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THE PSYCHOANALYSIS OF PHARMACOTHYMIA (DRUG ADDICTION)*

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1. *The Clinical Picture.***

Clinical psychiatry regards the disorders known as alcoholism, morphinism, cocainism, etc.—for which, as an inclusive designation, we may provisionally use the term "drug addiction"—as *somatic intoxications,* and places them in the classificatory group "mental disorders of exogenous origin". From this point of view, the process of mental dilapidation presented in the clinical picture of the addiction would appear to be the mental manifestation of the injury to the brain produced by the poisons. The investigation of the addictions has imposed upon it by this theory, as its first task, the determination in detail of the cerebral effect of the noxious substance. Ultimately, its goal would be the exact correlation of the course of the mental disorder with the toxic processes in the brain. But this investigation, especially in its experimental aspects, is disturbingly complicated by the fact that the poisons in question attack not only the brain but the rest of the organism as well; therefore, injurious effects may be exerted upon the brain by changes in other organs through an impairment of the general metabolism. The problem thus includes not only the direct influence of the poison on the brain, but also its indirect influence. It is, consequently, not remarkable that the notion that the problem of addiction is a problem of somatic intoxication has borne so little fruit.

How did it happen, then, that psychiatry became so wedded to this idea? The obvious answer is that the idea was developed because infectious diseases were used as paradigms. To

* Authorized translation from the German manuscript by Bertram D. Lewin

** The first part of this article is the enlarged version of an address delivered before the Neurologic-Psychiatric Section of the New York Academy of Medicine, December 13, 1932.

be sure, one could not ignore the fact that alcohol, for example, does not "cause" alcoholism in the same sense as the spirochæte causes luetic infection. The pathogenic microörganisms attack a person quite regardless of what his wishes or purposes in the matter may be. But the drugs in question attack him only if he purposely introduces them into his body. This distinction, however, has not sufficiently affected psychiatric thinking. In psychiatry, the idea was promulgated that a certain type of "uninhibited", "weak-willed" or "psychopathic" individual happens to develop a passion for using these drugs—which means, to read between the lines, that how these substances get into the body is of no importance: the problem is scientific and worth touching only after they are inside. It must be admitted that after the drugs have made their entry, there is, unquestionably, a certain similarity to the infections. But in so far as psychological questions, such as the susceptibility of an individual to develop a craving for drugs, were broached at all, one was groping in the dark. The intoxication theory furnished no point of departure for any solution of this type of problem. Indeed, even if all the problems relating to somatic intoxication were solved, there would still be no answer to this type of question.

The psychoanalytic study of the problem of addiction begins at this point. It begins with the recognition of the fact that not the toxic agent, but the impulse to use it, makes an addict of a given individual. We see that this unprejudiced description focusses our attention on the very feature, which, under the influence of premature analogical reasoning, was permitted to fall by the wayside. The problem then presents a different appearance. The drug addictions are seen to be psychically determined, artificially induced illnesses; they can exist because drugs exist; and they are brought into being for psychic reasons.

With the adoption of the psychogenetic standpoint, the emphasis shifts from the manifoldness of the drugs used to the singleness of the impulse which unleashes the craving.

The ease with which an addict exchanges one drug for another immediately comes to mind; so that we feel impelled to regard all types of drug cravings as varieties of *one single* disease. To crystallize this theory, let me introduce the term "pharmacothymia" to designate the illness characterized by the craving for drugs. We shall have occasion later to explain our selection of this term.

The older psychoanalytic literature contains many valuable contributions and references, particularly on alcoholism and morphinism, which attempt essentially to explain the relationship of these states to disturbances in the development of the libido function. Reports of this type we owe to Freud, Abraham, Tausk, Schilder, Hartmann and others in Europe; and in this country, Brill, Jelliffe, Oberndorf and others. Two definite conclusions could be drawn from these studies, namely, the etiological importance of the erotogenic oral zone and a close relationship to homosexuality. Several years ago, I outlined the beginnings of a psychoanalytic theory which aimed to include the whole scope of the problem of drug addiction.[1] Further, as yet unpublished, studies have led me to introduce the conception of pharmacothymia, to the preliminary description of which the present paper is devoted.

Since, for our purposes, suggestions derived from the theory of somatic intoxication are of no avail, we ourselves must select a suitable point of departure, taking our bearings from psychoanalysis. Our notion that despite the many drugs there is only one disease, suggests where we may begin. We must separate out of the abundant clinical findings those elements which are *constant* and determine their interrelationships

[1] *The Psychic Effects of Intoxicants: An Attempt to Evolve a Psycho-Analytical Theory of Morbid Cravings.* Int. J. Ps-A. VII, 1926. Since this, I have reported the progress of my views in a number of addresses: "Drug Addiction" at the First Congress for Mental Hygiene, at Washington, D. C., May 1930; "Intoxication and 'The Morning After'" at a meeting of the German Psychoanalytic Society in Berlin, November 1930; "Depressive and Elated States in Neuroses and in Drug Addiction," a lecture course at the Berlin Psychoanalytic Institute, Spring 1931.

empirically, and then from this material, formulate the general psychopathology, that is to say, the *schematic structure* of pharmacothymia. Generalizations which we can make in this way concerning the nature of the illness will discover for us the viewpoints and conceptions needed for the study of individual phenomena. If our outline is well founded, the more new details are added, the more will it reproduce living reality.

Pharmacothymia can occur because there are certain drugs, the "elatants", to give them an inclusive designation, which a human being in psychic distress can utilize to influence his emotional life. I have given a description of this influence in a previous communication (*loc. cit.*). Here I need only say that there are two types of effects. First, the analgesic, sedative, hypnotic and narcotic effects—their function is easily characterized: they allay and *prevent "pain"*. Secondly, the stimulant and euphoria-producing effects—these promote or *generate pleasure*. Both types of effect, the pain-removing and the pleasure-giving, serve the pleasure principle; together they both constitute what may be called "the pharmacogenic pleasure-effect". The capriciousness of the pharmacogenic pleasure-effect is well known; it vitiates the best part of the experimental work of the pharmacologists. I have found that in addition to the pharmacological factors (nature, dose and mode of administration of the substance), the pleasure-effect depends essentially on a *psychological* factor—a certain active preparedness with which the individual approaches the pleasure-effect.

The thing which the pharmacothymic patient wishes the toxic agent to give him is the pleasure-effect. But this is not to be obtained without cost. The patient must pay for his enjoyment with severe suffering and self-injury—often, indeed, with self-destruction. These are assuredly not the effects desired. If, notwithstanding this fact, he clings to the use of drugs, it must be either because the pleasure gained is worth the sacrifice of suffering, or he is in a trap and is forced to act as he does.

Then we must ask: What is the nature of the psychic situation which makes acute the demand for elatants? What is the effect of this indulgence upon the mental life? What is there in it that makes the patient suffer? And why, in spite of the suffering, can he not cease from doing as he does?

The previous history of those individuals who take to the use of elatants, in a general way reveals the following. There is a group of human beings who respond to frustrations in life with a special type of emotional alteration, which might be designated "tense depression". It sometimes happens, too, that the first reaction to the frustration takes the form of other types of neurotic symptoms, and that the "tense depression" appears only later. The intense, persistent suffering due to a severe physical illness may also lead to the same emotional state. The tense depression may change into other forms of depression; since pharmacothymia originates from the tense depression, let us designate it the "initial depression". It is marked by great "painful" tension and at the same time, by a high degree of intolerance to pain. In this state of mind, psychic interest is concentrated upon the need for relief. If the patient finds relief in a drug, in this state he is properly prepared to be susceptible to its effects. The rôle of the initial depression, then, is to *sensitize* the patient for the pharmacogenic pleasure-effect. It is immaterial whether the drug comes into his hands by accident or whether it is prescribed by his physician for therapeutic purposes, whether he was induced to use it or made the experiment on his own responsibility: he experiences a pharmacogenic pleasure-effect, which is in proportion to his longing for relief, and this event frequently, therefore, determines his future fate. If the substance and the dose were well chosen, the first pharmacogenic pleasure-effect remains as a rule the most impressive event of its kind in the whole course of the illness.

We must consider the pharmacogenic pleasure-effect, particularly this maiden one, more intensively. That which makes it so outstanding, when viewed from without, is the sharp rise in self-regard and the elevation of the mood—that is to say,

elation.[1] It is useful to distinguish conceptually between the pharmacogenic elation and the pharmacogenic pleasure-effect, although they merge in the course of the emotional process. The elation would then represent the reaction of the ego to the pleasure-effect. After therapeutic medication, we observe countless instances of the pharmacogenic pleasure-effect which do *not* set up an elation in the patient. It is evident that in the evolution of a pharmacothymia, it is essential that an elation should be developed. In our outline, we must confine ourselves to a description of the outspoken forms, yet we should like to emphasize that the pharmacogenic elation is a protean phenomenon. It may remain so inconspicuous, externally viewed, that a casual observer could overlook it, and nevertheless be an experience which is psychologically an elation. The elation also need not appear immediately after the first contact with the poison. The important thing is not, when it is experienced, but whether it is experienced.

What happens in a pharmacogenic elation can be understood only on the basis of further circumstantial discussion.

This individual's ego was not always so miserable a creature as we judge it to be when we encounter it in its "tense depression". Once it was a baby, radiant with self-esteem, full of belief in the omnipotence of its wishes, of its thoughts, gestures and words.[2] But the child's megalomania melted away under the inexorable pressure of experience. Its sense of its own sovereignty had to make room for a more modest self-evaluation. This process, first described by Freud,[3] may be designated the reduction in size of the original ego; it is a painful procedure and one that is possibly never completely carried out. Now, to be sure, the path to achievement opens for the growing child: he can work and base his self-regard on his own achievements. Two things become evident. In the first place, self-regard is the expression of self-love—that is to say, of narcissistic

[1] "Elation"=*Rausch*. "Elatant"=*Rauschgift*. TR.

[2] Ferenczi, S.: *Development of the Sense of Reality*. Trans. by Jones, in: *Contributions to Ps-A*.

[3] Freud: *On Narcissism, an Introduction*. Coll. Papers IV.

gratification.[1] Secondly, narcissism, which at the start was gratified "at command" with no labor (thanks to the care of the infant by the adults), is later compelled to cope more and more laboriously with the environment. Or we might put it, the ego must make over its psychology from that of a supercilious parasite into that of a well adjusted self-sustaining creature. Therefore, a complete recognition of the necessity to fend for itself becomes the guiding principle of the mature ego in satisfying its narcissistic needs, that is to say, in maintaining its self-regard. This developmental stage of the "narcissistic system" we may call the "realistic regime of the ego".[2]

There is no complete certainty that one can attain one's objectives in life by means of this realistic regime; there is always such a thing as bad luck or adversity. It is even worse, certainly, if the functional capacity of the ego is reduced through disturbances in the development of the libido function, which never fail to impair the realistic regime of the ego. The maladapted libido can wrest a substitute satisfaction from the ego in the shape of a neurosis, but then the self-regard usually suffers. An ego whose narcissism insists on the best value in its satisfactions, is not to be deceived in regard to the painfulness of real frustration. When it perceives the frustration, it reacts with the change in feeling we have described as "tense depression". Of interest to us in the deep psychology of this condition is the fact that the ego secretly compares its current helplessness with its original narcissistic stature,[3] which persists as an ideal for the ego, torments itself with self-reproaches and aspires to leave its tribulations and regain its old magnitude.

At this pass, as if from heaven, comes the miracle of the pharmacogenic pleasure-effect. Or rather, the important thing is that it does not come from heaven at all, but is *brought about by the ego itself.* A magical movement of the hand

[1] Cf. my article, *An Anxious Mother.* Int. J. Ps-A. IX, 1928.

[2] "Regime of the ego"=*Steuerung des Ichs.* Tr.

[3] "Original narcissistic stature"=*narzisstische Urgestalt.* Tr.

introduces a magical substance, and behold, pain and suffering are exorcized, the sense of misery disappears and the body is suffused by waves of pleasure. It is as though the distress and pettiness of the ego had been only a nightmare; for it now seems that the ego is, after all, the omnipotent giant it had always fundamentally thought it was.

In the pharmacogenic elation the ego regains its original narcissistic stature. Did not the ego obtain a tremendous *real* satisfaction by mere wishing, i. e., without effort, as only that narcissistic image can?

Furthermore, it is not only an infantile wish but an ancient dream of mankind which finds fulfilment in the state of elation. It is generally known that the ancient Greeks used the word "*φάρμακον*" to mean "drug" and "magical substance". This double meaning legitimates our designation; for the term "pharmacothymia", combining the significations of "craving for drugs" and "craving for magic", expresses aptly the nature of this illness.

At the height of the elation, interest in reality disappears, and with it any respect for reality. All the ego's devices which work in the service of reality—the ascertainment of the environment, mental elaboration of its data, instinctual inhibitions imposed by reality—are neglected; and there erupts the striving to bring to the surface and satisfy—either by fantasies or by floundering activity—all the unsatisfied instincts which are lurking in the background. Who could doubt that an experience of this sort leaves the deepest impression on the mental life?

It is generally said that a miracle never lasts longer than three days. The miracle of the elation lasts only a few hours. Then, in accordance with the laws of nature, comes sleep, and a gray and sober awakening, "the morning after". We are not so much referring to the possible discomfort due to symptoms from individual organs as to the *inevitable alteration of mood.* The emotional situation which obtained in the initial depression has again returned, but exacerbated, evidently by new factors. The elation had augmented the ego to gigantic

dimensions and had almost eliminated reality; now just the reverse state appears, sharpened by the contrast. The ego is shrunken, and reality appears exaggerated in its dimensions. To turn again to real tasks would be the next step, but meanwhile this has become all the more difficult. In the previous depression there may have been remorse for having disregarded one's activities, but now there is in addition a sense of guilt for having been completely disdainful of real requirements, and an increased fear of reality. There is a storm of reproaches from all sides for the dereliction of duty toward family and work. But from yesterday comes the enticing memory of the elation. All in all, because of additional increments in "pain" the ego has become more irritable and, because of the increased anxiety and bad conscience, weaker; at the final accounting, there is an even greater deficit. What can be done, then? The ego grieves for its lost bliss and longs for its reappearance. This longing is destined to be victorious, for every argument is in its favor. What the pains of the pharmacogenic depression give birth to is, with the most rigorous psychological consistency, the craving for elation.

We obtain, thus, a certain insight into fundamental relationships. The transitoriness of the elation determines the return of the depression; the latter, the renewed craving for elation, and so on. We discover that there is a cyclic course, and its regularity demonstrates that the ego is now maintaining its self-regard by means of an artificial technique. This step involves an alteration in the individual's entire mode of life; it means a change from the "realistic regime" to a *"pharmacothymic regime"* of the ego. A pharmacothymic, therefore, may be defined as an individual who has betaken himself to this type of regime; the ensuing consequences make up the scope of the manifestations of pharmacothymia. In other words, this illness is a narcissistic disorder, a destruction through artificial means of the natural ego organization.[1]

[1] In my article, *The Problem of Melancholia* (Int. J. Ps-A IX, 1928), I first alluded to the narcissistic nature of drug addictions.

Later we shall learn in what way the erotic pleasure function is involved in this process, and how the appreciation of its rôle changes the appearance of the pathological picture.

Comparing life under the pharmacothymic regime with life oriented towards reality, the impoverishment becomes evident. The pharmacothymic regime has a definite course and increasingly restricts the ego's freedom of action. This regime is interested in only one problem: depression, and in only one method of attacking it, the administration of the drug.

The insufficiency of this method, which the ego at first believes infallible, is soon demonstrated by sad experience. It is not at all the case that elation and depression always recur with unfailing regularity in a cyclic course. The part that puts in its appearance punctually is the depression; the elation becomes increasingly more undependable and in the end threatens complete non-appearance. It is a fact of great importance that the pharmacogenic pleasure-effect, and particularly the elation induced by repeated medication, rapidly wanes. Thus, we encounter here the phenomenon of "diminishing return" in terms of elation. I cannot promise to explain the dynamics of this fall. It is doubtless ultimately dependent on organic processes, which are referred to as the "development of a tolerance" but which cannot as yet be given an accurate physiological interpretation. During the past years an extensive study of this problem was initiated in this country. A comprehensive report of the results arrived at so far, has been published recently by the pharmacologists A. L. Fatum and M. H. Seevers in *Physiological Reviews* (Vol. XI, no. 2. 1931). A reading of this report shows that such an explanation has not yet been found. I should like to contribute a point in relation to this problem from the psychological side; namely, the assurance that in the phenomenon of "diminishing return" in elation a *psychological* factor is involved: the patient's fear that the drug will be inefficacious. This fear is analogous to the fear of impotent persons, and,

similarly, reduces the chances of success even more. We shall learn, below, which deeper sources give sustenance to this fear.

The phenomenon of "diminishing return" intensifies the phase of depression, inasmuch as it adds to the tension the pain of disappointment and a new fear. The attempt to compensate the reduction of the effect by increasing the dosage proves to be worth while in the case of many drugs; a good example of this is morphine-pharmacothymia. With this develops the mad pursuit of the patients after the constantly increasing doses which become necessary. Moral obligations, life interests of other kinds are thrown to the winds, when it is a question of pursuing the satisfaction of this need,—a process of moral disintegration second to none.

Meanwhile, crucial alterations occur in the sexual life of the patient. In order to remain within the limits of this presentation, I must restrict my remarks to the most fundamental ones. All elatants poison sexual potency. After a transient augmentation of genital libido, the patient soon turns away from sexual activity and disregards more and more even his affectionate relationships. In lieu of genital pleasure appears the pharmacogenic pleasure-effect, which gradually comes to be the dominant sexual aim. From the ease with which this remarkable substitution is effected, we must conclude that pharmacogenic pleasure depends upon genetically preformed, elementary paths, and that old sensory material is utilized to create a new combination. This, however, is a problem which can be postponed. What is immediately evident is the fact that the pharmacogenic attainment of pleasure initiates an artificial sexual organization which is autoerotic and modeled on infantile masturbation. Objects of love are no longer needed but are retained for a time in fantasy. Later the activity of fantasy returns, regressively, to the emotional attachments of childhood, that is to say, to the œdipus complex. The pharmacogenic pleasure instigates a rich fantasy life; this feature seems especially characteristic of opium-pharmacothymia. Indeed, struck by this fact, the pharmacologist Lewin

suggested that the "elatants" should be named "phantastica". The crux of the matter is, that it is the pharmacogenic pleasure-effect which discharges the libidinal tension associated with these fantasies. The pharmacogenic pleasure process thus comes to replace the natural sexual executive. The genital apparatus with its extensive auxiliary ramifications in the erotogenic zones falls into desuetude and is overtaken by a sort of mental atrophy of disuse. The fire of life is gradually extinguished at that point where it should glow most intensely according to nature and is kindled at a site contrary to nature. Pharmacothymia destroys the psychic structure of the individual long before it inflicts any damage on the physical substrate.

The ego responds to this devaluation of the natural sexual organization with a fear of castration only too justifiable in this instance. This warning signal is due to the narcissistic investment of the genital; anxiety about the genital should then compel abstention from the dangerous practice, just as, at one time, it compelled abstention from masturbation. But the ego has sold itself to the elatant drugs and cannot heed this warning. The ego, to be sure, is not able to suppress the fear itself, but it perceives the fear consciously as a dread of pharmacogenic failure. This switching of the anxiety is, psychologically, entirely correct. Whoever secretly desires to fail because he is afraid of succeeding, is quite right in being in dread of failure. The effect of the fear is naturally in accordance with its original intent; as we have learned, it reduces the pleasure-effect and the intensity of the elation.

By frivolously cutting itself off from its social and sexual activities the ego conjures up an instinctual danger, the extent of which it does not suspect. It delivers itself over to that antagonistic instinctual power within, which we call masochism, and following Freud, interpret as a death instinct. The ego had an opportunity to feel the dark power of this instinct in the initial depression; partly for fear of it then, the ego took flight into the pharmacothymic regime. The ego can defend itself successfully against the dangers of masochistic

self-injury only by vigorously developing its vitality and thus entrenching its narcissism. What the pharmacothymic regime bestowed upon the ego, was, however, a valueless inflation of narcissism. The ego lives, then, in a period of pseudo-prosperity, and is not aware that it has played into the hands of its self-destruction. The ego, in every neurosis, is driven into harmful complications by masochism; but of all methods of combating masochism, the pharmacothymic regime is assuredly the most hopeless.

It is impossible for the patient not to perceive what is happening. His friends and relatives deluge him with warnings to "pull himself together" if he does not wish to ruin himself and his family. And at the same time, the elation diminishes in intensity continuously and the depression becomes more severe. Physical illnesses, unmistakably due to the use of the poison, afflict him with pains. Since the first temptation the picture has completely changed. Then, everything was in favor of the elation, whereas now the hopes set upon it have been revealed as deluding. It might be supposed that the patient would reflect on this and give up the drug—but, no; he continues on his way. I must admit that for many years I could not grasp the economics of this state of mind until a patient himself gave me the explanation. He said: "I know all the things that people say when they upbraid me. But, mark my words, doctor, *nothing* can happen to *me*." This, then, is the patient's position. The elation has reactivated his narcissistic belief in his *invulnerability,* and all of his better insight and all of his sense of guilt are shattered on this bulwark.

Benumbed by this illusion, the ego's adherence to the pharmacothymic regime is strengthened all the more. The pharmacothymic regime still seems to be *the* way out of all difficulties. One day, things have progressed so far that an elation can no longer be provided to combat the misery of the depression. The regime has collapsed, and we are confronted by the phenomenon of the *pharmacothymic crisis.*

There are three ways out of this crisis: flight into a free interval, suicide and psychosis.

By voluntarily submitting to withdrawal therapy, the patient undertakes a flight into a free interval. It is out of the question that he is actuated by any real desire to recover his health. In those rare instances in which the patient really wishes to be delivered from his pharmacothymia, as I have occasionally been able to observe in my analytic practice, he sets great store upon executing his resolve by himself, and it does not occur to him to seek aid from others. But, if he submits to a withdrawal cure, as a rule, he wishes only to rehabilitate the depreciated value of the poison. It may be that he can no longer afford the money for the enormous quantity of the drug that he needs; after the withdrawal treatment he can begin anew with much less expense.

Since the withdrawal of the drug divests the ego of its elation—its protection against masochism—the latter can now invade the ego. There it seizes upon the physical symptoms due to abstinence and exploits them, frequently to the point of a true masochistic orgy; naturally with the opposition of the ego, which is not grateful for this type of pleasure. As a result, we have the familiar scenes which patients produce during the withdrawal period.

Suicide is the work of self-destructive masochism. But to say that the patient kills himself because of a masochistic need for punishment would be too one-sided a statement. The analysis of the suicidal fantasies and attempts of which our patients tell us, reveals the narcissistic aspect of the experience. The patient takes the lethal dose because he wishes to dispel the depression for good by an elation which will last *forever*. He does not kill himself; he believes in his *immortality*. Once the demon of infantile narcissism is unchained, he can send the ego to its death.

Furthermore, in suicide through drugs, masochism is victorious under the banner of a "feminine" instinctual demand. Remarkably enough, it is the deeply rooted high estimation

which the male has for his sexual organ, his genital narcissism, which brings about this transformation and transmutes masochism into a feminine phenomenon. This sounds paradoxical but can readily be understood as a compromise. The ingestion of drugs, it is well known, in infantile archaic thinking represents an oral insemination; planning to die from poisoning is a cover for the wish to become pregnant in this fashion. We see, therefore, that after the pharmacothymia has paralyzed the ego's virility, the hurt pride in genitality, forced into passivity because of masochism, desires as a substitute the satisfaction of child bearing. Freud recognized the replacement of the wish to possess a penis by the wish to have a child as a turning point in the normal sexual development of women. In the case we are discussing, the male takes this female path in order to illude himself concerning his masochistic self-destruction by appealing to his genital narcissism. It is as though the ego, worried about the male genital, told itself: "Be comforted. You are getting a new genital." To this idea, inferred from empirical findings, we may add that impregnation biologically initiates a new life cycle: the wish to be pregnant is a mute appeal to the function of reproduction, to "divine Eros," to testify to the immortality of the ego.

The *psychotic episode* as an outcome of the crisis is known to us chiefly—though by no means exclusively—in alcohol-pharmacothymia. This is a large chapter. I can only indicate the framework around which its contents may be arranged.

The failure of the pharmacothymic regime has robbed the ego of its protective elation. Masochism then crowds into the foreground. The terrible hallucinations and deliria, in which the patient believes that he is being persecuted, or threatened—particularly by the danger of castration or a sexual attack—and the like are fantasies that gratify masochistic wishes. The masochism desires to place the ego in a situation where it will suffer, in order to obtain pleasure from the painful stimulation. The narcissistic ego offers opposition to this "pain-pleasure"; it desires the pleasure *without* pain. The wishes of

its masochism inspire the ego with fear and horror. It can, to be sure, no longer prevent the eruption of the masochistic fantasies, yet it looks upon them through its own eyes. Thus, the latent *wish* fantasies of masochism are transformed into the manifest *terror*-fantasies of the ego. Now it is as though the danger proceeded from without; there, at least, it can be combated, and the terrified patient attempts to do this in the imaginations of his psychosis.

It is even worse if the anxiety which protects the ego from masochism breaks down. Then, the ego must accede to masochism. If the patient has arrived at this point, he suddenly announces his intention of destroying his genital organ or—substitutively—inflicting some other injury upon himself. He actually takes measures towards the blind execution of the biddings of his masochism; the patient's narcissism, defeated, can only insure that he will literally act blindly. It dims his gaze by means of delusion: the patient is not aware of the true nature of his masochism and refuses to recognize it. Instead, he asserts that he must rid himself of his organ because this organ is a nuisance to him, or has been a source of harm, or the like. If we read, for this statement, "because this organ has sinned against him", a path opens for the clarification of the latent meaning of this delusion. We may now compare it with another type of delusion of self-injury, in which the patient is well aware that he is engaged in harming himself yet persists in his designs nonetheless. This variant of the delusion usually appears in the guise of the moral idea of sin; the ego believes that it must inflict a merited punishment upon itself, in order to purify its conscience. The central feature in this "moralizing" type of delusional state is self-reproach. It may be assumed that in the "unconcerned" type of delusional state, previously described, the ego institutes a displacement of the guilt and directs its reproaches, not against itself, but against its genital organ. Primitive thought finds displacements of this sort very easy. We often hear small children say: "I didn't do it. My hand did it." The life of primitive

peoples is replete with instances of this sort. The patient, then, is incensed with his genital organ, dispossesses it of the esteem previously lavished upon it (its narcissistic investment), and wishes to part with it. It is as though the ego said to the genital organ; "You are to blame for it all. First you tempted me to sin." (Bad conscience for infantile masturbation.) "Then your inefficiency brought me disappointment." (Lowering of self-esteem through later disturbances of potency.) "And therefore you drove me into my ill-omened drug addiction. I do not love you any more; away with you!" The ego does not castrate itself; it wrecks vengeance on its genital.[1]

In the "unconcerned" form of delusion of self-injury, the ego obviously is still experiencing an after-effect of the continuous elation; it is still "beclouded by original narcissism". To masochism—that is, to knowledge that it wishes to injure itself and that this is its sole objective—the ego is blind and deaf. It is as though, in the ego's state of grandeur, whether or not it has a genital is of no moment. The genital offended the ego—away with it!

The unconcerned type of delusion of self-injury occurs more frequently in schizophrenia than in pharmacothymia. In schizophrenia, the megalomania is responsible for the fact that the ego, under pressure of masochism, undertakes so easily to inflict the most horrible mutilations upon itself, such as amputations, enucleation of the eyeball, etc. The megalomania of schizophrenia and the megalomania of pharmacothymic elation are related manifestations of narcissistic regression. The

[1] In Ferenczi's ingenious theory of genitality (*Versuch einer Genitaltheorie*, 1923), the author calls attention to the fact that the relationship of the ego and the genital, in spite of all interests held in common, reflects profound biological antagonisms. The ego is, after all, the representative of the interests of the "soma"; and the genital, the representative of those of the "germ plasm". In so far as the ego feels itself at one with its genital libido, its genital organ impresses it as its most prolific source of pleasure; but for an ego that wishes peace, the genital becomes merely the bearer of oppressive tensions, which the ego wishes to shake off. From these and like premises, Ferenczi infers that—in the male—the act of procreation includes among its psychic qualities a "tendency towards autotomy of the genital".

former pursues a chronic course, the latter an acute, and they differ in regard to intellectual content and emotional tone; nevertheless, they both are based upon a regression to the "orginal narcissistic stature" of the ego.

Masochism in pharmacothymia may be attenuated into the passivity of a homosexual attitude. This fact gives us deep insight into the dynamics of homosexuality. The pharmacothymic regime has driven eroticism from its active positions and thereby, as a reaction, encouraged masochism. The genital eroticism which is on the retreat can then with the masochism enter into a compromise which will combine the genital aim of painless pleasure with the passive behavior of masochism, and the result of this combination, in men, is a homosexual choice of object.[1] The danger proceeding from the masochistic wish to be castrated, naturally remains extant. If it is of sufficient magnitude, the ego reacts to it with a fear of castration and represses the homosexual impulse, which afterwards in the psychosis may become manifest as a delusion of jealousy, or in the femine erotic quality of the delusions of persecution.

The advantage of homosexuality as compared to masochism is its more ready acceptability to the ego. In overt homosexuality, the ego combats the masochistic danger of castration by denying the existence, in general, of any such thing as a danger of castration. Its position is: there is no such thing as castration, for there are no castrated persons; even the sexual partner possesses a penis. If the ego in pharmacothymia or after the withdrawal of the drug accepts homosexuality, this turn must be regarded as an attempt at autotherapy. The recrudescence of the genital function with a new aim, more readily attainable, psychologically speaking, permits the ego to return to, or fortify, the "realistic regime". After being reconciled to its homosexuality, the ego can subsequently take a new reparative step toward masculinity by progressing from a passive homosexual to an active homosexual attitude. Thus,

[1] I shall discuss the conditions in women in another article.

male heterosexual normality is changed into active homosexuality by a three-stage process: (1) weakening of genital masculinity (because of intimidation due to threats of castration, diversion of the libido into the pharmacothymia, etc.) and a corresponding reactive increase in the antagonistic masochism; (2) the confluence of genital pleasure and masochism in the compromise, passive homosexuality; and (3) the development of homosexuality from the passive to the active form as the result of a vigorous reparative action on the part of the ego. In corroboration of this idea is the finding, hitherto neglected, that the homosexuality which the ego rejects and combats by the formation of delusions (symptoms) is always passive homosexuality. These facts help to clarify clinical manifestations that appeared obscure and complex. Obviously, the ego may have become homosexual, because of analogous circumstances, even before the pharmacothymia began.

These views, as I have presented them here, seem to me to throw new light upon the problem of the relationship between homosexuality and pharmacothymia. The homosexual background became evident to psychoanalysis, first in alcoholism, later in cocainism, and finally in morphinism. Since I attribute homosexuality to the influence of masochism, and since, furthermore, every type of pharmacothymia attacks genitality and by reaction strengthens masochism, the opportunity to effect this compromise must naturally be present in every case of pharmacothymia.

The love life of pharmacothymics may present pathological features other than homosexuality. These all derive from the basic situation described above, in my outline of the development of homosexuality, as "stage (1)". The pharmacothymic whose potency is debilitated by masochism may find ways of preserving his heterosexuality. In the first place, he may choose another compromise solution and become oriented passively towards *women*. This erotic position is quite unstable; but it can be reënforced, by an infusion of fetishism, to with-

stand the onslaught of castration anxiety. With the aid of the fetishistic mechanism, the beloved woman is in imagination transmuted into the possessor of a penis and elevated to take the place of the "phallic mother".[1] With this alignment of the instincts, the persons chosen as objects are, by preference, women who have a prominent nose, large breasts, an imposing figure, or, too, a good deal of money, and the like. Correlated with this, the emotional tone in regard to the genital region of women is disturbed by a sort of discomfort, and the patient assiduously avoids looking at it or touching it. In mild cases of pharmacothymia, this passive orientation towards women with its fetishistic ingredient often plays a major rôle, but its distribution is by no means restricted to pharmacothymia. A further intensification of the masochistic wish to be castrated, or better, of the fear of castration aroused by this wish, then forces the patient either to be abstinent or to follow the homosexual course and exchange the partner without a penis for one who possesses a penis. (See "stage (2)" described above.) In the second place, the ego may refuse to adopt as a solution the compromise of any passive orientation; it may respond to the danger proceeding from the masochistic instinct by a reaction formation. It is no easy task to divine what special conditions enable the ego to react in this way. But at any rate, the means used by the ego are the strained exertion of its pleasure in aggression. Sadism is rushed to the rescue of imperiled masculinity, to shout down, by its vehemence, fear of castration and masochistic temptation. In this case, too, heterosexuality is preserved, but the ego must pay for this by entering the path of sadistic perversion. In the dynamics of the perversion of sadism, the *vis a tergo* of masochism is the crucial factor; in its construction, infantile and recent experiences are jointly effective, in the usual familiar manner. The appearance of this variant, that is, the production of a true sadistic perversion is not, to be

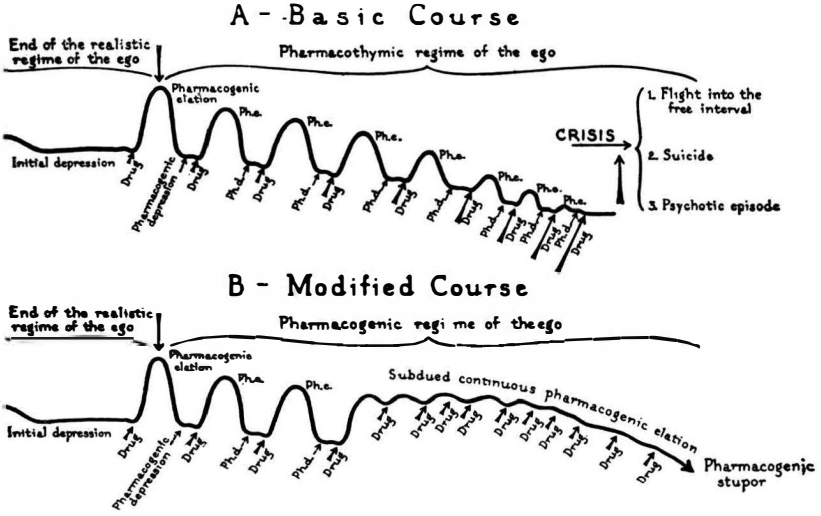
[1] Freud: *Fetishism*. Int. J. Ps-A. IX, 1928.

sure, promoted by the pharmacothymia. I recognized this mechanism in non-pharmacothymic cases, and I have mentioned it here only because it may furnish us with the explanation of a conspicuous deformation of the character, which may be considered a counterpart of the perversion of sadism, and which often may be found in pharmacothymia. Particularly in drunkards, we are familiar with aggressive irritability, with unprovoked outbursts of hate or rage against women, and the like, which in apparently unpredictable fashion, alternate with states of touching mollification. We can now understand that the accesses of brutality are the substitutes for potency of the pharmacothymic who is fighting for his masculinity, and that his sentimental seizures are eruptions of the masochism which his pharmacothymia has reactively intensified.

Pharmacothymia is not ineluctably bound to this basic course with its terminal crisis. Many drugs, especially alcohol, admit of combating the recurrent depression by overlapping dosage. The patient takes a fresh dose before the effect of the previous one has ceased. If he does so, he renounces "elation" in the narrower sense of this word; for elation is a phenomenon dependent on contrast. Instead, he lives in a sort of "subdued continuous elation" which differs from simple stupefaction probably only because of its narcissistically pleasurable quality. This modified course leads through a progressive reduction of the ego to the terminal state of pharmacogenic stupor. A flaring up of the desire for a real elation or other reasons may at any time bring the patient back to the basic course with its critical complications.

This sketch of the theoretical picture of pharmacothymia roughly outlines the broad field of its symptomatology. One thing remains to be added. In more severe, advanced cases, symptoms appear which are the result of cerebral damage, and which are consequently to be interpreted with due consideration of the point of view of brain pathology. In this, we may expediently make use of the psycho-physiological point of view

introduced into psychopathology by Schilder with the concept of "inroad of the somatic" *("somatischer Einbruch").*[1] If the poisons consumed have damaged the brain substance, and permanently impaired cerebral activity, this is perceived in the mental sphere as a disturbance of the elementary psychological functions. The psychic organization reacts with an effort to adapt to this fact and correct the result. It is well to differ-



SCHEMATIZED COURSE OF PHARMACOTHYMIA

entiate the phenomena which originate in this way, as the "secondary symptoms" of pharmacothymia, from those "primary" ones which we have been considering. The secondary symptoms are more characteristic of the brain lesions which determine them than of the illness in which they appear. This can be seen in the example of the Korsakoff syndrome, which occurs in other conditions as well as in pharmacothymia.

Finally, it might be pointed out that in addition to full-

[1] Schilder, Paul: *Über die kausale Bedeutung des durch Psychoanalyse gewonnenen Materials.* Wiener klin. Wchschr. 1921.—The theory of general paralysis formulated by Hollós and Ferenczi is based on a similar idea.

blown pharmacothymia there are obviously abortive forms of this illness. The patient may, generally speaking, retain the realistic regime, and use his pharmacothymic regime only as an auxiliary and corrective. He desires in this way to make up for the uncertainty in his realistic attitude and cover a deficit by means of counterfeit. By easy transitions we arrive at the normal person who makes daily use of stimulants in the form of coffee, tea, tobacco, and the like.

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THE BODY AS PHALLUS*

BY BERTRAM D. LEWIN (NEW YORK)

The knowledge that the whole body may serve as a symbol for the phallus dates back to Freud's discovery that in the manifest content of a dream, the penis may be represented by the dreamer's own body or by the body of another, frequently a child. In psychoanalysis, we are accustomed to a shorthand statement of this fact; we say, there is an unconscious equation of body and phallus, or of child and phallus.

The application of this finding to the psychology of the neuroses we owe primarily to Ferenczi, who found that in hysteria the body as a whole, or non-genital parts of the body, may take over genital qualities. He was able to speak, for example, of organs other than the genital being "in erection", and he invented the phrase "the genitalization of the body".[1] In a case of schizophrenia, Tausk [2] discovered that an "influencing apparatus" described by the patient stood for the projected representation of her body and for her genital, and he epitomized the libidinal situation in the phrase: "the whole body a genital".

The equation, body=phallus, found other applications in psychoanalytic psychology. Hárnik discovered that a "genitalization of the whole body" takes place normally in women at puberty,[3] and at the beginning of the latency period.[4] Róheim

* Read at the joint session of the American Psychiatric Association and the American Psychoanalytic Association at Philadelphia, June 3, 1932.

[1] Ferenczi, Sándor: *Further Contributions to Psycho-Analysis,* Chap. V. The same author has presented a wealth of clinical material dealing with the idea of the body as phallus in his paper, *Gulliver Phantasies.* Int. J. Ps-A. IX, 1928.

[2] Tausk, Viktor: *Über die Entstehung des "Beeinflussungsapparates" in der Schizophrenie.* Int. Ztschr. f. Psa. V, 1919.

[3] Hárnik, Eugen J.: *The Various Developments Undergone by Narcissism in Men and Women.* Int. J. Ps-A. V, 1924.

[4] Hárnik, Eugen J.: *Die ökonomischen Beziehungen zwischen dem Schuldgefühl und dem weiblichen Narzissmus.* Int. Ztschr. f. Psa. XIV, 1928.

found that primitive peoples regard the soul as a projected genitalized body—a symbol for both body and phallus;[1] Sharpe emphasized the part played by the equation of body and phallus in the sublimation of dancing;[2] and Hárnik[3] and Flügel[4] independently developed theories relating to clothes, which are in part based on the equation, body=phallus. Such works as Fuchs's *Sittengeschichte* contain numerous illustrations portraying a phallus clad as a little man.

The contributions referred to above applied the equation, body=phallus—or to use Tausk's expression, "the whole body a genital"—in the fields of dream psychology, psychopathology, psychosexuality, ethnology, and the arts. The first attempt to explain how the entire body becomes unconsciously equated with the phallus, we owe to Abraham, who introduced the idea of the oral incorporation of a bodily part and the identification of one's entire body with this part.[5] I shall return to a consideration of this important conception after I have reported certain manifestations of the equation, body=phallus, that are encountered in clinical psychoanalysis.

1. *The Body a Phallus, the Mouth a Urethra.*

When the body is used to symbolize the phallus, the mouth may represent the urethra and the ejection of fluid from the mouth an ejaculation or urination. To illustrate this point I present the following striking dream:

"I am sitting with my little girl on my lap. I grasp her tightly by the shoulders and squeeze her. She vomits and the vomitus spurts straight out. I awaken and find I have had an emission."

[1] Róheim, Géza: *Animism and Religion.* This QUARTERLY I, 1932, and in numerous works.

[2] Sharpe, Ella: *Certain Aspects of Sublimation and Delusion.* Int. J. Ps-A. XI, 1930.

[3] Hárnik, Eugen J.: *Pleasure in Disguise, the Need for Decoration, and the Sense of Beauty.* This QUARTERLY I, 1932.

[4] Flügel, J. C.: *The Psychology of Clothes.* London: Hogarth Press, 1931.

[5] Abraham, Karl: *Versuch einer Entwicklungsgeschichte der Libido.* Int. Psa. Verlag, 1924. (Trans. in *Selected Papers.*)

The dreamer was a young man, who by way of the vomiting associatively identified himself with his wife during her pregnancy, and with the child. For my present purpose, I merely wish to point out the self-evident use of the child's body to represent the penis and vomiting to represent ejaculation.

A young woman patient reported a dream which in a sense is an antithetical companion piece of the one above. Her dream ran:

"I was on board a small boat during a heavy storm. The boat pitched, and I slid back and forth in it and became seasick. I awoke vomiting."

Besides many associations dealing with pregnancy and prenatal existence, the patient associated the dream picture to a coitus. The motion of the boat suggested the motion of coitus; she herself was the penis sliding back and forth in the vagina. The vomiting she associated to earlier experiences of waking up and finding that she had had a liquid emission of a different sort—namely, urine. The waves, also, brought out associations relating to enuresis. Here again we find the body equated with a penis and the mouth with the urethra.

A very apt improper story, which I owe to one of my colleagues, illustrates exactly the idea that the mouth takes the place of the urethra when the body represents a phallus. The story is in the form of a conundrum. How, it is asked, can that little man sexually satisfy that big woman? The answer is: he puts his head and shoulders up her vagina, wiggles his ears, and vomits. This story neatly illustrates Freud's and Ferenczi's contention that fantasies of "returning to the mother" are "coitus fantasies of the sexually inhibited" [1]; it also illustrates the point that when the whole body stands for a phallus the mouth may stand for the urethra and vomiting for the orgasm.

[1] See Freud: *Hemmung, Symptom und Angst.* Ges. Schr. XI; and Ferenczi: *Gulliver Phantasies,* Int. J. Ps-A. IX.

The illustration from Frans Masereel's book of wood-cuts, *Das Werk* (Kurt Wolff, Munich), shows a gigantic figure,

which—the preceding wood-cuts leave no doubt—symbolizes the phallus of a dreaming sculptor. "Das Werk" is putting out a fire. Compare "Das Werk's" technique with that of his gigantic colleagues, Gulliver and Gargantua.[1] The ejection of

[1] Ferenczi: *l.c.*

water from the mouth is the analogue of the urination of the other two giants.

When the body represents the phallus, other bodily ejecta besides vomitus may represent a seminal ejaculation. More compactly than in any of my case material, this point is illustrated in a case which was presented by Lawrence S. Kubie at the Technical Seminar of the New York Psychoanalytic Society.[1]

This patient once stated that when he coughed he felt "nauseated in his urethra". The meaning of this statement became clear when the patient began to fantasy that his whole body was a penis. He wanted to be rubbed, and this, he said, was like having his penis rubbed; to rub another body with his body was like rubbing two penises together; to stand was to have an erection, to droop was to have a flaccid penis. Any excretion from his body, including vomitus, was like an ejaculation. In numerous ways he cross-equated semen, fæces, and vomitus, and identified himself not only with a penis but also with a child and a fæcal mass.

This identification with a so-called "anal penis" will be discussed later.

Other manifestations, besides vomiting, indicate the use of the mouth as a substitute for the urethra. A patient who was constantly expressing, in words, the fantasy that her whole body was a penis, reported her subjective feelings during a single day: She awoke lethargic, but gradually as the day wore on, she became more and more tense until she arrived at a plateau of tension. The tension consisted chiefly in an awareness of an increased sensitiveness of her skin and stiffness in her back. This state she compared *expressis verbis* to feelings in coitus interruptus. When she came to her analytic hour, in the afternoon, her back felt arched, as if it were about to raise her hips from the couch. Then, as she spoke during the

[1] I wish to express my thanks to Dr. Kubie for the use of his notes and for permission to cite this material.

hour, her tension disappeared in an "outpour of words" which, she said, was her "orgasm".

Another patient equated her bodily sensations with those which might arise from an erect penis. As she lay in bed her body felt as if it were swelling and getting hot. It seemed to get longer; and as the tension and anxiety associated with this state increased, she felt an overwhelming urge to scream. Screaming she associated to a loss of sphincter control. The analysis showed that this tension repeated phallic sensations which she had had as a child when she was an unwilling passive witness to adult coitus. They were then frequently followed by enuresis; later by violent impulses to scream.

Since the work of Ferenczi it is well known that the flow of words is often unconsciously equated to a flow of urine, particularly in stammering.[1] The topic of stammering will receive separate treatment in this paper. Here I shall merely refer to the fact that in stammerers whom I have analyzed, not only did the mouth stand for the urethra (and anus), but also the whole body was genitalized and represented the phallus.

The recognition of the fact that urethral qualities may be transposed to the mouth when the whole body represents a phallus may be useful in explaining a point in the origin of the character trait "ambition". Freud first called attention to the fact that ambition is a trait of character frequently found in persons who in childhood had shown marked interest in the urinary function.[2] E. Glover[3] and Abraham,[4] however, found that ambition is also an oral trait, fitting in with other traits to form what Abraham called an oral erotic character. The analysis of three very ambitious persons allows me to surmise how the oral eroticism and the urethral eroticism may be connected. All three of these patients had a great ambition to

[1] Ferenczi, Sándor: *Further Contributions*, etc.

[2] Freud: *Character and Anal Erotism.* Coll. Papers II.

[3] Glover, Edward: *Notes on Oral Character Formation.* Int. J. Ps-A. VII, 1926.

[4] Abraham, Karl: *The Influence of Oral Erotism on Character Formation.* In: Selected Papers.

write; two were stammerers; all three constantly produced dreams and associations in which they represented their body as a penis and words as the flow from the penis which possessed magical qualities. The erect "phallic" bearing of one of these individuals was very striking—in a transference fantasy he compared his body to a penis, the analytic room to a uterus, and his continual coming in and going out to coitus. Another of the patients dreamed that she was talking from a high mountain; as she spoke a cascade flowed from the mountain; when she ceased speaking it stopped. The dream represented the fulfilment of her wish to write a novel, for which she had already selected a title like "The Cascade".

It seems, therefore, that ambition may correctly be called a urethral character trait and an oral character trait; or in view of my material, a character trait depending on the displacement of urethral qualities to the mouth when the whole body represents a phallus.

The rôle played by the fantasy of the whole body as a penis in early pregnancy and in fevers will receive separate treatment in this paper.

In this paper so far, I have been dealing with vomiting as a representative of urethral (or anal) expulsion. At this point it is tangent to that of Hendrick,[1] and that of Hárnik,[2] who report cases in which vomiting, as an expulsion mechanism, is put to narcissistic use, to expel incorporated objects, or to prevent oral incorporation. The libidinal source of the vomiting in these cases could depend on a "primary vomiting eroticism," yet especially in Hendrick's case, where the author emphasizes the "phallic" bearing of the patient, the vomiting might well represent a displacement upward from excretory functions, according to the mechanisms to be described in this paper. Dr. Hendrick (in a personal communication) tells me that he regards the "defense" as the primary motive in originating the vomiting and the erotic elements as due to secondary libidinization.

2. *The Body as Phallus, a Sign of a Postphallic Type of Libidinal Organization.*

So far this paper has described and discussed expressions in

[1] Hendrick, Ives: *Ego Defence and the Mechanism of Oral Ejection in Schizophrenia.* Int. J. Ps-A. XII, 1931.

[2] Hárnik, Eugen J.: *Introjection and Projection in the Mechanism of Depression.* Int. J. Ps-A. XIII, 1932.

clinical psychoanalysis of the unconscious equation, body= phallus. It will now take up what might be called the deep psychology of this equation and discuss not by what signs the equation may be recognized, but by what mechanism it originates, and what its presence signifies in terms of libidinal organization.

Abraham has answered the question, how does the equation originate? In his *Entwicklungsgeschichte der Libido,* he published two case reports in which the patients constantly identified their whole body with a penis. These patients unconsciously believed, and as the analysis progressed verbally fantasied, that they had become a penis because they had eaten one. Abraham worked out the unconscious mechanism in detail and found that the complete fantasy consisted in a biting off of the penis—that is, killing it—equating is thus to fæces, then swallowing it, and by virtue of the swallowing and incorporation, making it one with the eater. The swallowing and incorporation produced the identification, which Abraham calls *partial,* that is to say, an identification with a bodily part of another person.

This process was neatly described by a patient of Ferenczi's, cited in his paper on *Gulliver Phantasies.* The patient "often dreamt of tiny little black men, and in one of her phantasies during free association she felt impelled to eat them. A quite spontaneous association to these thoughts was that of eating dark-colored fæces and then of biting and devouring a penis. By eating these up she felt that her whole body was in some way transformed into a male genital; in this guise she could in her unconscious phantasies have sexual intercourse with women." In this same paper Ferenczi interprets fantasies of "returning to the mother" as a coitus with the whole body instead of the penis.

A patient whom I analyzed frequently referred to his body when he meant his genital, and in dreams and fantasies constantly used his whole body for phallic purposes. Suddenly during the analysis he complained of a bad taste in his mouth became nauseated, and began to utter a stream of obscene and

scatologic words which he applied to all the persons and things in life that he held dear. He then frankly fantasied biting a penis and a breast. Analysis of his behavior showed that it was a way of expressing his early reaction to the sight of his father's penis. At that time he had eaten chalk and clay and drunk urine, and during the period succeeding, he had often fantasied biting off his father's penis and his mother's breast. The mechanism was that described by Abraham: the patient bit off the penis, equated it with fæces, devoured it, and identified himself with it.

Frequently, as Fenichel states,[1] the fantasy of fellatio in hysterias is a "euphemistic expression for a more repulsive idea—to bite off the penis." He gives as one of the four meanings of this fantasy, an identification with the man. In place of this identification, I have found more commonly that the fellatio fantasy—as cover for a biting fantasy—leads to an identification with the penis: the formula is then not "I possess the penis I took from him" but rather "I now am the penis I took from him"—and the male activities fantasied as ensuing from this identification make use of the whole body as the phallus.

We can now turn to the question, what is the sexual aim of the person who identifies his whole body with a penis? One aim was given above in discussing the views of Freud and Ferenczi on fantasies of "returning to the mother": the idea may be used in the construction of a fantasy of coitus with the whole body as the penis. Other aims that have been referred to in this report, and in the contributions of the authors mentioned at the beginning of this paper, are urethral, anal, muscular, cutaneous, exhibitionistic, etc., covering most of the list of component erotisms. The question narrows then to a second question: what is the dominant sexual aim?

When the body represents a phallus, it means that a person has in fantasy eaten a phallus and identified himself with it;

[1] Fenichel, Otto: *Outline of Clinical Psychoanalysis.* This QUARTERLY I, 162.

if he has become a phallus through identification, then it follows from what we know of identification that he has exchanged rôles with the former object. A man who identifies himself with a woman takes over her rôle; similarly, the person who has identified himself with the penis takes over all the rôles of a penis, but by virtue of the level at which the identification is made, the important rôle of the penis is—to be eaten. Logically, then, the sexual aim of a person who has in fantasy eaten the penis and become the penis is—to be eaten; and the fantasy is a sign of this unconscious wish.[1]

To leave logic and return to clinical facts, we must inquire whether there is empirical evidence for the thesis that the equation of one's body with a penis represents a wish to be devoured. To begin with the fantasy referred to several times in this paper, that of "returning to the mother," sometimes erroneously referred to as "intrauterine regression", I suggest that this is a genitally colored regressive variant of the Chronos myth: in place of an active penetration of the woman, the individual is swallowed *in toto*. Again this point seems related to the well-known fantasy of the *vagina dentata*.

A young man, whose case was in part reported in another paper,[2] had genitalized his whole body to a remarkable degree. His sexual life was disturbed by the fantasy that a set of teeth was concealed in the vagina of his sexual partner. This fantasy was a sign of his identification with the woman during coitus, for in his dreams he constantly represented himself as being bitten by snakes and rats, and these dreams of being bitten

[1] It might be objected that if this reasoning holds, then after every incorporation—not merely after an incorporation of the penis—the passive aim, to be eaten, should be dominant. But this is probably true in depressions (melancholia), too, for the ego, after incorporating the object orally, becomes passively masochistic to its super-ego and is "gnawed," "bitten" and "stung" by conscience. The breast and the penis as partial objects and the total object in melancholia represent "narcissistic object choice." It remains to be learned whether the wish to be eaten follows an identification with less narcissistic antecedents.

[2] Lewin, Bertram D.: *Kotschmieren, Menses und weibliches Über-Ich.* Int. Ztschr. f. Psa. XVI, 1930.

represented the gratification of passive homosexual wishes. Further analysis of this trend revealed that in early infancy he had enjoyed imagining that his father was eating him up. Curiously, then, in coitus with a woman he was disturbed by this infantile fantasy; her vagina became the father's mouth, and his penis, identified with his body, became the representative of himself in the infantile fantasy. His fear of castration was thus the equivalent of a fear of being eaten up by his father; and being eaten was a passive (feminine) fantasy.

In this case, as in several others, where to bite and eat was the orally degraded representative of genital masculinity, to be eaten represented the corresponding feminine passive wish, and the fear of being eaten the fear of being made a woman (castrated).

This point was first touched on by Fenichel in a brief paper entitled *The Dread of Being Eaten.*[1] Two male patients of Fenichel's had the idea that to produce a girl baby, a boy must first go back into the mother, either by being "stamped in" or swallowed. In the mother he is deprived of his penis and then reborn a girl. Fenichel points out the obvious connection in these fantasies between the dread of being eaten and the fear of castration. He believes that the fantasy arises from an identification with a newborn child or fœtus, which analytically would also be a "part" of the mother. He says that just as Freud has called the fantasy of returning to the mother "the incest fantasy of the sexually inhibited", so the dread of being eaten is the corresponding "fear of castration of the inhibited".

I think Fenichel's and my own findings permit a bolder statement; namely, that the fantasy of one's whole body being a penis is symbolically a passive feminine fantasy, the equivalent of the phallic level fantasy of castration. The fantasy of "returning to the mother" or of going into the mother with the whole body is a distortion of the idea of being eaten up. Fenichel's arguments on this score are particularly cogent.

[1] Fenichel, Otto. Int. J. Ps-A. X, 1929.

The specific anxiety connected with the idea of one's entire body being a penis is a fear of being eaten.[1]

Some details from the case history of a young woman patient will illustrate this point. This patient believed unconsciously in the existence of a penis in her mother and several other women. She often dreamed of overt sexual relations with her mother, in which her mother had a penis. Dreams of intercourse with phallic women were not accompanied by anxiety. Another type of dream was constantly accompanied by anxiety: in these she was represented as being in danger of falling over a precipice or into a canyon or lake. In childhood, the contents of such dreams had been, falling off a bridge and drowning. In one dream, during her analysis, she was pursued by men and rescued herself by making her way hand over hand on a taut rope stretched across a deep chasm. She awoke with terror and a fear of falling. This dream occurred during a current situation with a man by whom she was figuratively being "pursued", and her escape and fear of falling signified her attempt to avoid the situation. But interestingly, she depicted the danger of defloration (and castration) as a danger to her whole body, such as impending death from falling and the like, and her associations to herself dangling from the rope over the chasm were all to the effect that she was a phallus. The chasm, moreover, was described in strikingly oral terms: it "yawned" beneath her, she feared she would be "swallowed up", and the like. To fall, then, in genital terms meant to be castrated or deflorated, in oral terms to be swallowed up.

The fear of being swallowed was related in this patient to a fear of pregnancy. For many months, with quite inadequate reason, she worried excessively when her menstruation was delayed, anxiously ruminating over the possibility of being

[1] To indicate how the child's animistic mode of thinking can endow inert objects with passive wishes and facilitate the child's identification with articles of diet, I report the following observation. A nurse was coaxing a four year old to eat by saying: "There's a little carrot wants to be eaten up. There's a little piece of bread wants to be eaten up," and so on—and succeeded in enormously interesting the child in the food.

pregnant. At such times she regularly had dreams of falling, such as the one referred to above, particularly of falling into water. The "birth" symbolism in these dreams is of course well known; but the patient constantly referred to being "swallowed" and "sucked in" by the water. Numerous associations and symptoms showed that to become pregnant meant, for her, to eat a penis. In her fantasy of being pregnant, then, she had eaten a penis; she had, furthermore, identified herself with it and become a penis; and from this we might have deduced from our thesis that her aim (and fear) would be, to be eaten. Her manifest fear that she was pregnant, therefore, stood for an unconscious fear of being eaten. To be eaten, in this case, was an oral symbolic vehicle for the fear of castration—the feminine masochistic goal. This interpretation of the fear of being pregnant as equivalent to the fear of being eaten coincides with views expressed by Radó [1] on the basis of totally different material and working from a different point of view.

It might be asked at this point, why the *oral* phenomena connected with the fantasy that the body is a phallus should be emphasized; for it is evident that phallic, cutaneous, muscular, exhibitionistic, urethral, and anal strivings can be gratified through this fantasy. Abraham's contribution will support the statement that the identification of the body with the phallus is a special case of the more general mechanism of identifying the body with any bodily part; it represents the aim of a definite level of libidinal development; and so far as the cases which I have studied enable me to judge, we are dealing with a postphallic manifestation of this mechanism set into play by the influence of castration anxiety. To say, then, that the fantasy represents a regression to all the component strivings mentioned does not do justice to the relative importance of the oral factor. In the genital organization we also have component sexual strivings, but the non-genital ones are subordinated to the genital impulse; we speak of genital primacy and

[1] Radó, Sándor: Personal Communication.

of non-genital fore pleasures. Similarly and analogously, the non-oral impulses mentioned are subordinated under the dominance of the oral zone. We are dealing with a postphallic reorganization of the component impulses into an organization whose main aim is oral. The urethral, phallic, cutaneous, anal impulses and the rest should be regarded as subordinate or accessory fore pleasures in an organization in which there are two dominant erotic goals: (1) the active goal—to swallow a bodily part; (2) its passive counterpart—to be eaten up. It is a peculiarity of this organization and of the nature of the aims, that the attainment of the active goal—the devouring of the part—produces an identification of the subject with the part and leads to the reversal of aim into the passive form.

That the favorite part chosen for incorporation at this stage should be the phallus is presumably due to the influence of the preceding early genital stage of development. All authors concur that the fantasy of being a phallus is characteristic of women rather than men; when it occurs in men it seems closely connected with their feminine identification. I suggest that the discovery of their "castration" in little girls, with its emphasis on the importance of this *part* of the body, accounts for the greater distribution of this fantasy among women. That persons should insist that their whole body is a penis testifies to the persistence of the wish to have a penis, and fulfils this wish in an "illusory" fashion.[1]

A postphallic regression to the oral level has been invoked by Freud to explain super-ego formation.[2] Sachs has explained certain types of female genitality by referring to a postphallic oral motivation (*Antrieb*).[3] Hárnik has described a postphallic genitalization of the entire body.[4] Helene Deutsch, though

[1] Radó, Sándor: Paper read before American Psychoanalytic Association, December, 1931.

[2] Freud: *The Ego and the Id.* P. 36.

[3] Sachs, Hanns: *One of the Motive Factors in the Formation of the Super-ego in Women.* Int. J. Ps-A. X, 1929.

[4] Hárnik, Eugen J.: *Die ökonomischen Beziehungen zwischen dem Schuldgefühl und dem weiblichen Narzissmus.* Int. Ztschr. f. Psa. XIV, 1928.

emphasizing the anal aspect, has pointed out the importance of the postphallic "*Passivitätsschub*".[1]

The nature of my material unfortunately does not permit me to determine which elements in this postphallic reorganization arose from the prephallic organization recently described by Freud.[2] The primitive dread of being eaten up, referred to by Freud, may well have contributed to the genesis of the type described in the present paper. It may well be that the fear of being eaten up by the mother, after the "shift to the male", may be covered by derivatives, such as a fear of pregnancy, a fear of infection, and the like, in which incorporation of the phallus enters into the construction.

3. *Nosological Distribution of the Equation.*

The fantasy of the whole body as a phallus was discovered by Abraham in two cases, one a hysteria in which the presenting symptom was vomiting, the other a cleptomania. Of the patients whose material I am using in this paper four were men, five were women. One of the women had typical anxiety hysteric symptoms; one woman and one man had outspoken compulsion neuroses; two men and three women showed a symptomatology which was predominantly hysterical, but which had many depressive features; one man had a "character neurosis".

Naming the formal "diagnoses" of these cases is of no particular value so far as the understanding of the rôle played by the equation (and its unconscious sources) in the symptomatology is concerned. The possible exception to this statement is the group referred to with mixed hysteric and depressive symptomatology. Here the genitalization of the body and the orality were conspicuous. Such cases are doubtless often described as "hysterical depressions" or as hysterias which show

[1] Deutsch, Helene: *Psychoanalyse der weiblichen Sexualfunktionen.* Int. Psa. Verlag. 1925. P. 10-11. See also *On Female Homosexuality.* This QUARTERLY I, 1932.

[2] Freud: *Concerning the Sexuality of Woman.* This QUARTERLY I, 1932.

introjection.[1, 2] Here the equation and the organization in question may be intimately connected with the basic unconscious dynamics which give rise to the form of the neurosis. Otherwise, the finding explained, or helped to explain individual features in the neuroses, rather than the nosogenesis.

Thus, in one compulsion neurotic, the genitalization of the body chiefly served to explain the gravidophobia which appeared from time to time, to which reference was made above. In the "character disorder", it was related to a fear of being infected, which appeared as a transient complication during analysis. It seemed to throw light on stammering. Probably the genitalization of the body and its related oral mechanism plays a rôle in those phobias which have an oral coloring, such as gravidophobia or fear of infection, in a manner analogous to the anal element in agoraphobia, which Helene Deutsch first reported.[3] The anxiety in such cases would mean among other things, the fear of being eaten.[4]

4. *Stammering and the Body as Phallus.*

The rôle played by non-genital elements in the deep psychology of stammering has occupied the attention of several analytic writers. The displacement of the "magical" value originally attributed to the excretions on to speech has been given special emphasis by Ferenczi.[5] The flow of speech is equated with the flow of urine, the expulsion of fæces and the passing of flatus. The oral sadistic element in the neurosis has been emphasized by Coriat.[6]

[1] Feigenbaum, Dorian: *A Case of Hysterical Depression. Mechanisms of Identification and Castration.* Psa. Rev. XIII, 1926.

[2] Fenichel, Otto: *Outline of Clinical Psychoanalysis.* This QUARTERLY I, 163, with references to other papers.

[3] Deutsch, Helene: *The Genesis of Agoraphobia.* Int. J. Ps-A. X, 1929.

[4] For a discussion of the rôle of the pregenital components in anxiety hysteria, and the tendency to incorporation, see Fenichel, Otto: *Outline of Clinical Psychoanalysis.* This QUARTERLY I.

[5] Ferenczi, Sándor: *Further Contributions,* "The Psychoanalysis of Sexual Habits."

[6] Coriat, Isador: *Stammering.* Nerv. and Ment. Monograph Series, 1928.

My sole reason for introducing the topic of stammering in this paper is to record an impression of the interrelation of the pregenital aims which I obtained from two patients.

One of these was a sort of Demosthenes, who had been a stammerer in his youth, and now prided himself on his oratorical ability and eloquence. He had many fetishistic traits, and in his unconscious, firmly believed in the existence of a female penis. Coitus with a woman was followed by a fear of infection, which was not only a representative of a fear of castration, but also included an identification with the woman by virtue of which he could think himself pregnant. In his dreams fellatio practiced on him figured largely and proved on analysis to represent an identification of his body with the maternal breast—his penis represented the nipple, his partner a child. His bearing was "phallic", he constantly compared his whole body to the penis in fantasies of "returning to the mother"; and in the analysis where the analyst played the transference rôle of a hated mother, he overtly fantasied having coitus with the analyst with his whole body as a penis. He constantly used his speech as a sadistic weapon and compared it to urine and flatus. His ambition has been referred to elsewhere in this paper.

The female patient had also stammered in her youth and overcame the defect by developing a "self-curative" obsessional neurosis. She preserved a strong belief in the magical efficacy of words, which she had displaced from excrementitial functions. Her gravidophobia and its oral basis, as well as her identification of her body with a phallus, have been discussed in the preceding pages; and her ambition was referred to in the discussion of that topic. It will be recalled that she had extensively "genitalized" her body and "urethralized" her mouth. She constantly emphasized her oneness with her mother, closely pursued her mother's career, and reacted with anxiety to any effort to separate her from her mother. Her dreams showed that such a separation stood for (1) the mother's castration—this was manifested in dreams in which the mother

was represented as losing a penis; (2) an ablation of the mother's breast—represented by a fear that her mother might have a cancer of the breast; and (3) a miscarriage by the mother —manifested in dreams of mother substitutes having miscarriages and accidents. In all three instances, she identified herself with the part of the mother which would be removed—penis, breast, fœtus.

In both patients the belief in the mother's phallus was unmistakable, as was their identification with it.

It seemed that the oral sadistic aim was the chief or central aim in their stammering, the ideational content—to ablate the breast—being displaced by way of the equation, breast=penis, to the phallus; that the fantasied incorporation of the phallus led to an identification of themselves with it; that this in turn led to the "urethralization" and "analization" of the mouth, the "excrementalization" of the flow of speech, and to stammering. In other words, I suggest that in these cases of stammering, the same situation occurred which I postulated for ambition: when the body becomes a phallus, the mouth becomes a urethra (and anus); and the stammering is a function of the reorganized libidinal arrangement.

5. *The Body as Phallus in Fevers and Pregnancy.*

When a patient is stricken by a fever during analysis, he will usually report his associations relating to the fever. In these associations, it often happens that the fever is regarded as a pregnancy, or that the hot sensitive body is used to represent an erect penis. Not infrequently this idea is elaborated into a fantasy of "returning to the mother".

To one of my patients, who went through an infectious illness during her analysis, itching of her entire bodily surface—a symptom of the illness—was directly associated to genital itching which had occurred in infancy when, during an illness, her bed had been moved to the parents' room. Other patients have compared being sponged and bathed while ill to genital masturbation. It is not necessary to multiply examples of the

genitalization of the body during a general infection: a reference to Ferenczi's [1] discussion of inflammation and eroticization will suffice. We are evidently dealing with a "pathoneurosis" in which the entire body is the physically affected structure that is libidinized. The fantasy of the whole body as a penis is the psychological counterpart of the organically determined libido placement. Individual symptoms have correlated libidinal counterparts; body itching is aligned with genital itching; anorexia, nausea, vomiting, etc., with coprophagia or urinary fantasies.

If we take into consideration the libidinal changes that accompany an organic illness, there is little wonder that many hysterical symptoms are patterned on earlier organic illnesses; or that—as the Wolfman's malaria reminds us—illnesses in infancy should have important psychological consequences. More obscure is the problem, which, apparently organic, "individual" features of an ordinary infectious illness are determined by the nature of earlier illnesses.

Can the genitalization of the body in fevers be an outcome of the same process which seems to lead to genitalization in the neuroses—namely, the oral incorporation of a penis? The question reminds us of the other associations to febrile illness. those relating to pregnancy. This pregnancy is thought of as originating orally—as is the infection.

This second interpretation of fevers, as a fantasied pregnancy, naturally leads us to consider the psychology of pregnancy, for the symptoms of pregnancy can also be thought of as arising on a "pathoneurotic" basis. Helene Deutsch has ably dealt with this complicated subject.[2] Here I should merely like to point out the operation in the early stages of pregnancy of the unconscious fantasy that the whole body is a phallus. The symptoms which seem to be manifestations of this equation are the vomiting, and gustatory disturbances,

[1] Ferenczi, Sándor: *Further Contributions,* Chap. V.

[2] Deutsch, Helene: *Psychoanalyse der weiblichen Sexualfunktionen.* Int. Psa. Verlag. 1925.

which depend on fellatio and coprophagic fantasies (Deutsch), loss of appetite, the classical "picas"—cravings for articles of food which are phallic symbols—and cutaneous sensitiveness.

When such symptoms appear during an analysis, transiently, we rightly suspect that the patient is reporting an unconscious fantasy of pregnancy and regard the oral symptoms as dependent on ideas of oral insemination and as manifestations of unconscious ideas of fellatio and coprophagia. Yet they are strikingly similar to those which arose, say, in the case of hysterical vomiting analyzed by Abraham, from which he arrived at the conception of partial incorporation. Hence, I am encouraged to offer the suggestion that the libidinal organization in the early stage of pregnancy is of the type so frequently mentioned in this paper: dominance of the aim of incorporating the penis (equated with fæces) with resultant identification, so that the whole body becomes a phallus. The vomiting then would be not only a sign of unconscious coprophagia, but also of the unconscious aim to urinate like a penis.

6. *The Specific Phallus and the Specific Body in the Equation, Body=Phallus.*

The statement that the whole body represents a penis is not sufficiently specific; for completeness of understanding we must know whose body and whose penis are referred to. Mathematically speaking, there are four possibilities:

(1) One's own body is one's own penis.
(2) One's own body is another's penis.
(3) Another's body is one's own penis.
(4) Another's body is another's penis.

(1) The equation, *one's own body=one's own penis,* is not, I believe, found in the neuroses. The penis referred to in the neuroses belongs to an object, even though superficial appearances may suggest that it is the subject's. The clearest example of one's own penis being one's own body is Tausk's case, in which the schizophrenic patient identified the "influencing

apparatus" with her own body and her own (imaginary) penis. Probably, this equation will be found in schizophrenia; it may, in that disorder, represent the unconscious content of certain fantasies of coprophagia and sado-masochistic auto-fellatio. By analogy, the schizophrenic content of the process of incorporating a bodily part of one's self should be: biting off one's own penis, equating it to fæces, swallowing it, and thus becoming one's own penis.

Neurotic fantasies may deceptively give the impression of an identification of one's own body with one's own phallus. This is the case, for example, where the patient "returns to mother" using his whole body as a penis; and in this paper I have referred to patients whose total bodily sensations were reminiscences and adult equivalents of infantile genital sensations. Yet these persons were identifying their body, not with their own penis, but with the penis of the father in an œdipal situation.

If the schizophrenic reincorporates his own phallus and identifies himself with it according to the hypothetical sequence of processes outlined above, it would throw light on Alexander's idea,[1] that in schizophrenia self-castration serves a passive erotic rather than a punitive purpose.

(2) The second variant of the equation, *one's own body is another's penis,* is the one most frequently encountered in the analysis of the psychoneuroses. All the cases referred to in this paper, on which the discussion of vomiting, stammering, ambition and the rest was based, demonstrate this form of the equation: the patient identified himself with a parental phallus. Usually this phallus was the father's—as in the two cases originally reported by Abraham—but in some instances the patient identified his body with the phallus of the mother.

The importance of the idea that there is a maternal penis has been made evident by Freud's paper on fetishism.[2] It was

[1] Alexander, Franz: *The Medical Value of Psychoanalysis.* New York: W. W. Norton. 1931. P. 143.

[2] Freud: *Fetishism.* Int. J. Ps-A. IX.

with this fantasied phallus of the mother that two of the patients reported in the present paper constantly identified themselves, and the idea appeared transitorily in several other cases.

A patient who had transferred her hostility from her mother to men in the fashion recently described by Freud[1] had the following dream: The analyst was in bed and she was lying at right angles to him at the level of the genitalia; she then said to him, "I shall leave you". Her associations dealt with her wish to leave the analysis, which she associated further with a wish to leave her mother; her position in bed she associated to the position of the analyst's penis, and herself arrived at the idea, "If I leave you it will be like removing your penis". She had often fantasied overtly that her mother had a penis, and as her orientation to the analyst was the same as to her mother, her identification of her body with the analyst's penis seemed based on an identification with the removable penis of the mother.

The idea of one's body being the mother's penis is closely related to the idea of being a child at her breast or a fœtus within her; and doubtless many "birth dreams" are over-determined and refer to the castration of the mother. Fenichel pointed out the identification with the newborn child or fœtus in the fantasy of being eaten up. A female patient reported a "birth dream" which seems pertinent to this discussion. She was being born; as her head passed the vulva, her mouth and lips rubbed over the mother's clitoris and labia; the process went no further and she remained in this position. She associated first to early cunnilingal practices with her sister, then went on to ideas of suckling and remaining permanently at her mother's breast, "hanging from it like a little opossum". To hang from her mother's vulva, she thought, was like "being a penis".

Another patient, a man who believed firmly in the existence of a female penis, whose love choice was dependent on what

[1] Freud: *Concerning the Sexuality of Woman.* This QUARTERLY I.

for him were phallic qualities in a woman, and who had, indeed, frequented houses of prostitution where the women would strap on an artificial penis before cohabiting with him, began the practice of cunnilingus with his wife after she had had a miscarriage. He compared this act to penetrating her with his whole body and becoming her baby in the uterus, and one of its intentions was to make amends to her for the miscarriage for which he felt responsible. Deeper analysis showed that he unconsciously thought of the miscarriage as his wife's castration, and that the cunnilingus made him her penis and restored her to an uncastrated condition.

In many ways it is possible to think of cunnilingus as the perversion of which the fantasy of one's body being a penis (and its neurotic expression) is the negative.

(3) The third variant of the equation, *another's body is one's own penis,* is clearly seen in the common identification of one's penis with the whole body of a child. Several dreams cited in this paper will serve as examples, if they are necessary—for the narcissistic evaluation of the child as an "anal penis" is too well known to warrant detailed discussion. The idea that a child's body is one's own penis also figures in the classical fantasy described by Freud—"a child is being beaten".[1]

(4) The fourth variant, *another's body is another's penis,* according to Freud, is an equation by virtue of which women normally proceed in their sexual development from the desire for a penis to the desire for a mate. The familiar equation, child=parent's penis, is also an example of this variant.

7. *Summary.*

In summary, the following conclusions may be drawn from this consideration of the fantasy of the whole body being a penis:

1. The fantasy is a passive counterpart of the fantasy of eating the penis and represents an identification of the body with the penis.

[1] Freud: in *Coll. Papers* II.

2. The dominant sexual aim of the organization represented by the fantasy is to be eaten up, and this idea is an equivalent of the castration fantasy.

3. Other, subordinate aims are analogous to fore pleasure. These are urethral, anal, muscular, cutaneous, phallic, etc. A table will help clarify some of the symbolic relations between the body and the phallus:

Body	*Phallus*
Hat, clothes, fur, hair, skin.	Prepuce, condom. (Hárnik).
Mouth (other portals).	Urethra.
Vomitus and other ejecta (tears, saliva, etc.) voice, speech, screams, literary productions, etc.	Semen, urine.
Muscular and vascular tension. Postural erectness.	Erection.
Rubbing (massage, baths, etc.).	Masturbation.
Relaxation (sleep, narcosis, death, etc.).	Detumescence.
To be Eaten	*Coitus*
"Return to mother's uterus" (body-uterus).	Vagina dentata (fellatio) (mouth-penis).

4. The fantasy is characteristically part of a postphallic reorganization of the libidinal components.

5. There are four variants of the fantasy according to whether one's own body or the body of another person is equated with one's own penis or the penis of another person.

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ANXIETY WITHOUT AFFECT*

BY GREGORY ZILBOORG (NEW YORK)

1.

From a certain standpoint the very title of this communication might be considered as involving a vagueness and even a misconception; for some clinicians, as we know, believe that the very concept of anxiety implies the presence of affect; if the charge of affect *(Affektbetrag)* happens to be repressed, one naturally assumes that the anxiety too remains unconscious. It was apparently this commonly accepted viewpoint that led Freud to say: "We call it [anxiety] an affective state, even though we do not know what affect is"; yet, regardless of various possible constructions, the clinician is aware of the fact that anxiety, normal or neurotic, once it comes to full expression, is always intimately connected with, or accompanied by, a self-conscious feeling tone which is in some way related to a sense of fear and which apparently represents or is the affect of anxiety. In accordance with Freud's description, we know that anxiety is an unpleasant state of indefinite expectation which is related to no specific object; only when it becomes related to, i. e., when it "acquires" an object, does it become fear. Clinically, however, i. e., as far as the subjective perception of the affective tone is concerned, it is well-nigh impossible to distinguish anxiety from fear. Patients when under the spell of anxiety, frequently state that they are afraid, or feel frightened, even though they may be unable to tell what they are afraid of or why they are frightened; on such occasions they thus attempt to describe their feelings, rather than the relationships of these to things or events. On the other hand, when both ideational content and the anxiety remain repressed, the modes by means of which the individual defends himself against the breaking through of either, assume protean forms, of which the most successful are certain types of acting out;

* Read before the New York Psychoanalytic Society on November 29, 1932.

thus—the well-known tendency of unconscious homosexuals to undertake frequent or prolonged trips abroad, or to join the army, serves as a means of escaping by way of total flight or of partial sublimated gratification, the impact of stimuli which awaken their repressed trends to too dangerous a point of tension; too, the ideational content bound by anxiety might steal into consciousness devitalized, as it were, by the mechanism of isolation which we observe in compulsion neuroses. We hardly need to mention the variety of conversion phenomena which so successfully ward off both ideational content and affect. If, however, the ideational content does break through the barriers of psychological isolation, an affective outbreak in its direct or regressive form becomes inevitable, so that feeling tone, ideational content, and motor component—all come to expression together. To give point to this statement, one may cite the extreme case of a schizophrenic who for a long time remained in a state of perplexed depression and apprehensive withdrawal before he broke into an uncontrollable rage; for many days he became vehemently preoccupied with throwing madly his own fæces against the window panes or the walls of his room. Armed with a handful of his excreta, he demanded that he be permitted to go to have intercourse with his mother: "My father did it—why can't I do it? I was there once and I want to get into her again!" There seemed to be no end of his hatred. The affective accompaniment of this rather denuded feature of his œdipus complex was quite in keeping with the ideational content and could be brought to expression after anxiety had been properly disposed of. One is reminded, in this connection, of Ferenczi's apt statement, that anxiety is the common currency against which any affect is exchanged when the ideational content is held down by repression. In other words, once the content enters the field of awareness without undergoing the insulating influence of isolation, we must expect some definite affective reaction; if it is anxiety we happen to deal with, we shall naturally expect the affective components of anxiety to come to the fore. We may now recapitulate the

above statement somewhat schematically, as follows: an anxiety reaction consists, grossly speaking, of three components: ideational content, feeling tone (affect) and motor reaction; ideational content may appear isolated, with feeling tone and motor expression repressed; we can observe this in some forms of obsessions. Feeling tone may come into the foreground, while the ideational content remains repressed, but the motor accompaniment on such occasions will also be present; as an example of this, one may cite any attack of an anxiety neurotic; during such an attack he is aware of his anxiety (affect) and shows it by his pallor, tremulousness, rapid heart action and respiratory rate, etc., i. e., the motor component. Finally, the motor component may come into evidence with both ideational content and affect remaining repressed; we can observe this in cases of neurotic lacrimation or hand sweating or mild myoclonic or tic-like phenomena behind which are concealed both forbidden thoughts and anxious feelings. As has been said, all three components may break through simultaneously. One mathematically possible combination appears unthinkable, i. e., the breaking through of both ideational content and motor expression without the affect involved; for once one knows the thought which gives rise to fear, has this thought in mind and actually trembles, it is impossible to imagine that under such circumstances one would not also be aware of fear. This point, obvious to a psychoanalyst, and not so obvious to an academic psychologist, introduces incidentally an important correction into the traditional formulation of the so-called James-Lange law. The latter, in so far as it sees in the physiological (motor) component the source of affect, is correct only when either the ideational content or the affect or both are present in consciousness. Also, the simultaneous presence of the ideational content and of the physiological component makes the appearance of the affect inevitable.

While following this rather obvious and generally accepted trend of thought, I had to pause and puzzle over a singular reaction displayed by a patient, a medical student of twenty-five,

who in the course of his analysis tenaciously resisted facing his anxiety and who finally chose a mode of response which seemed to deviate considerably from what one might have expected in the usual course of events.

The patient had been under analysis for about fourteen months at the time the incident which is about to be related occurred. The only son in the family, he had a married sister who was two or three years older than he, and one unmarried sister, two or three years younger; both parents were living. He came to be analyzed because he felt undecided as to his career; he was not interested in many things in general or anything in particular, and was not certain as to what he actually wanted to do. His father had planned that his son should ultimately enter his business, but the patient was definitely disinclined to follow this plan; as a matter of fact, this was the only thing in the patient's life about which he was definite, although he was unable to explain definitely why. He was a good student at college, from which he graduated with distinction, his major interest being physics and mathematics. He possessed a keen mind, quite logical and clear, as one would expect in a person with physico-mathematical interests, and possibly talent. His father was well-to-do, and the patient was receiving from him a yearly allowance which afforded the possibility of comfortable and independent living; he lived at the parental home, however. His relation to his parents and sisters was objectively as vague as his choice of career; he liked them, he was tolerant about their failings and pleasantly lukewarm to their merits. There was an air of tepid intellectual serenity about his attitude towards them and other people. Yet, he had one or two intimate friends to whom he was quite loyal, even though he preserved toward them as towards everybody else an attitude of tolerant intellectual disapproval mixed with benevolent irony. The uncrystallized and profoundly passive orientation of his personality found its natural expression in his sexual life; he masturbated from an early age, presumably without conscious phantasies and without any conscious sense of guilt.

At the age of twenty, he established for a time a manifest homosexual relationship with an intimate friend. According to the patient's own description, it was a pleasant relationship that "must have made" an impression on him, since he decided (without being in any way upset) to break it off, and since he began soon afterwards to consider being analyzed. As one listened to the story of this his first love affair, one gained definitely the impression that it was devoid of romance and thrills. Fellatio was pleasant, the friend's penis in his mouth tasted like a large piece of fat—this was the patient's own summary of his sexual reaction. At about the same time he considered having intercourse with a girl; he was abroad at that time; the girl was a foreigner; she refused at first, then agreed, but at the last moment nothing happened. This last moment is psychologically quite instructive; they were alone in a room; he brought her to the point of agreeing; as she lay on the bed, the patient perceived the urge to move his bowels; he thought it would be better if he first emptied his bowels; so he repaired to the toilet and upon his return discovered that the affair was off as far as both parties were concerned—all this was told to the analyst with an uneven spontaneity and in a tone of even matter-of-factness.

This is about all that was learned about the patient in the course of fourteen months analytical work. His moods fluctuated imperceptibly if at all. Occasionally, he would say that he was or had been sad, but it would be more a statement of fact than an expression of feeling. He had dreams but would either remember only the fact that he had a dream or recall one or two dream fragments to which he would give no free associations. These fragments usually dealt with more or less frank hints that his attitude towards the analyst was a passive homosexual one, and that he would wish the analyst to have intercourse with him *per anum.* Attempts to interpret these dreams in the face of scanty associative material would elicit a mild reaction of assent: "Yes, it must be some sort of homosexual attitude." It was apparent that the chronic standstill of

the patient's affective life in and outside the analytical hours must have been due to an extremely pathological passivity combined with a severe reaction formation in regard to his extraordinary anxiety and possibly to some as yet undiscovered unconscious gratification which he must have been obtaining in or outside the analysis in order to keep himself in his tenacious state of pathological psychic equilibrium. Yet he wanted to be analyzed, he rejected repeatedly any suggestion to interrupt temporarily or to stop the analysis altogether. He would come regularly and punctually and fill his analytical hour with reports of medical lectures which he had just heard, or of the recent political news. In short, he gave the analyst a series of unsystematic but rather complete courses in anatomy, physiology, pharmacology, politics, economics, social science, physics, etc. Occasionally, he would betray a serene intellectual concern about free associations and would argue approximately as follows: he was helpless before the problem of free associations; for since discussions of politics and of the anatomy of the brachial plexus are *per se,* or otherwise, of no import to analysis, he would have to guide his thoughts into proper analytical channels, whatever it might mean; but such guidance would require a voluntary effort and then the associations would stop being free; he confessed he was unable to "understand" the method.

His father suffered from a vascular disease and had from time to time attacks of pain. It was at the time of one of these attacks, the severest that the father had had up to this time, and one which kept him bedridden for many weeks, that the patient was faced with a problem connected with a love affair. It was not actually a real love affair; like everything else in the patient's life, it was more in the nature of a passively accepted arrangement. The girl played the rôle of the aggressor, and he spent with her his summer holiday in the country away from the parental home. It was his first consummated heterosexual love relationship. As the time came to return to the city, he was faced with the wish of which he was only half

aware; to keep the girl. He did not want to marry her and would not want to break with her. She held out for marriage and would agree to a temporary continuation of the liaison, if he left his home and lived with her. The patient at that time admitted that he experienced a "sort of a conflict" and he felt rather sad. As always in the past, things seemed to arrange themselves without his having to do too much; he thus drifted into taking a small apartment where he would live with the girl "most of the time". In the meantime, his father's condition grew worse and the advisability of an amputation was considered. All through this period the patient's general demeanor failed to change to any appreciable degree. Only occasionally one would be able to sense rather than actually observe that the patient was somewhat perturbed and possibly worried. He would admit to being concerned and feeling sad, but he continued to talk in the same general way on the same general topics. At times, one would be on the verge of becoming convinced that nothing could ever make any sizable dent in the smooth surface of his emotions. Thus, he did not say anything until a week or so after he had had intercourse with the girl and even then he limited himself to a casual response to a direct question. When it was pointed out to him that it was strange to find him so placid and unimpressed by his first sexual victory over a girl, he readily agreed that it was strange; he did not deliberately conceal the fact; it just did not happen to occur to him. He was quite active sexually and showed no disturbance of potency.

At any rate, at the time when his father was passing through one of the acutest periods of his illness, the patient came one day and in his usual quiet and placid manner, he related the following:

He had just attended a lecture in clinical neurology. There was a demonstration of a patient with a thalamic lesion; the man was making funny noises; one could not tell whether he was laughing or crying and he—our analytical patient—had at the moment a "peculiar reaction": he felt a sort of a tightness

in his scrotum and the "pilomotor muscles" (the patient's own words) in the region of his pubes and on his head "sort of raised the hair." This said, the patient proceeded to speak on the anatomy of the thalamus—in his usual manner. At this point he was asked to tell something more about his "pilomotor reaction"—did he have any special thoughts at that time? No, not any that he could remember. Yes, now, when he comes to think of it, he did have some thoughts; at that instant, the patient's voice dropped, his face became pale and his breathing became accentuated; yes, the thought of a bicycle came to him. He went no further; after a very brief pause his usual smiling expression reappeared. He was then asked what the instructor did to elicit the reaction to the thalamic lesion. This he could not at first remember; but a moment or two later, he recalled that the instructor stroked the man's thigh. Instantaneously the pallor on our patient's face reappeared; he stated that he felt again the "pilomotor reaction" and thought of a bicycle, no, of a tricycle. He began to breathe very heavily, his head began to move as if spasmodically; he said his heart was beating very fast, he could not breathe, he saw himself with a gash on his leg and father approaching him with a knife; he also saw himself with a deep bleeding gash on his forehead and father coming towards him with a steel knife. The incident lasted about two minutes; then the patient quieted down with a "Queer!" uttered in a low tone of voice and almost instantaneously he regained his usual serene self. Throughout the episode he spoke in a semi-muttering voice, but his words were said distinctly, although the flow of speech was quite uneven on account of his labored breathing. Immediately after, he began to relate in his usual manner how his younger sister had dinner with a friend the night before, what she said about her friend, etc. . . . In other words, he behaved as if nothing untoward had happened. He was then asked whether anything ever actually happened in his life in connection with a bicycle or tricycle, or a wound, or a steel knife, and, if so, when. He did "seem to remember something." At this point he had

another attack identical with the one just described. As he regained his composure, he was asked to describe what he felt during the attack. This he was not quite able to do. Was it fear? No. Was he anxious? No, he could not say he was. How would he describe what he felt? Well, he felt his heart beating fast, he "had to" breathe rapidly, his muscles were sort of tremulous, and "that was about all." He stated this in his quiet and simple unemotional manner.

With an air of half-amused curiosity, he related in the next hour that following the previous hour, as he left my office he felt "queer", and as he sat down at the wheel of his automobile, he exclaimed loudly: "That's that!"—so loudly that passers-by turned around to look at him; he then drove off with a start, almost running into another car. That evening he recalled (not during the analytical session) that when he was six or eight, he did injure his forehead in some way and his father did bring a steel knife to press against his head to prevent the formation of a bump. There was also something about his sister, he said, and a bicycle, but that was all he could remember. All this was told without any apparent feeling, but as was learned later, upon leaving the analyst that day, suddenly, while in the street, he felt that he was really frightened without knowing why, and he ran quickly for a few steps as if running away from some danger.

From that time on the analysis fell back into the monotony of its intellectual rut. It was impossible to elicit anything of consequence for about three weeks, when one day he came and stated that he had had several dreams.

He dreamt that he was in a taxicab a short distance from his home. The meter was running very fast. It was not a "15 and 5" meter but x and x for each half mile (the sum representing his fee for an analytical session; this he did not notice at first). Finally the taxi stopped. The meter showed n dollars and ten cents. He objected to paying; it was really a ridiculously large sum; he was not angry, because he knew he was not going to pay; moreover, the policeman who was right there took the patient's side.

The *n* dollars, he volunteered, represented the fee for his analytical hours and the ten cents—the price of the autobus fare he paid the day before to come to my office; his car was left in a garage for some repairs and he had to come by autobus.

Another dream followed immediately: he was running away from some man; there were now two and then three people. When there were two, one of them was the patient himself as a little boy of six or seven. When there were three, one of them was the patient watching the chase of the little boy who was a stranger to him; the man looked "perhaps somewhat" like the analyst. There was a red light which seemed familiar, but he was unable to say any more about it than that. He was running very fast and was *really very frightened;* he finally ran into a bed, the man now was an ogre catching up with him, rushing towards him and finally leaning over him apparently ready to harm him mortally. He was *terribly frightened* and just at that moment he saw the ogre transformed: it was his father, with "nice soft lips", smiling; his skin was smooth, freshly shaven and powdered. He woke up.

This dream was told with the patient's usual equanimity, but with a flicker of interest unusual for him.

The bed was a double bed like the one in his parents' bedroom when he was little, or—was there a double bed?—he wondered. That light was familiar. The ogre leaning over him made him think of the crow that clipped the lip of Leonardo. He was unable to contribute any more in that hour, but he did mention the next day that he used to get frightened in the night when about six years old and go for protection to the parental bedroom; too, he asked his mother about that light and she said that there actually had been such a light in their house; it was in the hall leading to the bedroom.

Following this the patient reverted to his usual affectless intellectual musing throughout the analytical sessions. On one occasion, he said, he again experienced during a lecture the same "reaction" as when the "thalamic patient" was demonstrated, and at once he again recalled his head injury and his father with the steel knife, but it all lasted only a minute.

Again he was asked whether he felt fear or any other emotion at that time, and he answered: "No, as before, it was purely physiological: my pulse rate increased and I began to breathe rapidly."

However, since this reaction was first displayed one could notice a change in the patient's demeanor—a change which came on very gradually, even imperceptibly; the patient became somewhat pensive, as it were; during the analytical hour he wondered a little why he did, or thought, or felt certain things.

We shall leave out of consideration the patient's many specific problems which were so poignantly sketched by his behavior and dreams, since these, interesting as they are, are outside the scope of this communication. His castration fear, his homosexuality, his profound mother attachment, which was so deeply repressed—all played a paramount rôle in the major part of his analytical reaction, and as far as this psychological material and its constellations are concerned, our patient differed in no respect from a number of other familiar cases. What seems in this patient quite different from the usual clinical picture is his emotional reaction. Let us examine his affective responses a little more closely: once, in the street, he experienced a sense of fear which was strong enough to make him run; in other words, the content of his anxiety, be it in its frank or distorted form, was totally repressed, but it was close enough to the surface to set into play both affect and its motor accompaniment, and he was aware of both. In the dream in which he was being chased, he was also aware of his affect and its motor accompaniment, and this time the content of this anxiety appeared in a more or less distorted form: in the form of being chased and of a danger of being eaten up by an ogre (passive homosexual wishes), of feminizing his father (concealed incestuous wishes, castration of father, etc.) and of seeking refuge in what was apparently the parental bed (evidently an emotional reverberation of the primal scene). However, despite these hints that the dream gives to the patient's ego,

he was unable when awake to muster up enough of affective continuity to live out and gain emotional insight into his problem. He revealed to a limited, but none the less convincing extent, how he succeeded in escaping with his affect: thus he related that only now and then was the man chasing the patient who at the moment was a little boy; most of the time, however, the patient himself remained an onlooker watching the chase of a little boy who was a stranger to him. In other words, in this dream his ego rejected the content of the anxiety successfully enough to display only affect and motor response. That he did this is clear; how he was able to do it is rather obscure. If we recall now his dream of the taxi driver, we shall again see how elastic the patient's method of escaping anxiety is. When he was running away from the ogre he would, as soon as the tension became too great, step out of the picture as it were and watch the whole scene as an outsider. Or else, when his hostility began to make itself known he projected his castration hatred on to the taxi driver and threw himself under the protective wing of his homosexual wishes (policeman—law—father). But when castration anxiety (affect woven into ideational content) became too active so that it broke into consciousness in the form of a screen memory, too transparent to be neglected by the ego, his motor system was the first to yield and by some *tour de force* he again succeeded in escaping: he felt no fear. At the risk of appearing repetitious, we shall state again: despite the simultaneous appearance in consciousness of the content of anxiety and the motor discharge of the *phenomenon of anxiety,* no subjective *feeling tone* could be observed or elicited. One is led at once to think of an incidental clinical lesson which this episode teaches, namely: the affect is at times so elusive that to avoid its coming out into the open, the patient simulates, as it were, *its true motor expression* which, he hopes, as frequently happens in such cases, would be mistaken for real feeling. One is naturally tempted to construct some formula for this singular splitting up of certain affective reactions, but at the first glance one fails to find an explanation for it, and

hence one seems limited to the mere statement of this clinical fact. Then one thinks of the pleasure-pain principle and comes to the obvious conclusion that evidently this particular mode of splitting up of the affect into its components serves best to avoid psychic pain. This being the case the following questions arise: (1) if this is so, why do we not find this phenomenon more frequently, since this method appears much more simple and psycho-economically more efficient than the ordinary method of compulsion neurotic isolation or even that of conversion hysteria, and (2) in what respect does this method of avoiding the affect of anxiety differ from that of a conversion hysteria, since *"la belle indifférence des hysteriques"* might also be achieved by means of respiratory, cardio-vascular and muscular conversion symptoms?

The very formulation of these questions leads us into the field of clinical phenomenology and we cannot escape the impression that simple as this method appears, it is really quite complex, for it suggests a warding off of anxiety despite the presence of the ideational content and reducing it to its physiological skeleton; such a reaction appears to imply that the ideational content (in our case castration anxiety) is also isolated as in a compulsion neurosis, but it is isolated in a particular way, in that it becomes foreign to the ego despite its presence in consciousness, and it is reduced to the rôle of a simple internal stimulus which releases a purely physiological reaction. Evidently such a phenomenon becomes possible only when the whole mass of ideas and their representations, which are usually charged with a great deal of affect, are reduced to nothing more than a catalytic rôle in the production of the physiological response; in other words, to us the imagery of the bicycle and the wound on the head or leg may very well appear to be (as it fundamentally is) castration imagery, while to the patient it appeared as nothing more than an indefinite, even amorphous "something" that automatically sets into play a set of very primitive cardio-vascular and respiratory reactions *without content*. One cannot avoid thinking of the striking similarity of

this phenomenon to that of Freud's classical description of birth anxiety which, it will be recalled, is primordially without psychological content. It appears to be a primitive response to an inordinate increase of tension *(Bedürfnisspannung)* resulting from a sudden impact of external stimuli on the whole system of the newborn, an impact which has to be warded off, met with somehow and at once. This trend of thought leads obviously to the following speculative conclusion: in his attempt to ward off anxiety, our patient rejected the psychological meaning and therefore the very reality of his conflict, its representation, its conscious imagery, and even its relation to himself, and reverted to the most primitive form of expression which we learned to recognize as birth anxiety. Leaving aside the possible implication of this phenomenon, of which mention will be made below, we must emphasize its importance from the point of view of the Freudian theory of anxiety: if our observation is correct, it appears that here we have a clinical reproduction of that type of anxiety which Freud assumed to be the form of birth anxiety—a purely biological reaction serving a purely biological purpose and originally devoid of psychological content. This clinical corroboration of an hypothesis also suggests incidentally the validity of Freud's criticism of Rank, since the whole reaction of our patient appears to be an escape by means of devitalizing and rejecting not only the chief content of his conflict which broke with such suddenness into his consciousness, but of any content except the physiological. The following conclusion imposes itself: we apparently deal here with a temporary total regression to the most primitive mode of response, a regression to a time when the world had no other content to the individual than an undifferentiated mass of stimuli which gave rise to a great deal of tension and which in turn had to be warded off by the only means at the individual's disposal, i. e., a complex but primitive respiratory and cardio-vascular response. The above assumptions led easily to an answer as to the differentiation between our patient's transitory reaction and a conversion hysteria: first

of all, phenomenologically, as has been said above, the hysterical conversion saves the patient from anxiety only if and when the ideational content that causes it remains repressed, and secondly, the topical picture in our patient suggests a highly narcissistic state, primary in type and not a genital attitude; by rejecting his genital conflict our patient also rejected any other conflict except the internalized physiological (biological) conflict with the world as a whole.

It is of more than historical interest to note that the main trends of the theory of anxiety were present in Freud's mind as early as 1894. In *The Justification for Detaching from Neurasthenia a Particular Syndrome: the Anxiety Neurosis,* Freud sketched the various possible manifestations of anxiety. It was a time when he still used the word neuropathology instead of psychopathology and subcortical instead of unconscious, and naturally approached the subject at first only from the purely descriptive point of view. Referring to Hecker's study of anxiety states, Freud said: "A closer study of these larval anxiety states and their diagnostic differentiation from other attacks should soon become a necessary piece of work in neuropathology." and, "I would emphasize that even these [respiratory] attacks are not always accompanied by recognizable anxiety." Freud then considered, on the basis of his clinical material, that anxiety might manifest itself as a simple symptom seemingly without anxiety, as anxiety proper without other symptoms, as rudimentary anxiety and as equivalents of anxiety attacks. Speaking from a purely descriptive point of view, our patient's reaction would probably fall under the rubric of rudimentary anxiety attacks or anxiety equivalents. However, at the time when Freud first attacked this subject, little was known about the ideational content and its dynamic and economic implications; hence, the type of reaction which occupies us now was not conceived. A closer study of the subject in the light of finer differentiations still awaits its investigator.

2.

These considerations lead us to the last suggestion which was stimulated by our observation.

If we limit ourselves for a moment to the purely phenomenological side of our patient's reaction, we cannot help but be impressed with the so-called shallowness of the affect which he displayed and which is reminiscent of that shown by a goodly number of catatonics. It is not unusual to see early catatonics display sudden tensions, rapid breathing and increase in cardiac rate, their eyes at the time remaining closed or staring at a fixed distant point; the attack over, such patients frequently quiet down, revert to their seemingly placid dullness, and occasionally, even smile in a half-responsive, half abstracted manner. Many such patients, in common with early depressive schizophrenias and very early so-called benign stupors, a short time before the stupor sets in, appear perplexed, apprehensive and tense. These states of depressive perplexity gradually go over into transitory attacks of anxiety reactions, of which only the physiological accompaniment can be observed, and then very gradually they enter a peaceful stupor. In this respect they differ radically from those who enter acute catatonic excitements or acute stupors, for the latter display frank and unmistakable anxiety states just before the onset of the catatonic attack proper. However, those who enter a stupor via a perplexity state, or a state of timidity and tension reveal very little, if any, of their ideational content; it is only after their recovery from the stupor that a retrospective study of the main trends can be made—the imagery and affect which they had to face on the road from the early stages of the psychosis to the stupor. A clearer understanding of this psychotic process would require a detailed study of clinical material which still remains available to only a few analytical observers; such a study would well repay the effort required, but for purposes of the problem under discussion we must limit ourselves to a schematic outline of the most important clinical moments. It would appear that the catatonic and depressive paranoid pa-

tients go through a pre-stuporous phase which is characterized by a frank manifestation of anxiety; during this phase they are either perplexed, or apprehensive, or timid; they think most frequently that something is going to happen to them, that they are threatened with some danger, that things appear distant to them, that things have acquired some special meaning. Thus, one patient described a distant light, the other a voice coming very slowly from afar, mysterious, incomprehensible, frightening. In other words, they appear to be just in between being in contact with reality and invading that reality with their own projected world. Some of them have described quite accurately this process, as if they had read Freud's *Sense of Reality in Neuroses and Psychoses* and then translated it in terms of their imagery of a *Weltuntergangserlebnis.* This phase, which we may properly call the anxiety phase, may be very prolonged and yet comparatively short. It is impossible at the present state of our knowledge to envisage adequately the forces that are responsible for the greater or shorter duration of this period. This period over, these patients enter an intermediary phase, the pre-stuporous phase in the proper sense of the word. It is during this phase that some of them (not only the catatonias, but also some schizophrenias who are destined to go through an ecstatic phase, and most of the so-called benign stupors I had the opportunity to observe) go through a singular set of psychic experiences which have almost an hallucinatory quality: they see themselves as little children, they relive some eventful, usually painful episodes of their childhood, and doing this they, like our patient in the ogre dream, now perceive themselves as little children and then as distant observers of their childhood. They recall their states of hunger, for instance; one patient visualized how she was punished for "rubbing" herself when she could not have been more than three years old; another had definite visions of the primal scene; a third of sitting on the chamber pot, straining and straining with a great deal of pain, his mother nearby,

etc. Gradually these visions become more and more clouded and it appears that those attacks of respiratory and cardiovascular nature which were mentioned above, coincide or alternate with those "reminiscences". Of these the patients can only recall the bare facts. Any attempt retrospectively to work through this material with them strikes the shock-absorbing cushion of their emotional shallowness: like our patient, they have the ideational content before their mind's eye, they vaguely recall their physical discomfort, but they fail to bring forth the charge of affect which they conceal so thoroughly and in such an incomprehensible fashion. Some vague hint as to what happens to them may be found in their inner psychic experiences immediately preceding the onset of the stupor. At that time they first find themselves thinking of death, they become inert, they have visions of great masses of water, or they have sensations as if they were floating under water; the feeling of physical tension and mental discomfort disappears, they enter a state of feeling of blissfulness, and they find themselves in a more or less profound stupor. It is interesting that some of them, when approached at that time and disturbed, display a momentary impulsive silent anger and are apt to strike the intruder.

As one reviews in this cursory and superficial manner this psychological process which leads the patient so dramatically from reality back to his intrauterine life where there are no sensations except the blissful perception of the cradle of water, it is difficult to visualize the various steps of this regression, the nature of which is still quite obscure; however, one is tempted to formulate the following tentative conclusion: This regressive process is a very gradual one and it could be described as a very slow dissolution of the ego, the total personality reverting to its original undifferentiated psychological state; this state of amorphous existence being like the original one in that both physically and psychically the patient's perceptions become diffused, undifferentiated perceptions and presentations:

complete physiological passivity and indefinite amorphous imagery like endless masses of quietly moving water. It differs, however, from the original intrauterine state in that the individual entering it carries with him the whole volume of his life's experiences—i.e., reality, actual and psychological, of which he must rid himself in order to be able to enter the stupor successfully; the process of ridding himself of actual reality appears to be perceived as a *Weltuntergangserlebnis,* while the process of shedding psychological reality is marked first by a sense of estrangement from the world which is naturally accompanied by anxiety, and then by perceiving one's own feelings as foreign to one's self and a *pleasant* half-thought, half-feeling of death which is the final step in the process of dissolution of the ego. We are thus quite justified in asssuming that somewhere midway between the projection of one's total inner life into the outer world and this new outer (inner) world there is a moment when the individual perceives this inner world as an outer one and, rid as he is of his ego (pleasant feelings of death), he reacts to its demands, which are now coming from without, with the same increase of tension *(Bedürfnisspannung),* with which he reacted at birth to the impact coming from the outer physical world. This is probably the meaning of the catatonic's peculiar physiological anxiety, during which the affect implied in the content of his ideation disappears, because this very ideation is no more perceived as one's own—the cathexis has been withdrawn from it. This assumption, if it is correct, may possibly throw some light on the mysterious disappearance of the affect, i. e. of the feeling tone proper, in the cases mentioned. The affect does not disappear actually; it is merely withdrawn from the ego and the latter itself being disposed of, the sense of danger too disappears. In other words, the feeling tone of anxiety being essentially fear acting as a defensive measure for the ego, this fear itself becomes biologically unnecessary in the absence of the ego; it is therefore quite natural to find that, under the circumstances, only the energies of the death instinct should come to the fore,

both in the form of thoughts of death and in the clinical phenomenon of stupor, and occasionally in the form of impulsive aggression during a stupor.

3.

This rather prolonged excursion into another clinical field at first appears quite remote from our patient with his peculiar capacity to split up his anxiety; I am confident, however, that this excursion was justified in so far as it might throw some light on some rather obscure reactions which are not infrequently overlooked. Our patient's impulsive running in the street; his irrational exclamation—"that's that"—followed by an impulsive start of his car, as if he was quite ready to run into someone or be run into, transgresses the average limits of purely neurotic behavior. He seemed to give cause to believe that he had reached a turning point in his analysis, sensing or even courting the possibility of choosing a psychotic outcome; such a possibility opened itself before him only after he had succeeded, for a moment at least, in regressing to the most primitive form of anxiety, i. e., its physiological prototype, even in the face of frank imagery of ideation and memories connected with castration. How, that is, by means of what mechanism he achieved it, I am not prepared to say, but it is quite probable that we deal here with a potential catatonia, and it is not unlikely that his way of handling his anxiety is most typical of catatonia. If the hypothesis outlined above is in any respect correct, it would appear that a complete understanding of this phenomenon in many neurotics and so-called normals could be gained only by a detailed study of frankly catatonic material. We have been accustomed heretofore to draw upon neuroses for a deeper understanding of some psychoses. As our science develops, it becomes more apparent that the reverse procedure also becomes important and that certain of our queries will have to be answered mostly by a detailed study of psychotic material.

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PREGENITAL ANXIETY IN A PASSIVE FEMININE CHARACTER*

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Freud[1] has recently emphasized two features which distinguish the development of normal female from male sexuality; first, the pre-œdipal aspects of sexuality are relatively of more significance in the female; secondly, the emotional attitude to the father is a new edition of an identical earlier attitude to the mother. These two conclusions compel Freud to modify the postulate that the œdipus complex is always the core of the neurosis.

One of my analyses has shown me that these conclusions may also apply to a man whose manifest personality is chiefly determined by passivity to objects and narcissism. The most striking feature of this type of personality are: receptive dependence on mother surrogates, a marked incapacity for either normal or neurotic self-assertion, acceptance of an oral passive attitude to the world, and genital impotence which is especially refractory to psychoanalytic therapy.

Two factors chiefly distinguish the adjustment of such an individual from that of many women. First, actually possessing a penis, he is subject to greater biological narcissistic and social pressure to fulfil male functions; consequently his conflict is essentially one between an ego organized in harmony with passive aims and the outer world, which in this case is represented by the love needs of his wife and the obligations of an executive business position. Secondly, there frequently develops, as in this case, a number of neurasthenic symptoms which serve as the chief representatives of the aggressive, destructive (death) instincts.

Before discussing the case, clarity demands that we avoid

* Read before the New York Psychoanalytic Society, October 26, 1932.

[1] Freud: *Concerning the Sexuality of Woman.* This QUARTERLY I, 1932.

misapprehension of our use of certain common terms. If by the "œdipus complex" should be meant any constellation of emotions centered about the wish to penetrate mother with the penis, then we should have little occasion to refer to the "pre-œdipal" problem of the patient. We, however, shall preserve a narrower usage of the term "œdipus complex", confining it to those manifestations of full cathexis of the heterosexual object which appear late in the period of infantile development, and we shall refer to all earlier manifestations of the infantile sexuality, even when they include a sadistic fantasy of penetrating and injuring the mother's vagina with the penis, as the *"early phallic phase" of "pre-œdipal" development.* This usage is in harmony with Freud's definition of the œdipus complex as a *tender* bond to the heterosexual parent, and with his discussion of the "pre-œdipal" or "phallic phase" of female sexuality. Similarly we shall use the term "super-ego" to denote only those instinct prohibitions which have become intrapsychic by introjection.[1]

The man was twenty-nine years of age, the second child of a successful manufacturer. The first child, a boy, had died in infancy. His mother and father were both of self-assertive, moderately sadistic temperaments, were prone to outbursts of temper, but yet maintained a lasting devotion for one

[1] Melanie Klein regards the earlier retreats from danger situations as responses to "super-ego" function. This is to include under the abstraction, "super-ego," *all* id-prohibitory agencies; and that she does so is clearly apparent in her repeated interpretation of anxiety before incipient attacks upon the analyst-mother, as fear of, or hostility to, the "super-ego". We, however, reserve the term "super-ego" for prohibitions emanating from a definitely structuralized, intrapsychic *representative* of external authority, a usage obviously designated in a passage from Freud's *Hemmung, Symptom und Angst* which Klein herself quotes: "It may well be that before ego and id have been developed, the mental apparatus employs different modes of defense from those which it practices after these levels of organization have been reached." In her interpretations, she says in effect: "It is not *I*, it is the child's 'super-ego', that the child hates and fears", whereas it is correct to say: "It is *I* whom the child fears will retaliate if he gratifies his instincts."

I believe that Klein's all-inclusive usage of the terms "œdipus complex" and "super-ego" accounts largely for some lag in the full appreciation that her work deserves.

another. Their Puritan ancestry was reflected only in a moderate conscientiousness in religious matters and in a complete failure to instruct their son on sexual matters, a neglect for which he had always harbored a strong conscious resentment. His mother had died when he was twenty-five.

All his life he had suffered from extreme feelings of inferiority, was called girls' names by playmates because of his ruddy complexion and his short stature, felt he justified these epithets, and despised his own lack of courage in boyhood play. This had disinclined him to attend a large university with his friends, and instead he had matriculated in a small institution of less prestige. After graduation, he entered the business of his father's brother, a career for which he has never felt any inclination. The demands made upon his deficient executive capacities there did much to perpetuate his conscious feeling of inferiority. The absence of offensive traits had ensured his inclusion in a moderate amount of conventional social activity with both sexes. Twice in college he attempted intercourse and was impotent. At the age of twenty-three, he married a congenial feminine girl after a platonic and uneventful companionship of a year's duration. He recalls his marriage night, when he struggled to overcome his impotence as the "most horrible experience". Although the erotic relationship has been very unsatisfactory, there has been a stable tender relationship. The couple have one child, a boy of three. The immediate occasion for psychoanalysis was an acute exacerbation of feelings of social inferiority with distressing nausea and inabilty to eat during a large dinner party. The hysterical features of the case, proved, however, to be decidedly secondary in importance to several other groups of symptoms, namely:—

(a.) Severe *erotic dysfunction,* including aversion to bodily contact, erection impotence, ejaculatio præcox, sometimes before and sometimes after intromission, failure of ejaculation, and always an incapacity for the active rôle. There was chronic masturbation, with profound feelings of guilt. A

striking feature was complete inhibition of all erotic manipulations with his hands; he could never touch his wife's genitals nor allow her to touch his; he had never, even in his earliest recollections, used his hands in masturbation, but had rubbed the penis against the mattress with his body. For several years the couple, largely on the wife's initiative, had been attempting to improve the situation by studying the literature on erotic technique.

(b.) There was a pronounced tendency to *chronic invalidism,* with frequent visits to physicians for minor complaints, and sojourns in bed under his wife's care on the slightest excuse. The patient was also prone to considerable lassitude and occasional petulent irritability. He took an intense interest in medical literature, which was reflected in constant complaints of dyspepsia, colds, headaches, etc., as well as in the pleasure derived from repeated inoculations. There was a generally perceptible, but not intense, free-floating anxiety, referred chiefly to bodily complaints and social situations, as well as some phobic formations.

(c.) His most apparent character traits were those of a typical *"passive feminine character,"* with marked dependence on a gentle, tender wife, and inhibition of initiative, self-assurance, and self-assertiveness on most occasions, erotic, socal and professional.

The analysis consisted of two periods of six and seven months, respectively, with a three months' interval. During the first of these periods the hysterical symptoms were analyzed and the unconscious structure of the personality clarified. The outstanding observations on this, we shall now summarize:

A monotonously compliant transference revealed a veritable textbook of all types of *pregenital sexual fantasy,* most well known "unconscious equations", and a polymorphous autoerotic interest in all body orifices. For example, penis was for him equivalent to breast and fæces, while semen, whose loss was much feared, signified milk, urine, or fæces. The

most significant of his unconscious coitus fantasies were those of urinating (ejaculatio præcox) and of suckling ("the hole in my penis sucks a nipple," "mother told me as a child that penis and breast were the same").

Two features of this content require special emphasis. First, there was very little evidence of real genitality, past or present. Analysis revealed some active œdipal wishes in the ambition to spout urine into mother, but most unconscious fantasies of penis function were passive in aim: defæcating, suckling, and dribbling urine.[1]

Secondly, it was impossible to quantitate the pleasure values of the various erotogenic zones by estimating differences in the strength of resistance or of the affect abreacted. Economically, so far as the analyst could judge, the pregenital drives were nearly of equal value, one zone replacing the other without gain or loss of pleasure and anxiety values.

These observations indicate an essentially different state of affairs from that found in transference neuroses. In these too, there is massive evidence of pregenitality as the basis of all personality adjustments; but there is here very little evidence of definite fixations to which the libido regresses from genital frustrations. It would seem that the situation is one of *aborted "amphimixis," that the fusion of pregenital aims into genital aims had never been completed.* The patient had not regressed to pregenitality,—he had never progressed to it. There is indeed profound anxiety underlying the entire structure of his inferiority feeling that he may lose his penis. But this is not predominantly loss of the penis as an organ of incest, but as an organ of pregenital passive pleasure.[2]

This interpretation of his pregenital organization is quite in harmony with his anamnesis, which discloses neither in childhood, nor in youth, nor in adulthood, that continual striv-

[1] The patient differentiated the active and passive aims of urination as distinct sensations in the anterior or posterior portions of the urethra.

[2] Fenichel's exposition, in which he follows Reich, of the pregenital significance of the penis in such cases, is especially clear. See Fenichel, Otto: *Outline of Clinical Psychoanalysis.* This QUARTERLY I, 333.

ing for genitality which is found in both transference neurotics and normal people. The most striking feature is the *lack of events;* this was emphasized by the patient himself, and well justified by the fact that an attempted anal seduction by a man at twelve, a sudden enraged slapping of his mother's face at seventeen, and the horror of his wedding night were the only events after puberty in which a strong mobilization of self-assertive wishes had occurred. His analysis was as striking in the infrequency of critical days as had been his life.

I am speaking in proportional and not absolute terms when I refer to a continuation of the pregenital organization and an aborted amphimixis, rather than a regression from genitality to this organization. The typical œdipus situation was also represented in an intense desire to urinate like father. The presenting hysterical nausea had occurred under specific circumstances which had awakened his boyhood fantasies of physically surpassing his comrades, fear of people watching him, injury in the effort, and the more infantile wish to urinate before many people. This scene reënacted an occasion at eleven when the boy had been taken to see a waterfall by his father, became enraged at having his sleep disturbed, and vomited on a carpet in a large public corridor. Later he worked through memories of fantasies from his fifth (or sixth) year when standing beside his father who was urinating and coincidently spitting into the toilet bowl; he had experienced strong wishes to do likewise and to bite off the penis. Dream evidence showed that vomiting was a displacement to the mouth of the desire to urinate, and the relationship of this fantasy to the primal fantasy. Thus the analysis of this hysterical symptom and of some of the mild phobias to be discussed later shows psychoneurotic structure, with œdipus complex, conversion, and displacement typically represented. This fully demonstrates that a "certain proportion" of the libido had been genitalized; but if we utilize this as "control," and compare it with the other symptoms and their structure, we must conclude there is no direct evidence that the greater mass of libido had participated in this genital develop-

ment. The tenability of this conclusion we shall discuss further on.

The first period of analysis, therefore, had shown these outstanding features: a very passive ego, a marked relative inadequacy of active or genital strivings, an amorphous pregenital sexuality without evidence of participation in a fully developed œdipus organization, and without evidence of massive regression. At the same time, a small amount of libido which had attained genital organization, was expressed in the aggressive fantasies of urinating into mother like father, and converted to hysterical nausea.

The problem at the beginning of the second period of analysis, is that of the *inhibition of aggression.* Why does the patient maintain so persistently in the transference the "dutiful child" relationship? Why are there no events, no emotional crises, and why have there been so few in life? Where is the aggression, and why is it so completely inhibited? Are there fundamental factors here which are not decisive in transference neuroses? These are the essential problems of the analysis, and the theme of this paper.

Passive Gratification. The first five months of the second period of the analysis was predominantly a working-through of the unconscious passive oral pleasure, which was the patient's only adequate gratification. Fellatio fantasies with the analyst as object were consciously equated first with the attitude to father and then with the attitude to mother. This attitude was based upon a double feminine identification: first, *I wish to be mother and gratified by father;* secondly, *I wish to be Emma* (a neighbor's daughter in childhood) *and gratified by mother;* for mother loved Emma more than me because she had not wanted a boy child and told me so. Emma was his age; we shall refer later to his erotic experiences with her. This double female identification had been anticipated by autoerotic practices of earlier childhood in which he was both oral gratifier and orally gratified. He vividly recalls trying to suck his own

nipples and penis and did persistently suck his big toe. The memory of the discovery that he could no longer reach his mouth with this toe was one of the most painful and vivid recollections of his analysis.

The same trends were conspicuous determinants of his orgastic impotence, which was conditioned by both the fantasy of having his penis sucked (mother identification) and that of sucking with his penis (penis=mouth). These feminine wishes were augmented by the wish to retaliate for inadequate passive gratification during fore-pleasure, and the need for narcissistic retention (semen=fæces).

Relationship to Father. The oral passivity to father and its relationship to the positive œdipus complex was analyzed through the following dream:

> I was standing on the corner with my penis out. Conscious it wasn't erect. Had running pants on. I wanted to go along the river, to go swimming. It was very dark. It was H—— Street, near your office. I was on this side and going to run across to the river. I saw three policemen on the other side, waved to them, they chased me, I woke up.

The immediate associations to the dream disclosed: first, the wish to return to mother (diving in the river); and secondly, the wish to display a penis like father's and to seduce him (policemen—father—analyst, three—male genitals, waving—homosexual's calling "yoo-hoo" to seduce a man). The latent anxiety of the dream was revealed later, in the analysis of a rat phobia (page 85).

The patient's latent aggression, though largely excluded from ego functions and transference, was clearly apparent in fantasies of the second portion of the analysis, especially those of protest against the authority of his father and the desire to replace him. We quote the dream which marked the culmination of the analysis of these fantasies in their relationship to both incest and oral sadism:

> I was eating lunch with father. Maybe with wife. We were motionless. Then we took off in an airplane. I drove. We flew higher and higher. Tom [patient's son] was there. The landing field was green, uneven land with a ditch.

The latent content disclosed a complete incest fantasy, (airplane enters ditch) with destruction of his heterosexual rivals, his father and his son. *Green* recalled a green blanket on an occasion when he had observed mother's buttocks, and *grass* was associated with childhood observations of her genital hair. The attainment of erection was represented by driving an *airplane* and signalized by absence of anxiety for the first time during analysis. *Eating lunch with his father* represented mutual cannibalism with father, who was equated with mother. He associated childhood stories of animals eating one another, early memories of mother biting an ear of corn from the side, and of his father urinating. He then fantasied biting father's penis from the side, like mother eats corn, and we understand why all his fantasies of penis-biting were attacks *from the side.* Subsequently fantasies of biting his father and being bitten were worked through. We are led to inquire not why aggressive impulses are absent but why they gain no access to motility.

The Patient's Anxiety. The early weeks of analysis produced rapid relief of the somatic complaints and an increment of conscious anxiety which persisted throughout.[1] This consisted of a chronic uneasiness which repeatedly underwent moderate exacerbation, as a result of the narcissistic threat of his female wishes. Besides these generalized manifestations, there were several waking and numerous dream phobias. Dreams of falling consistently recurred until the dream of rising in the airplane quoted above. The working through of fantasies of

[1] This symptomatic relief can serve as an argument against the toxic origin of neurasthenic symptoms. For the improvement of the neurasthenic symptoms was the result of purely psychological influence; but, though there was an increment of erotic desire, this was not orgastically relieved until the last months of analysis.

being attacked repeated a homosexual's attempt to seduce him at twelve. He reported night terrors of infancy accompanied by the idea that robbers were breaking in. Dreams of missing trains referred to early memories of being separated from his mother at dinner time in childhood. A dream of his car losing its hood is one of the earliest anxiety dreams of the analysis in which through free associations he had spontaneously referred to the fear of losing the penis.

The most interesting of his phobias was his occasional *fear of animals,* especially horses,[1] dogs, and rats, and especially *dead animals.* The analysis of these disclosed two series of determinants: first, *a typical displacement of an infantile fear of the castrating father;* and secondly, *a more primitive fear of animals, especially small ones, derived from the fear of an intravaginal penis.* At this moment, we shall discuss chiefly the former, though an intimate relationship of the two types is constantly apparent in free association and dream condensations, for example, a dream of a hairless rat with ears like a dog's.

Horses were associated with being ridiculed when he was thrown from a horse in late adolescence, and a memory of terrible horror of a dead horse seen at the age of eight. Horses were consistently associated with his father's defæcation and his own fantasies of wealth and power while at stool.

His associations to dogs were very similar. For example, he recalled his revulsion at seeing a dead dog at night, and the associated thoughts: "I don't mind mother and father dying." The redness of dead dogs' eyes recalled his father's anger in everyday relationships—when his father was enraged at his mother—and both in adult anxiety dreams and in infantile night terrors. The fear of his father's anger and the wish to be stronger than his father were conspicuous throughout the whole analysis.

A later series of dreams revealed much more specifically the *primal scene,* wish for death of father, and fear of his father's

[1] The patient was allergically hypersensitive to horsehair.

cutting or biting off his penis. The childhood anxiety dreams of robbers occurred while fantasying his parents at night in their bedroom down the corridor. We might, curiously enough, term the hysterical nausea a "geographical" as well as a psychological intermediate point between castration fear and incest fantasies; for the bathroom, in which the urination fantasies that were converted to nausea occurred, was halfway down the corridor between the parents' bedroom and the child's bedroom; and the corridor was long, like the one in which he had his vomiting attack at puberty.

The oral basis of this anxiety was clear not only in his fear of the mouths of dogs and horses, and in a dream of placating animals by feeding them, but also in his waking childhood terror fantasy of having his penis sucked by a calf after he had been tied to a post by Indians. But it was most adequately analyzed when he reported his three year old boy awakening from a night terror and recounting the vision of tigers rushing at him with open jaws. The patient identified himself completely with his son in this situation, recognizing in it his own infantile experience. The result was a profusion of affect-laden associations of fear of animals and darkness as a child, of wishing to eat his father's penis, and fear of father eating his. He concluded with a spontaneous interpretation of his own dream, cited above (in which he sits at a café table with his father) as a dream recollection that a frequent companion of his father's had always greeted him as a child by biting his ear.

Abundant material of this sort fully demonstrated a typical fear of being castrated by the father, which had survived infancy, partially as frank phobia, and partially as the dynamic source of hysterical symptoms. Nevertheless analysis up to nearly the end produced no effect upon his genital impotence nor the inhibition of social or transference aggression. Such a change occurred only in the last two months of analysis after a working-out of his aggression towards his mother which culminted in the analysis of his small animal phobias.

Hostility to Mother. This period differed from the typical termination of transference neurosis, in that it did not represent

a weaning, but the "death" of the analyst-mother. A definite masculinization of the personality, a marked attenuation of the fear of his real father, and a genital attitude to his wife developed, and have been sustained post-analytically. Though it is questionable whether his hatred and anxiety of the mother were fully worked through, that which was accomplished definitely demonstrates masculine potentialities which previously were not at all apparent.

We have already reviewed two of the patient's attitudes to women, namely: the oral receptive narcissism which determined the character, the passive relationship to wife and analyst, and the erotic life of the man; and, secondly, the unconscious urethral eroticism which was the one erotized form of aggressive instinct, expressive of an impulse to give to the love object, but repressed and gratified only as an hysterical conversion symptom. We must now examine a group of unconscious fantasies which previously had gained very slight acceptance by the ego, either directly or in symptom formation. The analysis of these coincided with an increasing awareness of the repeated urge since infancy to give expression to his aggression by vigorous "temper tantrums" which had almost always been fully inhibited.

Let us begin with the patient's fantasies of *beating women on the buttocks.* These occurred in daydreams and in dreams at night, and were willfully evoked by the patient before and during coitus in order to secure an erection. The subjects of these beating fantasies were generally indifferent women and never the wife. We have then a situation in which the wife, the mother-surrogate, is only consciously acceptable as an object of passivity, while fantasies of infantile sadism are consciously displaced to indifferent objects in the effort to secure potency. It will also be recalled that inhibition of the use of the hands both in masturbation and in marital love life had always been complete. This extraordinary fact may be understood by analysis of the fantasies of beating women with the hand.

The object displacement in these fantasies was traced from

indifferent women in adult life to children in school, to Emma —a little girl who was his childhood rival for his mother's love —and finally to his mother. At five, the favorite of several erotic games with Emma had been that of "bumping buttocks." Further analysis revealed that as a child he had fantasied beating mother with a wash-brush that had a very long and detachable handle, and with similar objects that were symbols for a phallus; to beat buttocks with the hand, therefore, was to beat with the penis grasped by the hand—an infantile fantasy of special interest to us because it demonstrates an unconscious desire for purely sadistic gratification by means of the penis. This fantasy of beating his mother's buttocks with a symbolic penis was also equated with the fantasy of beating his mother's buttocks with her pink bedroom slipper, a fact of special interest because the chief gratification of the patient's penis narcissism prior to analysis had been the fetishistic pleasure in purchasing custom-made boots with especially long taps.

The patient's preoccupation with the fantasies of beating buttocks was only relieved when one day's association established a definite relationship between them and oral sadism. He recalled how painful for him had been his mother's insistence that he use his hand correctly in writing and his regret at her earlier and equally unwelcome training in the correct use of table implements. He then vividly fantasied *sucking the breast, made movements, approximating his thumb and index finger for which he could not at first find words, and then exclaimed: "I am biting with my finger! First, I want to bite with my mouth, then I use my fingers, and then strike with my hand!"* Hand, therefore, equals a sadistic mouth as well as a sadistic penis for the patient, paralleling our previous observation that penis represented a sucking mouth in his passive fantasies. Thus we have in these fantasies of infancy the exact analogue of the patient's adult coitus: *the penis* (or hand) *serves as a sucking mouth in the act, and as a sadistic mouth in fantasy*. Prior to these associations the patient had repeatedly associated his interest in his mother's buttocks as a child with

the idea that they were round and stuck out behind like the breasts in front, and in fantasies of kissing them felt a fear of getting "near the anus and biting something hard". This displacement of breast to buttocks confirms our information that the beating fantasy is an attack with a penis which bites, represented by the arm.[1]

The overdetermination of this beating fantasy was shown in association to a dream [2] of the living room of his childhood: "The living room was as it was when I was very little. It's very vague. I remember a vase (conflict) I often fantasied striking the vase, knocking it to pieces in a rage (severe con-

[1] Note the slang word "pinching" for stealing, which in cleptomanics is unconsciously biting off the penis. A patient whose strong bisexuality and sadistic super-ego participated in neurotic character difficulties showed a similar feature. In the analysis of an explosive temper at his sweetheart, he recalled a powerful inclination to scratch her. Analysis disclosed that this was the regressive solution of an id-super-ego conflict; the masculine aims of his id were aroused by the woman's desire for seduction, but denied discharge by her refusal to renounce another lover voluntarily. In his deërotized aggression, he gratified with his hand both the coitus wish and the revenge for passive frustration (being *given* her love) by scratching (biting), the hand serving as both aggressive penis and sadistic mouth in this regressive act.

[2] The manifest content of this important dream was: I was in my parents' house. Father, mother, and I were there. I'm not sure my wife was. We were waiting for you in the living room. You came in with several people, including R—— from New York. You marched them through the living room to the sunporch. I was going to be analyzed. I lay as in analysis. R—— was lying on the floor. Others were on the floor. I was terribly worried my parents would find out I was being analyzed. You were very kind, you were sitting in the chair. Mother was leaning over, she was all green and greasy, she was very kind. My children were there. There was Tom. Then there was a little child, his face was covered with something all blotchy and greasy like a mud paste and I said, "Look—I don't remember its name, it has inherited mother's complexion". My wife said, "She is going to die soon." My mother was going to die. She seemed to realize what a dreadful thing my wife had said. Dream was very vivid and definitely an anxiety dream.

The chief components of the latent content were: 1) wish to give analyst a baby; 2) identification of baby with mother—re-creation of mother; 3) death of baby, as mother died, equated with castration; 4) reaction-formation to the passive wish in the first scene where he identifies himself with the analyst and with R——, a friend whom he envies for his many sexual conquests, and struts before mother and wife.

flict and resistance). It was shaped funny, had a small neck, and bulging—a woman's belly!—a *pregnant* woman's belly!" This was the one occasion on which we could analyze well the unconscious content of the fantasied (and inhibited) temper tantrums against mother, which probably have the same latent content as the event at seventeen when he slapped his mother's face—one of the rare true "events" of his life. The next day he associated mother's pregnant belly with mother's buttocks. To beat mother's buttocks is, therefore, not only derived from a displaced oral attack on her breasts, but is also a displaced attack on her belly, which may contain another favorite girl—another rival like Emma. To beat mother's buttocks, is therefore, to kill the child in the woman; and to beat the real Emma's buttocks was not only to find an erctic substitute for mother, but to express directly the hatred of the rival child. In fact, the unconscious sadism he gratified in spanking his own three year old son was identically motivated; for he both hated and narcissistically loved this boy exactly as he had both hated and identified himself with his rival Emma at the age of five.[1]

This material already gives us some insight into the patient's oral sadism directed towards the mother, especially its pres-

[1] In our patient, the infantile experience which induced the child's fantasies of the mother's pregnancy was never disclosed, although on several occasions the associations were only comprehensible on the supposition of an actual forgotten pregnancy or of an identification of his mother with some other pregnant woman whom he had observed. Another probable conjecture, that hand inhibition was also determined by genital masturbation prohibition, was justified by some of his associations to castration fears, especially certain shadowy memories of a "nurse" in the second year of life, as well as of nurses in the latency period. The full analysis of this detail would not, however, minimize the importance of the two determinants we have emphasized. There were also some fantasies of *being* beaten on the buttocks, but not of a sort to lend conviction to the theory that beating mother's buttocks was primarily an inversion of the fantasy, "Mother is beating me."

Note the similar oral sadism and hatred of the rival in William V. Silverberg's report of a beating fantasy in a three year old girl. (*Eine Übergangsphase in der Genese der Phantasie: Ein Kind wird geschlagen.* Int. Ztschr. f. Psa. XVI, 1930.)

ence in the sadistic conception of the penis. This is deepened by the working-out of the following dream:

> Mother was alive, but she was going to die of cancer of the breast. I felt I was damaging her.

The most significant associations were: "In the past I have sometimes felt responsible for mother's death . . . I caused the death" . . . fear of diving into water as a boy . . . references to mother . . . references to phobias, especially those of animals . . . *Cancer of the breast:* a sore on the breast, an ugly sore, female genitals, suckling and biting fantasied. My interpretation was: "We already know what diving means to you—it means going into mother's body. Now we see why your diving was inhibited. It causes death; it affects the genitals as biting or cancer affects the breast. You have thought of your penis as an instrument of death!" (Analysis of beating fantasies: penis-hand-sadistic mouth).[1]

The patient's immediate reaction was an improvement in his erotic life, a heightening of his conscious emotional interest in intromission, and of his conscious fear of the female genital, especially of something *within* the genital. We have already seen the fear of the castrating father displaced to large animals; now let us consider more fully the associations to an anxiety dream of a rat: "It was like a ferret, had no hair; an animal in someone else's house, a ferret that burrows in the ground. It was like mice in school—in childhood other children would touch them. I felt a strong aversion." (Patient's inhibition of manual masturbation.) Though the dog represents father, the rat is here a symbol of the penis, and specifically the symbol of the penis *within* the vagina. Moreover, the reference in the dream to the hairlessness of the rat is associated with the mysterious presence of mother's genital hair. In the last part of the analysis, the memory of watching

[1] For a specially transparent instance of the fantasy, coitus, i. e., the penis as instrument of coitus, equals death, see Kaufman's female schizophrenic patient. Kaufman, Moses Ralph: *Some Clinical Data on Ideas of Reference.* This QUARTERLY I, 1932.

or fantasying mother at the toilet, especially her genital hair, became as common and vivid an association as the memory of father's urinating had been earlier. Though it need not be disputed that the penis in mother's vagina is his father's, and that the rat consequently is also a representation of a part of his father, the dynamic and ontogenetic significances of the two determinants is very different. But this will be clearer after we have discussed some of the later dream material.

The following dream occurred late in the analysis: *a cutting into my nose, a crunching sensation.* One extensive series of associations led to nose picking and anal masturbation in childhood, while another series dealt with our immediate interest, his castration fear, for example: the sinus operation, pleasure, rhinologist and analyst; toilet chain, pulling a long string out of the nose, *"a string of rats each biting the other's tail!"* "The Mouse tower on the Rhine," a Rhine trip as a child, stories of the Pied Piper of Hamlin heard as a child, a vivid recollection of the dream of running to the river followed by three policemen. The latent content of this dream included, then, not only passive homosexual and active incestuous wishes, but also the wishes to drown the policemen (patient=Pied Piper), of being drowned by the policemen (patient=children), and especially the unconscious idea that *to go into mother's womb* (river) *is to be chased by penises that bite* (rats biting each other's tails). At another time, fantasies distinguished by "crunching" were associated with the fear of the *penis being "crunched but not crushed by the vagina, as though by baby's gums before teeth erupted."*

An erotic anxiety dream which occurred in the last week of the anlysis clarifies still further these dynamics.

> I am going to meet my wife on a certain street. I went there, or to another street and she wasn't there. Two streets run off T— Street. My dog was with me, and he was running all over T— Street, I was afraid. Somebody came along with a little white dog. My dog noticed it, and I looked at it. It was

> no longer like a white dog, it was a little thing like a turtle. I touched it!! (Much affect and blocking on this word) and patted it.

The scene was associated with improvement in marital coitus, the *patient's dog* with his masculine genital, and the *little white dog* with his wife's female genital, and with animals like turtles and peacocks which stick out their heads. The main day remnant was told with great emotion: "A terrible experience yesterday! After the hour I went to a warehouse off T—— Street. I have gooseflesh to think of it. In the dark my foot kicked something soft. The other men laughed and looked in a hole. They said that all the rats hadn't been killed, but there seemed to be a dead rat. I couldn't see it. A dead rat in the hole!" The fear of the rat is fear of the penis in the vagina.[1]

Prior to this dream, analysis had occasionally revealed transient associations to his efforts to touch his wife's genitals, that something was in there, a penis. Only in this dream, however, does this source of infantile anxiety become fully conscious with strong expression of the associated affect. It verifies fully such previous hints as the fear of horses' mouths, the rat-dog associations, the idea of penises biting each other (rat-chain associations). It is an *ego reaction to the fantasy: "I wish to kill with my penis in mother's vagina, I fear my penis will be eaten by the penis in there." We believe this to*

[1] This is of special interest in confirming a theoretic comment on the analysis of the phobia of Little Hans (Freud: *Coll. Papers* III), namely: the unconscious content which Freud analyzes concerns predominantly the *object* of the fear. But the instinct involved is an oral one, and the phobia obviously involves a regression to that period of libidinal development in which the oral component instinct was dominant—that is, to a period when the mother was the object of dominant hostile impulses. The conclusion would be that the hostile relationship to the mother must be of primary importance even in so simple a phobia as this. This theoretic criticism seems justified by the present analysis and is hinted at by Freud (*Concerning the Sexuality of Woman,* this QUARTERLY; I, 203) in the statement that the fear of being eaten by the father is possibly a displacement from the mother. Fenichel (*Outline of Clinical Psychoanalysis,* this QUARTERLY I, 302) emphasizes that neurotic anxiety may be primarily oral as well as phallic in origin.

be the unconscious fear which is the core of this neurosis and primarily responsible for the extreme inhibition of all aggressive impulses in this sufferer from inhibited temper tantrums.[1]

Early Phallic Conflict. We have shown that the aggressive component of this personality was actively present in the id. Its inhibition is no more a mere indifference to active gratification than it is a "constitutional" weakness of the aggressive instincts. To argue that the situation is accounted for by the female identifications is to beg the question as to why it should be *only* these identifications which permit of libidinal gratification. Our search for an adequate explanation has led us to one major conclusion: the inhibitions are largely defenses against unconscious fantasies which represent the penis (and hand) as instruments of destructive, largely oral sadistic, drives. As a result, intromission is dreaded and social initiative is inhibited. The unconscious anxiety fantasy is that the penis whose aim is destruction will itself be eaten by the penis within. These factors make the acceptance of an entirely passive and therefore dangerless mode of gratification (by inhibi-

[1] We are therefore led to an agreement with Horney's views of the primary and early significance of vaginal anxiety in men, but differ from her conclusion that the anxiety is primarily due to the threat to the boy's self-esteem, or that intra-vaginal penis fantasies are merely denials of the existence of the vagina. (Horney, Karen: *The Dread of Women.* Int. J. Ps-A. XIII, 1932.)

We have observed similar material in other analysis. For example, a patient had an anxiety dream whose manifest content represented a quarrel with a brother surrogate. His associations eventually lead to the recovery of an additional dream fragment; in a closet adjacent to the scene of this quarrel lay the dead body of a father surrogate. One forearm of the body evoked awful horror, because shrivelled and because at its end it became a snake's mouth. This was the source of the dream anxiety, while the patient's own aggression against father had been displaced to the brother-surrogate.

Another patient whose unconscious fears of the female genitals and of anal punishment were very severe, reports a lifelong fear of spiders. With them he associates a boyhood experience when he placed his arm up under a boathouse, and shrank in horror from a black spider there. The boathouse was associated with his mother's genital and the spider with fish dropping from a hook, and with fantasies that sharks would revenge the other fish by biting off an arm.

tion of masculinity and complete acceptance of the female identification) far more intelligible.[1]

This material is derived from a pre-œdipal organization. For it is one in which aggression is scarcely erotized, and union with a love object is synonymous with killing. In this connection it is important to avoid an error into which analysts too commonly fall—that of assigning ontogenetic chronology, or degree of maturity, on a basis of the erotogenic zone involved. There is, for example, a marked tendency in the literature to regard what is oral as necessarily a more primitive mechanism than what is phallic. Much confusion results from this, especially in contributions on the narcissistic neuroses and psychoses. The tendency is obviously a formalistic distortion of facts; for it contradicts our recognition that *all* erotogenic zones have a function at *all* levels of development. It is more difficult, but more profitable, to accept other criteria in discussions of ontogenetic chronology; namely, criteria which immediately establish the degree of discrepancy between the fantasy under consideration and the fantasies of everyday post-infantile instinctual aims. Such criteria are these: 1) *the degree of fusion and defusion of Eros and death instinct;* the fantasy of killing mother by vaginal penetration is, therefore, an ontogenetically earlier wish than the fantasy of defæcating on her, though in the former the phallus is the primary erotogenic zone, and in the latter the anal; 2) *the degree of narcissism:* that is, the degree in which the pleasure value of the fantasy is independ-

[1] Melanie Klein interprets the incapacity for aggression as the dread of retaliation, especially by father's penis, after penetrating mother's body. The incapacity for aggression in her child analysand was accompanied by marked clumsiness of the hands. (*The Importance of Symbol-Formation in the Development of the Ego,* Int. J. Ps-A. XI, 29, 1930.) The significance of an oral sadistic investment of the phallus is extensively treated by Lewin, in his discussion of the identification of body and phallus. His emphasis, indeed, is on the anxiety that the unconscious fantasy "My body is a phallus" evokes; but *ipso facto* the extent of this anxiety indicates the extent of the oral sadistic investment of the fantasy. (Lewin, Bertram D.: *The Body as Symbol.* Read at American Psychoanalytic Society, June, 1932, see: *The Body as Phallus,* this QUARTERLY II, this issue.)

ent of the pleasure of the object; 3) *the specificity of the instinctual goal:* that is, the degree in which the whole body, the personality, and the other attributes of the object are combined or excluded in the cathexis of the sexual zone involved; 4) *autoplasticity or alloplasticity of the fantasy:* how much the instrument of pleasure is endowed with magical and unreal significance; 5) *the degree in which the defense against anxiety involves ego functions of real value,* and how far it is dependent upon *actual* environmental restriction.

The application of these criteria clearly defines the developmental phase in which this patient's fantasies of intravaginal destruction arise as a more primitive phase than that of the classical œdipus fantasies. Both fantasy groups have in common the penis as erotogenic zone, the vagina as goal, activity as aim, and anxiety of phallic deprivation as obstacle. But in the early phallic fantasy, the aggression is relatively unerotized, there is no wish to give birth to a baby or its infantile equivalent; the object is partial, i. e., the vagina and its contents, and there is no emotional evaluation of the mother as an individual; the castration fear is not referred to an extravaginal father to whom the hostility has been deflected. In the early phallic organization there is no choice, as in the œdipal stage, between the penis as a primal organ of active gratification, and the mouth (anus or hand) as the primal organ of passive gratification; the choice is whether a single organ, the penis, shall be used actively and destructively, or passively and receptively. The choice, therefore, exactly duplicates the choice of goal at the weaning period, when the mouth as instrument is fixed, but may be used alternately for gratification of passive or aggressive impulses.

The findings of this adult analysis are in full harmony with the view (though not the terminology) of Melanie Klein as to the existence of a *pre-œdipal phallic attitude to the mother.* For example, she reports George's fantasy [1] of going into the

[1] Klein, Melanie: *Personification in the Play of Children.* Int. J. Ps-A. X, 202, 1929.

cage of another lioness, attacking her, stealing, killing and eating her cubs. Klein,[1] too, considers that what she terms the "œdipus" and we the "early phallic" conflict (fantasy of destructively penetrating mother) is introduced by the wish for oral destruction of the mother; this is followed by a stage when, "according to the child's earliest fantasies of parental coitus, father's penis (or whole body) becomes incorporated in mother during the act. Thus the child's sadistic attacks have for their object both father and mother, who are in fantasy bitten, torn, cut, or stamped to bits. These attacks give rise to anxiety. This defense is of a violent character and differs fundamentally from the later mechanism of repression." The identity of this material from child analysis and my patient's attitude to the vagina is even more clear in the fantasy which Klein[2] reports of crabs fighting with the father's penises, and it is especially noteworthy that here, too, the effort is to destroy father's penis by eating and biting. Klein also calls attention in two places to this intravaginal fear as the source of the more malignant type of impotance in men, and to the impairment of genitality resulting from an unresolved oral sadistic attitude.[3]

An important topic is the ontogenetic relationship of this early phallic conflict to the positive and negative œdipus complex of our patient. There are two possible reconstructions:— a) We may regard the analytic situation as a replica of the childhood personality and conclude that a subnormal mass of libido had been mobilized in the positive œdipus complex, while the rest was already absorbed by the passive striving of the female identification and unfused with the aggressive instincts. b) Or, we may infer that probably a normal mobilization of active libido had occurred in the actual œdipus organ-

[1] Klein, Melanie: *The Importance of Symbol-Formation in the Development of the Ego.* Int. J. Ps-A. XI, 22-39, 1931.

[2] Klein, Melanie: *A Contribution to the Theory of Intellectual Inhibition.* Int. J. Ps-A. XII, 206-208, 1931.

[3] Klein, Melanie: *Personification in the Play of Children.* Int. J. Ps-A. X, 202, 1929.

ization of childhood, but that the unpreparedness of the ego for dealing with the castration anxiety accompanying this conflict had compelled an inferior solution by full acceptance of the passive identification. The first explanation would differentiate this case qualitatively from the post-œdipal homosexuality described by Alexander,[1] the latter would differentiate it only quantitavely, in that there was more complete acceptance of passivity and less narcissistic reaction-formation than in cases where the reaction-formations to passive wishes are classically presented.

Empirical data do not prove with certainty either reconstruction. My own observations support the view that the positive œdipus situation was never fully cathected. In the first place, a working through of the incest material accomplished no fundamental alteration of the personality other than a deepening of the transference of passive love from wife to analyst, while the working out of the early phallic conflict led to the masculinization of his personality and the cure of his impotence; and, secondly, the analysis showed the unconscious dynamics of the inhibited aggression to be fundamentally different from the œdipal wishes which had been hysterically converted.[2]

The most decisive indication that this personality differs fundamentally from homosexual solutions to a fully cathected œdipus complex, is the close identity of this patient's reaction to father and mother. The ambivalence and anxiety to father is duplicated by that to mother, and cathected memories and fantasies which demonstrate them are very similar. A differ-

[1] Alexander, Franz: *Structural and Instinctual Conflicts.* Read at the New York Psychoanalytic Society, April, 1932.

[2] Theorizing as to the rôle of the œdipus complex in the libidinal development appears less consequential when we regard the problem from the standpoint of a defect in ego development. For it is from an understanding of the (early) crippling effect of the early phallic conflict on the ego's development that an incisive concept of the patient's defects arises. The crucial problem of such a personality is an ego, but a *primitive* ego, problem. The author will include a discussion of this fundamental aspect of the case in a paper on "Ego-Defect Neuroses" to be published later.

entiated attitude to mother occurs only in the subnormally cathected incestuous wishes.

The first definite indication of this duplication of his attitude to objects was the first definite expression of hatred toward anyone, in his association to the dream: "I wish mother and father were dead." The first aspect of it to be worked through was in the analysis of the oral passive transference, when fantasies of fellatio with the father and of sucking with the mother were undifferentiated. Penis-breast is nearly a balanced equation, with both sides equally cathected. In like manner, the fantasy, "father bites with the mouth" is equated in the rat-dog dream with "mother bites inside the vagina." Then the fear of father's red eyes, which was more conspicuous in the early portion of the analysis because of its significance in the patient's everyday life, was revealed as a representation of both his mother's and father's tempers. His memories of his father's penis and the fantasy of scraping his teeth along it led immediately to sadistic weaning fantasies; his genital fears involved both parents, and the curiosity in father's urination was duplicated by equally cathected and vivid recollections of his mother at the toilet. The efforts of a homosexual man to seduce him anally at twelve, and the displacement of his repressed passive love to a colleague of this man were duplicated in a late episode of the analysis when his associations to a child's hospitalization were: pleasure in enema and fear of appendectomy, both referred to female perpetrators.

In the second month of analysis, he identified his own defæcation with his father's wealth, and a moment later a woman's buttocks with the "slit in his trousers". Associating to his pride in fine boots, he thinks of "small penises and vaginas". His first dreams and death wishes constantly identified father and mother. Late in his analysis he dreamed of eating with an old servant of his aunt's, (mother-surrogate), with a context similar to the earlier dream of eating with his father. There was a continuous shifting of mild anxiety typical of his dreams to mild erotic affect in the later months, but not until the hos-

tility and fear of mother were being worked through. Stage by stage, the analysis of his attitudes to his father led to the recovery of identical attitudes to his mother. As in Freud's [1] female analysands, there is scarcely a feature in the attitude to the father which is not represented in the earlier attitude to the mother and represented with quantitative consistency. It showed as well in the major elements of ego structure. To identify with Emma in order to retain mother's breast coincides with the identification with mother in order to be orally gratified by father's penis.

In conclusion, therefore,we find that a male personality which descriptively approaches more closely to typical femininity than any other type, except some overtly homosexual men, discloses also those two ontogenetic features which Freud declares to be characteristic of normal female development: a pre-œdipal determination of character, and a duplication in the later father cathexis of the original attitude to mother. Our analysis demonstrates that this parallelism is entirely congruous; for it discloses that the character neurosis is preconditioned at a level of development before instinctual aims and objects are normally differentiated according to sex—the early "masculine" phase described by Freud for the female.

Our material may be tersely summarized in a tabulation of the most significant unconscious fantasies of his erotic life:—

I. *Ego-accepted fantasies of passive, narcissistic gratification:* 1) I want to suck, not copulate (penis=mouth); 2) I want to retain what is mine (semen=fæces); 3) I want to pass urine (passively), not ejaculate (urine=milk, penis=breast).

II. *Ego-rejected fantasies of incestuous love:* 4) I want to urinate (actively) into mother (my penis is like father's).

III. *Ego-rejected fantasies of pregenital* (predominantly oral) *aggression:* 5) I want to destroy (bite, beat, kill) with my penis (penis=mouth).

IV. *Anxiety fantasies:* 6) If I urinate, father will cut (bite)

[1] Freud: *Concerning the Sexuality of Woman,* this QUARTERLY 1.

off my penis; 7) If I kill (bite) with my penis, it will be destroyed (bitten) intravaginally.

Analysis has shown that this case presents two decisive conflicts:

1) The œdipus conflict is represented by the fantasies of group II, and gives rise to the typical large animal phobias representing fears of a castrating father. These fantasies undergo hysterical wish fulfilment.

2) An "early phallic," pre-œdipal conflict arises from the fantasies of group III. These destructive phallic fantasies provoke fears of intra-vaginal castration, which enforce complete inhibition of aggression, the acceptance of the double feminine identifications and fantasies of group I as the only source of libidinal gratification.

Our conclusion is that the defect in masculine identifications and functions which constituted the passive feminine character of this man are the result of a persistent oral cathexis of the phallus. He must not use it aggressively, because this aggression is oral sadism; gratification, therefore, depends on using it, instead, as an instrument of oral passivity.

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OUTLINE OF CLINICAL PSYCHOANALYSIS

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CHAPTER V

PREGENITAL CONVERSION NEUROSES

a. Stuttering

As we have stated, the domain of organ neuroses extends from hysteria to hypochondriasis; the term, organ neurosis would, therefore, include monosymptomatic conversion hysterias as well as genuine narcissistic neuroses which are characterized by hypochondriacal mechanisms. However, when we speak of organ neuroses we usually have in mind the reactions lying between these two extremes, and, as has already been mentioned, it is in this intermediary region that we find the clinical pictures which we shall consider under the general heading of pregenital conversion neuroses. The symptoms of these neuroses, like those of conversion hysteria, represent an expression of a psychic conflict between the infantile sexual wishes which are directed towards an object and the defense reactions against these wishes. In contradistinction to conversion hysteria, these sexual wishes, directed towards an object, are pregenital in nature, i. e., they are anal sadistic or oral sadistic, and their aim is the incorporation of the object; for this reason, these neuroses appear to have been built up on a more definite narcissistic foundation than are the usual hysterias. Hence, while the symptomatology is of a conversion hysterical nature, the patients' behavior corresponds more to that of the compulsion neurotic than that of a hysteric. The pregenital nature of such individuals' sexuality is imprinted not only on the unconscious ideational content of their symptoms, but their whole behavior shows all the characteristics which, in compulsive neurotics, we recognized as the result of anal regression; we have in mind such characteristics as in-

creased ambivalence, increased bisexuality, sexualization of the process of thinking and talking, and partial regression to the magic-animistic type of thinking. Using the same method as in dealing with compulsion neuroses, it is often possible to demonstrate in such cases that the regressive nature of their pregenital tendencies represents an attempt to make them serve as a substitute for the rejected œdipus trends; in other words, in all details, in psychological content as well as mechanisms, except for the conversional character of the symptoms, they completely resemble compulsion neuroses. Occasionally, although quite rarely, one fails to find this resemblance, and the question then arises whether these cases are not based upon an arrest in development which left the individuals fixed on a pregenital level and thus prevented them from reaching the phallic œdipus complex. Putting it somewhat incorrectly for the sake of emphasis, we might say that these cases are fundamentally compulsion neuroses with all the characteristic psychological content and mechanisms, but that the clinical symptomatology appears to be that of a hysteria. This fact confronts us with the problem: what is it that makes one person develop a compulsion neurosis while another develops a pregenital conversion hysteria? The external clinical picture of the latter neuroses is that of hysteria; consequently, it was only in analytical practice that their inner psychological structure was found to be different.

Theoretically, we should expect that the pregenital psychological content referred to above would be more easily determined by the study of those conversion symptoms which are directly related to one of the pregenital zones. For instance, we should expect to discover anal erotic material in cases of organ neuroses with intestinal symptoms. Without doubt these expectations are justified to some extent. Thus, we often find in the anamneses of compulsive individuals an account of intestinal disturbances which are more or less psychogenic in nature; these are occasionally reactivated in the course of an analysis and may recur in the form of transitory conversion

symptoms, which Freud referred to as "the bit of hysteria which is regularly discovered to be the foundation of a compulsion neurosis." [1] However, residuals of these infantile disturbances, such as constipations and diarrhœas, also occur as spontaneous symptoms in some compulsion neuroses. Moreover, we also find constipation and meteorism in the clinical picture of chronic neurasthenia, a neurosis which is eminently pregential.[2] All these intestinal symptoms are the neurotic vestiges of infantile anal eroticism. Yet one cannot say that *all* intestinal conversion symptoms are of this nature or that they are deeper and more narcissistic than hysterical symptoms in other regions. As we have pointed out, the sole effect of the tendency to regression in conversion hysteria is the selection of the organ or organs which become the seat of the symptoms. Organ neuroses of the intestinal tract, like those of any organs, are met with in all of the clinical conditions which range from hysteria to hypochondria.

Remarkably enough, this does not hold true of another neurosis, in which the symptomatology consists of functional disturbances at the oral end of the digestive tract. The functional disorders of speech, in so far as they are more than simple inhibitions, are typical examples of this group of neuroses. This we learned empirically, at first. Then it was not difficult to recognize, theoretically, which factor was common to stuttering and the compulsion neurosis; namely, that in both, speech is sexualized.

The symptom of stuttering, more readily than other conversion symptoms, reveals at a glance a conflict between mutually opposed tendencies: by stuttering the patient shows that he wants, and yet does not want, to say something. Of the three types of motive which induce the ego to inhibit a function, we can here rule out "general impoverishment of the psychic economy", because this factor would not explain the specific limitation of the inhibition to the speech functions.

[1] Freud: *Aus der Geschichte einer infantilen Neurose.* Ges. Schr. VIII, 517. (Trans. in *Coll. Papers* III.)

[2] Reich, Wilhelm: *Chronische hypochondrische Neurasthenie mit genitaler Asthenie.* Int. Ztschr. f. Psa. XII, 1926. Also: *Die Funktion des Orgasmus.*

We might consider the possibility that the inhibition in speaking represents a yielding to the demands made by the superego. However, since stuttering may be called a neurosis, properly speaking, only when the tendency repressed along with speech finds its way into the symptom in a distorted form, we shall have to assume that in this speech disorder it is the antecedent erotization of the function of speech that plays the chief rôle in the formation of the neurosis. The psychoanalysis of stutterers fully corroborates the correctness of our assumption.

In the chapter on compulsion neuroses, we discussed the factors and conditions which lead to the erotization of speech, and discussed the consequences of this erotization. All that was said in this connection is applicable even more to cases of stuttering.

The stutterer wishes to speak, and at the same time not speak; he has something to conceal. This all is due to the fact that "speaking", for a stutterer, means something else than speech—it means something that his instinct desires but which his ego rejects; in other words, it represents part of the individual's infantile sexuality. Psychoanalysis of such individuals shows that this infantile sexuality is the anal sadistic universe of wishes. For stutterers the function of speech has a double meaning. To them speaking means, first, the utterance of obscene, especially anal, words; and secondly, an aggressive act, ultimately to kill. The anal erotic nature of speech is seen best when, in analysis, a specific situation which either provokes or accentuates stuttering, proves to be an anal temptation. Unconsciously, speech in general, or in certain situations, is equated with defæcation. The "letting out" of words holds the same pleasure and is subject to the same unconscious influences as the act of defæcation. The fundamental pleasure in stuttering is the pleasure of playing with words, which analysis has found repeatedly to be a continuation of infantile playing with fæces, displaced from below upward. In cases in which the function of speech becomes inhibited, the same opposition which in infancy related to playing with fæces

becomes reactivated in application to words. In stuttering, one must add that the repressed activity returns from repression, the words being "held back" as fæces were held back in infancy, to produce an autoerotic pleasure. One may indeed speak of a displacement upward of the functions of the anal sphincter in stuttering.[1]

As to what constitutes the typical affinity between speech and anal libido was explained in our discussion of compulsion neuroses. The sadistic connotation of speech is also a universal fact easily observed in everyday social life. In stuttering, the sadistic element is merely augmented because the stutterer's speech represents a condensation of all of his infantile sexuality, especially of the œdipus complex in its distorted regressive form.

Two conditions frequently encountered, which either provoke or increase stuttering, are correlated with its sadistic significance. Quite often, when the individual is particularly eager to prove a point during an argument, he begins to stutter; for behind his apparent ambition to prove that he is right, he has concealed the hostile, or sadistic tendency to destroy his opponents or his audience by means of words. Still more often, stuttering appears or is exacerbated in the presence of prominent or authoritative persons, that is to say paternal figures, persons against whom the repressed aggressive drives would be most intense and towards whom there would be most ambivalence. Garma once observed a girl who in addition to stuttering suffered from a fear of injuring someone; this girl believed, in particular, that in sexual intercourse the woman might injure the man; in addition, she had various daydreams in which, by a look, she could destroy the whole world, bewitch and kill all men. We know that in dreams, to speak is a symbol of life and to be mute a symbol of death. The same symbolism holds true in stuttering. When the stutterer is unable to talk, he often is express-

[1] Cf. Graber, Gustav Hans: *Redehemmung und Analerotik.* Ztschr. f. psa. Päd. 1928; and Schneider, Ernst: *Über das Stottern,* Bern, 1912; also the psychoanalytic case material on stuttering reported in the literature.

ing his desire to kill, which because of his super-ego is turned against his own ego.

It becomes evident that this anal sadistic erotization of the functions of speech means a rekindling of the infantile stage when words were omnipotent.[1] This point has already been commented upon, as has the fact that the joy in uttering obscenities is of a magical and narcissistic nature; and that in so far as obscene words retain some remnant of the old magic power which human language in general originally had, they force, or are intended to force, the listener to visualize with hallucinatory clarity the objects they denote.[2] It is clear that the phantasy that words can kill is also due to a magical overestimation of speech. The anal sadistic significance of the symptom of stuttering is also in keeping with the typically anal sadistic personality make-up of the stutterer. The momentous regression (or arrest of development) is not limited in effect to a few symptoms; experience teaches us that what was said of the pregenital conversion neuroses in general, holds true also for stutterers; namely, they have typical compulsive characters.

We discussed first the anal sadistic nature of the unconscious sexuality of stutterers because in the unanimous opinion of all authorities, it plays the most preëminent rôle in this disorder. This, however, does not mean that other eroticisms and component impulses take no part in the erotization of the function of speech. As in all other neurotic symptoms, we find here too that in general there is no infantile sexual excitation which does not participate accessorily along with the repressed content of the dominant sexual component. We shall consider separately three types of such component impulses which play a characteristic part in the symptom of stuttering; these are the phallic, the oral and the exhibitionistic impulses.

In our study of the compulsions and obsessions, it was brought home to us that side by side with drives coming from

[1] Ferenczi, Sándor: *Entwicklungsstufen des Wirklichkeitssinnes.* Int. Ztschr. f. Psa. I, 1913. (Trans. in *Contributions to Psychoanalysis.* Boston: 1916.)

[2] Ferenczi, Sándor: *Über obszöne Worte. Bausteine zur Psychoanalyse.* Vol. I, p. 171. (Trans. in *Further Contributions,* etc.)

the phallic œdipus complex, there were anal sadistic wishes; this apparent inconsistency was cleared up by the fact that in these neuroses a regression takes place which has the following course: the phallic œdipal wishes are at first transformed into anal sadistic ones and only after this does the compulsive or obsessional symptom originate as a defense against these transformed wishes. However, since this transformation is by no means complete, psychoanalysis is able, in addition to the anal sadistic drives, to demonstrate œdipal, castration, and phallic tendencies in general. The same holds true of the stutterers. We emphasize here the anal sadistic factors in stuttering because it appears to us important at this moment to emphasize the points which distinguish stuttering from hysteria. We should add at this juncture that the unconscious œdipus and castration complexes of the stutterer play no less a rôle than in hysteria; and in this respect, we may say again, that stuttering, like any other pregenital conversion neurosis, resembles the compulsion neurosis. In many cases, as in many cases of compulsion neurosis, analysis has been able to furnish complete historical proof that the regression took place.

Alfhild Tamm, for instance, reported a case of a young man who at first masturbated genitally; he later replaced this practice by anal masturbation, and following the suppression of this latter practice he began to stutter.[1]

In this connection, it is worth mentioning that speech has another symbolic meaning, which has been amply treated by Jones[2] and Flügel.[3] They pointed out that the function of speech is unconsciously frequently equated with the genital function—particularly the male genital function—regardless of the sex of the individual. To speak thus means to be potent, and inability to speak, to be castrated. Boys frequently betray by their ambition to talk, a typical competitive drive, which on analysis proves to be a phallic competition. (Can I not talk

[1] Tamm. Alfhild: *Zwei Fälle von Stottern.* Ztschr. f. psa. Päd. II, 1928.

[2] Jones, Ernest: *Essays in Applied Psychoanalysis.* Chap. VIII.

[3] Flügel, J. C.: *A Note on the Phallic Significance of the Tongue and Speech,* Int. J. Ps-A. VI, 1925. Cf. also Bryan, Douglas: *Speech and Castration.* Int. J. Ps-A. VI, 1925.

as well as my father?) Girls with a similar ambition have apparently displaced their penis envy from below upward and wish, unconsciously, to function genitally in the same manner as men. The same phallic symbolism of speech is found in the unconscious of the stutterer. In other words, all conflicts involving the ideas of being potent and of being castrated can find expression in the symptom of stuttering though, typically, in a regressively distorted form. We may recall in this connection the theme of having the tongue cut out, which is frequently met with in fairy tales and myths; in this the tongue, as the organ of speech, appears directly as a phallic symbol. Various writers have collected material in the fields of ethnology and philology bearing on this aspect of the problem.[1]

Speech is, in the broader sense, an oral function. The fate of the oral libido must participate significantly in the development of speech disorders. This participation could, of course, be the same as in hysteria, i. e., it could be limited to determining the site of the disturbance of function while the truly pathogenic regression only reaches an anal sadistic level. However, one frequently obtains the impression that the regression did not cease at the anal sadistic level, but that true oral wishes and attitudes are expressed, and that repressed œdipal wishes distorted into wishes for oral incorporation also seek expression, to become the center of the neurotic conflict in stuttering. We may thus state, in a general way, that a special oral fixation is an additional precondition for the development of stuttering. (Coriat.[2]) The severity of the case would depend upon the relative importance of this oral fixation. The more its rôle is limited to determining the site of the symptoms, the more will the individual's attitude be on an object libidinal level, and the easier will it be to exert a favorable psychotherapeutic influence; on the other hand, the stronger the influence of the oral component that lies behind the anal elements in these neuroses, the more ambivalent will the indi-

[1] Rank, Otto: *Psychoanalytische Beiträge zur Mythenforschung.* 1922.

[2] Coriat, Isador H.: *The Oral-Erotic Components of Stammering.* Int. J. Ps-A. VIII, 1927. Also *Stammering,* New York and Washington, 1928.

vidual be, indeed the more narcissistic and resembling a psychosis will be the reaction. As a matter of fact, there are cases of stuttering which are transitional to the orally fixated manic depressive disturbances.

The above-mentioned displacement of genital competition to the field of speech, i. e., the development of a special ambition to speak well, is attended by the danger of a disturbance of speech; the development of such a disturbance will naturally be facilitated if constitutional factors or experiences of early childhood have given rise to oral views on sexual life. In some cases of stuttering, the infantile desire to make more noise than an adult, usually combined with a related anal wish ("flatus ambition" [1]), appears in quite grotesque forms. The true meaning of the oral wish may be expressed in the following formula: "I wish to be able to eat as much as the adults do". This frequently serves as a defense against the converse passive anxiety which could be formulated: "I don't want to be eaten up by the grown-ups". To be sure, as a rule these are regressive distortions of œdipus and castration ideas. The oral components stand out definitely at times not only in the function of expression, but also in the process of "taking in" words.[2]

We must not overlook the fact that the oral erotization of speech is based upon a physiological factor. Such an erotization becomes possible only if and when this function already possesses a rather great oral libidinal charge. Hence, it appears that the period most favorable for the development of the oral fixation is the period when the child begins to learn to talk. Before speech becomes the practical means of conveying thoughts, the activities of the organs of speech have a purely libidinal function; this period coincides with the time when the word appears omnipotent. The development from the

[1] Ferenczi, Sándor: *Der Flatus, ein Vorrecht der Erwachsenen.* Int. Ztschr. f. Psa. I, 1913. (Trans. in *Further Contributions,* etc.)

[2] Cf. the chapter on "Character Disturbances" for the reference to the phenomenon of "swallowing" words heard or read.

level of autoerotic babbling or crying, through the level of magic influencing of the environment by means of the vocal apparatus, the gradual acquisition of the understanding of words, and finally the attainment of the level at which language (speech) is used as a purposive means for exchange of thought—all this is a highly complex process, which is subject to fixating disturbances at various points in its course. Unfortunately, this developmental process, which must represent the most important steps in the sublimation of our oral libido, has not yet been studied in detail. Some attempts in this direction were made by Sabina Spielrein[1] and Mary Chadwick.[2] It is quite possible that the psychoanalysis of pathological deviations from this process, such as stuttering, will serve to explain the normal course; by the same means we might progress in the study of the many unsolved problems connected with the phylogenetic basis of language. In addition to oral fixation and the corresponding oral wishes, we find in the most severe cases of stuttering still other deeper determinants, which have as yet not been discussed. The disturbances of the function of speech signify not only the disturbance of the means of communication through language, or in general a severe disturbance in one's relations with objects. The words, which at one and the same time should and should not be spoken out, because they possess the above mentioned phallic and anal characteristics have, in addition, the significance of an introjected object; the conflicts which this disturbance expresses are conflicts connected with the problem of incorporation: the conflict which originally took place between the individual and the object is now expressed, as in the narcissistic types of organ neuroses described above, by means of a conflict between the ego and its speech apparatus or its speech products, as the case may be.

We may mention one additional typical determinant, which

[1] Spielrein, Sabina: *Zur Frage der Enstehung und Entwicklung der Lautsprache.* Int. Ztschr. f. Psa. VI, 1920.

[2] Chadwick, Mary: *Die Unterscheidung zwischen Ton und Sprache in der frühen Kindheit.* Ztschr. f. psa. Päd. II, 1928.

along with the others mentioned above, either produces or accelerates the development of stuttering. We have in mind public speaking; in cases where speaking before a crowd evokes stuttering we deal with a strong unconscious exhibitionistic drive which becomes inhibited with the development of the symptom.[1] Persons who begin to stutter only when they speak in public resemble persons with neurotic reactions like erythrophobia or "chronic shyness", which are built in great part on the exhibitionistic impulses of the individual. If an actor, struck by stage fright, forgets not only his lines but actually begins to stutter, one can clearly see the determinants and the elements producing the erotization of speech as well as its secondary manifestations and their connection with the exhibitionistic drives of the individual. Yet one would hardly call such a person a stutterer, and in order to understand the phenomenon we shall have to recall what was said in our discussion of anxiety hysteria.

Thus far we have considered the symptom of stuttering as an instance of the return of the repressed. We must add what is valid for any other neurotic symptom, but especially for stuttering, that the symptom also serves the repressing forces. In cases of stuttering, it is easy to demonstrate the presence of an extremely strong super-ego, reminiscent, as are the mechanisms, of the compulsion neuroses. Many stutterers produce their symptom only when the latter puts them in a disadvantageous position. The impression easily arises that many stutterers use their symptom to punish themselves, i. e., in order to satisfy the demands of their over-severe super-ego, and by means of a sort of "bribery", to purchase the right to gratify some other instinctual wish. Some forms of stuttering are in this respect similar to the so-called occupational neuroses described in a previous chapter, and are as refractory to therapeutic influence. If the speech symptom appears only in the

[1] An instructive case in which the stuttering reflected an exhibitionistic conflict almost exclusively, was reported by Ada Müller-Braunschweig: *Zur Psychoanalyse des stotternden Kindes.* Neue Erziehung X, 1928.

presence of persons in authority, one not only inhibits one's aggression against them, but one also simultaneously injures one's self, as it is before those persons that one is particularly eager to speak well.

As to the secondary gains through stuttering, these are as numerous as in other neuroses. However, two types appear to be particularly characteristic: (1) superficially, the stutterer, no matter how funny he may appear, arouses pity which he can utilize for many purposes; (2) more deeply, stuttering offers an opportunity for a thorough gratification of one's feeling of spite (which is correlated with the anal component of stuttering) and the stutterer obtains a bit of real gratification for the aggression latent in the symptom.

Quite often, the symptom is confined to definite letters of the alphabet or to definite word combinations. Analysis of such cases shows that here, as in the inhibited states previously discussed, there exists an associative relationship between the precipitating factors that release the symptom and the most important infantile sexual conflicts.[1]

From what has been said, we must conclude that the prognosis in cases of stuttering presents a difficult problem because a variety of deep neurotic structures enter in the formation of this symptom. Occasionally, one hears reports of quick and easy therapeutic results obtained by psychoanalysis. Such cases must belong more to the group of inhibited states in which actual pathogenic experiences play a relatively important rôle. In general, however, the prognosis of stuttering is much more uncertain than in a case of conversion hysteria, because the regressive phenomena and their secondary manifestations complicate the problem. More severe stuttering, which has persisted since childhood, pursuant to its similarity to the compulsion neurosis, shares prognostically what was said of that illness. The deeply regressive oral types of stuttering are as difficult to influence as other narcissistic organ neuroses because

[1] Eder, M. D.: *Das Stottern—eine Psychoneurose und seine Behandlung durch die Psychoanalyse.* Int. Ztschr. f. Psa. I, 1913.

of the narcissistic nature of the disturbance. On the other hand, it is a remarkable fact that the stutterer does not appear to cling to his chief symptom to the same extent as other neurotics do; hence, the stuttering itself may frequently be eliminated without influencing the pregenital elements which are responsible for the predisposition to develop stuttering. Since patients of this type benefit by psychoanalysis, although often very little more than the removal of the chief symptom is achieved, one should in general advise psychoanalytic treatment; during the trial analysis one should exercise the same caution as in that of a compulsion neurosis or organ neurosis.

b. Bronchial Asthma

In our discussion of stuttering, we pointed out that although the function of speech is an oral one, it becomes in stuttering the field of action for anal tendencies which have become displaced from below upward. We neglected the fact that speech involves not only the mouth but also, if not primarily, the respiratory apparatus. Yet the analysis of the anal components of speech shows how the regulation of breathing is the very element which unconsciously is considered analogous to anal functions. From the standpoint of the libido theory we must ask whether the respiratory element in speech acquires a libidinal value only after it acquires its anal values in stuttering, or whether it possesses an intrinsic respiratory eroticism of its own. If we concede the latter, we should have to state that stuttering is based not only on an anal and oral fixation but on an anal, oral and respiratory one. This combination alone would suggest that respiratory eroticism, if it exists, is pregenital and partakes of the characteristics of the early phases of libido development. This suspicion is reënforced to an extraordinary degree by the clinical finding that organ neuroses involving the respiratory apparatus are definitely related to stuttering, that they are quite different from conversion hysterias, and that they are typical pregenital conversion neuroses. It is true, however, that the position of bron-

chial asthma as a neurosis has not as yet been definitely settled. Yet as one reviews the literature on the subject, one finds that all observers are united in the opinion that asthma is not a conversion hysterical symptom. The asthmatic, between attacks, behaves like a compulsion neurotic or even like an individual suffering from a narcissistic neurosis (ambivalence, bisexuality, sexualization of thought and speech, personality deviations, etc.). The psychoanalysis of asthmatic persons also shows that they, like stutterers and compulsion neurotics, are victims of a regression which is interpolated between the œdipus complex and conversion, which always reaches the anal sadistic level, but occasionally reaches the narcissistic stage, so that the conflicts which were once waged between the individual and reality are now carried on between the patient and his respiratory apparatus.[1]

It is quite probable that an intrinsic respiratory eroticism exists. Indeed, this assumption is a corollary of Freud's theory of erotogenic zones, according to which every bodily function may become a source of libidinal excitation. In normal individuals this respiratory eroticism appears to be of no especial importance; it does not dominate any special phase of libido development and is apparently subordinate to the influence of other erotogenic zones. The psychoanalysis of asthmatic persons and the study of their oral and anal psychological structure, as well as a wealth of ethnological material dealing with the sexualization of breathing, brings ample proof that archaic anality and orality dominate the respiratory eroticism.[2] Respiratory eroticism is most intimately connected with the pleasure of smelling; particularly so since the function of

[1] According to Weiss, the asthmatic attack represents, in its final analysis, a reaction to the separation from the mother, a cry of appeal to the mother. It appears that in his case the illness actually set in as a reaction to the loss of the mother and a subsequent narcissistic identification with her. Cf. Weiss, Edoardo: *Psychoanalyse eines Falles von nervösem Asthma.* Int. Ztschr, f. Psa. VIII, 1922.

[2] Cf. Jones, Ernest: *The Madonna's Conception through the Ear.* In: *Essays in Applied Psychoanalysis,* Chap. VIII; Rank, Otto: *Der Doppelgänger.* Imago III, 1914; and Róheim, Géza: *Das Selbst.* Imago VII, 1921.

smelling and that of breathing are not differentiated from one another in the unconscious. The pleasure of smelling, because of its main infantile object, has been considered mostly anal in nature, and the anal component appeared to be the most important one in the sexualization of breathing in asthma. It is quite possible that respiratory eroticism acquires its power for symptom formation only after the admixture of anal elements has taken place. It is certain, at any rate, that it has a particular affinity for pregenital elements, which indicates its archaic pregenital nature, and there is no reason to doubt that there does exist an intrinsic nucleus of respiratory eroticism.

Bronchial asthma is the neurosis of the respiratory function as stuttering is that of the function of speech. Its prerequisite is, naturally, the sexualization of this function; this sexualization is achieved by means of regressive changes of the œdipal wishes, so that the measures of defense usually taken against the œdipus complex are in this case undertaken against the respiratory function. Asthma has other points in common with stuttering: in the less severe cases it represents an attempt to come to terms with the anal sadistic representatives of the œdipus complex, while in more severe cases we find a deeper regression and a resulting revival of the old tendencies to incorporate the object and defense against these tendencies. Respiratory eroticism also shows its relation to oral eroticism in that in regard to objects its libidinal aim is the incorporation of the whole object, or a part of it, through respiration or smelling. This archaic tendency comes to the surface fused with the usual oral wishes for incorporation. Under certain circumstances, as in the case of the oral wishes, anxiety and a defensive struggle oppose these wishes and they may be expressed at the time of the genital primacy in the form of certain persistent identifications. Occasionally, vigorous respiratory erotic wishes can be found not only in cases of asthma, but also in deeply regressive narcissistic neuroses, as, for example, hypochondria which involves the nose or other organs of the respiratory apparatus. The ingrainedness of such hypochondriacal phantasies is due to the fusion of respiratory

eroticism with the eroticism of smell. It has been said often that our lower senses show a greater affinity for the pregenital eroticism than do the higher functions.[1] This may be proven by the fact that olfactory perceptions, memories and associations stand out and play a greater rôle in the pregenital life of the child than they do in the life of the adult. The repression which overtakes pregenitality as a whole makes the sense of smell of the average man much duller than it was in his childhood. Freud assumes that this tendency to repress olfactory capacity is a manifestation of the biogenetic law, in other words, that it is the ontogenetic repetition of the biological repression to which mankind was subject in this respect.[2] However this may be, it appears that the olfactory eroticism which has undergone repression becomes revived when there is a regression to anal sadistic eroticism or to respiratory eroticism, which is so closely related to oral eroticism. The phantasies of respiratory introjection are in the final analysis based on a physiological truth, for in the act of smelling, a particle of the outer world actually is taken into the body. The most important object of infantile olfactory pleasures is fæces, and this circumstance is responsible for the fact that in our practice we find olfactory eroticism and anal eroticism so closely related to one another, despite the fact that they appear to have different erotogenic sources. As a matter of fact, analysis is frequently able to uncover the regressive nature of the anal object in olfactory erotic wishes, just as in anal erotic wishes; an anal olfactory pleasure may be a cover for a corresponding genital pleasure (e. g., to smell the menstrual fluid). As has been mentioned, the sexualization of smelling and of breathing may be traced beyond the anal, to the oral level but I do not believe that we are justified in stating, with Oberndorf, that sniffing may be considered as an equivalent of sucking.[3]

[1] Hermann, Imre: *Sinnesmodalität und Denkformen.* Imago XV, 1929.

[2] Freud: *Das Unbehagen in der Kultur.* (Trans. *Civilization and its Discontents,* New York, 1930.)

[3] Oberndorf, C. P.: *Submucous Resection as a Castration Symbol.* Int. J. Ps-A. X, 1929.

Moreover, smelling, or sniffing, is something that goes on at the very time of suckling and is obviously invested by the child with much less interest than the act of sucking. Yet it must be recalled that physiologically many so-called taste perceptions are frequently in actuality olfactory perceptions.[1] In substance, one can reduce the psychological processes in asthma to the following formula: special sexualization of the respiratory function, repression and breaking through of the sexual wishes which are repressed. These themselves are correlated with numerous phantasies, primarily oral and anal ones, which are regressive expressions of the œdipus complex.

The structural similarity of asthma and stuttering will immediately show us that in asthma, breathing, like the speech of stutterers, has taken on magic significance and serves as an expression of phantasies of omnipotence. We also find that the theoretical concepts of the libido used to interpret the respiratory neuroses are corroborated by facts observed in compulsion neuroses: compulsive breathing ceremonials are connected with a number of prohibitions and commands, which all serve as the expression of phantasies of omnipotence related to the act of breathing.[2] Phantasies of this kind are found just as frequently in true compulsive patients as in asthmatic individuals and an ethnological parallel can be seen in the oft described elaborate methods used by some primitive peoples, and certain contemporary religious sects, who practice magic by regulating the breath. This well-known universal magic meaning ascribed to breathing certainly cannot be explained by the mere fact that it is the only function by means of which man can exercise a voluntary control over his viscera. There exists no narcissistic-animistic philosophy of life in which breathing as the expression of life itself is not invested with narcissistic libido.

Róheim summarized systematically all the magic-narcissistic

[1] Cf. for the whole topic Fenichel, Otto: *Über respiratorische Introjektion.* Int. Ztschr. f. Psa. XVII, 1931.

[2] Deutsch, Helene: *Zur Psychogenese eines Ticfalles.* Int. Ztschr, f. Psa. XI, 1925.

ceremonies which are related to one's own ego [1] and he showed that breathing plays in these no small rôle. Underestimating its intrinsic value he is, indeed, too inclined to believe that breathing magic is merely a special type of oral magic; as when he writes: "Breathing magic is a reduced, less obvious, half symbolic form of spitting, and therefore more capable of being sublimated".[2] Still more important for us are Róheim's conclusions regarding "the soul substance" at which he arrived on the basis of studies of the widespread belief in the "breath-soul". He states: "From our viewpoint, the breath-soul appears to be a hypostasis of the oral erogeneity of the breather and of the skin erogeneity of the one breathed upon".[3] This demonstrates the affinity that exists between oral and skin eroticism but it emphasizes the respiratory quality of the breathing. Róheim devotes many pages to the analysis of material which shows that primitive man equated the soul of the dead sometimes with fæces and again with air or breath; this agrees with the unconscious thinking of our patients, whose dead relatives are unconsciously equated with fæces as well as breath. It is true that the ideas concerning the breath represent but one part of magic-animistic mode of thinking, but apparently this part is by no means small and it would well repay us to give it our attention, and especially to make a comparative study in connection with clinical material.

We may recall in this connection the erotic significance of the menstrual odor, as studied by Daly. It appears that to breathe in the menstrual odor gives rise to the fear lest this involve the danger of identification with the "castrated" woman.[4] There is clinical material corroborating these conclusions. These ideas can be found in patients who show a

[1] Róheim, Géza: *Das Selbst.* Imago VII, 1921.
[2] *Ibid,* p. 5.
[3] *Ibid,* p. 145.
[4] Daly, C. D.: *Hindu-Mythologie und Kastrationskomplex.* Imago XIII, 1927, and *Der Menstruationskomplex.* Imago XIV, 1928.

strong regressive tendency to respiratory introjection. The writer was able to report one case of this type.[1]

The very intimate relationship that exists between the function of respiration and anxiety is naturally of importance from the standpoint of the unconscious meaning of asthmatic symptoms. One might expect that a specific anxiety is connected with certain manifestations of breathing—for example, hypochondriacal ideas concerning the nose or the lungs or the fear of suffocating—all of which are probably manifestations of the defense against the heightened respiratory eroticism. Clinical findings in asthma appear to justify this expectation. However, this seems to be true only in certain clear-cut cases. For one should not overlook, as Hárnik has emphasized, that the fear of suffocation is not only widespread, but has a general and fundamental archaic significance, and that its occurrence is not limited to cases showing asthmatic, hypochondriacal and compulsive respiratory phenomena.[2] Two points in this work by Hárnik deserve special emphasis as having a bearing on the problem under discussion. In the first place, we are often able to find that the manifest fear of suffocation covers a repressed idea of castration, so that we must consider the fear of suffocation as a distorted expression of castration anxiety.

Thus, a patient imagined that the analyst might cut off his air supply by means of scissors; in other words, he phantasied that the air supply, arranged like that of a diver, would be tied off so that he would choke. This phantasy was of course a cover for the anxiety lest the scissors cut off his penis. In this patient the intermediary connection between castration anxiety and respiration was fear lest he be choked in his sleep under the blanket, a fear which was prominent during the patient's latency period. While under the blanket he would indulge in oral and anal phantasies, which were regressive derivatives of his masturbatory phantasies. To him "to crawl under the blanket" was a continuation of the forbidden early infantile "to put his hands under the blanket."

This does not conflict with the fact that this distortion fol-

[1] Fenichel, Otto: *Über respiratorische Introjektion.* Int. Ztschr. f. Psa. XVII, 1931.

[2] Hárnik, Eugen J.: *Über eine Komponente der frühkindlichen Todesangst.* Int. Ztschr. f. Psa. XVI, 1930. (Trans. Int. J. Ps-A. XVI, 1930.)

lowed the path of regression and that the idea of being smothered had already been invested with anxiety at a time in the life of the patient when he had as yet no conception of castration; the same is true, for instance, of the fear of being eaten.[1] The second point which we derive from Hárnik is the fact that a fear of being smothered underlies every fear of death, and is, in general, the most archaic content of anxiety; so that whenever an unconscious gratification of an infantile sexual impulse is perceived as a danger of being smothered, this sexual impulse need not necessarily be of a respiratory nature. Hence, anxiety connected with respiration is not always a defense against respiratory eroticism; on the contrary, respiration may acquire its erotic quality only after anxiety has been connected with it. Apparently this process holds for all cases except those of hypochondriacal reactions involving the nose and lungs and those in which the idea of being smothered plays a special rôle. Such a prominent accentuation of respiration, in its anxiety aspects, may then be looked upon as a sign of an unusually great sexualization of the function of breathing. In all other cases, Hárnik demonstrated how frequently the feeling of being smothered must actually be experienced by the suckling and the little child and how this feeling henceforth remains connected unconsciously with every later experience of a dangerous situation. A closer consideration of Freud's theory of anxiety shows us that, theoretically, this must be the case.[2] The activity of the respiratory system is, according to this theory, a fundamental component of anxiety. It appeared in the traumatic situation on which anxiety is modeled—the act of birth; and all types of anxiety which the individual experiences in the future represent a partial reliving of this situation. This connection between anxiety and respiration is so fundamental and inherent that at times one is led to believe that, on the contrary, a marked erotization of respira-

[1] Fenichel, Otto: *Angst vor dem Gefressenwerden.* Int. Ztschr. f. Psa. XIV, 1928. (Trans. Int. J. Ps-A. X, 1929.)

[2] Freud: *Hemmung, Symptom und Angst.* Ges. Schr. XI.

tion may be the result of a primary erotization of anxiety.[1] At any rate, in cases of psychopathological conditions of the respiratory apparatus, it is well to think of anxiety. We may cite as a supplement to Hárnik's excellent work in this field, a symptom found in normal individuals which may be related to the fear of being smothered.

Breathing shows the same behavior as any other muscular function. The average man does not use his muscles to their full extent and displays interesting differences in the degree of inhibition, which I once designated "dystonus".[2] Variations of the respiratory rhythm, especially transitory cessation of breathing, variable irregular participation of individual parts of the thorax in the act of breathing: all illustrate different ways in which continuous small psychological alterations exert purposeless effects on the function of respiration. These phenomena become particularly evident in initiating an action, in every motion, and in every redirection of the attention. Self-observation will readily convince one of the great extent of these minor disturbances. They stand out with particular clarity in connection with variations of attention. Hollós has assumed that such respiratory changes correspond to a disturbance of the rhythmic alternation in the inward and outward direction of our attention.[3] According to Heyer, there is experimental evidence to this effect.[4] To avoid details, we may refer to Suter, who goes so far as to say that "complete inhibition of breathing" is "the theoretical optimum of attention".[5] These disturbances are easily corrected

[1] This point of view has been expressed by Marcinowski in *Die Heilung eines schweren Falles von Asthma durch Psychoanalyse,* in Jahrb. f. psa. u. pspathol. Forschungen, V, 1913.

[2] Fenichel, Otto: *Über organlibidinöse Begleiterscheinungen der Triebabwehr.* Int. Ztschr. f. Psa. 1928.

[3] Hollós, István: *Die Phasen des Selbstbewusstseinaktes.* Int. Ztschr. f. Psa. VIII, 1919.

[4] Heyer, G. R.: *Das körperlich-seelische Zusammenwirken in den Lebensvorgängen.* 1925.

[5] Suter: *Die Beziehung zwischen Aufmerksamkeit und Atem.* Arch. f. d. ges. Psych., 1925.

by means of practice; they obviously originate in that part of our personality which is close to consciousness and which undertakes the defense against the instinct, i. e., in the ego; they may therefore be abolished to some extent at will. Hence, we deal here with the inhibition of an ego function. The intimate relationship which exists between anxiety and respiration makes it probable that the constant variations in the respiratory function are based on a constant unconscious responsiveness to anxiety. The analyst in his daily work can observe a transitory cessation of breathing whenever there is a sufficient increase of castration anxiety; moreover, non-analysts have considered certain diaphragmatic spasms as signs of anxiety. The "normal" respiratory symptoms may thus be considered as "anxiety signals" of small intensity. One gains the impression that whenever a new action is about to be undertaken, or a new thing is perceived, or the attention is redirected, the ego is cautiously testing its path, and wondering, so to speak, whether or not it should be afraid. To be sure, every experience is not a danger and does not require the signal of anxiety, but it might be a danger; hence a sort of a preliminary signal, in the form of a respiratory inhibition, is given as a warning.[1] These considerations may appear remote from the problem of asthma. We believe, however, that a more precise understanding of the normal bases of the libidinal and anxiety components of the respiratory function will facilitate an understanding of its pathological deviations.

As to the therapy of asthma, in view of the similarity of its psychological structure to that of stuttering, we may refer to our discussion of that neurosis. In asthma, it is more difficult to achieve a symptomatic cure; the analyst's task is the radical treatment of the pregenital psychological structure which underlies the symptom. On the whole this should not be easier or more difficult than in a compulsion neurosis.

[1] All these considerations were outlined in my article, *Über die respiratorische Introjektion.* Int. Ztschr. f. Psa. XVII, 1931.

c. Psychogenic Tic

The symptom of psychogenic tic owes its origin to the process of conversion. Just as in the case of cramp, paralysis, contracture or major attacks in hysteria, so, here too, the voluntary musculature of the body refuses to serve the ego and functions independently of the will. However, even the external clinical picture of this condition shows it to be essentially different from hysteria, and long before psychoanalysis existed, clinical observers differentiated tic from hysteria. The stereotyped nature of the tic gives it the same appearance as certain catatonic manifestations. On the other hand, there are tics—like the gross tremors described in the chapter on traumatic neuroses—which we must consider as special types of hysteria. In that chapter, we spoke of a continuous series beginning with hysteria and ending with the narcissistic traumatic neuroses; similarly, we may say that various phenomena, forming a continuous series of links between hysteria and catatonia, are covered by the term psychogenic tic. Some forms of tic are similar in appearance to certain compulsions, which must also be included in this series; yet they have a different mode of manifestation, for compulsive individuals carry out their motor patterns voluntarily, even though they say they cannot control the impulse, while the tic occurs totally independently of volition and is an automatic action. Yet, these two phenomena are in some way related; for instance, compulsive motor patterns of long standing may gradually become automatic tic movements.[1]

Closer study of the general behavior of the ticqueur shows that his mental life is led on a more primitive level than that characteristic of hysteria. We find that we deal here with a "pregenital conversion". This designation, which we owe to Abraham,[2] was introduced to characterize the tic, and we are for the first time applying it to the whole group of neuroses under discussion. The two most important factors observed

[1] Cf. Landauer, Karl: *Automatismen, Zwangsneurose und Paranoia.* Int. Ztschr. f. Psa. XI, 1925.

[2] Abraham, Karl: *Beitrag zur Tic-Diskussion.* Int. Ztschr. f. Psa. VII, 1921.

in the mental life of ticqueurs, according to all clinical writers on the subject, are (1) their well defined anal character, and (2) their marked narcissistic make-up. The first characteristic, which, as we know, the ticqueur shares with the stutterer and the asthmatic, has a like origin: it represents either an anal regression from the œdipus complex or an arrest of development which brings to the foreground the pregenital strivings, particularly, as Abraham [1] pointed out, the anal sadistic ones, which, then, are disavowed by the ego. In stuttering, the anal erotic increment intensifies the oral-respiratory eroticism in speech, and in asthma, it reënforces the intrinsic eroticism of breathing; similarly, in tic, the anal components augment muscular eroticism, and a constitutionally or accidentally intense muscular eroticism is prerequisite for this type of displacement.[2] The narcissistic orientation appears in cases of tic in various degrees and measures. In some cases, as in some asthmatics and stutterers, one finds, at least in unconscious phantasies, as much capacity for relationships with objects as in the average compulsion neurotic. Other cases, and these appear to be the most characteristic cases of psychogenic tic, seem to have secluded themselves from the world of objects much more thoroughly than any other type of the regressive neuroses heretofore discussed. Evidently, the crucial factor in determining the severity and form of these disorders is the depth of the regression. Many automatic, stereotyped movements occur as expressions of a genital object libidinal phantasy without regression. The cases are then governed by the rules for conversion hysteria: the tic usually proves, on analysis, to be a substitute masturbation: genital masturbation, which was repressed, is displaced upward from below, and finally makes its appearance as a tic.[3] On the other hand, there are tics which at one time were definite compulsive movements used to ward off or express uncon-

[1] *Op. cit.*

[2] Sadger, I.: *Ein Beitrag zum Verständnis des Tics.* Int. Ztschr. f. Psa. II, 1914.

[3] Reich, Wilhelm: *Der psychogene Tic als Onanieäquivalent.* Ztschr. f. Sexualwissenschaft, XI, 1925.

scious hostile or anal impulses. In time, they became automatic and continued without requiring any special participation of the patient's attention. These symptoms are due to regression to the anal sadistic level and follow the psychological pattern of the compulsion neurosis. In still other cases—the severe forms of true tic—the external behavior is narcissistic; this, along with the far-reaching loss of relationships to objects in the unconscious, which analysis discovers, demonstrates that there is a marked regression to narcissism. Still other tic-like movements are to be found in psychotic clinical pictures, as catatonic stereotypies.[1]

In our consideration of the narcissistic clinical pictures presented so far, such as hypochondriasis and the narcissistic organ-neurotic reactions, we saw that in these conditions the various organs made themselves independent, as it were, and set themselves up in opposition to the ego. These organs acted as representatives of objects which had been introjected, and became, so to speak, somatic super-egos. In other words, the neurotic conflict in such cases was an intrapsychic continuation of a conflict previously waged between the ego and the objects of the outside world. The whole process resembled the narcissistic process found in the depressions. In the narcissistic forms of tic, the musculature has become independent, owing to a special narcissistic cathexis of the muscle representations. Since the motor apparatus in general serves the psychic apparatus as an organ for the discharge of energy, the muscular twitchings in tic evidently serve as an outlet for inner tensions. We must inquire then as to the nature of the tensions which are discharged in the tic. In general, these are

[1] Ferenczi emphasizes the importance of the loss of relationships to objects in cases of tic. On the other hand, Melanie Klein and Helene Deutsch emphasize the presence of such relationships. This apparent contradiction rapidly vanishes if we bear in mind the variations in the degree of narcissism to be encountered in these cases. Cf. Ferenczi: *Psychoanalytische Betrachtungen über den Tic.* Int. Ztschr. f. Psa. VII, 1921. (Trans. in *Further Contributions,* etc.) also in *Bausteine zur Psa.* I, p. 193. Also, Deutsch, Helene: *Zur Psychogenese eines Tic-Falles.* Int. Ztschr. f. Psa. XI, 1925. And, Klein, Melanie: *Zur Genese des Tics.* Int. Ztschr. f. Psa. XI, 1925.

tensions due to persistent excitations which were not reduced, and which in tic find a belated automatic discharge. In this they resemble some of the sequelæ of the traumatic neurosis, which quite frequently are like tics. We must bear in mind, however, that these excitations now have little relation to the sexual, object libidinal drives of the whole psychic apparatus of the individual. This point differentiates the tic from emotions and hysterical attacks. Perhaps the involuntary play of the facial musculature could more nearly serve as the normal model for tics. Rather, the impression gained by the analysis of tics is, that the muscles involved, or more accurately their intrapsychic representations, are trying to discharge energy, which has accumulated as in hypochondria. Ferenczi, who first discovered this characteristic,[1] invented a special terminology to describe it; he referred to "memory traces" in the "system of ego memories" which are abreacted in the tic. By this he refers to the fact that in such cases, certain definite experiences have left memory traces affecting the quantity of narcissistic cathexis of the organ representations, and not only the cathexis of object representations. It is relatively easy to demonstrate the presence of such narcissistic traces of ego memories in the organ representations whenever we deal with experiences related to the organs themselves. The problem of tic is then reduced to the question of what it is that causes these energies to develop so intensely, and to be localized in this or that muscle, and why they have the capacity to function without being regulated by the influence of the ego as a whole. In the present state of our knowledge, these fundamental questions, like many others connected with our hypothesis of organ libido, cannot be answered. We can only say that in hysteria the memory of infantile experiences in the form of object libidinal phantasies breaks through against the will of the ego; similarly in cases of narcissistic tic, the corresponding organ libidinal narcissistic memory traces break through. Everything that tends to

[1] Ferenczi, Sándor: *Psychoanalytische Betrachtungen über den Tic.* Int. Ztschr. f. Psa. VII, 1921. (Trans. in *Further Contributions,* etc.)

diminish the object cathexes of an individual and to increase his narcissistic cathexes facilitates the appearance of these phenomena. Catatonic stereotypies, in persons who have lost almost all contact with the environment (through a regression to narcissism), illustrate this process in its most outspoken form. These stereotypies are discharging, automatically and without central control, the dammed-up libido of the muscles. Composites of this obscure catatonic mechanism and the better-known hysterical or compulsive disorders of motility form what we know as tics.

In accordance with these not very clear ideas, which imply that ticqueurs have very early points of fixation, the "traumatic events" which use the tic as the avenue of discharge, in so far as they have been discovered at all by analysis, do really prove to be early infantile pregenital experiences. These experiences may have been violently traumatic from the outset; or they may have been made traumatic, later on, through a regressive displacement to them of libido belonging to the œdipus complex.

The most interesting case of tic in the literature, reported by Kulovesi,[1] proved to be determined by a primal scene experienced in early infancy. In the excitement attending this experience, the little boy, through fear, suppressed certain motor impulses, particularly impulses to scream and weep. The motions which he curbed at that time then recurred subsequently throughout life in the form of a tic. He remained fixed on this primal scene, and regressed to it whenever in later life he suffered a disappointment in love. In the tic, and in distorted sexual gratifications, he relived the scene, though with a difference, since in the reliving he did not check his movements. The automatized motions partook of the organ-libidinal qualities described above.

An inhibited form of the same phenomenon, the negative of a tic, as it were, may occasionally be observed in severe narcissistic states of total inhibition which resemble hebe-

[1] Kulovesi, Yrjö: *Zur Entstehung des Tics.* Int. Ztschr. f. Psa. XV, 1929.

phrenia. One such patient was fixated on the primal scene, which, while pretending to be asleep, he had repeatedly witnessed. Later in life, he would "be asleep" to instinctual situations and indeed to life as a whole. Melanie Klein's [1] contention, that in tic the primal scene experience must be apprehended through hearing, does not seem convincing. The remaining literature on tic corroborates the idea that this illness is one of the pregenital conversion reactions. The literature also contains numerous examples of anal sadistic and other narcissistic (exhibitionistic) phantasies that are unconscious substitutes of the œdipus complex. At any rate, it is not always clear whether, in a given case, we are dealing with a regression or with a developmental defect of the libido.[2]

We may, at this point, call attention to the pathogenic significance of the eroticism connected with the organs of equilibration, since it is so definitely manifested in tic, although few observations pertaining to it are available. It also may have a "pregenital" meaning, for by no means all attacks of vertigo are necessarily hysterical. Individuals in whose neurosis this type of conversion symptom is prominent are often found to be fixed on a primal scene. The memory of this scene is displaced and represented by an "ego memory trace" of the semicircular canals. French has reported a very instructive analysis illustrating this point.[3] A normal prototype of such phenomena may be certain masturbatory games in which sensations such as dizziness (usually combined with sensations of bodily estrangement similar to those which appear while falling asleep) are secondarily sexualized and conceal memories of the primal scene. Certain hypnagogic phantasies often betray their origin from infantile masturbatory phantasies only because of these sensations.[4]

[1] Klein, Melanie: *Zur Genese des Tics.* Int. Ztschr. f. Psa. XI, 1925.

[2] Cf. Klein, Melanie: *op. cit.* and Kovács, Vilma: *Analyse eines Falles von "Tic convulsif".* Int. Ztschr. f. Psa. XI, 1925.

[3] French, Thomas M.: *Psychogenic Material Related to the Function of the Semicircular Canals.* Int. J. Ps-A. X, 1929.

[4] Fenichel, Otto: *Über organlibidinöse Begleiterscheinungen der Triebabwehr.* Int. Ztschr. f. Psa. XIV, 1928.

As to the prognosis of cases of tic treated by psychoanalysis, one must bear in mind the necessity of first differentiating these cases from organic ones—a task which is not always easy to accomplish. This done, the outcome will naturally depend on the unconscious structure of the given case. Hysterical and compulsive forms of tic will respond to treatment like other hysterias and compulsion neuroses; catatonic forms will prove as refractory as other, ordinary catatonias. In view of the fact that the more typical, severe cases of tic resemble psychotic reactions, and since the narcissistic nature of these reactions appears to be pathognomonic, psychoanalytic treatment, to say the least, will be very difficult, and the prognosis doubtful. However, in cases where there was an adequate capacity for transference, prolonged analysis has achieved complete therapeutic success.

Before we conclude this chapter we must again remind the reader that the so-called organ neuroses form a continuous series of transitions from hysteria to schizophrenia. Hence, not only in the gastro-intestinal system, the organs of speech, or the respiratory and muscular apparatus, but in other systems of organs as well, we may find conversion neuroses we should consider "pregenital", and occasionally definitely narcissistic, characterized by conflicts with the super-ego. Noteworthy in this connection are the vegetative, vasomotor and trophic neuroses, which are never equivalent to an uncomplicated hysteria, which are frequently combined with hypochondriacal, cyclothymic and true psychotic reactions, and which always occur in combination with actual-neurotic symptoms; in the same group we may probably place a large proportion of the psychogenic diseases of the skin. The prognosis of these conditions, when treated by psychoanalysis, is never a simple matter; it differs, depending upon the extent of the narcissistic involvement, yet at times it may be quite hopeful.

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CLINICAL COMMUNICATIONS

TURNING POINTS IN THE ANALYSIS OF A CASE OF ALCOHOLISM

BY GEORGE E. DANIELS (NEW YORK)

The analysis from which I wish to quote a brief fragment is that of an unmarried man of thirty-three years. His social adjustment had been outwardly satisfactory; he had made a brilliant record in college, held responsible positions after graduation, and was liked by members of both sexes. In college he had indulged in an occasional drinking bout, and during his last year and following graduation, he had had transient depressions. This latter tendency was increased following the death of his mother several years later, but neither drinking nor depression became serious problems until the suicide of his younger sister two years before the beginning of his analysis. At this time he became deeply depressed and began to drink heavily. The drinking, mostly solitary, became a daily habit and continued without any interruption. Depression also continued as a persistent symptom.

Nine months before coming for treatment, attacks of anxiety began to manifest themselves. There were several attacks, with generalized tremor and palpitation, and one with purely mental content of fear of going insane. Besides these, there had been numerous attacks of slight fibrillary twitchings in the muscles of the back of the neck and about the mouth. He became alarmed that these symptoms might herald the onset of organic nervous deterioration, and it was this fear, rather than any real desire to rid himself of his neurosis, that drove him to seek the help of an analyst. The attacks of anxiety and isolated tremors were, for the most part, elicited by stimulation of the oral zone. The first and severest attack, as well as a subsequent one, occurred as he was about to drink a milkshake. Most of the others occurred in relation to meals. The recurrence of attacks after breakfast, as he was lighting a cigarette, led to his total abstinence from coffee and tobacco on the theory that they were responsible for this phenomenon.

Radó, in his discussion of alcoholism, stresses the need of insti-

tuting a strategy during the analysis to induce the patient to give up the drug. In this the analyst must be somewhat more active than in his attitude toward other symptoms, but must not directly prohibit the use of the drug or appeal to the patient to give up the drug as an end in itself. Emphasis is placed rather on what is to be gained by exchanging this destructive infantile gratification for more real satisfaction; appealing, when possible, to the patient's narcissism, for instance, by stimulating ambition and hope of further professional success.

To our patient no inkling was given of this attitude in the first weeks, because it was clearly evident not only that the patient had no real desire to discontinue his drinking, but also that there was a definite hostility to its being interfered with. Though at first the alcoholism was analyzed with other material and without special emphasis, even his presumption that the analyst had its relinquishment as a goal was sufficient to arouse antagonism, which was reflected in dreams. In one of these, an attempt was made to rifle him of his supply of whiskey. During the first month of the analysis, instead of a decrease, there was a slight increase in the amount consumed.

That any premature activity on the part of the analyst would be likely to arouse violent infantile hostility, was uncovered in the analytic material. As a child, the patient had been extremely violent and headstrong and had acted with murderous swiftness when crossed. For example, at five, when an older brother and sister refused to divulge what they were reading to one another, he went into a bedroom, locked the door and set fire to the hangings. At the age of six, when he had been denied a piece of freshly baked cake by the cook, he had promptly gone to the adjoining room and broken a dozen glasses in protest to this oral frustration. At seven he had thrown a large carving knife at a maid who refused to comply with a request.

In the second month of his analysis, the death of an elderly woman who had taken his mother's place led to deep depression with an attempt at relief through a material increase in alcoholic consumption. This increased amount continued, with few exceptions, for the next three months. It was clear that other factors were also responsible, particularly the patient's unconscious desire to defy the analyst. That drinking represented a regression to

early gratification at the breast and a substitute for the lost mother, became increasingly clear. The patient had fiercely resented the appearance of a rival in the form of a sister, and one of his earliest memories was of climbing up on to her crib at four years of age with the intent of throwing her out of the window, from which act he had been prevented by the entrance of a nurse. The actual death of his sister brought the fulfilment of this infantile death wish; and it not only caused the initial depression, but opened the way to further oral regression. The available substitute was alcohol. Hunger was often confused with the desire to drink and was relieved by indulgence in alcohol.

He passed through a period of masturbation between the ages of nine and fifteen. Intercourse with girls occurred shortly after this. Though not particularly satisfactory in itself, it increased his pleasure in masturbation. He did not realize his homosexual tendencies until he fell in love with a classmate during his last year in college. Later he seduced this boy, performing fellatio on him. Numerous homosexual affairs followed, but he continued to have heterosexual relations until the death of his sister, when he lost interest in girls and stopped physical relations with them. At this time he had a boy ten years his junior as a lover, to whom he was still attached when he entered analysis. Performance of fellatio on this boy was the method of choice. Increasing activity in his partner had led the patient to shift to the active rôle in pæderasty. It was at this time that the anxiety already mentioned appeared. The narcissism, as well as the homosexuality (emphasized by Radó in cases of drug addiction) had abundant confirmation in this case. An illustration of this may be seen in a procedure in which by means of a glass tube connecting his penis with his mouth, he was able to swallow his own semen during masturbation.

The need for the analyst to adopt a more positive attitude toward alcohol than toward other forms of substitutive gratification is indicated by the fact that analysis, by relieving the repressed affects, intensifies the desire to drink. The affects are thus masked and incapable of being analyzed. This demonstrably occurred in this case. The first active step taken was to point out this fact to the patient and encourage him to try the experiment of curtailment in order to discover these affects and their sources. He appreciated this situation and at the end of six weeks he had modified

his active hostility to at least a lukewarm conscious attempt to coöperate. This embryonic coöperation, however, revealed a danger inherent in it, which indicated that the transference was not yet strong enough to bear much activity. The danger was shown when, one day, he remarked that if drinking continued at the then increased rate, he would be obliged to give up either drinking or the analysis. At the time this was attributed to his inability to stand the expense of both.

A few days after this he came in to the analysis greatly irritated at his inability to make any progress in restricting the amount of alcohol in spite of his efforts. He remarked that he had never before had any habits which he had set out to control and had failed. He soon recollected, however, that this was not strictly true. The exception was – masturbation. During puberty, he had made repeated resolutions to stop masturbating; these would be broken; he would confess to the priest, and then repeat the entire performance. He finally determined that he would have to give up either masturbation or confession, and he gave up confession. Confession, of course, now meant the analysis. Radó has shown how drinking serves as a substitute for infantile masturbation. It became evident that the forming resolve to curtail this substitute ran the danger of suffering the same fate as his attempts to control his masturbation during puberty.

The first three months produced a wealth of unconscious material. Through it ran a strong suicidal trend, expressed in ideas of poisoning through potassium cyanide and by jumping from a window. The strong masochistic and passive homosexual drive underlying these suicidal ideas was clearly related to his identification with female members of the family, and to phantasies of impregnation (poisoning) and childbirth (jumping). In one of his dreams, whiskey was being taken as an antidote for potassium cyanide. In childhood he had had transient obsessive ideas of jumping from a window, and during puberty, after seeing the motion picture *The Birth of a Nation,* in which two women jump over a cliff, he had placed a chair against the window of his bedroom at night for fear that he would carry out the impulse in his sleep. He also identified himself with another sister who had had an illegitimate child by an unidentified man. He suspected that his mother might have committed suicide; there were, in fact,

suspicious circumstances connected with her death that tended to bear this out. This, added to the suicide of his younger sister through an overdose of veronal and jumping from a window, reënforced existing unconscious fantansies sufficiently to make self-destruction a real danger.

The patient was brought up in a railroad center where locomotive factories were the main industry. From his earliest years he had shown marked curiosity about trains, and they served as the basis of his earliest sexual fantasies. An obsessive question of childhood, directed to his father, had been how engines were made. A careful explanation by his father simply brought a repetition of the question. Later he realized that the real question in his mind was, "How do they work?" He spent much time, as he grew older, in solving this problem, and even at technical school, took an elective course in the action of pistons to gratify this early interest. A primal scene was depicted in one of his dreams as an encounter between two engines, one with large wheels, the other with small ones. In another dream, a red circus train entering a hooded station brought the symbolism closer. He had had occasion to experience the castrating rôle of the engine, because, through an accident, he had lost a foot at the age of four and a half. This had occurred at the height of passive œdipus fantasies, and there is reason to believe that it was unconsciously motivated.

During the second and third months of analysis, the heavy drinking continued. Although he attempted consciously to control the habit, numerous weak rationalizations (such as that someone offered to treat him to a drink, which, he reasoned, did not cost him anything) were sufficient to undermine his intentions. There seemed little doubt that the progress of the analysis was a causative factor in his increased drinking, and that more than the simple analysis of the material would be necessary if the vicious circle were to be broken. The patient himself had to be induced to take a more positive stand in regard to the drug.

The transference was at a point where more active measures could be used without the same danger that the patient would engage in some violent reaction, such as breaking off the treatment or committing suicide. The analyst was assuming the maternal rôle in the unconscious. The treatment during the fourth month, therefore, was shaped with the idea of making the patient take a

definite stand. Every opportunity which the analytic material offered was utilized to expose the unconscious motives behind the drinking, both in their deeper infantile meanings, and as weapons against the analyst, and to show him clearly that a victory in this quarter would be a defeat of his avowed aim to get well. At the end of a month, after the ground had been sufficiently prepared, an hour was taken to review the entire situation. A strong appeal was made at this time to utilize to the utmost his conscious control of the drinking. The aim of this, as he knew, would be to throw the unconscious conflicts into greater relief and by analyzing them, gradually strengthen the scattered conscious aim in its struggle with the stronger regressive ones.

The reaction to this hour was an acute episode of greatly increased drinking, with a show of irritation at the analyst. The patient was at first unable to account for the unusual amount of alcohol consumed. An analysis of the situation, however, showed clearly that the analyst's move had been interpreted not only as an attempt to take away the bottle now in use, but in addition, had reawakened the resentment to the weaning trauma of early infancy.

His act had been a defiant effort to hold on to the later substitute for the milk. This fear of an oral castration was further evidenced by a reappearance of anxiety, which had been absent for several months, at lunch, immediately before the analytic hour. He further stated that he had decided against a resolve not to drink, because he feared the result would be the same as with masturbation. The difference between a simple resolve not to drink and one mobilizing conscious effort in the direction of control was pointed out. I believe this to be a point of importance, as was mentioned above, for otherwise the breaking of a pledge would have been used as an excuse to terminate treatment.

The struggle which had come to a head, and the outcome of which led to a radical change in the clinical picture, is shown in a dream which he brought the following day.

> DREAM 1: Two freight trains were running along side by side. The one that the patient was in was being pushed by an engine. The two trains neared a switch, and the patient, with considerable anxiety, remarked to himself that he hoped the engineer knew what he was doing, otherwise there would be a crash. The train went into a tunnel. At this point the patient seemed to be the

engineer, and was guiding the train. As it came out of the tunnel, the track seemed to run through a mass of snow and water. The snow was covered with metal powder. The patient felt he might be able to drive right through the snow and come out on the other side safely, but decided not to run the risk and stopped the train. As he got out, three men were there to meet him. One seemed to be Ed Wynn, the comedian.

The dream represented a climax in the analyst's indirect though active measures to force the patient to curtail the drug. The *engineer,* who was obviously the analyst, was pushing the patient over a dangerous switch. After the *switch* was passed, the patient found himself in control. The *snow and water,* before which he stopped the train, referred to anal and urethral elements through which he had still to pass. The *metal powder* strewn on the snow represented the strong masochistic and suicidal trends with which this material was bound up. *Ed Wynn* was a comic representation of the analyst. Psychologically, the patient was being forced out of his predominantly oral satisfaction of daily indulgence in alcohol to a phallic position. This was borne out by a striking change in the clinical picture which occurred at this point and was maintained. He was able to abstain for a week or two at a time. The dipsomanic character of the drinking then occurring, represented a masturbatory substitute practically obscured previously by the oral elements. From this point, progress could be made in the analysis of separate episodes.

That he was on the way to attain an adult genital level, of which the owning of his own genitalia was a step, was further borne out a month and a half later by another change in the picture, also introduced by a dream.

DREAM 2: He was in an office resembling his own, in which one door leads into a corridor and the other into the main office, where the clerks have their desks. The door into the corridor has been locked for some time by order of the office manager. A girl, apparently a secretary, came in from the main office and to his astonishment passed out through the corridor. The thought occurred to him that perhaps this door, which he had supposed was locked, had been open all the time. He went to the door, tried it, and sure enough he could open it without difficulty. He did so, passing into the outer corridor where he waved to an office colleague whom he saw there.

Throughout the first months of the analysis, the patient had repeatedly denied interest in the opposite sex and had upheld the superiority of the homosexual object. He denied any fear of women or consciousness of any prohibition preventing relations with them. Much material relative to castration fear, centering around his lost foot, had appeared, and with this, glimpses of his primary positive œdipal attitude. The dream shows this deeper unconscious attitude with the belief that the female genitalia had been permanently closed to him, and his surprise on discovering in the process of analysis that this was not so, but that the door "could still be opened". Associations brought out, that the night of the dream he had attempted intercourse with a woman of his acquaintance and had been able to insert his penis into the vagina though he was unable to complete the act. Inquiry about the period at which his office door had been locked, showed that the time corresponded to the death of his sister, since when he had had no physical contact with women.

[The substance of this paper was presented to the Section of Neurology and Psychiatry, New York Academy of Medicine, on December 13, 1932.]

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Lectures XXIX-XXX: *Revision der Traumlehre* (Revision of the Theory of Dreams); *Traum und Okkultismus* (Dream and Occultism)

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ABSTRACTS

NEUE FOLGE DER VORLESUNGEN ZUR EINFÜHRUNG IN DIE PSYCHOANALYSE (New Series of Lectures on The Introduction to Psychoanalysis). By. Sigm. Freud. Wien: Internationaler Psychoanalytischer Verlag, 1933. 254 p.

[This series of lectures is a continuation of those appearing in *Introductory Lectures on Psycho-analysis,* by Sigm. Freud, translated by Joan Riviere (London: Allen and Unwin). The new series consists of additional lectures XXIX-XXXV.]

LECTURES XXIX-XXX: *Revision der Traumlehre* (Revision of the Theory of Dreams); *Traum und Okkultismus* (Dream and Occultism).*

Dream interpretation occupies a special position in the history of psychoanalysis. It not only marks a definite turning point in this science, but it has remained from the very begining the most characteristic and the most peculiar part of psychoanalysis. It has reclaimed a new piece of territory from superstition and mysticism. The strangeness of its theories has invested it with the rôle of a shibboleth, the application of which decides who can become a follower of psychoanalysis.

Freud finds that his own disciples behave towards the subject of dream analysis as if they had nothing more to say about it; for many years they have hardly contributed to its theories. He also deprecates the fact that the psychiatrists, psychotherapists, and a large group of laymen have appropriated only a few formulæ of his dream interpretation; some of them they even misquote, as for example, that "the dream is always of a sexual nature." Moreover, they usually fail to distinguish between the manifest and latent thoughts of the dream and do not seem to know that the anxiety dream does not contradict the wish fulfilment theory. They are also under the impression that one can interpret a dream without the dreamer's associations, and last, but not least, they do not realize that the most essential element of the dream is that which is furnished by the process of the dream work.

* Based on a review given before the New York Psychoanalytic Society on January 31st, 1933.

Freud reviews the whole subject step by step in his lucid and inimitable manner. To the question, "Can we analyze all dreams?" he answers, "No—not all, but so many that one feels perfectly sure of the utility and justification of this method." He discusses symbolism and mentions some who have contributed to this important part of dream analysis, as Schrötter, Betlheim, Hartmann, Silberer, Reik, Eisler, Abraham and Ferenczi.

The most important revision that one can discover in this lecture, centers around the moot point of wish fulfilment. The arguments voiced by so many against this theory, Freud answers by dividing dreams into wish, anxiety, and punishment dreams. The punishment dreams are wish fulfilments, not of the instinctive needs, but of the criticizing, censoring and punishing force in the psyche. When confronted by a pure punishment dream, we can readily establish the wish, through a slight mental operation, and show that the punishment dream is the proper response to the underlying, forbidden wish. Such dreams emanate from the super-ego. In the actual wish fulfilment theory of the dream there arose only two serious difficulties to which a satisfactory solution has not yet been found. The first of these is met with in cases of traumatic neuroses, especially in the so-called "shell shock" cases. For instance, a person experienced a psychic trauma, which formed the basis of a traumatic hysteria. Here, the traumatic situation repeatedly recurs in dreams. It is hard to say what wish tendency could be satisfied by such a return to the traumatic event. The function of the dream fails in these cases, and Freud counsels those who wish to take account of this exception to modify his statement regarding the wish fulfilment theory of the dream. Instead of saying "The dream is a wish fulfilment" say, "The dream is an effort at wish fulfilment." Under certain conditions the dream can fulfil its function only imperfectly, and at times it may fail altogether. It seems that the unconscious fixation of the trauma is one of the greatest hindrances to the dream function. Whereas the dreamer must dream because the nocturnal relaxaton of the repression furnishes the impetus for the traumatic fixation to become active, the function of the dream work, which strives to transform the memory traces of the traumatic event into wish fulfilment, fails here to achieve its aim. Under these circumstances one becomes sleepless,

one gives up sleep, fearing lest the dream function might fail. However, traumatic neuroses must be considered extreme cases.

The second impediment to the dream function is frequently encountered in analytic work and does not form any significant objection to the wish fulfilment theory. It is known that the task of analysis is to uncover the veil of amnesia of the first years of childhood and thus bring to the surface the manifestations of infantile sexuality. It happens, however, that the first sexual experiences of the child are associated with painful impressions of anxiety, prohibitions, disappointments and punishment. One can understand why such infantile experiences were repressed, but it is puzzling why they should find such easy access to the dream. Freud explains this by saying that to the same infantile experiences adhere also all those imperishable and unfulfilled wishful strivings, which furnish the energy for dream formation throughout life. We can readily believe that due to their powerful impetus they drag to the surface also that material which was connected with painfully perceived events. However, the way this material is reproduced shows distinctly the efforts of the dream work, which denies the pain through distortion, and the disappointments through realization.

In the second lecture, "Dreams and Occultism", Freud banishes all misgivings by means of his characteristic frankness. One should not be surprised at the fact that he is interested in the relation of dreams to occultism. The dream has been considered as the gate to the mystic world and is still considered by the world as an occult phenomenon. Freud does not attempt to define occultism, which is a rather poorly circumscribed realm. It is so to say beyond the visible universe, which is controlled by inexorable laws constructed for us by science. Occultism maintains that those things between heaven and earth really exist, which are hardly dreamed of in our philosophy. "We are ready to believe what will be made credible for us. We shall proceed here as with any other scientific material, first we shall make sure that such processes are really demonstrable and then, and only then, will we strive to explain them."

Freud discusses the difficulties encountered in such an investigation. Some of the occultist assertions resemble the hypothetical assertion that the center of the earth consists of marmalade and can be rejected without further investigation. Such comparisons prove nothing, or as little as comparisons generally do. The his-

tory of science offers many examples to admonish us against a premature condemnation. For a long time it was considered foolish to accept as fact the hypothesis that the rocks which we now call meteorites came down to earth from heaven. Psychoanalysts have special reason to be careful in rejecting new theories. The psychological element, by which Freud means the general tendency of mankind to credulity and to belief in the miraculous, offers every reason for discounting the reports furnished in the literature on occult phenomena. A historical difficulty also arises from the fact that the world of occultism does not offer anything that did not come down from the olden times as miracles, prophecies, and apparitions, which we have long ago rejected as fantasies and deceptions, or as products of a time in which science was still in its swaddling clothes. If we accept what the present-day miracle workers tell us, we should also have to lend credence to that reported in the sacred books of religions. Freud asks us to dismiss all these objections and examine what the occultists tell us. Observation alone must decide whether their assertions are true or false. Freud is fully aware of the difficulties encountered in the investigation of occult phenomena, which can only be made in darkened rooms, through so-called "mediums", whose reputation is very poor—people who are not imbued with a great idea as were the wonder-workers of antiquity. On the contrary, most of them have been exposed as swindlers, and there is reason to suspect that the rest are no better. Their performances are childish tricks, which have at no time yielded anything useful. The most one can say is that occultism contains a kernel of fact not yet recognized, which is veiled with a cover of deception and fantasy very difficult to penetrate. Out of this mass of confusion Freud chooses telepathy for his first investigation.

An example of the relation of dream interpretation to telepathic messages had been reported by the author in 1922.[1] At that time he showed the part played by the dream in the elaboration of the "telepathic message". In the present lecture he repeats the example and shows how the telepathic dream could have originated on the ordinary basis of dream formation, but he assumes a broader-minded attitude towards this and cognate occult phenomena. After citing a number of examples of so-called thought transfer-

[1] *Coll Papers*, IV, 408. ("Dreams and Telepathy.")

ence given to him by reliable people, he states that he is "not fully convinced but ready to be convinced". He forestalls his readers' arguments of "another investigator gone wrong" in his old age, stating that he has neither become weak-minded, pious nor credulous in his old age; he simply assumes the objective possibility of thought transference together with a friendlier attitude towards telepathy without believing in the supernatural.

A. A. BRILL (NEW YORK)

LECTURE XXXII: *Angst und Triebleben* (Anxiety and Instinct).*

This chapter brings out some new aspects of the subject of anxiety, which are not, however, regarded as yielding a final solution to the problem, everything still being in the flux of a process of transformation. It opens with a recapitulation of Freud's first lecture on anxiety published sixteen years ago. In that lecture anxiety was found to be an affective state, ultimately the precipitate of an inherited specific manifestation analogous to the ontogenetically acquired hysterical seizure. The occurrence which left the trace of this significant affect was the experience of birth, for which reason anxiety was presumed to be of a toxic nature.

A contrast is established between objective and neurotic anxiety: objective anxiety is an apparently reasonable reaction to danger, such as expected injury from the outer world, and is characterized by a condition of heightened sensory attention and motor tension. The reaction, which is a repetition of the old trace, either takes the form of a mere alarm signal, soon bringing about a quick adjustment to the new danger situation by flight or defense, or the primary reaction predominates and persists, and the reaction in toto spends itself in the development of anxiety, in which case the state of affect becomes deadening and, of course, futile. Neurotic anxiety, on the other hand, is based on the presence of three conditions: first, in the case of anxiety neurosis,—a free floating general anxiousness, so-called expectation anxiety; second, in the case of phobias,—anxiety fixated on specific ideational contents, in which the relation to external danger, though still recognizable, is greatly exaggerated; third,—anxiety which accompanies symptoms in hys-

* Based on a review given before The New York Psychoanalytic Society on January 31st, 1933.

teria or other neuroses, or else appears independently in seizures, but never with any causative relation to external danger.

Two questions arise: *"What does one fear in neurotic anxiety?"* and *"How can the neurotic anxiety be related to objective anxiety?"* Clinical observation revealed that the most common cause of anxiety neurosis was frustrated sexual excitation, and the conclusion was that ungratified libido is converted into anxiety. In this connection, infantile phobias were identified as neurotic and not as objective anxiety. Repression was found to be largely responsible for anxiety in hysteria and other neuroses. The career of the representation to be repressed is distinct from the career of the libido quantum attached to it. The representation may be distorted beyond recognition, yet its quantum of affect is generally transformed into indiscriminate anxiety, which may be either love or aggression. It makes no difference which causative factor makes the libido quantum unavailable, whether it be infantile weakness of the ego (as in infantile phobias) or somatic sexual processes (as in anxiety neurosis) or repression (as in hysteria.) Anxiety and symptom formation are regarded as interchangeable. For instance, the development of agoraphobia, with its inhibitions of ego-functioning, is a bulwark against anxiety. Vice versa, interference in compulsion neurosis—external violent abolition of the compulsive act —will provoke a severe outbreak of anxiety, against which the compulsion had served as a defense. The answer to the question "What does one fear in anxiety?" is that the neurotic fears his own libido.

Neurotic anxiety is regarded as differing from real anxiety in that it is a reaction to an inner, not an outer danger, and that its experience is within the unconscious. In phobias, there is a transformation of the inner danger into an alleged outer one. The agoraphobic, in transforming his inner fear of libidinal temptation into an outer fear, is rewarded by the belief that he is better protected thereby. Freud was not satisfied with the conclusions of his 1916 lecture. He actually expressed his dissatisfaction at the end of the lecture. He felt that the various aspects of anxiety as a reproduction of a primary danger situation, anxiety in the service of self-preservation and as a signal of new danger, anxiety as the product of unutilized libido, anxiety as replaced by symptom formation—all these required a cohesive to bind them together.

A new orientation begins with the dissection of the psychic personality into super-ego, ego and id. The proposition that the ego is the only locus of anxiety, which means that the ego alone can produce and sense anxiety, became the basis of a new point of view. Since it is impossible to speak of an anxiety of the id or of the super-ego, the three kinds of anxiety—objective, neurotic and qualms of conscience—could be found related to the three relationships of the ego: to the outer world, to the id, and to the super-ego. The function of anxiety as a danger signal came to the foreground, while the question as to what stuff anxiety was made of lost its interest.

A further unexpected gain was made in the study of the relation between objective and neurotic anxiety. Studies of anxiety hysteria, in which the typical repression of drives originating in the œdipus complex was at work, showed that, contrary to expectation, repression does not produce anxiety, but anxiety comes first and produces repression. The question as to what determines the specific kind of anxiety is answered by the statement that it is only a fear of a threatening outer danger, hence real anxiety. The boy fears temptation, but his infatuation with his mother appears to him as an inner danger to be shunned because it would produce an outer situation of danger, namely, punishment by castration, which is the strongest and most typical motor of repression. In the female, fear of castration is fear of loss of affection, an offshoot of the nursling's fear of losing mother. These conditions of anxiety reproduce the original birth trauma, namely, separation from mother. It must be assumed that to every stage of development there is a corresponding specific anxiety or danger situation. The danger of psychic helplessness goes with the immature ego of infancy; the fear of bereavement, with the dependency of childhood; the castration fear, with the phallic phase; the fear of the super-ego, with the latency period. The neurotic never quite overcomes his childhood dreads, and his infantile reactions to dangerous situations are carried by him into adult life.

Freud analyzes repression under the stress of anxiety. The ego observes that the gratification of certain drives will bring about a situation of danger previously experienced. So long as the drive still adheres to the id, the ego finds itself too weak to reject it and resorts to a mechanism present in normal thinking. "Thinking is

an act of experimentation by testing with energy quantities on a reduced scale, not unlike the work of the field-marshal, who moves little soldiers over the strategic map before setting his army into action" (p. 124). It appraises the situation beforehand. The ego anticipates the gratification and allows the drive to rehearse sensations of pain preceding the situation of danger. Either the spell of anxiety is fully developed and the ego removes itself completely from the situation, or the ego opposes to the *testing cathexis* a counter-cathexis in the form of a neurosis; or, and this is a third possibility, it develops reaction formations. In this connection, Freud presents a further development of the definition of character, which is viewed as consisting of three elements: incorporation of earliest parental images, identifications with parents and parental images of later age, and the never-failing reaction formations acquired through repression.

What happens to the id in the process of repression following anxiety? The fact that the id achieves a degradation of the libido instead of the usual repression, with its results, is most important from a clinical point of view. The id is the locus of libido regression. Study of the ego added a new aspect to the theory of anxiety. The ego had hitherto been considered weak in comparison with the id, unable to cope with it and compelled to submit to its demands. Freud warns us, however, that the separation between the id and the ego should not be exaggerated, since the ego, which through the anxiety signal brings into action the well-nigh omnipotent pleasure-pain principle, has a by no means slight influence upon the occurrences in the id. Of course, very soon the ego again shows its weakness, due to the process of repression, and the repressed drive effects a permanent escape from its jurisdiction.

Further clarification of the problem is attempted by Freud in an examination of the danger situation and the object of anxiety. It is shown that neurotic anxiety is fundamentally objective anxiety. If we take the birth trauma as the original real danger situation, we find that it creates a condition of highly charged excitation in the psyche, which is sensed as pain that cannot be discharged. If we define *traumatic moment* as a situation in which every effort of the pleasure principle is ineffective, then we must recognize that the essence of anxiety is the appearance of a *traumatic* moment that cannot be warded off. We arrive at the conclusion that anxi-

ety is of double origin: the traumatic moment, and the signal that the recurrence of such a traumatic moment is impending.

The second part of the chapter begins with a recapitulation of the theories of instinct. The instincts were first traced to two major drives corresponding to the two prime human needs—hunger and love, the former involving self-preservation, the latter preservation of the species. Out of this biological psychology of instincts arose the pschoanalytic distinction between ego and sexual instincts. The sexual ones are plastic, capable of undergoing change of purpose, interchangeable and deferrable—as, for instance, in aim-inhibited instincts. On the other hand, the self-preservative instincts are rigid, undeferrable and imperative, and their relation to repression and anxiety differs from that of the sexual instincts. Instinct springs from the internal parts of the body, acts as a constant force and the individual cannot escape from it by means of flight, as is possible in the case of an external stimulus. These three aspects of an instinctual drive are recognized: cause, object and aim. The cause is excitation within the body. The aim is the relief of this excitation, and the object is the psyche which is affected by the drive on its way from cause to purpose. The aim can be achieved within the body, but wedged into it is an outer object which constitues the outer aim. The inner object is always a sensation of bodily change. Sublimation is regarded as a specific modification of aim and a change of object, to harmonize with social demands. Instinctual drives inhibited as to aim come to a stop in their pursuit of satisfaction and achieve a permanent cathexis without sexual gratification.

With the development of the theory of narcissism, the distinction between ego instincts and sexual instincts became redundant, since the ego may become its own love object. It is becoming increasingly clear that the ego is the principal reservoir of libido, that the major part of this libido always remains in the ego, and that libidinal cathexes emanate from it and return to it. There is a continual transformation of ego libido into object libido, and *vice versa*. Studies of sado-masochism led to the discovery of other contrary drives within the instincts which pointed to a distinction between Eros, or the sexual instincts in their widest sense, and the aggressive-destructive instincts. Freud dwells here on masochism, which is pronounced to be primary, preceding sadism. Sadism is

the destructive masochistic drive turned outward and assuming the form of aggression in two ways: either as masochism, when combined with Eros, or as aggression, when turned towards the outer world. This part of the chapter contains also a review of the substance of *The Three Contributions to the Theory of Sex,* with references to the erotogenic zones and the pregenital phases of libido, and a summary of Freud's older theories of repetition and the death instinct, originally expressed in *Beyond the Pleasure Principle.*

The concluding part of the chapter treats the need for self-punishment as one of the most potent resistances to analytic cure. It is certain that the unconscious need for punishment which is of one origin with conscience is an extrapolation of the conscience into the unconscious, and therefore corresponds to aggression which has been internalized and absorbed by the super-ego. Probably all the aggression withdrawn from the outer world is not absorbed by the super-ego and directed against the ego; part of it exercises an uncanny, silent power as free destructive instinct within the ego and the id. The unconscious sense of guilt and the need for punishment may be regarded as the chief cause of the so-called *negative therapeutic reaction,* the paradoxical relapse immediately following solution of symptoms in analytic cure.

A view on the relation of the aggressive instincts to civilization closes the chapter. The super-ego which neutralizes the dangerous aggressive instincts is the carrier of civilization,—of course at the expense of discomfort for the ego, which becomes the scapegoat and is compelled to submit to destructive tendencies. A further ameliorating and preventive factor in human society is the partial fusion of the erotic instincts with the aggressive.

D. F.

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Die Psychoanalyse Des Kindes. By Melanie Klein. Vienna: Internationaler Psychoanalytischer Verlag, 1932. 324 p.

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BOOK REVIEWS

DIE PSYCHOANALYSE DES KINDES. By Melanie Klein. Vienna: Internationaler Psychoanalytischer Verlag, 1932. 324 p.

The author, distinguished for her studies on the mental life of the child and the psychoanalysis of the child, records in this book her experience and theories—the result of more than ten years intensive work in this field. The presentation is not strictly systematic. The book is divided into two parts, the first part being devoted to the technique of child analysis and the author's findings, properly speaking, and the second to the more theoretical and general conclusions which apply to the entire development of the personality and the instinctual activities. The contents of many of the more important chapters have already been published in special articles or read at psychoanalytic congresses, and are therefore well known in analytic circles. Other chapters are completely new but join organically with the previously recorded experience and ideas of the author.

A critique of this extraordinarily full book is not easy. The chief difficulty is due to the peculiar heterogeneity of this exacting volume, which includes so many illuminating, even though often improbable, statements of great importance both theoretically and practically in this new and essentially unexplored field. Deeply penetrative descriptions of unconscious fantasies and emotions, which the author's remarkable intuitive capacity comprehended down to the finest details, are mingled with cumbersome and logically unsatisfying inferences and formulations. The book is very difficult to read and makes unusual demands of the reader. A vast amount of material is presented in so condensed a manner that direct observations are not always distinguished from interpretations or attempted reconstructions; or at any rate, the distinction is not clear to the reader. Even an experienced student of the fine points of deep psychology may be confused by the combination of interpretations and metapsychological (particularly, structural) explanations given. For example, the unconscious fantasy of introjecting the father's penis, reconstructed from observations of the child at play, is immediately related to the origin of the super-ego. The author often gives one the impression that she uses the

language of the child's unconscious universe, of which she is so outstanding a master, to formulate her metapsychology. Consequently, the chapters in the book in which the varicolored kaleidoscopic universe of the unconscious is interpreted and reconstructed, are by far the most successful, and the first three chapters of the second part, particularly the one dealing with the early stages of the œdipus complex, reveal the main defect: an uncritical equating of highly theoretical deductive results with observed facts. Thus, as a marked example, one passage begins, "We know, however, that the destruction instinct is directed against the organism. It must therefore be sensed by the ego as a danger." (P. 136.) This passage alludes to Freud's theory that the destruction instinct, as death instinct, is originally directed inward. But this hypothetically postulated primary death instinct is assuredly not felt as a danger by the ego: it is a biological concept and not a psychological one, nor has it ever occurred to Freud or other writers in this field that the instinct could be perceived as a danger under ordinary conditions, for, according to the theory, it is always combined with libido. Indeed, particularly in a young child during the process of growth, according to the theory there should be a surplus of libidinal components. Perhaps in the case of severe anxiety in involutional melancholia, we might make the hazardous assumption that what we were observing was in part due to an intrapsychic perception of the destructive processes.

The author's disregard of the distinctions in level of scientific propositions and her confusion of theoretical inference with observational data comes to expression even more clearly in the sentences following. She states: "According to my point of view, it is this danger, which makes itself perceptible as anxiety. Consequently, anxiety would originate from aggression." (P. 137.) In this unusual way, the author arrives, as we see, at a very plausible conclusion; namely, that anxiety and aggression are apparently connected with each other closely in a causal nexus, a conclusion already well known to us from innumerable observations, and one we need not have inferred as an end deduction from Freud's far reaching theory of the instincts. On the contrary, the connection between anxiety and aggression, established by observation, ultimately permitted the deduction of propositions included in the theory of instincts.

Theoretical parts of this type are, happily, interspersed by brilliant analytic observations. In the last two chapters, on the effect of early anxiety situations on development, the author also presents several clinically well-founded general formulations. In the last chapter, after an excellent description of the complicated emotional overdetermination of the turning away from women in male homosexuality, we find the crucial rôle played by the negative attitude to both parents elaborated in masterly fashion.

To continue our general characterization, we should have serious objections to the author's tendency to explain certain typical unconscious ideas of the child as general phases of development. In this, we are not doubting the correctness of the reconstruction of the contents—although occasionally one feels that the author's remarkable intuition leads her to hazardous and too detailed reconstructions—but rather we doubt the conclusions drawn from the reconstruction. The idea of the mother's body being crammed full of captured penises is not the cause of the child's fear and alienation. Rather, it is a rationalization, ornamented by infantile imagination, of the anxiety which is based on much more general principles. These fantasies are the result of the emotional attitude of the child, of his envy, hatred and reactive anxiety, as Melanie Klein herself has often so tellingly demonstrated by examples. These fantasies are more accidental and individual, while the emotional conflicts underlying them are universal findings. The child is not afraid of his mother's body because he believes it to be filled with penises taken from the father; rather, this idea originates in the wish that the mother should injure the father, and this in turn gives rise to a fear of retaliation, a fear that he will suffer the same disaster which he wishes his father to suffer. The emotional orientation to the parents is the sole possible explanation of the anxiety and the fantasies, which obviously may possess many individual forms and are merely the child's attempts at rationalization, or at giving concrete form to the fears.

This point of view, with its exaggerated stress on the ideational content—the interpretation of contents in lieu of general dynamic relationships—often causes the author to differentiate insufficiently between fundamental and accidental matters. For example, in describing the origin of the widespread fantasy that "the mother has a penis," the factor known to be of most importance, namely,

the denial of castration as a result of castration anxiety, is left out of account, and the fantasy is considered solely from the standpoint of the child's sexual theories.

Having given a general characterization of the book, we may now examine individual details.

In the introduction, Melanie Klein brings out the difference between her own basic principles and those of Anna Freud in regard to the problem of child anlaysis. She avoids all polemics. She merely records that her experience disagrees with Anna Freud's contentions that the child does not enter into a transference neurosis and that it has a weak ego ideal. We may, for the present, defer our discussion of the infantile super-ego. In regard to the question of the transference neurosis in children, in order to avoid a purely verbal dispute it would be well to define the essential features of the transference neurosis.

An adult patient undergoing analysis, independent of, or better, in addition to the emotional reactions transferred on to the analyst, is constantly aware of the patient-physician relationship. No matter what rôles he attributes to the analyst, he knows at the same time that the analyst, who may, indeed, be much younger than himself, is not his father or his brother or his mother. He is critical in regard to the transference, and this enables him to form an opinion of the fantastic nature of his emotional reactions, which, moreover, in respect to intensity are merely a "pantomime" of reality. In fact, the technique of adult analysis is founded upon this coexistence of transferred emotional reactions and critical insight. But if a child, particularly a child two or three years of age, transfers to the analyst feelings which refer to its parents, the situation, quantitatively at any rate, is a totally different one. The analytic situation cannot be a "pantomime" of the original situation in the same degree, because—as Anna Freud has incontrovertibly shown—the original home situation is still a real part of the current experience of the child. Even if the child develops the same emotions in regard to the analyst as it feels for its parents, it cannot preserve the same critical detachment towards its transference reactions as an adult person. The infantile transference neurosis is much more a part of the original neurosis than is the transference neurosis of the adult. In exceptional cases, when an adult behaves like a child and possesses no critical insight into his

transference manifestations, we regard the classical psychoanalytical technique as inapplicable, and the treatment, *qua* analytic treatment, as unsuccessful. Even though the difference between the transference of a child and of an adult is only quantitative, it is important. Perhaps this difference accounts for the greater therapeutic efficacy of child analysis, although the therapeutic results in child analysis apparently depend on factors other than those affecting the analysis of adults. As we continue our reading of the book, this impression grows. Mrs. Klein's book reminds us very much of the attempts which artists make to explain their productions. Artists usually do not know how they create, yet their creations may be good. Indeed, perhaps the greater the artist, the less is he able to give an account of the nature of his creative activity. Similarly, we obtain the impression that Melanie Klein does things well, but that when she undertakes to describe the psychological principles in her therapy, she becomes unclear.

In the first chapter, which is devoted to the psychological principles in child analysis, the author tries to prove that the œdipus conflict, and "at the same time the formation of the super-ego starts" as early as the second half-year of the child's life. In this connection, she discusses the psychological basis of playing, which she conceives as an acting out and abreaction, and as a more archaic mode of expression than language.

A fundamental element in the games of children is the discharge of masturbatory fantasies through play. Here, the author takes up the question of the efficacy of interpreting these games to the child. She holds that interpretations cannot be given too soon, and refers to the importance of sexual enlightenment, which assists the adaptation to reality by inculcating truth instead of infantile sexual theories. The most important task in an analysis, according to the author, is the resolution of fears and feelings of guilt. The latter are also supposed to be present and in operation in the very young child, and to be developed as a reaction from the child's aggressions. She believes that a child is much more afraid of the introjected *imagines* of its parents than of real persons, for these *imagines* are much more severe and cruel than the real models. Accordingly, the little child's weak ego is oppressed to a much greater degree by the super-ego than is the ego of an adult person. Although the technique of analysis must be suited to the special

conditions which obtain in the child, the psychological principles are the same: "Analysis of the transference situation, of the resistance, the removal of the early infantile amnesia and of the effects of repression, as, for example, the recovery of the primal scene." In the opinion of the author the sole difference appears to lie in the fact that the child is unable to express its meaning in words and that, consequently, its activities while at play must be interpreted in place of free associations. Another difference seems to be that interpretations may be made rather freely and rather harmlessly without evoking the resistances and the contradiction of interpretations ordinarily encountered in the analysis of adults. Usually, Melanie Klein's little patients seem to understand the interpretations quickly and accept them with alacrity. The interpretations bring them relief and the children are won over to continue the analytic work, and doubt as to the correctness of the interpretation, or contradiction, appear to occur much less frequently than in the case of adults.

This fact alone should indicate that the capacity for judging implicit events, or more correctly, that internal conflict—the surest sign of the presence of a super-ego reaction—cannot be present to the same degree as in an adult.

In the next chapter, the ideas stated in the first chapter are elaborated; the importance of the negative transference is emphasized—it must be overcome by prompt interpretation. Here the author inducts us into the details of her cleverly contrived play technique. The manifold application of the simple equipment—toys—the ingenuity of the devices by which the child is stimulated to further play, and the opportunities for interpretation which this dramatic language of the child affords, are tellingly described. The development of this technique and the insight attained by means of it into the fantasy life of the child are indubitably of great and lasting value. The therapeutic results, too, must excite our admiration. Eighteen cases, all told, are reported in this book, among them several of considerable severity, and of these, fifteen were treated with at least partial success. Certain individual analyses worked remarkable changes, and not a single complete failure is recorded.

A detailed case report of the compulsion neurosis of a six year old girl makes up the content of the third chapter. In this, as in

all other case reports given by the author, we can see her determination to understand as completely as possible, all the factors and their various intertwinings, whereas the basic dynamic structure of the case is less clearly formulated.

Even in this case report, our suspicions begin to be aroused that Melanie Klein has a tendency to interpret the fear of retaliation, which refers to objects in the environment, as a sense of guilt, and to regard fantasied parental *imagines* as introjected objects. All the improbable conclusions which Klein draws from her material, when she utilizes it to construct her theories, are corollaries of these two errors. A fear of the fantasied parental *imagines* is not as yet a sense of guilt, and these menacing imaginary figures, who as Klein so tellingly shows are much more terrifying than their models, are not yet a super-ego. To fantasy and to introject are not one and the same thing. There is a long distance between the fantasied parental *imagines* and the building of a super-ego. Nor is it safe to regard every partial identification with a command or a prohibition as super-ego formation. For then we should have to say that every animal who is trained forms a super-ego. To thus blur the conception of the super-ego robs it of scientific significance. We may speak of super-ego formation only when a part of the personality is altered in accordance with a model, when a part-personality is built up in the personality, which adopts the attitude of the model. It is only then that we can speak of internal self-judging and of an internalization of objective fear as conscience anxiety. The fear which Klein's little patients had of the productions of their imagination, the distorted *imagines* of the parents, may be an intermediate stage between objective fear and conscience fear, but it is still much more the former than the latter. These figures of the imagination have not yet become parts of the personality in any sense, and it is, accordingly, not correct to speak of their having been introjected. To do so would signify a remarkable expansion of the idea of introjection; for it would mean that everything which takes place in fantasy (that is to say, "in one's head") and not in the environment, is introjected. The author extricates herself from this difficulty through an intricate system of introjections and projections. The valuable element in Klein's observation that the fantasied *imagines* are not photographically true replicas of the original figures, can be explained by another fact

observed by Klein and others—to wit, that one's own aggressions bring about a fear of retaliation, and the severity of this fear is proportional to the violence and sadistic intensity of the aggression. The distorted parental *imagines* originate from the child's tendency to give this fear of retaliation concrete form and express it according to one of the infantile modes of thinking.

Hence the whole improbable assumption that a child of six or twelve months has an effective super-ego, to which the infantile ego is far more subjected than ever an adult ego is, falls to the ground. Anna Freud, who has studied those reactions of the child which indicate the beginnings of real super-ego formation, showed by incontrovertible and clear observations, that even in much older children the developing super-ego is still a very unstable structure, and that its dynamic efficaciousness still depends to a great extent on the external models. This dependence, in the opinion of the reviewer, is also present in adult persons to a greater degree than is usually supposed. It is generally known that, under the influence of a corrupt leader, crowds tend to regress to an asocial state, in which the individual members are capable of behavior of which they would have been incapable under a leader of character. This illustrates that even the super-ego of an adult person depends in great degree on real models. Therefore, to speak of a stable super-ego, freed from all dependence on its models, contradicts experience. The differentiation within the mental apparatus is surely a gradual adaptational achievement, not realized in the child in any degree comparable to the adult. To conclude that because the child feels threatened by fear-inspiring fantasy figures, it has a stable super-ego is to interpret the observed facts fallaciously.

The same fallacious interpretation explains why discussion of the therapeutic processes involved in the analysis of children is still so obviously unsatisfying. This does not refer to the efficacy of child analysis as a therapy,—for as an art of healing, its results, as reported by Klein, are remarkable,—but to the description of the processes on which these results depend.

Melanie Klein is of the opinion that her interpretations instigate the same processes in the child as they would in an adult. We learned, however, that her small patients usually accepted the interpretations without resistance, indeed, with a certain pleasure,

and in their games gave even more definite expression to the affects interpreted. The following seems to us the inevitable explanation of this process: when the meaning of the game is correctly understood and then conveyed to the child in its own language, the child's anxiety diminishes—because of the fact that the children immediately conceive these interpretations, given to them by a "kind aunt" in an unemotional tone of voice, to be "permissions." With this, an abreaction takes place through play, as Klein also assumes, which then becomes the basis for later sublimations. It does not appear to matter, incidentally, if the interpretation reproduces every detail accurately or not, provided only that the emotional tendencies have been correctly apprehended. Whether the collision of toy wagons really represents parental coitus, or whether it represents some more innocuous physical aggression against the parents or siblings does not seem to me to be crucial. The crux is that an act of aggression, and its cause, whether jealousy, revenge, or something else, has been recognized correctly, and verbalized—not only without an upbringer's prejudice, but in a friendly spirit and even to the evident satisfaction of the analyst. It is also my opinion that in the very young child of two and a half years we are not occupied with resolving repressions that are in any way comparable to the repressions which arise later because of the influence of the super-ego, but rather with the resolution of objective fears. Consequently we are not demolishing a cruel super-ego; we are overcoming those fantastic fears of external objects which would, later, lead to the construction of a cruel super-ego. When the child accepts the interpretations without contradicting and responds to them with an immediate relief, it clearly demonstrates that the interpretations are comprehended as permissions granted by a person in authority similar to the parents', and that for this reason the fear of the parents and their distorted *imagines* disappears.

In adults, interpretation has precisely the opposite effect. The conflict is immediately intensified, and opinions are aroused which are not so readily balanced by the counterpoise of the unprejudiced analyst. In the young child, it is obvious that one must combat anxieties referring to the outer world, and in adults anxiety of conscience—a difference which immediately explains the different reaction to the interpretations. This difference seems to us to be

most evident in the case of the very young child, whereas the analysis of older children approaches that of adults.

Aside from the inadequate description of the therapeutic process, every reader will be struck by the clear demonstration of the relationship between anxiety and aggression. Melanie Klein has also successfully shown that the correct employment of play technique actually permits the destructive reactions of the child to be dealt with constructively, a fact concerning which Anna Freud expressed doubt. The best results are obtained, apparently, by discharging and directing the aggression.

In the chapter which treats of the analytic technique used with children in the period of latency, one is particularly struck by certain details. The reports on Kenneth and Werner, who were treated by a technique of combined play and free association, are especially instructive. The description of games in which "rôles" are assigned and in which the analyst actively participates, which characterize this age, is one of the most fascinating parts of the book. Melanie Klein's attitude to parental coöperation, which she does not consider very important, is not convincing. The relative inaccessibility of the neurotic child to educative measures does not prove that the competent enlightening of the parents, when this is possible, might not be very advantageous. Anna Freud's opinion here, particularly in regard to bad influence exerted by the parents, seems more tenable. The plasticity of the child's personality, its susceptibility to external influences—and upbringing is, or should be, nothing else than a conscious regulation of such influences—is curiously enough denied or, at least, underrated by the author.

In the chapter on analysis during puberty, the author indicates the importance of uncovering aggression, and thereby reducing the latent anxiety which is so great at this age and which is so retarding to an analysis. The interpretation of fantasies is one of the most important technical measures in these analyses.

The chapter on the neuroses of children gives us a good bird's-eye view of the typical symptoms and signs of the neurotic disorders in question. In the next chapter, on the sexual activites of the child, particularly worthy of note is an exposition of the complicated interplay of incestuous motives in two brothers, which attests the author's great psychoanalytic acuteness.

Our criticism, stated above, of the author's use of the concept of the super-ego and her confusion of objective anxiety and conscience anxiety, applies particularly to the first two chapters of the second part of the book: "Early Stages of the Œdipus Conflict" and "The Relation of Compulsion Neurosis and Super-Ego Formation," which must be regarded as unsuccessful in so far as they attempt to utilize the author's valuable data to construct theory. The author's attempt to explain the phobic anxiety of Freud's analysand, Little Hans, by assuming that conscience anxiety was projected on to the horse, does not appear well founded, nor is it supported by a single argument. Freud's simpler theory, that the boy displaced his fear of retributive justice from his father to the horse, explains the facts observed and renders any assumption of projected conscience anxiety otiose. On the other hand, Melanie Klein's idea, that in the Wolfman a male aggressive attitude might be present beneath the passive feminine one, seems to the present reviewer to have much in its favor. That the passive wishes referring to the father should appear in the guise of an anxious expectancy of being eaten up by the wolf, is not easily understood unless we assume an antecedent aggressive component.

The chapter on the significance of early anxiety situations for development is, generally speaking, somewhat jejune. The theoretical exposition, in this chapter, of the significance of projecting inner dangers into the environment is vitiated because, once again, the author leaves out of account the elementary fact that instincts become "inner instinctual dangers" only after such painful experiences as frustration and retaliation, and that the super-ego develops for the very purpose of enabling the individual to overcome and avoid such friction with the environment.

Along with the parts that deal with technique, the last two chapters rank as the most adequate in the book. There is hardly a publication in the whole literature of psychoanalysis that contains so complete an appreciation of the importance of destructive tendencies in instinctual development.

The reader who will undertake the labor of thoroughly digesting the condensed and freely arranged material included in this book, and who will not be troubled by the conceptual unclarity in certain instances or by theoretical fallacies, will be richly repaid for his trouble by the magnificent material garnered from the inexhaustible field of the child's mind.

With all due respect for the remarkable therapeutic successes of Melanie Klein, the present reviewer believes that the future of child analysis will not depend on its utilization in therapy, but in the application of its findings to problems of pedagogy. Some day, a conscious direction of the child's development wherein pathogenic experiences will be eliminated—a scientifically grounded upbringing—may well reduce the number of those cases which at present require the demolition (analysis) of established pathological structures. It is impossible to parry the idea that Melanie Klein's influence upon her young patients includes many unnoticed educative tendencies, unavoidably, indeed, because of the sensitiveness and pliability of the mind of the child.

FRANZ ALEXANDER (CHICAGO)

INTRODUCTION TO PSYCHOANALYSIS FOR TEACHERS. By Anna Freud. Translated by Barbara Low. London: Allen & Unwin, 1931. 117 p.

The booklet represents in printed form four lectures which Anna Freud delivered to the teachers of the Viennese *Hort*—a sort of day nursery for children from six to fourteen years of age. Although the practicing psychoanalyst could not expect to find in this booklet anything new to him, he would benefit from a perusal of it; for here he will find the fundamental elements of psychoanalytic theory outlined in such concise form and couched in such lucid terms, that he will gain added and frequently forgotten proof that one can grasp the fundamentals of psychoanalysis and make them clear to others without resorting to the heavy artillery of highly involved terminology.

As to the teacher for whom this book was especially written, the social worker, the mental hygienist, and the one interested in child guidance—they will all learn a great deal from these few and brief lectures. They will learn how simply one can view, without compromise of simplification, such phenomena as infantile amnesia, œdipus complex, latency period, castration complex, the dynamics and development of infantile instincts, and the relationship of psychoanalysis to education. It is not a purely theoretical discourse and the illustrations are short and trenchant. Thus:

> "A little while ago a German court of law had to pronounce judgment on a divorce case. In the course of the lawsuit the ques-

> tion arose to which of the parents the two-year-old child should be assigned. The lawyer appearing for the husband proved that the wife, on account of a whole series of traits in her character, was not properly qualified to educate the child. To this the wife's lawyer objected that for a child who was only in his second year it was not a question of education at all, but only of just looking after the child. In order to decide the point at issue the opinion of experts was taken as to the time when a child's education might be said to begin. The specialists who were called belonged partly to the psycho-analytic school, partly to the orthodox scientific school. But they unanimously agreed that *the education of a child begins with his first day of life.*
>
> "We have every reason to assume that previous to the discoveries of psycho-analysis the experts would have decided otherwise."

Or quoting:

> ". . . the judgment of an eight-year-old boy who made vain efforts to bring his parents together again. He said: 'If my father does not love my mother, then my mother does not love my father, then they can't like me. Then I don't want them. And then the whole family is no good.' The consequences which such a child deduces from the position of affairs are generally serious. He acts like an employé in a bankrupt firm who has lost all confidence in his principals and no longer therefore feels any pleasure in his work. Thus the child in such circumstances stops work . . ."

Anna Freud is quite explicit as to the limitations of our means for educating the growing individual and she emphasizes the striking contrast between rearing (i. e., indulging) and educating (i. e., systematic frustration). She questions the all too popular assumption that we can really educate children, particularly if we do not take constantly into account the instinctual dynamic forces which dominate the fantasy life of the child. In short, all ways to misdirection are wide open to us grown-ups. How much the few and narrow paths of right direction could be made accessible to us depends upon our knowledge of the unconscious life of man. The responsibility of the parents (and educators) is expressed in the following terse sentences: "The price which the child has to pay for detaching himself from his parents is their incorporation in his own personality. The success of this incorporation is at the same time also the measure of the permanent success of education." Hence, "psychoanalysis, whenever it has come into contact with pedagogy, has always expressed the wish to limit education." For,

once incorporated, "in place of living beings they become an historical background which is incapable of adapting itself to progressive external changes. In reality the parent-figures would be influenced by reason in their conduct and would be accessible to the claims of a new situation. Naturally they would be prepared to concede to the thirty-year-old man what was forbidden to the three-year-old child. But that part of the ego which has been formed from the demands and standards of the parents remains inexorable." And that is the reason why "the psychoanalyst who is engaged in his therapeutic work of 'resolving' such inhibitions and disturbances in development certainly learns to know education from its worst side. Here he feels, they have been shooting at sparrows with cannon balls!" However, one should be warned against too expansive general use of the theory and technique of psychoanalysis as applied to education: too few people in the field have been themselves analyzed, and therefore there are as yet too few competent workers.

The book is nicely printed and has a good index. It is well translated. One might perhaps question the advisability of using the word "childish" in the sense of infantile, since it might automatically connote an element of mildly condemnatory evaluation, while the word infantile has become the more customary term and conveys no more than a technical designation of certain psychological reactions, but on the whole the translation is accurate and easy to read.

G. Z.

THE MEANING OF SACRIFICE. By R. Money-Kyrle. London: The Hogarth Press (International Psycho-Analytical Press), 1930. 273 p.

In this readable volume—originally a thesis for the degree of Doctor of Philosophy in the University of London, in which, accordingly, one occasionally encounters instances of the tempered wind—the author has given us a psychoanalytic interpretation of sacrificial rites and rituals, of sacrifice as a phenomenon of primitive religion. In his own words, the book deals with the origin and legacy of the œdipus complex, and its main thesis is that the various sacrificial rites so basic in primitive religion constitute a part of this legacy.

The volume opens, accordingly, with a suitable précis, fifty-five

pages in length, of the œdipus complex, its origin and development. Part II, the remainder of the book, is given to discussion of the genetic character and unconscious purpose of sacrifice. Nearly one hundred pages are devoted to a quite encyclopedic, if necessarily condensed, account of sacrifice in many lands and among many peoples—sacrifice *of* a god, sacrifice *to* a god, sacrifice carried out on the principle (to borrow Miss Harrison's formulation) of *do ut des*, or, on the other hand, on that of *do ut abeas*. There follows a summary of the theories of sacrifice which have been put forward by Tylor (sacrifice as originally a gift), by Robertson Smith (sacrifice as a (totemic) communion, a method of establishing or reëstablishing the solidarity between the group and its god), by Frazer (sacrifice as having a rejuvenating function, the god being killed to save him from decay and to facilitate his rebirth), by Westermarck (sacrifice as primarily expiation), by Hubert and Mauss (sacrifice as the acquisition of the *mana* of the object sacrificed), and by Freud (sacrifice as originally one of the results of the œdipus complex of primitive man, the "repetition and commemoration of a parricide").

The reviewer could wish that the author had done rather more to resolve a certain confusion—apparent, indeed, in the theories enumerated above—incident to the use of the single designation "sacrifice" for phenomena as distinct as sacrifice *to* a god and sacrifice *of* a god; and that in the interest of psychological no less than factual fidelity he had made somewhat more of the circumstance (although most anthropologists have failed to do so) that sacrifice was originally and primarily pre-deistic, at least in the strict sense of such a term, having originally nothing to do with a god *as such*. (To take two examples at random: although Dionysus bore the cult-epithet Isodaites, He of the equal feast, He of the meal shared by all, the feast was there before Dionysus was; and the Bouphonia at Athens long antedated Zeus Polieus, whom the author mentions in this connection, upon whom the rite was subsequently fathered). If he had done so, he would in the reviewer's opinion have thrown into all the sharper relief the factual accuracy and the psychological penetration of Freud's interpretation. The full-blown god and sacrifice *to* that god, in short, presents the lesser problem; it is otherwise, however, with the sacrifice *of* a god and sacrifice outwardly unconnected with any god, in the formal sense, at all.

However this may be, Freud's formulation serves as the *point de départ* for the author's subsequent discussion of the subject; whence it appears that the sacrifice of the god, of the totem animal, that is, of the father imago, is "the repetition of a parricide, not necessarily because there is a blind impulse to repeat the past, not necessarily because it is desired to commemorate the past, but because he excites the same ambivalent affects as the rival and protector that each child learned to hate, love, and fear". Thus if the unconscious hatred of fathers which psychoanalysis has demonstrated was present from the beginning, it must have been responsible for the killing of father-symbols; and if the present conscious repudiation of this hatred was also present, it must have concealed from the sacrificer the true motive of his act. With the discovery of the unconscious hatred of the sacrificer are at once explained the guilt and fear which typically characterize the attitude of the sacrificer to his victim, that guilt and fear which are largely the manifestations of an ambivalence conflict, of the paralysis induced by a combined love and hate. The remainder of the chapter is devoted to an elaboration, which naturally cannot be traced here, of the part played by the affects of hate and destruction, of fear and propitiation, in the multifarious forms of sacrificial rite known to anthropologists. It thus emerges that the sacrificial prototype contained two parts—not only the killing of the god, but the masochistic, or sadistic, expiation; yet ultimately, even the act of self-destructive expiation is symbolic parricide, since the object of the destructive impulse, though consciously the self, unconsciously remains the father.

After a penultimate chapter in which the author deals with the exemplifications in various sacrificial rites of eight important variants of the original œdipus fantasy which arise by a change of subject or object or by projection or inversion of the destructive impulse, the writer considers in the light of the anthropological material surveyed the "compact" theory of Rank that every urge is ultimately reducible to the urge to return to the womb of the mother and every fear to the shock of birth. For in this case, "sacrifice, like all sublimated activities, must be ultimately a symbolic attempt to break through the trauma and return from whence we came", and the type of sacrifice in which the son is killed by the mother would be in reality the prototype, since symbolizing most nearly the return to the womb. And whatever one's inter-

pretation thereof, it is certainly true that the *furchtbare Mutter*—"that dread of mother-symbols that seems best to support Rank's theory"—is a common enough figure in many mythologies (and of such figures none more typical, it might be added, than the Eleusinian Brimo-Hecate, the ambivalent attitude towards whom is stated, in the Greek, in so many words). The author concludes, however, that "we do not know whether the desire for incest, by substituting the part for the whole, is a symbol of a desire to return to the prenatal state, or whether the fantasy of returning to this condition, by the substitution of the whole for the part, is a symbolic incest".

Without question, Mr. Money-Kyrle deserves congratulation for the manner in which he has distilled a vast and various material, leavened with numerous interesting reflections to which this review has not been able to do justice, to give us a work of such unfailing interest and sound value as *The Meaning of Sacrifice.*

HENRY A. BUNKER, JR. (NEW YORK).

L'ÉCHEC DE BAUDELAIRE, ÉTUDE PSYCHANALYTIQUE. By René Laforgue. Paris: Denoël et Steele. 1931. 239 p.

French neuro-psychiatric traditionalism was naturally quite slow in looking into the earlier pages of Freud; then the war came and broke off any possible intellectual contact with the German speaking countries and as a result the earlier writings of Freud became known to the French reader only some years after the war; as a matter of fact, they began to be published in French approximately at the time when Freud had published *Beyond the Pleasure Principle.* Thus French psychoanalysis developed under very disadvantageous circumstances: having lagged behind for almost twenty-five years, it naturally lost the advantages of the German and English speaking countries which had time to familiarize themselves with the principles of psychoanalysis and to assimilate them gradually as the system developed step by step. To recapture a quarter of a century of development, and a quite eventful one at that, in less than a decade, is, as far as the general public and the medical profession is concerned, well-nigh impossible; this is particularly true of such a discipline as psychoanalysis, which requires a mass of empirical data, and which more than any other scientific trend of recent times, has aroused so many resistances and so much

affective heat. Hence, the French deserve double commendation for their efforts, and among the latter those of Laforgue are of the most strenuous and serious. Hence, too, the imprint of active struggle and proselytic tension which is borne by such a book as *L'échec de Baudelaire;* hence, also, the impression that the author tries to put in too much in too little space, tries to meet objections and to prove rather than to investigate. He tries in his preface to the book to meet the objections of a prejudiced publisher and to convince the reader that an analyst has the right to make the artist and his art the object of psychoanalytical consideration. He proceeds to point out the unconscious extreme need for punishment under which Baudelaire labored, the mother fixation of the poet, his sado-masochistic struggle and sexual deviations, latent and overt. Considered from the point of view of the historical setting which we mentioned above, the book represents a commendable effort to point out and enumerate the various symptoms and symptomatic acts which bear witness to Baudelaire's severe neurosis. Quoting abundantly from Baudelaire's poems and from his biographer Francois Porché, Laforgue has no difficulty in proving that Baudelaire was attached to his mother, hated his stepfather, detested women and loathed the very things he loved. The poet's very explosiveness and social rancor bore the earmarks of self-destruction unconsciously planned, and of exhibitionistic masochism which was the very foundation of his personality. Quoting from Porché, Laforgue relates an interesting episode of Baudelaire's active part in the revolution, in which he was more conspicuous than combative, loudly expressing the hope for the death of his stepfather, who was a general of the monarchy. However, the reader learns comparatively little of the pathogenesis of Baudelaire's neurosis. That the poet equated the word "natural" with the word "abominable" and woman with public toilet ("the only two things for which one pays in order to leave something instead of taking something away")—all this the readers of Baudelaire know; but to understand the dynamics and the psychological economy of such affective anal equations, one would need to undertake a deeper and more detailed investigation: either Baudelaire's factual early childhood would have to be uncovered by an industrious biographer, or a psychoanalytical reconstruction of that childhood would have to be made. In the absence of one or both,

we shall have — as we do — only a poignant, albeit incomplete, descriptive enumeration of clinical facts which are telling without being sufficiently explained.

G. Z.

BEHAVIOUR ASPECTS OF CHILD CONDUCT. By Esther Loring Richards, B.A., M.D., D.Sc. Associate Professor of Psychiatry, Johns Hopkins School of Medicine; Physician-in-Charge of Dispensary, Henry Phipps Psychiatric Clinic, Johns Hopkins Hospital. With a foreword by Adolf Meyer. New York: The Macmillan Company, 1932. 299 p.

A book on the behavior of children by a psychiatrist of Dr. Richards' wide experience is to be welcomed. One anticipates much from a volume so packed with case material, psychiatric competence and sensible attitudes and advice. Furthermore, it is unusual to find a psychiatrist who not only knows the allied field of social work, but has also had concrete experience with public school education. "It is one thing to attend child study lectures and parent teacher meetings," she wisely says to her audience of parents, teachers, nurses, pediatricians, clergymen, etc., "it is another to realize that child health is really parent health and teacher health and community health."

The chapter on "School and the Intellectual Misfit" shows a good comprehension of the need for teachers and schools, at present either ignorant or resistant, to gain a broader concept of behavior than they at present have in their judgment of the child's classroom conduct and study accomplishment. It points out the necessity of grading not only according to intelligence tests but with attention to the emotional needs of the individual child. It recommends behavior clinics in the schools, and visiting teachers to link school and home.

There is no doubt that Dr. Richards sees with a critical and constructive eye the whole circle of social agencies that surround the maladjusted individual child,—the home, the school, the clinic, the social service unit, the court, the public institution, the foster home. Her treatment of individual cases, neurotic or delinquent, is based on successful coöperation with these agencies, which too often are inadequate, unscientific, untrained, casual, sentimental, disinterested, and which duplicate each other's efforts.

Social adjustment is the major means by which Dr. Richards effects therapy. Depth psychology plays little or no part in the treatment. By direct statement and by implication, psychoanalysis is relegated to a place of insignificance and absurdity in such statements as: "There is also a school of psychiatry which overemphasizes and overadvertises repression as the black plague of the soul," and "In certain circles psychoanalysis is as popular as coloured jewelry." Jung and Freud are given one grudging mention on page 274 as a sort of bogy. "To the layman of average intelligence and interest in passing events, psychiatry is a smattering of Jung and Freud which is a scientific approval of his giving full play to every instinct and emotion the expression of which was formerly a bit trying to the conscience." If this be fair to Jung and Freud, it is not to the "layman of average intelligence."

This unscientific resistance toward specialized psychologic knowledge is the major clue to the faults of a book, otherwise wise, scientific, liberal. In order to avoid "problematic experimentation" with the child, the author evades working with admittedly psychologic factors in the adjustment of admittedly mental conflicts. She believes "effective expediency" is secured by social adjustment and improvement of opportunities. Analysts working with children know well the importance of manipulating parental relations, the domestic and the school situation, but they know too that the neurosis and delinquency are not removed with the removal of some symptoms. They see the tantrums, stealing, irritability, overtimidity, etc., as symptoms of the "something else" which this book intentionally disregards, and they work with the "something else."

Though not using psychoanalytic therapy, the author sees the child's maladies from the point-of-view of current progressive psychological thinking. Thus she states the importance of interpreting, not judging behavior; the intricate association of mental life with the physiological systems of digestion, circulation, musculature, and internal secretion; the genetic point of view in the individual's mental health; the importance of the instinctive and emotional life; the effect of physical handicaps on mental health. And in five paragraphs on sex, the author takes the current, liberal attitude toward the most obvious infantile manifestations of the sexual instincts, toward the child's curiosity about where it comes

from, toward the œdipus situation (though Heaven forbid it should be so named!), toward the physiological harmlessness of autoerotism or "self-abuse." Dr. Richards' book is full of pedagogic wisdom and good advice. If the child masturbates, "do not tie the child's hands, threaten to cut with a knife" etc., but the only constructive advice is "give the child plenty of chance to play." If the child wants to know where children come from, "Why not say, 'The baby grows in the mother's body'?" But, when she adds, "There is no need of going into explanations of how it got there," she does not know her child and she is helping to break the "link of confidence" which she wishes to establish between parent and child.

As a result of this restraint in accepting psychoanalytic knowledge, the meaning of fantasy in the conscious as well as unconscious life of the child is only superficially evaluated. The case material shows this, as, for example, in the consideration of school failures of bright children, in cases of aggressive behavior toward younger brothers and other members of the family, in cases of stealing in children of normal intelligence, of lying, or in fears of childhood. "In getting at the fears of childhood", she says, "no especial technique is needed except to make the child realize that he is being taken seriously and not being laughed at."

Very many symptoms are treated as evidences of constitutional handicaps, in the two chapters on "Handicaps of Endowment", and pursued no further therapeutically. For example, bed-wetting "makes the child uncomfortable, it embarrasses him, it isolates him from many social contacts. . . . If he really could help getting into this fix, I am sure he would if only for the sake of better mental and physical comfort. . . . Aside from elimination of fluids an hour before bed-time, I know of nothing that can be done to help this distressing condition." The case histories in these two chapters do not always clearly reveal "unmodifiable" material. Psychoanalytic science has some light to throw on some of them. But Dr. Richards laments the overshadowing of "wider issues in psychiatry through the development of interest in psychoanalytic doctrines."

How much the author, along with other workers in this field, and the public in general, has unwittingly absorbed of Freudian concepts, it is impossible to estimate. Many American workers

with children do not recognize their debt. Perhaps if they did, they might be ready to incur more of it.

Because the book is the work of a psychiatrist of rich experience with an intuitive fund of good sense and advice, it is to be recommended to parents, teachers, and others interested in child behavior. This is not to deny its limitations in respect to deeper psychological understanding, which limitations diminish the value of the author's achievement.

The book was originally given as lectures before an audience of the Child Study Association. The style is sometimes colloquial, sometimes a trifle literary. It is almost too packed with case histories, theory and practical advice, so that a feeling of proportion is often lost in a sense of quantity.

MARIE H. BRIEHL (NEW YORK).

HABITS: THEIR MAKING AND UNMAKING. By Knight Dunlap. New York: Liveright, Inc., 1932. 326 p.

This is a book of very uneven merit. It starts with an able examination of the facts and principles of learning and habit formation, making particularly clear to the reader the importance of distinguishing between the learning and the learned process in the formation of habits. Professor Dunlap very carefully analyzes the two processes, shows how essentially different they may be, and how much error has arisen because of the confusion of the two in the past. The early chapters contain good criticism of some of the older and current theories of learning, particularly that of Pavlov. The author, however, becomes less effective in presenting his own point of view, and it is not possible from a careful reading of his detailed chapter on the "Process of Learning" to discern what his own theory of learning may be.

But by far the poorest part of the book, and the one which makes a very discreditable performance of it all, is the author's treatment of what may be termed the practical applications of his newly established facts about learning and habit formation. It appears that in recent years, individuals in pressing need of mental readjustment "have been coming" to Professor Dunlap's attention "in increasing numbers", and as a result of this experience, he has "been impressed with the importance of clarifying our knowledge of the principles of habit and learning". The chapters on practical

applications are seemingly addressed to these individuals for the relief of whose sufferings Professor Dunlap presents psychologists with a convenient little formula. The formula is summed up by the words, *negative practice,* which one gathers means that the way to break a habit is to practice it. The author advances a great many arguments as regards the possible advantages of the formula, but presents practically no evidence for its validity. The nearest indication of any factual basis for it is the statement that "it has been found that even a small amount of practice in writing the word the wrong way (referring to certain errors in typing), would eliminate the error". On the basis of such "evidence" as this the author claims to be able to cure a variety of neurotic and personality disorders, and in a chapter entitled "Breaking of Specific Bad Habits", chooses as examples of ready application, stammering, tics, masturbation and homosexuality.

By far the greatest amount of space is devoted to the problem of stammering which the author uses as a paradigm. We discover here that "there is one thing which the stammerer can do which has been strangely overlooked. *He can stammer.*" Of course, he can also sneeze, blink and walk, but we are asked to note particularly this special ability of his, because in proceeding with our therapy we shall have "to teach the patient to stammer voluntarily, as nearly as possible in the same way in which he now stammers involuntarily". Professor Dunlap admits this is difficult, but "it seems to work". In fact, happy results seem generally obtainable, providing the patient is made to "understand that stammering, when prescribed, and as prescribed, is the method of cure".

Of the applications of negative practice to other types of habits, the author is less specific, although in the case of fingernail biting he speaks of a group of college students, ostensibly treated by the method, where "in less than three weeks the nails had grown to normal length, and (mirabile dictu) the biting habit was broken in every case". In the case of "bad sexual habits or vices", the author, while still confident, becomes more cautious. He warns us that "negative practice in the case of masturbation cannot be undertaken except by a mature psychologist", and that "the wise psychologist will not proceed without the assistance of a third party". This is apparently for the protection of the psychologist, "lest, if the fact of administering the treatment become known, he

be accused of immorality himself". By the time he comes to the application of negative practice to homosexuality, the author, in spite of his earlier temerity, is definitely frightened, and admits that "we do not yet know how generally the treatment by negative practice may be applied", but that "it succeeds in many cases". What the cases are, however, is not stated. Altogether, it is clear from the author's wholesale attempt both to explain and cure neurotic disorders on the basis of bad habit formation, that he has not had much psychiatric experience; nor is there much evidence, from the paucity of direct references, that he has even had much first hand contact with original psychotherapeutic literature, a detailed chapter by chapter bibliography of which accompanies the book notwithstanding. The few references which the author makes to psychoanalysis are either disparagements or outright misrepresentations. Professor Dunlap has been a hostile critic of psychoanalysis for a long time, but it should be called to his attention that even the occupancy of a chair of psychology in a prominent American university does not render him immune from accountability for such a statement as that, "Suicides following psychoanalytic treatment have been frequent".

DAVID WECHSLER (NEW YORK).

ACCIDENTS, NEUROSES AND COMPENSATION. By James H. Huddleson. Baltimore: The Williams and Wilkins Company, 1932. 256 p.

This survey by a neurologist is a review-of-the-literature approach to the subject of traumatic neurosis. While adding nothing new to the subject, it has the value of bringing together material from various sources and presenting to the reader a clear picture of the unforeseen complication growing out of industrial insurance and workmen's compensation laws.

The title suggests a departure from the customary nosology but the text at the outset introduces the term *traumatic neurosis* and defines it in the broadest traditional sense: "a psychologic or a nonstructural nervous disorder shortly following a physical injury, and complicated or not by structural changes in the central nervous system or elsewhere". While conceding that on theoretical grounds many or even all of the disorders classified under this definition may be intrinsically not distinguishable from the various neuroses appearing independently of physical trauma, the author believes it

justifiable on practical grounds to consider them as a separate group. The text justifies this stand.

On the question of general psychopathology a middle ground is taken, not unequivocally: "The concept of nonstructural change has seemed to promise no less usefulness than does that of psychogenesis, and the reversible-irreversible opposition, most of all. We tentatively superimpose the line between nonstructural and structural upon that between molecular and supramolecular, reserving the right of relocating but not the expectation of erasing this line in the light of newer knowledge of neural cytophysiology.

"Psychoneuroses are characterized by active but unrecognized, because unconscious, conflicts. Psychoanalytic concepts [of the unconscious?] need not be accepted uncritically, but are in common use even among individuals not frankly committed to psychoanalysis as a dogma, and have proved of great help toward an understanding of psychopathologic processes and motivation".

While psychogenesis is stressed, there is in the presentation of clinical material no tracing of the pathogenesis in any of the cases beyond that involving the superficial secondary gain which figures so prominently in the symptomatology. While it is true that the literature of psychoanalysis has so far not given abundant material for the elucidation of this problem, yet any mention of the studies of war neuroses by Simmel and others in *Psycho-Analysis and the War Neuroses,* or of Pfister and Ferenczi on the same subject is omitted.

Neurosis following trauma incurred either in war or in civilian life is inversely proportional to the severity of the physical injury. The loss of a leg is good insurance against the development of a traumatic neurosis. The introduction into any community of legislation granting workmen compensation for injury is followed by a pandemic of such neuroses. In France where the pedestrian who is caught being run over by an automobile may be arrested, compensation neuroses do not constitute a social problem. Prisoners of war expecting scant courtesy from their hosts almost never develop traumatic neuroses. The author declares that "workers in general seem more dissatisfied when wages are high and work is plentiful than when conditions are average or slightly below . . . the lowest recorded sickness rates we know are in an establishment where there is little security of tenure, where work is hard and

hours are long. The highest are in an industrial establishment where everything that can be suggested for the physical welfare of the workers is carried out, and where tenure is as secure as it can be made. . . ."

Whatever the therapeutic approach, there must first be a prompt settlement of any claims likely to arise as a result of the trauma. The longer this is delayed, the severer the neurosis and the poorer the prognosis. The best prophylaxis would seem to be in making accidents financially unprofitable in peace and "shell shock" a dishonor during and following war. A sympathetic *milieu* or pleasant and attractive hospital surroundings are deterrents to improvement. Sentimentalized public opinion is a great hindrance to intelligent handling of these cases. Once the money question is definitely settled, the best treatment is reëducation speeded up by the aid of energetic suggestion with or without the use of the faradic current. "It is a far easier technic to acquire than psychoanalysis, and less costly to all concerned". "There are recognized indications for hypnotism, analysis, and physical therapies". "Case management entire, with after-treatment in particular, is a 'one man job' ". Coercive treatment under military conditions is said to be most efficient. Under the titles *torpillage* and *Überrumpelung* the French and Germans applied painful faradic currents to hysterically paralyzed extremities ". . . and by the aid of the current the subject was speedily and uncompromisingly persuaded, ordered, and sometimes almost beaten into full activity and a parting with his hysteria".

The misanthrope will find abundant justification for his position in this book. One must however be warned against being misled by this brief summary into believing that the author has an unsympathetic attitude towards these patients.

This is a book that can be read with profit by all physicians treating compensation cases and especially by compensation adjusters, the legal profession, and social reformers.

RAYMOND GOSSELIN (NEW YORK).

THE MIND AT MISCHIEF. By William S. Sadler. New York and London: Funk & Wagnalls Company, 1929. xv+400 p.

It seems superfluous to say that the least we are entitled to demand of one who undertakes the difficult and not altogether grateful task

of providing the laity with an exposition of the theory and practice of modern psychiatry is that he shall show a reasonable grasp of its fundamental postulates and a fair degree of insight into the problems involved. But it must be said that in respect of these minimum requirements the author of the present diffuse and repetitious volume is lamentably deficient.

It is a matter of rejoicing, it is true, that a surgeon should manifest an acute awareness of, and a sincere effort to cope with, the emotional problems of his patients—so different is this from the attitude of many of his confreres. But it is an ill thing that this laudability of intent and enthusiasm of purpose should crystallize in a work in which numerous entirely sound and sensible remarks are rather more than counterbalanced by several hundred pages of what, more often than not, can only be described as claptrap. Lest the reviewer seem self-convicted of prejudice, however, it may be that samples of Dr. Sadler's actual pronouncements will plead like angels trumpet-tongued, as compared with anything the reviewer could say in characterization.

Although Freud harbors various serious misconceptions, it is nevertheless true that in a little more than five hundred out of the one thousand patients who have had an "emotional analysis" by Dr. Sadler, "it was the sex complex that was the offending cause"; and this is why it is that "the Freudians have succeeded more or less, even though operating on a somewhat erroneous hypothesis". Freud is misled in supposing that "it is always the objectionable, the undesirable, the unworthy thought or emotion that is suppressed"; for "I find that individuals are given to suppressing either the good or the bad, the desirable or the undesirable, according to circumstances", as for example when an individual "suppresses his religious convictions to give more free expression to sex emotions". Indeed, "philosophically speaking, the whole Freudian doctrine is wrong, in my opinion, in that it contemplates life as evil, while the goal of death is all that is ideally good. It is, moreover, a wholly mechanistic view of life". "Sublimation is nothing more or less than the coördinating of two diametrically opposed tendencies so that they will work together harmoniously for a common end. Common examples of the sublimation of the normal sex impulses are to be found in those religious orders which demand celibacy".

It would seem that Ernest Jones had lived in vain, since the nightmare "is simply an unusually distressing dream. . . . Night terrors are influenced by unusual nervous stress and strain, as well as by storms occurring during the night, and seem to be very often associated with digestive disturbance". The great practical and therapeutic desideratum is that the individual should be able or become enabled to "live at peace with both his sex nature and his religious nature"; and indeed long experience has shown that in many cases of unmarried men and women all that is necessary is to "tell them to instruct their consciences to keep guard over the Seventh Commandment and to leave the minor phases of sex feeling to the care of old Mother Nature"—this, presumably, because "old Mother Nature is somewhat of a psychoanalyst herself". "The best method of managing fear is to take the following course: 1. Explain the fear in detail. Analyze the complaint. Show that it is without foundation, and explain to the individual's mind exactly how he came to build it up; clearly point out to him the fear factors in his dreads or anxieties, and then quickly, suddenly —2. Laugh heartily at his fears and get him to join in the laughter. Ridicule is the master cure for fear and anxiety—3. Follow up surprise and ridicule with an effort to reassociate the victim of fear with society as a whole. Judiciously try to debase his ego a little. Make him less sensitive and susceptible to the opinions of the rest of the world. Suggest a bit of contempt for that which has made him so much trouble. Let him look down on it with disdain. The management of fear is all summed up in surprise, ridicule, and then contempt."

One can only suppose a certain regrettable correlation between the fact that this book is in its seventh printing and seventeenth thousand and the fact that, although it contains not infrequent bits of practical advice of value on what is often called a common sense level, it is for the most part a tissue of half-truths of a type dear to the average mentality, served up with a superficial appearance of understanding and a careful avoidance of any sort of unpalatability. It would be absurd to compare it for a moment to such a work, covering exactly the same field and addressed to the same audience, as Menninger's *The Human Mind.*

HENRY A. BUNKER, JR. (NEW YORK).

OUTWITTING OUR NERVES. By Josephine Jackson and Helen M. Salisbury. Second Edition, Enlarged and Revised. New York: The Century Company, 1932. 420 p.

The first edition of this book, of which one hundred thousand copies were sold, appeared in 1921, just at the time when the mental hygiene movement was gathering momentum. It is not difficult to believe that the book's simplicity of style and avoidance of words technical and "nasty" gained for it the popularity it enjoyed among untrained and naive readers. Its argument that psychoneuroses are definite disease processes, requiring skilled medical attention and implying no disgrace, is valuable. It is unfortunate, however, that the book creates an impression of ease and universality of psychotherapeutic success far beyond actual achievements.

Psychoanalysts will appreciate the authors' extensive acknowledgment of Freud, a virtue too rare among those who attempt to present his ideas while altering his vocabulary. Nevertheless, if the authors had been analysts themselves, such statements as these would not have been penned: "transference is a state of rapport between physician and patient"; and, "psychoanalysis is merely *(sic!)* a technical process for discovering repressed complexes and bringing them into consciousness". The authors, however, show a fairly adequate knowledge of the earliest analytic literature in their elementary exposition of the etiology of psychoneuroses; for example, they do not confuse primary and secondary gains. There are minor errors, such as that "shell-shock" is generally cured by analysis. The rôles of hatred, bisexuality, and the anus are not mentioned; Freud's contribution to the etiology of neurasthenia is ignored. The actual therapeutic implications of analysis are in the main only lip-service, except for references to the analysis of a few hysterical symptoms in terms of adult trauma, and insistence that knowledge of the unconscious is sometimes a valuable starting point for "reëducation".

The senior author shows that her clinical experience is abundant, and that she possesses a therapeutic personality marked by enthusiasm and confidence in teaching the "mastery of nerves". The discrepancy between her theory and practice is apparent, however, in the confusion of psychoneuroses with their symptoms, for her therapy is symptomatic. Her therapeutic principles are that "right

ideas" result in "appropriate emotions", and that such "right ideas" should be taught by reëducation, either by suggestion and persuasion, or by instruction in unconscious motives. (P. 185). "The science of psychotherapy is simply the science of reëducation". (P. 184). "Whether we believe it or not, and whether we like it or not, the fact remains that we ourselves decide which of all possible emotions we shall choose. . . . A simple change of mood may be all the remedy that is needed. Why choose the blues?" (P. 368). When, several pages further on, the authors state that emotions are unconsciously motivated, they themselves implicitly recognize how far their enthusiasm for simplification has led them to dogmatic absurdity. Though the overemphasis of the medical "bugaboos" of dietary meticulousness, constipation and menstrual anxieties is effectively demolished, quick return of normal appetite and exuberant physical exercise are much stressed by the authors in their criteria of cures. The authors' sexual ethics postulate reproductive activity as normal, desirable and pleasant, faulty education in sexual shame as harmful, stimulation of the sexual instinct by "petting" before marriage as pernicious, and contraception as deleterious. What they mean by "contraception" is doubtful, as the only specific reference to method cites the Biblical account of Onan.

The bibliography includes references notorious for their misrepresentation of original psychoanalytic contributions.

IVES HENDRICK (BOSTON).

THE THINKING MACHINE. By C. Judson Herrick. Chicago: The University of Chicago Press, 1932, Second Edition. 366 p.

Professor Herrick's book is a popular and picturesque presentation of the order of nature from the point of view of the experimental biologist. As far as its philosophy is concerned it might have come from the pen of Jacques Loeb. It is divided into four parts of which the first two deal with general concepts of mechanistic science and biology; the last two more specifically with psychological and human problems.

The concept "machine" is expanded by the author to include whatever performs work by natural agencies in accordance with natural laws, of which the law of causality is the most important. Since all nature works according to them and since throughout the

whole natural realm there is, so far as we know, only one such system of laws, anything contained within the cosmos is either a machine or the product of a machine.

It is by this simple syllogism that Professor Herrick arrives at his *radically mechanistic biology;* a logical sequence supported by much factual evidence drawn from many departments of science. The author's expert knowledge in the field of comparative neuroanatomy as well as his wit and general culture find ample opportunity for play in this provocative and plausible little book.

Everything is grist to the mill: rivers, cathedrals, comptometers, vacuum cleaners, emotions, aspirations, the integral calculus, amœbæ, chemotaxis, mice and men. All are machines or the products of machines and as such are susceptible of investigation by the scientific method. We need not cavil at this working hypothesis, nor at Professor Herrick's concluding statement to the effect that the scientific method "will take us farther into the spiritual life than some have supposed." "It is no job for the naturalist to try to square his data with metaphysical systems." And yet one suspects that what the author has done is to erect a metaphysical system of his own—a kind of pragmatic radical empiricism based on the common sense point of view. He does not allow himself to be too much troubled by the formulations of latter-day physicists nor by the vitalist bias of so eminent a physiologist as the elder Haldane.

Psychology, the author tells us, is the science which deals with conscious experience or with awareness of what is going on. A detailed explanation of the exact mechanism employed in thinking, he admits, cannot yet be given. The cerebral cortex is the organ of thinking and is made out of nervous structures "which apparently do not think at all or at best very inadequately". Thinking is to the brain what walking is to the legs. It is a function of the associational tissue of the cerebral cortex.

Of the unconscious mind Professor Herrick has this to say: "Of course, if one defines mind as something else than awareness, that is, if it is defined in objective terms, then it is easy to describe a continuous genetic series of such terms all the way from the simplest organisms—or from electrons, for that matter—up to man. So we have mind defined as behavior, as coëxtensive with life, as nervous functions, as adaptiveness, and so on. Some of these kinds of mind

are unconscious and some are conscious, and the relation between these two kinds of mind is still unexplained. Our problem is left just where it was when we started. The verbal trick of redefinition of mind has contributed nothing but more dialectic. What we want to understand is our own awareness of what is going on, and we do not reach a satisfactory conclusion by defining mind as something which is not aware of anything, so far as we know, and then investigating this other something. Either the awareness is there or it is not, and unconscious cerebration has nothing mental about it, though it may result in a mental process, that is, a kind of cerebration that is conscious." The organs of consciousness, he believes, have arisen out of the organs of unconsciousness in much the same way that rivers and geysers and mountains have arisen out of earth structures of other sorts and eyes and ears arose out of protoplasm that was blind and deaf.

Professor Herrick admits that our most intimately personal thoughts and feelings are hard to study by methods ordinarily used in physical and biological science, but he insists that introspective psychology is a practicable science to which all the rigorous criteria of the most rigidly defined scientific method apply. Of his own efforts at introspection there are relatively few examples in the book. One, to be found in the chapter on emotion which deals otherwise chiefly with thalamic localization and visceral responses such as the psychogalvanic reaction, should be quoted *in extenso:* "Years ago I used to amuse myself, during periods of insomnia while lying quietly in bed in the middle of the night, by conjuring up some purely imaginary situation in which I was baited by strangers or enemies (having no enemies, I could easily invent them) until I became violently angry. The passion grew from mild irritation to a paroxysm of rage. All the while I had not moved a voluntary muscle or framed a whispered word. At the climax of the fantastic extravaganza it was suddenly checked and I took stock of myself. I was all of a tremble, with labored breathing and palpitating heart, hot flushes, and a general upset of the whole sympathetic nervous system". This vivid example of what the author calls a mechanism which has been set off by "pure imagination" suggests to the psychoanalyst the breaking through of unconscious forces which must be dealt with in any adequate discussion of psychological mechanism.

CARL BINGER (NEW YORK)

THE STORY OF MEDICINE. By Victor Robinson, M. D. New York: A. and C. Boni. 1932. 527 p.

It is surely not unfair to call Dr. Robinson's book a popularization of medical history—indeed, its title states as much; for it may be said at once that it is a popularization in the better sense of that term, in almost complete measure avoiding the vices of superficiality, inaccuracy and disproportioned emphasis upon the dramatic or the sensational to which that type of literary product is frequently only too prone.

As a matter of fact, Dr. Robinson has written, in a pleasant and extremely fluent style, a thoroughly readable and entertaining account of the history of medicine—or, more accurately, perhaps, of the figures of medical history. In accomplishing this result, he has given slightly undue space and importance, as it may be thought, to anecdote and to biographical and personal detail—as for example in devoting nine pages to the activities of the famous and infamous Burke and Hare, and more than four to the rather chequered personal career of the anatomist Henle. Obviously, those who favor this technique will say that he has taken Herodotus as his model; those who do not, that he verges too often upon the merely gossipy. And of the philosophical *Anschauung* that informs Charles Singer's delightful *Short History of Medicine* or Sigerist's *Man and Medicine,* recently reviewed in these pages, there is relatively little. On the other hand, an outstanding merit of the book is the skill with which the author has placed the figures of his narrative against a briefly but incisively outlined background of the intellectual and cultural characteristics of their times, so that, within necessarily rather severe limits, he may be said to have written his story of medicine largely in the spirit of his own words: "Medicine is not an isolated branch of learning; it is a part of general culture."

Although Freud appears among the twelve *Illuminati* listed on the dustcover, he receives exactly one page in the text (as compared with four alloted to Brown-Séquard, for example); this page, though it opens with the statement that Freud, in publishing *Die Traumdeutung,* "committed the boldest act of modern time", is entirely guarded and distinctly under-informed in its attitude. Nor is this so very remarakable, after all, in view of the fact that of other reference to either psychiatry or psychological medicine there is virtually none at all.

The book is without illustrations, but is supplied with twenty-one pages of Bibliographical Notes (divided by chapters) and a good index.

HENRY A. BUNKER, JR. (NEW YORK)

BEHIND THE DOOR OF DELUSION. By "Inmate—Ward 8." New York: The MacMillan Company, 1932. 325 p.

There have been a number of books describing life in "insane asylums" written, for the most part, by individuals who had passed through a psychotic episode. The author, to take him at face value, is described on the dust jacket as "a brilliant newspaper man, a welcome speaker at luncheon clubs and an active figure in civic affairs. He left his world a 'social success', but a 'psychic failure'. He is where he is of his own volition. He is a dipsomaniac. He had spent thousands of dollars to rid himself of his insatiable craving for liquor and the state institution is his haven of retreat."

It is unfortunately true, as the author points out in his introduction, that the physicians usually know their patients only "from a height". He feels that he is in a position to see the "officials, the conduct of the institution and the attitude of the public from a viewpoint which neither those who must control and guard the aberrated nor the average layman can get—the viewpoint of one of the patients." Although the book is written in a style that is at times difficult to read, he does manage to convey, here and there, graphic portraits of institutional life.

One learns a great deal about the psychiatric approach of the modern hospital physician. The treatment for the author's alcoholism consists of keeping him locked up away from temptation and alcohol. "I will be kept confined here until both the physician and myself are convinced that the mental groove is erased. Then we will test our convictions. Into my room will be brought a bottle of whiskey. It will be left there. I will have free access to it. I can see it, smell it, taste it if I wish, and thus test out whether it has any further power to call me." (Psychiatry 1932!)

The psychoanalyst will be interested in the chapter entitled "The Sterilization Spectre," in which the author describes the reaction of the patients to a law permitting sterilization of male and female patients not too aged to procreate ". . . The patients are fright-

ened, wrought up, angry and muttering. They know little about the law, therefore they are the more frightened."

One may perhaps venture the conjecture that the fact that "insanity" and sexual freedom are equated in the unconscious of a great many people is one reason for propaganda to castrate—which is what sterilization really amounts to—those who give full play to their sexuality, even though it be at a symbolic level. A thesis might be written on the relationship of such laws to their proponents' unconscious.

M. RALPH KAUFMAN (WAVERLY, MASS.)

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CURRENT PSYCHOANALYTIC LITERATURE

The International Journal of Psycho-Analysis. Vol. XIII, Part 4, October, 1932.

SIGM. FREUD:	The Acquisition of Power over Fire.
E. H. ERLENMEYER:	Note on Freud's Hypothesis Regarding the Taming of Fire.
JOAN RIVIERE:	Jealousy as a Mechanism of Defence.
JENÖ HÁRNIK	Introjection and Projection in the Mechanism of Depression
MARJORIE BRIERLEY:	Some Problems of Integration in Women.
E. WEISS:	Regression and Projection in the Super-Ego.
C. P. OBERNDORF:	Kidding—A Form of Humour.

Vol. XIV, Part 1, January, 1933.

ERNEST JONES:	The Phallic Phase.
HELENE DEUTSCH:	Homosexuality in Women.
KAREN HORNEY:	The Denial of the Vagina.
L. PIERCE CLARK:	The Question of Prognosis in Narcissistic Neuroses and Psychoses.
MARJORIE FRANKLIN:	Family Reactions During a Case of Obsessional Neurosis.

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G. E. COGHILL:	The Biologic Basis of Conflict in Behavior.
LOUIS J. BRAGMAN:	Ludwig Lewissohn on "The Creative Eros".
PAUL SCHILDER:	Notes on Psychogenic Depression and Melancholia.
ALICE R. ECKSTEIN:	The Problem of the Woman at Forty.
H. S. DARLINGTON:	The Magic of Malay Medicine.
E. GUTHEIL:	Basic Outlines of the Active Analytic Technique (Stekel).
S. AND B. FREEDMAN:	The Psychology of Casanova.
L. PIERCE CLARK:	What is the Psychology of Organic Epilepsy?

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A. J. WESTERMAN HOLSTIJN:	Die Oralerotik in der Paraphrenie *(Oral Eroticism in Paraphrenia).*
MELITTA SCHMIDEBERG:	Zur Psychoanalyse asozialer Kinder und Jugendlicher *(On the Psychoanalysis of Asocial Children and Adolescents).*
EDMUND BERGLER:	Zur Problematik der Pseudodebilität *(On the Question of Pseudodebility).*
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Vol. VI, Number 10, October, 1932.

ANNA FREUD: Erzieher und Neurose *(The Teacher and Neurosis).*
ESTELLE LEVY: Psychoanalyse eines Kindes mit Stehlzwang *(Psychoanalysis of a Kleptomanic Child).*
RICHARD STERBA: Zur Theorie der Erziehungsmittel *(Theory of Pedagogy).*
IRMA HIFT-SCHNIERER: Kinderliebe *(Child Love).*
MARIANNE KRIS: Ein Märchenstoff in einer Kinderanalyse *(Legendary Material in a Child Analysis).*

Vol. VI, Numbers 11 and 12, Nov.-Dec., 1932.

(Special Number—"Child Guidance")

AUGUST AICHHORN: Erziehungsberatung *(Child Guidance).*
HANS ZULLIGER: Der Rorschachsche Testversuch *(The Rorschach Test).*
WILHELM HOFFER: Der ärztliche Berater *(The Physician as Adviser).*
EDITHA STERBA: Ein unerzogenes Kind *(An Untrained Child).*
HANS SCHIKOLA: Die narzisstische Kränkung der Eltern *(The Narcissistic Mortification of Parents).*
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EDMUND BERGLER: Das Plagiat *(Plagiarism).*
MARIE BONAPARTE: Der Untergang des Hauses Usher *(The Fall of the House of Usher).*
H. GILTAY: Psychoanalyse und sozial-kulturelle Erneuerung *(Psychoanalysis and Social-Cultural Renovation).*
HANNS SACHS: Kitsch.
M. J. EISLER: Psychologische Randbemerkungen *(Psychological Marginal Notes).*

Vol. IV, Number 6, November-December, 1932.

SIGM. FREUD: Eine Vorlesung *(A Lecture).*
MULTARETULI: Goethe über die Psychoanalyse—Schluss *(Goethe on Psychoanalysis—Conclusion).*
HERMANN NUNBERG: Psychoanalyse des Schamgefühls *(Psychoanalysis of Modesty).*
MELANIE KLEIN: Grenzen und Möglichkeiten der Kinderanalyse *(Limitations and Possibilities of Child Analysis).*
ALFRED WINTERSTEIN: Beiträge zum Problem des Humors *(Contributions to the Problem of Humor).*
RICHARD STERBA: Der kosmologische Gesichtspunkt in Freuds Triebleh re *(The Cosmological Point-of-View in Freud's Theory of Instinct).*
FRANZ ALEXANDER: Ziel und Wirkungskreis des neuen Instituts für Psychoanalyse in Chicago *(Scope and Aims of the new Institute for Psychoanalysis in Chicago).*
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Vol. V, Number 3, 1932.

S. FREUD: Remarques sur un cas de Névrose obsessionelle *(Notes on a Case of Compulsion Neurosis).*

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Vol. I, Number 5, October, 1932.

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Notes

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NOTES

Dr. Hanns Sachs of the Berlin Psychoanalytic Institute is returning next academic year to continue his training and seminar work in Boston.

Since October, the Baltimore-Washington Psychoanalytic Society has held regular monthly meetings. The following papers have been read: "Reactions of Children to Certain Anal Stimuli" (Lucile Dooley); "Fundamental Questions in Child Analysis" (Lorin B. Johnson); "The Bio-analysis of the Epileptic Reaction" (A. Kardiner); "The Black Mass" (Ernest E. Hadley). A Training Committee has been appointed, consisting of Drs. Dooley (ex-officio), Hadley, Lewis, Saunders and Silverberg (chairmen). A Freud seminar on the case histories, under the leadership of Dr. Silverberg, is being given. Further lecture courses and seminars are scheduled for April and May.

On the evening of December 27th, 1932, the New York Psychoanalytic Society celebrated its twenty-first birthday by a banquet at the Waldorf-Astoria. Dr. William A. White of Washington, D. C., acted as toast master. The principal address was made by Dr. A. A. Brill, permanent President of the American Psychoanalytical Association. The other speakers were: Doctors Radó and Jelliffe, and Mr. Sam Lewisohn.

CHICAGO INSTITUTE FOR PSYCHOANALYSIS.—The new Chicago Institute for Psychoanalysis opened on October 3, 1932 at 43 East Ohio Street, Chicago, Illinois. It received a charter from the State of Illinois "to study and teach psychoanalysis and to provide means and facilities for the practice of psychoanalysis and for such study and teaching". At the present time thirty-six cases are under analysis, ten training, nineteen therapeutic and seven research. There are thirteen analysts taking seventeen control cases. In addition to the candidates in training there are eight analysts taking advanced work such as controls and technical seminars.

During the opening quarter the following courses were given at the Institute: I. Courses for Candidates and Practicing Psychoanalysts.—(1) Case Seminar, by Dr. Horney; (2) Structure and Mechanisms of Individual Neuroses, by Dr. French; (3) Seminar on Review of Psychoanalytic Literature, by Dr. Alexander. II. Courses for Physicians and Workers in Allied Fields.—(1) Psychoanalysis in Medicine, by Dr. Alexander; (2) Psychoanalysis in Psychiatry, by Dr. Menninger; (3) Sociological Discussion Group, by Dr. Alexander. During

the present quarter the following courses are being presented: I. For Candidates and Practicing Psychoanalysts.— (1) Case Seminar, by Dr. Alexander; (2) Technique of Psychoanalysis, by Dr. Horney; (3) Seminar on Review of Psychoanalytic Literature, by Dr. Alexander; (4) Seminar on Dream Interpretation, by Dr. Blitzsten. II. For Physicians and Workers in Allied Fields.— (1) Social Workers and Teachers, by Drs. Alexander and Horney; (2) Group of Educators, by Dr. Horney; (3) Sociological Discussion Group, by Dr. Alexander; (4) Psychoanalysis in Psychiatry, by Dr. Menninger. Dr. Leon Saul is now doing full time work on the staff.

The research programme centers at present around the psycho-physiological interrelationships in those neuroses which present physical symptoms, especially gastro-intestinal and gynecological. In addition, neurotic criminality is being especially studied.

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