact that it exposes the patient to repeated traumatic situations' which has psychological consequences. The traumatic effect results from the excessive stimulation at the instinctual level while there is progressive disorganization of the higher centers. The induced state is labeled a 'regression' and the whole process including the 'restitution' from the convulsion is likened to an experience of rebirth. The physiological changes which are seen are compared to those of birth and its attendant 'anxiety'. These changes are reversible but the pattern leaves a lasting impression in the psyche which may be a forceful affective symbol. This 'primal anxiety' is said to be followed by an attempt at defense consisting primarily of repression and accompanied by an alteration in the distribution of the libido. A case history is given of a man admitted to a hospital in a catatonic state. Postconvulsive behavior of homosexual, anal and oral types is described. Also the fears expressed by the patient verbally and by action are stated. Despite resistance, condemnation and attempts at flight on the part of the patient after the second treatment the injections were continued.

Abse believes that the transference situation is important and that it should

be used but warns against bringing id-impulses into consciousness in the psychotic patient who is undergoing convulsion therapy. Convulsion therapy is 'a reversal of psychoanalytic technique'. Psychotherapy in convulsion therapy should be re-educative (to encourage the process of repression).

Von Meduna's hypothesis of the antithetical relationship between epilepsy and schizophrenia seems to be borne out by psychological observation. The convulsion of the epileptic seems to serve as a discharge phenomenon having a meaning. It is an attempt at stabilization in a patient who is making a withdrawal from object relationships. The patients 'endogenously generate a traumatic situation as a consequence of their defective libidinal and ego organization'. The convulsion permits a redistribution of libidinal cathexis. These themes are elaborated by means of case histories and analogies made between epileptic attacks and the induced convulsion in the treatment of schizophrenia.

The observation that little success attends convulsion therapy when there are either fixed delusions or pronounced apathy is confirmed and theoretical considerations (consistent with the above formulations) are given to explain these observations.

VICTOR CALEF

Psychosomatic Medicine. XI, 1949.

Emotional Factors in the Etiology of Hyperthyroidism. Theodore Lidz. Pp. 2-8.

Lidz found a striking similarity in the personality configuration and in the type of precipitating emotional trauma in fifteen consecutive cases of hyperthyroidism interviewed on the medical ward of Johns Hopkins Hospital. These patients manifest an intense dependence on the affection of another person, often the mother. Rejection constitutes a major threat to their emotional equilibrium and seems to stem from an unresolved sibling rivalry. They outdo the other children in the family in their devotion to and care of the mother, thus securely binding her to them. Later, by identification with the mother, they manifest an obsessive oversolicitousness toward their own children, and in turn exact the same unswerving devotion. The husband's role is usually a secondary one. He is chosen with a view to implementing the bond to the mother. Infidelity on his part with another woman or his own family is taken as a rejection.

The trauma that appears to precipitate the clinical condition of hyperthyroidism is a disruption of the dominant interpersonal relationship on which the patient's emotional equilibrium rests. Events that terminated or threatened to terminate an essential relationship were found to have occurred immediately prior to the onset of hyperthyroidism in fourteen of the fifteen cases. This study confirms the findings of two prior investigators, Mittelman and Conrad, and further clarifies the personality configuration of hyperthyroid patients.

Studies on Epilepsy: The Petit Mal Attack as a Response Within the Central Nervous System to Distress in Organism-Environment Integration. Wayne Barker. Pp. 73-94.

In a careful, intensive study of a patient with typical petit mal, Barker demonstrates that the petit mal attack is a specific response to a situation of emotional stress. At first the situations in which attacks occurred were investigated by direct questioning but failed to reveal the dynamic connection between attack and situational context. Reconstruction by means of free association of the events immediately preceding loss of consciousness revealed intense emotional reactions hidden beneath the 'neutrality' of situations preceding the attack. These emotions were usually of an aggressive character and came into conflict with the patient's profound need for love. The origins of this emotional conflict were traced to disturbing childhood experiences and to parental ambivalence which created a desperate need for security and peace. Whenever the repressed emotions threatened to erupt into consciousness and endanger the patient's acceptable behavior pattern, the petit mal attack was resorted to. Petit mal attacks could be precipitated 'experimentally' in interviews by pressing on the patient an awareness of emotional reactions before she was ready to admit them to consciousness. Electroencephalographic observations revealed that characteristic spike-and-dome complexes accompanied attacks. When the petit mal attacks proved insufficient to stop the unacceptable emotions from invading consciousness, and psychomotor symptoms, narcoleptic sleep, major convulsions and other 'epileptic' symptoms were removed by analysis, 'hysterical' reliving of traumatic childhood experiences occurred. Barker concludes that 'the petit mal attack is a specific behavioral response in which the eruption of disturbing emotion into awareness is halted by an operation within the central nervous system, characterized electroencephalographically by the appearance of spike-and-dome waves, which interrupts organism-environment relationships'.

S. GABE

Archives of Neurology and Psychiatry. LXI, 1949.

Efficacy of the Brief Clinical Interview Method in Predicting Adjustments: Five Year Follow-up Study of Three Hundred and Four Army Inductees. John A. Aita. Pp. 170-176.

Of one hundred men who had been considered questionable risks for the army, twenty-one proved to be failures, forty-nine average soldiers, and thirty outstandingly successful soldiers. There were no significant clinical criteria for predicting this outcome at the induction station. It is suggested that the training center provides a much better opportunity for the observation and recognition of personality disorders.

Folie à Deux (Psychosis of Association). Eduard Ascher. Pp. 177-182.

Two sisters, age fifty-two and forty-seven, who lived together all their lives, developed an almost identical paranoid schizophrenia. Their delusions

were not only similar but were actually identically worded, regardless of whether the patients were together or separated. Separation of the patients brought about no change in their psychotic illness and since their relationship with each other was the only personal relationship they could maintain they were allowed to stay together in the psychiatric hospital. An interesting detail is the occurrence of identical peritonsillar abscess in both patients within four days of each other while they were hospitalized in separate institutions.

RALPH R. GREENSON

Mental Hygiene. XXXIII, 1949.

A Contribution Toward the Study of Character Building in Children. Alan Gregg. Pp. 529-536.

Gregg stresses the necessity of considering heredity as well as environment in evaluating a given individual. Current psychological trends are in the direction of overemphasis of environmental influences. At the same time Gregg urges that the child be allowed adequate opportunity for the assimilation of experience without the traumatic effects of too stimulating an environment. 'By overloading our children with strong impressions in quick succession, we deprive them of originality and self-reliance.'

The Community and the Aggressive Child. George E. Gardner. Pp. 537-550.

Gardner takes exception to the tendency to differentiate sharply the clinical picture of the neurotic from the nonneurotic delinquent. In both groups delinquent behavior fulfils certain needs. The particular drive of the delinquent is to act out aggressive instincts toward the property or the body of another. Gardner separates this primary aggression from the aggression which appears in response to frustration—so-called 'counteraggression'. Delinquent stealing symbolizes the destructive taking away of a part of some other person; its primary motivation is the aggressive-destructive instinctual drive. Finally, the apparent passivity of such delinquents is actually merely a disguised and thoroughly effective expression of aggression.

JOSEPH LANDER

Journal of Social Casework. XXX, 1949.

Emotional Problems of Displaced Children. Editha Sterba. Pp. 175-181.

This is an interesting report on twenty-five displaced persons between the ages of fifteen and twenty who had been sent to concentration camps in prepuberty or puberty, and who were often the sole survivors of the family or village. Their depression and hopelessness are viewed as a reaction to the loss of the mother, which was usually repressed and never really accepted. Their demanding and aggressive behavior is an expression of their hate for the Nazis which had to be repressed at the time in order for them to survive.

It could only come out later toward the social agencies caring for them when they once again felt safe enough to show their real feelings. Comparison with younger children between three and four described by Anna Freud and Dorothy Burlingham showed a striking similarity.

Psychiatric Principles in Casework. Grete L. Bibring. Pp. 230-235.

Grete Bibring notes the tendency of caseworkers and others, after contact with analytic techniques, to identify psychotherapy with insight therapy and to see in interpretation the fundamental or even exclusive tool for dealing with personality problems. She contrasts this with another approach in which psychoanalytic insight is used to understand the client's conflicts and personality structure, in order thus to manipulate him and his situation more skilfully, that is, by redirection and clarification. How this is accomplished is illustrated by excellent case material.

LINCOLN RAHMAN

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Meeting of the New York Psychoanalytic Society

Charles Brenner

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NOTES

MEETING OF THE NEW YORK PSYCHOANALYTIC SOCIETY

May 10, 1949. EGO DEVELOPMENT AND THE CHARACTER OF THE STUTTERER. I. Peter Glauber, M.D.

The stutterer equates his ego with his mother's phallus (less often her breast) castrated (ablated) from her body. Coincidentally he feels his own body to be castrated like hers. Both the 'mental ego' and 'physical ego' of the stutterer consequently remain incomplete in their functions. The stutterer remains fixated to passivity, since activity is thought to be fraught with terrible danger. Any activity is 'pseudo activity' which is passively oriented. Stutterers therefore have never been able to make 'whole' (satisfactory) identifications. Clinical material from the analyses of several patients is adduced.

Dr. Bertram D. Lewin said that all his patients who were stutterers came from broken homes, or had been separated from their mothers. One patient had an unconscious fantasy of her body as phallus and breast. Lewin suggested that 'nuclear passivity' is precisely the wish to be eaten up which he thought might be based on sensations perceived by the infant as it became drowsy at the mother's breast after suckling. Dr. Margaret Ribble said she had observed two types of phallic mothers. The first type experienced delivery as a castration and rejected the infant as soon as it was born. The second type treated the infant as a maternal phallus as long as it was tiny and helpless but rejected the child when it began to walk and talk, i.e., to become independent. Ribble speculated that rejection at this stage in the infant's development might well result in stuttering. Dr. Margaret S. Mahler compared her conclusions about patients with tics with those of Dr. Glauber about stutterers. In both there is a pathological mother-child relationship and both have fixations at a very early narcissistic level. However, in patients with tics the primary conflicts as well as the symptoms concern muscular, phallic aggression, rather than oral aggression as is the case in patients with stuttering. Mahler stated that patients with tics often exhibit clonic stammering but almost never tonic.

Dr. Glauber said he saw his stutterers' masochism as a defense against regression to schizophrenia. He welcomed Ribble's speculation, adding that in his experience a mother will cause only her male, or only her female children to stutter—never one or more of each sex. In reply to Mahler he said that he was impressed by the similarities in basic ego structure between tiqueurs and stutterers.

CHARLES BRENNER

Dr. Anna Freud of London, internationally known psychologist and daughter of the late Sigmund Freud, founder of psychoanalysis, will speak in Atwood Hall, Clark University, Worcester, Massachusetts, April 20 at 8 P.M. in connection with the University's sixtieth anniversary program. Dr. Freud's visit to Clark University, where she will be one of the main speakers in a symposium

on genetic psychology, recalls her distinguished father's only visit to America when he took a leading part in the twentieth anniversary celebration at Clark University in September, 1909.

The Third Annual Meeting of WORLD FEDERATION FOR MENTAL HEALTH will be held in Paris, by the kind invitation of the Ligue d'Hygiene Mentale, from Thursday, August 31st to Thursday, September 7th, 1950, inclusive. Meetings will be held in the *Cité Universitaire*. Membership will comprise the delegation appointed in each country by the convening organization, in conjunction with other member associations; and, in addition, any other members of member associations who are able to attend the meetings. The meetings will be devoted to the discussion of scientific topics in small working groups. It has been decided to limit to a minimum the number of plenary sessions in which communications will be made to the whole meeting, and to concentrate mainly on small international, interprofessional groups for discussion. The main topics to be considered are: Mental Health in Education; Occupational and Industrial Mental Health; Mental Health Problems of Transplanted and Homeless Persons; Problems of Leadership and Authority in Local Communities. The administrative sessions of the meeting will be held on Wednesday and Thursday, September 6th and 7th. It is hoped that each national delegation will be represented at these by at least one delegate, with authority to vote; but other members of member associations who are interested in the policy and business of the Federation will also be warmly welcomed. A detailed program, with forms for registration of membership, may be obtained from The National Committee for Mental Hygiene, Inc., 1790 Broadway, New York 19, N. Y.

THE BULLETIN OF THE WORLD FEDERATION FOR MENTAL HEALTH, first issued in its present form in February, 1949, is published every two months; it is the successor to the series of twelve bulletins distributed by the International Congress on Mental Health held in London in August, 1948. The purpose of the Bulletin is two-fold. It is intended to serve as a link between the Federation and member associations in different countries of the world. It is also intended to provide a forum for the exchange of ideas and information concerning the principles and practice of mental health throughout the world. In each issue it is proposed to publish at least one original article on some topic relevant to the Federation's work. Space will also be provided for news from member associations and for reporting on the activities undertaken by the Federation's Executive. The annual subscription is one dollar which should be mailed directly to World Federation for Mental Health, 19 Manchester Street, London W. 1, England.

ERROR. The book review of Psychoanalysis and the Social Sciences, edited by Géza Róheim, published in *THIS QUARTERLY*, XVIII, 1949, No. 4, states (Pp. 518-519) that this annual consists '... for the most part ... of papers which have already appeared in diverse publications'. Dr. Róheim corrects this statement with the information that none of these papers has been published elsewhere.

The reviewer, Dr. Nathaniel Ross, was misled by having received reprints of most of the articles from their authors prior to the publication of the book.

Books Received

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