

## General Problems of Acting Out

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**To cite this article:** Phyllis Greenacre (1950) General Problems of Acting Out, *The Psychoanalytic Quarterly*, 19:4, 455-467, DOI: 10.1080/21674086.1950.11925817

To link to this article: <https://doi.org/10.1080/21674086.1950.11925817>



Published online: 07 Dec 2017.



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## GENERAL PROBLEMS OF ACTING OUT

BY PHYLLIS GREENACRE, M.D. (NEW YORK)

Not very much has been written about the problems of acting out in the course of analysis, although they are most difficult to deal with, frequently interfere with analysis, and sometimes escape detection unless and until they become flagrant. Perhaps the earliest extensive discussion of acting out appeared in Freud's *Psychopathology of Everyday Life* (1901) under the headings, *Erroneously Carried-out Actions*, and *Symptomatic and Chance Actions* (1). Particularly the latter chapter included some illustrations of what was later called acting out. At that time, however, such actions were generally considered from the angle of what other elements in the current situation were being displaced onto and concealed by them, and less emphasis was laid on their significance in relation to the earlier history of the patient. Perhaps the most systematic description of acting out has been presented by Fenichel (2), who defined it tentatively as '... an acting which unconsciously relieves inner tension and brings partial discharge to ward off impulses (no matter whether these impulses express directly instinctual demands or are reactions to original instinctual demands, e.g., guilt feelings); the present situation, somehow associatively connected with the repressed content, is used as an occasion for the discharge of repressed energies; the cathexis is displaced from the repressed memories to the present derivative, and the displacement makes this discharge possible'. Fenichel notes that this definition does not adequately differentiate acting out from other neurotic activity, and emphasizes that in the former the quality of *action* is in itself especially conspicuous and impor-

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Adapted from a paper read at the meeting of the American Psychoanalytic Association, May 1949, at Montreal.

tant, and that it is generally a fairly organized activity, not merely a single movement, gesture, or mimicked expression. He further differentiates that by displacement and by rationalization it is generally ego-syntonic, and that it '... shares with transference an insufficient differentiation between the past and the present, an unwillingness to learn, a readiness to substitute rigid reactive patterns for adequate responses to actual stimuli'. Acting out, in other words, is a special form of remembering, in which the old memory is re-enacted in a more or less organized and often only slightly disguised form. It is not a clearly conscious visual or verbal recollection, nor is there any awareness that the special activity is motivated by memory. His behavior seems to the subject to be plausible and appropriate, although to the analyst and to the patient's friends it appears singularly disproportionate and inappropriate.

It would seem that in acting out there may be special problems in accepting and understanding current reality either because of 1, specific problems in the immediate real situation; 2, special persistence of memories of earlier disturbing experiences; or 3, an inadequate sense of reality. These also apply to the development of many symptoms and attitudes, but in the case of acting out there is a compulsion to reproduce repetitively a total experience or episode rather than to select some small part of it as a token representation. It may be translated into new terms or forms, but the experience in memory retains its original organization to an appreciable degree.

Fenichel notes the quality of motility or action<sup>1</sup> which pervades all acting out, as the very term states. He speaks of '... an allopsychic readiness—perhaps constitutional—to act ...' as being one of the contributing factors, discusses the fact that being in analysis favors and utilizes acting out in the transference, and that the analytic process itself may somewhat stimulate acting out in predisposed individuals, in that it educates the patient to produce less and less distorted derivatives of his repressed impulses, while it mobilizes and provokes all repressed

<sup>1</sup> The term 'acting' is used by Anna Freud in *The Ego and the Mechanisms of Defense* (Chapter II) in the sense in which 'acting out' is used here.

impulses. For these reasons acting out is relatively more frequent in persons who are undergoing analysis. It is to be particularly guarded against when it occurs outside of the transference because it interferes with the analysis by discharging tensions in an unanalyzable way, and because it may create reality problems in the patient's life of far-reaching and detrimental import. It may be useful, however, to differentiate between neurotic behavior and neurotic acting out. Doubtless these two are related, but acting out implies organized activity which is generally based on a tendency to action, especially in those patients who show numerous instances of acting out during analysis.

In dealing further with the subject of acting out, this discussion is limited to considerations of first, its genesis, and second, suggestions as to technique. It will be necessary to limit the discussion pretty much to habitual neurotic acting out in contrast to psychotic acting out in which the unconscious memories and attitudes take over the current situation so completely that the stimuli of the latter may be scarcely discernible. We would also differentiate isolated, occasional, or really symptomatic acting out during the course of analysis from those conditions in which the acting out is frequent, habitual, or characteristic of tendencies evident in the entire life of the patient. It is obvious that the impulsiveness is based on an inability to tolerate frustration, a special disturbance of reality and of self-criticism, the quality of marked motility or activity often of a dramatic character—all especially characteristic of the extremely severe neuroses, which sometimes appear perilously close to psychoses and the psychopathies.

In the *genesis* of habitual acting out, Fenichel mentions oral fixation with its high narcissistic need and intolerance of frustrations, the heightened constitutional motility, the presence of severe early traumata (producing a repetitive, abreactive acting out similar to the traumatic neuroses) as being factors producing tendencies to action and therefore contributing to acting out. While all of these factors seem to me of

undoubted importance, I would add two more: a special emphasis on visual sensitization producing a bent for dramatization (derivatives of exhibitionism and scopophilia), and a largely unconscious belief in the magic of action. The need for dramatization may be one of the factors which is most influential in turning tendencies to neurotic action into acting out, in that it predisposes to retention of the episode in memory as a scene or an organized memory rather than to the selection of parts of it for repetition. Such people often believe that to do a thing in a dramatic or imitative way—to make it look as though it were true—is really the equivalent of making it true. It is obvious that this works also to ward off with magic activity as well as to produce by imitative approximation.

It may be, however, that the common genetic situation which combines with or sometimes partly produces these characteristics, and the accompanying general tendency to act out, consists in a distortion in the relation of action to speech and verbalized thought, arising most often from severe disturbances in the second year and showing its effects in the following months as well. Repeated clinical observations of patients who habitually acted out first led me to consider these relationships of speech and action: 1. Even when the action involved in acting out includes speech, the latter is usually secondary to the action which is the more important function. Sometimes the speech itself seems, through its own motor qualities of pitch and intensity, to participate in the motor discharge of tension rather than through establishment of communication or any distillation of the situation into thought. 2. In many patients who frequently act out in the analytic situation, such periods are characterized by an extraordinary large number of distortions of language—slips, malapropisms, spoonerisms, pseudoaphasias, and even a heightened tendency to punning and klang associations. In one patient in whom I was able to work out the origin of this disturbance rather clearly, the acting out in the analytic situation was often associated with a silly-sounding preoccupation with proper names, in various klang combinations, for all the world like the sound-

mouthings explorations of a two- to three-year-old child. This had originally been used by the patient to ward off grief and anxiety at the age of four when she lost through death from lockjaw an older male cousin. She had turned to him with a displaced œdipal attachment after feeling deserted by both parents subsequent to the birth of a younger brother. Even earlier this child had frequently been taken by her nurse on daily walks to the nurse's home, and had been the passive witness of sexual scenes. She was warned not to tell, and gained much praise from the nurse for keeping the secret. A precocious and attractive child, predisposed anyway to an excess of adulation, she spoke early, well and clearly; but under the pressure of keeping the secret, she developed a special tendency to amusing prattle in which she made shrewd remarks, doubtless 'half-revealing and all-concealing' her secret. It seems probable that in this situation the child, who was thus already neurotically disturbed, incorporated her infantile concept of the disease, lockjaw, into her repetitive mouthing of variations of the cousin's name with such a cute effect that her 'mourning' by identification became an attractive joke, and the cornerstone of a disturbance of character development. She became a great practical joker, punner, and 'gag' producer throughout her life, and both talked and acted in order to avoid feeling.

The various types of association of word sounds, their relation to the period in which identity is established (with a separation of the self from the outer world, and an acceptance of the existence of two sexes), as well as their connection with names, and natural functional sounds is beautifully apparent in a book for children, *The World is Round*, by Gertude Stein. Examination of the psychogenesis of development proves that this is certainly a period in which speech and other motor functions, especially those of locomotion and of imitative action, may become subject to special complex involvements. It is my impression that the motility of acting out comes more from these than from inherently constitutional sources, at least in the sense of the congenital constitution. This is a period

when both speech and walking are begun and are gradually being mastered. The orality of which Fenichel speaks is certainly important and has generally already been determined either by constitution or by the vicissitudes of the individual infant experience. It is certainly true that the orally frustrated child expresses its distress through heightened diffuse motility, and that oral frustration or special forms of indulgence may produce a general inability to tolerate other frustrations. It is also true that the persistence of oral demands may be but the most conspicuous focus of a general state of emotional tension during the first months of life, and that this is a source from which heightened disturbances at any later time occur. The special character of any early oral trauma may further play into delay, distortion, or diversion of speech functioning.

During the second year of infancy, however, when mastery of speech and of the special motility of walking is being accomplished, sphincter control is also in process of establishment. Not infrequently speech and mouth movements become combined with or influenced by the expulsive sphincter movements of bladder and bowel, and the character of the speech is clearly marked with imprints derived from other body ejecta. General motor behavior, too, is influenced, but not so often involved in an inhibitory way, by the struggle for mastery of the body excretory processes. Activity seems rather to be increased by the effort to control the excreta, and the first communications in regard to these are generally in terms of gestures or infantile, often onomatopœic, terms which may persist strikingly well into adulthood.

It has seemed to me, then, that in those patients who tend chronically to act out there was often 1, more or less emotional disturbance in the early months of infancy with increased orality, diminished tolerance for frustration, and a heightened narcissism; 2, speech was inhibited, delayed, or otherwise disturbed in development relatively more than motor discharge which might progress well into walking, and in any event take over the burden of the increasing need for communication because of the greater tensions and pressures of the period of

toilet training. It is, however, the disturbance of the function of speech, rather than merely of the form, which is important. In some instances the child learns to articulate very well, but the speech becomes degraded in its functioning, being used for exhibitionistic purposes rather than for communication. This emphasis on the cuteness of the speech with subsequent diminishing of its utility value may occur about equally in children with unclear speech and those with precociously clear verbalization, sometimes based on their amusing imitations of elders. In either event, speech functioning is exploited or even largely diverted into services other than those of communication. In other instances in which any slight uncertainty of speech was derided, an inhibition of speech and an almost complete dependence on action may occur.

Under either set of circumstances, there is an inevitable increase in rapport by looking. Dr. Anna Katan has verified (unpublished communication) the importance of repeated primal scene experiences in influencing acting out. In her experience, the child who is repeatedly subjected to primal scenes may undergo heightened visual erotization through participation by looking, but not infrequently by its crying excites the anger of the one or the other parent and so is drawn into active participation. This may, if repeated, definitely increase both the scopophilic-exhibitionistic elements of the character and the preverbal acting into the situation which later contributes to acting out.

Anyone who works much with severe neurotics becomes aware how much their communication is in terms of body language—whether of involuntary body tensions, gestures, transitory somatic changes, as well as acting out. All of these forms of communication, even when they appear within the analytic situation, are peculiarly difficult to analyze and may be obstacles to analysis, probably because they essentially belong to a preverbal form of thinking and represent an actual earlier difficulty in making this transition in the life of the child. The capacity to verbalize and to think in verbal terms seems to represent an enormous advance not only in the economy of

communication, but also in a focusing of the emotions which are associated with the content of thought. This, I believe, is a very important consideration in understanding the problems of acting out.

While it seems that this disproportion between verbalization and motor activity is characteristic of most habitual acting out, it is apparent that its importance must vary greatly with the degree and type of acting out. It is always determined in considerable measure by the pressure of the specific content of the individual piece of acting out, which will then be reproduced repeatedly as it is elicited by current stimuli, as though to ward off danger 'by doing it first', or to repeat the past event as though 'to see it again' and prove it to be less noxious, very much after the fashion of the stages in the development of a sense of reality. Indeed, an incompletely developed sense of reality has appeared characteristic of many of these patients. But chronic or habitual acting out is a repetition of past events and an establishing of transference relationships with too great a burden, from the second year of life. Both are lived out and presented without the sufficient emotional equipment or the methods of communication that belong to later development. This symptom complex is intensified when, in addition, a weak and narcissistic ego persists due to other causes. In most instances this very narcissistic weakness of the ego, with its accompanying overdependence on dramatic activity rather than on work-directed activity as a means of expression, is associated further with tendencies to exaggerated and somewhat detached fantasies which, in turn, impair the sense of reality or at the very least jade the perception of reality.

In one of his early papers on technique (3), Freud discussed the subject of acting out, in accordance with the technical developments of that period (1914), and advised against encouraging it: 'Allowing "repetition" during analytic treatment, which is the latest form of technique, constitutes a conjuring into existence of a piece of real life, and can therefore not

always be harmless and indifferent in its effect on all cases. The whole question of "exacerbation of symptoms during treatment", so often unavoidable, is linked up with this. . . . [For the physician] recollection in the old style, reproduction in the mind, remains the goal of his endeavors. . . . He sets about a perpetual struggle with the patient to keep all the impulses which he would like to carry into action within the boundaries of his mind, and when it is possible to divert into the work of recollection any impulse which the patient wants to discharge in action, he celebrates it as a special triumph for the analysis.'

Anna Freud (4), much later (1936), summarized the increased knowledge to the analyst of the analysand's ego reactions obtained from observations of acting out, but stated that this is peculiarly little usable for therapy, as in the very process ' . . . the ego continues to function freely or if it makes common cause with the id and simply carries out its behests, there is little opportunity for endopsychical displacements and the bringing to bear of influence from without'. It seems probable that in these relationships lie the reasons for the therapeutic limitations of such methods as group analysis and the psychodrama, no matter how much they may relieve immediate strains and tensions. Anna Freud implies that habitual acting out cannot be analyzed.

It would seem that the three techniques known for the management of acting out are interpretation, prohibition, and strengthening the ego (Fenichel). These are applicable in varying degrees according to the specific nature of the acting out, the structure of the ego, and whether the acting out occurs inside or outside the analytic situation. Beyond the general prohibition against making important decisions affecting the analysand's life during the course of the treatment, prohibition of acting out is not easy. Analysis would soon become little more than guidance among many prohibitions, provided the analyst were sufficiently astute to anticipate the exact nature of the dangers the patient would encounter; furthermore, since in its very nature acting out is ego-syntonic and the patient

is not aware of its destructive nature, it comes to the attention of the analyst in most instances after its occurrence (if at all), and sometimes is not reported or only indirectly.

Interpretation would certainly seem to be the method of choice, but it is inevitably limited to those patients who have reasonably well-integrated egos and those in whom the acting out occurs only sporadically and in accordance with especially laden earlier traumata which are being revived in the course of the analysis. It is my experience, however, that too early interpretation of some of these traumata will reactivate accessory or related ones, and may set in motion a temporary tendency to act out in a patient who previously has not done so. It may then be as much a question of the timing as it is of the accuracy of the interpretation of the specific memory content, the conflictful childhood situation, which is the nucleus of the later disturbance.

Another kind of interpretation is necessary, however, to strengthen the ego and develop adequate self-criticism, which must precede or overlap analysis of id contents in patients who engage in widespread and diverse acting out apart from the analytic situation. Generally such patients reveal these tendencies in their lives before they come into analysis—whether in the frankly impulse-ridden behavior which is apparent in the history, or in generalized restraint and inhibition which wall off and disguise the latent impulsiveness. Frequently in the latter cases, habitual acting out becomes apparent only after analysis is well advanced. This is especially true in patients who have suffered an infantile psychosis which has become encapsulated. Such patients must have extensive periods of analysis during which id contents are dealt with only as much as is absolutely necessary. Many such patients bring graphic and interesting dreams and seem to have a flair for understanding symbolism. Some interpretations may have to be given which may *seem* to be accepted but are utilized only for narcissistic gratification. It is the narcissism rather which needs most to be analyzed. Patients may seduce unwary analysts into working too quickly with this deeper material at a time

when it cannot be assimilated by the patient, only increases anxiety, and may even be used as a justification for acting out in deeds or talk outside of the analytic situation. Such patients may tend to distort an interpretation into an authoritative direction, or take a dream as a portent.

In connection with a discussion of the forerunners of early anxiety (5), I made an attempt to describe my own methods of dealing with a group of patients many of whom showed this tendency to frequent acting out. Adding to the material of that paper, the following points of special importance in habitual acting out, associated with poor ego structure, seem worth mentioning. It is usually important that the positive transference should be especially well established before any id content is interpreted even though it may have been presented before. In many cases, there seems little difficulty in gaining a positive transference, as affectively hungry patients will form an immediate but too demanding type of transference and readily sense and exploit a sympathetic countertransference. Other patients will exhibit a rather showy type of positive transference which is, however, shallow and quickly reveals itself as too susceptible to acting out both in the transference and outside. Both types of apparently quickly established positive transference need time for their solidification. Some of these patients certainly can never form a sufficiently firm transference to be analyzed.

Interpretation of the patient's *narcissism* must be begun early and pursued patiently. Among other narcissistic phenomena, the inability to distinguish fantasy from reality goals, and tacit reliance on magic are outstanding. The latter reveals itself in a special picturesqueness of language and behavior (to make it look as though it were true is to make it true), also in overplaying the significance of coincidence. Relatively soon it is possible to acquaint the patient directly with his over-readiness to act, and that this is one of his ways of warding off anxiety. This generally leads to his awareness of his basic state of tension and his susceptibility to anxiety which has been concealed by activity, spuriously rationalized as productive.

It will become necessary at some time during the first months of the analysis for the patient to be acquainted directly with the evidences of his very early disturbances, manifest in his body language, symptomatic acts within the analytic situation and in behavior outside—not so much to understand at first the fully detailed significance of such behavior, but rather that he is using this as a way of communication and that it is robbing him of the possibility of a fuller possession of his capacity for expression. While it may be necessary to use an intellectualized approach about just these problems, this is done in order to cultivate the patient's self-scrutiny and self-criticism. If this is accomplished, the patient will begin to make his own prohibitions and much of the battle with acting out will have been won. This is accomplished only at the expense of considerable pain because of the narcissistic wounds and reductions involved, but may be compensated by a definite feeling of growing competence which is appreciated by the patient himself. Only when this is well under way can the analysis of the id be developed to the fullest extent.

There is still the question of how fully the contents of the preverbal period, which have given rise to and are sometimes contained in the acting out, can be converted into verbal (thought or spoken) expressiveness, and so relieved. That the general manner of the patient's expressiveness may be changed from acting out to verbalization has been proved in my clinical experience. Some patients may always have to guard against tensions too great to be tolerable, never getting relief by working through the traumata of these earliest months to a degree comparable to what may be attained for those whose pathogenic conflicts have occurred in the period of verbalization.

One further consideration has suggested itself from the angle of the analyst's reaction to the patient who acts out. Fenichel mentions that some analysts provoke, enjoy, or encourage dramatic acting out in their patients and overstress its possible benefit as abreaction, rather than really analyze it. This seems quite occasionally the problem of young and inexperienced analysts, but may also occur among analysts who

themselves tend to act out, either directly or in an inhibited form, and to enjoy this vicariously in their patients. This may be of greater frequency and importance than one might at first think. It occurs among analysts who display no overt acting out but who react as some severely restrained adults who enjoy and tacitly applaud the impulsive behavior of their children who dare to do what they themselves have not been permitted. This is seen strikingly in the parental attitudes which form the background of many impulse-ridden psychopaths. An attitude of overanxiety on the part of the analyst about the patient's acting out is frequently sensed and reacted to by the patient, who then unconsciously gratifies his sadism as well in the acting out and gets a spurious sense of power and independence through it. If the analyst behaves in either of these ways to any appreciable degree, acting out will continue no matter how much its specific content is interpreted.

A final question, which may only be posed, is the relation of acting out to conversion hysteria. It is obvious that, symptomatically, acting out is very common in conversion hysteria. This diagnosis is made much less frequently than it used to be either because the neurosis actually does not appear so often or because we now tend to see in it a set of much deeper disturbances than we used to, and tend to group these cases rather with the narcissistic neuroses. It is a subject worthy of further study.

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## Infant Memories and Constructions

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To cite this article: Melitta Schmideberg (1950) Infant Memories and Constructions, The Psychoanalytic Quarterly, 19:4, 468-481, DOI: [10.1080/21674086.1950.11925818](https://doi.org/10.1080/21674086.1950.11925818)

To link to this article: <https://doi.org/10.1080/21674086.1950.11925818>



Published online: 07 Dec 2017.



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## INFANT MEMORIES AND CONSTRUCTIONS

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Memories dating to the third or fourth year, and even occasionally to the second year, are generally given credence; but there is widespread skepticism regarding those attributed to the first year. Is this justifiable scientific caution because of the difficulty of verification, or merely prejudice? How can we decide whether something supposedly remembered really occurred?

Analysts have not yet established scientific criteria for measuring the accuracy of memories,<sup>1</sup> and we must fall back on popular tests. These are neither very definite nor very exact. We are inclined to regard as 'true memories' those which are brought forward with a strong subjective conviction and which impress others as plausible (i.e., mostly similar to our own); this is even more the case when they are confirmed by independent observers, in practice usually the parents. None of these criteria are reliable. Subjective conviction may have emotional as well as objective sources; the subject may believe he is remembering an experience when, in fact, he has merely been told of it by others or simply imagined it—while on the other hand he may doubt or reject his true recollections.

Confirmation by adults presupposes that adult and childhood recollections coincide. However, as the child's, and to an even greater extent the infant's, sense of value differs from that of the adult, much that appears important to the one possesses no interest for the other. They may envisage the same happening from very different aspects. Adults usually remember only what they regard as an outstanding event in their own or their children's lives (illnesses, changing residence, etc.), while they may not even have noticed what has most impressed their children.

<sup>1</sup> See Freud: *Screen Memories*. Coll. Papers, V; also *Constructions in Analysis*. *Ibid*.

What makes it well nigh impossible to remember happenings of our infancy? Is it the remoteness of the event, the immaturity of the memory faculty, or perhaps a reason not yet touched upon? We know that the infant very soon recognizes familiar situations and persons; yet we are often struck by the fact that it seems to forget quickly what has been the most important person or event in its life. A mother told me that her little girl of three used to play 'being mother' and delegated the role of 'baby' to her father. She fed, nursed, and washed him, and also wiped his eyes with cotton wool. One day while doing this she suddenly turned to her mother and said laughingly, 'This is what you used to do to me when I was a baby'. The mother, a sensible and trustworthy person, assured me that she had never cleaned the baby's eyes in this fashion after the age of seven months and that the child could not have seen it done to others. After some months the child ceased to play this game and forgot the matter. This case suggests that conscious memories of infancy may sometimes survive if only for a few years; similarly, the recollections of adults are often superseded after a limited period by more recent experiences.

Memory, like any other ego function, is liable to be disturbed as well as furthered by emotional factors. The importance of repressed memories is one of the fundamental discoveries of psychoanalysis, and in observing children over a prolonged period, we can often see this process in *statu nascendi*.<sup>2</sup>

*Not remembering* may stem from three possible causes: an immature development of the memory function, mental economy, or disturbing unconscious factors. And it is not always easy nor possible to assign any single one as the reason for not recalling an event. A mother left her one-year-old child in charge of a nurse for a few weeks. Anxious lest the infant should forget her during her absence, she requested that the child be shown her picture every day. This was done, and when the mother returned and asked, 'Where is Mommy?' the infant promptly pointed to the picture. It is of course possible

<sup>2</sup> Simmel, Ernst: *A Screen Memory in statu nascendi*. Int. J. Psa., VI, 1925, pp. 454-457.

that the baby was not yet mature enough to retain the memory of her mother as a person after such an absence, but it may well have been that she preferred the nurse, and forgetting the mother was a magic attempt at keeping her away. It is noteworthy that this patient in later life complained of her inability to summon up vivid visual memories or pictures, and that she suffered from symptoms of depersonalization.

Instances where affective factors promote the development of memory are seen in the paranoiac and the obsessional. These, of course, are extremes; guilt over the initial attempt to forget certain things or persons may give rise to an overcompensatory memory of them (forgetting=killing; remembering=keeping alive). Again the fear of being wrongly accused, or a desire to amass evidence against others, makes an individual overaware of things around him, thus furthering accuracy of memory.

Recollection as the end product of the memory apparatus involves various processes, the principal ones being the survival of a past impression; discrimination between present-day reality, fantasy, and actual memory; the association and discrimination of impressions, with the additional factor of contemporizing these impressions; the communication of these memories, either voluntarily or involuntarily, in words, dreams, behavior, play, etc.; the cathexis which determines clarity, intensity, and quality; and the expression of the ego's attitude toward a recollection influenced by the wish to block out a memory or to revive it.

It is likely that the differences between recollections of later childhood and those of infancy are influenced rather by alterations in one or more of the subsidiary processes I have described above than by a fault of memory proper. While we may infer from the infant's behavior and facial expression when confronted with familiar situations that it recognizes them, it is very difficult to decide whether it remembers past events without such external stimuli; we have no means of knowing whether it thinks of pleasant experiences when it lies placidly in its crib (unless it makes sucking movements), or of unhappy ones when it cries 'for no reason'. In other words, our difficulty

in assessing the infant's capacity to remember may be due to its not being able to express its memories in a direct and unequivocal form.

Even young children still express little in words, and when analyzing them we must try to uncover or to reconstruct their memories from their play, behavior, and emotional reactions. Let us suppose that we are told by the mother of a patient, aged six, that he used to suffer from a specific anxiety at the age of three, and that during the analysis the child plays at being small again and of being frightened of the very thing we know formed the content of his phobia. Most child analysts would agree that he was 'acting out' a memory. However, suppose the child were aged three, and his phobia dated back to the first few weeks of his life, would we venture to draw the same conclusion? I think we should be justified in so doing, under certain circumstances.

A little girl of three played that I was a baby in the carriage who wanted to bite somebody's finger and then, in turn, got terribly afraid of a man with a beard who wanted to cut off my finger. The mother told me that the child had been suffering from a phobia of men from the age of three months, and was particularly afraid of her grandfather who had a big beard.<sup>3</sup>

Infants do not possess the adult's capacity for introspection and detachment. They may remember events of the past without realizing that these events belong to the past and are not related to present happenings. At the age of two or three, children often find it difficult to distinguish between dreams and reality, between the present and the past, between thoughts and direct perceptions. They may refer to events—sometimes confused with fantasies—completely or partially remembered, without being aware that they are no more than memories, and these may appear to an adult observing such a child merely as so much childish fantasy or nonsense.

Often memories are not recognized as such because they are expressed in terms of the infant's conception of the world.

<sup>3</sup> Cf. Schmideberg, Melitta: *The Play Analysis of a Three-Year-Old Girl*. Int. J. Psa., XV, 1934, p. 253.

Dr. Glover told me of a patient in analysis who visualized green and red rails placed in a certain order and at a certain distance. They turned out to be the stripes of a dress his mother had worn when he was a baby. I am inclined to think that much that is regarded as 'fantasy' contains such infantile memories, and many sadistic ideas and fears of torture and mutilation may be based on vague memories of illness and pain in infancy.

The adult's sense of time, too, differs from the child's and even more, probably, from the infant's. It seems on the whole that time passes more quickly the longer we have lived. What an adult would regard as a short space of time may appear an eternity to a baby; also, happy times pass apparently more quickly than unhappy ones. The infant has less feeling of continuity than the adult; it probably starts a 'new life' every time it wakes. These different attitudes toward time are bound to modify or, as the adult would say, falsify early memories. A child of two or three will say, 'Oh, but that was a long time ago', or, 'That was when I was still a baby', even if the event took place only a few days earlier. It is more likely to relegate to a distant past an event that concerns something unpleasant which it would prefer to forget. The tendency to break up continuity and to start a 'new life' springs largely from the need to deny responsibility for past actions, most frequently for excretory lapses.

But an adult sense of time is not more important in determining the accuracy of a recollection than the 'date' factor, that is, the ability to synchronize a recollection with contemporary happenings or activities in order to establish its *date*. Thus we say, 'This happened when my nurse Ella was still with us. She left, I am told, when I was five'; or 'This was just after we moved into the new house; I must have been about three'. The further back we go in a child's life, the more unreliable and hazy are the *time* and *date* factors of memory; the more difficult it is to discern between present, past, and future. In analysis we can date certain memories of older children or adults by saying that they probably relate to events that took place before the child was three; but often we cannot decide with

certainly whether they belong to the first, second, or third year of life. The main events in an infant's life—feeding, nursing, dressing, being petted or scolded—are repeated over and over again. The memory of these repeated events becomes fused to the extent where we cannot distinguish between earlier and later experiences. In observing a patient's reactions in analysis to weaning, it is hard to determine whether they correspond to the ultimate event in infancy or to the five daily weanings during the first months of life.

We must further assume that the infant perceives things and people in a manner different from ours. For example, different aspects of the same person—mother with or without her hat, nurse in an angry or friendly mood—are conceived as different people. On the other hand, different people and events may fuse in a single composite picture; thus, if a patient has formed the image of a 'bad mother' which is not in harmony with his real mother, this need not necessarily be a fantasy of projected sadism, but may be the memory of a harsh nurse fused with the image of his mother.

Certain recollections both from childhood and later life always keep their freshness; others are only evoked by external stimuli, by similar or contrasting situations. Some memories survive permanently; others are overlaid by more recent ones. Some are preserved in their complete settings; others retain only a few isolated aspects. Some have a marked and enduring effect on development and actions; others are recalled only intellectually. Some persist vividly, others only vaguely; still others lie buried in the unconscious whence they may or may not exercise a dynamic effect. These vicissitudes are affected and qualified by the strength and duration of the cathexis. Owing to the painful or guilty nature of a memory, it may be repressed in whole or in part, or it may be subjected to distortion or isolation.

If, as we find in the majority of cases, memories survive isolated from their context or from their accompanying emotions, or only in a fragmentary form, then it is our task to reconstruct the original situation from these isolated, discon-

nected, and sometimes distorted elements. In observing a child, we may conclude that it reacts unfavorably to weaning, clamors for the breast, and feels hostile and unhappy in the face of competition for the affection of its mother. Most infants appear to grow out of this stage and accept other forms of gratification. Apparently they successfully 'forget' how intense was their appetite for the breast or the love of their mother. But no matter how complete the forgetting appears to be, we still find even in adulthood disguised remnants of the original reactions. A patient, for example, suffered from marked fears of starvation, was obsessed by fears of losing his job and becoming penniless, of being unloved and betrayed. He was very concerned about his country's supply of food. He had a deep longing for a good and lasting relationship with a girl but was unable to achieve one. He had frequent fits of depression and lived in a permanent fear of impending catastrophe. Once, when he was in a bad state, his mother—who had some slight knowledge of psychoanalysis—surprisingly suggested that his condition was due to the fact that he was abruptly weaned at the age of five months because of her illness. He had been so upset then, she said, that he had cried ceaselessly for three days.

A woman patient, whose husband was absent from home for several weeks, was unable to eat or do anything, felt restless and unhappy, cried a great deal, but at the same time was obsessed by the idea that she must not let others know how upset she was. According to family tradition, her mother had gone away for some days after she had weaned the patient in order to make things easier for herself; to which the infant to all appearances had not reacted strongly at the time. There were various indications in her analysis, however, that while trying to present a 'normal' surface, she had been deeply affected. Interpretation that her distress over her husband's absence was a repetition of weaning brought her relief.

Another patient, with a rather promiscuous sexual life, could only achieve emotional contact in sexual intercourse. Her mother, it developed, had had difficulties in her emotional relations, and her only real contact with her young baby (the

patient) was when suckling her. The patient, who was a mother herself, also attached great importance to feeding her own child, and having to wean him upset her very much; she felt she was losing him. Sexual activity for this patient was largely a substitute for oral gratification, but she transferred the emotional disturbance of the mother-child relationship onto it.

In the above cases, I have tried to reconstruct the patient's reactions to specific events or situations which could be verified or at least established with a fair measure of probability. How far are we justified in reconstructing events or reactions for which there is no external evidence at all, or in the case of unconscious fantasies for which there can be no evidence?

The early analysts interpreted the patients' reactions mainly in terms of infantile situations. They regarded fixation and regression as the pathogenic mechanisms *par excellence*, and they assumed as a matter of course that the more abnormal a manifestation, the deeper the regression. Thus catatonia was thought to represent a regression to the intrauterine phase. During the last twenty-five years we have learned to pay more attention to other defense mechanisms and the interest in regression has receded, although in the classical theory it still retains its dominant importance.

The influence of these views can also be seen in Klein's theories. This is the more interesting as she apparently neglects the pathogenic importance of regression and fixation at the expense of projection and introjection. Yet by regarding early anxieties as more dangerous than later ones, and assuming that later anxieties, and indeed most features of normal development, are primarily defenses against earlier ones, she implies the paramount importance of fixation. Like the early analysts, she takes it for granted that the more pathological (psychotic) a manifestation, the more it corresponds to the earliest phases, but she thinks of these in terms of anxiety rather than of libido.

Klein tends to reduce all phenomena to certain typical fantasies and to relegate them to the infant's unconscious. She concluded from the analysis of young children that the earlier analytic views, dating most regressive phenomena to the age

of about one to three years, erred in not going back far enough; she feels we must look rather to the first *months* of life. She disposes of the objection that direct observation of babies fails to reveal the presence of these complicated mechanisms and processes by claiming that they are active in the infant's unconscious. There is no way to disprove her assumption, since we have no known method of delving into an infant's unconscious; but conversely, for the very same reasons, her claims cannot be scientifically substantiated.

While Klein stresses the importance of projection and introjection mechanisms in the early months of life, she underestimates the dynamic importance of these very mechanisms after the first year. To give an example: if a man were afraid of his employer, Klein would regard this fear as due not so much to the repression of homosexual impulses or the projection of hostility in later childhood or after, as to the persistence of a 'bad father imago' which arose from the projection of aggression in early infancy. When she speaks of projecting this early 'bad father' image onto the employer, she uses the term 'projection' in the sense of displacement.

The 'persistence' aspect of her views is evidently akin to that of the classical theory which explains irrational anxieties as survival of infantile castration anxiety. To illustrate this point: most analysts would regard a dog phobia in a man as the fear of being castrated by the father, which originated from repressed homosexual impulses dating from the oedipal period and has been transferred onto the dog; the Kleinians would say about the same phobia that it was an early anxiety of the 'bad' father image, dating from the first year, which arose out of a projection of aggression and was transferred onto the dog.

We can and should discuss whether the analysis of young children and the direct observation of infants make Klein's various assumptions plausible. But it seems to me more important first to clarify the fundamental issue: are we justified in regarding all pathological manifestations mainly in terms of 'regression' and 'fixation' either to anxiety phases or to libidinal

phases of childhood or infancy? If so, by what means can we reconstruct these? Unless we can establish definite criteria as to what phenomena should be regarded as reflecting early infantile reactions and experiences (whether we speak of 'regression', or 'persistence', or 'fixation' makes comparatively little difference), we cannot, from the analytic material, arrive at reliable conclusions concerning infancy.

It used to be assumed that the catatonic regresses to early infantile or prenatal stages (Schilder); yet the loss of contact and rigidity in catatonia can rather be explained by an extreme inhibition of aggression and activity, and by paranoid fears of being attacked from within or without.<sup>4</sup> In a discussion in the London Psychoanalytic Society the case was quoted of a patient who, after a very difficult period, suddenly relaxed and looked at her fists and smiled, as the analyst thought, like a baby. This may or may not have been the case; but it is also quite possible that the patient, by clenching her fists and smiling, expressed her sadistic impulses and that this, and not the repetition of the situation of being a baby, brought her relief.

It is not easy to decide in analysis how much is simply a direct continuation of an early phase, and how much is the outcome of complicated mechanisms (displacement, distortion, denial, projection and others), since the infantile material rarely emerges in pure form, but is intermingled with reactions to external events or the stimuli of the analytic situation. It is possible that what is believed to be the reproduction of an early infantile fantasy is actually the patient's reaction to some detail of the analyst's personality and behavior, or is produced as a defense against other contents (flight into childhood). In other instances, it may be the outcome of more complicated mechanisms stimulated by the processes of fusion and defusion taking place in the analysis. Just as analysis can produce 'transitory symptoms' (Ferenczi), it may also stimulate anxieties, fantasies, and various affective reactions.

<sup>4</sup> Cf. Schmeideberg, Melitta: *A Contribution to the Psychology of Persecutory Ideas and Delusions*. Int. J. Ps., XII, 1931, pp. 331-367.

Klein disagrees with Freud's assumption that anxiety situations may be given up in later life;<sup>5</sup> according to her, they can still be discovered in analysis<sup>6</sup> even after they have apparently been given up. She does not explain, however, what is meant by 'discovered in analysis'. It is, as she suggests, possible that such anxieties were present in the patient throughout his life, though overlaid or repressed to a lesser or greater extent; but it is equally possible that they had been adequately resolved at the time and that the dynamic processes of analysis caused a temporary defusion of instinct resulting in their return. There is still the further possibility that the analyst wrongly attributes anxieties to the patient, because he mistakes the absence of any overt sign of them for 'denial'. These are only some of the considerations which show that we should not be too ready simply to relegate whatever we observe to the unconscious of the infant.

Not all babyish behavior in analysis is necessarily a repetition of what the patient actually experienced as a baby; instead of being a regression to, or a survival from his past, it may be an attempt to relive the past in a more satisfactory way, or to carry out, somewhat belatedly, the development which he failed to achieve at the proper time. A very inhibited little girl of two and a half years started to crawl at a certain stage of her analysis. Her mother said that she had learned to walk without ever crawling. As a baby, she had never played with her mother's breast; later, in the analysis, she began to do so. When a schizophrenic child of three and a half began to improve, she would lie on a chest, kick, put things in her mouth, throw them on the floor, and crow like a happy baby. When her mother entered the room and saw her doing this, she said, 'That is what she should have done at the proper time'. Here we have the advantage of direct evidence from the patient's mother. In cases where we have to dispense with such confirmation, we may easily

<sup>5</sup> Freud: *The Problem of Anxiety*. New York: The Psychoanalytic Quarterly Press and W. W. Norton & Company, Inc., 1936.

<sup>6</sup> Klein, Melanie: *Psychoanalysis of Children*. London: Hogarth Press, 1932.

be misled into mistaking reactions which are really compensations or attempts at self-cure for the repetition of early infantile processes.

It is essential to bear in mind that, even if we could establish that certain material represented a regression or survival, it would not necessarily follow that it was an exact replica of infantile processes, conscious or unconscious. Whether regression is permanent as in the psychoses, or temporary as in the transference, it usually affects only certain parts of the patient's personality. It is almost always complicated by other factors and mechanisms as well as by what remains of the normal personality. No psychotic or defective corresponds simply to a baby of any given age.

Supposing we succeeded in establishing with reasonable certainty that certain material could be regarded as reflecting infantile attitudes, we should still have to disentangle those elements which represent pure survivals from those introduced by other factors and to eliminate the imprints of regression, isolation, and other mechanisms on the survival material; in addition we should have to undo the effect of condensation on the various survival elements from different phases of infancy.

As we do not yet possess generally valid criteria for reconstructions, we must proceed empirically. We try to reconstruct a patient's childhood from the conscious memories he has when he begins analysis, and from those uncovered during the course of analysis; from information given to him by others about his childhood; from unconscious memories emerging in dreams or fantasies, or acted out in transference manifestations or in his conduct. We further work with the general knowledge we have acquired about children, based on direct observations of behavior, the analysis of children and adults, our own and other people's memories, and with the psychoanalytic theory of development and of the genesis of neurosis. We work also with our impressions of the individual patient's environment (the psychology of his parents, the knowledge of their views, mode

of living, social prejudices and characteristic reactions), the structure of the neurosis, his general development, and special patterns of reaction. With the patient's help we endeavor to draw conclusions from these various sources at our disposal, and from his reactions to our constructions (confirmatory evidence) which afford further valuable indications. In every construction we must assess the probable truth of any given assumption with reference to other facts and possibilities.

The plausibility of our assumptions concerning childhood must necessarily vary; it is easier, for example, to substantiate matters of behavior (whether the child used to suck its thumb, was punished, etc.) which adults are able to verify or which can be directly observed in other children, than assumptions about the unconscious.

To reconstruct the processes and experiences of infancy we must proceed in the same way, but our task is considerably more difficult: we have less knowledge of infants; there are no reliable conscious memories, and usually only a few, if any, trustworthy observations by the parents. The hypothesis that certain fantasies or mechanisms exist at a certain age can only be established with a measure of probability. The clinical observation that infants who are a few months old develop psychosomatic symptoms, for instance, makes it likely that conversion mechanisms are already operating at this early age; the presence of eating or sucking difficulties makes it probable that oral conflicts, anxieties, impulses or inhibitions are already active; however, the fact that babies cry unhappily or display anxiety does not necessarily prove that they pass through depressive or paranoid phases. We should put forward even the best substantiated constructions only tentatively, and check conclusions that we draw from them regarding early development by reference to the other observations at our disposal (e.g., observations of the behavior of infants, of psychotics and defectives, experimental studies, theoretical speculations on the working of the mind, the genesis of neuroses, etc.).

Reconstruction of the mental processes of early infancy is a

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most interesting and important subject, bristling with difficulties. Dogmatic assertions, giving the impression that they are better substantiated than they actually are, only impair the value of our hypotheses. On the other hand, it would be regrettable if we were to renounce this important approach to the study of what is still largely a *terra incognita*, the mind of the infant. We must use imagination in our constructions, but temper it with skepticism.

# Analysis of the Therapeutic Factors in Psychoanalytic Treatment

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To cite this article: Franz Alexander (1950) Analysis of the Therapeutic Factors in Psychoanalytic Treatment, The Psychoanalytic Quarterly, 19:4, 482-500, DOI: [10.1080/21674086.1950.11925819](https://doi.org/10.1080/21674086.1950.11925819)

To link to this article: <https://doi.org/10.1080/21674086.1950.11925819>



Published online: 07 Dec 2017.



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# ANALYSIS OF THE THERAPEUTIC FACTORS IN PSYCHOANALYTIC TREATMENT

BY FRANZ ALEXANDER, M.D. (CHICAGO)

Observations made during the therapeutic procedure are the primary source of psychoanalytic knowledge. Most of our knowledge of psychodynamics stems from this source. Precise understanding of the therapeutic factors is significant both for improving our therapeutic techniques and also for increasing our theoretical knowledge. Between theory and therapy there is a reciprocal relationship: observations made during treatment are the main source of our theoretical knowledge, and we apply our theoretical formulations to improve our technique.

This presentation is based on the premise that much in our therapeutic procedure is still empirical, and that many of the processes which take place in patients during psychoanalysis are not yet fully understood.

In particular, there is divergence of opinion concerning 1, the relative therapeutic value of the patient's intellectual insight into the origin and nature of his neurosis; 2, the relative value of emotional discharge (abreaction); 3, the role of emotional experiences during treatment as they evolve in the transference; 4, the role of parallel experiences in life; 5, the significance of the time factor (frequency of interviews, technical interruptions, length of the treatment). The last question is practical and the answer to it depends both on clinical experience and on the clarification of the first four.

One of the basic observations on which Freud's theoretical structure was built was the therapeutic value of emotional abreaction in hypnosis. Emotionally charged, forgotten memories appeared with dramatic expression of the repressed emotions. Substituting barbiturates for hypnosis, this principle was widely applied to war neuroses during and after the recent war.

The second step was the recognition that abreaction alone has no permanent curative value; that the ego must face and learn to handle the repressed emotions. The emphasis was on insight. There followed then the period in which Freud's therapeutic interest was focused on reconstructing the traumatic events of the past and making the patient understand and remember them. Reconstructions and interpretations of past pertinent events had to be understood and accepted by the patients in order to be cured.

The third step was the discovery of the transference which shifted the emphasis again to emotional experience and expression. This is, of course, an oversimplification. Actually, abreaction, insight and transference have long been considered in their interrelationships, and only the emphasis has changed from time to time with different authors. One element, however, was common to all these views: the insistence upon the necessity of making repressed material conscious. In hypnosis, repressed material was mobilized by reducing the ego's defenses. During the period in which free association was used, but before the importance of the transference was clearly recognized, the therapist's intellectual understanding was imparted to the patient in the hope that this intellectual insight would enable the patient to face what he repressed. The recognition of the transference led to a better understanding of the therapeutic processes as well as a more effective therapy. In the transference, the original pathogenic conflicts of the early family relationships are repeated with lesser intensity. This is what is called the 'transference neurosis'. The emotional re-enactment in relation to the therapist of the crucial conflicts gradually increases the ego's capacity to face these conflicts. One may say, it increases the ego's permeability to the repressed material. Freud's formulation was that in the transference the stronger adult ego faces the same but less intensive conflicts which the weaker infantile ego had to repress. This dynamic equation represents the essence of our present views of therapy: in childhood the weak ego faces overwhelming emotions; in the transference the adult's stronger ego faces a

weaker edition of the original conflict. Accordingly, the treatment ultimately aims at changing the ego to enable it to resolve conflicts with which it could not cope before. The method by which this change in the ego is achieved is a kind of gradual learning through practice—by exposing the ego, step by step, to conflicts as they emerge in the course of treatment. At the same time the defenses of the ego against repressed material are reduced by making them explicit by precise verbalization. This process—commonly termed ‘working through’—can be described as a kind of emotional gymnastics.

The course of most successful treatments can be visualized as a gradually increasing capacity of the patient to recognize and express repressed psychological content. The simplest example is the depressive patient who gradually becomes able to recognize and express his hostility directed toward an ambivalently loved person. This increased ability to express repressed material is achieved primarily by the analyst’s recognizing and verbalizing the slightest manifestations of the patient’s repressed emotions and of his defenses against these emotions. An interpretation of hostility expressed against the analyst, which is given objectively and without any resentment, encourages its freer expression by the patient. By helping the patient to verbalize without judging and evaluating what the patient could not express, the analyst encourages the patient’s becoming conscious of repressed content. The original repression of hostility was a response to parental influences. The analyst assumes a role different from that of the parents. He is emotionally not involved. This difference makes possible what we have called the corrective emotional experience (*r*).

According to this view, the intensity of the transference should have a certain optimal level. This is supported by the common observation that if the emotional involvement of the patient is insufficient, the treatment may be greatly retarded and the analysis becomes merely an intellectual exercise. If, however, the transference neurosis becomes too intense, the patient’s ego may face a situation similar to the one which it could not meet originally. It is well known and well demon-

strated by Köhler's and French's contributions that the ego's integrative functions are impeded by excessive emotion (2, 3). Violent anxiety, rage, or guilt may become so formidable that the ego's coördinating functions cannot master them. From this it must be evident that one of the aims of therapy is to keep the transference on an optimal level.

A common type of unsuccessful analysis is due to the development of a too intensive dependent transference from which the patient cannot be dislodged. The analyst's hope that further working through eventually will resolve this dependent attachment, as well as the patient's own procrastinating tendency, collaborate to produce this therapeutic impasse. The neurotic is inclined to side-step renewed attempts to cope with life, retreats into fantasy, produces symptoms. During the treatment he exchanges symptoms for a neurotic transference relationship but resists abandoning this newly acquired substitute for his neurosis for new attempts in life. Thus the situation develops to which Freud tersely referred by saying that the patient's wish to be cured gradually changes into his wish to be treated (4). Since with certain types of chronic neurotics this development is a common one, the problem how to avoid this danger is obviously one of the important problems of psychoanalytic technique.

The question how to keep the analysis on a transference level of optimal intensity, particularly how to avoid a too intensive dependent relationship resulting in an interminable analysis, leads us to the quantitative aspects of the psychoanalytic treatment. These we shall discuss in the light of the previous formulation of the therapeutic process and of the corrective emotional experience.

We start from Freud's emphasis on the fact that in the transference the patient's adult ego is given opportunity to face those emotional situations which it could not manage in childhood when the ego was weaker. The weak ego had to repress these emotions which therefore remained excluded from the ego's integrative activity. The emphasis is on the difference between the integrative powers of the adult and the im-

mature ego. The other important fact, according to Freud, is that the repetition of the old conflict in the transference is of lesser intensity. Its intensity is reduced because the transference emotions are reactions to previous experiences and not to the actual patient-physician relation. The only actual relationship between the patient and doctor is that the patient comes to the physician for help. It is only in the patient's mind that the therapist assumes the role of the father or mother or of an older or younger sibling. The most important consideration in this connection is that neurotic patterns do not develop in a vacuum; they are adaptive reactions to parental attitudes. In the transference the original interpersonal relationship between child and parent is re-established only so far as the patient is concerned. The crucial therapeutic factor is that the analyst's reactions are different from those of the parents. The simplest example is the repression of self-assertive and aggressive attitudes due to parental intimidation which encourages dependence and causes all kinds of inhibitions in human relations. In the transference the therapist's attitude must reverse that of the intimidating parent. The fact that the patient's aggressions are met objectively without emotional response or retaliation on the part of the analyst corrects the original intimidating influence of the parent. The parental intimidation is undone by the more tolerant and sympathetic attitude of the therapist who replaces the authoritarian parent in the patient's mind. As the patient realizes that his modest self-assertion will not be punished, he will experiment more boldly and express himself more freely toward persons in authority in his daily life. This increases the ego's capacity to deal with aggressive attitudes which anxiety had previously repressed. This is actually a much more complicated process but this simple example may serve to explain the principle of corrective emotional experience. Parental intimidation, however, is not the only form of pathogenic experience. Parental overindulgence, emotional rejection, and ambivalence are of equal importance.

As soon as we clearly recognize the specific problem of the

patient, it becomes possible to work consistently toward the right kind of corrective experience. It is generally assumed that the objective and understanding attitude of the therapist alone is sufficient to produce such a corrective emotional experience. No doubt, the most important therapeutic factor in psychoanalysis is the objective and yet helpful attitude of the therapist, something which does not exist in any other relationship. Parents, friends, relatives, may be helpful but they are always emotionally involved. Their attitude may be sympathetic but never objective and never primarily understanding. To experience such a novel human relationship in itself has a tremendous therapeutic significance which cannot be overrated. The old reaction patterns do not fit into this new human relationship. This explains why the patient's behavior in the transference becomes a one-sided shadowboxing. The old patterns developed as reactions to parental attitudes and lose their sense in the transference relationship. This compels the patient gradually to change and to revise his neurotic patterns. He deals with someone who neither resents his aggressions nor feels guilty like a parent who overindulges the child because of his unconscious rejection of the child. Under the influence of his unimpaired critical judgment, which we assume in a non-psychotic individual, the patient will be gradually forced to learn new emotional patterns which fit into this new experience. The old reactions fitted and had sense only in the family. No doubt, therefore, the objective, understanding attitude of the analyst in itself is a most powerful therapeutic factor. This attitude, combined with correct interpretation of material which is about to emerge from repression, together with the analysis of the ego's defenses, is primarily responsible for the therapeutic effectiveness of psychoanalysis. This effectiveness, in comparison with all other methods in psychiatry, is so impressive that it is easy to be satisfied with all this and forget about those aspects of therapy which require further improvement. What I mean primarily is the question, how economic is this procedure? In other words, can its effectiveness still be increased and the length of treatment reduced?

My experience is that the objective and helpful attitude of the analyst allows, without any artificial play acting, ample opportunity for modifying the patient-therapist relationship in such a way that it will facilitate and intensify the corrective emotional experience. I have described the treatment of a forty-two-year-old patient suffering from hysterical convulsions, impotence and a severe character neurosis which was about to break up his marriage (1). The essential factor in this case was an overbearing, tyrannical father who succeeded completely in undermining this patient's self-confidence and normal self-assertion. The patient had, as a defense, developed an overbearing attitude in his home and treated his family, particularly his son, as he was treated by his own father. The treatment consisted of twenty-six interviews over a ten-week period with satisfactory results. Not only have all his symptoms disappeared including the convulsions and his impotence, but his attitude toward his son and wife has changed. The wife, who had decided to divorce him, reversed her decision. This patient's case has been followed up. After four years he is still married, his symptoms have not returned and there are only occasional relapses into irritability and impatience toward his son, an attitude which he is able to control. I do not quote this case because of the therapeutic result, unusual because of the small number of interviews. I quote it because it is a simple example of corrective emotional experience. This was achieved by creating an emotional atmosphere in the transference which was particularly suited to reverse the original intimidating influence of the patient's father. My attitude was not simply objective and helpful; it was consistently tolerant and definitely encouraging, exactly the opposite of his father's attitude. While the father was overbearing and omniscient, the analyst emphasized repeatedly the limitations of psychiatry and of his own knowledge, encouraging the patient to express his disagreement with interpretations. The father had been extremely critical of the patient; the analyst openly displayed admiration of certain of the patient's qualities. This was of course all within

the limits of the usual attitude of the analyst, but I gave a definite emotional coloring to the transference, which might be criticized as not psychoanalytic but psychotherapeutic because of its openly encouraging connotation. This entirely new situation which he had never encountered was most embarrassing for the patient. He did not know how to react to it. At first he tried in his dreams to make the analyst a replica of his domineering father. In one, the analyst smashed glassware the patient had manufactured which reminded him of the time his father, a glass manufacturer, in violent rage had smashed glassware because he had not liked the design. After these distortions had been interpreted, the patient desperately tried to provoke the analyst to act as his father did. When all this failed he gradually began to change his own behavior.

In another case, the corrective emotional experience was provoked by a different departure from the conventional psychoanalytic attitude on the therapist's part. The patient was a young university student who was unable to apply himself to his studies. He idled about, spent a great part of the day in bed, masturbated excessively, read cheap detective stories and was unable to form any meaningful social relations. He had no attachments to women, frequented poolrooms and felt quite miserable about his purposeless way of living. His 'laziness' was the symptom of a latent compulsion neurosis. During his first consultation he justified his idleness by stating that his father never loved him and never gave him anything of value; therefore, his father should support him. In his first analytic session he reported a dream.

I wanted to sell my diamond ring but the jeweler after testing the stone declared it was false.

He immediately remarked that the dream was silly because he knew that his ring was genuine. In the course of further associations it transpired that the ring was a present from his father. The dream expressed transparently the patient's defensive formula that he had never received anything of value

from his father; hence, the motive for proving in his dream that his father's gift was spurious. His whole neurotic structure was founded on the belief that he owed nothing to his father.

External circumstances forced him to move from the city and he was transferred to another analyst who died after a short period. He continued with another analyst, and a few months later he asked me for an interview. He complained that as his analyst disliked him continuation of the treatment was impossible. The analyst was always polite and kindly, but he felt that this was all calculated play acting. In reality, he said, the therapist hated him. I talked with his analyst who, to my surprise, substantiated the patient's story: he felt a strong aversion to the patient which he tried his best to conceal. He urged me and I agreed to continue the treatment. I soon understood my predecessor's prejudice. The patient did everything to make himself disagreeable. He usually arrived unwashed, unshaven and unkempt, bit his nails, spoke in a scarcely intelligible mumble, criticized everything, and paid a very low fee. If I kept him waiting a minute he immediately accused me of doing so because he paid less than others. He was so unpleasant in every possible way that it was difficult to tolerate him. One day I spoke to him somewhat impatiently. He jumped up from the couch and exclaimed, 'You are just like your colleague. Do you deny that you dislike me and do you call it analysis being impatient with your patient?' I realized that I had better admit my dislike of him. He was extremely perturbed by this admission. I explained that his behavior was unconsciously calculated and succeeded in making him disliked. He wanted to prove that just as his father supposedly disliked him, the analyst also rejected him; this allowed him to feel hostile and continue his old neurotic pattern of life. I reminded him of the dream about the diamond ring. This session became a dramatic turning point of this analysis, which before had begun to appear a stalemate. He became well groomed, and tried to be as pleasant as possible. He started to apply himself to his studies and to organize his daily activities.

In this case the corrective emotional experience was, in a

sense, opposite to the one previously described. This patient had an indulgent father to whom his son was the apple of his eye. He supported him freely without reproach, although during his schooling he did not apply himself to his studies. This paternal indulgence created intolerable feelings of guilt in the boy who, as a defense, tried to persuade himself that his father really disliked him.

In the dramatic interview in which he discovered my dislike for him, it suddenly became clear to him that the situation with his father could not be repeated; that it was a unique relationship, and that no one but his indulgent father would love him despite all his provocations. He realized that to be loved he must make himself worthy of love; furthermore, the guilt feelings resulting from his father's goodness diminished with the analyst's open admission of his dislike. At the end of his analysis this patient was very appreciative, presenting the analyst with a photograph of his new self. Years later he called on me. He had become successful and was married happily. Every experienced analyst has had similar experiences. The case is noteworthy because of the dynamics of the patient's remarkable improvement which was induced not by the usual understanding objective attitude of the analyst but by an involuntary display of his irritation.

The analyst's reaction was not calculated to be different from that of the patient's father. He simply lost, for a moment, the type of control which we consider so important in psychoanalytic therapy. I do not want to imply that in general this control is not necessary. My point is that the knowledge of the early interpersonal attitudes which contributed to a patient's neurosis can help the analyst to assume intentionally a kind of attitude which is conducive to provoking the kind of emotional experience in the patient which is suited to undo the pathogenic effect of the original parental attitude. Such intensive revelatory emotional experiences give us the clue for those puzzling therapeutic results which are obtained in a considerably shorter time than is usual in psychoanalysis. The important question facing us is whether it is possible in many cases to manage

the transference in a way to precipitate such intensive revelatory experiences. At present it is difficult to generalize about how such intensive revelatory experiences can be provoked. One thing is obvious: the corrective emotional experience is possible only after the intrapsychic conflict has been reconverted into an interpersonal relationship in the transference and the introjected parental influences are projected upon the analyst; in other words, when the original neurosis has been transformed into a transference neurosis. This aim is most difficult to achieve in severe compulsion neurotics in whom the original child-parent relationship is completely incorporated in the personality in a complex intrapsychic conflict between the different structural parts of the personality. This keeps the intensity of the transference on a relatively low level and the whole therapeutic procedure tends to become over-intellectualized. In such cases, patient, prolonged preliminary work is often required before the intrapsychic neurotic system is disrupted and transformed into a neurotic interpersonal relationship.

This whole problem is closely related to the countertransference. The proposition made here is that the analyst should attempt to replace his spontaneous countertransference reactions with attitudes which are consciously planned and adopted according to the dynamic exigencies of the therapeutic situation. This requires the analyst's awareness of his spontaneous countertransference reactions, his ability to control them and substitute for them responses which are conducive to correcting the pathogenic emotional influences in the patient's past. Occasionally, as in the case of the student, the spontaneous countertransference reaction of the analyst is accidentally the desirable attitude, but this is a rare exception. As a rule spontaneous countertransference reactions of the analyst resemble parental attitudes. The analyst, like the parents, is apt to react with positive feelings to the patient's flattery, with helpful attitude and sympathy to the patient's suffering, and with resentment to the patient's provocative behavior as the parents did. Even if he does not give overt expression to his countertransference, the patient may sense it. Since the phenomenon of counter-

transference has been recognized, we know that a completely objective attitude of the analyst exists only in theory no matter how painstakingly he may try to live up to this requirement. The main point is, however, that within the framework of the objective atmosphere of the psychoanalytic situation, there is sufficient opportunity for replacing the spontaneous counter-transference reactions with well-defined and designed attitudes which facilitate the patient's own emotional reorientation. In this connection, it should be considered that the objective, detached attitude of the psychoanalyst itself is an adopted, studied attitude and is not a spontaneous reaction to the patient. It is not more difficult for the analyst to create a definite emotional climate, such as consistent permissiveness or a strong-hand, as the patient's dynamic situation requires.

Having presented the corrective emotional experience as the dynamic axis of the treatment, let us turn to the other well-established therapeutic factors and first examine the therapeutic importance of recovered memories.

After Freud abandoned hypnosis, his main interest lay in reconstructing the early emotional development by resolving the 'infantile amnesia'. When he substituted free association for hypnosis, he tried to induce the patient to recall repressed traumatic memories. At this time all his interest was focused upon tracing the genesis of neurosis and of personality development in general. He had first to understand the natural history of neuroses in order to develop a sensible method of treatment. It was a lucky circumstance that this etiological study of the individual's past history coincided, partially at least, with therapeutic aims. Both required recovery of forgotten memories and this became for a time the main therapeutic device. He came only gradually to realize the therapeutic significance of transference and the importance of the patient's reliving, not merely recalling, his early conflicts. His first impression, however, was so strong that the belief in the primary therapeutic significance of genetic reconstruction was perpetuated.<sup>1</sup>

<sup>1</sup> The importance of genetic understanding in relation to emotional experience is discussed further on.

We know now that the recovery of memories is a sign of improvement rather than its cause. As the ego's capacity to cope with repressed emotions increases through experience in the transference, the patient is able to remember repressed events because of their similar emotional connotations. The ability to remember shows the ego's increased capacity to face certain types of psychological content. This change in the ego is achieved through the emotional experiences of the treatment, although it cannot be denied that remembering and understanding the origin of neurotic patterns have a therapeutic influence and help the reintegration of repressed psychological content into the total personality.

The therapeutic evaluation of intellectual insight is probably one of the most difficult problems of the theory of treatment. We used to distinguish three therapeutic factors: abreaction, insight, and working through. *Abreaction* means the free expression of repressed emotions. *Insight* was considered to be effective only when it coincided with emotional abreaction. As Freud expressed it, 'An enemy cannot be licked who is not seen'. The patient must feel what he understands, otherwise he could be cured by a textbook. *Working through* refers to the repetitive, more and more precise verbalization of all the details of the emotional patterns, including abreaction and insight, during analysis as the ego's defensive measures are gradually reduced. It consists of experiencing and understanding each aspect of the neurosis as it is revealed under treatment and as the patient's resistance to self-expression diminishes.

In evaluating the mutual relation of these three factors in therapy, it is important to realize that often quite definite changes in the emotional pattern can be observed in patients without intellectual formulation by the analyst or patient. The corrective emotional experience in the transference alone may produce lasting therapeutic results. A purely intellectual understanding of the neurosis has seldom much therapeutic effect. On the other hand, intellectual insight based on and combined with emotional experiences stabilizes emotional gains and paves the way for new emotional experiences. The ego's

basic function is mastery of impulses through integration. This is the essence of the function we call understanding. Understanding gives the patient a feeling of mastery, and this in turn encourages mobilization of repressed material which before could not be mastered by integration with the rest of the conscious personality. Through insight the ego is prepared to face emerging unconscious material and is not taken by surprise when it actually appears in consciousness. This explains the common observation that the same interpretation which was given repeatedly during treatment and which seemingly has left the patient completely unimpressed, one day provokes a revelatory emotional response. This happens when the previous, merely intellectual understanding of repressed material becomes combined with emotional experiences of the same material as it emerges from repression. The previous interpretations were, however, not without effect: they paved the way for the emotional experience. Intellectualization by interpretation of content, however, in certain cases must be avoided as much as possible. The substitution of understanding for feeling is one of the principal defenses of the compulsive personality. In such cases the corrective emotional experiences must be achieved without too much intellectual preparation. The patient must experience his basic ambivalence toward the analyst which can be facilitated if the analyst's own spontaneous emotional reactions, which the patient's ambivalence has provoked, are kept under control and are replaced by a well-planned attitude.

It is universally accepted that the central therapeutic issue consists in the mobilization of unconscious material. Only if the ego is actually confronted with those impulses which it could not handle before except by repression, can the patient learn to handle such impulses. The defenses of the ego originally developed under the influence of personal relationships: parental intimidation, overindulgence, guilt, ambivalence, rejection, and unconscious seduction are the most common etiological factors. Intellectual insight into the nature of the ego defenses alone is not sufficient to abolish their influence.

The emotional content of the patient-physician relationship, the fact that the therapist's attitude is different from the original parental attitudes, is the major dynamic factor which allows repressed material to become conscious.

In the light of this discussion, certain quantitative factors in therapy—those therapeutic measures by which an optimal level of the transference neurosis may be achieved—can be evaluated.

Experience shows that the transference neurosis develops spontaneously as the result of continued contact with the therapist. The outlook for a prolonged treatment favors the patient's procrastination and disinclination to face the problems from which he escaped into neurosis. The transference neurosis soon loses many of the unpleasant features of the original neurosis because it is seen to be a necessary part of the treatment, and the conflicts provoked by the regressive tendencies are reduced by the analyst's attitude. This allows the patient to be neurotic during treatment without too much conflict. Reducing the frequency of interviews is one of the simplest means of preventing the transference from becoming too powerful an outlet for the patient's neurosis: by frustration, the dependent strivings become conscious and the patient is compelled to resist them consciously.

Whenever the patient's ego shows signs of need for emotional support, increasing the frequency of interviews may be indicated. In doing so, however, one must be aware that allowing the patient a greater dependent gratification is a tactical concession which the therapist has to make at the moment, but which will increase some time later the task of weaning. It is unwise to generalize, and experience and skill are required to estimate when and how to reduce or increase the frequency of the sessions. In many cases it is advisable to see the patient once, twice or three times a week, instead of daily, to prevent too much dependence.

Reducing the frequency of the interviews is probably the most effective application of the principle of abstinence. It prevents the unnoticed hidden gratification of dependent needs thus forcing them to become conscious. This principle

was most consistently developed by Ferenczi, who pointed out that denying the patient just that satisfaction which he most intensively desires has proven most useful in producing pertinent unconscious material (5). According to this principle, the patient's dependence upon the analyst becomes conscious through curtailing its gratification. Were a person fed every half hour, he would never become conscious of feeling hunger. The patient's dependence upon the analyst, gratified by the routine of daily interviews on which the patient can count indefinitely, may never become conscious with sufficient vividness if the sessions are not reduced in some phase of the analysis. Everyone knows the stimulating influence of an unplanned cancellation of an interview upon the production of unconscious material. Vacations which are undertaken in the therapist's and not in the patient's interest may also have such an effect. My point is that we should not leave this important therapeutic tool to chance but use it systematically whenever the patient's analytic situation requires.

Longer interruptions have a somewhat different therapeutic function. In the early twenties Eitingon made experiments with interrupted analyses in the outpatient clinic of the Berlin Psychoanalytic Institute. Since then this device has been systematically tested in the Chicago Institute for Psychoanalysis (6).

Interruptions of shorter or longer duration have the function of increasing the patient's self-confidence. During the interruptions he will have to apply independently in life what he gained during the treatment. The tendency of the neurotic is to avoid renewed attempts to cope with the life situation from which he retreated into fantasy and symptom formation. Interruptions counteract the patient's tendency to postpone indefinitely the solution of his problems. They are one of the strongest weapons against perpetuating the transference neurosis indefinitely. Interruptions must be imposed tentatively, since there is no way of telling exactly when the patient is ready to accept them without relapsing.

One must remember that the patient, while he is being analyzed, continues his ordinary life. It is true that many of his neurotic needs will be gratified in the transference. This as a rule allows the patient to behave less neurotically outside. On the other hand, the therapist must not allow the patient to withdraw his attention from his outside relationships and to escape completely into the therapeutic situation. Originally the patient came to the therapist with current problems. The transference allowed him to relieve the pressure of these current problems by retreating from life into the shadow world of the transference. There must be a constant pressure to keep the patient in contact with his actual problems in life from which he only too readily has withdrawn into the transference. It is not realistic to expect that a patient, who has postponed the solution of his real problems for months or years and withdrawn into the relatively isolated world of transference, will one day suddenly return a well-adjusted person to the world of reality. While the patient works through his resistances and becomes able to express more and more frankly in the transference his neurotic attitudes, he learns gradually to modify them at first in relation to the analyst and later also in his extra-analytic human relationships. The latter takes place to some degree automatically but the neurotic tendency is to delay the attack upon his actual problems. A steady pressure must be exerted upon the patient to apply every analytical gain to his life outside the analysis. The analytic process cannot be divided into two separate phases: first, one which encourages the development of the transference neurosis and, second, one in which the patient is induced to return with modified attitudes to the solution of his actual problems. The two must take place more or less simultaneously.

Another significance of extratherapeutic experiences was first explicitly emphasized by Edoardo Weiss (7). The transference cannot always repeat all the neurotic patterns of a patient. Some aspects of his neurosis he will of necessity re-enact in his life; moreover, it is often advantageous to relieve too intensive positive or negative emotional attitudes within the transference

by taking advantage of corresponding extra-analytic interpersonal relationships. In the Chicago Institute for Psychoanalysis, some of the members of the staff believe that in some cases most of the patient's problems can be worked out by the analysis of the extratherapeutic experiences, and that a real transference neurosis can be avoided. I personally lean toward the view that a well-defined transference neurosis is not only unavoidable but desirable in most cases.

### SUMMARY

The need for re-evaluation of the psychodynamic factors operative during treatment is emphasized. According to the view presented, the dynamic axis of psychoanalytic therapy is the corrective emotional experience which the patient obtains in the transference. The significant factor is not only that the patient relives his original conflicts in his relationship with the analyst, but that the analyst does not react as the parents did. His reactions should correct the pathogenic effects of the parental attitudes. The objective, understanding attitude of the analyst in itself is so different from that of the parents that this alone necessitates a change in the patient's original attitudes. If the analyst succeeds in reconstructing precisely the original pathogenic parental attitude, he may facilitate the occurrence of intensive corrective emotional experiences by assuming an attitude toward the patient opposite to that of the most relevant pathogenic attitude which prevailed in the past. This does not consist in artificial play acting but in creating an emotional atmosphere which is conducive to undoing the traumatic effects of early family influences. The corrective emotional experience is the most powerful factor in making the patient's original ego defenses unnecessary and thus allowing the mobilization and emergence into consciousness of repressed material. It helps the patient's ego to assume a modified attitude toward hitherto repressed or inhibited impulses. Other important technical measures serve to keep the transference on an optimal level, such as changing the frequency of interviews according to the state of the analysis,

correctly timed interruptions, and encouraging the required kind of extratherapeutic experiences.

Our experience in the Chicago Institute for Psychoanalysis is that with the consistent observance of these principles and technical measures the treatment becomes more effective and economical (8). Although the total duration of the treatment as a rule is not spectacularly shortened, the actual number of interviews can be substantially reduced in the great majority of cases. The principle which is stressed is that of flexibility in preference to routine. Briefness, in so far as the total duration of the treatment is concerned, does not characterize this approach.

Naturally the personality of the analyst and his sex are of great importance for creating the kind of emotional atmosphere and experiences in the transference which are most conducive to reversing the adverse influences in the patient's past. The selection of an analyst for each patient is an involved problem and requires special consideration.

Reasons are submitted for the urgent need for a careful re-examination of the therapeutic process.

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ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: <https://www.tandfonline.com/loi/upaq20>

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To link to this article: <https://doi.org/10.1080/21674086.1950.11925820>



# THE DEVELOPMENT OF THE TRANSFERENCE

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## INTRODUCTION

Transference is an integral part of psychoanalysis. A vast, widely scattered literature exists on the subject. In most contributions on any psychoanalytic theme there is to be found, often tucked away from easy access, some reference to it. It forms of necessity the main topic of papers and treatises on psychoanalytic technique; but ' . . . it is amazing how small a proportion of the very extensive psychoanalytic literature is devoted to psychoanalytic technique', states Fenichel (1), 'and how much less to the theory of technique'. There is no single contribution which comprehends all the facts known and the various opinions. This is all the more remarkable as differing opinions are held about the mechanism of transference, and its mode of production seems particularly little understood. In the absence of a comprehensive critical evaluation, the student may well be bewildered at finding that most authors, before getting to their subject matter, deem it necessary to give their personal interpretations of what they mean by the 'transference' and 'transference neurosis'. This is well illustrated by Fenichel's book on the theory of the neuroses (3) which, containing more than one thousand six hundred and forty references, quotes only one reference in the section on Transference.

The lack of knowledge of the causation of transference appears largely to have gone unnoticed. It seems tacitly to be assumed that the subject is fully understood. Fenichel, for instance, writes (3): 'Freud was at first surprised when he met with the phenomenon of transference; today, Freud's discoveries make it easy to understand it theoretically. The analytic situation induces the development of derivatives of the repressed, and at the same time a resistance is operative against it . . . the patient misunderstands the present in terms of the

past.' If one scrutinizes this frequently quoted reference, one realizes that it gives no theoretical explanation of the factors which produce transference. However illuminating and pointed this and other similes may be, they are descriptive rather than explanatory.

The causes of the limited understanding of transference are historical, inherent in the subject matter, and psychological.

#### REASONS FOR THE LACK OF RESEARCH

##### HISTORICAL

As psychoanalysis developed, there was a natural striving to differentiate it from hypnosis, its precursor, similarities between the two tending to be overlooked. The mode of production and the emergence of the transference (positive, negative, and the transference neurosis) were considered an entirely new phenomenon peculiar to psychoanalysis, and altogether distinct from what occurred in hypnosis.

In this differentiation from hypnosis, psychoanalysis had to come to terms with the concept of 'suggestion'. Many psychoanalytic writers, and more particularly others, have complained about the inaccurate and inexact use of this term. The great impetus toward research into 'suggestion' came from the study of hypnosis. With the appearance (1886) of Bernheim's book (4), hypnosis ceased to be considered a symptom of hysteria, the nucleus of hypnosis was established as the effect of suggestion, and it is Bernheim's merit that he showed that all people are subject to the influence of suggestion and that the hysteric differs chiefly in his abnormal susceptibility to it. This seemed to Freud a great advance in recognizing the importance of a mental mechanism in the production of disease. In the introduction he wrote (1888) to his translation into German of Bernheim's book (5), which is of historical interest because it is believed to be Freud's first publication on a psychological subject, Freud stresses the great importance of Bernheim's '... insistence upon the fact that hypnosis and hypnotic suggestion can be applied, not only to hysterics and to seriously neuropathic patients, but also to the majority of healthy per-

sons', and his belief that this 'is calculated to extend the interest of physicians in this therapeutic method far beyond the narrow circle of neuropathologists' (6). The significance of suggestion was thus established, but its meaning had yet to be clarified. Freud tried to find a link between the physiological (somatic) and mental (psychological) phenomena in hypnosis: 'In my opinion', he stated, 'the shifting and ambiguous use of the word "suggestion" lends to this antithesis a deceptive sharpness which it does not in reality possess'. He then set out to give a definition of suggestion to embrace both its physiological and mental manifestations: 'It is worth while considering what it is we can legitimately call a "suggestion"'. No doubt some kind of mental influence is implied by the term; and I should like to put forward the view that what distinguishes a suggestion from other kinds of mental influence, such as a command or the giving of a piece of information or instruction, is that in the case of a suggestion an idea is aroused in another person's brain which is not examined in regard to its origin but is accepted just as though it had arisen spontaneously in that brain.' Freud did not succeed in giving the term a clear and unequivocal definition.

The physiological phenomena (vascular, muscular, etc.) had yet to be brought under the roof of suggestion, if hypnosis and hysteria were to be claimed for psychopathology. Physiological functions not subject to conscious control, and Freud's earlier definition of suggestion, did not cover them; hence, in this preanalytic paper, Freud widens the meaning of suggestion by introducing 'indirect suggestion'. He says, 'Indirect suggestions, in which a series of intermediate links out of the subject's own activity are inserted between the external stimulus and the result, are none the less mental processes; but they are no longer exposed to the full light of consciousness which falls upon direct suggestions'. It is important to note that the factor of an unconscious operation of suggestion is now introduced for the first time in Freud's writing. If, for example, it be suggested to a patient that he close his eyes, and if thereupon he fall asleep, he has added his own association (sleep follows

closing of the eyes) to the initial stimulus. The patient is then said to be subject to 'indirect suggestion' because the suggestive stimulus opened the door for a chain of associations in the patient's mind; in other words, the patient reacts to the suggestive stimulus by a series of autosuggestions. Freud in this paper, and later, uses the 'indirect suggestion' as synonymous with 'autosuggestion'.

When suggestion was found by Bernheim to be the basis of hypnosis, it remained to be explained why most but not all persons could be hypnotized, or were susceptible to suggestion, and why some were more readily hypnotizable than others; thus, beside the activity of the hypnotist, a factor inherent in the patient was established and had to be examined. This factor was referred to as the patient's suggestibility. The nature of what went on in the patient's mind during hypnosis was soon made the subject of extensive investigations, and interest was progressively concentrated on the subjective psychological process. Ferenczi (7) showed that the hypnotist when giving a command is replacing the subject's parental imagos and, more important, is so accepted by the patient. Freud (8) concluded that hypnosis constitutes a mutual libidinal tie. He found that the mechanism by which the patient becomes suggestible is a splitting from the ego of the ego-ideal which is transferred to the suggester. As the ego-ideal normally has the function of testing reality,<sup>1</sup> this faculty is greatly diminished in hypnosis, and this accounts both for the patient's credulity and his further regression from reality toward the pleasure principle. According to Freud, the degree of a person's suggestibility depends on the degree of maturity. The less distinction between ego and ego-ideal, the more ready the identification with authority. Thus we find that in the understanding of hypnosis and suggestion the subject's suggestibility came to outweigh the suggester's activities. Ernest Jones (12) shows that there is no fundamental difference between autosuggestion and allosuggestion; both constitute libidinal regression to nar-

<sup>1</sup> Freud later contradicted this statement in *The Ego and the Id*, Chapter III, p. 34. fn.

cissism. Abraham (13), in his paper on Coué, shows that the subjects of this form of autosuggestion regressed to states of obsessional neurosis. McDougall (14) speaks of 'the subject's attitude of submissiveness as "suggestibility"'. As the common factor brought out by all these investigations is regression, it would seem justifiable to define suggestibility as adaptability by regression.

In the investigations of hypnosis, the stress has been placed at different times on extrinsic factors (the implanting of an idea or the hypnotist's activities); or on intrinsic factors (the patient's suggestibility). In fact, whereas the 'implantation' of a foreign idea, independent of any factors operative within the patient, was first considered to constitute the whole process of suggestion, the pendulum soon swung to the other extreme, and the endopsychic process (capacity to regress) was considered the essence of hypnosis. Through this historical development 'suggestion' and 'suggestibility' came to be confused, although it is quite clear that suggestibility distinctly implies a state or readiness as opposed to the actual process of suggestion. Unfortunately, however, these two terms have crept into psychoanalytic literature as having the same meaning. It is in part due to this fact that transference came to be considered a spontaneous manifestation to the neglect of precipitating factors. These ambiguities have never been overcome; moreover, they are to some extent responsible for the lack of understanding of the genesis and nature of transference.

To differentiate the new psychoanalytic technique from hypnosis there was a repudiation of suggestion in psychoanalysis. Later, however, this was questioned, and the term, suggestion, was reintroduced into psychoanalytic terminology. Freud (15) makes the arresting statements: '. . . and we have to admit that we have only abandoned hypnosis in our methods in order to discover suggestion again in the shape of transference'; and, in another paper (21), 'Transference is equivalent to the force which is called "suggestion"'; still later (23): 'It is quite true that psychoanalysis, like other psychotherapeutic methods, works *by means of suggestion*, the difference being,

however, that it (transference or suggestion) is not the decisive factor'. While Freud equates here transference and suggestion, he says a little earlier in the same paper (23): 'One easily recognizes in transference the same factor which the hypnotists have called "*suggestibility*", and which is the carrier of the hypnotic rapport'. In his Introductory Lectures (18) Freud also uses transference and suggestion interchangeably, but specifies the meaning of suggestion in psychoanalysis by stating that 'direct suggestion' was abandoned in psychoanalysis, and that it is used only to uncover instead of covering up. Ernest Jones (25) states that suggestion covers two processes: '... "verbal suggestion" and "affective suggestion", of which the latter is the more primary and is necessary for the action of the former. "Affective suggestion" is a rapport which depends on the transference (*Übertragung*) of certain positive affective processes in the unconscious region of the subject's mind. . . . suggestion plays a part in all methods of treatment of the psychoneuroses except the psychoanalytic one.' This new terminology does not seem clear. 'Affective suggestion' obviously represents 'suggestibility'. In the way it is expressed it plainly contradicts Freud's statement with regard to the role of 'suggestion' in psychoanalysis, although Freud and Jones were probably in full agreement about what they meant. But this confusing and haphazard use of terms could not but influence adversely the full understanding of analytic transference. One might even take it as proof that transference is not fully understood; if it were, it could be stated simply and clearly.

That Freud was dissatisfied about the definition of transference and suggestion is confirmed by his statement (9): 'Having kept away from the riddle of suggestion for some thirty years, I find on approaching it again that there is no change in the situation. . . . The word is acquiring a more and more extended use, and a looser and looser meaning.' He introduces yet another differentiation of suggestion 'as used in psychoanalysis' from suggestion in all other psychotherapies. As used in psychoanalysis, argues Freud—and one is tempted to

say by way of special pleading—suggestion is distinct from its use in other therapies through the fact that transference is continually analyzed in psychoanalysis and so resolved, implying that the effects of suggestion are thereby undone. This statement found its way into psychoanalytic literature in many places, and gained acceptance as a standard valid argument: the factor of suggestion is held to be eliminated by the resolution of the transference, and this is regarded as the essential difference between psychoanalysis and all other psychotherapies. But it is dubiously scientific to include in the definition of suggestion the subsequent relation between therapist and patient; neither is it scientifically precise to qualify 'suggestion' by its function: whether the aim of suggestion be that of covering up or uncovering, it is either suggestion or it is not. Little methodological advantage could be gained by using 'suggestion' to fit the occasion, and then to treat the terms 'suggestion', 'suggestibility', and 'transference' as synonymous. It is therefore not surprising that the understanding of analytic transference has suffered from this persisting inexact and unscientific formulation.

One must agree with Dalbiez (26) when he says, 'The freudians' deplorable habit (which they owe, indeed, to Freud himself) of identifying transference with suggestion has largely contributed to discrediting psychoanalytic interpretations. The truth is that positive transference brings about the most favorable conditions for the intervention of suggestion, but it is by no means identical with it.' Dalbiez defines suggestion as '... unconscious and involuntary realization of the content of a representation'. This neatly condenses the factors which Freud postulated, namely, autosuggestion, direct and indirect suggestion, and their unconscious operation.

To summarize this historical review, it may be stated that, despite ambiguities, it may be generally accepted that in the classical technique of psychoanalysis, suggestion so defined is used only to induce the analysand to realize that he can be helped and that he can remember.

### THE SUBJECT MATTER

An important factor responsible for the neglect of the theory of transference was the early preoccupation of analysts with demonstrating the various mechanisms involved in transference. Interest in the genesis of transference was sidetracked by focusing research on the manifestations of resistance and the mechanisms of defense. These mechanisms were often given as explanations of the phenomenon of transference, and their operation was taken to explain its nature and occurrence.

### PSYCHOLOGICAL (COUNTERTRANSFERENCE)

The neglect of this subject may in part be the result of the personal anxieties of analysts. Edward Glover (27) comments on the absence of open discussion about psychoanalytic technique, and considers the possibility of subjective anxieties: '... this seems all the more likely in that so much technical discussion centers round the phenomena of transference and countertransference, both positive and negative'. There may in addition enter into it an unconscious endeavor to steer clear of any active 'interference' or, more exactly, to remove any suspicion of methods reminiscent of the hypnotist.

### GENERAL SURVEY OF THE LITERATURE

A survey of the literature within the strict limits of the scope of this paper would simply summarize what has been said about the causation of psychoanalytic transference. But although this can be done easily, it is of doubtful value without a survey first of the literature about transference manifestations in general, and without a survey of what transference is held to be and to mean. It would then be obvious that many differences of opinion coexist and many differing interpretations have been given; but unfortunately, in the absence of a comprehensive critical survey of the subject, such a task is, in fact, impossible because there are no clear-cut definitions and many differences of opinion as to what transference is. This is in part attributable to the state of a growing science and to the

fact that most authors approach the subject from one angle only.

To begin with, there is no consensus of opinion about the use of the term 'transference' which is referred to variously as 'the transference', 'a transference', 'transferences', 'transference state', and sometimes as 'analytical rapport'.

Does transference embrace the whole affective relationship between analyst and analysand, or the more restricted 'neurotic transference' manifestations? Freud used the term in both senses. To this fact Silverberg (28) recently drew attention, and argued that transference should be limited to 'irrational' manifestations, maintaining that if the analysand says 'good morning' to his analyst it is unreasonable to include such behavior under the term transference. The contrary view is also expressed: that transference, after the opening stage, is everywhere, and the analysand's every action can be given a transference interpretation (30).

Can transference be adjusted to reality, or are transference and reality mutually exclusive, so that some action can only be either the one or the other; or can they coexist so that behavior in accord with reality can be given a transference meaning as in forced transference interpretations? Alexander (31) comes to the conclusion that they are '. . . truly mutually exclusive, just as the more general concept "neurosis" is quite incompatible with that of reality adjusted behavior'.

Freud (34) divided transference into positive and negative. Fenichel (2) queries this subdivision, arguing that, 'Transference forms in neurotics are mostly ambivalent, or positive and negative simultaneously'. Fenichel (2) states further that manifestations of transference ought to be valued by their 'resistance value', noting that '. . . positive transference, although acting as a welcome motive for overcoming resistances, must be looked upon as a resistance in so far as it is *transference*'. Ferenczi (37), on the contrary, after stating that a violent positive transference, especially in the early stages of analysis, is often nothing but resistance, emphasizes that in other cases, and particularly in the later stages of analysis, it is essentially the vehicle by which unconscious strivings can reach the surface. Most often

the inherent ambivalence of transference manifestations is stressed and looked upon as a typical exhibition of the neurotic personality.

The next query arises from one special aspect of transference: 'acting out' in analysis. Freud (38) introduced the term 'repetition compulsion' and he says: 'In the case of a patient in analysis . . . it is plain that the compulsion to repeat in analysis the occurrences of his infantile life disregards *in every way* the pleasure principle'. In a comprehensive critical survey of the subject, Kubie (39) comes to the conclusion that the whole conception of a compulsion to repeat for the sake of repetition is of questionable value as a scientific concept, and were better eliminated. He believes the conception of a 'repetition compulsion' involves the disputed death instinct, and that the term is used in psychoanalytic literature with such widely differing connotations that it has lost most, if not all, of its original meaning. Freud introduced the term for the one variety of transference reaction called acting out, but it is, in fact, applied to all transference manifestations. Anna Freud (40) defines transference as: '. . . all those impulses experienced by the patient in his relation with the analyst which are not newly created by the objective analytic situation but have their source in early . . . object relations and are now merely revived under the influence of the repetition compulsion'. Ought, then, the term 'repetition compulsion' be rejected or retained and, if retained, is it applicable to all transference reactions, or to acting out only?

This leads to the question of whether transference manifestations are essentially neurotic, as Freud (22) most often maintains: 'The striking peculiarity of neurotics to develop affectionate as well as hostile feelings toward their analyst is called "transference"'. Other authors, however, treat transference as an example of the mechanism of displacement, and hold it to be a 'normal' mechanism. Abraham (42) considers a capacity for transference identical with a capacity for adaptation which is 'sublimated sexual transference', and he believes that the sexual impulse in the neurotic is distinguishable from the nor-

mal only by its excessive strength. Glover (44) states: 'Accessibility to human influence depends on the patient's capacity to establish *transferences*, i.e., to repeat in current situations . . . attitudes developed in early family life'. Is transference, then, consequent to trauma, conflict, and repression, and so exclusively neurotic, or is it normal?

In answer to the question, is transference rational or irrational, Silverberg (28) maintains that transference should be defined as something having the two essential qualities: that it be 'irrational and disagreeable to the patient'. Fenichel (2) agrees that 'transference is bound up with the fact that a person does not react rationally to the influence of the outer world'. It is evident that no advantage or clarification of the term 'transference' has followed its assessment as 'rational' or otherwise. It is particularly unfortunate that the antithesis, 'rational' versus 'irrational', was introduced, as it was precisely psychoanalysis which demonstrated that rational behavior can be traced to 'irrational' roots. What is transferred: affects, emotions, ideas, conflicts, attitudes, experiences? Freud says only affects of love and hate are included; but Glover (45) finds that 'Up to that date [1937] discussion of transference was influenced for the most part by the understanding of one unconscious mechanism only, that of displacement', and he concludes 'that an adequate conception of transference must reflect *the totality* of the individual's development . . . he displaces onto the analyst, not merely affects and ideas but *all* he has ever learned or forgotten throughout his mental development.' Are these transferred to the person of the analyst, or also to the analytic situation; is extra-analytic behavior to be classed as transference?

Are positive and negative transferences felt by the analysand to be an 'intrusive foreign body', as Anna Freud states (41) in discussing the transference of libidinal impulses, or are they agreeable to the analysand, a gratification so great that they serve as resistances? Alexander (32) concludes that transference gratifications are the greatest source of unduly prolonging analysis; he reminds his readers that whereas Freud (46) initially

had the greatest difficulty in persuading his patients to continue analysis, he soon had equally great difficulty in persuading them to give it up.

Freud (36) divides positive transference into sympathetic and positive transference. The relation between the two is not clearly defined, and sympathetic transference is sometimes referred to as analytic rapport. Do the two merge, or remain distinct; is sympathetic transference resolved with positive and negative transference? Discussion of the importance of positive transference at the beginning of analysis and as carrier of the whole analysis has lately been revived among child analysts (49, 50). This has extended to the question of whether or not a transference neurosis in children is desirable or even possible. While this dispute touches on the fundamentals of psychoanalytic theory, the definitions offered as a basis for the discussion are not very precise.

The contradictions in the literature about transference could be multiplied, but as exemplifying the conspicuous absence of a unified conception they will suffice. Alexander (33) states: 'Although it is agreed that the central dynamic problem in psychoanalytic therapy is the handling of transference, there is a good deal of confusion as to what transference really means'. He comes to the conclusion that the transference relationship becomes identical with a transference neurosis, except that the transient neurotic transference reactions are not usually dignified with the name of 'transference neurosis'. He thus questions the need for the term transference neurosis altogether. As to the transference neurosis itself, there is a similar haziness of the conception. Definitions usually begin with 'When symptoms loosen up . . .', or 'When the level of conflict is reached . . .', or 'When the neurotic conflict is shifted to the analytic situation . . .', or 'When the productivity of illness becomes centered round one place only, the relation to the analyst . . .'; yet, strictly speaking, such pronouncements are descriptions, not definitions. Freud's (16) definition of transference neurosis implicitly and explicitly refers only to the neurotic person, so that one is left with the impression that only neurotics form

a transference neurosis. Sachs (51), on the contrary, '... found the difference between the analyses of training candidates and of neurotic patients negligible'.

### HISTORICAL SUMMARY OF THE LITERATURE

It may be held that many of the contradictions in the literature are largely semantic, that in enumerating them haphazardly, discrepancies are brought into false relief. A truer picture, it may be argued, would have been given if historical periods had been made the guiding principle. Developmental stages in psychoanalysis were of course reflected in current concepts of transference.

In the very first allusion (1895) to what later developed into the concept of transference (70), Freud says that the patient made 'a false connection' to the person of the analyst, when an affect became conscious which related to memories which were still unconscious. This connection Freud thought to be due to 'the associative force prevailing in the conscious mind'. It is interesting to note that with this first observation Freud had already noted that the affect precedes the factual material emerging from repression. He adds that there is nothing disquieting in this because '... the patients gradually come to appreciate that in these transferences onto the person of the physician they are subject to a compulsion and a deception, which vanishes with the termination of analysis'.

In 1904 Freud stresses the sexual nature of these impulses which are felt toward the physician. 'What', he asks, 'are transferences? They are new editions or facsimiles of the tendencies and fantasies which are aroused and made conscious during the progress of the analysis ...' (71). Fantasies are now added to affects. 'If one goes into the theory of analytic technique', he continues, 'it becomes evident that transference is an inevitable necessity'. At this historic point Freud established the fundamental importance of transference in psychoanalysis with its specific technical meaning. The importance of this passage is confirmed by a footnote added in 1923. It is noteworthy that Freud mentions in this passage that transferred impulses

are not only sympathetic or affectionate, but that they can also be hostile.

About 1906 transference was regarded as a displacement of affect. Analysis was largely interested in unearthing forgotten traumata and in searching for complexes. Much of the theory was still influenced by the cathartic method. Psychoanalysis was then, says Freud, '... above all an art of interpretation' (69). Freud stated later that '... the next aim was to compel the patient to confirm the reconstruction through his own memory. In this endeavor the chief emphasis was on the resistances of the patient; the art now lay in unveiling these as soon as possible, in calling the patient's attention to them ... and teaching him to abandon these resistances. It then became increasingly clear, however, that the bringing into consciousness of unconscious material was not fully attainable by this method either. The patient cannot recall all that lies repressed ... and so gains no conviction that the reconstruction is correct. He is obliged, rather, to repeat as a current experience what is repressed instead of recollecting it as a part of the past.' The importance of resistance in the form of acting out is now introduced (repetition compulsion).

Beyond the Pleasure Principle (1920) was followed by Group Psychology and the Analysis of the Ego (1921) and The Ego and the Id (1923). The new concepts introduced were the superego, the more specific function of the ego, and the conception of the id as containing not only repressed material (formerly Ucs) but also as a reservoir of instincts. Resistance was extended to ego and superego and id resistance. This gave rise to some confusion, because it can be used as meaning the resistance of one psychic instance to analysis, or the resistance of one psychic instance, say the ego, to another psychic instance, say the id; but the term resistance has been used chiefly as resistance to the progress of analysis generally. The id was shown to offer no resistance, but to lead to acting out, which in turn, however, is a resistance to recollection. At times, the unconscious can only be recovered in action, and while it is

therefore 'material' in the strict sense of the word, it is still resistance to verbalized recollection.

The mechanisms considered to be operative in transference were displacement, projection and introjection, identification, compulsion to repeat. The importance of 'working through' was stressed. In 1924 discussion took place about the relative values of intellectual insight versus affective re-experiencing as the essence of analytic experience, an issue of vital importance in interpreting the transference to the patient.

In the period following, this added knowledge was gradually integrated, but with overemphasis on some of the new aspects as they first arose. In the absence of a comprehensive critical survey of the subject, authors found it necessary to explain what they meant when they used the term 'transference'.

With this integration new factors of confusion arose. Viewed arbitrarily from, let us say 1946, the conception of transference has been influenced by 1, child analysis; 2, attempts at treating psychotics; 3, psychosomatic medicine; 4, the disproportion between the number of analysts and the growing number of patients seeking analysis, leading to attempts to shorten the process of analysis.

Direct interpretation of unconscious content is again being stressed by some analysts of children in such a way that the methods are reminiscent of the beginnings of psychoanalysis. But on closer examination, there seems to be a difference in principle: unconscious material which presents itself in play is given a direct transference meaning from the beginning. The therapist interprets forward, as it were. The interpretation is not from current material backward to Ucs content, but from the allegedly presented unconscious material to an alleged immediate transference significance. This, it should be noted, is a mental process of the therapist and not of the patient; hence in the strict scientific sense, it is a matter of countertransference rather than of transference. Something similar takes place in the classical technique when forced transference interpretations are given, the important difference be-

ing that these are used in the classical method only sparingly and never until the transference neurosis is well established, and analysis has become a compulsion. It is precisely at this theoretical point, in the writer's opinion, that the dispute is centered among child analysts about the possibility or existence of a transference neurosis among children.

In the treatment of psychotics the concept of transference is developing a new orientation. In some of these techniques the therapist interprets to himself the meaning of the psychotic fantasy and joins the patient in acting out. Strictly speaking, this is active countertransference.

In psychosomatic medicine, particularly in 'short therapy', transference is either disregarded or actively manipulated in a way which, from a theoretical point of view, amounts to an abandonment of Freud's 'spontaneous' manifestations.

All in all, changes in the concept of transference are not constructively progressive. Critical attention needs to be drawn to the fact that not only is there no consensus of opinion about the concept of transference, but there cannot be until transference is comprehensively studied as a dynamic process. The lack of precision is to some extent due to a disregard of its historical development. Nor can there be a consensus of opinion so long as the relation of transference manifestations to the three stages of analysis is neglected. It is to the detriment of scientific exactitude that divergent groups do not sharply define but rather gloss over fundamental differences. There is a tendency to claim orthodoxy, and to hide the deviations behind one tendentiously and arbitrarily selected quotation from Freud.

#### LITERATURE ON PRODUCTION OF TRANSFERENCE

In the face of such divergent opinions on the nature and manifestations of transference, one might well expect a multitude of hypotheses and opinions as to how these manifestations come about. But this is not the case. On the contrary, there is the nearest approach to full unanimity and accord throughout the psychoanalytic literature on this point. Transference manifestations are held to arise within the analysand spontaneously.

'This peculiarity of the transference is not, therefore', says Freud, 'to be placed to the account of psychoanalytic treatment, but is to be ascribed to the patient's neurosis itself' (35). Elsewhere (24) he states: 'In every analytic treatment, the patient develops, without any activity on the part of the analyst, an intense affective relation to him. . . . It must not be assumed that analysis produces the transference. . . . The psychoanalytic treatment does not produce the transference, it only unmasks it.' Ferenczi, in discussing the positive and negative transference says: '. . . and it has particularly to be stressed that this process is the patient's own work and is hardly ever produced by the analyst' (52). 'Analytical transference appears spontaneously; the analyst need only take care not to disturb this process' (53). Rado states, 'The analyst did not deliberately set out to effect this new artificial formation [the transference neurosis]; he merely observed that such a process took place and forthwith made use of it for his own purposes' (54). And Freud further states: 'The fact of the transference appearing, although neither desired nor induced by either physician or patient, in every neurotic who comes under treatment . . . has always seemed to me . . . proof that the source of the propelling forces of neurosis lies in the sexual life' (57).

There is, however, a reference by Freud from which one has to infer that he had in mind some other factor in the genesis of transference apart from spontaneity—in fact, some outside influence: the analyst 'must recognize that the patient's falling in love is induced by the analytic situation . . .' (58). 'He [the analyst] has evoked this love by undertaking analytic treatment in order to cure the neurosis; for him, it is an unavoidable consequence of a medical situation . . .' (59). Freud did not amplify or specify what importance he attached to this casual remark.

Anna Freud (48) states that the child analyst has to woo the little patient to gain its love and affection before analysis can proceed, and she says, parenthetically, that something similar takes place in the analysis of adults.

Another reference to the effect that transference phenomena

are not completely spontaneous is found in a statement by Glover (60), summarizing the effects of inexact interpretation. He says that the artificial phobic and hysterical formations resulting from incomplete or inexact interpretation are not an entirely new conception. Hypnotic manifestations had long been considered 'an induced hysteria' and Abraham considered that states of autosuggestion were induced obsessional systems. He proceeds, ' . . . and of course the induction or development of a transference neurosis during analysis is regarded as an integral part of the process'. One is entitled from the context to assume that Glover commits himself to the view that some outside factors are operative which induce the transference neurosis. But it is hardly a coincidence that it is no more than a hint.

The impression gained from the literature on the whole is that the spontaneity of transference is considered established and generally accepted; in fact, this opinion seems jealously guarded for reasons referred to.

### EXPOSITION OF PROBLEM

Psychoanalysis developed from hypnosis. A study of the older psychotherapeutic methods, therefore, may still yield data which are applicable to the understanding of psychoanalysis: 'One cannot overestimate the significance of hypnotism in the development of psychoanalysis. Theoretically and therapeutically, psychoanalysis is the trustee of hypnotism' (61). It is in comparing hypnotic and analytic transference that the writer believes the clue to the phenomenon and the production of transference may be found. It was only after hypnosis had been practiced empirically for a long time that its mechanism was given explanations by Bernheim, Freud, and Ferenczi. Freud demonstrated that the hypnotist suddenly assumed a role of authority which instantly transformed the relationship for the patient (by way of traumata) into a parent-child relationship. Rado (55), investigating hypnosis, came to the conclusion that ' . . . the hypnotist is promoted from being an object of the ego to the position of a "parasitic superego" '. Freud

(10) stated, 'No one can doubt that the hypnotist has stepped into the place of the ego-ideal'. Later he says that '. . . the hypnotic relation is the devotion of someone in love to an unlimited degree but with sexual satisfaction excluded'(11). In other places Freud stressed repeatedly and with great emphasis that in hypnosis factors of a 'coarsely sexual nature' were at work, and that the quantities of libido mobilized were focused on the hypnotist.

Psychoanalysis like hypnosis began empirically. One may speculate that analytic transference is a derivative of hypnosis, motivated by instinctual (libidinal) drives and, *mutatis mutandis*, produced in a way comparable to the hypnotic trance.

When one compares hypnosis and transference it appears that hypnotic 'rapport' contains the elements of transference condensed or superimposed. If what makes the patient go to the hypnotist is called sympathetic transference, hypnosis can be said to embrace positive transference and the transference neurosis,<sup>2</sup> and when the hypnotic 'rapport' is broken, the manifestations of negative transference. The analogy of course ends when transference is not resolved in hypnosis as it is in analysis, but is allowed to persist. To look upon it from another angle, analytic transference manifestations are a slow motion picture of hypnotic transference manifestations; they take some time to develop, unfold slowly and gradually, and not all at once as in hypnosis. If the hypnotist becomes the patient's 'parasitic superego', similarly, the modification of the analysand's superego has for some time been considered a standard feature of psychoanalysis.

Strachey (63) sees in the analyst 'an auxiliary superego'. Discussing this and examining projection and introjection of archaic superego formations to the analyst, he says (62): the analyst '. . . hopes, in short, that he himself will be introjected by the patient as a superego, introjected, however, not at a

<sup>2</sup> Rado (56) says: 'It would not constitute, one imagines, a departure from customary analytical modes of expression to suggest that this transference of libido from the symptoms to the hypnotic experience represents the formation of a hypnotic transference neurosis'.

single gulp and as an archaic object, whether good or bad, but little by little, and as a real person'. Another possible similarity between the modes of action of hypnosis and analytic transference is to be found in the state of hysterical dissociation in hypnosis; in psychoanalysis a splitting of the ego into an experiencing and an observing part (which follows the projection of the superego to the analyst) also takes place. Sterba (64, 65), stressing the usefulness of interpretation of transference resistances, shows that this takes place through a kind of dissociation of the ego at the precise moment when these transferences are interpreted. Both in hypnosis and psychoanalysis libido is mobilized and concentrated in the hypnotic and analytic situations, in hypnosis again condensed in one short experience, while in psychoanalysis a constant flow of libido in the analytic situation is aimed at. Ferenczi's 'active therapy' was intended to increase or keep steady this libidinal flow. Freud first encountered positive transference (love), and only later discovered the negative transference. This sequence is the rule in analysis, and in this there is another analogy to hypnosis. Finally, it is generally recognized that the same type of patient responds to hypnosis as to psychoanalysis; in fact, the hypnotizability of hysterics gave Freud the impetus to develop the psychoanalytic technique, and hysterics are still the paradigm for classical psychoanalytic technique.

It is comparatively easy today to get a bird's-eye view of the development of analytic transference from hypnotic reactions, and make a comparison between the two. Freud, who had to find his way gradually toward the creation of a new technique, was completely taken by surprise when he first encountered transference in his new technique. He stressed repeatedly and emphatically that these demonstrations of love and hate emanate from the patient unaided, that they are part and parcel of the 'neurotic', and that they have to be considered a 'new edition' of the patient's neurosis. He maintained that these manifestations appear without the analyst's endeavor, indeed, in spite of him (as they represent resistances), and that nothing will prevent their occurrence. Freud's view is still undisputed in

psychoanalytic literature; thus arose the conception that the analyst did nothing to evoke these reactions, in marked contradistinction to the hypnotist's direct activities; the analyst offered himself tacitly as a superego in contrast to the noisy machinations of the hypnotist.

Transference was, in the early days of psychoanalysis, believed to be a characteristic and pathognomonic sign of hysteria. This was a heritage from hypnosis. Later, these same manifestations were found in other neurotic conditions, in the psychoneuroses, or the transference neuroses. When in the course of time psychoanalysis was applied to an ever-widening circle of cases, it was found that students in psychoanalytic training, who did not openly fall into any of these categories, formed transferences in exactly the same way. This was explained by the fact that between 'normal' and 'neurotic' there is a gradual transition, that in point of fact we are all potentially neurotic. In this way, historically, the onus of responsibility for the appearance of transference was shifted imperceptibly from the hysteric to the psychoneurotic, and then to the normal personality. When this stage was reached, transference was held to be one of the many ways in which the universal mental mechanism of displacement was at work. The capacity to 'transfer' or 'displace' was demonstrated to operate in everybody to a greater or lesser degree; its use came to be looked upon as a normal, in fact, an indispensable mechanism. The significance of this shift of emphasis from a hysterical trait to a universal mechanism as the source of transference has, however, not received due attention. It has not aroused much comment nor an attempt to revise the fundamental principles underlying psychoanalytic procedure and understanding.

Transference is still held to arise spontaneously from within the analysand, just as when psychoanalytic experience embraced only hysterics. It is generally taught that the duty of the analyst is, at best, to allow sufficient time for transference to develop, and not to disturb this 'natural' process by early interpretation (47). This role of the analyst is well illustrated

in the similes of the analyst as 'catalyst' (Ferenczi), or as a 'mirror' (Fenichel).

### DISCUSSION

If transference is an example of a universal mental mechanism (displacement), or if, in Abraham's sense, it is equated with a capacity for adaptation of which everybody is capable and which everybody employs at times in varying degrees, why does it invariably occur with such great intensity in every analysis? The answer to this question appears to be that transference is induced from without in a manner comparable to the production of hypnosis. The analysand brings, in varying degrees, an inherent capacity, a readiness to form transferences, and this readiness is met by something which converts it into an actuality. In hypnosis the patient's inherent capacity to be hypnotized is induced by the command of the hypnotist, and the patient submits instantly. In psychoanalysis it is neither achieved in one session nor is it a matter of obeying. Psychoanalytic technique creates an infantile setting, of which the 'neutrality' of the analyst is but one feature among others. To this infantile setting the analysand—if he is analyzable—has to adapt, albeit by regression. In their aggregate, these factors, which go to constitute this infantile setting, amount to a reduction of the analysand's object world and denial of object relations in the analytic room. To this deprivation of object relation he responds by curtailing conscious ego functions and giving himself over to the pleasure principle; and following his free associations, he is thereby sent along the trek into infantile reactions and attitudes.

Before discussing in detail the factors which constitute this infantile analytic setting to which the analysand is exposed, it is necessary to appreciate the fact that it is common in psychoanalytic literature to find the analytic situation referred to as one to which the analysand reacts as if it were an infantile one. But it is generally understood that the analysand is alone responsible for this attitude. As an explanation of why he should regard it always as an infantile situation, one mostly

finds the explanation that the security, the absence of adverse criticism, the encouragement derived from the analyst's neutrality, the allaying of fears and anxieties, create an atmosphere which is conducive to regression. Yet it is well established in the literature that it is far from being the rule that the analytic couch allays anxieties, nor is the analytic situation always felt as a place of security: the projection of a more or less severe superego onto the analyst is not conducive to allaying fears. Many patients first react with increased anxieties, and analysis is frequently felt by the analysand as fraught with danger both from within and without. Many patients from the start have mutilation and castration anxieties, and at times analysis is equated in the analysand's mind with a sexual attack. The analyst's task is to overcome these resistances, but the analytic situation per se does not bring it about. In point of fact, the security of analysis as an explanation of the regression is paradoxical: as in life, security makes for stability, whereas stress, frustration, and insecurity initiate regressions. This trend of thought does not run counter to accepted and current psychoanalytic teaching; it is rather an exposition of Freud's established principles about the conception of neurosis. The self-contradictory statement, that the security of analysis induces the analysand to regress, is carried uncritically from one psychoanalytic publication to another.

The factors which constitute this infantile setting are manifold. They have been described singly by various authors at various times. It is not pretended that this thesis has anything new to add to them except in so far as the aggregate has never been described as amounting to a decisive outside influence on the patient. These factors are given here in outline, this description attempting only to establish the features of the standard psychoanalytic technique:

1. *Curtailment of object world.* External stimuli are reduced to a minimum (Freud at first asked his patients even to keep their eyes shut). Relaxation on the couch has also to be valued as a reduction of inner stimuli, and as an elimination

of any gratification from looking or being looked at. The position on the couch approximates the infantile posture.

2. *The constancy of environment*, which stimulates fantasy.
3. *The fixed routine* of the analytic 'ceremonial'; the 'discipline' to which the analysand has to conform and which is reminiscent of a strict infantile routine.
4. The single factor of *not receiving a reply* from the analyst is likely to be felt by the analysand as a repetition of infantile situations. The analysand—uninitiated in the technique—will not only expect answers to his questions but he will expect conversation, help, encouragement, and criticism.
5. The *timelessness* of the unconscious.<sup>3</sup>
6. *Interpretations* on an infantile level stimulate infantile behavior.
7. *Ego function* is reduced to a state intermediate between sleeping and waking.
8. *Diminished personal responsibility* in analytic sessions.
9. The analysand will approach the analyst in the first place much in the same way as the patient with an organic disease consults his physician; this relationship in itself contains a strong *element of magic* (67), a strong infantile element.
10. *Free association*, liberating unconscious fantasy from conscious control.
11. *Authority of the analyst* (parent): this projection is a loss, or severe restriction of object relations to the analyst, and the analysand is thus forced to fall back on fantasy.
12. In this setting, and having *the full sympathetic attention of another being*, the analysand will be led to expect, which according to the reality principle he is entitled to do, that he is dependent on and loved by the analyst. Disillusionment is quickly followed by regression.
13. The analysand at first gains an illusion of complete freedom; that he will be unable to select or guide his thoughts at will is one facet of infantile frustration.
14. *Frustration of every gratification* repeatedly mobilizes libido

<sup>3</sup> Nunberg (66) says: 'The patient's sense of time seems to be put out of action, the past becomes the present and the present becomes the past'.

and initiates further regressions to deeper levels. The continual denial of all gratification and object relations mobilizes libido for the recovery of memories, but its significance lies also in the fact that frustration as such is a repetition of infantile situations, and most likely the most important single factor. It would be true to say that we grow up by frustration. 15. Under these influences, the analysand becomes more and more divorced from the reality principle, and falls under the sway of the pleasure principle.

These features illustrate sufficiently that the analysand is exposed to an infantile setting in which he is led to believe that he has perfect freedom, that he is loved, and that he will be helped in a way he expects. The immutability of a constant, passive environment forces him to adapt, i.e., to regress to infantile levels. The reality value of the analytic session lies precisely in its unchanging unreality, and in its unyielding passivity lies the 'activity', the influence which the analytic atmosphere exerts. With this unexpected environment, the patient—if he has any adaptability—has to come to terms, and he can do so only by regression. Frustration of all gratification pervades the analytic work. Freud (68) says: 'As far as his relations with the physician are concerned, the patient must have unfulfilled wishes in abundance. It is expedient to deny him precisely those satisfactions which he desires most intensely and expresses most importunately.' This is a description of the denial of object relation in the analytic room. The present thesis stresses the significance not only of the loss of object relation, but, as a factor of at least equal importance, the loss of object world in the analytic room, the various factors of which are set out above.

It is evident that all these factors working together constitute a definite environmental and emotional influence on the analysand. He is subjected to a rigid environment, not by any direct activity of the analyst, but by the analytic technique. This conception is far removed from the current teaching of complete passivity on the part of the analyst. One may legitimately go one step further and call to mind what Freud (20)

said about the etiology of the neuroses: ' . . . people fall ill of a neurosis when the possibility of satisfaction for their libido is denied them—they fall ill in consequence of a "frustration"—and that their symptoms are actually substitutes for the missing satisfaction'.

Regression in the analysand is initiated and kept up by this selfsame mechanism and if, in actual life, a person falls ill of a neurosis because 'reality frustrates all gratification', the analysand likewise responds to the frustrating infantile setting by regressing and by developing a transference neurosis. In hypnosis the patient is suddenly confronted with a parent figure to which he instantly submits. Psychoanalysis places and keeps the analysand in an infantile setting, both environmental and emotional, and the analysand adapts to it gradually by regression.

The same may be said to be true of all psychotherapy; yet it appears peculiar to psychoanalysis that such an infantile setting is systematically created and its influence exerted on the analysand throughout the treatment. Unlike any other therapist, the analyst remains outside the play which the analysand is enacting; he watches and observes the analysand's reactions and attitudes in isolation. To have created such an instrument of investigation may well be looked upon as the most important stroke of Freud's genius.

It can no longer be maintained that the analysand's reactions in analysis occur spontaneously. His behavior is a response to the rigid infantile setting to which he is exposed. This poses many problems for further investigation. One of these is, how does it react on the patient? He must know it, consciously or unconsciously. It would be interesting to follow up whether perhaps the frequent feeling of being in danger, of losing something, of being coerced, or of being attacked, is a feeling provoked in the analysand in response to the emotional and environmental pressure exerted on him. It would be feasible to assume that this creates a negative transference, and as positive transference must exist as well (otherwise

treatment would be discontinued), a subsequent state of ambivalence must ensue. Here one might look for an explanation why ambivalent attitudes are prevalent in analysis. These are generally looked upon as spontaneous manifestations of the analysand's neurosis. Following the argument of this thesis, this double attitude of the analysand, the positive feelings toward the analyst and analysis, and a negative response to the pressure exerted on him by continual frustration and loss of object world and object relation, could be looked upon as the normal sequitur of analytic technique. It would not constitute ambivalence in its strict sense, because the patient is reacting to two different objects simultaneously and has not as in true ambivalence two attitudes to one and the same object. The common appearance of this pseudo ambivalence can then no longer be adduced as evidence of the existence or part of a preanalytic neurosis.

The patient comes to analysis with the hope and expectation of being helped. He thus expects gratification of some kind, but none of his expectations are fulfilled. He gives confidence and gets none in return; he works hard and expects praise in vain. He confesses his sins without absolution given or punishment proffered. He expects analysis to become a partnership, but he is left alone. He projects onto the analyst his superego and expects from him guidance and control of his instinctual drives in exchange, but he finds this hope, too, is illusory and that he himself has to learn to exercise these powers. It is quite true, assessing the process as a whole, that the analysand is misled and hoodwinked as analysis proceeds. The only safeguard he is given against rebelling and discontinuing treatment is the absolute certainty and continual proof that this procedure, with all the pressure and frustration it imposes, is necessary for his own good, and that it is an objective method with the sole aim of benefiting him and for no other purpose than his own. In particular, the disinterestedness of the analyst must assure the patient that no subjective factors enter into it. In this light, the moral integrity of the analyst, so often stressed, becomes a safeguard for the patient to proceed

with analysis; it is a technical device and not a moral precept.

A word might be added about the driving force of analysis in the light of this thesis. The libido necessary for continual regression and memory work is looked upon by Freud (19) as being derived from the relinquished symptoms. He says that the therapeutic task has two phases: 'In the first, libido is forced away from the symptoms into the transference and there concentrated; and in the second phase the battle rages round this new object and the libido is again disengaged from the transference object'. As so often in Freud's statements, this description applies to clinical neuroses; but psychoanalysis takes the same course in nonneurotics. The main driving force may be considered to be derived in every analysis from such libido as is continually freed by the denial of object world and by the frustration of libidinal impulses.

### CONCLUSIONS

If the conception be accepted that analytic transference is actively induced in a 'transference-ready' analysand by exposing him to an infantile setting to which he has gradually to adapt by regression, certain conclusions follow.

### STAGES IN ANALYSIS

Analysis can then be divided into stages, the first stage being the initial period in which the analysand gradually adapts to an infantile setting. Regressive, infantile reactions and attitudes manifest themselves with gathering momentum during what might be described as the induction of the transference neurosis. This stage corresponds to what Glover (29) has called the stage of 'floating transferences'. In the second stage his regression is well established and the analysand represents the infant at various stages of development with such intensity that all his actions—in and out of analysis—are imbued with reactivated infantile reactions, consciously or unconsciously. During this stage, under constant pressure of analytic frustration, he withdraws progressively to earlier, 'safer' infantile patterns of behavior, and the level of his conflict is sooner or later

reached. Reaching the level of his conflict is not, however, the touchstone of the existence of a transference neurosis. Further, the analysand transfers not only onto the analyst, but onto the situation as a whole; and he transfers not only affects, although these may be the most conspicuous, but in fact his whole mental development. This conception makes it easier to understand with what alacrity analysands fasten their love and hate drives onto the analyst regardless of sex and irrespective of suitability as an object.

The transference neurosis may be defined as the stage in analysis when the analysand has so far adapted to the infantile analytic setting—the main features of which are the denial of object relations and continual libidinal frustration—that his regressive trend is well established, and the various developmental levels reached, relived, and worked through.

A third, or terminal, stage represents the gradual retracing of the way back into adulthood toward newly won independence, freed from an archaic superego and weaned from the analytic superego. However great the distance from maturity back into childhood at the commencement of analysis, the duration of the first and second stages of analysis is as long and takes as much time as the return journey back into maturity and independence. Only part of this way back from infantile levels to maturity falls within the time limit of analysis in its third stage; the rest and the full adaptation to adulthood are most often completed by the analysand after termination of analysis. In this last postanalytic stage great improvements often occur. In this conception the answer may be found to the often discussed and not fully explained problem of improvements after termination of analysis.

It is superfluous to point out that these stages are theoretical, as in reality they never occur neatly separated but always overlap.

#### RESISTANCE

The initial aim of analysis is to induce a regression; whatever impedes it is a resistance. If instead of such a movement there occurs a standstill (whether in the form of acting out or

of direct transference gratifications), or if the movement instead of being regressive turns in the direction of apparent maturity (flight into health), one can speak of a resistance. Theoretically, acting out is a formidable variety of resistance because the analysand mistakes the unreality of the analytic relationship for reality and attempts to establish reality relations with the analyst. In this attitude he stultifies the analytic procedure for the time being, as he throws the motor force of analysis—the denial of all object relations in the analytic room and of the gratification of libido derived therefrom—out of action. In cases in which early 'transference successes' are won and the patient quickly relinquishes his symptoms, the analysis is in danger of terminating at this point. The mechanism of these transference successes is in a way the counterpart of acting out. The patient regresses rapidly to the level of childhood, and forms an unconscious fantasy of a mutual child-parent relationship. He mistakes such reality and object relation as exists as a basis in the analytic relationship wholly for an infantile one and unconsciously obeys (spites or obliges) the parent imago. What happens in these cases is in fact that the analysand has in fantasy formed a mutual hypnotic transference relation with the analyst; analytic interpretation was either not quick enough to prevent it, or the analysand's transference readiness was too strong. He could not be made to adapt gradually to the infantile setting. In other words, the analysand faced with the stimulus of an infantile situation proceeds by way of autosuggestion (or indirect suggestion) to rid himself of a symptom.

Transference has resistance value in so far as it impedes the recovery of memories and so stops the regressive orientation. Per se it is the only possible vehicle for unconscious content to come to consciousness. Transference should therefore not be indiscriminately equated with resistance as Fenichel did.

#### COUNTERTRANSFERENCE

The analyst himself is also subjected to the infantile setting of which he is a part. In fact, the infantile setting to which

he is exposed contains one more important infantile factor, the regressing analysand. The analyst's ego is also split into an observing and experiencing one. The analyst has had his own thorough analysis and knows what to expect, and furthermore, unlike the analysand, is in an authoritative position. Whereas it is the analysand's task to adapt actively to the infantile setting by regression, it is incumbent on the analyst to remain resistant to such adaptation. While the analysand has to experience the past and observe the present, the analyst has to experience the present and observe the past; he must resist any regressive trend within himself. If he fall victim to his own technique, and experience the past instead of observing it, he is subject to counterresistance. The phenomenon of countertransference may be best described by paraphrasing Fenichel's simile: the analyst misunderstands the past in terms of the present.

#### ACCESSIBILITY TO PSYCHOANALYTIC TREATMENT

If the thesis of this paper prove correct, a clue could be found to the accessibility of various types of patients to psychoanalytic treatment. To respond to the classical analytic technique, analysands must have some object relations intact, and must have at their disposal enough adaptability to meet the infantile analytic setting by further regression. For both hypnosis and psychoanalysis there is a sliding scale from the hysteric to the schizophrenic. Abraham (43) said: 'The negativism of dementia præcox is the most complete antithesis of transference. In contrast to hysteria these patients are only to a very slight degree accessible to hypnosis. In attempting to psychoanalyze them we notice the absence of transference again.' The high degree of suggestibility, i.e., the capacity to form transferences, is well known as a leading feature of hysteria. Hysteria, and the whole group belonging to the transference neuroses are distinguished by an impaired and immature adjustment to reality; their reactions are intermingled with infantile attitudes and mechanisms. Hence under pressure from the infantile analytic milieu they respond freely

and relatively quickly with increased infantile behavior to the loss of object world and object relations. The neurotic character responds less easily and less freely because its object relations are relatively firmly established (for instance, well-functioning sublimations), and hence are harder to resolve analytically. The denial of object relations and libidinal gratification in analysis is frequently parried by reinforced sublimations; but before analysis can proceed this 'sublimated object relationship' must first be reversed.

Psychotics are refractory to the classical technique, according to this thesis, because their object relations are deficient and slender, and nothing therefore remains of which the analytic pressure of the classical technique could deprive these patients; or their object relations are too slight for their denial to make any difference. Freud (17) says: '... on the basis of our clinical observations of these patients we stated that they must have abandoned the investment of objects with libido, and transformed the object libido into ego libido'. As the core of the classical technique is the denial of object relations of the patient through his exposure to an infantile milieu, the narcissistic regressives must consequently prove inaccessible to the classical approach. This does not, of course, exclude them from analytical methods which deviate from the classical form. The main change of approach for them will have to be an adjustment of the technique in the early stages of analytic treatment. This aspect has a bearing also on the problems of transference and particularly on the transference neurosis that are in dispute among child analysts.

#### DEFINITION OF ANALYTIC TRANSFERENCE

If a person with a certain degree of inherent suggestibility is subjected to a suggestive stimulus and reacts to it, he can be said to be under the influence of suggestion. To arrive at a definition of analytic transference, it is necessary first to introduce an analogous term for suggestibility in hypnosis and speak of a person's inherent capacity or readiness to form transferences. This readiness is precisely the same factor and may

be defined in the same way as suggestibility, namely, a capacity to adapt by regression. Whereas in hypnosis the precipitating factor is the suggestive stimulus, followed by suggestion, in psychoanalysis the person's adaptability by regression is met by the outside stimulus (or precipitating factor) of the infantile analytic setting. In psychoanalysis it is not followed by suggestion from the analyst, but by continued pressure to further regression through the exposure to the infantile analytic setting. If the person reacts to it he will form a transference relationship, i.e., he will regress and form relations to early imagos. Analytic transference may thus be defined as a person's gradual adaptation by regression to the infantile analytic setting.

#### SPONTANEITY OF TRANSFERENCE

Transference cannot be regarded as a spontaneous neurotic reaction. It can be said to be the resultant of two sets of forces: the analysand's inherent readiness for transference, and the external stimulus of the infantile setting. There are, then, to be distinguished in the mechanism of analytic transference intrinsic and extrinsic factors: the response to the analytic situation will vary in intensity with different types of analysands. The capacity to form a transference neurosis was found to be inherent—varying only in quantity—in all analysands who could be analyzed at all, whether they were neurotic or not. To account for this, the term 'neurotic' was extended until it lost most of its meaning because the precipitating factor, the infantile setting, was not perceived.

It is interesting historically to observe that in the heyday of hypnosis, hypnotizability was considered to be a characteristic trait of hysteria; hypnosis in fact was considered an 'artificial hysteria' (Charcot). Precisely the same situation has arisen in psychoanalysis with respect to the transference neurosis. When, to his amazement, Freud first encountered transference in his new technique, which he applied to neurotic patients only, he attributed 'this strange phenomenon of transference' to the patient's neurosis, and he saw in it 'a characteristic peculiar to

neurotics'. When he coined for the acute manifestations of transference the designation 'transference neurosis', it was explicitly affirmed that these manifestations were a 'new edition' of an old neurosis revealing itself within the framework of psychoanalytic treatment. Once the concept of transference neurosis had become a tenet in psychoanalytic teaching, the acute manifestations were without further questioning accepted as inseparably linked with the neurotic.

Thus historically the linkage of transference with neurosis is an exact replica of the early linkage of hypnosis with the hysteric. Freud, in his preanalytic period, hailed with enthusiasm Bernheim's demonstration that most people were hypnotizable and that hypnosis was no longer to be regarded as inseparable from hysteria. In the introduction to Bernheim's book, Freud (6) said: 'The achievement of Bernheim . . . consists precisely in having stripped the manifestations of hypnotism of their strangeness by linking them up with familiar phenomena of normal psychological life and of sleep'. In the face of this statement, it is extraordinary that psychoanalysis has never officially divorced transference from clinical neurosis.

#### RESOLUTION OF TRANSFERENCE

The resolution of transference has been considered the safeguard against and proof of the fact that suggestion plays no part in psychoanalysis. The validity of this argument was questioned earlier on the grounds that the meaning and definition of 'suggestion' is in itself vague and shifting and used with varying connotations. Additional weight is given to this caution when it is realized that the resolution itself of psychoanalytic transference is not understood in all its aspects. True enough, its manifestations are continually analyzed in psychoanalysis and an attempt is made to reduce them, but its ultimate resolution or even its ultimate fate is not clearly understood. Whenever it is finally resolved, it is during an ill-defined period after termination of analysis. By this feature alone it escapes strict scientific observation. It might even be argued

that analytic transference in some of its aspects must in the last resort resolve itself. In hypnosis, of course, no attempt is ever made to resolve the transference; but this should not be thought of as if it were bound to persist. More correctly it is left to look after itself. This trend of thought is followed here not in any way to distract from the essential difference in the resolution of hypnotic and analytic transferences respectively, but in order to emphasize that from the standpoint of theory the conception is not exact enough and hence likely to create confusion of fundamental issues instead of clarifying them. It seems important to stress this point as, by sheer weight of habit and repetition, ambiguous conceptions tend to assume the character and dignity of clear scientific concepts.

There is, however, another difference between hypnotic and analytic transference which is free from all ambiguity, and which may well be considered of more cardinal significance in demarcating psychoanalysis from all other psychotherapies. The hypothesis has been presented here that both hypnosis and psychoanalysis exploit infantile situations which they both create. But in hypnosis the transference is really and truly a mutual relationship existing between the hypnotist and the hypnotized. The hypnotic subject certainly transfers, but he is also transferred to. One is tempted to say that counter-transference is obligatory in and an essential part of hypnosis (and for that matter of all psychotherapies in which the patient is helped, encouraged, advised or criticized). This interaction between hypnotist and hypnotized made Freud describe hypnosis as a 'group formation of two'. The patient is subjected to direct suggestion against the symptom. In psychoanalytic therapy alone the analysand is not transferred to. The analyst has to resist all temptation to regress, he remains neutral, aloof, a spectator, and he is never a coactor. The analysand is induced to regress and to 'transfer' alone in response to the infantile analytic setting. The analytic transference relationship ought, strictly speaking, not to be referred to as a relationship between analysand and analyst, but more precisely as the analysand's relation to his analyst. Analysis keeps the analysand in isola-

tion. By its essential nature analysis, in contradistinction to hypnosis, is not a group formation of two. It is thereby not denied that analysis is a 'team work'; in so far as it is, an 'objective' relation exists between the analyst and the analysand. Because the analyst remains outside the regressive movement, because it is his duty to prove resistant to countertransference by virtue of his own analysis, suggestion can inherently play no part in the classical procedure of psychoanalytic technique.

It is of historical interest to look back upon the development of psychoanalysis and find that, although the theoretical basis as shown in this paper has never been advanced, the subject of countertransference was unconsciously felt to be the most vulnerable point and the most significant issue in psychoanalysis. The literature regarding the 'handling of transference' easily verifies this statement. Through this postulated immunity to regression the concept of the analyst's passivity rightly arose, but was wrongly allowed to be extended to a concept of passivity governing the whole of psychoanalytic technique.

To make transference and its development the essential difference between psychoanalysis and all other psychotherapies, psychoanalytic technique may be defined as the only psychotherapeutic method in which a one-sided, infantile regression—analytic transference—is induced in a patient (analysand), analyzed, worked through, and finally resolved.

### SUMMARY

1. Attention is drawn to the absence of a clear understanding of the fundamental concept of analytic transference, and the reasons for this deficiency are outlined.
2. The discrepancies and uncertainties about the term are demonstrated.
3. Despite fundamental differences of opinion about the nature of transference there is a surprising unanimity and full accord about the causation of transference manifestations. These are held to arise spontaneously from within the analysand (the neurotic).
4. A hypothesis is presented disputing the spontaneous emer-

gence of transference. 5. From a close analogy drawn between hypnotic and analytic transferences it is inferred that the analogy extends to the production of these phenomena: that analytic transference is induced in a 'transference-ready' analysand actively, and from the analytic environment. 6. The analysand is exposed to a rigid infantile setting to which he has gradually to adapt by regression. 7. The factors which constitute this infantile setting are described and discussed; the problems arising out of this 'activity' and their influence on the patient are approached. 8. Conclusions are drawn from this conception regarding stages in analysis, and a definition of 'transference neurosis' is advanced. Resistance, countertransference, and accessibility to psychoanalytic treatment are discussed. Psychoanalytic transference is defined and its resolution critically surveyed.

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## On Preconscious Mental Processes

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To cite this article: Ernst Kris (1950) On Preconscious Mental Processes, The Psychoanalytic Quarterly, 19:4, 540-560, DOI: [10.1080/21674086.1950.11925821](https://doi.org/10.1080/21674086.1950.11925821)

To link to this article: <https://doi.org/10.1080/21674086.1950.11925821>



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# ON PRECONSCIOUS MENTAL PROCESSES

BY ERNST KRIS, PH.D. (NEW YORK)

## INTRODUCTION

In recent psychoanalytic writings preconscious mental processes are rarely mentioned, even when fundamentals are discussed (Alexander, 1948). In publications further removed from psychoanalytic experience, the psychoanalytic connotations of the term 'preconscious' are entirely lost.<sup>1</sup> This would not be remarkable or invite comment were it not that, in the area of ego psychology, certain aspects of preconscious mental activity have been studied with greater care and by a larger number of investigators than ever before in the history of psychoanalysis: to quote Freud's last formulation on the subject, '... the inside of the ego which comprises above all the intellectual processes has the quality of being preconscious' (1939, p. 42).

The reciprocal relationship between the development of ego psychology and therapeutic technique has not only led to an increased concern with the 'psychic surface' and many details of behavior, but also to specific advice as to the handling of the relationship of preconscious to unconscious material in therapy, advice that is sometimes too rigidly formulated, and yet eminently important. Briefly stated, this advice is to wait until what you wish to interpret is close to consciousness, until it is preconscious (Freud, 1939). One may object that this example from psychoanalytic technique proves that our interest in preconscious processes is not 'genuine' or independent, but that these processes seem important only as far as they

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Presented at the Panel Meeting on Theories of Psychoanalysis at the Annual Meeting of the American Psychoanalytic Association in Montreal, May 1949.

<sup>1</sup> Murray (1938) distinguishes between preconscious and unconscious processes, without using the term preconscious; Murphy (1947) speaks of unconscious and preconscious processes without distinction.

facilitate access to an understanding of unconscious processes, the 'real' subject matter of psychoanalysis. This objection is reminiscent of a period in psychoanalysis when interest was centered on the id, when only the repressed was considered as 'real' psychic material, when defense was seen as a screen, resistance was considered a force of evil, and when what was a phase in the development of psychoanalysis was declared to be the only legitimate and relevant field of psychoanalytic investigation. Anna Freud's felicitous formulation (1936) of the equal distribution of interest between the id, the ego, the superego and reality stimulated and enhanced the attitude of clinical psychoanalysis. This equal distribution of interest most definitely embraces rational thought and fantasy in their interrelations with conflict and—at least recently—in their significance as manifestations of the individual's capacity to act in a sphere free from conflict (Hartmann, 1939a). I therefore conclude that not preconscious mental processes generally, but only certain aspects of these processes have recently been less explicitly discussed. The term, rather than the phenomena, and certain of the theoretical connotations of the term have become unpopular.

It is the writer's belief that in re-examining some theoretical problems connected with preconscious mental processes in the context of current knowledge, we may gain access to implications of psychoanalytic theory that deserve increased attention. Before us lies the project which Freud started when in the 1890's he planned a treatise of which a draft has recently come to light (Freud, 1950): a psychoanalytic psychology, normal and abnormal.

### PROBLEMS AND MAIN ASSUMPTIONS

One of the immediate reasons for the relative neglect of preconscious mental processes may well lie in the history of psychoanalytic theory. Freud's ideas were constantly developing, his writings represent a sequence of reformulations, and one might therefore well take the view that the systematic cohesion of psychoanalytic propositions is only, or at least best, acces-

sible through their history. The clearest instance of such a reformulation was the gradual introduction of structural concepts. The introduction of these new concepts has never fully been integrated with the broad set of propositions developed earlier. Many of Freud's views on preconscious mental processes are contained in writings (1915–1917) in which he discusses functions of the system Pcs, later attributed to the ego. In sharp contrast to these early formulations stands Freud's later consideration of 'preconscious' merely as a 'mental quality' (1932 and 1939).

In defining the quality of the preconscious, Freud follows Breuer: preconscious is what is 'capable of becoming conscious', and he adds, 'capable of becoming conscious easily and under conditions which frequently arise'. It is different from unconscious processes 'in the case of which such a transformation is difficult, can only come about with considerable expenditure of energy or may never occur' (1932, p. 96). However, this general differentiation is a somewhat simplified rendering of complex problems which Freud discussed in other of his writings. Three of these problems have here been selected for brief discussion.

First, not all preconscious processes reach consciousness with equal ease. Some can only be recaptured with considerable effort. What differences exist between the former and the latter?

Second, preconscious mental processes are extremely different from each other both in content and in the kind of thought processes used; they cover continua reaching from purposeful reflection to fantasy, and from logical formulation to dream-like imagery. How can these differences be accounted for?

Third, when preconscious material emerges into consciousness the reaction varies greatly. The process may not be noticed—the usual reaction if the preconscious process is readily available to consciousness. But emergence into consciousness can be accompanied by strong emotional reactions. How may we account for these reactions?

The theoretical assumptions made to differentiate preconscious from unconscious mental processes have varied considerably. At a time when Freud still characterized the preconscious as a functional system, he considered verbalization as one of its functions.<sup>2</sup> Unconscious thoughts, he believed, had to pass through the stage of verbalization on their way to consciousness; feelings could reach consciousness 'directly' (1915a, b). Freud later avoided the obvious pitfalls of this assumption: 'The presence of speech gives a safe clue to the preconscious nature of the process . . .' but ' . . . the connection with a verbal memory trace cannot be considered as a prerequisite' (1939, p. 43). The difference between preconscious and unconscious mental processes, however, is explained by assumptions concerning the nature of the prevalent psychic energy: unconscious processes use mobile psychic energy; preconscious processes bound energy. The two degrees of mobility correspond to two types of discharge characterized as the primary and secondary processes. We are thus faced with the delimitation between the id and the ego. Note that two sets of assumptions are here suggested by Freud (the types of energy, free and bound, and the types of discharge, the primary and secondary processes) to account for the same events; the formulation in terms of energy permits differentiations in degree, in shading; the formulation in terms of process states extremes. Hypotheses of transitions between extremes seem to me, to Hartmann (1949) and, possibly for other reasons, to Rapaport (1949), preferable.<sup>3</sup>

The assumption that the ego directs counter cathexes against the id is essential to any study of preconscious mental processes; also essential is the assumption that a preconscious process from which the ego withdraws cathexis becomes subject to cathexis with id (mobile) energy and will be drawn into the primary

<sup>2</sup> See Nunberg (1932), who treats the system Pcs and the ego as parallel concepts.

<sup>3</sup> Freud was naturally aware of this problem. He explicitly stated (1917) that the primary process is unknown to preconscious thinking, or rarely admissible.

process (the basic assumption of the psychoanalytic theory of dream formation). The reverse (unconscious material becomes preconscious) occurs when id derivatives are cathected with ego energy and become part of preconscious mental processes at a considerable distance from the original impulse. They may do so if changes in the distribution of counter-cathexis have taken place, e.g., if the level of conflict has been reduced and the id impulse has become more acceptable; also, they may sometimes enter preconscious mental processes at a considerable price in terms of symptoms. Id contents may also reach consciousness without ever becoming preconscious. Metaphorically speaking, they may become accessible to the ego not from within but from without. They then appear as percepts, acquiring at once, as it were, the hypercathexis required for consciousness. This is an abnormal (or rare) pathway to consciousness, the pathway of hallucination. We consider it by contrast as normal when preconscious material reaches consciousness by a further increase in cathexis, the hypercathexis mediated by attention. In some cases, however, this hypercathexis cannot become effective without considerable effort. This is the reason why we assume the working—at the passage into consciousness—of counter-cathectic energies that would prevent what is, to some extent, ego-dystonic from entering full awareness.

### RECOGNITION, RECALL, AND INTEGRATION

The conditions under which ego-dystonic preconscious material may reach consciousness have in psychoanalysis been studied in many contexts, mainly in relation to lapses of memory, and in psychoanalytic therapy when a dream, a thought, or a fantasy is about to elude recall or has done so. It is well known that in these instances voluntary effort or concentration of attention does not always succeed in recapturing elusory thought. But when such an attempt fails, self-observation may be successful in pitting one ego function against another and achieve its end by re-establishing links that have been lost: the various stages of the preconscious thought process are repeated,

until, so to speak, the chain again hangs firmly together. This process can best be studied in situations in which the thought process and the self-observation occur in distinct phases; for instance, when subjects, preferably analyzed, interpret their own 'doodling'. The report of such an instance (Kris, 1936a, p. 345) permitted insight into the stages of recapture.

A woman of forty, successfully psychoanalyzed, reported at the end of treatment that though she had never had any training in drawing, she was in the habit of 'doodling', particularly when concentrating on some external stimulus. During a concert she was 'doodling' on the program—one of her preferred patterns—a flower with three leaves. This time, however, she drew only two; then the 'drawing hand became independent' and when later she looked at the product, she found a variety of ornaments all varying the theme of two or three leaves. The external circumference of the leaves formed a semicircle, but their tips never touched each other. The patient was able to interpret its meaning. After an interruption of many months she had had a menstrual period. She had been worried, and treatment with hormones had had no effect. The 'doodling' revealed the reaction to the reappearance of menstruation. The absence of the third leaf represented lack of intercourse during menstruation. The leaves that almost touched each other represented 'the egg cell that is about to burst open'. The patient now recalled that the thought whether or not to have a third child disturbed her during the initial phases of the concert. She reported that soon after having started to 'doodle' she was able to listen with great ease and pleasure. This seemed to indicate a frequent if not a regular circumstance: the ideas hidden in 'doodles' are often ideas of which the ego wants to liberate itself.

While in this case the attempt at recapturing a trend of thought by recapitulation of its stages proceeded consciously, this process frequently remains preconscious and only its results reach awareness. Without any further instances, many analysts are likely to share the impression that what we describe as concatenation of free associations leading to a missing link in the patient's thoughts frequently—though perhaps not regularly—indicates that the patient's ego has preconsciously already established a unity of context, or re-established its con-

control over an ego-dystonic impulse or area of thought.<sup>4</sup> Frequently this control can be established only by analytic interpretation that indicates the context which, in other structurally simpler cases, was established by self-observation. The psychic concatenation, or the establishing of the unity of context, is due to the synthetic function of the ego;<sup>5</sup> we are thus faced with a general principle that may well deserve to be re-emphasized. It is valid for the analytic process as a whole, not only for its parts. Cases in which during analysis material recurs which requires interpretation at repeated intervals are attributed to a lack of assimilation of the interpretation, or of the material, and indicate that the synthetic function of the ego is insufficiently established. Conversely, progress in analysis can frequently be described as successful assimilation preventing renewed repression.<sup>6</sup>

The preconscious process that is under the control of the synthetic function of the ego is safe against withdrawal of preconscious cathexis and hence against repression; as a rule it has effortless access to consciousness.

This hypothesis is not limited to the dynamics prevailing in psychological lapses of memory or tongue; it applies to the dynamics of the wider field of analytic observation. One aspect of psychoanalytic therapy is best described by focusing on the patient's ability to recall the past: '[If] the interpretation has removed obstacles to recall, the forgotten memory can take its place within awareness. It is naturally not assumed that in such cases the interpretation produced recall; rather the situation existing previous to the interpretation, the one which suggested the interpretation, must be described as incomplete recall (and therefore, as in some measure similar to the situa-

<sup>4</sup> For the general theory of free associations in psychoanalysis see Hartmann (1927), Bernfeld (1934).

<sup>5</sup> Nunberg (1931). For a distinction between synthetic and organizing (integrative) function see Hartmann (1939a and 1947).

<sup>6</sup> See Nunberg (1937); French (1936 and 1945). The later repression of phases of a successful analysis, while little investigated, does not contradict this view.

tion in which the memory trace was laid down). Interpretation therefore acts here as a help in the completion of recall. Incomplete recall had announced itself by a variety of signs in the individual's behavior . . .' (Kris, 1947)—which the interpretation uses to reconstruct the original event from which the behavioral pattern was derived. The aim of similar steps in interpretation can be accurately described by the term 'recognition', frequently used in the study of memory. When recall is not yet possible, recognition may already be accomplished. The vicissitudes of the relationship between recognition and recall are particularly familiar in reconstructions of infantile experiences. While few, if any, case histories go to the length to which Freud went when, in the case of the Wolf-man, he studied the reactions of the patient to various alternative reconstructions (1918), it seems to be the general experience that in many instances reconstructions must be varied and modified until they are correct. These various steps may all be described in terms of stages in the interaction of recognition and recall.

The suggestion that historical interpretations in analysis stimulate memory to recognition leading to recall is in accord with experimental findings. These experiments show how recognition improves recall or guarantees retention.<sup>7</sup> The theoretical, psychoanalytic explanation of the relationship between recognition and recall is that the synthetic function of the ego, establishing a context, is in the case of recognition facilitated by the help of perception (in our example, the analyst's interpretation). Recall then fills a gap, fits into a pattern.

If we examine the function of recognition in relation to mental qualities, an initial formulation suggests itself: what can be mobilized in recognition must have been preconscious. I should like to stress this formulation and to consider it as

<sup>7</sup> The unfortunate limitation of these investigations to nonsense syllables makes it difficult to establish closer links between the laboratory findings and psychoanalytic observations (Postman *et al.*, 1948).

well established; and yet, it might be advantageous not to apply it too rigidly. We are familiar with cases in which a historical interpretation gradually—sometimes over extended periods of treatment—opens the way to the recall of repressed material. The complexity of the interdependent factors during the psychoanalytic process is such that we can surely not assume that any one single operation is responsible for major dynamic changes; thus any release from repression depends on the strength of defenses used for the purposes of counteracthesis which, in turn, depends on the ego's capacity to cope with the prevailing intensity of conflict. It seems therefore reasonable to assume that facilitation of the ego's integrative or synthetic function by recognition is one of the dynamic factors leading to recall.<sup>8</sup>

The relation of recognition to recall of the repressed can be tentatively described in these terms: since the 'original' situation has been recognized, previously not sufficiently invested id derivatives can be integrated into the pattern indicated by the reconstruction; this in turn strengthens the ego's position, permits a reduction of counteractheses and the gradual infiltration of further material—a result in the end not dissimilar to sudden recall, in cases in which the interpretation has led to the spectacular revival of repressed traumata. In both types of cases the full investment by the ego, the syntonicity of the event with superego and id strivings may then lead to the feeling of certainty, to the change from 'I know of' to 'I believe'. With such expressions Lewin (1939) contrasts two levels of analytic experience. He links the second, that of certitude, to the re-establishment of infantile omniscience. From the point of view of the present deliberation we attribute the triumph of believing to the complete investment by the ego, to what in Freud's terms might well be described as essential progress in the individual's mental organization.

<sup>8</sup> When Alexander and French, in recent publications, claim that recall of the repressed is not the reason for an increase in the integrative function of the ego but a consequence of it (1949, pp. 287, ff.), they have not improved the view they contradict; the two factors are better described as dependent variables. They constitute what modern theory of logic terms circular causality.

### DISCHARGE AND REGRESSION

It is a strange fact that, in spite of all varieties of clinical experience which throw light on preconscious mental processes, the main source of reference for many of these processes should have remained for almost thirty years a book of the Belgian psychologist Varendonck, entitled *The Psychology of Daydreams* (1921), which reports a great variety of self-observed thought processes. There are obvious and admitted gaps in Varendonck's reports. Upon closer inspection we discover a number of contradictions and suspect the influence of traits of character, a fact to which Rapaport has recently drawn my attention. What few theoretical views Varendonck develops are centered on two thoughts: the relation of all preconscious activity to wish fulfilment—mostly to the fulfilment of conscious wishes—and the assumption that preconscious mental processes follow laws of their own, sharply separated from the laws of conscious thinking.

The value of Varendonck's material consists in the fact that his reports cover a wide range of phenomena. We read of deliberations on the question of whom to choose as faculty reporter for his doctoral dissertation; of self-punitive fantasies in which he loses both legs in the attempt to escape from military service; of castles in Spain of a more conventional type. Many of Varendonck's fantasies are verbal only; others are full of imagery, and some replete with condensations and symbols that are to some degree reminiscent of dreams.

This variety cannot be ascribed to the personal qualities of one observer. Material from certain patients in psychoanalysis confirms such a variety in preconscious thinking. Unpublished experimental investigations (Rudel, 1949) show that, when asked to report their daydreams, college students record a variety of phenomena that represent what might be called the 'stream of preconsciousness' in highly varied expressions of highly varied contents. These are the impressions that justify my introductory remarks on the existence of two continua, one reaching from solving problems to dreamlike fantasy,

and one reaching from logical cohesive verbal statements to dreamlike imagery. Both continua, I believe, occur with some frequency in preconscious mental processes.

The first and up to now only relevant critical evaluation of Varendonck's book, from the psychoanalytic point of view, is Freud's introduction to it (1921). It has rarely, if ever, been quoted, and in the German translation of Varendonck's book it was not fully reproduced. In studying '. . . the mode of thought activity to which one abandons oneself during the state of distraction and into which we readily pass before sleep and upon incomplete awakening . . .' Varendonck has rendered a valuable service. While Freud appreciates confirmation found for his views on the psychology of dreams and 'defective acts', he sharply opposes Varendonck's central thesis. Freud asserts that there is no difference between preconscious and conscious mental processes. What Varendonck calls daydreaming does not owe its peculiarities to '. . . the circumstance that it proceeds mostly preconsciously. . . . For that reason I think it is advisable, when establishing a distinction between the different modes of thought activity not to utilize the relation to consciousness in the first instance.' Freud suggests that one should distinguish in daydreams, as well as in the chain of thoughts studied by Varendonck, freely wandering fantastic thinking as opposed to intentionally directed reflection, since it is known 'that even strictly directed reflection may be achieved without the coöperation of consciousness'.

If we take this distinction as our starting point and remember that the economic and structural approach, the study of cathexes and ego function, has proved its value in discussing problems in the psychology of preconscious mental processes, we are easily led to one area of deliberation. The ego, we assume, has two kinds of bound energy at its disposal: neutralized energy, and libido and aggression in their nonneutralized form (Hartmann, Kris, and Loewenstein, 1949). Fantastic, freely wandering thought processes tend to discharge more libido and aggression and less neutralized energy; purposeful reflection and solving problems, more neutralized energy. In

fantasy, the processes of the ego are largely in the service of the id. Not only the id, however, is involved. Naturally, the superego and 'narcissistic' strivings play their part. The content of freely wandering fantasies is extended over the pleasure-unpleasure continuum; hence the probability that in this kind of process, the discharge of nonneutralized libido and aggression will be maximized. In reflective thinking the contrary is likely. Reflective thinking, according to Freud (problem solving, as we would prefer to say), serves to a higher degree the autonomous ego interests. Discharge of libido and aggression is therefore likely to be minimized, and that of neutralized ego energy to be of greater relevance.<sup>9</sup>

We now turn to a brief discussion of the second continuum of preconscious thought processes, that which extends between logical verbalization and fantastic imagery; the hypnagogic fantasies to which Freud refers in the passage quoted above, some of Varendonck's wandering fantasies, and fantasies of the more fanciful patients in psychoanalysis designate the area of the phenomena in question. We are clearly dealing with problems of ego regression.

The very fact that such phenomena of ego regression are infinitely more frequent in fantasy than in deliberative preconscious processes suggests that in fantasy the discharge of libido and aggression may have in general a greater proximity to the id—to mobile energy discharges. The id, as it were, intrudes upon ego functions.

Topographically, ego regression (primitivization of ego functions) occurs not only when the ego is weak—in sleep, in falling asleep, in fantasy, in intoxication, and in the psychoses—but also during many types of creative processes. This suggested to me years ago that the ego may use the primary process and not be only overwhelmed by it (Kris, 1936b, p. 44). This idea was rooted in Freud's explanation of wit (1905) according to which a preconscious thought 'is entrusted for a moment to unconscious elaboration', and seemed to account for a variety

<sup>9</sup> Alternatively one might speak here of 'degrees of neutralization' of the energy discharged; see Hartmann (1949).

of creative or other inventive processes. However, the problem of ego regression during creative processes represents only a special problem in a more general area. The general assumption is that under certain conditions the ego regulates regression, and that the integrative functions of the ego include voluntary and temporary withdrawal of cathexis from one area or another to regain improved control (Hartmann, 1939a, b and 1947). Our theory of sleep is based upon the assumption of such a withdrawal of cathexis. Sexual functions presuppose similar regressive patterns, and the inability to such suspension of ego control constitutes one of the well-known symptoms of obsessional, compulsive characters.

The clinical observation of creators and the study of introspective reports of experiences during creative activity tend to show that we are faced with a shift in the cathexis of certain ego functions. Thus a frequent distinction is made between an inspirational and an 'elaborational' phase in creation. The inspirational phase is characterized by the facility with which id impulses, or their closer derivatives, are received. One might say that counter-cathetic energies to some extent are withdrawn, and added to the speed, force, or intensity with which the preconscious thoughts are formed. During the 'elaborational' phase, the counter-cathetic barrier may be reinforced, work proceeds slowly, cathexis is directed to other ego functions such as reality testing, formulation, or general purposes of communication. Alternations between the two phases may be rapid, oscillating, or distributed over long stretches of time.

In ascribing to the ego the control of regression in terms of shifts in the cathexis of ego functions, which can be related to or pitted against each other in various ways, we gain a frame of reference that might in the present tentative state of our knowledge prove useful in various ways. Consider, for example, the shift of cathexis between the ego function of perception (the system *Pcpt*) and preconscious thought. The individual, immersed in preconscious thought, takes less notice of his environment. Idle fantasies are given such a pejorative description as decrease of attention or, with Freud, of being distracted

by fantasy. At this point we seem to gain a further and improved understanding of one problem. It is generally assumed that preconscious thought processes become conscious by hypercathexis. We now realize that there are various degrees of hypercathexis. If energy is diverted from the perceiving function of the ego to fantasy, this in itself may not lead to consciousness but simply to an intensification of the preconscious process. Emergence into consciousness would still be dependent on other conditions.

The automatic functions of the ego are commonly considered to include a special kind of preconscious processes which become conscious only in the case of danger or under other special requirements (Hartmann, 1939a). Consciousness in these instances is no guarantee of improved function; on the contrary, automatic (habit) responses in driving automobiles or the use of tools, for instance, seem to have undoubted advantages. Similarly, the shift from consciousness to preconsciousness may account for the experience of clarification that occurs when after intense concentration the solution to an insoluble problem suddenly presents itself following a period of rest. Briefly, we suggest that the hypercathexis of preconscious mental activity with some quantity of energy withdrawn from the object world to the ego—from the system *Pcpt* to preconscious thinking—accounts for some of the extraordinary achievements of mentation.<sup>10</sup>

### REACTIONS TO REACHING CONSCIOUSNESS

The appropriateness of describing thought processes in terms of cathexis and discharge is further supported if we turn to some reactions of individuals upon becoming conscious of their preconscious fantasies or of the result of their preconscious productive deliberation.<sup>11</sup>

The privileges of fantasy are manifold. When fantasy has taken us far afield we do not as a rule experience shame or

<sup>10</sup> For a good descriptive summary of these achievements see Delacroix (1939).

<sup>11</sup> Not all reactions to 'becoming conscious' are here considered; 'negation' and the 'feeling of uncanniness', for instance, are purposely omitted.

guilt—shame, for instance, for having arrogated some of the properties of infantile omnipotence, guilt because the fantasy may have been ruthless and antisocial. Patients may feel ashamed or guilty in reporting such fantasies, although they did not feel so while they were engaged in them or when they recalled them. There is a feeling of not being responsible for one's fantasies.

Tentatively, we assume that in preoccupation with fantasy the ego withdraws cathexis from some functions of the superego. Our knowledge does not permit us to be more specific. One gains the impression that while the ego-ideal loses its importance for the individual, the punitive tendencies of the superego are enforced<sup>12</sup> in some for whom self-punitive measures are part of the fantasy. In others the hypercathexis of the ego-ideal is predominant, while the function of critical self-observation seems reduced.

The absolution from guilt for fantasy is complete if the fantasy one follows is not one's own. This accounts for the role of the bard in primitive society and, in part, for the function of fiction, drama, etc., in our society. Opportunity for discharge or catharsis is guiltlessly borrowed. A close study of the phenomenology of the subjective experiences connected with fantasy, autogenous or borrowed, tends to confirm the opinion that feelings of relief (temporary or protracted), or of saturation (and final disgust), can all easily be explained by well-known psychodynamics.

A feeling of relief and discharge, similar to that provided by fantasy, can also be gained when the successful solution of a problem has been achieved—when a piece of preconscious deliberation has come to a satisfactory conscious conclusion. The indisputable satisfaction which attends the solution of a problem is usually described in terms of the gratification of a sense of mastery, feelings of triumph from achievements related to ego interests (Hartmann, 1949), feelings of self-esteem which

<sup>12</sup> Alternatively, one might say neutralized energy is withdrawn from the superego; aggressive energy remains vested in it and leads to unpleasure in fantasy.

reduce intrapsychic tension as between superego and ego, etc. It seems useful to consider in addition the possibility that the solution of problems—including all areas of creativity—affords pleasure through the discharge of neutral energy used in the pursuit of creative thinking.<sup>13</sup> This consideration is new neither in psychoanalysis nor elsewhere in psychology. It is frequently referred to as functional pleasure (Kris, 1938). When Freud's interest was still close to the investigation of the psychology of thinking, he stated in *Wit and Its Relation to the Unconscious*: 'When our psychic apparatus does not actually act in search of some urgently needed gratifications we let this apparatus itself work for pleasure gain. *We attempt to gain pleasure from its very activity.*' There can be little doubt that the activity to which Freud refers is chiefly the discharge of quantities of neutralized energy. An elaboration of this theory seemed to lead to improved understanding of æsthetic experience (Kris, 1944 a, b).

The gradual steps in the slow maturation of solving a problem sometimes extend over years. There is a considerable similarity or analogy between some aspects of this problem of thought formation and the problem of preconscious lapses. A solution once found may be forgotten, return after some time and be fitted into its frame of reference, or it may never again be recaptured. Undoubtedly combinations of all psychodynamic factors may interact to produce such results; and yet such forgetting, such selectivity of memory may be due also to a lack of integration necessary for the solution of the problem.

The appropriate material for the study of these phenomena is the history of science, and what gestalt psychology can contribute has recently been tested in describing the development of Einstein's theory (Wertheimer, 1945).

Freud's recently published *Aus den Anfängen der Psychoanalyse* provides an opportunity to study some of these prob-

<sup>13</sup> In speaking of the pleasurable discharge of neutral energy we assume that this energy need not be ideally—i.e., fully—bound and that the degree of immobility and neutralization of energy may be to some extent independent variables (Hartmann, 1949).

lems in relation to psychoanalysis itself. This book consists of a series of intimate letters, notes, essays, and drafts written by Freud between 1887 and 1902. During these years Freud reports to a correspondent the emergence of new ideas and their subsequent slipping away, also, about premonitions of hypotheses to come, and a large set of related phenomena. In 1895 Freud became aware of the main psychological mechanism of dream formation and established a link between the dream mechanism and symptom formation. But his theory of symptom formation was then incomplete and in large part unusable, and the link between the two was dropped. For two years Freud forgot that he had once seen this connection, and he treated dream and neurosis as disconnected and alternative fields of his interest until in 1897 he temporarily re-established the connection, forgot it again, and only one year later fully established it, experiencing what in fact was a rediscovery, as a great and triumphant revelation. It took three years to safeguard this finding against lapses of memory, as it was only at the end of this period that the theory was integrated, infantile sexuality was discovered, and the problem of regression made accessible to closer investigation.

Examples of this kind indicate that only when the ego has completed its synthetic function by eliminating contradiction within the theory are the parts of the theory protected against slipping from conscious awareness. We may now revise and amplify the conditions required to eliminate the counter-cathexis between preconsciousness and consciousness. To the two conditions stated—ego syntonicity and full cathexis with neutral energy as prerequisites and consequences of integration<sup>14</sup>—we now add that ego syntonicity consists not only of freedom from conflict in the intersystemic sense (id and super-ego), but also in the intrasystemic sense (Hartmann, 1949) in relation to the various ego functions. In solving problems, the feeling of fitting propositions together satisfies the requirement of the synthetic function; critical examination of the con-

<sup>14</sup> The degree of cathexis with libido or aggression is clearly variable and related to ego syntonicity.

text satisfies the requirements of reality testing in an extended sense.<sup>15</sup>

To return from this detour to the central question of reactions to the reaching of awareness of preconscious thought processes, let me repeat that normally there is an absence of reactions. In many instances of both fantasy and creativity, discharge and satisfaction can be experienced. The mere feeling of relief is more manifest in fantasy, a mixture of relief and satisfaction more evident in creativity and solving problems. But there are instances in which these same experiences appear in a special form, in which the feeling exists that awareness comes from the outside world. This is obviously true of hallucinations, but it is also true of revelation or inspiration (Kris, 1940). In revelation or inspiration a preconscious thought is attributed to an outside agent from which it has been passively received. The literal and the attenuated meanings of the term form a continuum; we speak of inspiration also when a percept stimulates thought. Newton, who attributed the discovery of the law of gravity to the observation of a falling apple, is an instance. The perception there acted as a factor precipitating previously organized preconscious ideas waiting for the stimulus.<sup>16</sup>

Why do creators of all kinds so often prefer to attribute their achievements to the influence of such external agents as chance, fate, or a divine providence? One motivation is avoidance of the wrath and envy of the gods; but there are other more significant and deeper motivations. The feeling of full control and discharge of tension in the state of becoming aware of significant ideas or achievements mobilizes deep layers of the personality. In the case of ecstatic revelation the hallucinatory character of the experience is manifest.

We believe that in the process of becoming conscious the

<sup>15</sup> In this direction lies the further psychoanalytic exploration of reactions to completed tasks and incompleting ones, i.e., to a topic which has been treated with great insistence by experimental psychologists.

<sup>16</sup> In a delightful chapter of his autobiography, Walter B. Cannon (1945) has described phenomena of this order under the heading: Gains From Serendipity.

preconsciously prepared thought is sexualized, which accounts for the experiences accompanying revelation. Id energies suddenly combine with ego energies, mobile with bound and neutralized cathexes, to produce the unique experience of inspiration which is felt to reach consciousness from the outside. Unconscious fantasies at work in some specific instances of these experiences can be reconstructed, and in a previous paper on the subject (1940) I tried to demonstrate the variety of experiences that are derived from the repressed fantasy of being impregnated and particularly of incorporating the paternal phallus. It has since become plausible that additional fantasies are involved. The feeling of triumph and release from tension remind the individual of a phase in his development in which passivity was a precondition of total gratification, and in which the hallucinated wish fulfilment became reality: the period of nursing. We find here another approach to the full intensity of believing and its relation to infantile omniscience as described by Lewin: the analytic process and the insight it produces can be experienced in terms of an archaic wish fulfilment. Changes in cathexis during the working of the psychic apparatus tend, I suggest, to be generally experienced in terms of such an archetype. The maturing of thought, the entry into awareness from preconsciousness to consciousness tend to be experienced as derived from outside, as passively received, not as actively produced. The tendency toward passive reception takes various shapes and forms, appears under the guise of various modalities, but the subjective experience remains one of reception. When, after the completion of his theory of dreams, Freud was urged to publish his theories of sexuality, he answered to his urging friend: 'If the theory of sexuality comes, I will listen to it'.

This relationship between creativity and passivity exemplifies once more one of the leading theses of this presentation: the integrative functions of the ego include self-regulated regression and permit a combination of the most daring intellectual activity with the experience of passive receptiveness.

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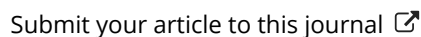
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ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: <https://www.tandfonline.com/loi/upaq20>

# Mark Kanzer

To link to this article: <https://doi.org/10.1080/21674086.1950.11925822>



## THE ŒDIPUS TRILOGY

BY MARK KANZER, M.D. (NEW YORK)

In Sophocles' drama, *Œdipus Tyrannus*, Freud found support for his concept that the drives to kill the father and commit incest with the mother constitute the basic repressed wishes of men (4). The term, *œdipus*, thus became momentarily linked with the complex which Freud found dominating the stage of phallic libidinal development. He cited the passage from the play which states the frequency of incestuous dreams among men, and compared the action of the tragedy to the processes of psychoanalytic investigation. In the 'riddle of the Sphinx', which *Œdipus* solves, Freud saw the perpetual search of the child for sexual information, thereby elucidating this age-old enigma.

In the ample literature on the *œdipus* complex, the trilogy of Sophocles has often been used to confirm or dispute Freud's discoveries. Among those who explored the Greek legend were Ferenczi (3), Jung (8), Reik (16), Abraham (1), and Róheim (17, 18). Rank, after valuable initial researches in support of Freud (14), evolved his own theories of psychodynamics and used them for a reinterpretation of the *Œdipus* dramas (15). Fromm has discussed the plays in terms of their sociological background and has also arrived at different conclusions from Freud's (7).

A review of the psychoanalytic literature on the *Œdipus* trilogy was recently published by Mullahy (12), but it is strangely incomplete, failing to take note of the writings of Ferenczi, Reik, Abraham, and Róheim on this subject. A reading of the plays also reveals much material that has not yet been evaluated psychoanalytically. The intrinsic interest of the dramas as psychological and sociological documents, and the special role which must be accorded them in the history of psychoanalysis, make them worthy of detailed study.

## I

Œdipus Tyrannus, the first drama of the trilogy, presents the hero-king of the Thebans confronted with a plague which has afflicted his land. A messenger sent to consult the oracles to determine the cause and remedy of this catastrophe returns with word that the unknown criminal who killed the land's former king, Laius, must be discovered and brought to justice if the plague is to cease. It is in the search for this evildoer that the history of Œdipus' misdeeds comes to light. He had been unconsciously guilty of killing his father and wedding his mother. In so doing, he fulfilled prophecies made before his birth which he and his parents vainly sought to avert, a detail which corresponds to the fact that each man is destined to struggle against his œdipal strivings. At the end of the drama, Jocasta, the queen and mother-wife, hangs herself, whereupon Œdipus tears out his own eyes (interpreted by Ferenczi as symbolic castration).

In the course of the developments which lead to this tragic climax, we learn that Œdipus has won the throne and the widowed queen of Laius by solving the riddle of the Sphinx. This monstrous creature, whose upper portion is a human female and whose lower parts are those of a lioness, sat upon a rock and questioned all passers-by, slaying those who could not solve the problem she propounded. Only Œdipus understood the riddle. According to the version of the legend used by Sophocles, he then slew her; according to another, she threw herself in mortification into the sea and was killed.

The riddle of the Sphinx is evidently an allegory of the problems presented by female sexuality. A full-breasted woman above, a lioness below, she combines the beloved and dreaded aspects of femininity which the boy must reconcile in order to achieve genital potency. Freud emphasized the relationship of the Sphinx to the mysteries of childbirth (5). The legend of Œdipus and the monster also belongs among many others—Perseus and the Gorgon, Theseus and the Minotaur, the countless legends of the dragon-slayers—which symbolically depict the dangers that the young man must over-

come before he may attain his sexual partner. In these menacing antagonists, components of both parents may be detected; the father, who would keep the son from women, and the mother, whose very fulfilment of sexual desires would bring disaster. The Sphinx is such a combined parental figure. Jung saw in her the 'terrible mother'; Rank, Reik, and Róheim have described her variously as the phallic mother, the symbol of the parents in intercourse, or as a disguised homosexual representation of the father. In the riddle which she propounds, 'What has first four legs, then two, then three?', the correct answer being 'Man' (during the stages of maturation), there are apparent allusions to the appearance of the limbs during intercourse, to the additional 'limb' which distinguishes the male, and perhaps also to pregnancy: 'that which is first two becomes three'.

It is our conclusion, from a study of the play, that the precipitating cause, the 'catastrophe which threatens the land' and leads to the undoing of Œdipus, is the pregnancy of the mother-wife, Jocasta. The birth of a son renews the father's œdipal conflicts. The drama states that a plague 'blights the fruitful blossoms of the land' and causes the women to suffer 'barren pangs' (13). The symbols of birth are represented through opposites—'sterile blossoms', 'barren pangs', maternal death—the hostile and negating images corresponding to a neurotic denial of the actual event. Such reactions are appropriate to the child in the œdipal phase, anticipating the birth of a sibling, or to the expectant father who has not resolved his infantile fixations.

If this surmise as to Jocasta's impending delivery is correct, then we find that the Sphinx has re-emerged from the repressed with the old riddle in a new form; for if the Œdipus Tyrannus exposes clearly the parricidal drives of the son, it deals no less unambiguously with the counterœdipal determination of the father to rid himself of the rival son. Laius had sought as unsuccessfully to evade the foreordained parricide as had Œdipus, and had tried to kill his child in infancy. The great cycle of the generations thus completes itself with Œdipus as

an expectant father who is destined to seek the destruction of the fruit of his wife's womb. The mature man is able to cope with paternity, but not the neurotic whose wife is also his mother. Œdipus never worked through the relationship to his father which is necessary for adjustment to reality. He never accepted him, never identified with him, as is necessary in superego formation, but merely encompassed his death. There was no identification with the parental role; in the hero the child was preserved unchanged. Œdipus, the arrogant, quick-tempered, arbitrary monarch accustomed to homage, incorporates the infantile fantasy of omnipotence.

Such immaturity must be reflected in the sexual relationship to the mother, and as to the details, a psychoanalytic interpretation of the play leaves little doubt. This mother is assuredly the full-breasted Sphinx, bestial and terrifying below the waist. The chorus refers to her as 'the maiden with crooked talons who sang darkly', thus placing her in the category of the phallic mother, the woman with the dentate vagina, and all the other terrifying images of the castrating female. The 'dark songs' are a link to the Sirens, dangerous seducers of men. In the relationship of Œdipus to Jocasta, there is no simple erotic drive, as Freud originally postulated, but also the anxieties and hostilities aroused by the preœdipal 'bad mother' (11). In the great climax of the play, the sex act is depicted symbolically when the king rushes into the room where the body of the mother is hanging (the womb), seizes the golden brooches from her garments, and repeatedly and passionately stabs his eyeballs from which the blood flows 'not with a few slow drops, but all at once in a dark shower' (13). In this fantasy of coitus and orgasm, the sexual act is depicted as a sadistic and castrating attack from the maternal phallus. The brooches of Jocasta are another version of the talons of the Sphinx; in the earlier and more successful encounter, Œdipus had taken the active role and had stabbed her with his sword.

The action of the play, as a whole, is a repetitious depiction of the duel between Œdipus and the Sphinx. In the presence of her true form, the mother, he again carries on a remorseless

inquiry into his origin. The tormented queen, foreseeing the disastrous outcome, seeks vainly to divert him. Œdipus takes a peculiarly stubborn and obtuse attitude until the riddle of his birth is solved; then Jocasta kills herself, as had the Sphinx. The core of this mighty tragedy is the determined boy plying his reluctant mother with embarrassing questions.

The legend of the Sphinx casting herself into the sea is another familiar symbol of childbirth, a condensation of sexual surrender and pregnancy. Œdipus, emerging from the death room of the mother, blind, wailing, and helpless, presents an unmistakable representation of rebirth. The religions of the East are pervaded with the fantasy of the mystic identity of father and son. It is the father who enters the womb (funeral chamber) and the son who emerges in a repetitive cycle, as in the advent and the wane of the seasons. In this fantasy of rebirth, the neurotic father finds satisfaction. He averts the threat of the new rival by identifying with him and regressing to infancy. Œdipus, who took his father's place, will now take his son's. The past repeats itself when he is cast from the city by his uncle Creon, just as his father Laius had expelled him after he was born. His only companion and comforter in exile is to be his daughter, Antigone, who will take the place of the mother.

## II

The two remaining plays of the Œdipus trilogy seek a more satisfactory solution to the problem of man's relationship to parents and children. Success can be achieved, we know, only by maturation of the ego, which devolves on the formation of the superego and abandonment of infantile fantasies of omnipotence.

The third drama of the trilogy, *Antigone*, was the first to be written, but belongs psychologically in an intermediate position. It deals with the civil war between Polyneices and Eteocles, sons of Œdipus, after his death, wherein both lost their lives. Antigone, their sister, and Creon, maternal uncle and king, are depicted at odds over the disposition of the corpse of Polyneices,

which lies outside the city. Here Creon decrees that the body of the rebel shall remain unburied and unsanctified. Antigone defies these orders and inters her brother with her own hands. This is clearly a continuance of the œdipal theme. Polyneices, as Œdipus, finds no forgiveness from Creon, the father substitute. Antigone displaces her loyalty from her father to her brother.

Antigone is sentenced to death by Creon. She is to be shut up in a stone vault (13) with a small quantity of food. After this judgment has been executed, Creon, disturbed by the pleas and resentment of his son Hæmon, who was betrothed to Antigone, and by the warnings of the seer Teiresias, is moved to release his niece. When the tomb is opened, it is found that Antigone has hanged herself. Hæmon, who had secretly found his way to her side, slays himself with his own sword. Creon, grief-stricken and penitent, emerges only to find that his wife, Eurydice, has killed herself upon hearing of the death of her son.

The tragic ending of Antigone and Hæmon clearly repeats, almost in exact detail, the catastrophe of Jocasta and Œdipus. The Sphinx is thus thrice destroyed. The slayer now is Creon, a new guise for Œdipus. If, in the first play, the husband-king solves his conflict by identification with the newborn babe, in the second he achieves the alternate solution of identification with the father. He is now Creon, the banisher and destroyer of infants. He emerges from the tomb, reborn, while the sons—Hæmon, Polyneices, and Eteocles—have all been destroyed.

Œdipus and Creon are complementary: the parricidal son, and the castrating father. Œdipus was rejected at birth by his father, Laius, and in his partial identification (superego) with him can become only a rejecting father. This is the problem inherent in the Antigone. It corresponds to a stage in the normal development of the superego in which the boy experiences hostility toward his father, and in retaliation through projection of his own aggression, fears castration by the father. It is the force of this castration anxiety, effecting the resolution of the œdipus complex, which is the unconscious content of the Antigone. The boy is faithful to his mother, conspir-

ing with her against his father; but Creon triumphs over Antigone. The son, ashamed of his mother's weakness, thenceforth transfers allegiance to his father. The third play of the trilogy, *Œdipus at Colonus* (13), is the consummation of this process. The relationship between son and father is not one-sidedly hostile, but has the elements of sympathy and love which are indispensable components of the superego.

This theme may be traced in the action of *Œdipus at Colonus*. The now aged hero, after years of bitter exile, arrives at Colonus where he is kindly received by the enlightened ruler, Theseus, with whose aid he defeats Creon's efforts to separate him from Antigone. *Œdipus* dies mysteriously, leaving his blessing and the custody of Antigone to his benevolent protector, Theseus, who inherits some strange and undescribed power from the grave of the hero. This unknown resting place of *Œdipus* is within Theseus himself (9). He is the good father who shelters the son, and it is in this guise that *Œdipus* is finally presented: the superego, 'which is the heir of the *œdipus* complex' (6), has completed its development in him. The tired exile has given up his battle against the taboos of mankind; his wounds and defeats have taught him to bow to the reality principle; he cannot stand alone but must accept his status as son, brother, and father among men. In the character of Theseus, he discovers the rewards for surrendering the infantile illusion of omnipotence. A king again, he is now a wise and benevolent ruler. The 'custody' of Antigone which he achieves is the possession of the woman he loves, but without violating the social taboos which protect the wife and her children from the unrestrained passions of the Sphinx-killer.

Each play of the trilogy resolves a conflict by the symbolic rebirth of the hero. *Œdipus*, Creon, and Theseus are the successive avatars the maturing man must assume in his persisting endeavors to answer the riddle of the Sphinx.

### III

The *Œdipus* trilogy is a product of Athenian culture, conceived in the mind of one of its most typical representatives,

the dramatist Sophocles. The religious and political traditions of the city bore witness to a profound psychological conflict over adherence to male or female divinities. Studies of mythology and custom suggest that the goddesses had been the objects of ancient worship and had gradually been supplanted by male deities.<sup>1</sup> Typical were the legends about Athena, patroness of the great city, who was the daughter of Zeus, ruler of the gods, and had sprung fully grown from his forehead—symbolizing the intellectual superiority of the male. Her shield bore the head of Medusa, the Gorgon, whose terrible visage turned men to stone. Originally warlike, Athena became patroness of the domestic arts, of spinning and the cultivation of the olive, and was also a symbol of wisdom. The Gorgon-Athena, like the Sphinx, represented the destructive potentialities to the male of female sexuality, but after the triumph of men, she was shorn of her warlike attributes. The head of Medusa<sup>2</sup> on her shield is a remnant of her former power which is left to her, and is also the basis for the new order of things: it is the incest taboo which must be respected if the dangerous Sphinx is not to be reawakened in all her dreaded might.

Not only is the Œdipus legend a version of this revolution in the relations between men and women, but also such typical Athenian legends as the conquest of the Amazonian warriors by Theseus, who took their queen Hyppolita in marriage, and the tale of Orestes, the matricide, who received protection in the city after pursuit by the avenging female goddesses, the Furies. In the time of Sophocles, these myths appealed greatly to the imagination of the people and provided themes for many great plays and works of art of the age. It is noteworthy that in the dramas of Sophocles and his great contemporaries, Æschylus and Euripides, these legends were used for probing into the moral relationships among men and women within the family and the state. The Antigone, for example, explores the

<sup>1</sup> Cf. Engle, Bernice Schultz: *The Amazons in Ancient Greece*. This QUARTERLY, XI, 1942, pp. 512-554.

<sup>2</sup> Freud: *New Introductory Lectures on Psychoanalysis*. New York: W. W. Norton & Co., Inc., 1933, p. 38.

conflict between love of family, as represented by Antigone, and duty to the government (Creon). Primary allegiance to the family is doomed with the death of Antigone; however, the ruler also learns that he must not be harsh and autocratic, and suffers personal injury when he fails to respect the ties within the family.

Bachofen (2), reviewing the Greek myths, concluded that earlier matriarchal forms of society had existed and then yielded to masculine rule. This hypothesis seems reasonable but has little actual historical evidence. Such myths could also be accounted for on the basis of the experiences of each generation of men in giving up the ways of childhood, dominated by the relationship to the mother, and assuming the inevitable duties and responsibilities of adult masculinity. A more serious objection, however, must be made to a second hypothesis of Bachofen. He believed that in the matriarchy, maternal love and natural ties prevailed, while in the patriarchy there was stern authoritarianism. Evolution from matriarchy to patriarchy was brought about not by economic or military necessity, but by the triumph of masculine reasoning over feminine feeling. This theory, which bears the impress of the author's mid-Victorian background (his work appeared in 1861), is not substantiated by modern sociological observations.<sup>3</sup> In contrast may be cited the Trobriand matriarchy, where the men maintain friendly relations with each other but show fear and hostility toward women; or the polyandrous Marquesans (10), whose dread of wild female spirits suggests the terror in which the Furies, Gorgons, and similar ferocious goddesses were held in Greece.

It is noteworthy that two psychological studies of the Œdipus trilogy (7, 15), which reproach Freud for lack of sociological orientation, lean heavily on the antiquated views of Bachofen. Rank, developing his thesis from his conception of the central significance of the birth trauma, sees in Œdipus the struggle of men to retain their individuality in the face of the demands

<sup>3</sup> Cf. Zilboorg, Gregory: *Masculine and Feminine*. Psychiatry, VII, 1944, pp. 257-296.

made upon them to submit to the authority of the state. The individualist finds difficulty in accepting the role of father or son. This conflict was intensified during the Hellenic period of Greek history when patriarchy flourished. The incestuous element in the *Œdipus* myth is explained, not as a result of sexual attraction, but as an attempt to insure personal immortality by achieving psychological rebirth from the mother, thereby eliminating both father and son. Psychoanalytic interpretation arrives at some of the same conclusions but sees the struggle of the ego for mastery (Rank's goal of individualism) as inherently linked with infantile libidinal and aggressive aims.

Fromm's (7) 'sociological' approach to the *œdipus* is illustrated by his solution of the riddle of the Sphinx. The question about the number of limbs, he maintains, has no significance except to elicit the answer, 'Man'. In this response, he sees the implication that the solution to the riddle of man is himself and that in the matriarchal state, represented by *Œdipus*, the dignity of man is more assured than in the patriarchy. This questionable assumption is rendered even more dubious by the fact that the Sphinx herself has a better claim to representing the matriarchy than has *Œdipus* (16), who in overthrowing her begins the process of patriarchal dominance. The emotional and dramatic values of the plays most clearly show the limitations of Fromm's concept. It is difficult to believe that in the life and death encounter between *Œdipus* and the Sphinx, the monster was moved to throw herself into the sea by an exposition on sociology.

Psychological knowledge that reveals to us, as do the constructions of Freud, the intimate and hidden views of men of Athens two thousand years ago on childbirth, sexual intercourse, and family relationships, obviously provides tools of great value. What sidelights are thrown on the intangibles of history when we learn that phrases of Sophocles' Creon seem to have been borrowed from Pericles, contemporary ruler of Athens (19); or that the crisis which precipitated the downfall of *Œdipus*—the plague that afflicted his state—presumably mirrored the anxieties and self-searchings of the Athenians after the outbreak

of the disastrous Peloponnesian War! Social forces impinge upon and are transmuted into the idiom of individual experience. It is the unique contribution which psychoanalysis makes to sociology that it can illuminate and decipher this process. In this work of interpretation, the social elements are crystallized from the psychological, just as the events of the day emerge in new significance from the analysis of the dream. A valid psychology is the indispensable prerequisite for any 'sociological approach' to such great human documents as the Œdipus trilogy.

### SUMMARY

A psychoanalytic interpretation of the Œdipus trilogy of Sophocles is given. The three plays are found to dramatize three stages in the development and resolution of the œdipus complex. Œdipus, Creon, and Theseus represent the same character, but with increasingly successful maturation as he seeks to solve the riddle of the Sphinx—the monster that represents the challenge of sexuality. The sociological background of the trilogy is explored and comparisons made between psychoanalytic and other constructions in interpreting the data.

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## Herbert I. Harris

To link to this article: <https://doi.org/10.1080/21674086.1950.11925823>



Published online: 07 Dec 2017.



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## BOOK REVIEWS

**PSYCHOANALYSIS: EVOLUTION AND DEVELOPMENT.** By Clara Thompson, M.D. with the collaboration of Patrick Mullahy. New York: Hermitage House, Inc., 1950. 252 pp.

Psychoanalytic theory today penetrates so many other areas of thought that writers can with difficulty discuss any one aspect of it with precision and clarity. Dr. Thompson, in collaboration with Mr. Patrick Mullahy, has surmounted this difficulty in presenting a popularized discussion of the 'interpersonal-cultural' hypotheses of Sullivan, Horney, and Fromm. Her style is entertaining and highly personal. Despite her avowed intention to remain objective and unbiased it is plain that her loyalty to this school is undivided. This book is clearly not meant for the student looking for a carefully documented history of psychoanalysis. For this reason its subtitle, *Evolution and Development*, which words Webster states are synonyms, is somewhat misleading. Since, by Dr. Thompson's own admission (pp. ix and 193), it is extremely difficult to write on this subject in an objective fashion, it may be of interest to speculate why a body of scientific theory gives rise to so much bias. This reviewer thinks that two fairly obvious reasons deserve consideration.

The first of these seems to rest in the possibility that psychotherapy, whether psychoanalytically oriented or not, is an art and not a science. Like all arts it has a body of technical knowledge which its practitioner must master before he can produce an acceptable work. Faced with the rapidly changing and myriad variations in relationships that occur in one therapeutic hour, the practitioner is forced to rely largely on a skill which, based on the techniques he has mastered, will enable him to direct treatment in an optimally effective manner. A fairly close comparison would be the skilled pianist playing a Bach fugue at sight. Just as two equally skilled pianists would play such a composition differently on their first attempt so, too, do two equally skilled therapists conduct a therapeutic hour, as sound recordings made of such interviews show. Furthermore, the training of analysts by means of control analyses appears to be almost identical with the apprenticeship under a master that students of painting, sculpture and music undertake. One has only to recall the many violent battles that have occurred

in the world of art—Les Fauves, Les Six, Whistler, Wagner—to realize that strong feelings and subjectivity are almost invariable concomitants of artistic activity.

However, psychoanalytic practice, by means of the training analysis, tries to give its practitioner deep insight into the reasons for his or her own emotional bias so that in dealing with the suffering patient harm will not be done him by unconscious impulses in the analyst. Were this objective achieved we should expect every analytically trained writer to be impartial, objective and free from all need to denigrate or vaunt. Unfortunately, this is not the case as Dr. Thompson herself admits (*loc. cit.*). She is psychoanalytically trained, we must assume, by an eminent analyst, Ferenczi. Why, then, the bias in her writing that she herself deplores?

The answer may be in an observation made by Freud in what is perhaps the most profound paper he wrote, *Analysis Terminable and Interminable*. Therein he suggests the advisability of the analyst's returning after five or six years of practice for additional psychoanalysis. His reason for this was the observation he had made, since confirmed many times by his followers, that the individual's basic core of narcissism and its powerful need for satisfaction grows imperceptibly (even after a satisfactory analysis) on any minor successes its possessor may achieve. Invading areas of the personality, it can well limit the individual's ability to be objective and free of the need to gratify its insatiable demands. One must consider, too, that the position of therapist is one in which a high order of narcissistic gratification obtains. One is in a position of power over another individual's most intimate feelings and responses and can easily lose the profound humility that such a position requires.

Perhaps the attraction for their followers of the hypothesis put forth by Sullivan, Horney, and Fromm lies in part in the greater narcissistic gratification they offer. Certain it is that one can feel far more significant and important as a microcosm in an impersonal and largely hostile universe if one can picture oneself as a guiding, directing, and somewhat omiscient force in other people's lives than if one sees oneself as a somewhat primitive, impulse-ridden prey to forces largely beyond his power to discern or control.

From the above it is clear that Dr. Thompson's book is a stimulating one. This reviewer would in conclusion question one important assertion she makes on page 222: 'There is as yet no useful

working theory concerning the position of organic disease in the dynamics of personality. Thinking on the subject today is as naïve as was Freud's [*sic*] approach to understanding neurosis in his early case histories.' In making such a sweeping statement I am sure she has dealt a severe blow to whatever narcissism remains in such men as Felix Deutsch, Franz Alexander, Leon Saul, and Spurgeon English, all of whom, I feel sure, are aware of their great indebtedness to the original formulations of Freud and Abraham, naïve as Dr. Thompson considers these latter to be. Confirming in a small way the work of these writers, this reviewer has a growing number of cases of ulcer, ulcerative colitis, asthma, and eczema that residents, training under his direction, have treated successfully utilizing the theoretical formulations largely set down by Freud.

HERBERT I. HARRIS (CAMBRIDGE, MASS.)

THE YEARBOOK OF PSYCHOANALYSIS, Volume IV. Edited by Sandor Lorand, M. D. New York: International Universities Press, Inc., 1949. 356 pp.

The twenty-two papers of the fourth volume of this annual publication may conveniently be divided into four groups. Historical and biographic items concerning Freud and Brill are the topics of the first four papers. Federn's paper on Freud's first presentation of the '*Rattenmann*' at meetings of the Vienna Psychoanalytic Society in 1907 contains primarily the technical and theoretical remarks by Freud and comments by members of the Society who took part in the discussion, a briefly but most interestingly recorded event. Wittel's study of Freud's relation to Josef Popper-Lynkeus, and Brill's translation of Popper-Lynkeus's *Dreaming Like Waking*, form an important contribution to the history of psychoanalysis.

Of the next five papers, chiefly of theoretical interest, Jones's *The Genesis of the Superego* and Jeanne Lampl-de Groot's *On the Development of the Ego and Superego* are particularly fine, the latter especially worthy of detailed study. Kate Friedlander's *On the Modification of Instincts* is an almost too condensed and systematic summary, albeit excellent for didactic purposes. The reason for the inclusion of Ilse Forest's essay on *The Libido Concept* is not clear.

The next four papers may be considered clinical in nature although only G. Bose's paper on the '*All or None*' Attitude in Sex gives detailed clinical case histories. Bose's thesis deals with the

fate of the œdipus wish, about which Bose differs a little with Freud. Berliner's *On Some Psychodynamics of Masochism* is an extension of his previous papers on moral masochism, heavily descriptive and therefore largely clinical, an elaboration of the theory that the death instinct is not necessary to explain masochism, and that the clinical phenomena of masochism are sufficiently explicable on the basis of the sadism of an incorporated love object. Greenson's *On Gambling* is especially well organized, systematized, clear and a very worth-while contribution. Garma's *Conflicts in Dreams* is a study of over twenty dreams of one patient, concerned primarily with the process of dream work, relying most heavily upon symbolizations.

The last nine papers belong to the field of applied psychoanalysis. Felix Deutsch's *Artistic Expression and Neurotic Illness*, C. E. Daly's *Mother Complex in Literature*, J. O. Wisdom's *Three Dreams of Descartes* and John Skinner's *Lewis Carroll's Adventures in Wonderland* constitute an excellent group of excursions of psychoanalysis into literature. Deutsch's very thorough study of Charles Kingsley, the author of *The Water Babies*, is painstakingly complete. It casts considerable insight not only on the psychodynamics of artistic productions, but is a worth-while contribution to the psychodynamics of respiratory neuroses. What Deutsch points out concerning the struggle of the artist against his unconscious conflicting infantile wishes is also pointed out by Skinner as having been true of Lewis Carroll. Daly's thesis is an extension of the theory that the trauma of menstruation, confirming the fear of castration and death, forms the nucleus of the male incest barrier. The thesis is supported by material from the writings of Baudelaire, Poe, Keats and others. Descartes' dreams are treated by Wisdom with a masterly exposition of Descartes' character and neurosis, and how his philosophy served him in an attempted solution of his conflicts.

Marie Bonaparte's *Universal Myths*, the last chapter of her book *Myths of War*, seems a little out of context by itself and without the beautifully written wealth of material in the rest of the book. Jacques Schnier's *Dragon Lady*, an exceptionally well-executed study of the meaning of the dragon with female attributes, adds considerably to the literature on myths. Two of the finest articles in this worth-while collection are Róheim's *Psychoanalysis and Anthropology* and Loewenstein's *Roots of Anti-Semitism*. The

last paper is supplemented by Kurth's penetrating study, *The Jew and Adolph Hitler*. Loewenstein's paper on the historical and cultural roots of anti-Semitism is as brilliant as it is scholarly, perhaps the finest paper that has been written on this subject to date. Róheim's paper belongs in a class by itself. It is a devastating critique, a review of the history of psychoanalytic anthropology, and a scathing criticism of the methodological errors extant in the works of some present-day psychoanalysts, anthropologists, and sociologists.

Two points impress this reviewer concerning this volume. The first is that so much of the book is given to applied psychoanalysis and so little to the presentation of clinical case material. The second is that five of these papers are reprinted from *Samiksa* and four from the *American Imago*; these two journals provide more of the material for this collection than any other psychoanalytic publications; yet they have relatively small distribution and popularity, *Samiksa* having a circulation of less than fifty in the country of its origin. The significance of these points is left to the reader's own speculation.

NORMAN REIDER (SAN FRANCISCO)

**FREUD: DICTIONARY OF PSYCHOANALYSIS.** Edited by Nandor Fodor and Frank Gaynor, with a preface by Theodor Reik. New York: Philosophical Library, 1950. 208 pp.

There is a plethora of books on psychoanalysis nowadays. Some are good, and one naturally wishes to acknowledge their appearance with appropriate words of welcome and appraise their place in our ever-growing scientific literature. Some are bad, and one wishes to pass them over with a reluctant nod or a reserved acknowledgment of the authors' honest, if miscarried, efforts. But some are neither good nor bad. They have titles, names of authors or editors, prefaces and introductions, publishers' colophons—and yet they are not really books but booklike productions which are very puzzling. They have no content of their own, no originality, no synthesis. One is seriously tempted to pass them over in disrespectful silence, but one cannot do that because of an obligation to readers, and one simply has to tell these readers what the warp and woof of these compilations are, dispel the confusion which might be created, and clear up some serious misconceptions with which the readers are showered.

This 'psychoanalytic dictionary' is a case in point. The authors, who call themselves editors, are not authors—self-confessedly so, because everything in the book represents bits (large and small) of quotations from Freud's writing—but the authors are not editors either, since copying from acknowledged texts, paste and scissors in hand, is not editing.

As to the text itself, it is called in the title page and on the flyleaf a dictionary; in the prefatory note it is referred to as a glossary. It really is neither of these, since the freudian terminology which one would supposedly find duly described or defined in this book is incomplete, and at times not even freudian. Thus, under *Depression*, *Cyclical* something is said about depressions, and under *Melancholia* something is said about melancholia, and the editor-authors seem not to have appreciated that melancholia and depression are one and the same thing, and that cyclical depressions have been known since time immemorial and were not introduced by Freud at all. It is a *psychiatric* term. This confusion is probably due to the fact that the compilers of the book are not physicians and, therefore, they show the familiar unfamiliarity with clinical psychiatric terms. The reader will find the word *Neurasthenia*, an old neurological term. It was introduced by a New York physician, George Miller Beard. Freud used it casually, in passing, and only in the early days of analysis—to my knowledge, only in one article.

And while we are on the subject of the terms Freud used, it is timely to point out another distinguishing feature of this book. It bears the name of Freud on the jacket in very large letters while the names of the compilers are small and inconspicuous, lost in the dark background of the jacket; they are a little more prominent on the flyleaf. This feature is a true misrepresentation. By a not very rightful stretch of a self-righteous imagination, one could say that it was quite proper to feature Freud as the author of this Dictionary of Psychoanalysis, since it looks like a real dictionary and everything in it is taken directly from Freud's writing. But one might also question the validity and the probity of this publishing maneuver, since Freud never wrote a dictionary of psychoanalysis, and since Freud would have made a more intelligible glossary had he undertaken to prepare one. And yet the publishers and the compilers would wish the innocent passer-by and the uninitiated reader to believe that here is Freud—pure, simple, authoritative, himself.

Quotations literally torn out of context, with irregular edges so

to speak, are piled on one another with a merciless disregard for the real meaning or intent of Freud's thought. What Freud once said in 1900 is given equal place with that which he said twenty-five and thirty years later, when some of his concepts had undergone considerable reformulation. The editors do not call the reader's attention to this change in perspective, and the result is added confusion.

What enlightenment is the curious reader (whether he be psychoanalyst or not) to derive from the following information?

*Counter-transference:* 'The counter-transference, which arises in the physician as a result of the patient's influence on his unconscious feelings'. That is all: a fragment of a sentence plucked from Freud's excellent article on The Future Prospects of Psychoanalytic Therapy—a fragment without grammatical and, therefore, with still less scientific sense.

*Conscious, Consciousness* [as if the two were the same thing]: 'It is a complicated matter for a psychical process to become conscious'. This piece of valuable information is from The Question of Lay Analysis and is supposed to shed light for the inquiring mind.

*Criminal Mind:* 'I must work out an analogy between the criminal and the hysteric. In both we are concerned with a secret, with something hidden. . . . In the case of the criminal it is a secret which he knows and hides from you, but in the case of the hysteric it is a secret hidden from him, a secret he himself does not know.' If this is all that Freud has to say about the criminal mind, it was hardly worth citing except to show the total senselessness of it.

*Beauty:* 'Beauty is an instance which plainly shows that culture is not simply utilitarian in its aims, for the lack of beauty is a thing we cannot tolerate in civilization'. This is how platitudinous Freud may sound. One must be possessed of a great need to distort to have the courage to offer it all as the genuine and authentic thought of Freud. Freud really wrote these lines, but he was powerless, of course, to forbid people to make a hash of strands of his thoughts.

A professional psychoanalyst can well afford to disregard this book, but one cannot rid one's self of the embarrassing awareness that the uninitiated are prone to make extensive use of this Dictionary of Psychoanalysis, adding to their own confusion and providing more ammunition for those who, wittingly or not, are eager to distort the basic tenets of psychoanalysis by unintelligent even though skilful misuse of the words of Freud.

Theodor Reik chose to contribute a preface to this book, and in this preface he says: 'Everybody who has studied psychoanalysis thoroughly has, of course, the right to criticize the opinions of Freud. *Nobody has the right to distort and misrepresent them. There ought to be a law!*' [Reviewer's italics.] No one would fail to agree with this admonition. So much greater the pity, since neither Reik nor the editors of the book seem to have been properly aware of their own mistakes in the job of compiling and giving moral support to it. So much greater the pity that the publishers themselves seem to overlook the glaring misrepresentations which the very title offers and the text continues.

G.Z.

PRACTICAL AND THEORETICAL ASPECTS OF PSYCHOANALYSIS. By Lawrence S. Kubie, M.D. New York: International Universities Press, Inc., 1950. 252 pp.

In 1936 Kubie stood athwart the battlements of the New York Psychoanalytic Institute, to whose future he dedicated his Handbook for Prospective Patients and Their Advisors,<sup>1</sup> and fired righteous and angry salvos at charlatans, pseudo analysts, irresponsible and inadequately trained analysts, wandering analysts, analysts whose fees exceeded their patients' financial resources, and analysts who scheduled fewer than five hours a week per patient. In the laconic foreword he announced a 'fighting book' and declared that his attempt to clarify the meaning of psychoanalysis for the laity had as one of its purposes the extermination of quackery in psychoanalysis. Although this handbook provided the best concise exposition then available of the practical problems associated with being analyzed, and was priced at only two dollars, its sale suffered either from an uninterested public or insufficient promotion, or both, and it went through only one printing.

The present volume has an expanded title ('and Theoretical' being added to 'Practical') and is for practical (and theoretical) purposes a new book rather than a revision of the 1936 'handbook'. It has a larger format, many new sections, an extensive up-to-date revision and rearrangement of the old sections, and well over twice as many words. The present dedication is 'To analytic patients

<sup>1</sup> Kubie, Lawrence S.: *Practical Aspects of Psychoanalysis*. New York: W. W. Norton & Co., Inc., 1936.

everywhere, to their families and medical advisors, and to my colleagues' and this one is not a 'fighting' book. Kubie concedes that the intervening years may have tempered his spirit, but also asserts that the state of psychoanalysis in 1950 provides less occasion for indignation; hence, whereas the 1936 book got down to brass tacks immediately on what psychoanalysis is and is not, who is and is not entitled to represent himself as a psychoanalyst, and what the prospective analysand should look for, insist upon, and expect during his analytic experience, the present volume presents the same material in a revised manner and softer tone in Section II, preceded by a long general introduction.

The General Introduction, Section I, includes some of the former material on what psychoanalysis is, but develops considerably further the previous discussion of the concept of normality and the neurotic process, and includes a new and excellent section on The General Nature of Non-Technical Psychotherapy which is an adaptation of a 1943 paper, *The Nature of Psychotherapy*, published in the *Bulletin of the New York Academy of Medicine*. Here Kubie discusses the values and limitations of palliative psychotherapy, environmental manipulation, and mental catharsis, and discusses the role of insight in technical psychotherapy. Throughout this section and the ones to follow the author seems to imply that psychotherapeutic techniques should be flexibly and appropriately applied to fit the individual patient's needs and defenses, with less concern than was expressed in the 1936 book about the black and white of what is not and what is psychoanalysis. Even the still controversial modifications proposed by Alexander and French in their book, *Psychoanalytic Therapy*, are not attacked but are presented as ideas on which judgment should be suspended pending further reports and evaluation. However, there is no watering down of psychoanalysis in this book. Kubie has presented clearly and firmly the principles of freudian analysis, but has avoided polemics in differentiating freudian principles from those of Adler, Rank, Jung, Stekel, Horney, Klein, and others. In the opinion of this reviewer, the book thus gains in persuasive impact on the reader who wants to be informed. Such differences in viewpoint among sincere workers in the field should be ventilated in scientific meetings and not fought out in popular books.

Section II, *The How and Why of Psychoanalysis*, is essentially the material of the 1936 book, but considerably revised and brought

up to date. A chapter on The Analysis of the Transference is considerably enlarged over what was presented in the handbook, and there is a new chapter here on The Role of Dream Analysis. These themes are developed skilfully in nontechnical language, and, in so far as it is possible (if one is to present such discussions at all for prospective and actual analytic patients to read) in a manner likely to clarify and dissipate misconceptions rather than tending to arouse intellectual resistances. In any event, few patients come to analysis these days without having read what they can lay their hands on regarding analytic concepts and analytic techniques, and Kubie's discussion is much to be preferred to certain other treatises they might read.

Kubie also introduces into this section a discussion of the relationship between the referring physician and the analyst, and handles a number of intraprofessional hot potatoes plainly but deftly and inoffensively. This discussion could profitably be read by many analysts as well as by referring physicians, for it tackles many aspects of the complicated relationships involving the family physician, the patient, the analyst, and the relatives in a comprehensive and exceedingly useful manner.

The final chapters in this section, Judging the Course and Outcome of an Analysis, and The Financial Arrangements for an Analysis, again are presented without evasiveness or defensiveness. The figures on analysts' fees, gained from a questionnaire answered by forty percent of the membership of the American Psychoanalytic Association, will be read with interest by both patients and analysts.

Section III, General Considerations, presents some rearranged and elaborated material on The Contrast Between Psychoanalysis and Healing by Faith or by Suggestion, with some discussion of psychoanalysis and religious faith which is pertinent to recent interchanges between analysts and religious critics. This discussion is carried over into an entirely new chapter, Psychoanalysis and Moral Responsibility, in which moral responsibility, altruism, and the growth of conscience are discussed, again without polemics. Another new chapter here is the one entitled Psychoanalysis in Relation to Social, Economic, and Political Change. This will probably be the most controversial chapter in the book among analysts themselves, although Kubie's viewpoint is presented with breadth and tolerance. The final chapter of Section III pulls together in a systematic

fashion all of the misconceptions about psychoanalysis which have been mentioned previously in the book.

The section on Training and Organization has been carefully brought up to date, and is supplemented in an appendix by a list of the current approved institutes and training centers in the United States, no foreign institutes being listed this time. In the 1936 book all institutes then approved by the International Psychoanalytic Association were listed, and of these only four were American. With the upheaval of World War II many of the foreign institutes listed in 1936 are now either not in existence or only recently reconstituted. The problems presented by the nonmedical psychoanalyst are discussed in a separate chapter of this section and without bias. Kubie's plan, contained in this chapter, for a special curriculum leading to a doctorate in medical psychology in six to eight years after college instead of the present much longer medical, psychiatric, and psychoanalytic training, will furnish another controversial issue for heated discussion among physicians.

The final section, Retrospect and Prospect, is almost entirely new and summarizes the current and past controversies over theory and technique among the various nonfreudian schools as well as attempts to indicate what lies ahead in technical, clinical, and theoretical research.

Kubie's book has no real competitors and is in a class by itself, for no other analyst has attempted to deal so comprehensively in one book with all of the practical problems and many of the theoretical problems associated with present-day psychoanalysis. Furthermore the publisher and printer have done well by the author and by the reader, with the possible exception of the absence of an index—an absence which is partly compensated by an unusually detailed table of contents.

ROBERT P. KNIGHT (STOCKBRIDGE)

PSYCHOANALYSIS AND THE SOCIAL SCIENCES, Volume II. Edited by Géza Róheim, Ph.D. New York: International Universities Press, Inc., 1950. 329 pp.

Nine authors are represented in this second anthology devoted to psychoanalysis and the social sciences. A comprehensive introduction is supplied by de Saussure's article, *Psychoanalysis and History*. This is followed by anthropological papers by Bonaparte, Devereux, Muensterberger and Róheim. *Æsthetics* and history are represented

by Lee and Lowenfeld, respectively, while the two final papers, written by Kurth and Money-Kyrle, are on sociological subjects.

De Saussure points out that the method of psychoanalysis is itself historical, and then summarizes Freud's contributions to historical objectivity, to social psychology and to anthropology. The unique contribution of psychoanalysis to history is implied in the question: 'What are the fundamental emotional attitudes of a time and how did they reflect on the social structure and the cultural patterns?' All history is written from one or more points of view; that of psychoanalysis is the interpretation of unconscious causation behind a civilization and its political events.

Methodological difficulties arise from our lack of a system by which to connect and classify individual reactions and social patterns. The basic unit in such a system, says de Saussure, is affect which has three components: 1, an emotion; 2, a representation of the outside world; and 3, a potential action. The socialization of affects is accomplished in a variety of ways that, successful or unsuccessful, have implications for the fate both of individuals and of groups. This leads to a long discussion of the question: Does a neurotic culture exist?, and then to a consideration of the possibilities of 'collective mental hygiene'. The author concludes with a plea for further research by analytically trained sociologists and social psychologists.

In *Notes on Excision*, Marie Bonaparte discusses the effects of clitoridectomy on female psychosexuality. Her material was gathered principally in North Africa and from the anthropological literature. Her general conclusion is that the effect of excision of the clitoris is more a product of a woman's constitutional psychosexual orientation than the reverse. She says in summary: 'In the conflict between social morality and human instinct, education and re-education often prove most powerful. But in the conflict which rages in the interior of the instinct between the male and the female which dwell in each of us, the power of education or re-education remains rather small. Here nature has the last word.'

The article by George Devereux is entitled *Heterosexual Behavior of the Mohave Indians* and is largely descriptive with copious documentation. He concludes that 'sexual intercourse in Mohave society appears to be a pleasurable and humorous activity, singularly free of neurotic trends . . . a rather simple one, precisely because it carries a smaller load of anxiety'. His data are said to broaden

the scope of Róheim's re-evaluation of the problem of genitality, '... through a systematic consideration of the libidinal economy characteristic of the society in which the psychosexual development of the individual unfolds itself'. Muensterberger's paper, *Oral Trauma and Taboo*, correlates observations of an Indonesian culture with 'the unsatisfactory maternal care which is given the child, and which gives rise to an early hostility against mother, as well as against the man who deprives the child of mother's care'. In other words, this is a psychoanalytic interpretation of the customs and myths of a single culture.

The *Œdipus Complex, Magic and Culture*, by Róheim, is a powerful anthropological brief for the universality of the œdipus complex. He attacks those anthropologists who assert that interpretations are valid only within the limits of one culture, and he re-interprets the data of others who have failed to find the œdipus complex in some cultures. He argues that the œdipus complex is not created by society but rather is evolved by the child and that its precursor is the pregenital 'separation anxiety' that is inherent in every mother-child relationship; in a phrase, 'human beings have an œdipus complex simply because we want to be adults when we are children and want to be children when we are adults'. He concludes with a section entitled *Magic and the Primary Process* in which he describes magic 'as a transition phase from the primary process to the reality principle', asserting that this too is universal and independent of external conditioning.

The paper by Harry B. Lee, *The Values of Order and Vitality in Art*, offers an elaborate psychodynamic interpretation of the sense of beauty and other æsthetic pleasures. He rejects 'objective' criteria for the value of art and of artistic expression, revealing instead their value for the emotional economy of the artist himself and of those who appreciate his productions. He concludes: '... the good of art derives from its power to convert certain of our inner discords into peace. . . . As an unconscious means to good states of mind, and just because its motivations are ethical and healing, it requires no moral justification.'

A further contribution to the understanding of history through psychoanalysis is found in Lowenfeld's paper, *Freud's Moses and Bismarck*. The author stresses particularly the impact of the 'great man' in history on the national character of his era. Freud used the example of Moses; Lowenfeld draws upon the more nearly

contemporary and better known figure of Bismarck. His general conclusion is: 'The analytic investigation of significant experiences which a people undergoes can contribute to an understanding of character development and character traits typical of a people in a national "group". The phenomenon of a leader can be such a decisive experience. Thus, the role of the great man in history is a special field for analytic investigation.'

In Hitler's Two Germanies, Gertrud M. Kurth investigates psychodynamic aspects of nationalism, particularly in pathological form as evinced by Hitler and Gerald L. K. Smith, the 'American Hitler'. The marked ambivalence of both toward the masses is noted and is traced back to an infantile relationship to the mother resulting in the familiar conflict between 'sacred and profane love' and in the triad of 'admiration-contempt-sacrifice' in relation to projected mother imagos. The author also offers the suggestion that social and economic crises are experienced as oral traumata, accentuating the latent ambivalence of the masses and thus tending to provide the fanatically nationalistic leader with his following.

The final paper is by Roger Money-Kyrle and is entitled Varieties of Group Formation. Freud's formulation of the 'primary group' and the function of the leader is elaborated to emphasize the 'roles of both parent figures, in their bad as well as good aspects, in the formation of groups . . .'. The author illustrates the significance of 'good' and 'bad' imagos of both parents in types of group values, types of group enemies, types of group leaders, and types of group standards. 'When a number of individuals find common symbols for the elements in this unconscious (family) pattern they form a group. . . . A group like an individual may be either pathological or sane.' The sane or sick phenomena of group behavior depend essentially upon the externalization (projection) of the collective patterns of its members as to 'good parent figures to protect, to follow and to imitate, and bad parent figures against whom they have to be protected'.

DOUGLASS W. ORR (SEATTLE)

THE LIFE AND WORKS OF EDGAR ALLAN POE. A Psychoanalytic Interpretation. By Marie Bonaparte. London: Imago Publishing Co., Ltd., 1949. 749 pp.

An analyst, conning his patient's life in hour-long fragments, may be likened to someone who diagnoses microscopic slides with

an intermittent spotlight. The patient's preanalytic yesterdays are dark, except for the flickering illumination of his memories. Speculation as to his postanalytic future is blurred by the analyst's feelings about his own therapeutic efforts. How much easier for the analytic student to comprehend is a life in its entirety, the end seen as clearly as the beginning, where the records of actual happenings can be read with the associations these happenings evoked. All that is needed is confidence in the honesty and scholarship of the records on which the study is based. Such confidence can be placed in this book since the author has used an authoritative biography of Edgar Allan Poe, *Israfel*, by Hervey Allen, for her account of actual events, while Poe's own writings, skilfully edited, offer the associative material.

We find that in Poe's childhood and adolescence there was repetition of the same circumstances: much change of scene, poverty, a rejecting father, and a loving mother overcome by chronic illness. The elflike actress, Elizabeth Poe, lay dying of consumption in meager lodgings where her three children, Henry, Edgar, and the baby, Rosalie, played. Their father, David Poe, had left them in want, and perhaps a lover of Elizabeth's played the same rejecting role afterwards. When the mother died in 1811, the two-year-old Edgar was adopted by a Mr. and Mrs. Allan.

Frances Allan gave Edgar luxurious food and lodging, a good education, and social connections, but even before her death in 1829 was unable to shield him from the hostility of her husband John Allan. This hostility, only temporarily mollified by Poe's charms as a small boy, flared up at any misconduct in adolescence and caused Allan to send Edgar to the University of Virginia insufficiently provided with funds. Poe's futile efforts to increase his means by gambling and to relieve his anxieties by drink gave Allan pretext for disowning him. Poe then made two unsuccessful attempts at a military life, first as an enlisted man and later as a cadet, and for two unchronicled years struggled in poverty. Finally he found the loving mother he was never to lose, his paternal aunt, Maria Clemm. Her tubercular daughter Virginia, thirteen years younger than himself, whom he married, was the image of the frail and lovely Elizabeth Poe whom he could love but never possess. The role of the rejecting father was now played successively by editors and literary men whom Poe delighted with his writings, but exasperated by his drinking and opium addiction, particularly

White of the Southern Literary Messenger, Burton of the Gentlemen's Magazine, Graham of Graham's Magazine, Griswold, the anthologist, Clarke who considered financing Poe's own periodical for him, Willis of the Evening Mirror and Briggs of the Broadway Journal. Despite prolific and successful literary output, Poe was always poor, since dissipation interrupted his work and robbed him of its payment. Then the only resources of Poe and his child wife were Mrs. Clemm's small earnings as a seamstress, earnings which at first had to be shared with their grandmother and two brothers.

But Poe needed more mothering, food, warmth, applause and literary appreciation than home could offer, and for these he turned to affluent, well-educated women, often with some pretensions as writers themselves, Mrs. Shaw, Mrs. Whitmore, Mrs. Osgood, Mrs. Richmond and Mrs. Shelton, the last a love of his early youth. He still maintained his platonic devotion to Virginia who died in January 1847 of tuberculosis aggravated by malnutrition and exposure. Two years later Poe himself succumbed to the effects of alcohol and drugs.

After telling these events, the author shows how the same psychic constellations that brought about Poe's vicissitudes were the inspirations of his works. The dying mother appears almost in her own person in the tales of *Berenice*, *Morella*, *Ligeia*, and *The Fall of the House of Usher*. Other unconscious mechanisms are shown too, especially the dread of a vagina dentata, and an awareness of transference of love for his mother to his wife. In *The Fall of the House of Usher* the mother is shown by the symbol of the ruined house, in *Metzengerstein* the excitement of the fantasy of relations with her is depicted as that of riding a wild steed. In *The Island of Fay*, *The Narrative of Arthur Gordon Pym*, and *The Gold Bug*, Poe returned to even earlier concepts of his mother when her body and his responses to it constituted his universe. The Murders in the Rue Morgue and *The Black Cat* reflect Poe's reaction to the primal scene. His hostility to and his longing for passive dependence on a father inspired *The Tell-Tale Heart*, *The Cask of Amontillado*, *King Pest*, *Never Bet the Devil Your Head*, *Bedloe*, *The Angel of the Odd*, and the philosophical system of universal creation, *Eureka*.

This study is deeply revealing to the analytic student, not so much because of the clarity and minuteness with which the connections between life circumstances and literary content have been

made, but rather through the variations of affect experienced in reading. Pity is evoked for the frail penniless mother in her stage finery, for her hungry frustrated offspring, and for the ever-loving, patiently toiling aunt; tedium for the dreary repetition of self-induced misfortunes; and a mild curiosity as the narrative continues. Incarceration in the ship's hold of *The Narrative of Arthur Gordon Pym*, the dankness of the House of Usher, the plight of the victim in *The Pit and the Pendulum*, incite horror, wonder, dread, and a sort of ridicule. Thus the reader feels, as much as sees intellectually, the difference between events actually experienced—for which his emotions are understandable and not perturbing, even when painful—and the derivatives of the repressed which produce in him a sense of incomprehensible overwhelming cosmic forces.

This demonstration reveals far better than any exposition how the various elements of the psyche differ not so much from the ideas contained in them as from the kinds and degrees of emotional tension connected with the ideas.

This study (except for a chapter dealing with Poe's influence on Baudelaire) ends with a discussion of the creative process. The author has already shown that the content of Poe's works was derived from his repressed memories. Here she exemplifies how displacement of psychic intensities, regard for representability, condensation and the splitting of a single personality into several individuals, methods of dream construction, are used in Poe's stories. Circumstances comparable to the day residue in dreams are indicated as being the starting point of the stories, as 'It would seem clear that Berenice, Morella and Ligeia came into being as a result of the carnal temptations experienced by Poe at finding himself near to his young cousin, Virginia. . . . So too with *The Black Cat*. The residual material of the day in this nightmare tale came from his family life with the dying Virginia. Was not Catterina, the cat, her constant companion in their cottage? . . . Works of art, like dreams, reveal themselves as phantom presences which tower over our lives, with one foot in the past and one in the present. The phantom's face however turns to the future, due to the sovereign wish it embodies, a wish which inspires our every activity.'

Since 1934, when this book was first published in France, other analysts have described the creative process as a defense rather

than as a disguised expression of unconscious material. Thus Lee has shown that writing poetry is an auxiliary defense against anxiety. Ella Freeman Sharpe and Melanie Klein have described creativity as a restitutive process following destruction of a beloved object. Edmund Bergler has demonstrated that the manifest content of a literary work is a mask for more deeply hidden wishes—the œdipal expression hiding more significant preœdipal masochistic desires.

To discuss these explanations and the extent to which they confirm or contradict each other and this study is not in the scope of this review. Enough to say that after reading this study the analyst can agree with a contemporary of Poe that 'We can see horribly clear in the works of such a Man his whole life, as if we were God's spies'.

GERALDINE PEDERSON-KRAG (NEW YORK)

**HAMLET AND ŒDIPUS.** By Ernest Jones. New York: W. W. Norton & Co., Inc., 1949. 166 pp.

Ernest Jones's long standing love-affair with the figure of Hamlet now reaches a culmination. Whether this ultimate wooing has been successful is for each reader of Hamlet and Jones to determine. As this reviewer had occasion to record recently (this *QUARTERLY*, XVIII, 1949, pp. 85-87), he first laid siege to the heart of the Hamlet enigma in 1910, following a lead given by Freud in a footnote to the *Traumdeutung*. Since that date he has found frequent occasion to reprint and revise his original study in a variety of forms and languages. The present version differs from all the rest in that it is considerably extended and deepened: it has now the character and proportions of a monograph rather than an article.

In some senses it is a new work, and even those thoroughly familiar with any or all of the previous versions will feel well-rewarded by reading the study in its present form. The core of it is the same—an elaboration of Freud's hypothesis that Hamlet's reluctance to perform the task of vengeance springs from a repressed œdipal conflict and the consequent identification with the man whom it is his duty to kill. But the wider scope afforded by devoting an entire volume to his subject permits the author to make this thesis more thoroughly convincing than ever before: it allows him to extend his argument into much greater detail and it enables him to anticipate and to answer more fully the objections that might be raised against it.

The new version is marked by two features: one is a great augmentation of the scholarly apparatus, elevating the whole into a contribution to Shakespeariana that demands the recognition of specialists in the vast literature on Hamlet; the other is that there is manifest a ripening and mellowing of the personality of the author such that the study becomes a placid and confident pursuit of truth rather than a sharp-edged and pugnacious piece of special pleading challenging the nay-sayers. There emerges likewise an independence of thought, a sureness and felicity of expression, invigorating and delightful.

In a single sentence, without apology or fanfare, Jones dismisses the classical psychoanalytic concept that all human behavior is transference and a manifestation of the repetition compulsion (p. 18): 'In other words, the current response is always compounded partly of a response to the actual situation and partly of responses to older situations that are unconsciously felt to be similar'; also, he reverses his (and Freud's) previous contention that Shakespeare was unconsciously motivated to write Hamlet by a 'return of the repressed' occasioned by the death of his father. Of this he now says (p. 113): 'The dates and circumstances, however, are too indeterminate to allow us to regard Freud's supposition from [*sic*: but Jones must have written *as*] being any more than an inspired guess, which, however, may be greatly inspired'. Despite the qualifying clause, Jones abandons John Shakespeare's death as the provocation of William's 'return of the repressed' and replaces it with what the author acknowledges is actually no more than a surmise: that shortly before writing Hamlet, Shakespeare had been subjected to a 'double betrayal by his friend and his mistress', the friend being William Herbert, the Earl of Pembroke (possibly the 'Mr. W. H.' of the Sonnets), the mistress, Mary Fitton, by some regarded as the Dark Lady of the Sonnets. The supposition is that Mary Fitton was Shakespeare's mistress, that he brought about a meeting of the two, that Mary Fitton seduced the young and glamorous earl, later bearing a child by him. This is all quite dubious in actuality, since the identity neither of 'Mr. W. H.' nor of the Dark Lady is at all certain. However, as Jones points out, regardless of identities, some such situation is certainly implied in the Sonnets and could hardly have been expressed so poignantly if Shakespeare had not experienced it. Jones regards it as fitting the theoretical requirements for a 'return of the repressed' better than

the death of Shakespeare's father, because the latter does not account at all for the aversion, amounting to nausea, toward sex that, according to the author, characterized Shakespeare's writing in *Hamlet* and all his subsequent plays.

While this is the most striking example of Jones's abandonment of the role of militant disciple, there are many others, and it must be said that the magistral role now adopted becomes him. This study will surely be accounted the finest among the author's many fine works in the application of psychoanalysis to literature.

WILLIAM V. SILVERBERG (NEW YORK)

THE PSYCHOANALYTIC STUDY OF THE CHILD. Volume III-IV. New York: International Universities Press, Inc., 1949. 493 pp.

This rather large volume of analytic studies of the child, composed of twenty-five articles in six separate sections, contains more material than can possibly be reviewed in a short discussion. In brief, it is an eminently successful volume—well edited, good selection of articles, and interestingly diversified material. There are representative articles by outstanding representatives in the field. The volume is as good as any diversified collection of papers can be and its value is enhanced by the fact that many of the articles are not published elsewhere.

An important feature of this annual series of volumes is the usual lead-off article by Heinz Hartmann, Ernst Kris and Rudolph M. Loewenstein. These highly theoretical articles seem to represent the only consistent and sustained effort at revision of psychoanalytic theory to come from the 'orthodox' school of psychoanalysis. They carry considerable authority, coming as they do from such highly reputable teachers of psychoanalysis. This year's contribution is entitled *Notes on The Theory of Aggression*. It is followed by another brief article by Anna Freud on *Aggression in Relation to Emotional Development: Normal and Pathological*.

Hartmann, Kris and Loewenstein are systematically re-evaluating the present status of psychoanalytic theory and attempting to bring it into line with the rapid accumulation of additional theoretical and clinical data. They make no radical departures from classical theory and vigorously, almost defensively, deny any desire to simplify it. In fact, the whole style of presentation is almost calculated to

scare off any casual reader. And yet despite these safeguards, it is obvious that they are broadening the frame of reference in such a fashion that it is easier and more workable. Perhaps more important, their extensions of the libido theory make it possible to incorporate many of the theories of the 'deviationists' within the original freudian framework.

While all of their highly condensed concepts cannot be evaluated in this brief review, it might be useful to study the impact of some of their newer contributions on the over-all theory. Thus, Hartmann constantly emphasizes the nonconflictual aspect of the ego development. This relatively simple idea—that the ego has other work, other functions than the fighting off of the impulses from the id and the superego—is of considerable importance. For without it, obvious as it is, one could not adapt psychoanalytic theory to a functional or adaptational view. Once one is willing to emphasize the fact that the ego operates on other levels than the classical internal battles of psychoanalysis between ego, id and superego, it becomes possible to admit reality, social forces, educational aspects, adult trauma and even chance into the framework of the neurosis—without entering into the repetitious arguments concerning biology versus culture, childhood conditioning versus adult experiences, *ad infinitum*. It then becomes possible to utilize the facts of the libido theory without necessarily weighting it out of all proportion to other motivational forces.

Another contribution of these authors is the introduction of the concept of the undifferentiated phase of libidinal development. The utilization of this idea of an amorphous beginning in childhood may help to put an end to the rather silly application of the structural concept of the human mind to the earliest reaches of infancy. For there is no doubt that Freud's anthropomorphic speculations on the ego, id, and superego, useful as they were in evaluating an adult neurosis, were never intended to be applied to prenatal life or the early days in the nursery. Research in childhood development is only hampered by such overextension of theoretical concepts and makes communication with nonanalytical observers of children almost impossible. Many of the excesses of the students of preoedipal psychology may be prevented by the utilization of the concept of an undifferentiated phase. For without the admission of an 'unknown' or undifferentiated phase in early

childhood, too many observers have been tempted to cover our ignorance with a glibness of psychoanalytic phraseology which can only rebound to our disfavor.

A third contribution which Hartmann, Kris and Loewenstein introduce in their article in this volume is the concept of 'neutralized energy'. Just as Freud found the monistic concept of libidinal energy too thin a reed on which exclusively to base his psychology, so these authors now find the dualistic concept of two sources of energy (love or hate, Eros versus Thanatos, life instinct and death instinct) too limited a formulation to encompass the description of *all* clinical phenomena. This is a very encouraging development, for while nobody doubts that love or hate determines much of the course of human behavior, there are obviously a great many things which happen to a human being which are not determined by such polarities. And if one is called upon to explain all of the energetics of human behavior as exclusively determined by a sexual or a hostile instinct, a physiological or adaptational point of view becomes meaningless. While all of these 'newer' ideas have been apparent to many observers for a long time, no attempt has really been made to correlate them with the older libido theory. It has therefore been necessary for original thinkers either to throw out the libido theory or to shoehorn the newer observations into too tight a fit for comfort.

The logical extension of the proposed concepts of nonconflictual ego development, undifferentiated phase, and neutralized energy makes it possible to hold on to many aspects of the libido theory and the structural concept of the human psyche without shutting out all other sources of information. If Hartmann, Kris and Loewenstein can convert the psychoanalytic 'closed system' into a more dynamic functional apparatus, it will be easier for classical psychoanalysis to grow and to incorporate many new facts and theories.

One might question the advisability of the efforts of these authors. Would it not be better to start all over again with a new theoretical frame of reference—rather than expand an apparently clumsy one? Are they not slicing the ideas a little too thin? This reviewer feels not, and until a newer basic frame of reference is discovered which has more universal applicability, the efforts of Hartmann, Kris and Loewenstein are to be commended. It is a sign of the increasing maturation of psychoanalysis that the 'newer' theoreticians

no longer feel bound by the restrictions against change which Freud himself never felt. If this tendency reaches its logical conclusion, it may be possible at some future date to incorporate the many divergent views of psychoanalysis into one elastic scheme without too great distortion or oversimplification. Such a goal of course cannot be reached without a multipronged approach from many directions and a willingness to revise the earlier concepts in a responsible fashion. The fact that Hartmann, Kris and Loewenstein are moving out of the narrow confines adds to such a hope.

It is of some theoretical interest that these authors, as well as Anna Freud in her article on aggression, are both willing and ready to re-evaluate the whole problem of the mechanisms of hostility without the utilization of the concept of a death instinct. While neither article denies its existence, the psychodynamic constructions which they utilize demonstrate no necessity for such a postulate.

MILTON R. SAPIRSTEIN (NEW YORK)

**KRIEGSKINDER (War Children).** By Dorothy Burlingham and Anna Freud. London: Imago Publishing Co., Ltd., 1949. 82 pp.

The English edition of this book was published in 1943 under the title *War and Children* and was extensively reviewed by Edith Entenman.<sup>1</sup> The reader is reminded that it was originally written for the Foster Parents' Plan for War Children, Inc., some of whose residential nurseries in England Anna Freud and Dorothy Burlingham directed during the war. The book was designed to serve as a guide to this organization and others engaged in child welfare work. While not intended to give the authors' complete observations nor the resulting psychoanalytic conclusions and evaluations, it is important reading for psychoanalysts since it opens new vistas and sheds new light on many phenomena. The description of the development of object relationships and the trauma of separation with its specific reactions at various age levels is new in the analytic literature. The effects of bombing on aggression, fear and superego development are clearly evaluated. Reports of observations, in the form of a letter, were written monthly and sent to supporters of the nurseries. Some of these were included in the English book but have been omitted in the German version. This reviewer hopes

<sup>1</sup> This *QUARTERLY*, XIII, 1944, pp. 383-386.

that the authors will soon publish a more detailed account of their research.

ELISABETH R. GELEERD (NEW YORK)

**CHILDREN IN NEED.** By Melitta Schmideberg, M. D. London: George Allen and Unwin, Ltd., 1948. 196 pp.

Dr. Schmideberg gives a vivid description of conditions in England since 1932. Her experience at the Institute for the Scientific Treatment of Delinquency gives authoritative validity to the conclusions she presents, the most essential being that regardless of how adequate institutions may be, home care of the child is always preferable.

Such postwar problems as the broken home in England, and what the community should do to try to sustain the home; the social and psychiatric needs of widows, unmarried mothers, children, etc., are presented. She has a very human approach in this scientific record; her material is presented simply yet very interestingly, i.e., 'Delinquency attracts more attention than a child's unhappiness. This is natural. The former damages society, whereas the latter only concerns the child.' Dr. Schmideberg urges timely help to prevent more serious conditions. She refers to the Home Makers' Service in America as one of the many expediences that are constructive.

Case illustrations are interwoven throughout the text to illustrate each point. Unique are the autobiographical sketches by two males who revisited an institution where they had been brought up in their childhood. One, sixteen years old, wrote his autobiographical sketch after two and a half years of treatment. These are convincing evidence for those who need proof that institutional life is not so advisable as foster home placement.

Dr. Schmideberg's conclusions about the duty of postwar society emphasize the need for recognizing early deviations and providing adequate preventative treatment.

MARGARET E. FRIES (NEW YORK)

**CHILD THERAPY. A CASEWORK SYMPOSIUM.** Papers by Lucille N. Austin, Eleanor Clifton, Elise de la Fontaine, and Patricia Sacks. Edited by Eleanor Clifton and Florence Hollis. New York: Family Service Association of America, 1948. 217 pp.

Four authors, all recognized practitioners in the field of family casework, have contributed well-written case analyses to this sym-

posium presented by the Community Service Society of New York. The director of this Society, which sets the style for many others in the country, explains in her introduction that the current emphasis is treatment and that 'psychotherapy is carried on both with child and adult by the caseworker' (pp. 1, 2), with psychiatrists available for consultation. Supervision of the detailed treatment is the function of the senior social workers. The director expresses confidence in the validity of this trend to offer psychotherapy through 'the practical application of psychoanalytical principles to the everyday problems of family living' (p. 1). The reviewer does not share this view; in fact, looks with misgiving on the current practice of psychotherapy by those who are not medically trained psychiatrists—psychologists, counselors, ministers and others are competing to help an eager public—whether they call their work psychotherapy or not. Perhaps one reason for the confusion existing is the lack of an exact scientific definition of psychotherapy, its processes, the training necessary for adequate practitioners and the requirements for licensing.

Social work has been striving toward a professional status and in the opinion of many has achieved this. Recognition of it as a separate discipline is based not on the fact that it has a body of specialized knowledge of its own to teach, but that it has worked out methods and techniques of applying and integrating the knowledge it borrows and adopts from other disciplines. Psychoanalysis as a method is the most clearly defined of the psychotherapies and undoubtedly has been the mainspring of influence on casework. Unfortunately some family workers have tried to produce a 'blending of social work and psychiatry' (Cf. Lucy Freeman's interview with the Director of the Community Service Society in the *New York Times* of May 22, 1949). Other caseworkers, especially those who have worked in close association with psychiatrists in clinics, have consistently kept a focus on the application of psychoanalytic knowledge to the reality of social problems of patients. Knowledge of the dynamics at work has sharpened techniques and made more effective time-tested methods used by workers in their own field of competence.

This book supplies one of the first opportunities to examine this trend. Credit is due the authors for a scholarly presentation of case material. The first case is that of a young boy known to the agency from the age of three to fourteen, and the explanation

given for the long contact is that the aim of the treatment was to support normal growth processes. The second case describes 'the prevention of a reactive disorder' (p. 91) in a boy of seven who knew his mother was expecting a baby. The third describes treatment of an eleven-year-old boy with a primary behavior disorder with marked neurotic trends, and the fourth describes treatment of a seriously disturbed young child of four and a half in the prelatency stage. The material is most interesting and well written. It is a book which will provoke much-needed discussion among practitioners in both social work and psychiatry. It is a welcome addition to casework literature.

ELISABETH BROCKETT BECH (CEDAR GROVE, NEW JERSEY)

CYBERNETICS OR CONTROL AND COMMUNICATION IN THE ANIMAL AND THE MACHINE. By Norbert Wiener. New York: John Wiley & Sons, Inc., 1948. 194 pp.

This book, which deals with principles believed to be common to all self-regulating (homeostatic) mechanisms—'in the flesh and in the metal'—is difficult reading. The mathematics of Chapters II, III, IV is heavy; the connection between the chapters is very loose; there is no index; the printing and proofing is poor; and last but not least, the content and language are extremely uneven.

It is hard to perceive to whom this book is addressed. If it were addressed to scientists other than mathematicians and physicists, Chapters II, III, IV certainly should have been given a more didactic and explanatory treatment, and the other chapters would have required more than the passing familiarity with other sciences revealed by Wiener's comments on psychology, psychoanalysis, and psychiatry. One of Dr. Wiener's main practical propositions is (pp. 8-9) that the 'boundary regions of science offer the richest opportunities'; and that, for example, in the border region of physiology and mathematics 'ten physiologists ignorant of mathematics will get precisely as far as one physiologist ignorant of mathematics', and therefore 'proper exploration of these blank spaces on the map of science could only be made by a team of scientists, each a specialist in his own field, but each possessing a thoroughly sound and trained acquaintance with the field of his neighbors'. Judging by this book the thesis has serious limitations. The aid of teams of other scientists will be of little use where

psychology, psychoanalysis, and psychiatry did not push their own discoveries near enough to the boundaries of the other sciences. Before that has occurred, even as eager a scientist as Dr. Wiener will be in the position to choose only those bits of information which seem to him to fit his cybernetic scheme, instead of discovering those which both reflect the true nature of the psychological subject matter and may gain clarification by 'cybernetic' ideas. Indeed, immersing one's self in a subject matter to discover its nature is not a team job, and the team job can at best follow it. Dr. Wiener, with his nearly Leibnitzian catholicity of interests, constitutes a one-man team; and his achievement shows that the total effect cannot be better than the weakest link in the chain, which is in this case—in contrast to the undoubtedly excellent mathematics—psychology, psychiatry, and psychoanalysis. Yet, several ideas in this volume may prove of real relevance to the mental sciences in general, and to psychoanalysis in particular.

Students of psychoanalytic ego psychology will be particularly interested in Wiener's discussion of the difference between power- and communication-engineering (pp. 53-54). He characterizes the nineteenth century conception of the organism as one in which, '... all the fundamental notions are those associated with energy. . . the engineering of the body is a branch of power-engineering'. He argues '... we are coming to realize that the body is very far from a conservative [closed] system', that is, one for which the basic laws of thermodynamics hold, and he concludes: 'The electronic tube has shown us that a system with an outside source of energy, almost all of which is wasted, may be a very effective agency for performing desired operations, especially if it is worked at a low energy level. . . . The neurons . . . do their work under much the same conditions as vacuum tubes. . . . The bookkeeping which is most essential to describe their function is not one of energy. . . . The newer study of automata, whether in the metal or the flesh, is a branch of communication-engineering, and its cardinal notions are those of message, amount of disturbance or "noise". . . quantity of information, coding technique, and so on. In such a theory we deal with automata effectively coupled to the external world, not merely by their energy-flow, their metabolism, but also by a flow of impressions, of incoming messages, and of the actions of outgoing messages.'

The student of ego psychology will probably be reminded here

of one of Freud's earliest reconstructions of the conditions of the secondary process:<sup>1</sup> 'To change the outer world appropriately by means of motility requires the accumulation of a large total of experiences in the memory-systems, as well as a manifold consolidation of the relations which are evoked in this memory-material by various directing ideas. . . . The activity of the . . . [secondary process] . . . tentatively sending forth cathexes [charges] and retracting them, needs on the one hand full command over all memory-material, but on the other hand it would be a superfluous expenditure of energy were it to send along the individual thought-paths large quantities of cathexis, which would then flow away to no purpose and thus diminish the quantity needed for changing the outer world. Out of a regard for purposiveness, therefore, I postulate that the second system succeeds in maintaining the greater part of the energetic cathexes in a state of rest, and in using only a small portion for its operations of displacement. The mechanics of these processes is entirely unknown to me; anyone who seriously wishes to follow up these ideas must address himself to the physical analogies, and find some way of getting a picture of the sequence of motions which ensues on the excitation of the neurones. Here I do no more than hold fast to the idea that the activity of the first *Psi*-system aims at the *free outflow of the quantities of excitation*, and that the second system, by means of the cathexes emanating from it, effects an *inhibition* of this outflow, a transformation into dormant cathexis, probably with a rise of potential. . . . After the second system has completed its work of experimental thought, it removes the inhibition and damming up of the excitations and allows them to flow off into motility.'

The student of ego psychology will probably feel that this is not simply a matter of the power-engineering of the drives or of the communication-engineering of the secondary process and the ego, but rather one of the complex process of binding cathexes (energies), which makes the dynamics of thought (experimental action) a combination of power- and communication-engineering. He will probably be tempted to drop a note to Dr. Wiener calling this to his attention, and supporting it with the argument that 'in the flesh' information and communication arise only when motivation for them is present.

<sup>1</sup> Freud: *The Interpretation of Dreams*. Trans. by A. A. Brill. New York: The Modern Library, 1938, pp. 533-534.

Yet the student of ego psychology will be grateful to know that considerations parallel to his exist in other fields. He will feel stimulated by the idea that treatment of psychic processes in terms of communication and information alone is conceivable. He will probably be reminded of Sullivan's<sup>2</sup> concepts of 'channels of communication' and 'consensual validation', Bernfeld's<sup>3</sup> concept of the 'effects of secret', and will thus be made more alert to the tasks ahead of him, and to the role of the psychology of thinking in meeting them.

Students of the nature of psychic structure will be interested in the formulation describing information as negative entropy (pp. 71-72 and Chapter III). They will probably be reminded of the pleasure principle and its general formulation in terms of entropy, that is, in terms of elimination of tension, or the tendency toward the lowest feasible potential differences. They will be mindful that the development of psychic structure in one of its major aspects is a delay, a postponement, of the discharges directly regulated by the pleasure principle, and that thought arises as a product of this delay. They will wonder whether the parallel between thought and delay of entropic discharge (directed by the pleasure principle) on the one hand, and information and negative entropy on the other, is merely a neat analogy or something fundamental, and what they can begin with it. Some of them will also be reminded of the recently rising interest in the physical nature of biological organisms and the role in it of the concepts 'negative entropy' and 'open systems for which the classical law of entropy does not hold'—recalling Schroedinger's<sup>4</sup>, von Bertalanffy's<sup>5</sup> and Brillouin's<sup>6</sup> recent contributions.

Let me mention a third point of general interest. The concept of feedback is central to all self-regulating 'automata'. The simplest model of the concept is Watt's steam engine governor: two balls attached to pendulum rods swinging on opposite sides of a shaft

<sup>2</sup> Sullivan, Harry Stack: *The Language of Schizophrenia*. In: *Language and Thought in Schizophrenia*. Edited by J. S. Kassin. Berkeley and Los Angeles: University of California Press, 1944, pp. 4-15.

<sup>3</sup> Bernfeld, Siegfried: *Die Gestalttheorie*. Imago, XX, 1934, pp. 32-77.

<sup>4</sup> Schroedinger, E.: *What is Life*. New York: The Macmillan Co., 1947.

<sup>5</sup> von Bertalanffy, Ludwig: *The Theory of Open Systems in Physics and Biology*. Science, CXI, 1950, pp. 23-29.

<sup>6</sup> Brillouin, L.: *Life, Thermodynamics, and Cybernetics*. Amer. Scientist, XXXVII, 1949, pp. 554-568.

rotated by steam pressure; as the pressure rises the centrifugal action lifts the balls and thereby regulates the intake valves and lowers the pressure. Wiener, applying the principle to the organism writes: '... for effective action on the outer world, it is not only essential that we possess good effectors, but that the performance of these effectors be properly monitored back to the central nervous system, and that the readings of these monitors be properly combined with the other information coming in from the sense organs to produce a properly proportioned output to the effectors'. He gives the ataxia of tabetic and Parkinson patients as examples of the failure of such monitoring feedback, and provides thereby a provocative and probably promising new pattern for thinking about certain neurological problems. But such feedback processes are characteristic of all detour behavior described as thought processes. On the way toward the discovery and conquest of the need-gratifying object, detours are made, and these detours are governed both by the need (and its derivatives) and the realities encountered. While the goal is sustained in the course of the detour, the momentary direction, the preferred path, is determined by 'feedback' of information. Indeed, in wish-fulfilling hallucinations it is the lack, or minimization, of feedback from the external world which permits the direct and naked emergence of the wish in its hallucinatory form. The thought disorder of the schizophrenic—both its concrete-literal and its overgeneralizing form—is amenable to description in terms of such disturbed feedback processes. The phenomena to which this concept of feedback refers are familiar to the observations and theory of psychoanalysis. It is, however, probably correct to say that the concept, once deliberately applied, may bring definite clarification, even discovery, to all psychological—including psychoanalytic—thinking.

About Chapter VII, Cybernetics and Psychopathology, and the two passages (pp. 152-153, 173-174) devoted to psychoanalysis, the less said the better.

Chapter VI, on Gestalt, with its discussion of McCulloch's work on an auditory reading device for the blind, is exciting and provocative. It cannot be discussed here because of the complexity of its central concept, scanning; this is regrettable since it seems to offer analogies to the phenomena of 'symbolism' and 'indirect representation' in dreams and in psychopathological processes.

It is regrettable that Wiener's important and provocative ideas

are all but lost in the mathematics, rambling, and poor bookmaking of this volume; yet the few who will struggle through at least the nonmathematical chapters, and cut through to the essentials, will bring away new patterns of thinking probably applicable to the theory of the psyche and its pathology. And what are we more in need of these days?

DAVID RAPAPORT (STOCKBRIDGE)

**DIE ANGST ALS ABENDLÄNDISCHE KRANKHEIT** (Anxiety as an Occidental Disease). By Arnold Künzli. Zürich: Rascher Verlag, 1948. 290 pp.

This book seeks to arrive at a new understanding of the Danish philosopher Søren Kierkegaard and his personal life, which reflects the problem of the modern '*Lebensangst*', which Nietzsche called a European disease, and which is best translated as the 'dread of life', rather than anxiety.

The book is divided into four parts. Part I is followed by three chapters which briefly describe Kierkegaard's philosophical system as a protest against his contemporary culture. Part III is called the Anxiety Neurosis. In nine chapters the author relates Kierkegaard's life to his philosophical system. Part IV contains a reflection of Kierkegaard's philosophy in the twentieth century. The author leans very heavily on both Freudian psychoanalysis and on Jung's analytical psychology for an evaluation of Kierkegaard the man and Kierkegaard the philosopher. Künzli goes into Kierkegaard's life in great detail, and he tries to show that Kierkegaard's personal life influenced and shaped his philosophy.

Kierkegaard was the youngest of seven children, all of whom resulted from his father's second marriage. His mother had been housekeeper while his father's first wife was still alive. His father was a very religious Pietist but that did not prevent the housekeeper from becoming pregnant by him shortly after the death of his first wife. The father was fifty-six years old when Søren was born. He grew up with the feeling that his father was senile and throughout life he suffered from the fact that he did not have a normal, healthy childhood. His philosophical contemplations are full of reflections about his unhappy youth and his upbringing, which probably laid the foundation for his formulation of problems about existentialism. He said about himself, 'I was never a human being; that was my misfortune from birth on, and my upbringing

made this misfortune my real misfortune'. He hated his mother and always equated mother with sow (*Mutter* and *Mutterschwein*). He saw in the mother figure a purely one-sided aspect of primitive drives and a depreciated sexual object. Kierkegaard rejected his mother, yet he realized that he could not free himself from her. Throughout life Kierkegaard suffered from the conflict between being bound to the earth by instinct and attempts at lofty intellectual independence. He never married. His father suffered from a melancholic depression when Kierkegaard was twenty-two years old. This illness was precipitated by the death of his wife and three children.

Kierkegaard studied in Berlin and came under the influence of Hegel. He returned to Denmark and attacked the Bishop of the Danish State Church, engaging in bitter but fruitless controversy. His father left him an income which lasted seventeen years; then, while walking on the street, he had an attack of faintness and was taken to the hospital. The physicians could find nothing wrong with him, but Kierkegaard grew weaker and finally died. According to Künzli, Kierkegaard's neurotic anxiety and dread of reality was stronger than fear of death. Kierkegaard, whose whole life was one continuous outcry of fear and anxiety, died without any fear of death.

It is an open question whether or not Kierkegaard suffered throughout life from a severe anxiety neurosis or whether he was schizophrenic. Künzli tries to reconstruct Kierkegaard's life with the knowledge gained from psychoanalysis and Jung's analytical psychology. The hatred for his mother was combined with a love for the father figure because for him 'religious feelings are an expression of fatherly love'. But this speculation raised new conflicts because due to the complete rejection of the mother Kierkegaard felt that he was bound to his father. He rejected the church, which he identified with his mother (*Mutterkirche*, *Mutterschwein*), and tried to come to a clear understanding of the concept of God. Since he himself was so severely neurotic, he realized that his relation to God was a neurotic one and consequently God himself became a neurotic. Künzli maintains that unconsciously Kierkegaard hated his father and loved his mother. Throughout his life Kierkegaard felt that he had the head of an old man and the soul of a young child. He remained true to his search for intellectual

eternity and died away from the mother world toward the father God.

Kierkegaard's philosophy has made comparatively little impression in America but his influence in Europe is strong and in the ascendant. His philosophy is a protest against the intellectualized religion which had turned away from spiritual ideals and operated in terms of rational reality. He felt that he had to reform bourgeois Christianity, which had become rigidly steeped in dogmatism. He searched for individual freedom, for the ability to find one's self and be one's self regardless of dogma and tradition. To him selfhood meant an individual's capacity to face anxiety and to live in spite of it. Yet his own life made it impossible for him to reach a solution. His life was a continuous misfortune of being suspended between heaven and earth.

It is regrettable that this book has not been translated into English. The analytically trained reader would find in this volume excellent biographical notes with psychological and analytical explanations.

ADOLF G. WOLTMANN (NEW YORK)

International Journal of Psychoanalysis. XXIX,  
1948.

**Martin Wanch, Norman Reider, Robert Fliess, Charles Brenner, Max Schur & Leon L. Altman**

**To cite this article:** Martin Wanch, Norman Reider, Robert Fliess, Charles Brenner, Max Schur & Leon L. Altman (1950) *International Journal of Psychoanalysis*. XXIX, 1948., *The Psychoanalytic Quarterly*, 19:4, 606-620, DOI: 10.1080/21674086.1950.11925824

To link to this article: <https://doi.org/10.1080/21674086.1950.11925824>



Published online: 07 Dec 2017.



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## ABSTRACTS

*International Journal of Psychoanalysis.* XXIX, 1948.

**The Nature and Function of Phantasy.** Susan Isaacs. Pp. 73-97.

After a rather long article Isaacs adds a concise summary. In essence she states that what Freud calls 'psychic representations' of instinctual drives should be called unconscious phantasy (not fantasy—the latter spelling refers to daydreams). This unconscious phantasy must be understood as something primarily without word symbols. Since every structure is derived from the id, and the id is composed of instinctual drives, and instinctual drive is experienced as phantasy, every life or ego manifestation can be reduced to its origin in an unconscious phantasy. The oral zone as the first phantasy-cathected zone gives its imprint to all phantasy connected with other bodily or mental activity. Ultimately the unconscious phantasy—without words—is: I want to take it in, or I want to destroy it orally—libido-destrudo.

In general one gets the impression that the author is very much attracted by the continuous undercurrent of deepest unconscious instinctual life ever present in associative material. Less attention is paid to the mainstream in which the rich variety of ego elaboration moves.

MARTIN WANGH

**An Unfinished Paper on Hamlet: Prince of Denmark.** Ella M. Sharpe. Pp. 98-109.

Marjorie Brierley, who edited this work, explains in an introductory note one thesis of Ella Sharpe's Shakespearian studies: that the plays represent a cyclic movement with rhythmic phases of alternating tragedy and comedy. Left incomplete by Sharpe at her death, this study of Hamlet is faithfully edited and makes some significant contributions to the theory of creative art, sublimation, and manic-depression.

Sharpe first shows that Hamlet reveals an organic, emotional, and mental unity. The dramatic structure of the play has a basic fidelity to body functions which is accompanied by fidelity to emotional experiences. The mental content expressed in the thoughts of the different characters is consistent with the experiences of the poet. The organic and functional basis of Hamlet is revealed in Hamlet's procrastination. The infantile situation of the poet-to-be is congruent with the later use of this device in building tension in the drama. Details of Shakespeare's life which fit with this thesis are given. The content of many lines is analyzed to show the relation between body function and the metaphor implied in 'procrastination'. Jones's essay, *The Madonna's Conception Through the Ear*, finds confirmation in the Hamlet theme.

Masterfully interwoven are new researches on the complex structure of the Ghost, the role of the Christos motif, Hamlet's masculine counterpart in Fortinbras and feminine counterpart in Ophelia, and known details of Hamlet's life and times. A paragraph pointing out that the graveyard scene and the allusions to 'poor Yorick' refer to memories of Shakespeare's father is particularly cogent.

Sharpe's ideas about creative art and sublimation merit special study. For example, she writes: 'My impression is that the surge of thwarted genital impulse and desire at the œdipal climax re-animates pregenital drives and imparts to them something of the creativity which is the specific attribute of genitality'. However, no abstract or quotation can do justice to the wealth of ideas in this paper which must be read in its entirety.

NORMAN REIDER

**Ernst Simmel and Freudian Philosophy. Max Horkheimer. Pp. 110-113.**

This is a sincere tribute to the life and work of the late Ernst Simmel, to the purity of his convictions, the single-mindedness of his pursuits, and the ingenuity of his psychoanalytic research. Simmel's freudianism was indeed 'orthodox' in the sense of a mastery of the fundamentals, critical in the sense of an ability to abstract independently from its own observations, and thus contributory to 'an indispensable methodology in practically all the fields in which psychology must play a role'. Freud's *Weltanschauung*, in which 'scientific research looks on the whole of human activity as its own', was indeed also Simmel's. Horkheimer says that Simmel had hoped to found a 'Freud Institute' in Los Angeles, devoted to the teaching of psychoanalysis as a whole rather than as a supplement to medical or psychiatric training.

On other points Horkheimer is clearly in error. The modification of Freud's instinct hypothesis, attempted by Simmel, can be opposed to corresponding views held by Freud himself; it cannot properly be opposed to 'the fashionable adaptation of psychoanalysis to the wants and needs of to-day's organized mass culture'. Also if Simmel diagnosed 'racial and antiminority prejudice' as a 'mass delusion by pointing out that race hatred is essentially closer to psychosis and to paranoia in particular than to neurosis', a 'large-scale mass catharsis' is certainly not an 'effective antidote' for it because a delusion is not removable and paranoia not curable by catharsis. Finally, Horkheimer expects analysis, in its capacity of a 'science as a philosophical force', to 'do away with metaphysical illusions such as prejudices and superstitions' and to 'carry over the basic concepts of rationality: truth, freedom and justice'. Of this triad only the first member appears pertinent to the reviewer, who must, however, confess to his ignorance of the nature of a 'philosophical force'. Scientific hypotheses—no less metaphysical than others—are instrumental merely in establishing truths. The hypothesis of the super-ego, for instance, while explaining deity, does not either validate or invalidate that deity's commandments; and if the analyst, as Ernst Simmel has done, interprets 'incendiarism' to the judge, it must still be determined what service, if any, he has thereby rendered to justice.

ROBERT FLIESS

**A Contribution to the Theory of Anxiety and Guilt. Melanie Klein. Pp. 114-123.**

The paper is divided into seven sections. The first is a brief summary of Freud's theory of anxiety. From it two conclusions are drawn which allegedly summarize Freud's views: '(a) in young children it is unsatisfied libidinal excitation which turns into anxiety; (b) the earliest *content* of anxiety is the infant's

feeling of danger lest his need should not be satisfied because the mother is "absent"'.

The second section summarizes Freud's contribution to our understanding of guilt: it is 'the expression of the conflict of ambivalence, the eternal struggle between Eros and the destructive or death instinct', and arises from 'aggression which is changed into guilt, by being suppressed and made over to the superego'. Though the author believes that Freud's own statements 'would point to guilt arising at a very early stage of development', she reminds us that he nevertheless believed 'that guilt sets in as a sequel to the œdipus complex'. In contrast, Abraham is quoted as connecting guilt with early cannibalistic desires.

In section three the author presents her view (contrasting it with that of Freud) that 'anxiety has its origin in the fear of death'. Klein bases her theory on analytic observations (of which only one illustration is given in the present article) and on the idea that 'if we assume the existence of a death instinct, we must also assume that in the deepest layers of the mind there is a response to this instinct in the form of fear of annihilation of life'.

Section four deals with 'persecutory anxiety' (the paranoid position) which is believed to be of paramount importance in the child's mental life in the first three months. The accompanying mental processes of introjection and projection of good and bad partial objects (breast and penis) are also described. The ideas in this section apparently represent no change from the author's previously expressed views.

Section five deals with 'depressive anxiety', guilt, and the 'reparative urge'—the characteristics of the previously hypothesized 'depressive position'. In the present article the first two are said to arise 'during the first three or four months of life', although at first they are less strong than persecutory anxiety and 'splitting processes'. Also, 'even during the next stage [three to six months of age], the depressive position, in which the more integrated ego introjects and establishes increasingly the whole person, persecutory anxiety persists'. Thus it seems the chief change in the author's theoretical formulations is in the direction of a less sharp (less schematic) differentiation of the paranoid and depressive positions. According to her new concept, both positions coexist, but there is a gradual increase in and eventual predominance of 'feelings of love for the object . . . over destructive impulses' which is 'an essential condition for the ego's capacity to integrate itself and to synthesize the contrasting aspects of the object'.

In section six there is a brief discussion of the relation between objective and neurotic anxiety. It is pointed out that both children and adults react to external danger situations in a way that is at least partly determined by their neurotic (inner) fears.

In the final section the author emphasizes the point that her views are based on her appreciation 'of the cardinal role of aggression in mental life', one of the results of which 'was the recognition of the major function of the reparative tendency, which is an expression of the life instinct in its struggle against the death instinct'. Her own contention is that 'the death instinct (destructive impulses) is the primary factor in the causation of anxiety'. However, 'it is . . . the interaction between aggression and libido—ultimately the fusion as well as the polarity between the two instincts—which causes anxiety and guilt'. Optimal adjustment 'implies that the anxiety arising from the perpetual activity of the

death instinct, though never eliminated, is counteracted and kept at bay by the power of the life instinct'.

No adequate critical review of this paper could be made which did not lead into a consideration of the author's whole theory of early mental life, a task clearly beyond our present scope. Some points however may be made. First, in section one, the summary of Freud's views is both misleading and incorrect. It is incorrect in that in *Inhibition, Symptom and Anxiety* Freud expressly relinquished the earlier idea, which Klein still attributes to him, that 'unsatisfied libidinal excitation . . . turns into anxiety'. It is misleading in that Freud's main conclusions are simply neglected, namely, that anxiety arises either as a result of the ego's perception of (external or instinctual) impending danger, or when the individual is overwhelmed by an influx of stimuli which it can neither master nor discharge. Presumably Freud's position would be that in infancy anxiety has no content. One might add in passing that Freud's concept of psychic structure, which many analysts consider of great importance, is obviously of little significance in Klein's theories. Instead of structural conflicts, she seems to explain the phenomena of neurosis on the basis of conflict between the life and death instincts.

In section three the author's argument that the assumption of a death instinct logically requires a fear of death 'in the deepest layers of the mind' is simply bewildering. Must we then look for a fear of life, if we assume 'life instincts'?

The final paragraph in section seven also seems poorly reasoned, as the author herself seems to sense. It cannot be true both that 'the death instinct . . . is the primary factor in the causation of anxiety', and that 'it is . . . the interaction between aggression and libido . . . which causes anxiety and guilt'. Either one may conceivably be so, but hardly both. Moreover, if the latter is true, it is very hard to understand what the author means by saying that the fusion of the two instincts as well as the polarity between them is responsible for anxiety.

CHARLES BRENNER

**A Note on Freud's Scientific Imagination.** Leo Angelo Spiegel. Pp. 124-125.

Freud's hypothesis on the basic form and functioning of the psychic apparatus, stemming from his theory of the structure of the dream as published in 1900, is very similar to the theory based on modern central nervous system physiology proposed by the British neurophysiologist, Adrian, in the first Ernest Jones lecture forty-six years later. Spiegel sees in that 'ability to generate the necessary mental voltage to throw an illuminating spark across poles of knowledge that are apparently unrelated' a proof of Freud's 'scientific imagination'. No one will question that this is an excellent example of the tremendous 'mental voltage' necessary for such an achievement, but we must remember that Freud was also a neurophysiologist. His deep interest in physiology and the structure of the central nervous system started his scientific career and continued from the *Aphasia* through to the *Outline* and the *Mystic Writing Pad*. The recently published *Fliess* letters show his constant, intensive endeavor to correlate his metapsychology with the physiology of the central nervous system. So, in a way, the spark was thrown from Freud, the founder of a new psychology, to Freud, the neurophysiologist.

MAX SCHUR

**Psychiatric and Social Processes.** Leonard R. Sillman. Pp. 126-130.

Restraint of sensual and aggressive drives is derived from guilt and the sense of reality. Increased technical mastery in our contemporary society ('know-how') has become the dominant reality concern. Our sense of guilt is less intense than in primitive societies. Diminution of the sense of guilt, like its overdevelopment, causes an overflow of instinctual drives. The critical, higher faculties are replaced by animistic, unconscious mentation and its characteristics: contradiction and inconsistency, displacement (scapegoats), and the impossibility of objective thought or understanding because of intense irrationality. The modern world shows clear evidence of the deterioration of its institutions and practices and the undermining of its intellectuality and morality. Faulty understanding and control of human biological drives lead to the destruction of our social processes.

LEON L. ALTMAN

**The 'Passing of the Œdipus Complex' in Greek Drama.** Mark Kanzer. Pp. 131-134.

Œdipus at Colonus, Sophocles' sequel to the Œdipus Rex which has played such a significant role in the history of psychoanalysis, deals with the last days of the Theban hero. After his self-inflicted blindness, the culmination of the tragic events wherein he was unwittingly driven to parricide and incest, the career of Œdipus does not come to an end. For years he wanders through the countryside, shunned and abhorred by all men, his only companion his faithful daughter Antigone. Finally he finds peace and death at Colonus, a suburb of Athens.

Analysis of Œdipus at Colonus reveals an integral relationship to the problems of the earlier play. Where the Theban monarch had dominated the action in his youth by arrogance and defiance of conventions, in his later years he becomes the champion of existing forms of religion and law. A psychological identification with his slain father has taken place and in his turn the ageing man curses his own rebellious sons. Details of the play show an undoing mechanism at work by which Œdipus repeats the earlier events of his life, but now with renunciation rather than gratification of his desires.

This change in attitude is compared to the transition which takes place in the child as he surrenders his œdipal goals under the threat of the castration complex. Sophocles' drama is interpreted as revealing the transformation of Œdipus after his death into the wise and beneficent figure of Theseus, Duke of Athens; psychologically, this represents the evolution from the narcissism of the child to the sublimated and socialized behavior patterns of successful maturation after the passing of the œdipal phase of development.

Pertinent aspects of the play from the standpoint of Sophocles' own life and the history of contemporary Athens are noted.

(AUTHOR'S ABSTRACT)

**Psychoanalytic Review.** XXXVI, 1949.**The Eye in Symbol and Symptom.** Henry Harper Hart. Pp. 1-21.

The greatly diverse significances of the eye are discussed with an abundance of illustrations from the fields of mythology, religion, etymology, art, folklore, and

psychoneurotic symptomatology as well. The neurophysiological pathways and autonomic innervation concerned with the ocular part of emotional perception (and expression) are summarized. Punishment for scopophilic indulgence may be executed on the eye, but this organ also can become deranged through the symbolization of rejection of insight. It is Hart's psychosomatic concept that this principle plays a role in glaucoma in which the patient strives 'to blot out forever a part of his life'.

**Frigidity in Women—Restatement and Renewed Experiences.** Eduard Hitschmann and Edmund Bergler. Pp. 45-53.

These pages present the authors' response to G. L. Kelley's *Sex Manual*<sup>1</sup> and a dialectic discussion of the conclusions of their previous work on female sexuality. Frigidity in women still consists of the absence of vaginal orgasm and this definition should be adhered to, regardless of the degree of clitoral orgasmic potency present. Some widespread misunderstandings about the technique of intercourse and their consequences are debated and others still to come (Kinsey) are anticipated.

**Transference Reactions to an Event in the Life of the Analyst.** Frances Hannett. Pp. 69-81.

Sudden interruption of treatment because of illness of the analyst (a missed date with the stork) brought forth certain transference reactions in six analytic patients. Although mainly determined by the repetition compulsion, these reactions closely reflected the characteristics of the preceding transference situation. They were most irrational (and therapeutically utilizable) in those cases with intense libidinal investment in the transference. However, when the transference relationship was determined mainly by narcissistic and defensive elements, the reaction to the particular event was therapeutically less important. A brief discussion of the technical aspects of such external complications of psychoanalysis closes this interesting and unusual report.

CAREL VAN DER HEIDE

*Psychiatric Quarterly.* XXIII, 1949.

**The Nature of Intuition.** Eric Berne. Pp. 203-226.

Intuition is defined as knowledge based on experience and acquired through sensory contact with the subject, without the 'intuiter' being able to formulate to himself or others exactly how he came to his conclusions. It is based on pre-verbal, unconscious or preconscious functions. Analogous to dreams formed from the day's residues, intuitive judgments are synthesized from discrete sensory elements ('subliminal perceptions') whose perception and synthesis both take place below the threshold of consciousness. The individual is not only unaware of how he knows something; he may not even know what it is that he knows, but he

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<sup>1</sup> Augusta, Georgia: Southern Medical Supply Co., 1946.

behaves or reacts in a specific way as if his actions or reactions were based on something that he knew. Interesting clinical material on the practical use of intuition is given which reveals some of these preconscious sensory impressions, e.g., the dynamics of the eyes and the periocular muscles express reality attitudes, the dynamics of the lower facial and neck muscles are more indicative of instinctual vicissitudes.

BERNHARD BERLINER

**Psychiatry.** XII, 1949.

**Observations on Dissociation as Social Participation.** Alfred H. Stanton and Morris S. Schwartz. Pp. 339-354.

Stanton and Schwartz, pursuing their studies of disturbed behavior on mental hospital wards, examine further and in greater detail the relation of excitements and dissociated states to a triangular social process taking place covertly between the patient and two disagreeing members of the staff. It was generally found in the cases studied that the patient served as a bridge over whom two incompatible attitudes were being unconsciously fought out between two important persons in his environment (staff). The struggle is maintained and accentuated by the patient, by his selectivity and distortion of the material which he gathers from each authority and carries to the other, and by the authorities themselves in their inability to face the problem directly. When the latter is accomplished and the disagreement solved, the dissociation and accompanying excitement in the patient promptly disappear. The patient's internal dissociation is related to the external mirror-image disagreement.

**The Empathic Responses. A Neglected Field for Research.** Leonard S. Cottrell, Jr. and Rosalind F. Dymond. Pp. 355-359.

Cottrell and Dymond point out how empathic responses—one's ability to assume the role of another—occupy a central position in the thinking of Harry Stack Sullivan and in his psychotherapy. The psychiatrist is a participant observer in the therapeutic situation. In view of the importance of empathic phenomena in interpersonal relations in all social interaction and group integration, it is surprising how little research has been directed toward empathy. The authors have started such work at Cornell University and here report their preliminary observations. The subjects were seventy male and sixty-three female students in social psychology courses. Empathy was measured by requiring the subject to assume the attitude of a series of others with whom he had been associated and to predict the way in which these others would rate him and rate themselves on a series of personal traits. These were then scored against the actual ratings made by each member of the group. In general, people who rated high in empathic ability had better interpersonal relations, had more self-insight, and in their histories had more satisfying early emotional experiences than those with low empathy scores.

**Notes on the Personal and Professional Requirements of a Psychotherapist.** Frieda Fromm-Reichmann. Pp. 361-378.

This article is an abbreviation of a chapter from a book entitled *Principles of Intensive Psychotherapy*. Some of the pitfalls which may be encountered by the inexperienced or improperly qualified psychotherapist, and some of the misuses of the psychotherapeutic process are vividly described. The reasons for and goals of the personal analysis are elaborated. The 'psychotherapist must be able to listen' to another person in the other person's own right: not only must countertransference phenomena be understood and minimized but the therapist must have enough sources of satisfaction and security in his own nonprofessional life to forego the temptation of using his patients for the pursuit of his own satisfaction or security. Various succinct examples of how this can and does happen are given. The therapist must not be bound for his security to the 'denizens of the society and culture of his era', and then feel impelled to have his patients conform to them. Particularly is this true with schizophrenics, in whom recovery often depends on the psychotherapist's freedom from convention and prejudice.

**The Factor of Omnipotence in Neurosis.** William V. Silverberg. Pp. 387-398.

Silverberg has described elsewhere two 'maneuvers' by which neurotics and, to a lesser extent, 'normal' people attempt to evade utter helplessness and to achieve omnipotence: the 'schizoid and the transference maneuvers'. In this article he describes a third, 'the magical maneuver', in which an omnipotent being is established, but one whom the person then sets out to influence in his own favor. The relation of this mechanism to religious attitudes and to obsessional neurosis is described.

The ego evolves in a number of stages. As a prelude there is a stage of effortless satisfaction in which helplessness is not yet perceived. With the appearance of frustration, attempts are made to deal with helplessness, first by denial of the separate existence of the outside world, then by acknowledgment of and reliance upon the all-powerful mother, and then by attempting direct control upon the significant elements of external reality. Finally, the ego must accept 'partipotence', i.e., it must accept and distinguish between elements in external reality which it may control fully, partly, or not at all. Silverberg makes the hypothesis that the nuclear feature of all neurosis may be the ego's problem of helplessness and its attempt to solve this by trying to become omnipotent, in contrast to the more healthy adjustment of partipotence.

LEO RANGELL

**American Journal of Orthopsychiatry.** XIX, 1949.

**The Psychosomatic Implications of the Primary Unit: Mother-Child.** Therese Benedek. Pp. 642-654.

The psychosomatic, especially the hormonal aspects of motherliness are discussed to demonstrate the mother's biological need for continuation of symbiosis in the puerperium and during the child's infancy. This instinctual ten-

dency toward motherliness corresponds to the helplessness of the newborn; it is gratified by sundry intimate functions of motherhood which supply both mother and infant with the gratification of their dependent needs. Motherliness, developing through sublimation of instinctual impulses, enlarges the span of the mother's personality to encompass her child. The physiological and mental apparatus of the infant forms a system which communicates broadly and fluently with the system of the mother.

The psychology of pregnancy can be understood in the light of the psychodynamic processes which accompany the progestin phase of the menstrual cycle.

MARTIN GROTJAHN

*American Journal of Orthopsychiatry*. XX, 1950.

**Approaches to a Dynamic Theory of Development. Round Table 1949.** Sibylle K. Escalona, Chairman.

1. **Relation of Cup Feeding in Infancy to Thumb-Sucking and the Oral Drive.** Robert R. Sears and George W. Wise. Pp. 123-138.

Studies by Sears and Wise indicate that the strength of oral drives is increased and frustration reactions are more intense when weaning takes place at a later period. The authors do not dispute the existence of a primary sucking drive; rather they see a confirmation of Freud's formulation that the lips and mouth become erotogenic due to the pleasures of food intake.

Reviewing David Levy's studies on thumb-sucking, Sears and Wise point out that his material was drawn from subjects whose oral habits had already become well established. They do not regard the increased frustration reactions after weaning from prolonged breast or bottle feeding as necessarily harmful.

2. **Methodological Considerations in the Validation and Elaboration of Psychoanalytical Personality Theory.** John D. Benjamin. Pp. 139-156.

Benjamin is of the opinion that 'some of the many unsolved problems of personality development can best be approached through what might be termed a prospective historical instead of a retrospective historical method, through the long-term psychological study of human beings from birth on'. He emphasizes especially the predictability of developments as a means of validating both psychoanalytic interpretations and propositions. He points to experimental, observational work on infants as a demonstration of such methods in action.

3. **Discussion.** Sibylle K. Escalona. Pp. 157-160.

Escalona is dubious as to the possibility of validating by observational or experimental means 'those psychoanalytic insights which form the core of developmental theory, namely, the assumptions concerning psychosexual maturation'. She also raises for consideration problems attendant upon the multivariable approach which is so essential in psychoanalysis; she points out that the physical sciences have begun to develop methods for such purposes which may prove useful as models.

**Possible Infantile Precursors of Psychopathy.** René A. Spitz. Pp. 240-248.

Spitz outlines a clinical picture among young children which he believes significant for the later development of psychopathy. Where mothers show rapidly changing and unpredictable emotional attitudes, the establishment of reliable object relationships becomes difficult for the offspring, so that disturbances in identification take place. As a result, the social and motor sectors of personality development reveal abnormalities which are possible precursors of psychopathy.

MARK KANZER

**Archives of Neurology and Psychiatry.** LXII, 1949.

**Anxiety: Its Initiation, Communication and Interpersonal Management.** Jurgen Ruesch and A. Rodney Prestwood. Pp. 527-550.

Following Freud's theory of anxiety, Ruesch and Prestwood were able to demonstrate in an experimental situation the transmission of anxiety through verbal and visual cues to a group of originally uninvolved and neutral observers. They were also able to show that one of the chief methods of mastering anxiety is to express it in an interpersonal situation.

**Prefrontal Lobectomy in Schizophrenia.** William T. Peyton, John E. Haavik, and Burtrum C. Schiele. Pp. 560-571.

This paper describes a new frontal lobe operation in which there is a bilateral excision of the cerebral tissue anterior to the site of the usual prefrontal lobotomy incision. This operation was performed on thirty-two of the most severe cases of chronic schizophrenia in a state hospital. The most striking results were obtained in the elimination or reduction of assaultiveness and soiling. There was little if any improvement in mental content. There were minimal changes found in the cells scattered throughout the excised portion of the frontal lobe.

**Significance of Maternal Bereavement Before Age of Eight in Psychiatric Patients.** Herbert Barry, Jr. Pp. 630-637.

Barry studied the histories of some three hundred psychiatric patients in order to determine which was dynamically more significant, the loss of the mother or the father. He concluded that the loss of the mother before eight years of age is more damaging than the loss of the father.

**Use of Language in Dreams in Analysis of Aphasic Deficits.** Herbert Goldhamer. Pp. 725-727.

It is extremely difficult to determine the extent to which brain injuries productive of sensory and motor aphasia also affect the use of subvocal language. Goldhamer suggests that one of the methods of studying this problem would be the investigation of speech patterns in dreams.

Twelve aphasic patients who were in a position to understand the inquiry denied having dreams. The two patients whose dreams are reported stated that this dream was the only dream they had. Perhaps the apparent poverty of the dream life in the aphasic patient may in itself be significant. At any rate, language was used in the two dreams reported. In both cases there was difficulty in using language in the dream although it was less than in the waking state.

**Psychiatric Aspects of Vagotomy: IV. Phantom Ulcer Pain.** Thomas S. Szasz. Pp. 728-733.

Psychiatric studies of patients with peptic ulcers treated by vagotomy revealed that one of the sequelæ of this operation is a syndrome characterized by the persistence of ulcer pain despite roentgenologic evidence of healing. The hypothesis is proposed that this may represent a phantom sensation, a visceral phantom pain. It is suggested that the peptic ulcer may become part of the patient's body image and that the ego syntonic or narcissistic cathexis of the illness leads to the perpetuation of the pain.

RALPH R. GREENSON

*Journal of Nervous and Mental Disease.* CXI, 1950.

**Autistic Thought. Its Formal Mechanisms and Its Relationship to Schizophrenia.** Silvano Arieti. Pp. 288-303.

This is a descriptive consideration of some thought processes which do not obey integral principles of Aristotelian logic. Arieti terms such insubordinations 'paleologic', meaning that they hark back to archaic forms of logic presumably used by prehistoric mankind. In these systems identities are established on the basis of identical predicates of premises rather than identical subjects. For example, given the premises 'All men are mortal' and 'Socrates is a man', the Aristotelian conclusion would be 'Socrates is mortal' because the subject of the second premise is contained in the first (a requirement of the mode of Barbara). Given the premises 'Certain Indians are swift' and 'Stags are swift', the paleologician would conclude 'Certain Indians are stags'.

Though common in schizophrenia, autistic or highly subjective thought following paleologic principles is also present in childhood, primitive cultures, dreams, and normal ego states. Characteristic of the schizophrenic is an inability to correct his paleologic view of reality by applying whatever residual of Aristotelian principles the disease leaves him.

KENNETH MARK COLBY

*Journal of Mental Science.* XCVI, 1950.

**The Somatic Manifestations of Schizophrenia. A Clinical Study of Their Significance.** F. Mackenzie Shattock. Pp. 32-142.

This is another long review of the immense literature investigating the organic and physiological aspects of schizophrenia. No unfamiliar conclusions emerge from Shattock's own work nor from the two hundred ninety-three papers cited.

However, for the psychiatrist wishing to keep in touch with such researches, there are a few new facts and viewpoints.

Carbon dioxide inhalations inexplicably re-established menstrual cycles in ten of eighteen female schizophrenics who had suffered prolonged amenorrhea. Since the inadequate metabolic response of catatonic patients to cold or the stress of muscular work suggests a pituitary inadequacy with secondary thyroid and adrenal dysfunction, the adrenocorticotrophic hormone (ACTH) is a current object of suspicion. Also psychotic patients are making unusual lymphocytic responses to hormone injections and various stresses. Most of the studies agree that the schizophrenic fails to respond physically and mentally to increased demands made on him by altered external circumstances, including those of experimentation.

**The Role and Future of Psychotherapy Within Psychiatry.** John Rickman. Pp. 181-189.

In a loose-jointed and refreshing prose style, Rickman briefly discusses the subjects of his title. Psychotherapy within psychiatry emphasizes the inseparable connection between psychological research and therapy, and provides in the transference situation a research instrument of great potency. Since the psychotherapist must face painful issues of human maladjustment without resorting to evasions such as placebos, psychotherapy gives psychiatry an index of its professional morale in dealing with the serious clinical problems of suffering humanity. The future of psychotherapy within psychiatry depends on the freedom given the psychotherapist to work with psychoses as well as neuroses and to have at least one case on which he can spend unlimited time, unharassed by the organization he serves whether his efforts are successful or not. Eager social psychiatrists are warned of the temptation to offer remedies for the ills of society when our notions about their etiology are still so dim.

An appendix, even more winning than the original paper, has been added to mark the psychiatric interview, with the modern discovery of the dynamics of the doctor-patient relationship, as the best gift of psychiatry to medicine. This section is packed with important strategical principles and tactical suggestions invaluable to the psychotherapist.

KENNETH MARK COLBY

**The Nervous Child.** VIII, 1949.

**Neurotic Sleep Disturbances in Children.** Melitta Sperling. Pp. 28-46.

Melitta Sperling discusses the psychodynamics of neurotic sleep disturbances in children, illustrating each clinical picture with case material. Severe sleep disturbance occurring in early infancy, not due to any discoverable physical cause, is attributable to rejection and neglect by the mother. It is an ominous symptom, foreshadowing probable later psychotic disturbance. Acute sleep disturbance often precedes the outbreak of a severe neurosis or psychosis. Nightmares, night terrors and sleepwalking are traceable to the œdipal conflict. The dynamics of the nightmare is comparable to a phobia in which there is projection of aggressive

impulses so that the internal danger is transformed into an external one. The warning signal of anxiety awakens the dreamer when aggressive impulses threaten to break through the disguise. When the pressure of repressed impulses for discharge is great, they are acted out in the form of night terrors with amnesia. In sleepwalking the urge for discharge is even stronger. The sleepwalker's activity is an attempted running away from the danger of succumbing to homosexual and sadistic impulses.

Sleep disturbances caused by the onset of acute psychosomatic symptoms during the night represent the immediate discharge of sexual and aggressive impulses through somatic channels. Sleep phobias are defenses against hostile, destructive wishes aimed at the mother. Compulsive rituals before retiring can serve to counteract phobic anxiety. In children with depressions insomnia results from a fear of sleep which is equated with dying. The fear of death in these patients stems from a fear of retaliation for oral sadistic impulses. In skin disturbances the scratching is a means of avoiding sleep which is equated with death; the dermatological condition covers up a depressive state.

S. GABE

**Psychologia Wychowawcza.** Organ Instytutu Pedagogicznego, ZNP, Warsaw, XIII, 1948.

**Psychological Effects of the Second World War.** Stefan Baley. Pp. 6-24.

Studies have been undertaken in several centers in Poland to evaluate the psychological effects of the Second World War on people, especially on the youth. The bulk of the work has been performed at the Institute of Educational Psychology of the University in Warsaw. Two methods were employed: the direct method, which consisted in asking subjects their impressions and subjective feelings about the events of the last War, and methods of free association—either Jung's or by means of asking children to write their biographies spontaneously.

Even three years after the war the effects of its brutal experiences are marked. For example, the factory sirens still seem to arouse anxiety in people, apparently reminding them of the signals of approaching enemy airplanes and bombers. People have actually become so frightened as to look for a shelter in the neighborhood, only realizing the groundlessness of their panic after a while. The Polish mother still cautions her children in the morning when they leave for school to have all their documents ready in case of arrest by the Germans.

Among other acquired habits is the well-known one of people who returned from concentration camps and are still afraid of taking showers, associating them with the showers of the gas chambers in the crematoria in Auschwitz. Some still go around collecting odds and ends, like cigarette butts, wherever they find them, not realizing that they do it out of an unconscious motivation.

One of the most striking observations made on the survivors of concentration camps is that they have a strong tendency to remain among themselves, they talk of their tragic past only to each other and not to people who did not go through the same experiences. In many instances, no information at all can be obtained

from them. This is motivated by the fact that they are apparently ashamed to admit the degradation they have suffered at the hands of the Nazis—a fact that now seems to them preposterous.

There has been an impairment of memory in many. Those who prided themselves on their prodigious memory now carefully jot down everything.

Another phenomenon is a sense of guilt. Those who have been in concentration camps feel guilty toward those who perished there, and those who have not suffered personally under the stress of war feel guilty about their good fortune in contrast to those who have suffered and now seem to experience a feeling of well-being.

Many people are actually trying to suppress memories of the war but it seems useless to try because their experiences always seem to remain conscious. This was clearly seen in those who were given the Thematic Apperception and Rorschach Tests, the results of which were plainly determined by the disastrous events of the war.

To the realm of deeper personality changes belong anxiety and suspiciousness which seem to persist to this very day in children who were touched by traumatic experiences. Although children have shown more resilience and quicker recovery than adults, the author wonders if the effects of the horrors will not come to the fore in later life.

Deep-rooted effects could be observed in the orphan children, especially in those who had witnessed executions of their own parents. A specific reaction, for instance, is the so-called aphrasia—either complete mutism or great verbal reticence. One always gets the impression that the children are telling a secret. One girl of five, who witnessed the killing of her own parents and a younger brother, stopped talking entirely and only started again much later, after months of effort on the part of her foster mother. At first the child began to repeat single words spoken by her foster mother—nothing was expressed by her spontaneously. There followed a slow and gradual process of relearning. The child still exhibits an unusual timidity and lack of initiative. Another child, who at the age of three went to Auschwitz, still shows great fear of talking.

A nine-year-old child acquired a tic, consisting of covering up his eyes with his hands at the slightest provocation. This he started doing from the moment he saw a German tear the eyes out of another child.

In general we still find in the dreams of children nightmares and anxieties directly related to their experiences.

The subjects examined could be divided into two categories: those for whom the war was only a negative experience, and those who see some positive features in the war and its accompanying phenomena. For example, many gained a *joie de vivre* after the war, others have become more religious and more patriotic. Some showed certain nostalgic feelings for the concentration camp where people had time to be, so to say, in a retreat with themselves.

In young adults the war aroused great interest in historical events, especially in war strategy and the history of war.

Attempts to evaluate the effects of the war must necessarily take into consideration all these phenomena.

**The Influence of the Last War on Juvenile Delinquency.** Stanislaw Batawia. Pp. 25-33.

There has been an increase in juvenile delinquency, not only in the countries devastated by war which suffered misery and famine, but also in those countries not directly touched by its ravages.

In the etiology of juvenile delinquency, the break-up of the family plays the greatest role. This is studied in relation to its contributory factors such as military service, forced labor, and other causes which were responsible for the separation of children from their parents.

The war increased aggressive behavior and feelings of hate. In the countries dominated by the Nazis there was a complete dissolution of all moral principles. In addition to poverty and hunger, the continuous propaganda, inciting contempt and hatred, allowing mass murder and pillage, shattered the basic morality of the youth.

The demoralization and the increase of juvenile delinquency will probably last for a long time, especially in those countries which suffered in the extreme under the Nazi occupation.

PAUL FRIEDMAN

Joseph Lander, Joseph Lander, Herbert F. Waldhorn &amp; Charles Brener

**To cite this article:** Joseph Lander, Joseph Lander, Herbert F. Waldhorn & Charles Brenner (1950)  
Meeting of the New York Psychoanalytic Society, *The Psychoanalytic Quarterly*, 19:4, 621-623,  
DOI: 10.1080/21674086.1950.11925825

To link to this article: <https://doi.org/10.1080/21674086.1950.11925825>



Published online: 07 Dec 2017.



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## NOTES

### MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

February 28, 1950. *DEATH OF A SALESMAN*. Gregory Zilboorg, M.D.

Dr. Zilboorg examines the play with particular emphasis on its social theme. Its success on Broadway, despite its running counter to the usual formulæ for successful plays, is attributed to the role of Willy Loman's wife, with her 'extraordinary, strongly maternal, object-libidinous attitude toward life and people'. Others in the play present only negative and destructive objects for identification, being egocentric, narcissistic, pseudo-living. Dr. Zilboorg looks on Willy Loman as 'the quintessence of the major libidinous motivation of our civilization: the acquisitive motive', which has become the measure of success. In our culture, men are not judged by what they are and what they do but by what impression they make and how much charm they exude.

Dr. Jacob A. Arlow's discussion centered principally around methodology in the study of works of art. He stressed the examination of the artist's (playwright's) motivations, and referred to the recurrent theme of paternal death and father-son rivalry in two other plays by Arthur Miller. Dr. Rudolph M. Loewenstein discussed the essential elements of individual human tragedy, and felt that the problem of the individual rather than of the culture deserved more emphasis.

JOSEPH LANDER

March 28, 1950. *MONOTHEISM AND THE SENSE OF REALITY*. Leonard R. Sillman, M.D.

The idea of a single God has a powerful influence in restricting magical thinking and enhancing intelligence. It exalts the reality principle over the pleasure principle since the hidden atheism of monotheism (if you worship a God you cannot see, you worship a God who is not there, or no God at all) gives monotheistic peoples a training in reality testing unknown to other religious groups. By denying the existence of a variety of gods, demons, and spirits who had jurisdiction over various natural phenomena, monotheism paved the way for the acknowledgment of ignorance, and thus for the investigation of natural phenomena, with the subsequent discovery of truth. Thus, monotheism greatly enhances the power of objective thought, with important consequences. Consciousness becomes greatly empowered because conscious memory grows, with more realities being brought to bear on problems and decisions. Preconscious thinking gains increasing control over the emotional life and behavior of the individual, in this way decreasing the influence of prejudice and myth. Although monotheistic religion propagates delusions, it has performed great services for humanity: it has civilized the father, repressed narcissism, furthered the development of conscience, and fostered the growth of man's preconscious and his intelligence. Dr. Sillman deplors the misuse by industry and society of the enormous expansion of man's godlike powers through the developments of science: 'The utilization of the powers of science

by businessmen for completely egocentric ends has been elaborately rationalized by economic myths and justified by skilled propagandists'.

Several discussants raised questions regarding methodology, the validity of 'long distance' analysis, and other points. In response to the comments that the polytheistic Greeks had made important scientific contributions and laid the basic foundations for future scientific work, Dr. Sillman agreed but pointed out the distinction between descriptive science, and experimental science—the product of monotheistic culture.

JOSEPH LANDER

Dr. Gregory Zilboorg read a tribute to the late Dr. Adolf Meyer, an honorary member of the Society.

May 16, 1950. A DREAM, A VISION, AND A POEM: PSYCHOANALYTIC STUDY OF THE ORIGINS OF THE RIME OF THE ANCIENT MARINER. David Beres, M.D.

Dr. Beres proposes to search out some features of the unconscious motivation of the creation of this poem by treating it as an overdetermined fantasy, to be viewed in relation to the life history of the artist. The theme of the poem is crime, punishment, repentance, and absolution through expiation. Its peculiar origin as the combined idea of Coleridge and Wordsworth is attributed to their common preoccupation with a specific form of guilt caused by the destruction or rejection of a love object, for Coleridge, the mother, for Wordsworth, a mistress.

Study of Coleridge's life, letters, and works reveals him to be an oral character whose feeling of being unloved was expressed in a never satisfied, ever-demanding search for warmth, love, and food. His recurrent fantasies of satiation by oral incorporation, his financial dependence and optimistic reliance on being fed, his voracious reading, the basic infantile needs revealed in his troubled relationships with women, his addiction, and sleep disturbances all substantiate the oral fixation. Dr. Beres therefore assumes that Coleridge's unconscious infantile hatred and murderous impulses against his mother were the primal source of his overpowering guilt. This is mirrored in the poem by the central crime of the killing of the albatross. Thus the albatross is the symbol of the ambivalently loved and feared phallic mother, and the image of the murdered mother reappears as the avenging woman, 'life in death', and also as the delivering, magically protective, forgiving 'holy Mother'. The original crime is expiated by submission, and in the poem the conflict is resolved. In actuality, these defenses were unsuccessful, and Coleridge finished his life addicted to laudanum and chronically depressed.

Professor Owen contributed further biographical data and highlighted the relationship between Coleridge and Wordsworth and the latter's sister. Dr. Oberndorf commented on the homosexual content of such a *ménage à trois*, and also spoke of the inability of many writers to expiate their guilt fully, being unconscious of its origin. Dr. Sperling suggested that Coleridge's creativity might have served as competition with his wife's childbearing, and added that his feminine role in relation to Wordsworth was possibly an identification with his mother. Dr. Lewin spoke of the slight separation of fantasy life from the rest of the ego in poetic creation and in borderline behavior. He felt the wish to be the sole surviving sibling lay behind the episode of the death of the crew.

Dr. Arlow commented on the ironical self-punishing aspect of such a wish fulfillment. He also offered the equation of the coupled concepts of the salt water and the dew with the poisonous yet blissful effects of alcohol and laudanum, and emphasized the importance of Sachs's concept of artistic creations as communal daydreams. Dr. Bychowski stated that the preserved, unaltered contents of his pregenital conflicts were at the disposal of the poet, but invaded the behavior of the psychotic. Dr. Kanzer interpreted the poem as a birth fantasy. Dr. Róheim felt the poem was like a urethral awakening dream, which often contains birth or genital fantasies.

HERBERT F. WALDHORN

September 26, 1950. PAUL FEDERN'S CONTRIBUTIONS TO PSYCHOANALYSIS. Edoardo Weiss, M.D.

After indicating the broad scope of Dr. Federn's writings, Dr. Weiss outlined his contributions to ego psychology, the field of his most original and extensive investigations. He started from a definition of the ego as a continuous, subjective 'feeling of unity in regard to continuity, contiguity, and causality of . . . experiences'. This feeling is a datum, not at present explainable. In addition Dr. Federn postulated a specific ego cathexis (energy at the disposal of the ego) compounded of libido and the energy of the death instinct. He distinguished an active, passive, reflexive and medical cathexis, disturbances in the last resulting in depression and self-destruction. Dr. Weiss considered the concept of ego boundary one of Dr. Federn's most important contributions. By means of it he explained, among other things, the phenomena of the perception of reality, and various phenomena of sleep. Dr. Weiss also discussed Dr. Federn's views on identification, depersonalization and other disturbances in the sense of reality in mental illness, and the impairment of abstract thinking in schizophrenia. He closed with a brief review of some of the important therapeutic procedures dictated by Dr. Federn's concepts, especially in the therapy of the psychoses.

CHARLES BRENNER

A tribute to the memory of Dr. Johan H. W. van Ophuijsen, who died on May 31, 1950, was read by Dr. Emanuel Klein.

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The midwinter meetings of THE AMERICAN PSYCHOANALYTIC ASSOCIATION were held at the Waldorf-Astoria in New York City on December 7, 8, 9 and 10, 1950. Thursday, December 7, was devoted to an all-day meeting of the Executive Council. The Board on Professional Standards met all day Friday, December 8. The business meeting of the members was held on Saturday morning, December 9. Saturday afternoon and Sunday all day were devoted to scientific sessions which included panel discussions as well as individual papers. A dinner dance was held Saturday evening.

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To cite this article: (1950) Index, The Psychoanalytic Quarterly, 19:4, 625-642, DOI: [10.1080/21674086.1950.11925826](https://doi.org/10.1080/21674086.1950.11925826)

To link to this article: <https://doi.org/10.1080/21674086.1950.11925826>



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