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Franz Alexander

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Sándor Ferenczi

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THE RELATION OF STRUCTURAL AND INSTINCTUAL CONFLICTS*

BY FRANZ ALEXANDER (CHICAGO)

Definition of the Concept of Structural and Instinctual Conflicts.

The structural differentiation of the mental apparatus is only one of the factors that lead to psychic conflict. Older, in respect of development, and more elementary is the factor known as the polarity of instinctual processes. The structural relations of the mental apparatus, as they appear in dreams and symptoms, have been the object of more study and are better understood than the more fundamental fact that instinctual processes are manifested in pairs of opposites, such as the pair, active-passive, or expulsive-receptive, or masculine-feminine, or sadistic-masochistic, or exhibitionistic-voyeur. This polarity is considered generally as if it were a fundamental scientific fact, an irreducible phenomenon for which there is no chance of causal explanation. Empirically, in psychology, we must simply accept this polarity and preserve the hope that biology will some day provide us with its explanation. The opposed polar strivings, despite their apparent intimate mutual relationship, furnish an ever-present possibility of psychic conflict.

The study of mental phenomena from a structural, dynamic and economic point of view is by no means incompatible with the qualitative study of the instinctual forces that participate in our metapsychological equations; rather, the two points of view supplement each other. The validity and utility of both modes of approach is evident, for example, in our formulation of the compulsion neurosis: the symptoms can be understood and described as the expression of a dynamic equilibrium between repressed and repressing forces; but they can be described and understood equally well as sadistic and masochistic reactions, or in many cases as the expressions of the patient's bisexual strivings. Up to now we have usually preferred to use separately either the more formal metapsychological, or the qualitative point of view; and

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quite naturally, as the picture becomes incomparably more complex if we consider both categories of variables—the qualities of the mental forces and their topographic, dynamic, and economic relations—at the same time.

In reality, however, structural and instinctual relations are interwoven, and if we study them separately we are merely availing ourselves of a traditional scientific privilege to find an orientation in a complicated field: we may select certain categories of variables and neglect the rest for the time being. My presentation, however, is an attempt to bring the two points of view mentioned into a more intimate relation, by showing the advantages to be gained from the simultaneous application of both principles. There is no gainsaying that this combination will increase the complexity of our formulations, and my sole excuse for this sacrifice of simplicity is the greater completeness of this combined approach, by means of which, known psychological relations may be more precisely described, and the causal connection of clinical facts hitherto isolated may be established.

To begin with, it is necessary to define the difference between structural and instinctual conflict. I speak of a structural conflict when an instinctual striving is rejected by the ego not because the quality of the striving is incompatible with the ego's own attitude, but because it has been condemned by the super-ego, which, as we know, represents an incorporated external rejection. For example, a heterosexual striving consciously acceptable to, and even desired by the ego may be inhibited merely because of fear. In this instance, the ego finds nothing to object to, but is forced to reject the striving by the super-ego or by an external situation.

In contrast to this structural conflict, based as it is on the difference between the various parts of the personality, I speak of instinctual conflicts when a striving is rejected because it is incompatible with another, ego-acceptable one which determines the ego's actual attitude. The best-known example of such an instinctual conflict is seen in the repression of passive homosexual strivings when these clash with the masculine aspirations of the conscious personality. Even though both types of rejection are due to castration fear, there is an important difference between

the two types of conflict. In the first case, as when a man's heterosexual strivings are inhibited by the super-ego's attitude, the fear responsible for the inhibition referred, originally, to an external danger—the punitive father—that became introjected secondarily as super-ego. In the second case, the fear arises from a wish to be a woman, which creates self-castrative impulses and endangers the symbol of masculinity, the penis. To limit ourselves for a moment to the problem of the male castration complex, a man's castration fear usually has both the more external, structural basis and the internal, instinctual basis: it is the expression of his incorporated fear of the castrator, and of the inner fear of his own female wishes. The relative importance of these two sources of castration fear varies in different individuals.

The practical clinical advantage of this distinction, apart from any theoretical value, is obvious. If a patient's castration fear turns out to be chiefly the result of external intimidation, the prognosis will be better than if the castration fear was related to a bisexual conflict—that is to say, where the patient feels his masculinity threatened mainly by his own deep female desires. In the first case, although external intimidation may have found structural expression as fear of a harsh super-ego, this incorporated fear of a castrator represents a much more flexible, superficial conflict than that caused by the deep incompatibility of female and male strivings. The prognosis will naturally be most favorable in those cases in which the external fear is not yet incorporated—that is to say, in which an instinctual gratification is blocked because of painful experiences or threats which were not yet able to force themselves upon the personality powerfully enough to lead to a structural differentiation within the mental apparatus.

We may distinguish between three degrees of conflict: (1) external conflict based on external inhibitions, (2) structural conflict based on internalized inhibitions—that is, super-ego reaction, and (3) instinctual conflict based on the incompatibility of co-existent opposed strivings. The first two categories of conflict we may consider more superficial as compared with the third category, which lies on the borderline of the psychic and somatic.

The special value of this distinction between structural and instinctual conflict becomes evident, however, only when we realize that in the course of time structural conflicts may intensify existing instinctual conflicts. It is well known, for example, that the early inhibition of active masculine tendencies is apt to lead to a vicarious reënforcement of passive homosexual strivings. I refer to the mechanism which Freud described as homosexuality resulting from overcompensated competition with the father. The inhibition of aggression leads to a passive homosexual attachment to the powerful and unconquerable competitor. The same mechanism is responsible for the progressive erotization of super-ego reactions in the evolution of compulsion neuroses, in which the originally self-punitive symptoms tend to acquire gradually a more and more masochistic or passive homosexual significance. The tendency of the mental apparatus to make the best of deprivations and to gain pleasure in any possible way is responsible for this process. The masculine gratifications being blocked, the potentialities of female gratifications become more important and emphasized. Whether a mere structural inhibition is able to change the factual proportions of the bisexual organization, we do not know, but we do know that in the course of time a permanent inhibition of masculine gratifications is apt to increase the intensity of the bisexual conflict in the ego.

The interrelation of structural and instinctual factors appears even more involved if we turn our attention to the subsequent results of an increased bisexual conflict such as is generated by an originally external, secondarily structuralized inhibition. Female strivings, increased through inhibition of masculine tendencies, supply a new material for conflict, because they offend the masculine aspirations of the ego, contribute to the fear of castration and must consequently be repressed or sublimated.¹ In neurotics this

¹ As has been mentioned above, in the present state of our knowledge it is impossible to decide whether the female component of sexuality factually increases through the inhibition of masculine strivings. What can be observed is only an intensification of the bisexual conflict, probably due to the fact that through the repression of masculine features, the male ego is more exposed to the inner danger of becoming effeminate. In the woman, repression of female trends exposes the female ego to the danger of becoming masculine and thus intensifies the bisexual conflict.

repression usually does not take place without causing considerable secondary disturbance, and evoking in the patient various manifestations of flight from these reënforced, repressed female strivings. I refer to the great variety of exaggerated displays of masculinity which are reactions to a sense of inferiority, and to the notorious masculine protest, which Adler considers a basic fact not capable of further analysis. But the masculine protest and the exaggeration of masculinity are merely the external clinical manifestations of this instinctual conflict, which in most cases has a long previous history beginning with the external conflicts of the œdipus situation and leading to the secondary reënforcement of female tendencies.

The "Sense of Inferiority" and the "Masculine Protest".

Let us study more intimately these well-known phenomena, which have been somewhat neglected in psychoanalysis—perhaps through a distaste for the over-simplifications and platitudes with which Adler has overloaded this field. Taking as our point of departure the male personality after the pregenital period, we can schematically differentiate between a primary active masculine phase, a secondarily reënforced passive feminine phase (resulting from the inhibition of masculine wishes), and lastly a third period—the return of secondary masculinity, characterized by exaggerated active aggressive manifestations. Between the first and third masculine phases, then, is interpolated a phase of female strivings referring to the father, reactively reënforced through the familiar mechanism of overcompensation for primary rivalry. Freud considers the first two phases in the development of the male personality a universal feature of our civilization and relates the second intermediate phase, the passive attitude to the father, to the origin of religions and social organization.

When we compare the secondary masculine manifestations with the masculine strivings originally inhibited, we usually observe that these tendencies on returning from repression have diverged considerably from their original character. They display the typical features of reaction formations, as if they were

intended to deny something which is present in the unconscious. To take a typical example: after the period of the oedipus conflict, in which the boy's infantile masturbation was inhibited by threats of castration, a period follows which is often characterized by a somewhat masochistically colored passive relation to authorities. In analyses, typically, patients tell us (and often corroborate their assertions by the statements of relatives) that up to their fifth or sixth year they were lively, vigorous little boys, but that they then became shy and retiring. In puberty, however, they showed signs of resurgent masculinity, but this masculinity often had a pronounced sadistic-aggressive form unacceptable to the ego, had therefore to be repressed anew and could be expressed only in symptoms. The sadistic quality of this returning masculinity is a reaction to the feminine masochistic desires and a denial of their existence. As we know, most compulsive symptoms and ceremonials are either disguised expressions of, or mechanisms of defense against these sadistically distorted masculine strivings. Apart from the production of symptoms, however, there are many and various manifestations of this revived secondary aggressive masculinity, which I should like to discuss in more detail.

But let us for the moment turn to the question: what has happened in the depths of the personality during the period which begins with the first intimidation and inhibition and ends with the return of the repressed tendencies from repression? What is responsible for the altered character of the returning instinctual tendencies? The repressed strivings and the strivings which return from repression are not the same; a definite regression to pregenital characteristics has taken place. The passage through the unconscious has evidently led to a defusion. The masculine tendencies have lost a certain amount of erotic charge and hence show a predominance of destructive qualities. But what has happened to the erotic quantities? In a series of analyses, I could establish that this erotic charge, which was present to a greater degree in the early incestuous strivings of the five or six year old boy, had been reconverted into narcissistic libido. The psychological explanation of this regressive reënforcement of narcissism is not difficult, since it is obvious that the intimidation of the

masculine drive, with the resulting increase in passive homosexuality, acts like a narcissistic injury. The little boy does not renounce his masculine aspirations; he loses their instinctual background. The emptiness of these aspirations, with their instinctual power markedly diminished, is felt by the ego as a narcissistic injury and becomes manifest clinically as a *sense of inferiority*. This leads to the withdrawal of cathexis from objects and increase in narcissism—the usual result of narcissistic injuries—for the ego now needs more erotic charge to cure its narcissistic wound. The resurgent masculine manifestations, deprived of a certain amount of eroticism, must necessarily be more sadistic. Their chief purpose is to relieve the sense of inferiority; they are intended to save inner prestige rather than to establish real erotic relationships with objects. Interest in objects is diminished, proportionally to the enhanced narcissistic need of self-assertion of the ego, and in consequence, adolescent sexuality gives the impression of proving to the youth that he is a man. The stronger the primary aggression against the father, the stronger will be the passive female reaction; and the stronger the passive female reaction, the greater will be the inner need for narcissistic compensations. The fulfilment of this need leads to greater defusion—that is to say, to a greater deficiency of erotic elements in the resurgent masculine manifestations. To some degree this process is universal; from it arise the adolescent's typical insecurity and awkward exhibition of masculinity.

The metapsychological analysis of these well-known phenomena may be excused because it will help us to understand the subsequent destiny and various manifestations of the reactive masculinity, which we shall discuss in greater detail.

Instinctual Conflict in Exhibitionism.

Most transparent is the rôle of the repressed female strivings in male exhibitionism. I agree with Fenichel's statement¹ that exhibitionism is mainly a denial of castration, but the castration fear which the exhibitionist desires to overcome is chiefly a reaction to an inner danger—the pervert's own female passive tend-

¹ Fenichel, Otto: *The Psychology of Transvestism*. Int. J. Ps.-A. XI. 1930.

encies. In the analysis of a case of criminal exhibitionism (which I had occasion to control) the dream life of the patient was replete with evidence of extreme masculine aspirations. In one of his dreams he was the leader of a military organization and directed strategic operations of great importance. In the actual life of the patient, acts of great violence, committed chiefly against persons in authority, played an important part. The irritation at authorities and the ambition to play at being an authority had both been reactions against his own passive homosexual strivings, the denial of his female tendencies. But exactly the same purposes were served by the exhibition of his penis.

I had an excellent opportunity to study the psychology of exhibitionistic tendencies in the case of an extremely modest, but, in life, very successful patient, who justifiably could call himself normal to a considerable degree. The only abnormal acts of his harmonious life were two exhibitionistic incidents, the first of which he committed as a student, the second when mature. Both times he felt a sudden impulse to exhibit himself naked; the second time to exhibit his body and his genitals to an unknown woman who was standing naked by an open window across the street. As has been mentioned, one of this man's most characteristic traits was his great modesty, which did not, however, assume the form of shyness. Early memories revealed strong heterosexual aspirations towards the mother during his fourth or fifth year, but the concomitant admiration and jealousy of his father could only be reconstructed, though from quite convincing material. The business failure of the father, during the patient's latency period, turned his admiration into pity and criticism. In puberty, the patient showed signs of a strong inner uncertainty, and he fled from a painful sense of inferiority, taking an exaggerated interest in physical training, pursuing intellectual ambitions, devoting himself to hard work, and in addition almost consciously repudiating all sexual feeling. The analysis of a long series of dreams and direct recollections enabled me to reconstruct the psychological events which occurred between his œdipal period and adolescence. His easy victory over his father led to intense guilt reactions, which sharply interrupted the straightforward develop-

ment of his masculinity. His father being eliminated as a competitor, he had to apply the brakes for himself. However, just because of this early and easy victory, his impulse to exhibit his own success was most rigorously inhibited. In one of his transference dreams, he participated in a ski race; he and a childhood competitor (who represented the analyst) reached the finish almost simultaneously. After crossing the line, when he passed the judges he shouted his own name to show that he had won, but then immediately returned and as if to correct himself, told the judges that his rival had really come in first. Thus, the crucial trait of his character, modesty, was revealed as his reaction against his competitiveness.

Another pair of dreams, however, showed that the reaction to the primary competitive conflict with his father affected his instinctual development more profoundly than the mere overcompensation of his competitive exhibitionism. In the first dream of this pair, a man was kicked on the head and collapsed; in the second dream a woman was standing, exhibiting her erect, well-developed penis. This pair of dreams contained, in a fascinating condensation, the history of his instinctual conflict. In the first dream, he clearly expressed his own self-destructive wishes, and referred to their origin as aggression turned from his father back on to himself. In this dream he destroys the masculine side of his personality. The second dream of the pair expressed his reaction to the self-castration of the first dream, as if to say: "Although I was forced to restrain my own masculinity because of my father, and therefore feel as if I were a woman, nevertheless I am not castrated." This second dream of the female exhibiting a penis shows us clearly that its psychological determination is identical with that of the patient's own exhibitionistic deed in the "window episode". His first association to the woman with the penis was his own exhibitionistic incident. An extremely modest man all his life, he did not even allow himself sublimated gratification of the exhibitionism which found explosive discharge at that time. But it was his flight from his own passive tendencies that gave the exhibitionistic impulse sufficient dynamic power to overthrow the control of his otherwise harmonious ego. Weighty analytic

evidence showed, moreover, that in this case the patient's passivity was chiefly determined by oral regression, even more than by his female desires. The abrupt exhibitionism at the window was chiefly a reaction against oral receptive tendencies stimulated by the sight of the breasts exposed by the woman at the window. Breasts were the most important objects of his sexual interests, and as objects of his love he always chose women who were "nutrient mother" images.

This case leads to the consideration of another typical instinctual conflict, the conflict between male active tendencies and oral receptiveness. Although the latter, oral tendencies usually accompany the passive homosexual ones, a thorough analysis almost always permits one to distinguish between a more *oral* character and a more *female* character in the receptive tendencies—between *oral receptiveness* and *female passivity*.

In several analyses of homosexual patients, I repeatedly found a strong oral fixation, which was the deepest pregenital basis of the passive female genital tendencies which arose later. Often, however, castration fear directly forces instinctual activity to revert to the passive oral relation to the mother, which, it seems to me, is somewhat more easily acknowledged by a male ego than the female form of passivity. The conflict between oral receptiveness and masculine activity usually has a somewhat different clinical appearance from the bisexual conflict, although in both cases exaggerated masculinity dominates the picture.

Instinctual Conflict between Masculine Ambitions and Oral Receptiveness or Female Passivity in Criminals.

The importance of the tendency to display one's masculinity by criminal behavior is one of the striking findings in the study of delinquency undertaken by myself at the Judge Baker Foundation in collaboration with Dr. William Healy.

The heroic exhibitionistic evaluation of criminal deeds, in America perhaps even more than in Europe, plays an important part among the motives for breaking the law. In spite of official condemnation, not only unconsciously but even consciously the public surrounds criminality with a kind of adolescent hero worship. Thus the commission of a crime can easily endow a young

man with an inner prestige that he of necessity loses under the pressure of an oversevere puritanical education which curtails his primary masculine manifestations. Apart from this puritanical atmosphere the highly developed mechanization of the economic life, which does not leave much leeway for the individual striving of the ego, contributes to a standardization of thought and emotion. Finally, this incarceration of the personality is completed by that tyrant of all democracies, public opinion, which suppresses all individual strivings, less spectacularly, perhaps, but more powerfully than the most absolute dictators. *Vox populi* pretends to be *vox dei*, as kings pretended to rule as God's representatives on earth. Thus criminality in the New World even more than in Europe, impresses us as a desperate pathological revolt of the individual against a mechanizing and levelling machine civilization which threatens to strangle individuality, and which, with the help of puritanism and public opinion, inexorably compels the individual to become a part of the collective unit. This anti-individualistic trend of civilization is perceived by the ego as an attack upon its masculine sovereignty, and criminality is one form of the ego's attempts to regain its lost freedom.

One of the toughest of my criminal patients, a real gangster, displayed in his very first dreams a distinct uncertainty regarding his sexual potency. In the first dream reported, the bullet of his revolver would not go far enough, and he tried to raise the revolver to an oblique position in order to obtain a greater ballistic curve. His fear of impotence very soon evinced itself as the result of a strong oral trend—the wish to be dependent, to be loved and taken care of. Parallel with this oral dependence upon his mother, there was a passive homosexual attachment to his older brother. Though strongly repressed, both passive tendencies were the chief determinants of his overt behavior, which was the antithesis of his unconscious attitude. In life, he was aggressive, foolhardy, independent and chivalrous and made self-sacrificing gestures towards his mother and oldest brother. He had been arrested for a crime committed by his older brother, for which he had taken the blame. His chief conscious ambition was to be entirely free of obligations towards everyone and to be independ-

ent of everyone. He disliked accepting any help, nor would he borrow money, which he preferred to obtain by theft or robbery. This increased his self-confidence and gave him the tough exterior that he needed to cover up his unconscious sentimental longing for dependence. He soon transferred the same superior attitude to me, and in his dreams it was *he* who helped me, or I was working for him under his direction. Other determinants of his criminal behavior may be neglected in this connection—for example, his need for punishment which sprung from the rivalry with his brother. The most powerful motive, however, was his flight from his oral receptive and from his passive female tendencies. Whereas his passive homosexual attachment to the brother was a transparent overcompensation of original rivalry, his oral regression was a reaction to a series of real deprivations. From his eighth year on, he was sent from one foster home to another, where he usually had to do hard work. He was really undernourished in his receptive demands and the oral regression originated out of the lack of those sublimated gratifications which other boys under better conditions enjoy in family life. The lack of real interest and love on the part of the environment threw him back to the original claims of being fed by the mother. This regression was indeed the manifestation of his thirst for being loved and cared for, which he had definitely to renounce from his eighth year on. But the tough atmosphere of his environment was not the best place to display any emotion which even remotely resembled sentimentality. Nothing had to be more concealed in this environment than softness and thirst for dependence. The display of exaggerated toughness and independence, courage, and generosity, loyalty to his comrades, were the results of the instinctual conflict between pregenital receptive and passive female longings on the one hand, and masculine aggressiveness on the other. It was really a fascinating and unexpected result of the analysis to detect in the depths of this young Robin Hood's personality the desperate little boy crying for his mother and seeking help from his older and stronger brother.

In another twenty-six year old delinquent, the repression of the passive strivings was not so complete as in the above case.

This boy was the youngest in the family, the pet of four older sisters and an older brother. Whereas, in the former case, the undernourishment of passive gratifications was the basis of the oral regression, this delinquent patient was overfed with love and attention. There was little to wonder at if he found it difficult to renounce the privileged position of the baby of the family. But in fact he never really did renounce this position and always remained the favorite of women. Even in jail, he received the visits of several women, all interested in his welfare and fate. Nevertheless, the conflict in this case was no less violent than in the other. He committed almost all of his delinquencies under the influence of alcohol, usually in the form of acts of violence. When he was fourteen years old, he enlisted in the Navy, chiefly to show the sister with whom he lived that he was not a baby and was not afraid.

The following incident, which happened when he was a sailor, may illustrate his way of dramatically exhibiting his aggressiveness. On one occasion, in Shanghai, he went ashore to a notorious bar frequented by sailors. In front of the bar-room he saw a young American sailor weeping. On learning that this American had been thrown out of the bar by a group of English sailors, he went in and asked for the man who had attacked his comrade. The first one who responded he knocked out, and he then attacked the others. A violent fight ensued. Our sailor's energy was stimulated not only by the presence of an external enemy, but also by his need to deny the passive tendencies which he had to overcome. He had to demonstrate to himself that he was not a little baby, the pet of his big sisters, and this inner conflict worked like "dope" in the ear of a race horse. The fight ended in a complete victory and he was hailed as "the brave American sailor". Now that he had proven what a great fellow he was, he could allow himself to give in to his passive tendencies. In fact, ten minutes later, he invited two of the hostile English sailors to have a drink, and the drinking party resulted in a great friendship.

Similarly determined was his relationship to his best friend, with whom he had at least a dozen violent fights, always while drinking. The fights usually ended in a common excursion to a

house of prostitution. His fighting spirit had a long history. When he was twelve years old and an usher in a theater, he attacked a man who had insulted a young lady in the audience. Yet, at the same time, in contrast to the other patient, he indulged his dependent tendencies, accepted aid from women and liked to be cared for in every way.

We see here a most interesting interplay between, and alternating gratification of both sides of his nature. In the criminal case previously described, the passive homosexuality and the oral dependence were both repressed and entirely eliminated from the ego, which showed reaction formations only. In this delinquent, however, prolonged indulgence in the pleasant rôle of the petted baby of the family did not allow this solution of the instinctual conflict. Here the conflict had to be fought out in the same structural part of the personality—namely, in the ego—for the ego had acknowledged many of its passive strivings, even though it could not yield to them entirely because of its masculine ambitions. The result was a kind of alternating gratification of both categories of tendencies. One had the distinct impression that the patient could indulge in his dependent tendencies only if, from time to time, he proved to himself that he still possessed his aggressive masculine potentialities. This pattern of the solution of the instinctual conflict betrayed itself in his sexual life as well. Not only passive dependent tendencies but passive homosexual strivings, also, could enter the ego. He was overtly bisexual and played in his sexual relations to men both the active and the passive rôle. The active rôle, which, especially in fantasies, took the form of rectal intercourse, was manifestly a reaction to passive gratifications which hurt his masculine pride. He could accept the female rôle only after he had proved that he could be a man, also, if he wanted to. In his homosexual fantasies, he made a woman of his sexual partner, whereas in reality he often took the passive rôle.

His sensitiveness which arose when he accepted the passive rôle can best be seen in the following episode. While still in young adolescence, he was picked up in New York by an older homosexual. In the park they passed two men who made some

remark. Our patient immediately turned around, knocked out one of the two men and attacked the second. A long and violent fight ended finally in the patient's victory.

Although these two cases are so different in their clinical appearance, they display the same instinctual background, and only the combination of both points of view—the instinctual and the structural—can account for their phenomenological difference. The instinctual conflict in both cases is the same: a conflict between passive female and oral receptive tendencies on the one hand and masculine activity on the other. In the first patient of the Robin Hood type, however, the conflicting tendencies are distributed between two different systems, since the ego rejects the passive trends and shows only reaction formations against them; whereas in the second case, the conflict is fought out in the same system—the ego—which is dominated both by passive and active tendencies. The explanation of this difference may be found in the historical fact that in the first case the oral regression was a reaction to deprivations, whereas in the second case the passive receptiveness was the result of spoiling and the direct continuation of the patient's early infantile family situation, which in reality was never changed. In the second case, the ego had much reason to accept this passive situation, a situation which yielded so many pleasures and advantages.

A similar solution of the instinctual conflict was observed in another patient to whom I have already referred in a previous publication.¹ In contrast to the sailor, however, in this man only the oral receptive and the active masculine tendencies were included in the ego, while the passive female tendencies were rather successfully repressed. Another difference was that the gratification of the oral receptive and the active masculine tendencies was separated more thoroughly in this case, although, as in the sailor, both kinds of instinctual strivings were contained by the ego, and had to fight out their conflict in the ego. This patient was dependent only upon women, especially upon his wife, but extremely independent and a real leader in his

¹Alexander, Franz: *The Neurotic Character*. Int. J. Ps-A. XI, 1930.

profession. Towards his son, he had a nearly conscious jealousy, since the relation to his wife was almost exclusively the attitude towards a mother. One of the first and most violent disagreements in their marriage developed from what seemed to be a trifle. His wife was of another nationality, but the patient spoke his wife's mother-tongue with a fair readiness, much worse, however, than she spoke his mother-tongue. His wife disliked speaking her own language with her husband, which he resented extremely, and he tried to force her to carry on their conversation in the wife's native language. Peculiarly enough, the wife, who otherwise submitted herself to his wishes, stubbornly refused to use her own mother-tongue at home. This fact infuriated him and evoked the most violent scenes. This conflict was one of the most usual reasons for his temper tantrums, in which he would lie in bed for days refusing to work, talk or take part in any kind of activity. As the analysis showed, he had obviously desired to revive the mother-son situation of those days in which he could not yet speak as well as his mother. He wanted to look up to his wife as to a powerful and omnipotent mother. She had to read his thoughts and he was resentful if she did not guess correctly. This man was the respected and acknowledged leader of one of the greatest commercial enterprises in Germany; a fact strikingly inconsistent with his behavior at home.

In this patient the instinctual tendencies could be traced back to his fourth year, when he still drank milk from a bottle but at the same time was a fresh and bold youngster, who drove his bicycle alone on the road. One of his earliest memories was of an incident in which, in extreme rage, he threw a spoon away that he was supposed to use for eating. The unusually prolonged indulgence in the ways of a suckling baby obviously was incompatible with his equally strong masculine *Anlage*, and he could solve this conflict only by over-emphasizing and proving his independence and masculinity, so that he could indulge in his oral receptive gratifications without being disturbed by feeling his inferiority.

His oral receptive and active tendencies, however, were most thoroughly separated and distributed between his psychosexual

attitude to women and his sublimated relations to men. He was orally dependent upon his wife but a leader among men. As has already been mentioned, parallel with his oral dependence on women, there were also signs of passive-receptive tendencies towards men, which, however, were strongly repressed and which only accidentally, and in sublimated form, came to the surface and influenced his overt behavior. A striking similarity with the behavior of the sailor is to be found in an incident which the patient, in order to give me an example of typical behavior, told me in his first analytical session.

He commuted between two cities, traveling at night in an ordinary continental railway compartment. Disregarding the passengers who were asleep in the darkened compartment, he would begin to whistle, pull the shades from the lamps and commence to read his newspaper, rustling it as noisily as possible. Usually he succeeded in provoking one or two of the passengers to protest. An interminable and violent argument would then begin, an argument in which he would prove that by paying for his ticket he had, technically, acquired the right to read, and he would strongly advise all who felt themselves disturbed by his reading to buy a ticket for the sleeping car. As a rule this violent argument would end in complete amity, and at the terminal station the whole party would celebrate their newly found friendship in a glass of beer. After he had proved to his own satisfaction, and to everyone else, that he was independent and hard, he was able to indulge himself in the sublimations of the softer feminine side of his nature.

Bisexual Conflict in Homosexuality.

In a long and most instructive analysis of a case of homosexuality I was able to discover an extremely deep-seated instinctual conflict, with a somewhat different basis. The patient was a man of thirty with an alarming type of dipsomania; his homosexuality was characterized by repeated violent fights with the sexual partner, and a series of compulsive ceremonials which interfered seriously with his freedom of activity. A progressive deterioration of his behavior, which consisted in yielding more and more

to sudden impulses, led to the complete collapse of his career and compelled his hospitalization. The most salient psychological fact presented at the beginning of his analysis was his almost religious adoration of the memory of his mother, who had died a few years previously. Another signal feature was his denial that women possessed any sexual attraction for him, although the very first general account of his life, as well as his dreams, betrayed his heterosexual interest.

Most of the details of his analysis may be omitted, as I wish to indicate only the main facts in his instinctual development. He was the only son of a socially distinguished family, a family entirely dominated by the strong personality of the mother, and in which the father, a mild and unassuming person, was dependent upon the mother in very much the same way as his little son. Competitive feelings in regard to the father, for which the son had indeed little reason, could be discovered only in the last period of his analysis. Up to that time, as we have said, he consistently denied any masculine aspirations. All active heterosexual tendencies were covered by a deep layer of oral dependence upon the mother. His refusal to be heterosexual also determined his compulsive symptoms. These were all symbolic self-castrations and at the same time reactions against his desire to castrate himself. It was on this basis that we may explain a stubborn, uncontrollable tearing of his fingernails, usually carried out in his sleep. Similarly, obsessional fears of forgetting things and losing his mind were manifestations of this same refusal to be masculine: in the typical fashion of compulsion neurotics, he had to make sure of the contents of his pockets, and see whether his money, his check book and other objects were still where he had put them. He could scarcely read anything because when he did, he would immediately be obsessed by the idea of forgetting some data connected with the reading. He was forced to interrupt his reading and consult an encyclopædia or textbook to make sure that he remembered the facts accurately. These symptoms were all reactions against his wish to dispense with masculinity. However, this self-castrative tendency was not primarily self-punitive, a reaction of the super-ego; it had a deeper instinctual basis. He wanted to get rid of his genital sexuality be-

cause it disturbed his passive relation to his mother, whom he adored as a goddess in an extremely passive way. He entirely renounced his masculinity, since heterosexual impulses would have disturbed this attachment, which he succeeded in endowing with a completely sublimated religious character. The incompatibility of active male tendencies with this oral passive dependence was the instinctual basis of his wish to do away with all manifestations of his heterosexuality. Only late in his analysis, after he had begun to tolerate his masculine tendencies, could we discover the chronologically older source of his castration fear, its origin in his conflict with his father. This phase of the analysis, in the second year of his treatment, started with a confession that in his early twenties he had had a violent love affair with a socially unacceptable woman. The unwillingness with which he confessed this was striking, since it disavowed his previous contention of lacking all real interest in women. During his narration of this love affair, a latent resentment against his mother came to the surface, a resentment due to her having been the cause of the abrupt ending of the affair. The mother, as is so common, fostered the son's passive attachment by her own possessive attitude toward him, her only son, whom she did not wish to lose to another woman.

A violent exacerbation of his compulsive fears of losing things appeared during the same period of the analysis, in which the fight between the active heterosexual and oral receptive tendencies had been revived to an utmost degree. Each progressive step in the direction of heterosexuality was followed by a violent wave of self-castrative tendencies, for a long while without any signs of father conflict or sense of guilt. The transference was still exclusively a passive oral mother transference; he blamed me for each success in the line of activity, and he resented such success as an attempt on my part to get rid of him and resolve his passive dependence.

However, his violent self-castrative tendencies inevitably generated castration fear as a response. In turn, this fear evoked manifold symbolic evidence of his masculinity. It was interesting to observe his almost simultaneous wish to lose and to have a penis, his rapid vacillation between the wish to castrate himself,

his castration fear and the ensuing display of masculinity. He would lie on the couch (for him, a passive gesture) only if he held in his hand objects symbolic of the phallus; then a little later he would place near the genitals some other object which represented symbolically the female organ.

The most striking reaction against his self-castrative tendencies was an unusual hysterical conversion symptom, marked polyuria, which set in periodically during these weeks of intense instinctual conflict. Sometimes his bladder filled every two hours, and the urge was particularly harassing during the analytical session. Conclusive analytic material left no doubt as to the meaning of the symptom. It was an attempted denial of the castration which he nevertheless wished to inflict upon himself at the time, chiefly for instinctual reasons. During the period of this polyuria, he dreamed not of urinating but of having water poured on him. His wish to be a woman was very similar in meaning to the self-castrative behavior of one of Abraham's patients, a drug addict who injected his genitalia with cocaine and expressed thereby his wish to be castrated so that his oral relation with his mother would remain undisturbed.¹

As our patient progressively acknowledged his heterosexual-ity, his conflict increased in intensity. He succeeded in having sexual intercourse with a young woman—at first, however, with relatively little emotional meaning. As he gradually began to display more signs of masculinity and an increasingly competitive attitude, he began to feel a parallel marked sense of guilt in reference to his father. At the same time, wishes to identify himself with the analyst began to dominate the material of his analytic sessions. The transference assumed for the first time the character of the competitive father transference, though he constantly tended to fall back into the passive receptive attitude. Only then did the other source of his castration fear come to light: his super-ego's reaction against his wish to be competitive and aggressive in regard to his father. In this period of the analysis, his homosexual interest—a classical example of mother identification and projection of the oral receptive tendency on to the sexual partner—had almost disappeared.

¹ This case was reported at a meeting of the Berlin Psychoanalytic Society.

In this analysis I was able for the first time to distinguish clearly between the two different sources of castration fear; because the instinctual foundation of the fear—the incompatibility of his oral receptive and masculine active tendencies—predominated and entirely overshadowed the conflict concerning his father. But it would be fallacious to assume that this extreme oral dependence was a sign of deficient masculinity. Only the simultaneous presence of aggressive masculinity and passive dependence can explain the history of his symptoms and their development.

Besides merely differentiating between the two sources of castration fear, I was also able to reconstruct their chronological sequence and the involved interplay of structural and instinctual conflicts. An early renunciation of competition with the father, who gave the patient so little opportunity for a masculine identification, led to a complete regression to the oral level. This regression was at the same time effectively supported by the possessive attitude of the mother.

The instructiveness of this case is due to the fact that the instinctual conflict developed during the analysis before my eyes, after the treatment had succeeded in stirring up his deeply buried masculinity. Before the analysis, his short but violent love affair, the only revolutionary attempt at overcoming his oral dependence, was easily suppressed by the strong personality of the mother.

Solution of the Conflict Between Retentive and Expulsive Tendencies in Anal Eroticism.

A discussion of instinctual conflicts would be incomplete if it omitted a consideration of the rôle played by the anal organization in their solution. At present, however, I should like to call attention to merely one point—to the function of anal eroticism in the solution of the conflict of active and passive strivings, or more precisely, of receptive and expulsive strivings. After the first deprivations on the oral receptive level, the child soon detects at the other end of the alimentary tract the possibility of obtaining a pleasurable sensation of a similar character. This pleasure-sensation, though physically related to the oral sensa-

tion, differs from it in one important respect: it is based, not on a receptive function like oral pleasure, but on a retentive function, on the retention of the child's own bodily product. This, as we already know, explains why the feeling of independence is so typical of the anal character. The anal pleasure is the first one which the child can obtain not only independently of the environment—this is also true of thumbsucking—but in a way that cannot be so easily detected or interfered with. Perhaps an even more important feature of anal eroticism is that it gratifies at the same time both passive receptive and active expulsive tendencies and is therefore extremely suitable for balancing these opposed conflicting trends. Thus anal regression often serves as the solution of this most fundamental instinctual conflict between active and passive, receptive and expulsive tendencies and explains the patient's stubborn adherence to it.

Instinctual Conflicts in the Female Ego.

Whereas the exclusively structural dynamic analysis of mental processes permits formulations which are equally valid for men and women, the combination of the metapsychological approach with the qualitative analysis of instinctual forces makes a separate study of female psychology necessary. It is not my present purpose to go into details regarding the structural and instinctual relations in women. I shall content myself with a few general conclusions.

In the male, the œdipus situation finds structural expression in the development of the super-ego. This structural differentiation in turn gives rise to an instinctual conflict which results from the inhibition of the masculine tendencies and consequent reinforcement of passive female or regressive oral receptive tendencies. In female development, according to Freud's recent studies, the instinctual conflicts of the late pre-œdipal period determine the œdipus relation, which then leads to the structural differentiation in the personality. The instinctual conflict, the flight from the female rôle expressed in the penis envy of the little girl, has to be settled before the girl can identify herself with her mother, and thus form the basis of the structural differentiation of the female personality. The little boy's castrative

attitude towards his father finds a stronger structural expression than the same conflict during the phallic phase of the little girl. The little girl's phallic aspiration, according to this view, is relinquished mainly on account of frustration, whereas in the case of the little boy, the external frustration is very soon supported by guilt reactions based on a positive father identification.

In spite of the great attention paid to this field in recent years, much in this pre-œdipal phase of female development is still obscure. As soon as the mother identification has taken place, however, the structural and instinctual relations become more transparent. Here again, the structuralized mother conflict influences the character of the female strivings; it increases their masochistic quality, according to the principle described by Freud in his article, *The Economic Problem in Masochism*. The need for punishment called "moral masochism", which results from the mother conflict, intensifies the original female masochism and thus increases the masochistic quality of the female rôle, as if the little girl intended to emphasize the suffering element of her incestuous wishes in order to diminish her guilt feelings toward the mother. In the analysis of the very common masochistic fantasies of little girls, the aggressor can be easily identified as the father. The sexual fantasy itself contains the punishment and thus eliminates the sense of guilt. Now a new difficulty arises, however, on account of the fear of this over-masochistic character of the female rôle. In this over-masochistic form the ego cannot accept the female attitude and a new flight from the female rôle sets in. The masculine tendencies of the female ego, which are held over from the phallic phase, support this flight, and this new wave of masculinity fortifies the pre-œdipally prepared female castration complex and creates a variety of new difficulties in the relation to men. In order to avoid guilt feelings toward the mother, the little girl tends to imagine that the sexual act is pure suffering and considers the man a brutal aggressor. Both the fear of the penis and resentment against the man in the form of castrative wishes are necessary reactions to this masochistic distortion of the sexual functions. I have repeatedly found that the little girl adheres so stubbornly to the theory that she has lost a penis because this gives her justification of

her own castrative tendencies. It is a paranoid mechanism: "He took mine and therefore I am justified in wanting his penis."

Thus in female psychology we see a similar interplay of structural and instinctual factors. The structural factor representing the mother conflict modifies the character of instinctual strivings, increasing their masochistic nature in a way which ensures their rejection by the ego. This rejection leads to aggressive castrative wishes which are the basis of new structural and external conflicts. As in men, the structural conflict leads to an instinctual one, which in turn again leads to new structural and external conflicts.

Conclusion.

We may now attempt to compare the results of this study with those structural dynamic formulations with which several years ago I tried to give a generally valid description of neurotic symptom formation.¹ We see in both men and women an instinctual factor active and responsible for the return of repressed tendencies that is different from the structural factor which alone was taken into account in the older formulation. According to the previous formulation, suffering, self-punishment or any kind of compliance with the claims of the super-ego, by diminishing the ego's fear of the super-ego, facilitates the gratification of repressed tendencies. The same formulation also took into account that the self-punishing reactions coincide with and serve for the gratification of female masochistic tendencies. Comparing the results of the present investigation with this older view, we find now in addition another factor responsible for the return of repressed tendencies: the reaction against passive female wishes or oral receptive strivings which have been increased under the influence of the repression of masculine active strivings. The repression itself creates a force which acts in the opposite direction. This reactive force has two components—the well-known pressure of the repressed tendencies for return, but in addition to this, a reactive or compensatory tendency to deny the polar opposed striving (female passive or oral receptive) which has in-

¹ Alexander, Franz: *Psychoanalysis of the Total Personality*. New York: Nervous and Mental Disease Publishing Company, 1930.

creased as a result of the repression. *In the case of men the repressed masculine drive tends to return not only in order to express itself, but also to deny and outweigh female strivings.* The return of the repressed tendency consequently has a double dynamic basis: (1) The formerly described diminished dependence of the ego upon the super-ego through suffering, and in addition (2) the reaction of a repressed tendency against its polar opposite, which increased through the mere fact of the repression. While suffering impairs the super-ego's veto of the returning tendency, the instinctual conflict increases its expressive power.

Psychologically these phenomena manifest themselves somewhat differently in men and women. In both men and women, the tension between super-ego and ego is manifested in the psychological phenomenon of the sense of guilt. The resulting instinctual conflict, however, appears in men more as a sense of inferiority, in women more as fear. To avoid guilt, the male ego flees either to a female or pregenital attitude, but pays for this with an increased sense of inferiority. In fleeing from this sense of inferiority into an intensified aggressive display of masculinity, the guilt conflict is again increased and consequently new repressions are required. At the same time the exaggerated overt masculinity and independence intensify the thirst for femininity and dependence in the unconscious. This vicious circle of the neurotic conflicts can be best compared with a decompensated heart disease in which the insufficient heart function leads to increased tension in the tissues, which in turn adds to the dynamic obstacle to be overcome by the contractions of the heart.

In women, the immediate consequence of the mother conflict is not to increase the opposite masculine tendency, but to intensify the very quality of the female rôle, its masochistic nature. This creates primarily fear of and resentment against men rather than a sense of inferiority, since the masochistic tendency is not so intensely in conflict with the female ego's attitude as are passivity and masochism in man. Even oral regression is nearer to female sexuality (which, at least in relation to men, is receptive) than to male sexuality, which is an expulsive, giving function. However, the more the female ego has retained from

its pre-œdipal phallic aspirations, or, in other words, the stronger the masculine identification of the female ego, the more sense of inferiority is apt to mingle with fear and resentment.

This flight of the masculine ego from female tendencies, which have been increased under the influence of the intimidations of the œdipus period, and the similar flight of the female ego from the feminine rôle, which under the pressure of guilt feelings assumed an over-masochistic character, does not justify the Adlerian concept that the masculine principle is the only effective factor in the personality both of men and women. The repudiation of female strivings and masochism is only one side of the total picture. It is true that male patients, in denying their passive female or receptive dependent tendencies, are apt to overload themselves with responsibilities and emphasize their masculinity and therefore cannot indulge in any receptive gratifications. Yet just because of this exaggeration of their masculinity and independence they develop an unconscious wish for infantile dependence and passive receptiveness. They live a more masculine life than they really can afford. Many of their neurotic symptoms covertly satisfy their repudiated passive strivings which on account of this repudiation are even increased in the unconscious. Similarly, women with a pronounced masculinity complex always remain unsatisfied because their passive female longing is not abolished even though it be rejected by the ego on account of its too intensely masochistic component. In psychology there is no possibility of measuring quantities, and we cannot therefore, determine the relative intensity of different psychic quantities. What we can say with certainty is, that both in the male and female personality, apart from the wish for domination and masculine activity, the regressive tendency for infantile dependence or female passivity is a powerful factor. The fact that in the masculine personality these tendencies cannot appear in the conscious ego without causing a conflict is no proof of their ineffectiveness.

In conclusion, we may say that the structural differentiation, which is the result of adjustment to the environment, has a double effect upon the personality. By excluding certain impulses from motor discharge, it creates a tension of the restricted

strivings. But in addition it has an even deeper effect upon the instinctual life. It disturbs the balance of conflicting tendencies, increases the bisexual conflict, changes the proportion of pre-genital and genital strivings, and that of the destructive and erotic elements in the object relation; furthermore, it changes the quantitative distribution of narcissistic and object libido. We have learned that the ego has a double function; it brings the instinctual life into harmony with the situation given in external reality, and it brings harmony into the original chaos of the instinctual strivings of the id. We see now that the performance of the first function, the adjustment to the environment, creates difficulties for the solution of the second problem, the equilibrium of the instinctual life. It was not my purpose to give a complete account of all possible instinctual problems which arise secondarily from the structural differentiation of the personality during the process of adjustment. In discussing its universal effects upon the instinctual life, I tried to demonstrate a possible method of approach, which consists in the combination of the metapsychological with the qualitative analysis of mental processes.

It was especially instructive for me to observe that like neurotic behavior, criminal behavior also is often not simply an expression of the unadjusted nature of man, but on the contrary a reaction of protest against certain effects which adjustment entails upon the instinctual life. Indeed, most of the criminals I have studied were not simply unadjusted, but in a sense over-adjusted, intimidated or spoiled individuals, and their criminality was the ego's protest against the disproportionate consequences of intimidating or spoiling, such as loss of masculine characteristics and regression to infantile cravings. The loss of masculinity and adult qualities act like narcissistic injuries and are responsible for the aggressive, antisocial nature of the ego's compensatory reactions. So long as society's methods of adjusting the child's ego to collective life remain either intimidation and deprivation, or spoiling (instead of a scientifically founded, adequate combination of both) criminality will be an unavoidable by-product of social life.

The Psychoanalytic Theory of Play

Robert Wälder

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THE PSYCHOANALYTIC THEORY OF PLAY*

BY ROBERT WÄLDER (VIENNA)

Children's play has been the subject of scientific discussion for many psychologists of various schools of thought. Child psychology, as it is taught in our universities, has occupied itself with the remarkable phenomenon that a considerable part of a growing child's day is taken up with play and has undertaken to make various contributions to the interpretation of this phenomenon. It will now be our endeavor to see what psychoanalysis has to contribute to the question of children's play.

Comparing the literature of academic psychology with the more casual psychoanalytic publications dealing with the subject, it will immediately be noticed that each draws attention to a different group of games. Academic psychology studies chiefly what one might designate "official" games of children—games which are typical and played by all children. In psychoanalytic literature, on the contrary, interest is chiefly centered on games of a different type—those of a more individual nature, to which the child clings for a certain time only. Naturally, it cannot be said that academic psychology is not interested in the individual games or that psychoanalysis is not concerned with the traditional, typical ones; but it is hardly possible to overlook the fact that the two place the stress differently.

The psychoanalytic theory of play is not able to supply a unitary explanation for the phenomenon called "play", by which all games and all manifestations arising from them can be interpreted. On the contrary, here, as is usually the case in psychoanalysis, a single phenomenon may have various meanings, may perform various functions and cannot be explained by a single general interpretation: in short, as we say in psychoanalysis, the

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phenomenon has a number of determinants. In the following discussion, we propose to study intensively those elements in the psychoanalytic play theory which are most characteristically psychoanalytic.

First of all, it may be stated of children's games, that they elaborate material which has been experienced by the child. This material may then, in the child's playing, be expressed in various ways. The incident experienced in reality may be given a different arrangement in play, but at all events the material is gathered from experience. For example, we see the child playing mother with a doll, or playfully representing father and mother with another child, or teacher and pupil, or policeman and robber, or the like. The material which becomes elaborated is at times derived from an experience such as an observed situation involving the mother and father, teacher and pupil, and so on. Hence, the pleasure principle is our first guide to the study of psychic phenomena. We consider a manifestation comprehensible when we see that it results in a gratification of a desire for pleasure. This is without doubt frequently the case in children's play. In the game with the doll, it is difficult not to recognize the nature of the gratification in the situation, namely, the child's wish to be a mother herself—a special case of a general principle found in many other games, the desire to be big and grown up. If the child, through experience, has once become acquainted with the happy situation of an automobile ride, or if his imagination has been stimulated by stories about it—if he then wishes to ride and realizes this wish in a game, we can immediately comprehend the meaning of the game. There is to be sure no explanation of why these particular wishes should find their materialization in a game; but the phenomenon is, at all events, aligned in the field of fantasy gratifications familiar to us from other sources, and its content, at least, is understandable.

These few examples indicate that in the playing of children, numerous gratifications of the desire for pleasure are demonstrable; that frequently or perhaps even always, play deals with some portion of a pleasurable situation, or with some of the

determinants of its realization; that, in fact, much of children's play is a manifestation of the pleasure principle.

Now, however, a difficulty arises. Though on the one hand, it is evident that the pleasure principle will explain many circumstances in children's play, yet, on the other hand, one cannot help realizing that the child, in playing, with extraordinary frequency reproduces or at least proceeds from situations which were in actual experience devoid of pleasure. As a simple illustration: A child was taken to a dentist. It had been very apprehensive concerning the dentist, from whom it had previously suffered tormenting pain. According to the pleasure principle, we should offhand suppose that the highly disagreeable situation, once it was fortunately in the past, would have been set aside, and that the child would be only too glad to let the matter drop. The pleasure principle hardly prepares us to expect the return of this situation in play. Nevertheless, in reality, this often occurs. The child at home on the following day may play dentist, utilizing a doll or a conveniently available younger sister or brother. In this way, it is often precisely the highly unpleasurable situation which becomes material, or at any rate, a starting point for a subsequent game, which as a rule is played for a time and then gradually abandoned. Guided by the pleasure principle—which, for many other reasons, we confidently accept as the valid principle of psychic life—we arrive at a point which seems to contradict this principle, and we must ask how this can be.

A theory of K. Bühler, not referring exactly to this situation, but to a similar one, may be applicable here. According to Bühler, play cannot be explained by the idea of pleasurable gratification. But play is pleasurable and consequently, according to Bühler's theory, is connected with a form of pleasure other than the pleasure of gratification. Bühler speaks of the "functional pleasure", i.e., of the pleasure experienced in pure performance without regard to the success of the activity. Gratification-pleasure represents pleasure in the *success* of an action, while functional pleasure represents the joy in the activity itself. The most vivid example of a functional pleasure is the

playing of children. In play, we find joy in all the activities and functions involved in the development of the child. Play activities have for a time the teleological significance of an exercise preparatory for future functions, a belief formerly entertained by philosophers, for example, by Groos¹; but the functional pleasure represents the experimental evidence that such preparation does take place.

Within the confines of this paper, it is not possible to discuss this theory exhaustively, and only a few references to it can be made here. The fact that pleasure can be derived from performance, independently of its success, meets with no doubt. But in such pleasure two components are to be differentiated. One component may again be called gratification pleasure, if in the activity itself a decided gratification is embodied², for example, in the activity of playing at being the parents, the gratification of being big and grown-up oneself, and of being father or mother; a second component independent of this might well represent the functional pleasure in its true sense. The existence of such a functional pleasure may be granted without reservation.

¹ Without denying the teleological function of most games as preparation, there are indications that there are games in which a preparation can by no means be discovered; moreover, there are some which distinctly make for unpreparedness. To these latter, for example, belongs the game of playing baby. It sometimes happens that a child, in about its third year, plays at being a baby again and acts out a playful helplessness and inability to speak. This game is certainly not a constant occurrence, but, on the other hand, it is not so infrequent that it can be overlooked. It makes its appearance occasionally after the birth of a younger sister or brother. In this case, the purport of the game is obviously a wish fulfilment. The child wants to participate again in the advantages which the newborn child enjoys either in reality or in his eyes. The game is sometimes associated with the onset of enuresis. Without going into the details of such a manifestation, it is at least an example of the fact that all games do not necessarily signify a preparation.

² The fatal equivocation resident in the word "gratification" (*Befriedigung*) is inconvenient in this connection. On the one hand it means "to attain peace" or "to come to rest", on the other, in a broader sense every pleasurable realization—for example, in the expression "gratification in work". Psychoanalysis uses the word in the broader sense throughout. It has, however, nothing to do with the metapsychological question as to whether gratification in the last analysis represents the equalizing of tension in the psychic system—as was formerly assumed—or whether it represents an excitation process, as has been supposed since the publication of Freud's paper, *The Economic Principle in Masochism*.

There is no reason for doubting its existence, and it may play a rôle, particularly during the period of growth of the organism—that is to say, in childhood. Although we grant the existence of this sort of pleasure, nevertheless functional pleasure does not seem to us sufficient to explain the above mentioned games in which the material was a disagreeable experience; and specifically, it seems insufficient on the following grounds: Functional pleasure is purely formal and, from its very definition, not dependent on the occurrences in which it was experienced. But the content of play is manifestly not a matter of indifference. Again and again one sees that precisely certain games suddenly occur to the child, to be abandoned later on. There is no justification for the assumption that the child's playing the game at this particular time is a coincidence and requires no further explanation. Why, to return to our illustration, on the day following the child's experience with the dentist, which threw him out of equilibrium, is the game of dentist played? Why does this game persist for, let us say, a fortnight, and why does it then desist completely? If this game could be so completely explained by the idea of functional pleasure that there was nothing to be added, then one theme would be interchangeable with another, and the content of one game replaceable by another. If this were the case, the child in our illustration would be ready, instead of playing "dentist", to play any other game bearing some similarity to this game in respect of the function involved. But this interchangeability of content does not exist. Indeed, a particular game is given preference at a particular time. The content is not a matter of indifference and is not interchangeable. Therefore a theory of formal pleasure is not sufficient to give us a thorough understanding of phenomena which are also quite definite in respect of content. The games of the type mentioned above have, in addition, a characteristic course which can likewise not be explained by the assumption of a functional pleasure. Thus, to go back to our illustration, the child plays at being a dentist repeatedly and very enthusiastically for several days, then the theme appears more and more rarely, is accompanied by less affect and finally disappears; if it reappears occasionally, this has,

generally speaking, certain definite precipitating causes. The course of the game's intensity and affective content produces the impression that here an affect is being discharged, or better, that an affective residue, left over from the experience itself, is gradually being assimilated.

This brings us to the Freudian theory of children's play and its principal function in the child's life. Before we present this theory, a short digression into one chapter of relevant psychoanalytic theory must be permitted us: a study of the repetition compulsion. After this theoretical digression we may turn to our subject proper—the psychoanalytic study of children's play.

In the life of human beings there are repetitions of many kinds. It happens quite often that an individual repeatedly does the same thing, or that, over and over again, he lives through the same experience. Not all repetitions occurring in human life but only a quite definite group of them can be regarded as manifestations of the repetition compulsion, according to the psychoanalytic meaning of the term. When a person creates the same situation over and over because he is seeking a gratification which he never finds (the Don Juan type), the fact that he is "repeating" is obvious. Such a repetition is not to be explained by the repetition compulsion, however, but rather by the constant striving for a particular goal and by the frustration of each attempt to attain it. A different kind of repetition may be observed in the constantly renewed efforts toward accomplishment made by a severely inhibited individual. Here also the impression of repetition arises, yet this phenomenon also is explicable through its psychic setting, and the repetition compulsion need not be invoked as an explanation. Another type of repetition arises through mental rigidity and impoverishment—a type which appears, for example, in senile dementia. One could probably thus differentiate numerous other types of repetition in psychic life, of which each has its individual explanation but which nevertheless do not involve the specific repetition process which psychoanalysis regards as due to the "repetition compulsion".

By this repetition compulsion proper we understand the process described as follows: The individual has been through a

specific experience, which was too difficult or too large for him to assimilate immediately. This unabsorbed, or incompletely absorbed experience weighs heavily upon his psychic organization and calls for a new effort at handling and for a reëxperience. This experience has two aspects. Considered as a process of the id, that is, in so far as the individual is passive and lives in accordance with forces within himself, it is a compulsion which influences him and drives to reëxperience. This process has an active side as well; considered as a process of the ego, it represents at the same time the ego's attempt to assimilate the experience more completely through renewing and thereby gaining the mastery over it. The repetition compulsion, therefore, is Janus-faced. In one way, it is a fate to which we are subjected, in another way, an active attempt to master this fate. The whole process is perhaps best compared—if the comparison is permissible—to the rumination of certain animals. The morsel is too large to be digested at one time and the undigested meal remains in the stomach. It must be chewed again if it is to be digested. This process, too, if one is willing to hazard carrying the comparison so far, has two sides: The pressure of the undigested meal is, so to speak, the passive, id component, and digestion by the act of chewing the cud, the ego component of the process. The point at which our analogy finally forsakes us is this: to chew the cud once or several times (in the organic example) is sufficient, while in the repetition compulsion a very frequently repeated chewing occurs, in one case more frequently, in another less frequently; and in some cases, as we shall see, assimilation is never properly complete in spite of persistent rumination.

The two aspects of the repetition compulsion, its Janus face, may also be described in another way. During the repetition, the individual passes over from passivity to activity and in this manner psychically masters the impressions which were originally received in a merely passive way. Freud has repeatedly described this feature of the repetition compulsion. Thus, he says: "The ego, which has passively experienced the trauma, now actively repeats an enfeebled reproduction of it, hoping that in the course

of this, it will be able through its own action to direct it. We know that the child takes the same attitude to all impressions painful to him, reproducing them in the form of a game; through this manner of proceeding from passivity to activity he seeks to master mentally the impressions received from life."¹ With more particular reference to children's play, the same idea is expressed in an even earlier paper, to which we shall return in our subsequent discussion. "We see the children repeat in their play everything that has made a great impression on them in actual life, that they thereby abreact the strength of the impression, and so to speak make themselves masters of the situation."² "In the play of children we seem to arrive at the conclusion that the child repeats even the unpleasant experiences because through his own activity he gains a far more thorough mastery of the strong impression than was possible by mere passive experience. Every fresh repetition seems to strengthen this mastery for which the child strives . . ."³ And to give one more quotation: "The relation of activity and passivity deserves special attention. In every field of mental activity, and not in the realm of sexuality alone, it is easy to observe that a passively received impression provokes an active response in the child. It, itself, tries to do that which was done to it or with it. This process is part of the work it must undertake to master its environment; it may even lead the child to a painstaking repetition of the very impressions which, because of their unpleasant content, it has every reason to avoid. Children's play also serves as a method of adding an active counterpart to the passive experience. After the doctor has pried open a struggling child's mouth, looked down its throat, and finally departed, the child plays doctor and repeats the vigorous procedure on a small sister or brother, who is then quite as helpless as it, itself, had been with the doctor. This unmistakably shows a disinclination to be passive and a preference for the active rôle. This swing from passivity to activity varies in different children, and may even be absent altogether. From the

¹ Freud: *Hemmung, Symptom und Angst*. Ges. Schr. XI, 110.

² Freud: *Beyond the Pleasure Principle*, 15.

³ *loc. cit.*, 43.

child's behavior we can judge the relative strength of the masculinity or femininity which will one day appear in its sexuality."¹

As I have said, the passages quoted explicitly refer to the theory of children's play, which we may now consider. We have up to now been formulating the psychological processes in those phenomena which psychoanalysis describes under the concept of repetition compulsion, and stating the remarkable double position that the repetition occupies, as a pressure *a tergo* and an assimilative attempt on the part of the ego.

All of this is based on an assumption concerning the relationship of the psychic organism to the outer world. Psychoanalysis assumes that the psychic organism is able to ingest and assimilate the stimulations of the outer world in small doses only, if so quantitative a figure of speech may be used. If, in a given unit of time, the excitations of the outer world impinge upon the individual excessively, the ability to absorb them fails and the mechanism of the repetition compulsion comes into play. The stimuli not disposed of exert a pressure and must be dealt with repeatedly and, so to speak, belatedly, must be divided into small portions.

The repetition compulsion, then, purely empirically, is not a blind primal impulse which demands, "Repeat!" It is a pressure exerted by unfinished processes, and it is a constant striving to assimilate. The reality of its empirical existence is hardly open to dispute; proof for it is constantly found in everyday events.

After this digression into the theory of the repetition compulsion, we are prepared to discuss the psychoanalytic solution of the previously mentioned problems of children's play. In all those cases in which the child's play originates in disagreeable experiences, the pleasure principle does not enable us to appreciate why, instead of letting these painful matters sink into desuetude, the child continues to busy itself with them, nor why these experiences which it elaborates into games are too difficult for its immediate carrying capacity. The experience at the dentist's, in our illustration, was an onslaught of more events in

¹ Freud: *Concerning the Sexuality of Woman*. This *QUARTERLY* 1, 202. 1932.

a relatively brief interval of time than could be endured by the immature, untempered, extraordinarily plastic and responsive psychic organism of the child. The capacity for assimilation, naturally, very much depends on age. As one grows older, the ego becomes stronger, and consequently the capacity to endure difficulties grows; the difficult experiences of the past function as preparations for future tolerance (a sort of hardening). With an increasing rigidity of the personality, the protective crust against outer excitations becomes denser and less permeable (this becomes especially conspicuous in old age, but is already indicated in adult life) and with this diminishing plasticity the receptivity and readiness of the individual to react decline. All these circumstances, along with many others, contribute toward the fact that, infinitely more often than an adult, a child is confronted with experiences which he cannot immediately assimilate. To the psychic organism just establishing its existence, for which everything is still novel—some things attractively pleasant, many things painful and menacing—excessive stimulation (trauma as it might be called in a certain sense) is plainly a normal experience, while in the life of the adult it surely constitutes the exception. This, probably, is one of the reasons why the abreaction of traumatic experiences by games plays so important a rôle precisely in childhood. That the child not only experiences trauma more frequently than the adult but also—just because all its strength is engaged in growth—the child is in an incomparably better position to surmount it, is fortunately true, but is extraneous to our discussion. The fact is not altered that traumatic stimulation in childhood is the general rule.

According to the conclusions arrived at by psychoanalysis, play may be a process like a repetition compulsion, by which excessive experiences are divided into small quantities, reattempted and assimilated in play. To return to the problem mentioned at the start—namely, why unpleasant experiences so often constitute the material of games, we may say that although these experiences are unpleasant, they were at the same time too difficult. Play may now be characterized as a method of constantly working over and,

as it were, assimilating piecemeal an experience which was too large to be assimilated instantly at one swoop.

Bühler is quite aware that unpleasurable experiences are repeated in play but believes that this takes place only after the experiences have been freed of their painful quality. He says: "The fact that unpleasurable happenings find an echo in the play of children has markedly impressed Freud. The fact, as such, is completely and readily evident. Indeed, Groos observed it and aptly described it as follows: The pain in an experience must be overcome before the experience can be repeated and enjoyed in play. This is true for adults and children too. Let us suppose that the child was once bitten by a dog, or that it burnt its finger on a candle. Nothing in the world will induce the child to repeat this experience in reality or in play, until the situation is inwardly settled, and the child on a fresh occasion feels reassured and superior to the situation."¹ The difference between Bühler's view and the psychoanalytic view is due to a question as to the facts. The contrary thesis of psychoanalysis would be accurately worded as follows: A painful experience is repeated in play not after it has been overcome and mastered, but before, while it is still unmastered; and it is eventually mastered because of the playful repetition itself.

Thereby, play becomes aligned with assimilative procedures which operate by repetition, of which others also exist in the psychic life. Furthermore, according to psychoanalytical theory, play has in this way a teleological function as well. This function is not so much the preparation for future activities in adult life as it is the assimilation of the mass of excitations from the outer world, which affect the organism too severely or too suddenly to permit of their immediate disposal.

The assimilative process in play can take place in various ways, and probably various types could be differentiated. First of all the simple fact that the child reproduces in playing a passively received experience, a transformation from passivity to activity, is significant. In one group of games, in addition, the child adopts another rôle than the one played in reality; if in real life,

¹ Bühler, K.: *Die Krise der Psychologie*. 1. Aufl., Jena 1927, 189 f.

it was the sufferer or a frightened spectator, it becomes in play the active party, the rescuer or the *deus ex machina*. In this group, then, the turning from passivity to activity is emphasized by the choice of rôle; the illustration of the dentist is to the point here. In another group, the child changes the outcome of the situation experienced and furnishes it with a different solution. Presumably it is possible to differentiate other such types of assimilative processes.

As has been previously pointed out, still other assimilative processes or attempts occur on the pattern of the mechanism of the repetition compulsion, which play a significant rôle in adult life. The simplest example might be an adult who has been through some unusually difficult experience and who is constantly occupied in his thoughts with this experience, or who talks about it incessantly for a period of time—sometimes forever. This process, too, is under the sway of the repetition compulsion, as we have described it. The unassimilated invasion of reality into the psychic organism has the same disturbing effect as a foreign body. That which is not disposed of harasses the individual and demands that it be tackled again; the ego at the same time through dealing with the experience anew attempts to assimilate it. Here again we see the Janus face of the repetition compulsion turned both to the id and the ego.

Mourning also belongs to the assimilative processes in the category of repetition compulsions. The loss of a beloved person is a painful experience. At the moment of the loss there is pain but as yet no grief. We know from Freud that a gradual severing from the beloved, lost object takes place, achieved, obviously, through the mechanism of reality testing, which informs us repeatedly that the loved object is no longer accessible. Mourning is the suffering entailed by this task of separation. This task, however, is accomplished under the sway of the repetition compulsion. The lost object constantly comes to mind, fresh accesses of ungratified affection are freshly painful. In this constantly repeated resurgence of the painful experience a gradual assimilation occurs simultaneously with the course of normal grief. The affect fades away little by little.

The dreams of war neurotics and traumatic neurotics present another example of such processes. The terrifying experience of being shelled, or of the other traumata from which traumatic neuroses result, returns repeatedly in dreams. From the standpoint of the pleasure principle this would be incomprehensible, nor can it be explained by the wish fulfilment theory of dreams. The process is the same as in the previous examples; it is subject to the repetition compulsion: the trauma insists on returning because it has not been assimilated, and, at the same time, the ego strives to conquer the experience.

To a certain critic, the close similarity of children's play to the traumatic neuroses sounded dubious. The interpretation on one and the same principle of such severely pathological phenomena as the dreams of a war neurotic and of a manifestation so delightful and vital as children's play appeared to carry this principle *ad absurdum*. We believe that this objection is unjustified; both instances have in common, that they are dealing with an attempt to assimilate an overwhelming situation. On the other hand, the two cases differ inordinately in regard to the success of the processes. In one case the attempt fails and in spite of all repetitions, assimilation does not take place, while in the other a relatively satisfactory assimilation of the occurrence is attained.

With the recognition that play belongs to the group of gradually progressive assimilative processes which are spurred on by the repetition compulsion, play, at least in respect of this one determination—and in our opinion, its most crucial one—has been clearly classified; but not all the problems pertaining to it are solved. For there are other processes of this sort, as we have seen from a number of examples, and we must ask what distinguishes play from them. At first glance, one would be inclined to say that play has a blissful and unreal quality which distinguishes it from the others; and perhaps the *differentia specifica* of games may be defined on this basis. Play, as a fundamental and purposeful phenomenon is encountered only in children, that is, during a period of growth, in which the traumata of life touch the ascending limb of the vitality curve. This

is also the time of extraordinary plasticity of both somatic and psychic material. It is certainly not yet possible to see this relationship with the desired degree of clarity, but apparently it is not mere chance that the abreactions in play are correlated with the stage of greatest plasticity of the psyche and that, seemingly, they presuppose a psychic substance which has not yet been completely structuralized. When this plasticity has dwindled, and the possibilities have narrowed and made way for a well-formed reality, and when the diffuse amorphous psychic organism has become a structure, then, apparently, other less alluring procedures take the place of play.

Another specific characteristic of play, which even to-day may be stated somewhat accurately, is related to the quality of unreality. In children, the boundaries between reality and fantasy are still hazy; the two realms overlap occasionally. This crucial characteristic of the child's world, as is well known, did not always attract the attention even of observers schooled in analytical psychology, and it has not been made the subject of exhaustive psychological study. It is obviously this merging of reality and fantasy which makes possible the abreaction of an experience in play.

It remains for us to indicate how our knowledge may find practical application in *pædagogik*. If it is true that an abreaction to traumatic experiences occurs in play, the teacher is in a position to help the child obtain this kind of abreaction. When the child has had a very disagreeable experience, which is productive of shock or anxiety, it is possible for the teacher to play the experience with the child, and somewhat casually permit the game to end with an outcome different from the experience, or with the child in a different rôle, thus assisting the child to effect a comparatively speedy assimilation.

This discussion has not attempted an exhaustive treatment of the phenomenon of play, nor is it an exhaustive account of everything which psychoanalysis can contribute to the understanding of the subject. We have commented only on the one aspect of play in children which seems to psychoanalysis of most significance for

its understanding. It contains in no way the assertion that every game, without exception, must be such an assimilation process, or that these determinants should be accepted as the final ones in the understanding of every single game.

A simple example of a game not in harmony with this interpretation is the playful reaching out for all objects, which puts in its appearance during the latter months of the first year. This behavior is perhaps the first which may be regarded as a manifestation of the instinct of mastery. At this particular time the child has reached an age when it is slowly becoming aware of the world, and when objects in the outer world lose the originally menacing character to which the primal predominantly negative reactions of the child bear witness, so that the child finds pleasure in gaining mastery over more and more objects. The pleasure he feels in this is perhaps remarkably similar to the one designated by the term "functional pleasure", but we must not ignore the specific quality of mastery.¹

An additional function of play becomes evident if we consider that during play the child ventures to take over in a permissible way, rôles which are ordinarily prohibited by his education, and which later, once the super-ego has formed, are also forbidden by his own conscience. *Play is thus a leave of absence from reality, as well as from the super-ego.*² Thus, play also helps in assimilating the impositions of education, in a way other than the one described.

The striking parallels to the play of children appear to be, as previously mentioned, fantasy and daydream. The two cardinal functions which we believe can be found in play we also encounter in fantasies: instinctual gratification and assimilation of disagreeable experiences. To a large extent fantasies are manifestly wish fulfilments, be they successful love, wealth, satis-

¹ In the empirical sense one can confidently speak of an instinct of mastery, but by this term we do not mean the ultimate in the realm of instinct. From the standpoint of the theory of instincts, the mastery instinct, like all others, is a blending of love and destruction, a destructive instinct which has been turned outwards and rendered harmless through love.

² I wish to thank Mr. E. Kris for this formulation, which seems to me a happy one.

fied ambition or power, or whatever a daydream can conjure up as having been realized. In certain fantasies, however, the other rôle is involved: in these, experiences of a painful and disagreeable nature are constantly revived and return; unassimilated material urges to be re-handled, and only in this manner can it be assimilated, slowly and in small doses. To be sure, in the case of fantasy, the first meaning, that of wish fulfilment, is infinitely more frequent, so that one can seldom point out illustrations of the second function of fantasy, whereas, in the case of play, its significance as a frolicsome abreaction is undoubtedly just as important and as frequent as that of the realized gratification of a wish. The difference seems to be based on a circumstance we have already discussed; the ubiquity of traumatic experiences during the tender years and its relative rarity in the life of the adult, hardened and protected by various kinds of armor.

Here the question may be raised as to the psychological difference between play and fantasy. Some of Freud's observations seem to answer this question. "Every playing child behaves like a poet, in that he creates a world of his own, or more accurately expressed, he transposes things into his own world according to a new arrangement which is to his liking. It would be unfair to believe that he does not take this world seriously; on the contrary, he takes his play very seriously, he spends large amounts of affect on it. The antithesis of play is reality, not seriousness. The child differentiates his play world from reality very well, in spite of all the affective cathexis, and gladly lets his imaginary objects and relationships depend upon the tangible and visible things of the real world. Only this dependence differentiates the 'play' of children from 'fantasying'."¹ Freud's answer, then, is that a child's fantasies occupy themselves with a real object, while in the case of an adult, reality is severed from the world of fantasy. This appertains to that intermingling of reality and the fantasy world which is a familiar and characteristic feature of the infantile mind. *Fantasy woven about a real object is, however, nothing other than: play.*

¹ Freud: *The Relation of the Poet to Day-Dreaming*. Coll. Papers, IV.

To summarize, the psychoanalytic contributions to the problem of play may be indicated by the following phrases: instinct of mastery; wish fulfilment; assimilation of overpowering experiences according to the mechanism of the repetition compulsion; transformation from passivity to activity; leave of absence from reality and from the super-ego; fantasies about real objects.

If we compare these with the contributions which we owe to academic psychology, and which one can couch approximately in these phrases: phylogenetic echoing of serious affairs; atavism; mimicry; excess energy; preparation for future functions; functional pleasure—without in the least questioning the value of this point of view for a comprehensive theory of play, one can hardly avoid the impression, that the psychoanalytical contributions are more valuable for an understanding of the individual child, its individual development, its difficulties and its attempts at their solution. They teach us to regard play as a sign of the child's psychological situation, and they can give us leads as to how to intervene properly in childhood conflicts.

Studies in Pathogenesis: Biological and Psychological Aspects

Felix Deutsch

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STUDIES IN PATHOGENESIS: BIOLOGICAL AND PSYCHOLOGICAL ASPECTS*

BY FELIX DEUTSCH (VIENNA)

In a private discussion, Freud recently remarked that analytical work must be carried on with redoubled energy, now that biological medicine is treading on the heels of psychoanalysis. There is apparently good reason for attempting to outline what has been achieved during the last decade in the borderland between these two provinces of research, which are so close together and yet in some ways so far apart. I say "during the last decade", for it is now more than ten years since I broached the topic of *Organic Processes and Psychoanalytical Happenings in Man*. The initiative had already been taken in certain essays and lectures which then were deemed revolutionary, those of Groddeck, who believed that he had discovered an analytically explicable process at work in organic diseases no less than in mental disturbances, and who at that time actually proposed to refer the origin of organic illness in general to psychic processes. I should also, in this connection, refer to the important writings of Smith Ely Jelliffe. Although such contentions aroused incredulity even in analytical circles, it was not entirely warranted, since psychoanalysis had itself originated in the study of phenomena that were regarded as organic diseases, though not in the purely materialistic sense. I refer to the symptoms of conversion hysteria. Still, in apology for the reluctance with which such views found acceptance, I may point out that the medical thought of those days was concentrated upon the distinction between functional and organic disorders, a distinction which had up till then been the only possible way of maintaining the severance between neurotic and organic changes.

Ferenczi's writings on the pathoneuroses, on the phenomena of materialization, and on the erogeneity of the organs, had paved the way for the diffusion of Groddeck's views. Surveying now the

* Read before the New York Psychoanalytic Society, April 20, 1933.

works that have appeared in the interim and realizing the transformation in medical thought, we cannot but be amazed at the rapidity of the change in many of our opinions. Indeed, a number of the assertions which then seemed so new and strange have now come to be regarded as truisms; for the psychoanalytic influence on medical thought has brought about such readiness to believe in the psychogenic causation of all bodily processes, that for a time there was actually an inclination to neglect the study of the biological happenings within the domain of the psychosomatic functions. It may be confidently maintained that the fruit borne by psychoanalytical research has made biology the usufructuary of analysis. In short, we may say that nowadays hardly anyone will hesitate to regard as true: first, that every organic malady is accompanied by a minor neurosis; secondly, that the instinctual energies deriving from the unconscious, form the basis for the particular course of an organic disease; and, thirdly, that the mental processes which go on within, and modify the course of, an organic malady can be grasped and explained through psychoanalysis.

Since this implies that there participates in organic disease and in every organic process, a psychologically comprehensible process, the problem of the psychoanalytical relationship presses once more for solution, and the answer is of moment in therapeutic psychoanalysis. Whereas we have hitherto had in mind a sharp antithesis when speaking of the "psychic" or "somatic", henceforward we shall be compelled to adopt a new approach to the problem. Owing to the "disjunctive" way of looking at the mental and the bodily, we have been enabled to find a justification for the psychoanalytical treatment even of those forms of disease wherein somatic disturbances occupy the foreground—diseases hitherto treated entirely by the methods of organic medicine. Furthermore, the analyst, too, must change his attitude to the extent, that he must contemplate in quite a novel way the obvious supposition of the existence of an organic process in his neurotic patient. He must be prepared to find that the organic changes inaugurated by the analysis will have the same

influence as organic treatment would have had. I am not, of course, thinking here of such organic diseases as are wholly organic in origin: injuries, infectious disorders and neoplasms, for example; even though it is undeniable that a purely organic process can be analytically resolved and understood. To this statement we must append the reservation that the healing process which goes on presumably in the physical economy, while competent to relieve the patient of his sense of illness, cannot be expected to achieve an organic cure.

From the foregoing considerations it logically follows that whatever goes on in the organic world—whether it be, analytically regarded, a psychological process, or biologically regarded, an organic process—has always one and the same substratum requiring investigation and needing to be subjected to treatment. Since, moreover, any organic process presented to the analyst is comprehensible to him (if at all), analytically speaking, only as a conversion process, it follows that every organic happening presupposes an invisible psychical accompaniment. To put the matter more curtly and clearly, every organic process has implicitly, or concealed within it, a psychical process.

We must now go into the matter more deeply and consider it from two angles. Our contention makes it above all incumbent upon us to keep before our eyes certain primitive biological processes, which are closely akin to certain primitive psychical processes. In the opening paragraph of the present paper I quote Freud as having said that biological research was treading on the heels of the psychoanalytical. What can the recognition of this fact mean but that in the organic field researches in the domain of endocrinology have furnished, or have anticipated, proofs of the soundness of certain analytically explicable psychical relationships? It suffices, in this connection, to refer to the changes in sexual behavior that result from the ingrafting of reproductive glands (ovaries or testicles), as confirming the theory of psychical bisexuality and as giving experimental proof of a theory which psychoanalytical experience had already made current.

Hitherto it has been generally believed that every psychical

process must have its organic correlate in the nervous system; implying that the expression of every affective process must proceed by way of the vegetative nervous system, and that the stimulated nerves set the organic function in motion. Now we no longer regard the nerves as the sole intermediaries between psychical and organic happenings. We think rather of a more complicated series of intermediaries, consisting of a nervous, a chemical, and an endocrine process. We think of a composite, the so-called vegetative sphere, as the sustainer of the psychical and the organic, and as the intermediary between them. When a stimulus arises from any part of this sphere, it arouses identical processes in the cell, no matter whether the stimulus be psychical, chemical, endocrine, or nervous. The difference in the effect depends only upon which kind of chemical, or physical stimulus, etc., is at work. The interesting fact has been discovered that certain psychical modes of behavior are associated with the effect of certain appropriate stimuli proceeding from this vegetative sphere. The vegetative nervous system is divided into two main parts, a sympathetic and a para-sympathetic. For example, in anxiety, we know that the psychical process which is manifested as anxiety corresponds in the organic realm chemically to an increase in the calcium of the blood, and endocrinologically to a surcharging of the blood with adrenal or thyroid increment, this leads to a stimulation of the sympathetic system, which is associated with excitatory states, and ultimately to motor tension and a desire to void the excreta—in short, to an urge towards the discharge of tension, which is felt above all in the motor mechanisms.

We are therefore led to suppose that when, in the course of an analysis, the patient is relieved of an anxiety symptom, there must have occurred in the organic economy some process of the nature indicated above.

The assumption of the transformation of the aforesaid organic complex implies, therefore, the notion of a decline in the irritability of the sympathetic system and in association therewith a diminution in the internal secretion of the adrenal and the

thyroid. These changes must have physical repercussions, with the result that what is felt is no longer anxiety, but instead, a condition of tranquillity, perhaps tantamount to apathy, with diminished motility and a reduced activity of consciousness—a condition which, organically considered, runs its course no longer in the sympathetic but in the para-sympathetic system, and which has correlated with it an endocrine activity antagonistic to that of the glands previously named.

It has been proved that in different individuals, there are varying degrees of constitutional sensitiveness as far as this part of the nervous system is concerned, so that some persons in respect of their vegetative irritability respond more to stimuli of the para-sympathetic system and others respond more to stimuli of the sympathetic nervous system. These constitutional conditions, as we have now to realize, reside not only in a peculiar type of irritability of the nervous system, but in the general chemical and hormonal (endocrine) economy of the body as well. Thus in medicine we have come to speak of vegetative stigmatics and of endocrinological stigmatics. These terms respectively denote persons who are constitutionally inclined to react in one or in the other of the above-mentioned ways.

Not only in clinical medicine, but also from the analytical side, attempts have been made to classify certain forms of neuroses as belonging to one or the other vegetative-hormonal type. In psychiatry, Kretschmer's investigation of characterological types have found acceptance. These investigations were mainly concerned with the bodily type of those specially prone to suffer from particular forms of mental disorder.

We know that anxiety patients are often affected with an excessive activity of the thyroid. Such facts as this misled investigators into asserting that anxiety is explicable as a manifestation of disordered internal secretions, or that it is causally dependent upon endocrine disturbances. Attempts were even made to cure the anxiety by blood-letting, in the hope that in this way the poisons that produce anxiety would be removed.

Nevertheless, medical facts cannot fail to remind us that con-

ditions of a constitutional kind may impose limits upon psychoanalysis, or that therapeutic achievements may be rendered illusory if there should exist constitutional peculiarities which an analysis can influence only transitorily. Even supposing that the analysis should reveal the content of the anxiety and should to that degree relieve the patient of his trouble, and lead the vegetative processes into another direction: it may well happen that, after a time, the constitutional conditions that remain will undo the good results of psychotherapy.

We are therefore led to ask ourselves whether and to what extent it may be possible permanently to do away with neurotic anxiety, which, psychoanalytically considered, is to be regarded as the expression of a danger threatening the ego from the side of the super-ego or from that of the id. After the super-ego has been made less exacting and after the instincts have become less urgent, this "signal" may have become superfluous, so that the organic determinants of anxiety, too, will likewise cease to operate. I myself hold the optimistic view that the functional processes of the organic system can be psychoanalytically modified if only the transformation of the necessary physical-chemical-vegetative-hormonal processes be continued for a sufficiently long time. Unfortunately we do not as yet possess any physiological method of investigation comparable to those analytical methods that enable us to prove that the psychical causes of anxiety have been overcome, even though we have means of testing the character of the changes in the vegetative sensitiveness. This latter type of test informs us only concerning the equilibrium which exists, but tells us nothing as to its durability.

If we wish to make the organic process which corresponds to the psychical still more comprehensible, we may perhaps say that the quantity of libido contained in the cells is comprised in their biologically demonstrable content; so that the erogeneity of an organ or of a system of organs depends upon the nature of this neuro-humoral regulatory mechanism. Attempts have been made to ascertain elastometrically the distribution of the quantity of libido or of the libido-tension at a given time, and to

demonstrate this by examination of the tension of the tissues—acting on the well-grounded assumption that the skin, as a part of our body exceptionally charged with erogeneity, will provide a mirror for the quantity of libido present. Every change in the neuro-humoral regulatory mechanism is associated with changes in the salt-content, the water-content, and the temperature, of the skin. We know that with every change in the affective equilibrium (anxiety, shame, vexation, wrath) cell stimulations arise which are associated with the discharge of specific substances into the blood, especially of histamine, which induce a dilatation of the cutaneous blood vessels and therewith a swelling of the tissue and an increased permeation of the skin with water—that is to say, conditions which are connected with an increased tension of the tissues and are therefore capable of being actually measured. For instance, in the skin of the face, the presence of an increased quantity of histamine is manifested by blushing, so that we have not merely a chemical correlate of erythrophobia, but also a means of recognizing the vegetative equilibrium requisite for its production, inasmuch as the appearance of this substance presupposes para-sympathetic irritability.

But since the human being in his entirety can never be wholly comprehended through the study of an isolated symptom, it follows that a procedure such as that alluded to above cannot be considered better than the recent endeavor to ascertain an individual's emotional state by a study of the curves of his breathing. Nor can we place any higher value upon another attempt—namely, the attempt to characterize neuroses by a study of the albumins in the blood-serum.

It must be admitted, then, that we still lack the appropriate biological correlates of the mental structure as disclosed by analysis. It may even be said that certain forms of disease hitherto observed and treated from an organic standpoint only, have become, thanks to an analytical study, better understood than they used to be. This is true, for instance, of the vomiting of pregnancy, of endemic war-time amenorrhœa, of certain habitual

forms of abortion, of previously inexplicable disturbances of the urinary apparatus, the activities of the stomach, respiration, cutaneous secretions, etc., and of such reputedly specific forms of disease as bronchial asthma, diabetes insipidus, etc. There is consequently no reason to believe that organic medicine may attain its goal of explaining psycho-somatic processes before analysis has finished the building of its psychological edifice.

Only through analysis has it become possible to achieve an integral view of the morbid personality, and thus attempt to synthesize the psychical with the organic—an attempt which includes a simultaneously psychological and biological, a *bio-analytical*, contemplation of the individual. In this way we may approach that ideal state of the investigation of the integral personality in which organic happenings are examined from both sides—a method of observation wherein is implicit the idea that every organic process has both a psychological and a biological content. Thus the bodily becomes, so to say, stereoscopically visible, three-dimensional, whereas previously it was seen in two dimensions only. The notion of psychophysical parallelism, in the strict sense of the term, was not valid until a unification of the two modes of observation was achieved.

Every investigation of organic material reminds the investigator that there is more present than a mere organic process; there is also a psychical process, which is, the patient's own conscious and unconscious notions concerning his physical condition, of which the examining physician has hitherto regarded one aspect only. To put the matter in other words: formerly, a medical examination was concerned only with the anatomical structure of the body, the mutual relationships of the organs in space and their functions and the body was considered only from the standpoint of organic form and function. To-day it has become essential to assume as ever-present parts of the picture, the unconscious psychical contents intimately interconnected with and immanent in the organic structure throughout the course of psychophysical development. This interdependence of a psychical content with the perpetual revivification,

which is characteristic of the setting of organic functions in motion, must be assumed as an actual datum.

We may, then, adopt the standpoint that the organism is permanently subject to psychical control, even in its normal functionings, to psychical regulators which vary in intensity as regards any particular group of organs at one time and another, but whose activity is a necessary part of normal functioning, and we must then regard organic processes *per se* always in this double light, and hope to influence organic activity by the mobilization of these suppositious psychical regulators. In this event, therefore, the functions of the intestinal tract, the respiratory passages, the urinary tract, or the secretory processes of the skin, are not to be regarded exclusively as organic processes, but also as manifestations of normally present psychical contents inherent from the outset, that is to say, concurrently arising as part of organic development. We are entitled to assume that any organic repercussion of a psychical incident that has occurred at any phase of development can be reawakened, if the psychical experience which originally gave rise to it is revived. Such processes are familiar to us from our analytical studies, although not always of moment to the progress of these studies. They do not become conspicuous unless the conversion process under examination exceeds normal measure.

The science of medicine cannot ignore these facts. If the function peculiar to any organ normally and constantly receives impulses from other than the biologically demonstrable innervations, and if the course of the function depends just as much upon the organic as upon the psychical causes, then the latter must equally be taken into account among our theoretical and practical considerations. In correspondence with the development of the pregenital and genital organizational stages and with the varying way in which the instinctual conflicts within the mental apparatus are solved, all the cathexes and counter-cathexes, all the fixations, all the reactions arising from the conflicting urges of the ego and the super-ego, will secure expression in the temporary distribution of the organ libido. This dis-

tribution will be determined by the rôle which the organ has played in the early history of the person concerned and upon the suitability of the particular organ for symbolical allusions. As a corollary, the functions will be subjected to a particular kind of regulation, manifested partly in a more inhibited, partly in a more strongly stimulated course. These psychical regulators are normally intercalated into the biological mechanism in such a way, that they are not perceived unless they develop into a neurotic disturbance of one or another organ. Nevertheless, they are occasionally manifest in the functional activities of the organs even when these remain normal. Are we not, for instance, entitled to ask, why in the case of respiration so much residual air remains in the lungs, although it plays no significant part in the exchange of gases, and why residual urine always remains in the bladder? Whence arise these inchoate forms of organ-neurotic mechanisms? As regards the respiration, we know that it is regulated both by the ego (voluntary breathing) and by the id (involuntary breathing, the instinctive need to breathe). We can hold the breath deliberately; and with anxiety, the respiratory rate involuntarily quickens. The marked extent to which the form of the breathing is libidinally tinged derives from the days of pregenital gratifications, which are subsequently invested with prohibitions by the super-ego, prohibitions that often give rise to respiratory inhibitions. During the critical phases of development, whether at puberty or at the climacterium, we can plainly recognize the tendency of the libido towards regression in the direction of these old pleasure zones, for it is then that the most diversified disturbances of breathing are apt to appear, ranging from dyspnœa to bronchial asthma. What is true of the air passages applies, of course, equally to the functional activities of all the other organs; to the muscular system, for example, in which we notice inhibition and action as reflections of the internal psychical troubles and as solutions of conflicts, as a defense against the claims of the impulses and the gratification of these, or as expressions of anxiety. In the normal activities, both of the voluntary and of the involuntary muscles,

the latent psychical contents (present, so to say, only as reminiscences) are less conspicuous, but they must always be tacitly regarded as present.

Before I illustrate these considerations by an example and indicate how such an attitude may find application in the physician's behavior towards his patient, I should like to say in general terms that it must be possible to influence, to a certain extent, all the functional processes in the body, by attending exclusively to their psychical contents without reference to the organic.

Let us assume that we have a patient with an organic disorder manifesting itself in ataxia of the left hand, in a sort of shaking palsy which prevents his using the hand properly. Now, this disturbance, even though its causes be purely organic, cannot fail to influence the psychical contents latent in the organ, with the result that the organic disorder is also influenced and intensified from this side. If, now, having hypnotized the patient, I turn my attention to these contents, and say: "All that you have ever done and that you do with your left hand has been and is well done; what the left hand does is just as good as what the right hand does; you need have no sense of guilt regarding what you have done or regarding what you do with the left hand."—the result may be that although the organic component of the disturbance persists and the orderly functioning of the left arm may therefore not be fully restored, still this functioning will be improved in respect of the component of disorder which was dependent upon the patient's unconscious attitude to his left hand. Consequently, the patient, regardless of the question of organic improvement, will have the impression that the functioning of his hand has become more orderly.

In this case we have not addressed ourselves to the organic functioning, nor have we told the patient that he will be able to move his arm satisfactorily when he awakens from the hypnosis, that his muscular energy will have been strengthened or that he will be able to do with the affected hand all the things which previously he was unable to do: we have addressed

ourselves to the psychical contents we assumed to be present. These assumptions of ours have enabled us to make a prognosis concerning the course of the organic function, a prognosis dependent not only upon a knowledge of the organic process but upon a knowledge of its psychical contents.

Thus, if we find that at puberty an individual suffers from some intestinal disturbance, such as constipation, we recognize that we are dealing with a revival of anal pregenital fantasies. We can also prognosticate that this patient will be likely to lapse into the same bodily form of regression during all those critical phases of life in which psychical conflicts have to be resolved. It is these paths leading from the psychical sphere which enable us to foresee the behavior of the organs more effectively than if our only means of insight concerned purely organic activities. If we regard defæcation as something more than a mere discharge of fæces, respiration as something more than a mere exchange of gases, eating as something more than the mere ingestion of food, sweating as something more than the mere activity of the sudoriferous glands, if we recognize that in these functions all those mechanisms coöperate which analytically we recognize as conversions, then, from the medical standpoint, we have to deal with the body in a new way and to adopt methods of influencing it additional to those with which earlier experience has made us familiar.

Let me give another illustrative case. Suppose that a female patient comes to consult us believing herself to be suffering from obesity and demands treatment to reduce her weight. It would be incumbent upon us, not only to prescribe a suitable diet, but to recognize that while by dietetic methods we can certainly influence the body, the prohibition of certain foods cannot fail to reactivate all the unconscious fantasies connected with the oral zone. We know, for instance, that certain states of depression (ranging in degree up to the severest forms) manifest themselves in the form of disturbances in the taking of food, and that these disturbances are connected with the introjection of the lost love object and with severe feelings of culpability which derive from

the attitude to the introjected object. If we were to treat such a patient by the inconsiderate prohibition of certain articles of diet, we might very well find that she would be led to react with an onset of severe depressive states. Not only are there certain patients who tell us that they always become extremely "nervous" when they try to diet strictly. We actually encounter some in whom an attack of depression has ensued immediately after the enforcement of a reducing diet. Thus nowadays medical treatment is being influenced by considerations of an entirely new order.

Our dietetic habits and habits of evacuating the bowels are founded in the unconscious in a way which is to a large extent typical, so that these personal habits give the experienced observer a vivid picture of the patient's psychical constitution, one far more richly detailed than might have been expected from the ostensibly trifling character of the matter concerned.

If we think of the conditions just discussed as processes essentially differing only to a very small extent from the normal; that is to say, if we think of them as organic processes regulated by the psyche, but as no more than sketches, so to say, of genital or pregenital conversion attempts, our medical attitude towards more declared hysterical, neurasthenic, hypochondriacal, and organ-neurotic disturbances follows as a matter of course.

Let us take as an example, asthma, a disease in which there is a peculiar sexualization of the respiratory function. In this illness there is a repression, and at the same time a breaking-through of the associated sexual wishes, which themselves correspond to multifarious fantasies, especially to fantasies of an oral-anal character. It is of this neurosis, in particular, that we know its road into the organic sphere to be linked with far reaching psychogenic antecedents, to which the actual outbreak of the malady is no more than a sequel. There are hardly any organ neuroses in which the organic and the mental are so closely interwoven. The nature of the organic attitude, which is due to a hyperexcitability of the vegetative functional sphere (especially, an undue sensitivity to certain internal biological stimuli) justifies the

assumption that these stimuli would not suffice to make the malady actively manifest unless the circle were closed in the psychological realm and unless all the prerequisites existed in the mental apparatus. Now, asthma is not a permanent condition, but preeminently paroxysmal. Much light is thrown upon the peculiarities of the neurosis in question, by the fact that analysis of asthmatic patients shows that each paroxysm is associated either with the revival of a birth fantasy, or with the respiratory introjection of a lost love object. We find that the bronchial spasm is at the same time a defense against this incorporation.

Such views are of very recent date. During the last ten years, apart from Federn's papers, we have only had reports of the analysis of asthmatic patients by Marcinowski and Weiss. There seems, therefore, to be no secure foundation for a purely analytical treatment of the alarming symptoms of asthma, a treatment in which the use of drugs should be entirely discarded.

About nine years ago, I was treating a poor Polish Jew who for thirteen years had been subject to asthmatic paroxysms, and in whom, at the time when he came to consult me at the hospital, the condition of spasm had become almost chronic. His lungs were enlarged, his heart was dilated, and the cell changes in his blood were typical. Characteristic of his case was a situation so often found in asthmatic patients: the attacks sometimes remitted when he left his familiar environment and was separated from the persons who helped to comprise it. In the spa to which his doctors had sent him or anywhere else away from home, this patient had no attacks of asthma even when exposed to influences which, at home, always brought on the paroxysms; but as soon as he returned home an attack would begin at the last station at which the train stopped before he reached his destination. The analysis disclosed, however, that it was the imminent approach to the forbidden love object (to whom the railway train was carrying him) which induced the attack of bronchial spasm, and that the spasms were, in a sense, an introjection to prevent that approach. In the case we are now considering, the introjection was to be regarded as a manifestation of an identification on the

patient's part with his mother, as a fantasy of coitus with the father and of pregnancy produced by the oral route. His father was, so to say, partly incorporated into himself by inspiration into the air passages. Characteristic of this patient, who came from the East, was the fact that the asthmatic attacks, which began at puberty, always occurred on Friday. On Friday, in accordance with his religious cult, there had to be an act of sexual union between the father and the mother. His identification with his mother went back to forbidden fantasies conceived when he was watching her giving suck to his youngest brother, for in these fancies he was very actively interested in his mother's breast. For this reason, he had attacks of asthma whenever he drank milk, milk having become a prohibited indulgence. Motives of this sort explain why the imbibing of various fluids will bring on attacks of asthma in patients subject to that disease. Indeed, the fluids in question need not be actually imbibed, for their enjoyment infringes prohibitions in which, as so often happens, oral fantasies are associated with anal fantasies, and the mere smell of the fluids suffices to revive the fantasies. Since smell and taste are so closely associated, the smell alone will bring on an attack. Nor is it surprising that in this way a dietetic ritual may arise. Hence, we have an explanation of the various dietetic measures adopted by many asthmatic patients because of medical recommendations or because other patients have found them useful. I have already said that when the regression to this oral pre-genital gratification induces asthma rather than any other disease, some somatic factor doubtless participates.

I should like to say in passing that the fact that birth-fantasies are so often associated with the paroxysms led me, years ago, to inquire into the history of the birth of such patients. The study of seven cases showed me that in four of them the infant had narrowly escaped drowning by breathing in the amniotic fluid during the process of birth. The proportion of such instances was thus remarkably high, but perhaps does not justify assigning to it any etiological significance as regards the nature of the disease; though it may account for the fact that the anxiety during

the paroxysms was exceptionally severe. The suffocation anxiety experienced in infancy may have paved the way for the development of other anxieties, and above all of castration anxiety. I need hardly emphasize the fact that the analytical cure of asthma will also relieve the sequelæ and accompaniments of the malady. If, as regards asthma, I have found it necessary to make a brief reference to man's general mental attitude towards the aggregate of his dietetic conditions, I also think it well to point out in the same connection that dietetics in general (a most important part of therapeutics) cannot be efficiently prescribed in default of a knowledge of the unconscious attitude of the person under treatment towards beverages and solid articles of food.

These remarks necessarily lead us to the consideration of a malady which must in part be classed among the manias and in part among the obsessional neuroses. I refer to the coercive desire to consume fluid, and especially water, in enormous quantities; a malady in which unconscious fantasies concerning the urethral child and fertilization by the urine can be detected. I allude to the matter here not only to draw attention to its analytical interpretation, but also to point out an interesting way in which the unconscious psychical relationships of our patients to water can be made vividly manifest. A female patient, who was not analyzed but whose mental state was kept under prolonged observation, became affected with what I may call "water-hunger" just before the first onset of menstruation. According to her own account she had, a little while earlier, been seduced by a peasant whose servant she was, who, despite his protestations of innocence, was sentenced to two years' imprisonment. Almost immediately after this she began to suffer from insatiable thirst, so that she found it necessary to drink as much as fifteen or sixteen quarts of water a day. She secreted a correspondingly large amount of urine, but nevertheless suffered from retention and had to be catheterized. A remarkable feature of the case was that at first she made no mention of her inability to pass water. When this fact was discovered, investigation showed that the distension of the urinary bladder was regarded in her fantasies as a continu-

ally renewable pregnancy. With the onset of menstruation, these fantasies were dissipated, and there was a comparative remission of the excessive thirst. This thirst disappeared for a time completely, when not long afterwards she actually became pregnant. A few years later, however, the purely neurotic obsession for drinking vast quantities of water recurred.

I have already stated that the organic preparative to the onset of the illness could be traced back as far as the regressional path which led to the patient's urethral fantasies. She fell sick at the age of two from kidney disease with dropsy. From the dropsy we may assume that she came to think of her cutaneous tissues as having, as it were, an excessive need for fluid. This condition of the tissues was the organic predisposition to the subsequent psychical disorders. The question seriously arises whether unconscious fantasies of oral fertilization and of urethral gratification may not contribute to the production of disorders that lead to a coercive thirst on an organic basis—that is to say, disease of the pituitary. Almost all patients with this illness manifest a peculiar form of infantilism which supports such a conjecture.

I may mention as characteristic an attempt at suicide: the patient tried to end his life by jumping into the water and was nearly drowned. For some time after this he did not suffer from coercive thirst.

An account of the relationships between medicine and psychoanalysis would be incomplete without a brief reference to a symptom with which both these disciplines are concerned—namely, pain. One of the most important objects of the healing art is to assuage or remove pain. Analytically the attitude towards every kind of bodily pain, no matter whether it be due to external or to internal stimuli is that the painful part of the body is cathected with narcissistic organ libido, as if for its protection. Often, however, this cathexis comes too late, for the organ is apt to be damaged by the time that the pain appears. According to Freud, mental pain likewise is a reaction to the loss of an object, the loss being antecedent to the onset of the mental suffering. The increased sensibility of parts of the body which have been previously diseased

(so that the pain is disproportionate in intensity to the organic process which ostensibly produces it), and also the varying sensibility to pain in different individuals, show that we are concerned here with a transformed mental suffering. As is well known, mental pain is often accompanied by bodily sensations in the heart. In this organ, likewise, bodily pain, whether as angina or pseudo-angina pectoris, is apt to be exceptionally violent, far more violent than can be accounted for by our knowledge of the anatomical changes present in such cases. In the analysis of a patient suffering from angina pectoris, which I reported a few years ago, the patient's pain was mitigated when he was relieved of anxiety concerning the danger threatening his own body, which the patient regarded as the object of his aggression. It frequently happens, however, that the object which is threatened is that against which the most vehement aggression is directed and with which the subject identifies himself. When the identification ceases, the pains may disappear. The disappearance of the identification makes the anxiety illusory; but generally speaking, in these disorders, anxiety is intense because the body in its totality is menaced. The dreaded end is death.

Psychoanalysis, fortunately, is concerned with death only theoretically, whereas organic medicine must come into daily contact with the dying. It is our task to provide as far as may be for euthanasia, and to relieve the patient, while he is ill, of his dread of death. There are many reactions on the death-bed: some persons are overwhelmed with anxiety and full of a spirit of revolt; others accept death's coming tranquilly, or even in a state of euphoria. There must be reasons for these differences. Every physician is well acquainted with the remarkable euphoria present in persons suffering from pulmonary tuberculosis; even when much of the lungs has been destroyed, they may show no sign of any fear of suffocation and are often entirely free from the dread of death. Years ago I expressed the opinion that the persistent oral activities forced upon sufferers from pulmonary tuberculosis by the precautions they have to take in dealing with their sputum, are apt to excite unconscious fantasies connected

with oral eroticism and respiratory eroticism. These infantile gratifications, hidden away in the substratum of the malady, probably explain the freedom from anxiety, despite the extensive organic destruction. How great, in contrast with this, is the terror of death in sufferers from angina pectoris! I have been inclined to think that the sudden and unexpected menace to the body, the menace whose suddenness and unexpectedness makes the thought of dying so dreadful, is explicable on the ground that very large quantities of anxiety, especially of castration anxiety, have to be mobilized in order to signalize the peril. If this signal is lacking, the sufferer is resigned to death. Resignation to death might be compared to a reconciliation between the destructive impulses and Eros—a reconciliation in which as it were, they share their prey, the ego, which wholly surrenders itself. The difficult task of making the patient resign himself to the dread necessity while at the same time providing for him a euthanasia, can be fulfilled with greater understanding now that we have become acquainted with the working of Eros and of the death instinct.

The foregoing sketch of the borderland between medicine and psychoanalysis, a discussion leading from birth to death, must have made it clear to how great an extent medical thought can be assisted by a psychoanalytical outlook, and how both analytical and medical problems can be better solved by approaching them simultaneously from both sides.

The Dynamics of Stammering

Isador H. Coriat

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THE DYNAMICS OF STAMMERING*

BY ISADOR H. CORIAT (BOSTON)

A wider experience in the analysis of stammering has led to more extensive formulations of the dynamic interpretation of the speech disturbance. In my previous publications on this subject, attention was directed primarily to the oral nursing, oral sadistic and anal elements, but the more exact genesis and mechanism of these particular components had to wait for clarification until more analytical material had been assembled.

This paper will be limited to certain formulations that have emerged from the analysis of stammerers. It must be emphasized at once that stammering is a neurosis with manifestations that are the result of the unbroken continuance of the original pregenital organization. Probably in no other neurosis can the activities of the pregenital libido organization be so clearly distinguished. Therefore, in these cases it is not necessary to reconstruct the pregenital elements from adult material; it is sufficient to analyze these elements as they are revealed in the peripheral speech mechanisms. The stammering neurosis is important for psychoanalysis precisely because all the early manifestations and ramifications of the pregenital libido are thrust into the foreground as a clinical symptom.

1.

In his contribution to the developmental stages of the libido, Abraham¹ drew up a schematic outline or table of the psychosexual evolution of man from the standpoint of the development of the libido in respect of both sexual aim and object. In previous publications on stammering the genetic aspects of Abraham's paradigm were utilized for a clearer understanding of the pregenital libido, particularly in its relationship to the oral nurs-

* Based on a paper read before the annual meeting of the American Psychoanalytic Association at Philadelphia, June 2, 1932.

¹ Abraham, Karl: *A Short Study of the Development of the Libido, Viewed in the Light of Mental Disorders*, 1924. In: *Selected Papers*.

ing, oral sadistic and anal sadistic aspects as they entered into the genesis of stammering. It was made evident that the dynamics of stammering often included all the elements in Abraham's table. Fragments of the early libidinal organization can be seen in active operation in almost pure culture in the form of nursing and biting movements when attempts are made to speak, and also as a resistance conversion phenomenon displaced to the anal zone.

In a paper by Chaney and McGraw¹ on reflexes and other motor activities in newborn infants, there is valuable experimental material concerning the dominance of the pregenital organization in early infancy. The observations may be summarized as follows, with particular reference to the early oral activities: In an infant eight days old the mouth opened in response to stimulation of the central buccal membranes. The sucking reaction could be stimulated by placing a sterile nipple or gloved index finger in the infant's mouth. When thus stimulated, the infant either made sucking movements to such a degree that the examiner could unmistakably feel suction or traction upon the finger, or the infant would bite the examiner's finger without any definite evidence of suction. These experiments were made upon infants examined in the delivery room immediately after the umbilical cord was cut, and also upon a group of nursery infants.

These observations demonstrate how early the oral sucking and the later oral cannibalistic stages of the pregenital libido are present. The observations also indicated the total incorporation of the object when it was placed in the mouth of the infant. Evidently these oral mechanisms are coeval with the earliest advent of life and thus substantiate the psychoanalytic theories based upon dynamic reconstructions. Such observations harmonize with the attempted reconstructions in the pregenital neurosis of stammering, for in the adult stammerer we find a continuance of these oral activities.

Bernfeld² discusses similar reactions from the analytical stand-

¹ Chaney, L. Beverly and McGraw, Myrtle B.: *Reflexes and Other Motor Activities in Newborn Infants*. Bull. Neur. Inst. of New York, II. 1932.

² Bernfeld, Siegfried: *The Psychology of the Infant* (Section on the Oral Zone). London: Kegan Paul. 1929.

point: "Distinct and significant development of the activity of the oral zone already occurs in the first weeks, a development which, perhaps, can be inclusively characterized by saying that the phenomenon becomes more intensive and more differentiated. The longer the periods of waking become, the more continuous becomes the sucking activity . . . Not only does the child drink for increasingly longer periods, at times with short interruptions, and towards the end of the meal in what might be termed a playful manner, but it sucks more and more often, when it is not hungry and when there is no possibility of satisfying its hunger, its finger or any suitable object which comes into its mouth."

In Pavlov's experiments¹, the reactions of animals to conditioned stimuli were oral libidinal reactions, the so-called "conditioned food reflex", corresponding to the nursing stage of pregenital organization in human beings. These experiments furnish a physiological counterpart to a later discussion of an illusory nipple in the mechanism of the speech disturbance of stammerers.

In certain cases of stammering the early pregenital tendencies can be definitely outlined not only in the clinical phenomena as seen when attempts are made to speak but also—more clearly and almost literally—in dreams.

In a patient who had been under analysis for several months and whose character traits were distinctly of the anal type as shown by a systematized, logical, orderly and mathematical mind, these tendencies could be definitely demonstrated. For some years he had been in the habit of keeping the anal sphincter tense and any relaxation in this sphincter tension seemed to him to be coincident with an improvement in speech. This tendency to voluntary anal tension has been elsewhere designated as "anal stuttering". At one period in the analysis he became so troubled with anal pruritus that it became necessary to consult a physician, who prescribed local applications. This pruritus was so

¹ Pavlov, Ivan P.: *Conditioned Reflexes*. Oxford 1927. See also Ischlonsky's work on the analytical interpretation and reconstruction of the conditioned reflexes. (Ischlonsky, N. E.: *Der bedingte Reflex*. Berlin & Vienna: Urban and Schwarzenberg. 1930.)

severe that it not only interfered with his sleep and with his activities during the day, but was also associated with constipation. The same mechanism of the oral libido expressing itself in anal terms had been previously described in another observation. The libido freed in the analytical process had become massed in a negative transference, thus creating for itself a new cathexis in the anal zone as a conversion symptom. During the period of the continuance of this conversion symptom the patient reacted towards the analysis with a poverty of free associations from unconscious anal motives.

Following the analysis of this pruritus, it disappeared within a few days. Parallel with this improvement, the bowel movements became normal, speech improved and the nursing movements of the mouth gradually dwindled. After the disappearance of this conversion symptom the patient related a dream which showed a regression from the anal sadistic level to the earlier oral sadistic one. In this dream, a woman servant, who had been in the family service for a number of years, appeared naked, and it seemed as though she was to be cut into shreds and then pickled for eating purposes. The appearance of the dream at this stage of the analysis, when the oral nursing and the anal sadistic levels had already been analyzed, showed that this cannibalistic tendency was probably more deeply repressed than the other two stages; therefore the unconscious material of the dream emerged only after working through the avenues of previous resistances. In his unconscious the patient had not yet overcome his primitive cannibalistic impulses. The anal conversion symptom having disappeared through the analysis, there now appeared a regression to the deeper level of the oral sadistic or cannibalistic phase of libidinal development. Stammerers will often bite the tongue and the mucous membranes of the mouth to the extent of bleeding when they attempt to speak—a symptomatic cannibalistic feature which is a remnant of this early oral sadism.

Oral sadism is the most primitive form of sadism, and the development of speech, particularly during the dentition period, is closely related to it. The biting movements so frequently observed in the speech of stammerers is a punishment mechanism;

the tongue and mucous membranes are bitten because of an unconscious feeling of guilt, a masochistic tendency which is a recoil of the sadistic impulses of the super-ego. The oral gratification in speech leads to a sense of guilt and hence to self-punishment, since oral gratification not only has symbolic incestuous implications during the nursing movements but is also related to the primitive castration of the withdrawal of the nipple and its concomitant attitude of ambivalence.

The patient's idea of sinking his teeth into human flesh, particularly female flesh, possessed a certain amount of attraction and gratification, and this tendency was either a persistence or a reanimation of the earliest pregenital gratification manifested towards his mother in the form of nursing and biting. Possibly also the object to be eaten was a symbol of resistance against his physician, a hostile or sadistic aspect of his pleasure-loaded id tendencies, in the form of destruction through incorporation—that is, a castration wish. So far as could be determined, the cannibalistic impulses were not associated with any sublimated feelings which regulate the instinctual life. In his paper on the development of the libido, Abraham emphasized that complete and unrestricted cannibalism was possible only on the basis of unrestricted narcissism. The individual under analysis, like all stammerers, was a very narcissistic character.

Following active therapy directed towards abstinence from smoking, another cannibalistic dream emerged. In it a man seemed to be attempting an assault on a young woman and the patient pounded the man's head on the floor and killed him. Then he ate the man and the human flesh seemed to taste like chicken. In another dream, the patient seemed to be eating his father's testicles. How the castration took place was not indicated in this dream, but it seemed quite natural to eat the testicles without any sense of guilt. The unconscious material of this dream, which was derived from childhood fantasies, resembled the myth of Zeus who had emasculated his father Cronos.¹

¹ Abraham, Karl: *Dreams and Myths*. New York and Washington: Nervous and Mental Disease Publishing Co. 1913.

These literal dreams expressed cannibalistic wish gratifications which continued to exist in the unconscious, in which a fragment of a very primitive culture, resembling in content certain totemistic rites of Central Australian tribes or the behavior of chimpanzees, may persist. Another stammerer, during the course of an analysis, developed a disgust for meat which could be interpreted in this instance as a reaction formation against the deeply repressed cannibalistic urge.

In another case, in which oral eroticism was marked, there occurred an oral cannibalistic dream, in which the eating of human flesh resembled biting into an ice cream cone, and also a literal dream of nursing at mother's breast. The symbolic significance of these symptoms becomes clear when we know that the patient was a slight stammerer and that he was persistently obsessed with fellatio fantasies. In the latter he incorporated the substituted phallus in his mouth, a symbolic replacement of nursing by means of a substituted nipple (the phallus).

Anything which produces a concentration of libido in the mouth, such as an organic disease in that organ, increases the concentrated gratification of stammering. The local increase of libido is directed towards the diseased part of the mouth and produces an organic cathexis, just as long-continued dental manipulations in these cases increase the excitation of the oral trends, as shown by excessive salivation. These symptoms correspond also to Abraham's observations on "mouth pollutions" and also to what he terms "oral masturbation".

In the above mentioned cases, there appeared the three earliest stages of libido development, with the typical regression so characteristic of stammering: namely, the oral sucking stage, as shown by the nursing movements of the lips in talking; the anal sadistic stage which manifested itself by the conversion symptom of anal pruritus and constipation; and finally, the cannibalistic or biting oral sadistic stage, which emerged in the form of cannibalistic dreams. The fact that these dreams appeared only at a stage when the oral nursing and the anal sadistic levels had already been subjected to analysis indicates that this cannibalistic com-

ponent had been more deeply repressed and appeared earlier in individual development than the other two stages. This would correspond to Abraham's table of pregenital phases and also with the observations on newborn children previously cited. Civilization is based upon a renunciation of instinctual gratifications, but in the stammerer this cultural super-ego privation is at work only to a limited degree. The cannibalistic instinct has been overcome through external compulsions, but continues to exist, literally and unsublimated, in the primitive unconscious of the stammerer, who, even in his motor speech activities, is still dominated by his oral sadistic propensities.¹ Possibly also the cannibalistic dreams bear a certain relationship to the castration complex, particularly with reference to nursing and weaning processes in their linkage with the œdipus situation, as will be seen later in this paper.

The polarity of the oral zone is here particularly evident, the nursing movements with the mouth indicating passivity or the act of being nourished and the cannibalistic dreams representing the active aspect of the oral organization in the form of devouring and destruction. The early manifestations of hate or sadism are fused with the sucking or erotic tendencies to form a complete component of pregenital instinctual gratification. This oral ambivalence not only arises from the œdipus situation and leaves its traces upon it, but it influences character formation in its relation to the development of oral and anal traits. The difficulties in treating a case of stammering are based on this tendency; not only the symptoms but also the disposition to pregenital character traits out of which the symptom develops must be analyzed. All stammerers are narcissistic infants. Like other narcissistic organ neuroses (tics), these cases are extremely difficult to analyze, because the transference is weak both in development and retention. In no stammerer does there ever develop a complete condition of transference relationship.

A further complication is that in the widest sense of the word,

¹ For a discussion of the attitude of culture towards these oldest instinctual drives, see Freud's *The Future of an Illusion*. London. 1928.

speech function is both oral and anal. In the speech of stammerers there can be frequently perceived an oral and anal amalgamation. The resistance or inhibition producing a retention of words has an anal significance displaced to the other end of the intestinal canal, the oral zone. The holding back of words and the frequently observed "dumbness" is produced by the anal wish to retain the words and is often accompanied by the actual tension of the anal muscles. This anal tension has been termed "anal stuttering"; it is analogous to a similar disturbance at the oral zone, namely, dumbness, because under these latter conditions, the oral muscles are likewise tensely held. The unconscious connections between speech and anal eroticism seen in the peculiarities of speech in stammerers can be traced to anal fantasies and anal regressions. Many of the difficulties in breathing experienced by stammerers when attempting to speak, particularly either a blowing-out or retention of air are unconscious equivalents of either passing or retaining flatus. The various pregenital tendencies are not independent or isolated in the stammering neurosis, but retain their original amalgamation (amphimixis)¹. When there is an attempt at isolation, such as in the oral mechanism, there results an inhibition of function (dumbness), because such isolation is a form of inhibition, but in no case is such isolation complete.

In stammering cases, it is not so much the content of the thoughts as rather a resistance barrier between thoughts and vocal expression that produces the symptom. The structural conflict has initiated the speech difficulty. It is this resistance barrier which leads to periods of silence or "dumbness". During this period of silence, the stammerer exhibits compression of the lips, flushing of the face and holding of respiration. These symptoms, a displacement of anal retention to the oral zone, are the anal equivalent of speech, because words have become anally valuable. Silence has become golden! This restriction of oral function is for the purpose of obtaining more intense and prolonged gratification which culminates in the final expulsion of

¹ Ferenczi, S.: *Versuch einer Genitaltheorie*. Vienna: Internationaler Psychoanalytischer Verlag. 1924.

the word, a characteristic feature of the mechanism of the anal sphincter, an attempt at isolation of the defæcation mechanism through oral displacement.¹

As a result of the analysis of stammerers, the libido tends to become more genitalized and less attached to the oral zone, and this change in genitalization is accompanied by an improvement in speech. The libido has been driven from its place of earlier pregenital attachments and cathects itself in object love and genital supremacy. In the analysis of a stammerer one can actually follow the development and recapitulation of the entire psychosexual life, from its pregenital settings to genital supremacy. The analysis acts in these cases as a catalytic process which accelerates the development of the libido.

Many cases tend to fix the libido tenaciously at the earlier pregenital periods, because then sex was not equivalent to reproduction and therefore was dissociated from feelings of guilt. This resistance against sex in the completely genital sense appears in the analysis as one of the impediments to the development of a compliant transference.

Concluding this discussion of pregenitality in the stammering neurosis, it is necessary to add that some cases also reveal a regression to urethral eroticism, as indicated by frequent urination, itching and burning sensations at the urethral orifice, urinating dreams and sometimes bed-wetting. In female stammerers, the frequent urination represents the wish to assert male supremacy, as a compensation for castration; and this tendency is also to be found in those male stammerers who are of the passive, homosexual type. The urethral erotic stage seems to lie between the later oral and the earlier anal-sadistic stages, and merges with both. Like them, it is autoerotic and its character traits assume the form of ambition combined with typical anal characteristics.² Some of these cases regress in dream life to the early stage of urethral erotism. One stammerer had been a bed-wetter up

¹ Or, as stated by Freud, "Expressed in the language of the oldest, that is, of the oral, instinctual impulses, the alternative runs thus: 'I should like to eat that or I should like to spit it out!'" Freud: *Negation*. Int. J. Ps-A. VI, 1925.

² Coriat, Isador H.: *The Character Traits of Urethral Erotism*. Psychoanalytic Review XI, 1924.

to the age of four. During the analysis he brought a dream in which he seemed to be urinating, but without any associated enuresis or nocturnal pollution. These urethral difficulties because of their close relationships to other aspects of the pregenital organization may affect the anal function, not only in stammering but also in different forms of neurosis.^{1 2}

2.

Thus far we have discussed the dynamic mechanism in stammering with no reference to the fact that the various pregenital trends, particularly the nursing, biting and anal organizations are closely bound up with the œdipus situation. The stammerer, like all neurotics, has not only incompletely mastered his œdipus complex but has repressed the various trends pertaining to it. During his entire life there is a web of conflict with these trends which continue and persist in the form of symptoms. There is an unconscious wish to retain the original libidinal binding to the mother, that is, an identification with the mother, because they do not wish to abandon their original infantile helplessness and lose the early nursing object. There results an oral libidizing of the speech function, which is essentially a cathexis of the original oral organization.³

¹ Ferenczi, S.: *Analysis of Sexual Habits*. 1925. In: *Further Contributions, etc.*

² Reich, W.: *Die Funktion des Orgasmus*. Vienna: Internationaler Psychoanalytischer Verlag. 1927.

³ The instinctual forces of this situation are derived from their precipitation in the id, and it is this precipitation which produces the unconscious dominance of the œdipus complex and the emergence of pregenital symptoms. Stammering, with the exception of certain anal resistance symptoms as previously indicated, is not a genuine conversion pregenital neurosis as classified by Fenichel (Fenichel, Otto: *Outline of Clinical Psychoanalysis*, Chapter V. This QUARTERLY II, 1933.); the original oral sadistic and oral nursing tendencies have persisted or continued without conversion, from the original pregenital setting of the libido. The beginnings of stammering in early childhood are not of a psychoneurotic nature. Because of the pleasure principle involved in the oral activities and because this pleasure principle is all-dominating, it tends to persist through the latency period and into adult life. It is only through the persistence of the oral activities that stammering becomes a psychoneurosis, as all psychoneuroses are reanimations and reactivations of very early pleasure-loaded tendencies. When these tendencies have developed into the psychoneurosis of stammering they retain in pure culture the same oral activities and manipulations in sucking and biting as appeared in the original sucking period.

The weaning trauma, because of the biological significance of the oral zone, is one of the most important aspects of stammering. As a result of this trauma, in stammerers the illusion or fantasy of nursing is maintained and the original gratification is continued on an illusory substitution of the original nipple. According to Melanie Klein¹, the œdipus complex comes into play earlier than is generally supposed. These œdipus tendencies are released in consequence of the frustration which the child experiences at weaning. They make their appearance at the end of the first and the beginning of the second year of life, and they receive reënforcement through the anal frustrations undergone during training in cleanliness. Identification with the mother, therefore, takes place at a stage in which the oral and anal sadistic tendencies predominate. Such conclusions are of importance in the analysis of stammerers, for in them, through reconstruction, we learn that the stammering began at a very early period of life, at a period coincident with the beginnings of speech, namely, at those years on which Melanie Klein lays so much stress. By means of stammering, the stammerer retains the mother as a continuous love object from the preœdipal stage. If the illusory nipple is successfully repressed the individual does not stammer; if there is a return of the repressed through a weakening of instinctual forces, if there is a failure of repression, the individual becomes a stammerer.

In women stammerers, the illusory nipple is equated with the father's phallus both as an organ of sucking and of mastery. This leads us to the problem of the relation of the castration complex in female stammerers to the speech defect. Because of still existing uncertainties and discrepancies of the various viewpoints concerning the sexual development of the girl during the infantile period, any opinions formulated on this question are tentative.

Freud² has pointed out that three major problems are in the foreground of female sexuality: first, how the displacement of the original object by the father is brought about; second, the

¹ Klein, Melanie: *Early Stages of the Œdipus Conflict*. Int. J. Ps-A. IX, 1928.

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

exchange of clitoris for vaginal primacy; and, third, the original basis for castration anxiety in the female, and its relation to libido functions. Freud states, furthermore, that the castration idea in women may have one of two effects: first, the woman may be so dissatisfied with her genital that she renounces it entirely, devoting herself to the gratifications of her masculine aims in other directions; second, she may defy the threat to her masculinity and maintain indefinitely the illusion that the phallus is to be regained at some later time.

This dissatisfaction with the genital, as a result of which it is entirely renounced and the woman devotes herself to the gratification of her masculine aims in other ways, may be applied to female stammering cases. The tongue has become a displaced phallus. The inner conflict within the libidinal economy has become concentrated on the lingual organ for the purpose of unconsciously satisfying a masculine aim. This displacement has an ambivalent aspect, a denial as shown by oral biting tendencies and a wish, as demonstrated by the prominent part the tongue plays in the sucking movements during speech. All this is a consequence of early œdipal rivalry through gradually assuming the father as a love object. The female stammerer either introjects the phallus of the father through displacement, or through the same displacement the mouth has become a vaginal symbol and the movements of the tongue are related to coitus. The tongue becomes not an illusory phallus (or nipple) but an actual displaced one. In speech she repeats the nursing or sadistic wishes which originated in the early pre-œdipal phase and which culminated in castration through the weaning process. It is the consciousness of phallic deprivation which the female stammerer wishes to overcome. The wish to possess a phallus is essentially a wish to have it in some coitus-like behavior with the mouth, anus or vagina, as these latter form an equivalent series for the female genital organ. However, the final displacement to the mouth has fixed the libidinal privation and at the same time the libidinal gratification at the oral sadistic stage. Thus the symptoms of stammering in a woman, particularly when inter-

preted from the standpoint of the castration complex, have two opposite meanings: the wish to have a phallus, and the wish to incorporate it either through a coitus fantasy or by a cannibalistic tendency of a displaced vagina. This latter is somewhat analogous to the symbolism of the vagina dentata. It is apparent then that the oral libidinizing of the speech function in women is essentially a reaction to the castration complex.

As the cases of female stammerers were analyzed more deeply, there emerged under considerable resistance the combined idea of phallic disgust and phallic envy. Speech serves as a sublimation of these libidinal interests. Thus the unconscious equations of speech equaling sexual power and the period of "dumbness" equaling castration are clearly shown in resistance. Many of the cases are closely connected with feelings of inferiority and freedom in speech is equivalent to sexual potency, in that the female stammerers retain the phallic tongue partly because of the phallic envy. The attitude towards phallic deprivation is an injury to the individual's narcissism, and constipation in these cases is a form of resistance, a reaction against castration. The prolonged attachment to the mother with its masculinity of aim is of importance in understanding the phallic significance of the tongue in female stammerers. It must be admitted, however, that certain passive male stammerers of the homosexual type show the same reaction to castration anxiety concerning the tongue.

The male attitude of the female stammerer is reënforced by the physical presence of the phallic tongue which she utilizes as a displaced male genital organ. The unconscious guilt feelings in association with this are of the double factors in stammering: she wishes to retain the phallus and yet, at the same time, to bite it off, that is, to castrate through the pregenital oral sadism. She thus develops a conflict or anxiety in attempting to adjust to the phallic envy, that is, to identify with her father. Therefore, she regresses to the unproductive phallic stage, just as in all stammering there is a regression to the unproductive pregenital stage of the oral and anal organizations. The predominant castration complex in women stammerers leads to a more or less marked

tendency to homosexuality, so that in these individuals, the object choice is of their own sex and they are incapable or capable to a limited degree only, of heterosexual love. The tongue has become the displaced, more powerful and more masculine clitoris.

Chronologically, the original castrator is the mother and as a consequence female stammerers as part of the oedipus situation hate the mother. Their exhibitionism is a reaction to castration fear and represents an effort to prove that they have a phallus in the shape of a tongue. Thus the familiar folk sayings referring to a woman's tongue have a phallic significance; such cases are of the aggressive oral type, that is, the masculine type with the displaced phallus.

3.

The strong resistance or negative transferences in stammering proceed from several factors. Stammering, as has been seen, is a narcissistic neurosis and there is an economic gain in speech defect. According to this economic principle the stammerer has his speech defect because it represents to him the greatest advantage with the least effort; that is, in the stammering neurosis there is thrust forward the entire pregenital organization or a fragment of it which the stammerer wishes to retain. The wish to retain this early pleasure principle is based upon the fact that it represents a fragment of childhood, the only fragment which has not grown old as the body and experiences and mental processes have grown old and assumed an adult setting and readjustment. The libido remains at this fixation point on the pregenital level because it is determined partly by inherited dispositions and partly by the dominance of the pleasure principle. These factors, however, are variable in that there is a fluctuation in the dynamics of the mechanism producing the pregenital symptoms, and it is this fluctuation that is one of the factors in the varying changes in speech defect.

The resistance in stammering, while proceeding from the ego, has deeper sources in the id, and it is this id which shelters the original oral pleasure. The ego is continually adapting it-

self to the original oral erotic gratifications which emanate from the id. It is because of these regressive tendencies, at times so preëminently anal sadistic, that many cases of stammering resemble a genuine compulsion neurosis. As in the compulsion neuroses, too, there may take place isolation mechanisms in which a pause is interpolated while talking, either in actual situations or in the analytical session. This pause is shown by the inability to talk and is a form of resistance. This resistance is related to repression; that is, the wish to repress the libidization of speech produced by the powerful pregenital libido. When in these cases all words seem to have fled, there is a repression of the oral sadistic impulses: the ego isolates from the original fusion, producing an inhibition of speech function. Like defæcation, speech has pleasurable tendency: silence, therefore, is essentially a constipation of speech. This analogy between speech function and the anal libido in stammering is the same as in the regressive psychology of the compulsion neuroses.

Resistance also emanates from the fact that castration displacement on the tongue is in many cases, as has been seen, a form of super-ego punishment mechanism initiated for the purpose of neutralizing the sexual significance of speech; this is evident in the particular symptom in which the mouth or tongue is bitten while talking.

In many cases, too, the oral resistance is essentially a displaced anal one, and words are retained with the symptom of dumbness resembling the retaining of fæces, with rigidity of the mouth muscles, which under the circumstances is essentially a displaced rigidity of sphincter control. This may lead, as previously pointed out, to constipation as conversion symptom of the anal resistance.

4.

In summarizing this material on the dynamics of stammering, it can be readily seen that the analysis of stammerers is of equal value to the analysis of children, because here as in children we see at work all the pregenital settings which are the forerunners of later neurosis and character development. When the work on

stammering was first begun, it had primarily a therapeutic aim; as it has been carried further, it can now be seen that such cases are of great analytical value in understanding what is so frequently hidden by childhood amnesia but which in these cases has broken through the amnesic cover and become manifest without any later rationalizations, reaction formations or sublimations.

In understanding the dynamic problem of stammering, it must be emphasized that the damming-up of the libido and its concentration (cathexis) on the pregenital organization finds its only and most satisfying outlet in the speech difficulty. To observe a stammerer attempting to talk, with the sucking movements of the lips, grinding of the teeth, manipulations of the tongue, flushed expression and finally the contented appearance after enunciation of a difficult word is to see the infant struggling to obtain gratification at the nipple.*

* For further bibliography on stammering the reader is referred to pages 67-68 of the author's monograph, *Stammering: A Psychoanalytic Interpretation*. New York and Washington: Nervous and Mental Disease Publishing Company, 1928. Also, *Active Therapy in the Analysis of Stammering*. Psychoanalytic Review XVII, 1930.

Otto Fenichel

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OUTLINE OF CLINICAL PSYCHOANALYSIS

BY OTTO FENICHEL (BERLIN)

CHAPTER VI

THE SEXUAL PERVERSIONS

In the previous chapters, we followed our discussion of hysteria and the compulsion neurosis with a description of pathological conditions which, in contrast to the transference neuroses, showed a more or less loosened contact with the world of realities and objects; these conditions were transitional between transference neuroses and narcissistic disorders; therefore, to proceed logically we should now turn our attention to the narcissistic group of mental disorders. However, there exists a group of psychogenic disturbances not readily fitted into a classification based on the degree and depth of regression and the degree of attachment to objects—namely, the sexual perversions. The sexually perverse are without question pregenital and maintain their attachment to objects; yet perversions differ considerably from pregenital transference neuroses (such as the compulsion neurosis) and in one feature stand in opposition to all other psychogenic disorders; to wit, the patients themselves do not believe that they are ill, or at any rate need not have this belief. Their abnormality consists in the fact that throughout life their sexuality is represented by other noteworthy impulses in a direct, conscious fashion; whether these impulses are acted upon, or merely phantasied, is generally speaking irrelevant. Since, according to psychoanalytic theory, neurotic symptoms are regarded as the distorted expression of an infantile sexual desire, which is necessarily a perverse desire, the point of differentiation between a neurosis and a perversion is easily stated: in the perversion there is no distortion. Which circumstances permit this absence of distortion is the central problem in the psychology of the perversions.

Non-analytical clinicians frequently state that perversions and

compulsion neuroses have a great deal in common, and some even consider the perversions a subdivision of this neurosis, justifying this view by the fact that an intense unknown "something" *compels* the pathological activity in both instances. However, again purely descriptively and aside from any psychoanalytical considerations, it may be said in refutation that the compulsion felt is a very different experience in these two conditions. The compulsion neurotic feels that he is no longer master of his own behavior. He cannot will those actions which he would like to or which might be to his advantage, but instead, must use his volition to his own disadvantage, even though he knows this to be senseless and injurious. Only through psychoanalysis can this apparent contradiction of the pleasure principle be explained. On the other hand, in perversions the ego is so to say seduced to behave pathologically by the pleasure which is promised as a reward for the fulfilment of the pathological wishes. In short, whereas the perverse act is acceptable to the ego, compulsive behavior is not. The objection may be raised that many perverse individuals are in conflict with their instinctual inclinations and oppose them energetically. But the ego has room for many opposed tendencies, and when the pervert is in temptation or engaged in perverse behavior, no matter how much opposition to the perversion there may be in him, he nevertheless feels his instinctual goal as something that he wishes or that his instincts demand; and unlike the compulsion neurotic, who merely feels relieved of a certain tension after a compulsive action, the perverse individual afterwards feels that he has had a pleasurable experience even if this pleasure is tempered by remorse.

We must admit that however important this difference between compulsion neurosis and perversion may be from a theoretical standpoint, it is not an absolute one, for there are many intermediate clinical pictures, among these, for example, the various minor, relatively insignificant compulsive symptoms which, because of their very insignificance, become secondarily erotized very successfully and hence serve as an excellent source of pleasure for the ego. Certain patients, for example, habitually

spend hours in reading atlases or time tables from which they derive a great deal of pleasure, combining this habit with sundry compulsive little games. To a certain small degree, every compulsion neurosis in addition to the major symptoms will show quite a number of such minor compulsive games, which furnish the patient with amusement that he would not care to lose. The similarity between children's games in which there are strict rules and these compulsive games leads us to suspect that the secondary erotization of activities originally serving as defensive measures against instinct, plays an important part in the psychology of play.¹ The enthusiasm with which compulsive personalities sometimes bow to the most varied rules and "principles" is undoubtedly of this nature. While it is beyond doubt that these phenomena are compulsive, genetically speaking, if we applied our differential definition they would have to be called perversions, for they are all acceptable to the ego.

It might, of course, be objected that the pleasure obtained from the compulsive game is inhibited as to aim, is so to say sublimated, and that its connection with sexuality is not obvious and is only revealed through psychoanalysis. Or it might be said that the end pleasure of these games is not, at any rate, an orgasm, with its specific pleasurable concomitants, as in the case of a true perversion.

While this is true, there are a number of compulsive games very obviously sexual in character. The pleasurable rhythmic movement of certain muscles in certain definite patterns, or the habit of tapping with the fingers does not of course ordinarily lead to an orgasm; but it is equally true that every autoerotic act and every sadistic phantasy does not have to end in orgasm, although both of these are by general agreement sexual activities. In other words, there are many different derivatives of infantile autoerotisms which occupy an intermediate position and which, depending on the point of view, may be considered sometimes as compulsive acts and sometimes as minor perversions.² Another

¹ Pfeiffer, Sigmund: *Äusserungen infantil-erotischer Triebe im Spiele*. Imago V, 1919.

² Happel, Clara: *Onanieersatzbildungen*. Int. Ztschr. f. Psa. IX, 1923.

group of intermediate states is represented by the so-called momentary impulsive aberrations; impulsive theft and impulsive arson are undoubtedly not entirely distinguishable from true compulsions. And yet there are some persons who obtain sexual gratification only when they are engaged in acts such as those referred to: they resemble those who gratify their sexual wishes only when indulging in their perversion.

In summary we may say: well-defined compulsion neuroses are clearly differentiated from cases of perversion, more clearly as a matter of fact than many medico-legal experts assume. Yet there is a field lying between the two conditions, where only a psychoanalytic study of the unconscious content and mechanisms of the perversions can explain the nature of the phenomena encountered.

Although there was a storm of protest against the Freudian concept of infantile sexuality, no one before Freud had any doubt that the similar phenomena of perversions were sexual in nature. This view is justified not only by the fact that perverse activities can produce an orgasm, but also because in all respects they represent in the mental life of the perverse individual those elements which are represented in the normal individual by his sexual drives. Also, before psychoanalysis was discovered some observers pointed out that perverse acts frequently, if not always, appear to be a sort of a one-sided distortion of acts to be found in a less exclusive and less definite form in the sexual behavior of normal people; such behavior is particularly characteristic of the steps preparatory to the sexual act.¹

The perverse are not "miserable wretches", nor yet something "below the dignity of a human being", as one writer recently stated.² The contention that all perverse individuals are constitutionally psychopathic or inferior has no more justification than the same statement concerning neurotics. It is the expression of the universal anxiety with which people face the nature of perversion rather than a result of factual judgment. On the

¹ Bloch, Iwan: *Sexualleben unserer Zeit*. Berlin, 10-12. Aufl. 1919. P. 490.

² Götz: *Sexuelle Kummerformen und ihre strafrechtliche Bewertung*. Der sozialistische Arzt IV, 1928.

contrary, perversions represent something quite human, even universally human. Bloch was the first to point out that the popular evaluation of perversions does them an injustice, that perversions have been practiced in all ages and among all races, and that at certain periods they were generally tolerated or recognized.¹ To this Freud added the observation that perverse tendencies and occasional perverse acts, or at least phantasies, occur in the life of every single individual, in the normal as well as in the neurotic whose symptoms are revealed by psychoanalysis to be disguised perverse acts.² Freud stated: "If it is correct that real obstacles to sexual satisfaction or privation in regard to it bring to the surface perverse tendencies in people who would otherwise have shown none, we must conclude that something in these people is ready to embrace the perversions; or, if you prefer it, the tendencies must have been present in them in a latent form".³ To-day it is a matter of common knowledge that these "latent perversions" which under adverse circumstances of life become manifest, are nothing else but infantile sexuality, the unconscious ideational content of which is identical with that of the perversions. The fact that all human beings under certain circumstances may become perverse, can be explained by the truism that we were all children at one time.

Psychoanalysis of adults and direct observations of children show that children behave in a sadistic and masochistic manner, that they experience sexual pleasure through being cruel and being dirty and that they enjoy looking at genitalia and excreta and having their genitalia or excreta looked at; also that their choice of a love object is not limited to one sex only and that they behave like little fetishists. We assume that the reader is acquainted with the fundamentals of infantile sexuality and shall not go into a detailed presentation of its development.⁴ We sus-

¹ Bloch, Iwan: *Sexuellenben unserer Zeit*. Berlin 10-12. Aufl. 1919. P. 481.

² Freud: *Drei Abhandlungen zur Sexualtheorie*. (Ges. Schr. V, 33.) (Trans. by A. A. Brill: *Three Contributions to the Theory of Sex*. New York. 1910.)

³ Freud: *Vorlesungen*. Ges. Schr. VII, 321. (Trans. by Riviere: *Introductory Lectures*, etc., 261.)

⁴ Freud: *Drei Abhandlungen zur Sexualtheorie*. Ges. Schr. V. (Trans. by A. A. Brill: *Three Contributions to the Theory of Sex*. New York. 1910.)

pect from the outset that the perverse tendencies or acts of adult individuals must have something to do with the corresponding tendencies or behavior of children. This suspicion becomes a conviction when we study some of the rarer and less typical forms of perversions, which are characterized by the fact that the perverse individuals are able to obtain gratification, only under certain specific and unique conditions which turn out to be definitely connected with specific experiences of their childhood.

As far as their sexual life is concerned, the perverse behave like children; in other words, perversions are anomalies of sexual development. The question arises, what kind of anomalies are the perversions? Have the perverse merely suffered an arrest of development so that their sexuality remains infantile and does not reach the primacy of the genital? There is no doubt that this is the state of affairs in some cases of perversion, and deserves the designation "sexual infantilism". Individuals of this type show all possible kinds of perverse tendencies, which do not seem to be organized (they are "polymorphously perverse"); the main emphasis of their sexual life is displaced on to the fore pleasure reactions, and it is therefore not easy in such cases to see where stimulation ends and gratification begins; moreover, such individuals possess a number of more or less infantile characteristics not only in their sexual life but in their general behavior. However, most perverse individuals do not answer to the above description. They may show more preference for fore pleasure than normal persons, but as a rule their sexual gratification always depends upon one definite type of sexual behavior, in which the fore pleasure can be clearly differentiated from the terminal satisfaction. In other words, the sexual life of these perverse individuals is not a simple left-over of an infantile mode of behavior. In a perversion, as in the compulsion neurosis, we meet the problem: given the obvious pregenital nature of the unconscious instinctual life, are we dealing with an arrest of development or with a regression? And we must say, as we said of the compulsion neurosis, that although manifestations of arrest in development do occur sometimes, it is regression that is fundamentally respon-

sible for the typical phenomena. Hence a perversion is not a simple, but a highly complex developmental anomaly. Perverse sexuality does not merely fail to show the subordination of component instincts to the primacy of the genital—as we see it in “polymorphously perverse” children—but is also organized, organized however not under the primacy of the genital impulse but under that of some other component impulse, which is hypertrophied at the expense of all the others. It is as though the energy of all infantile component impulses had been concentrated into a single one of them.

What, then, are the factors which permit a component impulse to drive the genital impulse from its prime position? As usual there are in general two factors: (1) constitution and (2) life experiences.

In regard to the first of these we may say that despite what we know of infantile sexuality, it is still possible that in true perversions, where sexual satisfaction is only to be obtained through the satisfaction of one specific component impulse, constitutional intensification of this component impulse, perhaps through endocrine action, might be the crucial factor. But we must make two comments on this score: (a) We must try to get a concrete notion of what biological fact such a “constitutional factor” would depend on. This is surely not so simple as many writers who are glib with Latin neologisms would have us imagine, when they allot to each component impulse a specific hormone, of which, then, an exceptional amount is supposed to be present in the case of the corresponding perversion. It is not impossible that psychoanalysis, so often reproached for neglecting constitutional factors, may in reality be the means of providing a concrete idea as to their nature. (b) The existence of the so-called latent perversions obliterates the boundary between the normal and the perverse; this, along with the fact that normal persons may under certain life conditions become perverse, definitely restricts the importance assumed for constitutional factors (supposedly crucial), at least for certain cases.

In regard to the second type of factor, life experiences, we

pointed out in our discussion of the neuroses that constitution and experiences fit into a complementary series; that is to say, those with strong constitutional propensities may develop a neurosis under the pressure of a comparatively trivial experience, whereas individuals essentially free from such constitutional difficulties may develop a neurosis if the events in his life have a sufficiently severe influence. We should not expect any different relationship of these two factors in the case of perversion. The question then arises, what are the experiences or events which might lead to the development of a perversion? A first consideration based on clinical observation tells us that there are more similarities between neuroses and perversions than there are differences between them. We shall consider the following:

a. *Experiences leading to fixations.* This means that the perverse individual is fixated from childhood, on the erotogenic zone or the instinctual component which dominates the picture of his perversion. As in the etiology of the neurosis, too much gratification or too much frustration, and factors which provide one or the other, must be considered fixating experience. In respect of perversions, this knowledge was not a contribution of psychoanalysis. Before psychoanalysis originated, it was known (for example, by Binet) that perversions are frequently due to definite experiences of childhood on which the individual remains fixated. However, psychoanalysts often find that these childhood experiences are not the cause but the first manifestations of the future perversion. Particularly when it is stated that sexual excitement was first experienced at a moment with certain attendant "accidental" circumstances, and that from then on the individual's sexual reaction remained bound to these accidental circumstances, this statement is merely an evasion of the problem, why the sexual excitement occurred just at that time. Such events of childhood prove to be not merely fixating experiences especially capable of gratifying an instinctual component and thus producing a fixation; on analysis they frequently are seen to be "screen memories", which disclose their real meaning only after the repressions connected with them have been abolished. This

is particularly true of those incidents which are consciously remembered, and to which the individual seems only too ready to ascribe the origin of his perversion.¹

b. Certain *disappointments* precipitate regression to the points of fixation. This too is met with in the history of a neurosis. Such disappointments do not always come clearly to the fore and without an analysis are not always easy to find. In rare cases where such disappointments do stand out clearly, they are all the more intelligible and are of great use in explaining the perversions. Thus we often see that a perversion begins after a disappointment which occurs in what was a normal love life. There exist, for example, definite types of homosexuals, who are characterized by the fact that their complete inversion of the choice of an object takes place only after a serious disappointment which they experience in a heterosexual relationship.² We may state that thus far there appears to be no specific difference between the etiology of neuroses and that of perversions, for in our consideration of neuroses we included regression to points of fixation following external frustration, as a factor. It is following this regression that the truly pathogenic factor is set into play; this factor is the inner frustration, the repression of, or more correctly the defense reaction against the sexual instinct which in regression resumes its infantile character; the latter must be repressed and it is against this defense, or in connection with it, that the instinct breaks through in the form of a symptom. It is this which gives Freud's formula, "a neurosis is the negative of a perversion", its meaning.³ In other words, the neurosis is a concealed perversion which has become affected by the defense reaction and hence became unrecognizable as such. It is therefore pertinent to introduce an hypothesis which was also formerly utilized by Freud. The decisive choice between a neurosis and

¹ Cf. Freud: *Drei Abhandlungen*, etc. Ges. Schr. V, 28 footnote. (In Brill's translation, ed. 2, page 19.)

² Cf. Freud: *Drei Abhandlungen zur Sexualtheorie*. Ges. Schr. V, 10. (Trans. by Brill, 3.)

³ Freud: *Drei Abhandlungen zur Sexualtheorie*. Ges. Schr. V, 39. (Trans. by Brill, 28.)

a perversion is made only after this momentous regression to the points of fixation has taken place. Through regression sexuality acquires its perverse (infantile) forms; what is to happen later depends upon the attitude of the ego. If the ego approves of this distorted sexuality, it breaks through and a perversion develops; on the other hand if the ego rejects it, a neurosis will ensue.¹

Unfortunately, the whole matter is not always as simple as one could wish. The state of affairs is usually more complex and if this simple hypothesis is to be at all satisfactory, it needs detailed explanation. The psychoanalysis of perverse individuals shows that they not only have the repressions which are common to all, but certain specific repressions which are of crucial etiological importance. It is not a case of the perverse individual's approving or letting into his consciousness the sum total of his infantile sexuality on which he is fixated or which is reawakened by means of regression. The investigator who would like to have it that the differences between a neurosis and a perversion are very obvious will find that despite the manifest differences, the inner structure of these two clinical manifestations has more similarities than he would prefer.²

In perversions the ego appears to accept, or fails to reject, not the reawakened or preserved infantile sexuality in toto, but only a definite part of it, i. e., the perverse component impulse, which appears to survive from an ancient world that has disappeared. Hence, Freud rightly spoke of a "partial repression" as the typical characteristic of perversions.³ We shall perhaps more easily understand this singular phenomenon if we compare it with another one, where, as it were, a few islands remain to indicate a large sunken continent: we have in mind screen memories.⁴

¹ Freud: *Vorlesungen zur Einführung in die Psychoanalyse*. Ges. Schr. VII, 373. (Trans. by Riviere: *Introductory Lectures to Psycho-Analysis*, 301.)

² This was pointed out very clearly for the first time by Freud in: "*Ein Kind wird geschlagen*", Ges. Schr. V. (*Coll. Papers*, II.)

³ Cf. Abraham, Karl: *Bemerkungen zur Psychoanalyse eines Falles von Fuss- und Korsett fetischismus*. Klinische Beiträge zur Psychoanalyse, Wien 1921, p. 84 ff. (Trans. in *Selected Papers*.)

⁴ Freud: *Über Deckerinnerungen*. Ges. Schr. I. and *Über Kindheits- und Deckerinnerungen*. (Trans. by Brill in: *Psychopathology of Everyday Life*.)

When an individual does not remember anything about his childhood, we assume that he has repressed it. If he happens to remember certain banal details, it strikes us at first as a positive feat of memory, as a remarkable instance in which no defense reaction took place against certain events of childhood. However, on closer examination it proves that such memories are signs or equivalents of repressions which did take place; it turns out that other and more important events of childhood were actually forgotten, and it became possible for the individual to forget them only because the less essential facts were retained in his memory. This phenomenon finds its parallel in neurotic symptom formation: when symptoms alone appear in place of infantile sexuality we believe that the latter was repressed. If then, single expressions of infantile sexuality are preserved, giving again the impression that they are left-overs of repressed manifestations, we may assume that we deal here with a phenomenon similar to screen memories; in other words, for the very reason that certain parts of this sexuality are conscious, others are kept under cover by repression. This theory of perversions, which we owe to Sachs¹, may now be tested by means of analytical material, and we therefore shall examine one or two specific clinical conditions.

Let us consider homosexuality, although as a matter of fact this cannot be designated merely a component instinct of human sexuality. Yet, in so far as the sex of the object, generally speaking, appears to play a lesser rôle in the sexuality of children as compared with that of adults, we may consider homosexuality an infantile phenomenon. As is known, certain homosexual trends, albeit inhibited in their aims, normally predominate over heterosexual ones at a certain age.

Freud discussed homosexuality in greater detail than other perversions in the first of his three contributions to the theory of sex.² In this contribution Freud proved not only the useless-

¹ Sachs, Hanns: *Zur Genese der Perversionen*. Int. Ztschr. f. Psa. IX. 1923.

² Freud: *Drei Abhandlungen zur Sexualtheorie*. Ges. Schr. V. (Trans. by Brill: *Three Contributions to the Theory of Sex*.)

ness of the approach to the problem as practiced by pre-analytical sexology, but he outlined so clearly the contribution of psychoanalysis to the understanding of homosexuality that we are able in the following discussion only to reiterate and comment upon what was stated in his essay.

Our point of departure is the phenomenon of bisexuality; by the latter we designate first of all, a biological fact which is of great importance from the standpoint of the relationship between psychoanalysis and biology, but which for the present is to us of little clinical importance. In this connection one may recall the fact that in every germ cell there is the anlage of both the Wolffian and Müllerian ducts and that one finds in the normal anatomy of both sexes a number of rudimentary characteristics of the opposite sex.¹ Or, one might cite the important studies of Hartmann,² who, following Schaudinn,³ concluded that every single living cell contains a material (female) and a locomotor (male) component and that sexuality is a purely relative property which depends upon circumstances, so that one and the same cell may behave in a feminine fashion in relation to a more male cell and in a masculine fashion in relation to a more female one.

As to the psychological side of bisexuality, which is probably a manifestation of biological bisexuality, it is of much greater import for our studies and may, for our purposes, be formulated as follows: Every human individual carries in his unconscious in addition to his normal sexual drive, homosexual drives, which have homosexual aims in the strictest sense of the word, and every homosexual individual carries in his unconscious corresponding heterosexual ones.⁴ Thus it is clear that our sexual

¹ Cf. Langer-Toldt: *Lehrbuch der systematischen und topographischen Anatomie*. Vienna and Leipzig. Ed. 10, 1915, 379.

² Hartmann, Max: *Autogamie bei Protisten und ihre Bedeutung für das Befruchtungsproblem*. Arch. f. Protistenkunde. 1909; and *Die Sexualität der Protisten und Thallophyten und ihre Bedeutung für eine allgemeine Theorie der Bisexualität*. Ztschr. f. induktive Abstammgs.-u. Vererbungslehre 54, 1930.

³ Schaudinn, Fritz: *Die Befruchtung der Protozoen*. Verh. dt. zool. Ges. 1905.

⁴ The theory of bisexuality has been frequently utilized to explain the phenomenon of inversion. Cf. in this respect the footnote on pp. 16-17 of Freud's *Three Contributions to the Theory of Sex*, (p. 9 in Brill's translation), where reference is made to the literature on the subject.

drives in their search for an object are less limited by the sex of the object sought than is commonly supposed. The fusion between impulse and object is much looser than it is thought to be and the sex of the object is to begin with not so important.

It is of great practical analytical importance to bear in mind this fact. I recall in this connection what difficulty I had in analyzing a poem that a patient of mine had composed in his childhood, in collaboration with his older brother and sister. Three men and three women appeared in this poem and it was impossible to understand whom these characters represented until we learned that we were dealing with a double representation of the three siblings: regardless of their respective sexes they appeared sometimes as men and sometimes as women. The so-called "contra-sexual" transference, i. e., a patient's reaction to the man analyst as if the latter were his mother and the woman analyst as if she were his father, is of great importance in analytical practice and becomes intelligible only from the point of view outlined above.

Bearing the phenomenon of bisexuality in mind, we shall find that normal sexual development—that is, a development which leads the individual from an object choice that is originally not limited to an object of a definite sex but later becomes limited to an object of the opposite sex—is a process presenting a problem in itself. This development is much more easily completed by the boy, for the original object of his love is his mother and this fact points out to him the road to heterosexual development. The development of the girl in the direction of normal choice of object cannot be explained away by the mere reference to the so-called biological factors; on the contrary, it represents as complex a problem as that of the limitation of choice to an object of the same sex met with in overt homosexuals. Of late this problem has been the topic of a lively discussion.¹ However, we shall not go into the details of this discussion and we shall thus avoid deviating from our main problem, i. e., the problem of the limitation of choice of object which is characteristic of homosexual individuals. The homosexual, like any other human

¹ Cf. Freud: *Einige psychische Folgen des anatomischen Geschlechtsunterschiedes* Ges. Schr. XI. Horney, Karen: *The Flight from Womanhood*. Int. J. Ps-A. VII, 1926. Lampel-de Groot, Jeanne: *The Evolution of the Oedipus Complex in Women*. Int. J. Ps-A. IX, 1928. Jones, Ernest: *The Early Development of Female Sexuality*. Int. J. Ps-A. VIII, 1927. Fenichel, Otto: *The Pre-genital Antecedents of the Oedipus Complex*. Int. J. Ps-A. XII, 1931.

being, possesses, to begin with, the capacity to choose an object of either sex. What is it then that produces the limitation of this capacity, which we rate as pathological?

1. *Biological factors:* While we have little to contribute to the consideration of these factors from the analytical point of view, and while we shall have to postpone for the time being the discussion of the little we have to say on the subject, in no way do we underestimate their importance. The very recognition of the fact of biological bisexuality carries with it the conviction that certain males may be endowed with a surplus of feminine, and certain females with a surplus of masculine sexuality. These factors appear to play an important rôle particularly when homosexuality in a given individual goes hand in hand with physical characteristics of the opposite sex. However, as is well known, this is by no means a frequent occurrence and it can perhaps be observed more often among female rather than male homosexuals. Even though the hopes which were aroused by the studies of Steinach,¹ according to whom there are definite differences between the cell structure of the interstitial tissue of the normal individual and that of the homosexual, failed to be justified,² we have no doubt that future biological studies will bring out the existence of other analogous differences.

2. *Psychological factors:* We shall start with the consideration of the so-called accidental homosexuality.³ Thus in certain situations where there are no women—at sea, in prisons, etc.—a man who under normal circumstances would be sexually normal establishes homosexual relationships. This fact proves first of all the general distribution of the “latent” perversion, that which we called psychological bisexuality. Without the latter such a transient turn to homosexuality would be unthinkable. This leads us to the question whether all types of homosexuality

¹ Steinach, Eugen: *Histologische Beschaffenheit der Keimdrüsen bei homosexuellen Männern*. Arch. f. Entwicklungsmechanik, 46, 20. See also the clinical communications of Steinach and Lichtenstern in the *Münchener med. Wochenschr.* 1918.

² Cf. Stieve: *Entwicklung, Bau und Bedeutung der Keimdrüsenzellen*. München und Wiesbaden 1921. Also Slotopolsky: *Sexualchirurgie*. Ztschr. f. Sex. XII. 1925.

³ Freud: *Three Contributions to the Theory of Sex*. (Brill's translation p. 2.)

might not be a result of a similar circumstance, i.e., of a situation in which the absence of a woman determines the inversion, except that instead of external circumstances, internal ones might exclude one from contact with a woman. In other words, it might be that for some problematic reasons no woman exists for the homosexual. Two facts lend extremely strong support to this hypothesis. First of all, a number of homosexuals, when questioned closely, admit that despite their original assertion, they are not indifferent towards women; on the contrary, they assume towards them a resistive attitude; they consider the woman or the female genitalia as horrible or disgusting. Just as so-called unmusical people are not indifferent toward music but perceive it as something unpleasant and thus show that with them it is not a matter of absence of musical capacity but that of a psychogenic inhibition, so do homosexuals show that the choice of a woman as the object of love became impossible for them on account of some inner psychological circumstance. The second circumstance which appears to corroborate our hypothesis is observed in those individuals who turned to homosexuality following an acute disappointment in a woman, as if they said to themselves: I shall never have anything to do with the sex at whose hands I experienced so much suffering; as far as I am concerned there exists no women. It is quite probable, of course, that such a sharp turn towards homosexuality as a result of a disappointment would not take place, were it not for the fact that the disappointment in some way becomes connected with another one, which is deeply seated and which occurred in childhood and was repressed.

We thus may assume that homosexuals are men who in some way experienced a very early deep disappointment which turned them against the female sex. Psychoanalysis of homosexuals also confirms the following rule, which was formulated for the neuroses: whenever the difference between the genitalia of the sexes (which in itself is, in reality, of relatively little importance) is found to have an outstanding meaning in the unconscious of an individual, whenever we find that a person's relationships

to a fellow human being are unconsciously determined by the other person's sex, we may be certain that we are dealing with the castration complex. This is in accordance with the fact that the rejection of women by a homosexual is distinctly a genital one; a number of homosexual men make good friends with women and respect them highly, but any genital relationship frightens them away. Psychoanalysis of homosexuals has heretofore always brought out the fact that homosexual men suffer from the result of repressed memories, from castration anxiety arising from the perception of the female genitalia.¹ Freud formulates this attitude in the following manner: the homosexual man, he says, is so insistent on the idea of a penis that he refuses to miss it in his sexual partner.² One could also give a negative turn to this formula: homosexual men are so frightened at the sight of a being without a penis, that they reject any sexual relationship with such a partner.

The sight of the female genitals may arouse in a boy a sense of disappointment or anxiety reactions connected with the castration complex in the following two ways: first, as Freud pointed out, the actual absence of a penis in a woman, i.e., the recognition of the fact that there actually are human beings without a penis, leads to the conclusion that one actually might also become such a being; in other words, old threats of castration may be revived by such observations.³ Secondly, the female genital, through the unconscious connection of castration anxiety with old oral anxieties, is perceived as an instrument of castration, an instrument which might bite or tear off the penis. Quite frequently the combination of both trends is met with.

There are many reactions to such a castration shock provoked by the sight of female genitalia. This shock is in no way pathog-

¹ Cf. Sadger, I.: *Die Lehre von den Geschlechtsverirrungen (Psychopathia sexualis) auf psychoanalytischer Grundlage*. And Boehm, Felix: *Beiträge zur Psychologie der Homosexualität*. Int. Ztschr. f. Ps. VI and VIII. 1920 and 1922. And *Homosexualität und Ödipuskomplex*. Int. Ztschr. f. Ps. XII. 1926.

² Freud: *Analyse der Phobie eines fünfjährigen Knaben*. Ges. Schr. VIII, 230. (Trans. *Analysis of a Phobia in a Five-year-old Boy*. Coll. Papers III.)

³ Freud: *Der Untergang des Ödipuskomplexes*. Ges. Schr. V, 426. (Trans. by J. Riviere: *The Passing of the Ædipus Complex*. Coll. Papers II.)

nomonic of homosexuals; it may be found quite frequently in many heterosexual men. Only the reaction to this shock can be characteristic of homosexuals. Following the loss of an object, or following a disappointment in an object, all persons tend to regress from the level of object love to the preliminary phase of this love, i.e., to the phase of identification; in other words, they become psychologically the object which they cannot possess. The homosexual individual, also, identifies himself with the woman following his disappointment in the latter, but what determines whether he will become homosexual is how and in what respect this identification takes place and in what particulars this identification is manifest. In a homosexual individual this identification takes place in regard to object choice: following his disappointment in his mother, he identifies himself with her in one particular respect: like her, he loves only men.

We use here the word "mother" in place of the more general word "woman". We may do so with a clear conscience because psychoanalysis of homosexuals shows that the œdipus complex is operative in them to at least the same degree as in hysterical and compulsion neurotic individuals; perhaps even to a greater extent, for in the forgotten pre-history of homosexual men one finds frequently very intensive love for the mother or mother figures. It is quite possible that the intensity of this original love for the mother, combined with other factors, accounts for the fact that the future identification with the mother takes place in the field of object choice. In short, the unconscious formula of the homosexual man is as follows: "Since I cannot have my mother (because I do not want to have a being without a penis) I will be mother myself." This formula may lead into various paths of development:

(a) The type of individual who is more narcissistic than feminine strives first of all to assure himself that his œdipal cravings should at least be gratified in a narcissistic manner. He therefore identifies himself with his mother and behaves as he wished his mother to behave towards him; hence, he turns towards love objects who are most like himself, chiefly young men and boys

who (to him) are similar to himself, and he loves them and treats them with the same tenderness he had always desired from his own mother. While he thus acts as if he were his own mother, he is emotionally in tune with his narcissistically chosen love object; he feels close to, and vicariously lives through the feelings of the person he loves. As is to be expected, this schematic outline of development is subject, in reality, to a number of complications. The most common one is that the individual under discussion acts not like his mother, but like a substitute mother—most frequently a sister; this may happen either because the love for the mother was transferred on to another person at a very early age, or because this transference was made simultaneously with a reversion from love to an identification. This is the course of events which produces the externally frequently very aggressive “subject homoerotic” individuals who actively seek younger persons as objects.¹ In some cases belonging to this group, the manifest aggressiveness does not seem to go very far especially if in the deeper layers of their unconscious (on the level of the original oedipal situation) they are motivated by specially aggressive impulses.

The analysis of a young man brought to light that he was gentle and feminine and always stood ready to step aside in favor of others; his manifest sexual life was limited to masturbation, and he had numerous men friends in whom he was much more interested than in women; in other words, he could be designated, fundamentally, as a homosexual individual. In the course of his analysis, he was constantly occupied with making psychological discoveries about his friends, and it was not difficult to show him that these discoveries were valid for himself as well. Thus it was definitely established that we were dealing with a narcissistic type of choosing a love object. Moreover, the patient surrounded his friends with tender care that could only be termed maternal. Gradually he came to realize that his passive nature resembled that of his placid mother; as an adult individual, he still clung to his mother with a love which left no

¹ Ferenczi, Sándor: *Zur Nosologie der männlichen Homosexualität*. Int. J. Psa. II, 1914. (Trans. in *Contributions to Psychoanalysis*, Boston, 1916.)

doubt that his was a profound identification. He once said: "My mother and I must stick together for we are fellow-sufferers." These words, while having a definite conscious meaning, concealed his unconscious genital identification with the castrated mother, whom he unconsciously imitated in his choice of friends who resembled himself. Homosexuals of this type usually choose young boys as love objects, especially boys at the age of puberty. This fact suggests a fixation on that level: such individuals see these boys as themselves at their favorite age. The same mechanism occurs in some heterosexual individuals also; this is true of those highly feminine men who during childhood or puberty saw themselves in phantasy as girls; these fall in love with little girls in whom they see the incarnation of their own selves and they endow these girls with the qualities which their mothers denied them. It is quite probable that the same mechanism is found in cases of pædophilia and some other special forms of perversion. Thus, a certain patient whose personality and neurosis were highly influenced by an overwhelming identification with his mother, would become intensely excited sexually whenever his sweetheart would urinate in his presence, while he conversed with her in a friendly manner; his analysis showed that he was playing the rôle of his mother who used to put him on the chamber pot when he was a boy.

(b) The clinical picture is quite different if following the identification with the mother, an anal fixation plays the crucial rôle in determining the individual's subsequent development. The individual then does not strive to bestow tender love on someone—the same love he once desired from mother—and thus vicariously enjoy it; instead, he extends the identification with his mother on to the gratification itself. As is known, the regression from object love to identification always runs parallel with a regression from the phallic to the anal levels of functioning; hence, the wish to obtain sexual gratification with mother becomes transformed into the wish to enjoy it in the same manner as mother does. From this as a point of departure, the father becomes the object of love and the individual strives to submit himself to the

father genitally (anally). In the discussion of the compulsion neuroses, it was possible to see quite clearly the circumstances which favor an anal regression, and how such a regression results in an increase of female reactions: excessive castration fear, which inextricably fuses together the ideas, sexual gratification and castration, so that castration itself (as the prerequisite of feminine gratification) becomes the very aim of the sexual instinct—this despite the fact that this type of development not only fails to eliminate castration anxiety but reënforces it instead.¹ A homosexual individual of this type evolves in the same way as the compulsion neurotic, with this difference: what became manifest and positive in the homosexual, remains latent and negative in the compulsion neurotic. This is what serves as a basis for the development of those “object homoerotic” individuals whose aggression remains inhibited.² They assume a feminine attitude and want to be loved by men; this circumstance does not, however, exclude the fact that under certain circumstances and in the deeper layers of their personality, they become all the more aggressive. Just as this type of femininity represents an outcome of the conflicts connected with the œdipus complex, so may the marked passivity of this outcome frequently serve as a cover for a marked strongly aggressive representation of the œdipus complex. To put it more briefly: in such cases we deal with individuals whose œdipus complex was resolved by their taking over the negative œdipal attitude, characteristic of the opposite sex.

In bisexual individuals in whose analyses it is possible to demonstrate the complete œdipus complex, it is at times not easy to determine whether the positive or the negative œdipus complex played the primary rôle; as a rule, and especially in cases of manifest homosexuality, one will succeed in gaining a better understanding of the case with the assumption—which we used in our description—that it is the normal œdipus complex that lies at the basis of the neurosis and that the reverse œdipus complex is but a reaction to the normal one. We must admit, how-

¹ Cf. Chapter on Compulsion Neuroses.

² Ferenczi, Sándor: *Zur Nosologie der männlichen Homosexualität*. (Trans. in *Contributions to Psychoanalysis*, Boston, 1916.)

ever, that the stronger the constitutional anlage of bisexuality, that is, the stronger the primary tendency towards a negative œdipus complex, the more probable it is that the individual will tend to escape into the negative œdipus orientation at the very earliest manifestations of the positive one. The same is true when we are called upon to answer the question, whether constitutionally strong bisexuality is a prerequisite or a result of the regression of the libido to the anal level of organization. The Wolfman, for instance, appears to belong to this type¹; however, the Wolfman was totally unable to escape castration anxiety by turning to homosexuality, because to him castration was the very condition for obtaining the feminine type of sexual gratification; it is for this reason that he developed a neurosis instead of a perversion. The same mechanism is met with, in some exceptional cases, in a heterosexual form; this happens in cases in which the love was transferred very early from the mother to a sister with whom the patients identify themselves subsequent to the disillusioning discovery that women have no penis. Under proper circumstances, that is, when reality situations favor such an attitude, this identification usually leads not to the wish to be treated by father as he treated mother, but to be treated as the sister was treated by the mother.²

Summarizing, we may state: to the first type belong those who strive to love a person like themselves, as they wished their mothers to love them. The second type wishes to be loved by the father in the same way as the mother is loved. Although the mechanisms leading to the development of these two types appear to be strictly incompatible, we must remember that inconsistencies exist side by side within the human psyche, since narcissistic and anal fixations often occur in the same persons; hence, too, we occasionally see combinations of both types in the same individual. In other words, the terms "subject homoerotic" and "object homoerotic" are relative. In a number of homosexual

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

² Cf. Fenichel, Otto: *Zur Psychologie des Transvestitismus*. Int. Ztschr. f. Ps. XVI. 1930. (Trans. Int. J. Ps-A. XI, 1930.)

individuals both mechanisms operate simultaneously, one of the two usually predominating.

Freud described a third type of psychogenesis in homosexuality, found mostly among the so-called "mild" cases, which is also, to be sure, facilitated if the œdipus complex ends in an identification with the mother.¹ Even in cases of the second type, an older brother may be the chosen object of love, in which case he must be considered a substitute for the father. The third type described by Freud is characterized by the fact that the homosexual object chosen is the brother himself, who is not a substitute father. The extreme friendliness between siblings of the same sex which sometimes occurs, is often found on analysis to be an overcompensation of a primary very strong hatred, giving the impression of a transformation of hatred into love. It becomes clear then that an affectionate attitude towards a brother in such cases arises after a very long period of hostility, and it is possible by means of analysis to show how the hatred on which this love is based, is betrayed in some particular individual feature of the love (envy, for instance). This homosexuality which overcompensates hatred, as Freud emphasizes, contributes largely to that which is called "social feeling", though it does not have very much of the character of pure object love and is shot through with the characteristics of identification. There are, for instance, younger brothers who, successfully overcoming their hatred of the older brothers, regard them with affection, if their identification with the older brothers goes so far that they can consider their brothers' success in life as their own. In this case the brother has become, as it were, part of the individual's own ego. When the brother is successful then it no longer means, "He is successful and not I," but, "We are successful; what a remarkable pair of brothers we are."

This mode of origin is to be found especially among those individuals whose passive homosexual strivings have become fused with identifications with their object. Thus in a case of

¹ Freud: *Über einige neurotische Mechanismen bei Eifersucht, Paranoia und Homosexualität*. Ges. Schr. V. (Trans. in *Coll. Papers* II.)

pathological hero worship, it was possible to show that the original "hero" was an older brother, originally envied and hated and then loved in a passive, submissive manner. The patient was psychologically at one with his brother to such an extent, that he vicariously shared the brother's glory. The primary envy was betrayed by obsessive rumination as to whether this or that hero was "greater".

It is clear that this type of overcompensatory love through identification serves very well its purpose, for the patient in such cases need no longer compete with his brother. The brothers can divide between themselves the fields of activity, as it were. Certain fields of endeavor will be given over to the brother, because the brother's success supplies all the gratification needed. Thus one evades direct competitive collision with the brother. The field of sexual activity in particular is subject to the influence of this mechanism of evasion.¹ This is quite natural, for if one is homosexual and desires objects who are similar to the brother, one succeeds in evading sexual competition with the brother.

A similar mode of evasion may also be observed in homosexuals of the other two types. An identification with the mother does not exclude the simultaneous presence of an identification with the brother on some other level, nor even an identification with the father, in the sense that one can more readily relinquish love for one's mother, if one can enter into and sympathize with the feelings of the father who loves his mother. In general, we may state that identification plays more of a rôle in homosexual love than in heterosexual love; it is not limited to the third type just described but is merely more conspicuous in this type. If we consider that homosexual objects of love resemble one's ego more than heterosexual ones, we can readily understand the intimate relationship between homosexuality and narcissism. Homosexual individuals show even in their object relationships signs of the interplay between object love and identification, which we shall treat in greater detail in a later chapter.

¹ Cf. Freud: *Über die Psychogenese eines Falles von weiblicher Homosexualität*. Ges. Schr. V, §27, footnote. (Trans. in *Coll. Papers* II.)

It is possible to show in all cases of homosexuality—which in general appear to be special outcomes of the œdipus complex—the original heterosexual orientation which was rejected as a result of castration anxiety. Often this is particularly easy to demonstrate in those individuals who insist consciously, and with a great deal of stubbornness, that they have never felt any interest in women. Even in the later life of these individuals, proofs of this contention are to be found. Thus, the homosexual objects of whom we stated, that they were images of the patient's own ego, of his father or his brother, as a usual thing also have certain traits of the mother or sister, even, indeed, of their latest representatives, women by whom the homosexual individual was recently sexually stimulated, which stimulations, in process of warding off anything heterosexual, were repressed and transposed on to his homosexual object.¹ Thus a friend of the patient mentioned above (who was always making psychological discoveries in his friends), had a striking resemblance to his sister and had almost the same name. This circumstance explains why homosexual men often choose as their love objects other men or boys who are feminine in appearance or in dress. They love hermaphrodites, as it were—that is to say, the women whom they originally loved but, since femaleness is repulsive to them, in a masculine guise.

Homosexuality, like all neuroses, may also be a source of manifold secondary gains. The chief among these and the most characteristic is one just mentioned: the individual evades a conflict due to ambivalence by avoiding competition with the person of the same sex. Our insight into the mechanisms of homosexuality also makes it possible for us to say a few words about the circumstances which favor the introduction of these mechanisms. In all forms of homosexuality, as has been said, readiness to substitute identifications for objects plays a great rôle. This readiness goes hand in hand with the reënforcement of secondary narcissism proper—the love for one's own ego. The probability of a homosexual orientation is increased if an individual's general tendency

¹ Freud: *Drei Abhandlungen zur Sexualtheorie*. Ges. Schr. V, 18. (Trans. by Brill, *Three Contributions to the Theory of Sex* [ed. 4], p. 10-11.)

towards identification is replaced by a special tendency to identify himself with his mother. The fact that children in general show a tendency to identify themselves more thoroughly with the parent at whose hands they experience most frustration explains Freud's finding that those men are more inclined to become homosexual who had a very "weak" father or no father at all—who, in other words, were frustrated in crucial things by their mother.¹ We may also add—and this is particularly true of the "object type" of homosexuality—that anal erotic fixations, constitutional or acquired, favor homosexuality. In addition, there is that essential unconscious attitude which initiates the whole process, namely, the inability to acknowledge the existence of beings without a penis, since these latter suggest too much the danger of castration.

It will be noticed that although we started to discuss homosexuality in general, we have discussed only the male homosexuality with which we are more familiar. But from all that we know of female homosexuality, we may say that it probably has a very similar construction. Freud published a case² in which the crucial factor in the development of homosexuality was a severe disappointment at the hands of the father at the time when the girl reached puberty. To this the patient responded by identifying herself with her father and from that time on selecting as objects of her love, only women who resembled her mother. In that case, the secondary gains obtained through avoiding competition with her mother and her revenge on her offending father were very evident. In other words, this case was an analogue of those we described above as "type (b)". This type was characterized by the following features: disappointment at the hands of the mother who had no penis—identification with her—desire to be loved by the father in the same manner as he loved mother. In Freud's case we have the following: disappointment at the hands of the father—identification with him—desire to love the mother the way father loved her. The crucial disappointment,

¹ Freud: *Drei Abhandlungen zur Sexualtheorie*. Ges. Schr. V. (Trans. by Brill: *Three Contributions to the Theory of Sex*.)

² Freud: *Über die Psychogenese eines Falles von weiblicher Homosexualität*. Ges. Schr. V. (Trans. in *Coll. Papers II*.)

which naturally in women should be different than in men, was in Freud's case the birth of a sibling at the time when the patient reached puberty, that is, at the time when the patient herself wished intensely to have a baby by father. In his discussion of the case, Freud pointed out that the development of that particular homosexual orientation must have been due to the fact that severe disappointment was experienced by the girl at the time of puberty and not earlier.¹ This point of view was later abandoned, nor can we adhere to it. Rather, it appears to us probable that this pubertal event produced so severe an effect only because it was somehow a repetition of an analogous infantile experience. At any rate, the incomplete analysis of the case reveals nothing to that effect but it must be recalled that in addition to the child born at the patient's puberty, there was one born three years earlier. It must also be emphasized that just as in the case of men, the shock of a castration experience is not specific for the development of homosexuality but that the type of reaction to this event is; so in the case of women, a disappointment by the father is in no way specific for the development of female homosexuality.

Thus I had the opportunity to analyze a girl whose history was quite similar to that of Freud's patient. She experienced a severe disappointment at the hands of her father, when a child was born when the patient was three years old. At the age of twelve another child was born. This experience terminated abruptly the development of her strong *œdipus* complex and engendered an intense desire to avenge herself on father. Yet the patient did not become homosexual. Instead she chose a substitute for her father, a cousin, with whom she succeeded in repeating all that she had heard her parents did when they were engaged.

The element which, added to the disappointment, leads to homosexuality is the sexual misidentification and especially, the misidentification in place of an object relationship.

I had the opportunity to observe in two cases almost the same mechanism as that demonstrated by Freud's case, that is, the mechanism corresponding to the type (b) of masculine homosexuality; the patients responded to the disappointment in their *œdipus* wishes by

¹ Freud: *Über die Psychogenese eines Falles von weiblicher Homosexualität*. Ges. Schr. V, 388 ff. (Trans. in *Coll. Papers* II.)

means of an identification with their father, and consequently they assumed an active masculine rôle in relation to women, who served as mother substitutes. One strongly bisexual patient showed that her homosexual experiences were the responses to certain individual heterosexual disappointments. The experiences did not appear very intense but seemed to be colored by anger felt for the heterosexual object (that is, the father), as if the patient wished to say: "I don't need you men; I can be a man myself." The form of her defiance was favored by the fact that the patient had in her childhood a number of minor homosexual experiences, whereas her heterosexual œdipus strivings had been confined to the realm of phantasy. Thus, in choosing homosexual objects she, so to say, took the bird in the hand. Another patient who had strong homosexual tendencies recalled that when, as a child, she had shared the same bed as her mother, she would experience pleasure if one of her legs rested between those of her mother. She thus quite definitely identified herself with her father and chose her mother as the object of her love. The disappointment which this woman was to experience from her father was enormous; he died when the patient was extremely young, so that she never knew him and therefore continually felt at a disadvantage as compared with other girls. She overcompensated for this feeling not only by a phantastic elevation of her father, whose death had endowed him with a sort of divinity, but also through an extensive identification with this father-God, whose soul (penis) she phantasied as having been transmitted to her. In both of these cases the female castration complex also played a leading rôle. The patients were disappointed by the fact that they were creatures without a penis. For this they held their mother, and not their father, accountable. This led to a reënforcement of the wish to possess a penis. The identification with the father thus served the purpose of correcting unpleasant reality at this point.

We must emphasize that this is not the sole type of female homosexuality. Despite the fact that no such case has as yet been reported, the analogue of "type (a)" can surely occur in cases of female homosexuality. In other words, there are active homosexual women who, in consequence of an identification with the father, choose as love objects young girls—the latter serving as the ideal representation of their own ego. They then behave

towards those girls as they wished they had been treated in their youth by their father.

I had occasion to publish a most striking case of this type.¹ It was a girl who as a child was exposed to real incestuous behavior on the part of her father. He used to put the little girl's hand on his penis and then masturbate with it. The patient's homosexuality began with the following incident. At the age of puberty when her father was away, she got into her younger sister's bed and put the little sister's hand on her own clitoris. In other words, she acted with her little sister exactly as her father had acted with her. The real incestuous experiences caused the girl to develop an inordinate fear of injuring her genital: the very large penis of her father might enter her small body, split her or tear her. As a result of this anxiety, she objected to the penis in general and could love, only if the penis was somehow eliminated. She thus favored impotent men. However, she really preferred women to men, and with them she would repeat the childhood experience with her sister. She took over the father's rôle and tried to make the women do what her father had made her do when she was a little girl.

The remarkable fact, that persons who in childhood imagined themselves as being of the opposite sex show this same mechanism in their choice of heterosexual objects, also holds good for women. A patient of mine betrayed her masculine orientation even by the position she assumed during sexual intercourse, where she could have an orgasm only when lying prone on the man. From other traits in her personality it was clear that in her male partner she saw and loved herself—herself as a man; she stressed the virility of her male partner; she reacted intensely to his penis and to the idea of male homosexuality. Her main phantasy was: "My father loves me and I have a penis." Thereby, she imagined that she was her father, her partner a little boy.

Finally, an antagonism between sisters may also become over-compensated and develop into a sort of mild homosexual love identification, as in the analogous case of brothers.

A woman patient, while not overtly homosexual, had an unusual number of women friends and was constantly preoccupied with feel-

¹ Fenichel, Otto: *Eine Traumanalyse*. Int. Ztschr. f. Ps. XV. 1929.

ings of the most tender concern for her older sister; she would reproach herself severely for every little pleasure that she enjoyed and that her sister had to forego. In this case, it was not difficult to demonstrate the presence of the underlying hatred originally felt for this very same sister.

We thus see that in a general way the mechanisms of female homosexuality, little though it has been studied, are the same as those found in male homosexuality. It is true, however, that in women there enters a complicating circumstance not mentioned hitherto—that the first love of every girl is always a homosexual love, love of the mother. Hence in the normal development of every little girl there is a change in object from the homosexual to the heterosexual, the nature of which is still quite obscure. Therefore, the regression which takes place in women who turn away from the normal path towards homosexuality is different from that of men; with the regression are revived memory traces of the primitive tie to the mother, and, female homosexuality consequently has a more archaic imprint than male homosexuality.

There is also no doubt that homosexuality in women is closely related to the problem of not having a penis. Very often the homosexual orientation in women shows in general very little of what is called an object libidinal attitude and appears to be rather the result of an exaggerated desire to possess a penis. However, one should not overemphasize this factor in connection with homosexuality, for there are many heterosexual women with an intense penis envy, who imagine themselves using a penis in sexual intercourse with men.¹ Nevertheless, the problem of the anatomical difference between the sexes appears to play a great rôle in the etiology of homosexuality in women. The homosexual man thinks, "I do not want to have anything to do with beings who have no penis," because he does not want to be reminded of the possibility of castration. The corresponding idea in homosexual women is, "I do not want to have anything to do with

¹ Cf. Abraham, Karl: *Äusserungsformen des weiblichen Kastrationskomplexes*. Int. Ztschr. f. Ps. VII. 1921. (Trans. in Int. J. Ps-A. III. 1922. And in *Selected Papers*.)

beings who have a penis, because I do not want to be reminded of the shameful fact that I am a castrated person." The unconscious of homosexual women also proves the validity of the general thesis: whenever the anatomical difference between the sexes plays an important part in the unconscious we are always dealing with manifestations of the castration complex.

Let us now try to see what the analysis of homosexuality may have contributed to our general knowledge of the perversions. On the surface, the clinical picture is determined solely by the sex of the love partner; neither the œdipus nor the castration complex is in evidence, and yet the analysis of homosexuality proves that both these complexes, though repressed, are crucial in the psychogenesis of homosexuality. What is the relationship of manifest homosexuality to these repressed complexes? Homosexuality proves to be the product of the specific type of repression, and its presence guarantees the persistence of this repression. We may say justifiably that in this case the breaking through into consciousness of things which usually remain in the unconscious (the homosexual drive) serves to keep repressed other more objectionable elements such as the œdipus and castration complexes. Hence, the analogy with screen memories, referred to above, is totally justified. While normally everything that is related to the repressed also becomes the object of repression, it appears that in perversions, as in screen memories, the ego's work of repression is facilitated if a part of the repressed content, while remaining in an associative connection with the repressed, is preserved in the memory. In other words, the fact that certain impulses, usually forbidden, remain in consciousness, guarantees the repression of the œdipus and castration complexes. Sachs pointed out that here the repressing ego permits the breaking through of a relatively harmless part of the offensive complex; in the meantime most of the libido of the whole complex becomes displaced on to the part which has broken through; by this means this part becomes the ally of the ego and helps it to keep the rest of the complex in a state of repression.¹ I have dis-

¹ Sachs, Hanns: *Zur Genese der Perversionen*. Int. Ztschr. f. Ps. IX. 1923.

cussed elsewhere¹ how in the conflict between a perception and the repressing efforts of the ego, a screen memory comes to serve as a substitute object for the perception, and how this is a psychic economy, so that, as a result, the ego under proper circumstances develops a sort of hunger for "screen experiences"; this so-called hunger can be demonstrated clinically. The establishment of a perversion evidently signifies an analogous diminution of the psycho-economical burden which makes itself felt in the struggle between the ego on the one hand, and the œdipus and castration complexes on the other. We may, therefore, state as a provisional formulation that for certain individuals, normal sexuality unconsciously means incest and is perceived as entailing the danger of castration. Sexuality, then, is supplanted by a perversion, the form of which is determined by infantile sexuality, and which has as its function the elimination of danger and the maintenance in repression of those excitations which appear dangerous. Two questions then arise: (1) To what extent are our findings in homosexuality applicable to perversions in general? And (2) to what extent does the perverse act succeed in eliminating the danger imagined to reside in sexuality, and permit the appearance of an orgasm that would otherwise be inhibited?

The first question can be attacked properly only through a consideration, one by one, of all the typical forms of perversion. Obviously, we cannot undertake this task with as much detailed thoroughness as we employed in the discussion of homosexuality. However, we might begin by studying a perversion, the mechanisms of which were investigated and clarified by Freud; this perversion is not merely a hypertrophied normal infantile sexual component, although similar manifestations may be found in childhood; we refer to fetishism.² It is of interest that the psychoanalytic literature on this topic described cases of fetishism

¹ Cf. Fenichel, Otto: *Zur ökonomischen Funktion der Deckerinnerungen*. Int. Ztschr. f. Ps. XIII. 1927, and *Zum "Merkbefehl."* Int. Ztschr. f. Ps. XIV. 1928. (Trans. Int. J. Ps-A. X. 1929.)

² Freud: *Fetischismus*. Ges. Schr. XI. (Trans. Int. J. Ps-A. IX.)

as arising by means of a sort of conditioned reflex. The fetishistic impulse was supposed to be due to a displacement of sexual excitement on to a circumstance which "accidentally" accompanied the first manifestation of this impulse. Freud has also referred to a case of this order.¹ A foot fetishist was fixated on an incident of his early childhood, wherein he had been sexually excited on seeing his governess expose her beautiful foot. This incident, however, marks the first expression of the man's later perversion, a perversion which may have begun instantaneously then. But the whole incident must be evaluated as if it were a screen memory. Our question then is, what event can be covered by this memory? The patient was sexually excited when he *saw* the foot, which implies that his impulse to peep sexually was involved. Nevertheless, why should the sight of a foot, ordinarily innocent enough, have aroused this man's peeping tendencies? Assuredly, this cannot be merely because he was endowed constitutionally with a strong scopophilic instinct. The real significance of the screen memory was made clear through the symbolic equation of foot with penis. The memory seemed to conceal the following unconscious thought: "I saw the penis of my governess," or: "I saw that my governess had a penis." Now the patient surely saw nothing of the sort. Quite obviously this thought was utilized by him to deny the event which did occur—he had seen that his governess did not have a penis. It was this unpleasant memory that was kept repressed by the repudiative screen memory. In other words, the child seized upon the "foot-incident" because this incident was a suitable one to utilize in denying the truth of another discovery that seemed to him to entail danger. His sexual excitement was correlated with the following idea: "Now I can permit myself to be sexually excited. The thought that there are human beings without a penis, and that I might some day be one of their number, has hitherto made it impossible for me to grant myself sexual excitement; but the sight of the symbol of the penis helps me shut out

¹ Freud: *Vorlesungen zur Einführung in die Psychoanalyse*. Ges. Schr. VII, 361. (Trans. by Riviere: *Introductory Lectures*, etc., 292.)

that unpleasant thought." This same mechanism operated repetitively and persistently throughout the patient's life: he was able to respond sexually to a woman, only if and when the foot expressly "reminded" him that a woman does have a penis. The formula, "she does have a penis", appears to be the general formula for fetishism. Even when symbolic castration appears to be the true idea connected with the sexual excitement of the fetishist (as in those who cut off braids of hair), in this perversion there are always to be found various conditions which serve to repudiate the idea of this castration.¹ It is superfluous to insist that the castration anxiety in these perversions represents a fear of punishment for œdipal wishes, and that the formula, "a woman does have a penis", corresponds to "my mother does have a penis". As in homosexuality, here too the crucial etiological factors—œdipus complex and castration complex—do not make up part of the manifest clinical picture; instead, they are repressed in a typical and specific fashion by the perversion itself. The process of partial repression, which makes it possible for a "*pars pro toto*" to be retained in consciousness, while the "*totum*" remains repressed, is best seen in cases of fetishism. The total object is replaced by the fetish that stands for its most important part, the penis.

As Freud pointed out, the fetishes most frequently met with clinically are symbols of the penis²: shoes, long hair (braids), and earrings. Fur serves as a symbolic substitute of pubic hair, the presence of which leaves open the question whether it covers a penis or not. A taste for women's underwear is correlated with an aversion to female nudity; the underwear could, so long as it is worn, conceivably conceal a penis. When less typical fetishes are employed, as a rule the history of the individual's early childhood will contain experiences in which the fetish acquired the subjective significance of a penis, and will show that he became fixated on these experiences. There is an imperceptible transition from fetishism to the normal so-called subjective preconditions for love which everyone has.³ It is probable that in studying fetishism, the further we get away from the classical forms, the less clear becomes the classical psychological meaning of the fetish, as discovered by Freud—that the fetish represents the mother's penis. It is

¹ Hárnik, Eugen, J.: *Zur Psychologie des Zopfabschneiders*. Ztschr. f. Sexol. 1928.

² Freud: *Fetischismus*. Ges. Schr. XI. (Trans. Int. J. Ps.-A. IX.)

³ Cf. Freud: *Drei Abhandlungen zur Sexualtheorie*. Ges. Schr. V, 27. (Trans. by Brill: *Three Contributions, etc.*, 18.)

quite certain, however, that the same psychological motivation determines the same so-called variations in the preconditions for love. This is particularly true of women who become sexually responsive only under certain special conditions; these, under analysis, turn out to be conditions which safeguard the woman's illusion that she has a penis. The problem of fetishism in women has not been sufficiently studied. The fact that female fetishists are rare is obviously explained by Freud's theory of fetishism. The little experience we have had of these rare forms suggests that in this condition, as in female homosexuality, the chief rôle is played by the castration complex, with the usual characteristics of that complex in women. The fetish in these cases also represents a penis, simultaneously feared and desired, the penis which the woman wishes that she possessed by virtue of an identification with her father.¹

The homosexual man supplants his love of his mother by an identification with her; the fetishist refuses to acknowledge that a woman has no penis. I had an opportunity to demonstrate that the male transvestite utilizes both attitudes simultaneously; he persistently phantasies that the woman possesses a penis and thus overcomes his castration anxiety, but at the same time he identifies himself with the phallic woman.² Hence, the fundamental trend of transvestism must be the same as that found in the two perversions just mentioned: the refutation of the idea that there is danger of castration, and repression of the œdipus complex. Transvestite coitus is proved by analysis to have two meanings: (1) an object-erotic, fetishistic, one—the person cohabits not with a woman but with her clothes; and (2) a narcissistic, that is, a homosexual meaning—the transvestite himself represents a phallic woman, under whose clothes a penis can in fact be found, and whose clothes, therefore, represent a penis symbolically. Transvestites who are exhibitionistic show their symbolic penis in the same manner and for the same reasons as true exhibitionists (of whom we shall say more below) show their real penis. However, the narcissistic regression, which comes to expression in such cases as an identification with a woman, seems to exceed anything of the sort to be found in homosexuality. In the deeper layers of the unconscious, highly narcissistic phantasies appear

¹ Cf. Hug-Hellmuth, H.: *Ein Fall von weiblichem Fuss, richtiger Stiefelfetischismus*. Int. Ztschr. f. Ps. III. 1915.

² Fenichel, Otto: *Zur Psychologie des Transvestitismus*. Int. Ztschr. f. Ps. XVI. 1930. (Trans. Int. J. Ps-A. XI.)

to reside, in which organs are equated with objects—that is to say, the penis is equated with an introjected woman, so that the patient together with his feminine attire represents a large penis. Identified as he is with a phallic woman, the transvestite seeks new objects to love and—like the homosexual—especially the father, to whom he appears to say: “Love me. I am like my mother—I have a phallus”. Or, “Love me as you love mother. It is not true that this wish of mine endangers my penis”. A most important accidental factor is that the female identification, more superficially, is usually an identification with a little girl, so that the regression to this identification brings with it all the secondary gains of a regression to early childhood. Space forbids the presentation of the pertinent convincing clinical material, which has been published elsewhere.

As to female transvestites, so far there are no psychoanalytic studies available. It must be assumed that the psychogenesis of transvestism in women is simpler, and that the most essential determinant is the displacement of the woman's envy of a penis to masculine attire.

As far as psychoanalytic material on exhibitionists is available, it shows that exhibitionistic behavior represents an eternal denial of castration. This denial has a double meaning: on the superficial level, the exhibitionist, by showing his penis, demands that everybody should confirm the fact that he has one; on the deeper level, he demands that the women and girls to whom he exposes his penis should expose themselves.¹ Behind the manifest exhibitionistic act, then, is concealed a latent wish to look; thus the exposure of the penis is seen to be a sort of magic gesture to show women what the exhibitionist wishes to see—that they have a penis. In exhibitionists, we have our first example of an attempt to allay castration anxiety—due to the œdipus complex—by means of a simple hypertrophy of one of the infantile component sexual

¹ Cf. Freud: *Drei Abhandlungen zur Sexualtheorie*. Ges. Schr. V, 30. (Trans. by A. A. Brill: *Three Contributions to the Theory of Sex*, 21.) Also, Sadger, I: *Die Lehre von den Geschlechtsverirrungen (Psychopathia Sexualis) auf psychoanalytischer Grundlage*. Vienna 1921.

impulses. The harking back to the pregenital exhibitionistic pleasures of early childhood—made possible, surely, only by the fixation on this component impulse—thus serves regressively the purpose of repressing the genital conflict. The frequency and completeness with which this component instinct engages all the sexuality of the exhibitionist betrays that it has absorbed the libido quantities of other and more important instinctual demands; and this makes it possible to keep the latter under control.

A case of exhibitionism that I analyzed showed a remarkable combination of castration complex and a "family romance". His unconscious phantasy was: that his father was not truly his father but a base stepfather, who wished to castrate him. The patient's penis, which he overvalued narcissistically, furnished visible evidence of the patient's exalted origin. The recognition of this fact, which he could attain by exposing his penis, would shield him from the danger of castration.

This interpretation of exhibitionism as an attempt to overcome a fear of castration cannot apply in the case of women. In point of fact, frank genital exhibitionism as a perversion can hardly be existent in women. On the other hand, the non-genital exposure of all other parts of the body for sexual pleasure that does not lead to end pleasure is all the more common in the female sex, as we see for example in vanity. Hárnik found that this difference in the exhibitionism of the two sexes could be explained by the difference between the male and the female castration complex. The very fact that a girl has no penis and sees in this fact an offense against her narcissism, makes her displace her exhibitionistic impulse and exchange a desire to expose the genitalia for a desire to expose her body as a whole. For this reason, the displaced exhibitionism is not adapted to serve as an anxiety-allaying substitutive sexuality, and cannot develop into a perversion which might induce orgasm.

Corroboration of the above statements is furnished by the analysis of female exhibitionistic tendencies which arise before the differences between the sexes is appreciated, and which always prove to be based on unconscious genital wishes. The genital wish could have been, for example, a desire to be watched while urinating, which then was inhibited through modesty, that is to say, by a fear of inciting ridicule, or at any rate disrespect, because of the absence of the penis, and this in turn necessitated a genitofugal displacement. Thus one of my patients with extreme pride would show photographs of herself barefooted. The uncon-

scious phallic character of this exhibitionism was explained by a related hysterical symptom: during sexual intercourse she would feel a need to stretch and spread her toes.

As to those exceptional women in whom a frank tendency to exhibit the genital organs plays an important rôle in their sexual lives, analysis shows in them a far-reaching masculine identification.

Thus a patient had the following masturbatory phantasy: she was compelled to cut a piece out of her dress so as to expose her genitalia; this was combined with a distinct predilection for cunnilingus. The phantasy was derived from another phantasy—the belief that she possessed a penis which was concealed in her genitalia. As a child, this patient was ridiculed by her brother because she suffered from anal incontinence. It was also on account of another anal incident that she developed her belief in a concealed penis; her desire to defæcate had not been given credence. Her perversion seemed to demand that men should convince themselves that, if they looked carefully, they would find a penis—a mechanism quite similar to masculine exhibitionism in that it served to deny castration.

In the unconscious of voyeurs, the same tendencies may be found as in exhibitionists. The experiences of childhood on which voyeurs are fixated, as a rule resemble the primal scene; the painful element which this fixation is intended to overcome and repress is again the same—the danger of castration. The influence of fixations of such a nature is most clearly seen in those cases in which gratification is obtained only if the sexual scene which they wish to witness is subject to certain definite conditions; these conditions represent either a repetition of the childhood experiences which were the foundation of their perversion, or attempts to deny the absence of a penis in women.

Abraham reported the case of a pervert who obtained gratification only under the following conditions: a man and a woman must have intercourse in the adjacent room; the patient would begin to cry; the woman would have to leave the man and rush to the patient. Sabine Spielrein described a peeping perversion based on a very early repression of genital and manual sexuality.¹

Coprophilia is clearly a regression to the pregenital and sadistic level of libido organization that serves as a defense against genital wishes. Occasionally it is possible to demonstrate that in such cases, also, the wish to deny the apparently dangerous

¹ Spielrein, Sabine: *Ein Zuschauertypus*. Int. Ztschr. f. Ps. IX. 1923.

fact that a woman has no penis serves as the crucial determinant of the perversion.

Francis Deri observed a case of coprophilia which was determined by the fact that the patient, as a little boy, saw his mother defæcating. This experience was completely analogous in meaning to that described above in which the fetishist saw his governess expose her foot. Here fæces played the same part as a symbol of the penis as did the foot in the other incident.

Coprophilic interests occurring in women have proved on analysis to be substitutes for genital interests: after finding out that they have no penis, these girls hope to compete with men more successfully in the anal realm than in the urethral.

Preference for the oral zone as an instrument of sexual gratification seldom occurs as a thorough-going perversion, to the exclusion of other modes of sexual gratification. The first impression given is that of a partial fixation, a vestige of the earliest libidinal organization, which persists along with other analogous vestiges.¹ However, psychoanalytic studies show that the mouth often becomes a substitute for the genital, if genital activity is inhibited by castration phantasies. This is clear in those cases of fellatio, which, on analysis, are seen to be equivalents of, or denials of, biting off the penis. But in cunnilingus, too, as we have mentioned above, both sexes are influenced by the phantasy of a concealed female penis.

The problem of sadism and masochism is less simple. Here too we have a hypertrophy of certain infantile sexual component impulses. But this hypertrophy, despite the fact that it follows the paths marked out by fixations that are constitutionally grounded or that arise from life events, is probably regressive in nature. Freud, in his study of a typical sado-masochistic phantasy, "a child is being beaten", was the first to demonstrate that the sado-masochistic perversions serve to repress, in a fashion specific to this class of disorders, the usual offensive ideas of infantile sexual life: the œdipus and the castration complex.² Analysis of the compulsion neurosis, which is the distorted return of an individual to his infantile sadistic impulses, leads to the conviction that this regression has as its function the protection of the

¹ Abraham, Karl: *Untersuchungen über die früheste prägenitale Entwicklungsstufe der Libido*. Int. Ztschr. f. Ps. IV, 1926. (Trans. in *Selected Papers*.)

² Freud: "Ein Kind wird geschlagen." Ges. Schr. V. (Trans. in *Coll. Papers II*.)

individual from his incestuous wishes and the dangers involved in them. The sadist, also, is a person who has preserved part of his infantile sexuality in consciousness—indeed, this part hypertrophies, and all the energy of the sexual impulse becomes displaced to it, in order to facilitate the control of remaining objectionable wishes.

Several studies have been made concerning the sources of sadism,¹ its place in the classificatory scheme of the instincts,² and its relation to biological phenomena.³ Important and interesting as these studies are in many respects, they nevertheless are of little value in aiding us to understand the meaning of sadistic perversions. It is true that sadistic impulses arise from many erotogenic sources: there is a manual sadism or—more correctly—a sadism correlated with the musculature of the body, an anal sadism, and an oral sadism; the distinctive features of these types have been better studied in the conditions that are “negatives” of these perversions—namely, the compulsion neurosis and depression—than in the perversions themselves. We shall merely mention here that Abraham and Van Ophuijsen have shown that, typically speaking, in the perversion of sadism the regressively reawakened pregenital impulses can be traced back to their origin in the destructive tendencies of the oral period. The dominant phantasies in perverse sadism as a rule refer not only to beating, but to biting and sucking as well.⁴

Masochism is a very complex topic and provides many for-

¹ Freud: *Drei Abhandlungen zur Sexualtheorie*. Ges. Schr. V, 30 ff. (Trans., p. 21.); Federn, Paul: *Beiträge zur Analyse des Sadismus u. Masochismus*. Int. Ztschr. f. Ps. II, 1913; Sadger, I.: *Über den sado-masochistischen Komplex*. Jahrb. f. ps. u. pspath. Forsch V, 1913, and *Ein Beitrag zum Verständnis des Sado-Masochismus*. Int. Ztschr. f. Ps. XII, 1926. (Trans. Int. J. Ps-A. VII.)

² Freud: *Jenseits des Lustprinzips*. Ges. Schr. VI. (Trans. by Hubback, London.); *Das Ich und das Es*. Ges. Schr. VI. (Trans. by Riviere, London.); and *Das ökonomische Problem des Masochismus*. Ges. Schr. V. (Trans. in *Coll. Papers II*.)

³ Freud's works referred to in the two previous footnotes.

⁴ Abraham, Karl: *Versuch einer Entwicklungsgeschichte der Libido*. (Trans. in *Selected Papers*.); Van Ophuijsen, J. H. W.: *Das Sexualziel des gewalttätigen Sadismus*. Int. Ztschr. f. Ps. XV, 1929. (Trans. Int. J. Ps-A. X.)—The same is indicated in Freud's *Three Contributions*, page 22 of Brill's translation (ed. 4).

midable theoretical problems, to which Freud has devoted a special essay.¹ For our present purposes, we can ignore the instinct-theory aspect of the problem and confine our attention to the clinical side. In this regard, Freud's older formulation is still valid—namely, that the perversion of masochism represents a secondary turning of sadistic impulses against one's own self.² Freud distinguished three types of masochism: erotogenic, female, and moral masochism.³ The existence of an erotogenic masochism may be attributed to the fact that, since all sensations in the human organism may be sources of sexual excitement, the sensation of pain also may. Erotogenic masochism is, then, a sexual component impulse *sui generis*. Constitutionally and environmentally determined experiences may reënforce this particular instinctual source and adapt it to serve, in the form of the perversion, as a substitute for the sadistic impulses that are warded off through a sense of guilt. Feminine masochism—usually developed from the erotogenic variety—in the male sex manifests itself as the utilization of the pleasure derived from pain, as part of an accentuated passive feminine attitude, which, as we stated in the discussion of homosexuality, develops as a result of definite modifications of the unconscious ideas associated with the œdipus complex. Here as in the case of transvestism, we must bear in mind that the man's female identification may be manifested in any of his life activities and not be limited to his choice of a love object. The masochistic sexual practices come to signify playing the woman's rôle in coitus and giving birth. They also insistently depict the patient as a child—usually a naughty child being punished. From this we see that the patient's infantile attitude and feminine attitude are condensed in his perversion, and that as an adult he retains, or revives regressively, certain childhood impulses. This amalga-

¹ Freud: *Das ökonomische Problem des Masochismus*. Ges. Schr. V. (Trans. in *Coll. Papers II*.)

² Freud: *Drei Abhandlungen zur Sexualtheorie*. Ges. Schr. V, 31. (In Brill's trans., p. 22 [ed. 4]).

³ Freud: *Das ökonomische Problem des Masochismus*. Ges. Schr. V. (Trans. in *Coll. Papers II*.)

mation of sexual activity with the idea of punishment (which complicates the picture by involving the sense of guilt that originally was a defense against instinctual expression) is to a slight degree an example of the process known as the *sexualization of the super-ego*. This process will be considered in the chapter on character disorders, in the discussion of moral masochism. A necessary prerequisite for this type of masochism is that type of childhood rearing which brings the sexual impulse and punishment into close relationship. The passive feminine attitude of the male masochist appears to corroborate views on the genesis of femininity in men derived from the study of other conditions. The process may be formulated briefly as follows: all active sexuality becomes so intimately connected with castration anxiety, that the sole remaining available sexual aim seems to be, the wish to be castrated. A number of masochistic practices therefore represent a symbolic castration. Here may be seen clearly that the so-called wish to be castrated in no way allays castration anxiety but enhances it instead. The symbols of castration used by the masochist are, after all, merely symbols, and as Freud has pointed out, most masochists will endure pain of all kinds and will desire to be hurt in many ways,—but they always protect the genital from injury.¹ The masochist appears to say to his sexual partner: “Do what you want to me, but leave me my penis!” In other words, by offering equivalents as substitutes, he tries to purchase immunity from castration. From this point of view, a masochistic perversion appears as the *mise en scène* of a defense against castration anxiety; the anxiety is repressed and concealed by the perversion. In female masochists, as Freud demonstrated for the phantasy, “a child is being beaten,” the oedipus complex and the castration complex may find various avenues of expression. Like male masochists, those of the female sex utilize their erotogenic masochism to express, in distorted form, their normal feminine sexual wishes.

¹ Freud: *Das ökonomische Problem des Masochismus*. Ges. Schr. V, 378. (Trans. in *Coll. Papers II*.)

A woman patient had a dearly beloved father, a misogynist who unrestrainedly let his daughter know his attitude toward women. The patient was not even his favorite daughter, a position occupied by an older sister. The father was particularly severe in forbidding indulgence that was in any way anal erotic. The patient was thus confronted by the following problems: to love her father (as her œdipus complex dictated), but to eliminate any recognition of his penis, the basis of her troubles (since her lack of one had caused her father to dislike her); furthermore, she had to exclude from expression her strong anal wishes, and her wish to avenge herself on her sister; and she had to learn to bear her father's severity and contempt with fortitude. She became a masochist, with the sexual aims of being beaten and treated with contumely. The penis, offensive to her, was thus replaced by the beating hand, and the anus by the cutaneous surface of the buttocks; unconsciously, in phantasy it was not herself but her sister that was being punished—the punishment was only secondarily diverted towards herself—and her father's real behavior gratified her distorted œdipal wishes.

As Freud pointed out in his essay, *A Child is being Beaten*, the path taken by the libidinal charges while they are being displaced from their original position in the œdipus complex to the ideas of punishment which served primarily to suppress this complex, is often very devious, and reminiscent of the similar situation in hysteria. Between the starting-point and the end-point are intercalated numerous intermediary constructions, usually containing anal sadistic elements. The most instructive cases are those in which the masochistic phantasy makes up only half of the complete phantasy, while the other half has been repressed but has surrendered its cathexis to the conscious portion. The uncovering of this second part then will reveal the connection of the phantasy with the œdipus complex.

For example, the patient just referred to had as her sexual aim, to be beaten. This could be traced back to two childhood experiences: she remembered a little boy who was frequently beaten, and a little girl who would exhibit her buttocks and genitalia. The patient used to phantasy that the little girl was being beaten for her misbehavior. As we see, she had identified herself with the little girl, and we may hypothetically assume in her the following unconscious phantasy: "I wish to expose myself like the little girl and be beaten for it like the little boy." Pleasure in being exposed was a prominent topic in her analysis, at first in an anal and feminine form, with the unconscious significance: "Watch me bear children! Watch me produce fœces!" This fitted in with a pride taken in being ill or in bleeding: "See how bravely I can bleed," which in turn was condensed into phantasies of childbirth. This pride in bleeding later was seen to be an overcompensation of a great fear of bleeding—that is, fear of castration. Finally, it was evident that all her feminine and anal exhibitionism was the regressive substitute of a more original,

desired phallic exhibitionism that was inhibited through anxiety. From various dreams, we concluded that both the exhibitionistic little girl and the little boy who had really been beaten, at one time or another had exposed themselves before the patient and urinated. Hence, the complete text of the sexual phantasy, of which beating was only a small part, would read: "I want to be able to display a penis like the little boy, so that father will love me. I do not want to believe that they have castrated me (or would castrate me) for such an act. No, they would only spank me for doing such a thing."

As for sadism, so for erotogenic and feminine masochism, many varieties of erotogenic zones may be the sources of the instinct, especially the skin and the skeletal musculature. The displacement of libido from the anus to the skin seems to be a characteristic antecedent of the phantasy of being beaten; for this reason, an anal constitution and anal fixations may encourage the development of masochism. In addition, oral factors, both constitutional and fixative, also play a rôle in the form of phantasies of being eaten up, which, though ordinarily attended by anxiety, in masochists are expressions of affection.

In the milder forms of moral masochism, in which the sexual pleasure is obtained from being debased and humiliated, this variety of masochism is associated with the other types and is rooted in the same basic mechanisms. In more severe cases, however, the masochistic events are not attended by conscious sexual pleasure and cannot be regarded as signs of sexual perversion, in our sense. They will therefore be considered when we discuss character disorders. Moral masochism is a substitute for feminine masochism, produced under the coercion of specific vicissitudes.

Freud lays great stress on the point that perverse inclinations appear as antithetical pairs, with both active and passive aims (as the study of exhibitionism and voyeurism showed us), because this point is of great theoretic importance—for example, in relation to ambivalence and bisexuality.¹

It may be mentioned here that the perversion of masochism, because it amalgamates sexual pleasure with ideas of punish-

¹ Freud: *Drei Abhandlungen zur Sexualtheorie*. Ges. Schr. V, 33. (In Brill's trans. [ed. 4], p. 23.)

ment, has a great interdependency with super-ego functions—from which ensue various clinical and theoretical complications. But for the fundamental understanding of the perversion, this is of no importance.

Our study of the individual perversions then justifies our application to the whole group of those formulations of the meaning and the mechanisms obtained from the study of homosexuality. We may recapitulate as follows:

Perversions usually coincide with the neuroses in representing measures used to preserve psychic equilibrium, after a notable part of infantile sexuality (in the final analysis, the œdipus complex) has been repressed. They differ from the neuroses in that they succeed in living out this forfended sexuality, on condition that the sexual behavior be altered. Whereas in the neuroses, the suppressed infantile sexuality only succeeds in finding an outlet that is unrecognizable as such, and painful to the ego, in the perversions the modification in the sexual aim wins the approval of the ego and permits the attainment of an orgasm. It has been shown that the possibility of this modification rests on (1) the presence of strong pregenital fixations that determine the new sexual aim, and (2) the suitability of the pregenital sexual aims for expressly denying castration danger, the factor which inhibits œdipal gratification.

This statement is in complete accord with Sachs's view that in perversions, all the libido originally invested in the œdipus complex is displaced to one element in infantile sexuality,—namely, to the sexual component which determines the perversion, a psychological process like the one which produces screen memories. The result is that the ego, which has acknowledged and included the component in it, is for this reason economically in a position to maintain in repression the remaining, relatively weakened part of infantile sexuality—specifically, the ideas pertaining to the œdipus complex and the castration complex.¹ The specific question, why the fortifying of the perverse impulse results in a capacity for orgasm, is still unanswered; similar mech-

¹ Sachs, Hanns: *Zur Genese der Perversionen*. Int. Ztschr. f. Ps. IX, 1923.

anisms, which enable an otherwise offensive impulse to become ego-acceptable and assist the ego in the warding off of more offensive ones with greater energy, may occasionally—though to a lesser extent—occur in the neuroses. As we indicated above, and since we know from analytic studies that so many perverse practices in the unconscious represent a denial of castration, the answer to the question posed above would in all probability read as follows: The perverse find normal sexual intercourse impossible, because an attendant element provokes an aversion to it. The element referred to is the fear of castration that arises because the sexual act is unconsciously regarded as inevitably incestuous. However, the perverse do obtain a sexual gratification, and even the manifest form this gratification takes reveals its infantile character and permits the inference that it represents a masked gratification of œdipal wishes: consequently, the perversion must be of a kind that will exclude the disturbing element of castration anxiety. Analysis also shows that the perverse practice means, unconsciously, that women do possess a penis and that there is no such thing as castration; we may therefore assume that the perverse can overcome their fear of castration and obtain sexual enjoyment, in so far as they are able to prove, during their sexual act, and by means of their perversion, that their fear is groundless. This idea could also be stated as follows: The orgasm, which in normal intercourse is opposed by castration anxiety, becomes possible because of the displacement to a sexual component suited for the denial of castration anxiety.¹ This solves—even though only hypothetically—the second problem.

We must now redeem our pledge to contribute information as to which of the concrete psychoanalytic ideas can aid us in defining the vague concept of “specific perverse constitution”. In view of our above discussion, it will be seen that the somatic constitutional factor in question can consist only in a relatively augmented erogeneity of the specific zones that are associated

¹ Fenichel, Otto: *Zur Psychologie des Transvestitismus*. Int. Ztschr. f. Ps. XVI., 1930. (Trans. in Int. J. Ps-A. XI.)

with the perversion—that is to say, in the dominance of a specific instinctual source.¹ The constitutional factor in the perversions, then, is identical with that in the neuroses. The anal erotic constitution of the compulsion neurotic and of the coprophilic is one and the same. The constitutional exaggeration of a component impulse, in the last analysis, can be traced to an enhancement of specific erotisms. Thus, sadism is correlated according to circumstance with special developments of oral, anal, or muscular (manual) erotisms. And in so-called constitutional intensification of bisexuality, the predominance of anal eroticism in men, and of clitoris eroticism in women, plays a not unimportant rôle.

Perversions are frequently encountered in combination with a neurosis, most frequently, in keeping with the pregenital fixations of most perversions, with a compulsion neurosis. Though the ego in its œdipus conflict was, so to say, bribed to lend its approval to a representative of infantile sexuality, this does not exclude its using the mechanism of repression or other defensive measures to deal with those offensive impulses that were not controlled, and this may form the basis of a neurosis. Thus, as results of a common cause, the perversions and neuroses referred to here parallel each other. There are, however, cases which demonstrate two other possibilities. It can happen that a person with a well-developed perversion may encounter a situation that represents a temptation and that makes the perversion more of an œdipal matter, or a situation that tends to augment his fear of castration, or that purely quantitatively increases the strength of his impulse. Such situations then betray the perversion as an offshoot of the œdipus complex and call for further defensive measures. For example, an anxiety hysteria may arise as a complication, in the medical sense, of a long-standing perversion; and there are cases of “impotence” in homosexual men. There is also a third possibility: the symptoms of a long-standing compulsion neurosis may progressively become so gratifying that

¹ Freud: *Drei Abhandlungen zur Sexualtheorie*. Ges. Schr. V, 80. (In Brill's trans. [ed. 4], p. 64.)

they acquire orgasm qualities, and have the appearance of a secondary perversion. The sexual pleasure obtained from symptoms of this kind is, to be sure, impaired; in such cases, by analogy with the term compulsive masturbation, we may speak of "compulsive perversion".

In considering the prognosis of the psychoanalytic treatment of perversions, we must bear in mind one complicating factor not present in the neuroses. When we discussed the same question with regard to neuroses, we pointed out to what a great extent various secondary gains interfere with a good outcome of the treatment, because of their negative effect on the ego's will to health. In perversions the symptoms are consciously pleasant, and excepting self-produced or environmentally determined bad conscience, there is in general no suffering, but only "gain". The patient has rid himself of his tormenting oedipus conflicts by means of a pleasure-bringing method. Treatment not only threatens to destroy a pleasure—and the only sexual pleasure known to him, for normal sexuality is so to speak a bird in the bush—but, at the same time, it rekindles those very conflicts which he evades by means of his illness. Hence, it will hardly be possible to analyze those individuals who are inwardly at peace with their perversions.¹ Therefore, the prognosis depends, in the first instance, upon the extent to which the determination to get well is present or to what extent this determination can be awakened. This determination may naturally have many motivations; in addition to the patient's discontent, he may be moved by consideration for persons dear to him. A trial analysis, in such a case, will have as its main task the evaluation of the depth and earnestness of the patient's desire to be cured. It is clear, therefore, that the therapeutic prognosis will be best in those cases in which it would at first appear to be the worst,—that is to say, in those cases which present an admixture of a neurosis; the neurotic suffering in these cases furnishes the mo-

¹ Cf. Freud: *Über die Psychogenese eines Falles von weiblicher Homosexualität*. Ges. Schr. V. (Trans. in *Coll. Papers* II.)

tive for treatment. Quite frequently one sees patients who state that they should like to get rid of their neurosis but preserve their perversion. It is quite clear that the very nature of psychoanalysis makes it impossible to promise a result of this sort. It is possible, of course, that where a homosexual person has developed a neurosis, psychoanalysis may cure the latter without affecting the homosexuality. However, one cannot say in advance whether this will happen, or whether in the course of the analysis of the œdipus complex, the patient will have to face the question: all or nothing. Leaving aside this particular difficulty, the treatment of perversions is, on the whole, not more difficult than that of neuroses. The constitutional factors which analysis cannot change are present both in neuroses and perversions. In those cases of homosexuality, for instance, in which the physical habitus is definitely that belonging to the opposite sex, which represent a biological transition in the direction of pseudo-hermaphroditism, one would prefer somatic to psychoanalytic therapy. Yet even if we are very cautious and reject all individuals with such characteristics, there remains a great number in whom psychoanalysis is indicated. Hárník pointed out¹ that the prognosis of the psychoanalytically treated homosexuals is much better than is generally assumed; certain modifications in the technique become necessary, comparable to those suggested by Freud as "active therapy" for anxiety hysteria;² thus Hárník considers it necessary to intervene actively at a certain moment of the analysis and induce the patient to attempt to have sexual intercourse with women. Such a suggestion on the part of the analyst means a great deal more than mere overcoming of anxiety. As we have emphasized, many perversions have a strong narcissistic character. In consequence, there are many patients who show in their transference behavior, and in their general

¹ Hárník, Eugen J.. *Therapie der Homosexualität*. Paper read at the second meeting of the German Psa. Society at Dresden, 1930.

² Freud: *Wege der psychoanalytischen Therapie*. Ges. Schr. VI, 144. (Trans. in *Coll. Papers II*.)

demeanor in life, a narcissistic character disturbance or who may even present an almost psychotic picture. In such cases, of course, psychoanalytic treatment meets the same difficulties that are found in the accompanying conditions, regardless of the perversion. We might state, therefore, that while the combination of a perversion with a neurosis has a better prognosis, the best therapeutic results are to be expected in those cases in which the perversion is combined with a neurosis, which, from the standpoint of mechanisms, is simple even though to the patient subjectively it may seem severe.

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Edoardo Weiss

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CLINICAL COMMUNICATIONS

A RECOVERY FROM THE FEAR OF BLUSHING *

BY EDOARDO WEISS (ROME)

The fact cannot be too much emphasized that true and permanent recovery from a neurosis is possible only after the patient has brought to consciousness the repressed memories of his early childhood. The mere intellectual understanding of the complexes which he recognizes as dynamically activating his symptoms and character does not furnish emotional insight into the original personal experiences which determine his specific fantasies and their associated ramifications. Effective therapy results only from the lifting of the amnesic veil which envelops the infantile memories, rather than from the patient's correct understanding of the part played by the libidinal and aggressive drives.

This may be illustrated by the case of a man with neurotic character and severe hysterical symptoms, who was completely rehabilitated. The patient came to analysis at the age of thirty-four, because he had suffered from intense blushing for as long as he could remember. This symptom was aggravated at the time of puberty, as many phobias are. If he unexpectedly met an acquaintance in the street, or in a public place or while paying a call, he was seized with a shock-like terror, apparently for no reason at all, and became first livid and then intensely flushed, as though he were terribly ashamed of himself. He had the same reaction whenever he was recognized by someone whom he did not himself know: when, on one occasion, he went to make a purchase and the shopkeeper said "Are you not the son of Mr. So-and-So?", he first became pale and then blushed intensely. If, on the other hand, he knew that the encounter was going to occur, he was able to protect himself inwardly against being frightened. It was torture for him to have to keep his seat in a theater, in a public place or at a dinner, where he was exposed to the gaze of other people. He eagerly sought the company of men of a social position superior to his own, or of sophisticated, free and easy individuals, but he was inhibited when with them and blushed promptly when sexual topics were discussed. If the general

* Authorized translation from the German manuscript by Bettina Warburg.

conversation dealt with theft, homosexuality or some other activity regarded as reprehensible, he flushed as though he were the guilty party.

Despite a recurring fear of impotence, he was ambitious and very successful with members of the opposite sex, but he was so secretive about his love affairs that even his best friend did not have the slightest inkling of them. Physically he was strong and well-built, showed great energy and endurance and excelled in all virile accomplishments, such as fencing and riding, in which pursuits he had won a number of prizes.

Depression was his general mood. He overcompensated for his shyness by a pompous and stilted diction which sometimes gave people the impression that he was a sullen unfriendly fellow, who meant to keep his distance and confide in no one.

The analysis ran a normal course. Following certain interpretations, he gradually came to recognize as father *imagines* the men with whom he associated and in whose presence he felt inhibited. He recovered many memories which demonstrated not only his inhibition in the company of his father—a somewhat crude and stern man—but also his affection for him. Many transference reactions became clear to him; he understood his jealousy of his siblings and clearly recognized his strong sense of guilt. During puberty, for a time, he had suffered from kleptomania. Early in the analysis, he recalled how he had been caught by the owner of a shop while appropriating articles of slight value. The man had threatened to tell his father and for a long time the patient was in terror lest the latter hear of the theft. After he had recounted this incident he felt relieved for a period of two weeks.

Very much later he became convinced of his feminine attitude toward his father and recognized that he had resisted it with a masculine protest. From his dreams and associations he deduced that the fear of castration must play a prominent part in his life. He connected his blushing with erections of the penis, particularly because of a dream, in which he was standing in the street, looking into a room through the window when someone shouted, "Be careful not to have an erection". His association was, that he often said to himself, "Be careful not to blush". His strongly repressed exhibitionism was fully discussed with him in connection with many memories dealing with the pre-pubertal and pubertal periods.

As the analysis progressed his dreams became increasingly clear to him. One of these is of particular interest: he met one of his father surrogates and noticed that this man suddenly knew him. He was so frightened that he "lost his head", and fell down. His association was to the biblical term for cohabitation, as illustrated in the sentence: "And Adam *knew* Eve, and Eve bore him a son".

In brief, as time wore on he was correctly oriented in regard to his complexes and psychic mechanisms, he came to understand many unconscious connections, his recovered memories gave him better emotional insight, and his condition was distinctly improved. He no longer suffered from abrupt fits of terror, but he was by no means entirely well. He still blushed easily, frequently felt insecure, inhibited, depressed or very much discouraged.

His theoretical understanding developed markedly. He was able to interpret many dreams which demonstrated that as a child he must have believed the female genital to be the result of a castration, but he was unable to recall the actual fantasy. In like manner, he had no doubt about the influence of the œdipus complex, or the castration complex which must at one time have been activated in him when he discovered the female genitalia. He also knew that he had not yet overcome his sense of guilt and was fully cognizant of his resistance to the feminine attitude toward his father. Isolated homosexual experiences with boys during puberty were recalled. In these he generally played the passive rôle. It was certain that during this period his anal eroticism became accentuated. These episodes constituted his darkest secret, and he was terribly ashamed of them.

Theoretically, he knew perfectly well that his libido was in part bound by his identification with his mother, and that his aggressive drive against his father had not yet effected his emancipation. During the analysis, a negative transference reaction often made its appearance in the form of attacks of rage: the patient was angry that he had to tell everything and that he consequently felt inferior. Because of the intellectual understanding which he had acquired during the analysis he was able, after a short time, to recognize this as a resistance to his dependence upon his father.

Gradually he recovered many childhood memories, showing that he had been teased by his older brothers and called a little girl, because he was the youngest child and wore skirts like a girl until he was almost five years old. He understood more and more clearly the

source of his later attempts to emphasize his manhood and recognized his feeling of inferiority as a consequence of the narcissistic injury (loss of love) done him in childhood.

The analysis was discontinued after three years, during which there had been several interruptions. The patient had complete theoretical, that is, intellectual, insight but did not feel secure against relapses. The following situation arose one year after his discharge: he was overcome with jealousy of a woman to whom he had recently become attached. He was more in love than he had ever been. Because of depression and a feeling of insecurity he returned for further analytic treatment. In connection with this experience he was soon able to reconstruct in detail his relationship with his mother, which had up to that time remained repressed. The jealousy gradually disappeared, his new love affair became a quiet normal one, and the vehemence of his love was less marked.

On the tenth day after the analysis was resumed he suddenly recovered the following memory: when not yet three years old, he went with his mother to visit an aunt who had recently been delivered of a little girl. He watched while the infant's diapers were changed and saw to his horror that "her penis had been cut off". He thought that his small cousin was being bandaged because one end of the diaper was put between her thighs over the "wound". The idea of bandaging played quite a part in his memories. He was able to recall that he had gotten the idea that girls were mutilated and perforated. This was shown by the fact that their ears were pierced for earrings. He expressed surprise as these memories made their appearance. Satisfied and relieved, he repeated several times that he would not have believed it possible to recover forgotten childhood memories of this kind. Insight was promptly gained. For some time he had known that he had an unconscious fear of castration which must have had some connection with the discovery of the female genitalia, and also that his kleptomania had been connected with the desire to secure a penis for himself at a time when his own masculinity was being contested. Ultimately, he was able to understand the relationship between his castration complex and the discovery of the female genital organ, not only intellectually, but emotionally as well.

Next day he came to the analytical hour in a happy frame of mind, saying that he had been able to recall that period of his childhood even more clearly; as a very small boy he had taken the taunts

of his siblings literally and had believed that he actually was a girl, particularly as he differed from his older brothers in wearing girl's clothing. When he subsequently discovered his little cousin's genitalia and believed that an amputation had taken place, he thought that his penis had not been cut off through an oversight, and he then entered a period of terrible anxiety lest sooner or later this mistake should be discovered and corrected. From this time onward he was very uncomfortable whenever he was washed, undressed or helped with the daily necessities. He was careful that bystanders should not look at his penis at all or else not for too long a time, as though he expected somebody to call out suddenly: "But his penis has been left on. It ought to be cut off right away".

Later, when he knew that he really was a boy, he correctly interpreted his brothers' taunting remarks to the effect that he was a girl as teasing. This later period he had recalled in the previous phase of his analysis, whereas the earlier recollections were only brought to consciousness subsequently.

The significance of his presenting symptom now became quite clear: the shock-like terror which overcame him when he was recognized by anyone was a consequence of his infantile terror lest anyone discover his illegitimate possession of a penis. All his other symptoms and character traits were traced to the œdipus and castration complexes and the fate which later befell them.

The inaccessibility of a patient who has obtained mere intellectual insight may be illustrated by another case. An amnesia for infantile material had been dispersed in a relatively short time. A patient suffering from impotence dreamed that the leg of a woman with whom he was about to have sexual relations suddenly became detached. A previous opportunity to point out the infantile conception of the female genitalia had presented itself in the analysis. His associations to the dream were, that he recognized theoretically that he must be unconsciously fixated on the concept that an amputation had been performed on the woman. Nevertheless, neither the theoretical knowledge nor the interpretation relieved him. He was not able to remember ever having believed that women also have a penis, and he was convinced that, so far as he could remember, he had always had the correct idea of a woman's anatomy.

One day, to his great astonishment, he recalled that at five or six he had actually had an erroneous idea of the female genitalia. At

that age he had imagined that women had a single cloacal opening through which they both urinated and defæcated. At this point his theoretical knowledge came to his assistance: he said that he had in this way attempted to deny both the mutilation and the wound. He had the feeling that separate openings for the excreta could easily give rise to the idea of an amputated penis in a child, since such an anatomical relationship would be found in a castrated man. The patient, as is to be expected, learned of the presence of a vagina at a later date.

A few days afterward he had a vague memory that as a very small child he had thought that a woman possessed a penis. He had not been able to recover this memory directly, because the intervening cloacal fantasy had come between this idea and his correct conception of the female genitalia, and had first to be remembered and theoretically understood before the earlier memory could come to consciousness.

There is much material of a similar nature which proves that the final aim of every therapeutic analysis must be the recovery of the repressed memories of childhood.

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THE PSYCHOLOGY OF TAKING PRASAD

BY SARASI LAL SARKAR (CALCUTTA)

The most common meaning of the word *Prasad* is food-remains of a god or a superior person. The word has also other meanings, such as purity, healthiness, a feeling of gladness, favor. These latter meanings may be considered the effects of taking Prasad, and may be regarded as secondary attributes arising out of the first meaning. The taking of Prasad produces in the eater the qualities of purity, healthiness and feeling of gladness; by the act he gains spiritual favor, for it is equivalent to raising the deity to the parental level.

Fortuitously, I got a deeper insight into the psychology of Prasad from a case of mine. The patient was a middle-aged man, suffering from a neurosis with predominantly cardiac disturbances. He was the second son in the family, with three younger brothers, the last of whom was ten years his junior. One of his complaints was that though his mother loves him and he loves her in turn, she does not like to stay with his family. He had had a violent temper during childhood and mentioned beating his elder brother with a stick and attacking his father one day because he rebuked him. After his father's death, his uncle became his guardian and married him to a girl of the uncle's selection. He lived in the joint family for two or three years and then was separated from the joint property by his uncle, against whom he had a grievance, claiming that he cheated his mother and him. His hatred for the uncle, and also for his elder brother who sided with the latter, fell upon his wife, because she had been married to him by his uncle and his elder brother. He left her and went to Calcutta with a number of boys, with the idea of doing some patriotic work for the mother-land. The patient, who was a handsome young man, attracted a prostitute in the city. She became his financial helper and ensnared him into intimate relations with her. She felt such a passion for him that she took to excessive drinking whenever he had not visited her for a day, a habit that undermined her health and ultimately killed her. He then took part in a business undertaking for which he had to stay in a *moffusil* place (country district) and was subsequently transferred to another place. He kept a prostitute in each of these places. In the last place, he arranged a party with two of his friends, each

of whom brought a prostitute. In the course of the feast, the patient's prostitute took a piece of roast fowl from her own dish and put it into his mouth by way of endearment. In the company, he could not refuse the offer and had to take the Prasad of his prostitute. But for some reason or other it caused such a revulsion of feeling, quite incomprehensible to him, that he could not visit the prostitute again. His entire character became suddenly changed. He could no longer associate with prostitutes and began to live again with his wife.

In the course of the analysis, he narrated the following dream: "I proceed on a journey in a boat. I drowned in the river. Then I reached the shore, after a struggle." He stated that his dream was connected with a real event. In connection with his business he had, on one occasion, to travel by boat. The boat was caught in a storm and he narrowly escaped drowning. At that time, he was living with his last prostitute, the one who had put the roast fowl into his mouth. For the storm he used the Bengali word *tufan*, which means waves that may be produced by a storm. His last prostitute's name was Tufani (with storm). His mother's name is that of a river. Now, if we take *tufani* to mean a river in a wavy condition produced by a storm, Tufani, his prostitute, represents mother in a state that is not only exciting to him, but so exciting as to become dangerous.

Analysis indicated the presence of a strong œdipus complex in the patient. Among other facts, his fighting with his elder brother and his father in childhood, his quarrel with the uncle and the elder brother after his father's death, his complaint that he loves his mother greatly but that she avoids him—all indicate the working of the complex. The dream mentioned above is a symbolical representation of it. His association with his prostitutes and his hatred of his wife were determined by the complex. The tenderness of his first prostitute was the tenderness of a mother, and his last prostitute, Tufani, an elderly woman, was also a mother-imago.

Curiously, when this prostitute made him eat her Prasad or food-remains, the effect was to release the patient from the bonds of his œdipus complex. A memory of the patient throws some light on the underlying mechanism. He remembered the Sadh Bhakshman ceremony observed by him during childhood. A woman who has become pregnant is given a dish of rice cooked in milk, in the company of male children who are by relation in the position of sons to her. She first takes a quantity from the dish herself, and

then the children join in the feast, taking food from the same dish. The patient could not definitely remember the woman. But we may presume that he witnessed the ceremony in the case of his mother. This throws light on what was of symbolic significance to the patient when he took the food-remains of the prostitute. It was equivalent for him to the introjection of his mother.

It is significant that in some Hindu religious books there is emphasis on this mother introjection in connection with Prasad. The book entitled *Hari Bhakti Vilash* states: ". . . he who contemplates the figure of Hari in his heart and chants the name in his mouth and has the Prasad of Hari in his belly, becomes equivalent to the god." Here the taking of Prasad has been equated with parental introjection. This parental introjection not only means the dissolution of the œdipus complex but is a step towards the formation of the super-ego.¹ In the patient's case this is indicated by his turning away from prostitutes.

¹ "The authority of the father or the parents is introjected into the ego and there forms the kernel of the super-ego, which takes its severity from the father, perpetuates his prohibition against incest, and so ensures the ego against a recurrence of the libidinal object cathexis. The libidinal trends belonging to the œdipus complex are in part desexualized and sublimated, which probably happens with every transformation into identification; in part they are inhibited in their aim and changed into affectionate feelings." Freud: *Coll. Papers* II, 273.

Smith Ely Jelliffe

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ADDRESS:

GLIMPSES OF A FREUDIAN ODYSSEY *

BY SMITH ELY JELLIFFE (NEW YORK)

When in one's anecdotal one likes to refer to one's own activities and, on the twenty-first birthday of a movement, is offered the opportunity, may I briefly sketch some of my contacts with the situation.

On a previous occasion, speaking before the Kings County Medical Society (1929), I referred to the 40 years of my development in the psychotherapeutic movement.¹ In that talk I mentioned my impregnation. It dealt with a case of so-called "hay fever", now more the fashion to be termed "allergy". I had just graduated in medicine and preparatory to serving my internship in St. Mary's Hospital in Brooklyn, in which city I had lived shortly after my birth, I took a two weeks' vacation at my favorite place of recreation on Lake George in the Adirondacks. A classmate of the Physicians and Surgeons was there courting my father's brother's daughter. A friend of his was also in the offing. With this friend I daily walked to the post-office and back, a mile or more, and among other things he told me how happy he had been for the past three weeks or so, especially as he had always had to spend the time about July for a month or two at Bethlehem, N. H., because it has been the only place he had found in which he was free from "hay fever".

This had been a sore infliction now for ten years or more since he was about the age of 12. He was sick and tired of this New Hampshire resort to which other similarly afflicted pilgrims were wont to gather. Curious then, as now, I inquired as to the reasons, the meanwhile congratulating him upon the extension of his topographical possibilities and also noting that what was Bethlehem's loss might be our gain. He told me, innocent as we both then were of the appalling allergic possibilities which have since come like a cloud of locusts upon us, that it was due to the fact there was no ragweed here. Here is where I almost committed the sin of Onan and might have remained sterile all of my life. Virtuous and virginal as I was to psychotherapy, botanically I was an old master and informed him then and there that our mountainlake fastness boasted in abundant and rich growths of at least two *Ambrosiae* (ragweeds) and possibly

* Emended notes on an after-dinner talk on the occasion of the twenty-first anniversary of the founding of the New York Psychoanalytic Society, December 27, 1932.

¹ Jelliffe, Smith Ely: *Psychotherapy in Modern Medicine*. Long Island Med. J. 24, 152. 1930.

a third, to say nothing of at least 20-30 of its sisters and its cousins and its aunts, which had bloomed, were blooming or about to bloom, as well as offering a rich summary of other polleniferous possibilities which I offered to catch for him on glycerinated slides and show him under the simple microscope I then owned. In 15 minutes he had an attack of hay fever and fled before I had an opportunity to learn more of his heredity, constitution or physical characteristics, had I then known of such subtleties.

I have never forgotten the prompt "allergic" reaction brought on by the massive overwhelming of repressions by the sadistic exhibitionism of my botanical knowledge and always have been ashamed of not having known enough to have tried out graded doses of additions to his ego. Naturally I have had since a benevolent skepticism regarding the "prickly irritating" processes on pollen grains which formerly were so widely illustrated in the medical literature and even later of the chemical allergic theories now so regnant. My later experiences have tended to confirm rather than to destroy this benevolent skepticism, although the allergic phenomena remain objects of the keenest curiosity.

I then entered St. Mary's Hospital as an interne and it was most useful for me. Although my parents were not church going people, I had gone through a typical adolescent conversion reaction and since 17 had been an active though not very emotionally involved member of the Baptist brand of theology. It had been a fractionated concomitant of my adolescent love object finding. I was now plunged into a definitely Catholic atmosphere. At first a bit bewildering, it ultimately became of signal service in getting a better orientation to emotional values and was distinctly serviceable in wearing down narrow prejudices and scotomata of all kinds.

As a small boy I can recall I rarely was fond of feuds, or violent partisanships. I was always interested in the "game", no matter on what side. There was never any problem of matching or tossing or parleying for "who would be it" in the games of fleetness of foot which were those of a city boy living in a half built section. Not to waste time I always started being "it". Experience had taught me I could catch anybody and no one could catch me. So was it in the hospital. It made little difference to me, creed, or sect, or color or what not and this was, I soon noted, the influence that religious faith seemed to impart to the sisters who were about on their mission night and day. In those early days I pondered much on the functional values of religious concepts.

Another striking hospital experience, I also recall in the person of a typical "mythomaniac" of Dupré's terminology. She was a very attractive 21 year old young woman, who had had no less than 28 different operations on different parts of her body trying to cut out mythical diseases of one kind or another. Needless to say my surgical

benevolent skepticism has not abated one bit in the years during which I have observed similar efforts to cut ideas out of the body.

And now to my early introduction to "dream" psychology which has kept me amused at myself for many years. There was also in the hospital at the same time as the attractive mythomaniac, another even more charming hysterical patient, a somnambulist, among other of her vagaries. She was a Spanish type, beautifully classic, vivacious and alluring. I well remember my going to the Mother Superior and virtuously telling of my being visited in my room by this charming creature after midnight. The calm, easy and serious way in which this very superior woman assured me I should not be disturbed again has always made me smile at my early ignorance of the wish fulfilling function of the dream. Needless to say I was "engaged" at the time and still a virgin, for only of such can one believe in such simple unsophistication, at least in a young physician.

This first period of my 40 week-years also contained a part of my training for psychotherapy. My fiancée's brother and I were chums. He had been schooled in Canada and his "Classics" while slender, were incomparably great to mine which were nil. Some college French and a mad scramble to work out Latin and Greek roots for the medical terminologies were my only preparations. My father, a pædagog, was going through that fashion in teaching that believed that "mathematics" was the proper way to "train the mind" and my premedical work was mostly in engineering. Hence the defects in the classics.

To read Greek in the original was impossible to both of us but while in St. Mary's my friend and I read to each other, Æschylus, Sophocles and Euripides, both in the Bohn and Routledge editions. Many years later I read Whitehead, where he states—"The Pilgrim Fathers of the scientific imagination as it exists to-day are the great tragedians of ancient Athens, Æschylus, Sophocles and Euripides. Their vision of Fate, remorseless, and indifferent, urging a tragic incident to its inevitable issue, is the vision possessed by Science. Fate in Greek tragedy becomes the order of Nature in modern thought".

Thus my first week-year offered me some slight equipment for my psychotherapeutic enterprise. I had seen a Hay Fever come from an Idea; surgical operations to pluck out Ideas; I had seen what religious Faith might accomplish; how powerless the ego might be to convince me that the Dream-Wish could be elevated to the rank of conscious belief and in my reading with my friend obtained a glimpse of that ancient wisdom that there was such a thing as natural law in the universe.

I had found my love object and started off on my European *Wanderjahr*, illy prepared to profit by what was in store for me. The strange sounds—first Dutch, then German. How hard I had read at it coming over on the boat. How little I understood.

Thus arriving at Cologne one fine morning in October at five, they tied up until "*ein Uhr*". One hour, I said to myself, and away my thin figure rushed to take in at least as many of the "double stars" in Baedeker as possible in this hour, and back and the boat not moving off again, I was told "*ein Uhr*" and "another hour", I thought, and off again to St. Ursula or some other shrine and back again, finally by the third of such rapid sightseeing rushes, it came to me that "*ein Uhr*" meant one o'clock and so I learned more and more of a language which has always been a delight and a torment. I shall go to my grave with the conviction that it certainly deserves all that Mark Twain once wrote of it.

In 1890-1891, my *Wanderjahr*, I spent two months in Paris. My parents were there for much of this time, also a brother-in-law's daughter and I was a much better cicerone at the Louvre, the Luxembourg and Nôtre Dame than I was a physician. Nevertheless I attended a few of Charcot's clinics and although my memory is very dim I am keenly aware of the dramatic quality of these lectures then largely concerned with hypnotic-hysterical phenomena. Yet I was blissfully unaware, so green was I in matters historical, that I was listening to a master. I was more enraptured with art, with sketching the dragons of Nôtre Dame, and managed to supplement a college French with a more practical command of the language. Then came the bread and butter period with three years of getting started. Then a courageous shift of base—marriage—and in 1894 moving to New York.

This was a separation from my Brooklyn mother. I was enabled to part from those influences which pleasing, agreeable and fruitful though they were in many ways, nevertheless I felt were too circumscribing. So I went across the river where the struggle was more vital, more imminent, and more dangerous.

Here began the steady grind, assisted by a pædagogic affiliation with Columbia, in the field of pharmacognosy and materia medica, and quiz classes. Let it not be whispered in Dan nor echoed in Beersheba my first year profits in the practice of medicine in New York were just \$75. So when teaching was at a lull my extensive practice did not detain me. My wife and one daughter went to the Berkshires and I to the Binghamton State Hospital. This was in 1896. Here is when and where and how I came under the baleful influence of the toastmaster of the evening and began the downward path to the subterranean depths of psychiatry. Some of you may recall that Dr. Starr, whom we have recently lost, thought that all that was necessary to be known about psychiatry could be taught in three lectures and although I had listened to Krafft-Ebing for a time in Vienna, my German was almost nil, and thus I came to Binghamton fully equipped in the sciences of the mind. Had I the time or you the patience I would sketch the bewildered state I lived in for some six or more weeks at Binghamton. I was in the Lombroso era and among

other things was going to enlighten the world about the stigmata of degeneration. Instead of Nôtre Dame dragon heads I sketched ears and ears, and then some more ears—some 12—1500 in all—hunting for definite criteria of bodily anomalies in the mentally disordered. Then something clicked and although I still was ear-minded I got behind the looking-glass and for the first time saw how Tweedle-dee was Tweedle-dum and that in the new kingdom one went faster not to get anywhere else but even to stay where one was. I was literally enraptured with the new vision as effectively as was Paul on his visit to Tarsus. In the Socratic version I had learned how little I knew.

One of the things I learned, however, may be worth passing on this evening. One day, being down in Binghamton, which is a very busy little city, I noted the keenness and the cleverness with which the policemen managed the traffic and when I returned to the hospital that evening, my pockets full of geological and botanical specimens, rocks, plants and so on, I spilled them out on the table to the disgust of the internes, and I said, "This is a great town; I never saw such policemen in my life. How do you account for it?" In response they laughed and Dr. White said, "Don't you know they have all been attendants up here in the asylum?" Then I learned for the first time, interestingly enough, or at least it commenced to ferment in my "pregnancy" that, after all, what we call "normal people" may be sicker in some sense of the word than those people in the asylum only they don't know it, and that the insight that was gained by the policemen when up in the asylum taught them how to manage so-called "normal" people.

Bloomingdale next summer and Craig Colony the following year set me firmly on the neuropsychiatric quest. Constant work at the Vanderbilt Clinic and the Neurological Wards at the City Hospital sharpened the comparatively simple tools of the neurological functions.

Dr. White was then just beginning his search of the elusive psyche with hypnosis with Dr. Sidis. I was mulish and would not understand. Our argumentation then was vociferous and protracted and if he had not been the tactful and indulgent friend then as ever, he would long ago have consigned me to where I undoubtedly then belonged and possibly still would be welcomed. In 1902 I visited Holland and Belgium. Here I did my first bit of international medical reporting—the covering of an international congress for social hygiene as it was called. I had become editor of the *Medical News* the year before. I recall reading James' *Varieties of Religious Experience* on this trip over, and find a note of my wife's saying—"Ely has labored with a little Dutch producing a series of swine-like grunts which a Dutchman who is instructing him pronounces very satisfactory". This trip brought me in contact with the epileptic colony at Gheel, with Professor Van Gehuchten at Louvain and Professor Jelgersma at Leyden who induced me to read Soury's classic.

It also started me on the translation of Professor Dubois' *Psychic Treatment of Nervous Disorders* which Dr. White and I put out in 1905.

Dubois was a very clever, keen dialectician. He would talk with his patients and show them how impossible certain things were in view of the natural laws of the world and by very skillful argument, combined with a very acute intellect and an extremely pleasing personality, he did a great work in psychotherapy. He followed the method of intellectual explanation with a sympathetic understanding of what the symptoms might mean to the patient. He tried to help them by various routes so as to get a better intellectual hold of the situation. I tried this method for some time. I led my patients in those days as they attempted to cross a stream of difficult psychical struggles from one stone to another stone and then to another stone and then to another stone until I got them over the stream. But I found that didn't work as well as it should. There was too much intellect and not enough feeling in it.

A translation of Grasset's *Demi-fous* followed.

Thanks to a few ducats extracted from the first Thaw trial I was able to go to Kraepelin in the spring of 1906 and spent six months with him with Pearce Bailey, and next year with Drs. White and Gregory, another semester in Munich. I also met Dubois in person at Berne and became acquainted with real "*filet mignon* with sauce *bernaise*."

This year, 1907, was my first personal contact with psychoanalysis. We met Jung and Maeder and Ricklin in Zurich. Drs. White and Gregory and I then traveled to Italy together, visiting Tanzi in Florence, Rossi and Lugaro, Tamburini in Rome, Minganzzini in Naples and a number of others I shall not stop to mention. We also visited Bernheim at Nancy and saw his patients promptly "*dormez*" at command.

October of the next year, 1908, saw me off with my family of five children to Berlin for six months where I worked with Ziehen and Oppenheim, met Mendel and the Vogts and became acquainted with Karl Abraham. Then there were six months in Paris. Here other types of psychotherapy were being practiced. I followed Dejerine in his wards, became intrigued with his insistence on the emotional factors in medicine; listened to Janet's meticulous case history taking and his brilliant expositions; followed Babinski who was only just beginning his teachings on pithiatism.

Dejerine was an entirely different type. Dubois was a slight, delicate, ultra-refined, intellectual type. Dejerine was a big, hearty man with a gusto and a laugh and not afraid of a Rabelaisian reference. He was, moreover, a very gifted man with a temperament that had known sorrow and which had given him a great insight into and feeling for mental suffering. He was of the manic depressive constitution.

He had periods of great brilliancy and enormous capacity for

work; then also a few periods when he went into mild depressed phases and could do very little. The appointment of Raymond as follower to Charcot possibly precipitated one of these depressions and he went to Dubois for treatment. He developed, however, a psychotherapy of the emotional type. He appealed to the feeling side of the individual. He was a great big, simple-hearted fellow weighing 250 pounds, 6 feet 2 inches in height, with a heart of gold. He would sit on the edge of the bed with the poor little seamstress, or the little cellar rat, or somebody else that came into the hospital, and go over their life's history, their family troubles, difficulties in collecting their bills, how the children's teething kept them up all night, and so on and so on. He poured out a sympathetic emotional type of reaction to them. He was the indulgent humorous father, and the hospital the warm embracing mother with its staff of nurses trained by him. And, moreover, he had developed the idea that many cardiopathies, gastropathies, enteropathies, and other internal ills were nearly 80 per cent. of them of emotional origin; and that fully 80 per cent. of the practice of the Parisian profession was concerned with neuroses and they did not know it. The result of this was that they rose up in their might and wanted to smite him. But he was too great to be bothered and eventually became professor of neurology and adorned Charcot's Clinic for many years, giving it a prestige for thorough neurological work which will endure for a long time. I translated his work on *Psychotherapy* and thus marked another milestone on my way.

I had been with Babinski in his Paris clinic at the Pitié and had heard his formula, namely, that all hysteria (pithiatism) cases were due to suggestion and could be cured by persuasion; a more or less modified form of the Dubois dialect. Babinski would say, "You see this patient? Whom did he see?" "Doctor So-and-so?" "Didn't he push your liver in there, and didn't he say something about your gall-bladder; didn't he say this would happen and the other thing would happen?" And by heck, it happened! This is a caricature of Babinski's idea of suggestion; that is to say, that the doctor handed the patient the disease that the doctor thought the patient ought to have. This did not satisfy me, however, and good neurologist that Babinski was, his formula was too easy. It did not read a bit like the pictures spoken of in the Greek poets.

This year I spent a week at the Pèlerinage Nationale at Lourdes. Here no miracles took place save within my own psyche.

This was the year Freud and Ferenczi and Jung came to America at Clark University and Freud sailed eastward as I came westward. I was ready for a deeper and more vital understanding than any that had been offered me thus far. I translated Payot's *Education of the Will* and Dejerine's *Treatment of the Psychoneuroses* as a sort of last chapter in this special stage of my psychotherapeutic Odyssey.

Then work began at the Neurological Institute and Brill assisted me in Bailey's service of which I was then chief. Ames was on Collins' service. Ames had visited Jung for a week or so in Zurich in 1910. This transient contact is the tenuous basis of Collins' later writings, especially in the *Dearborn Independent* articles where he states he had "tried out Freud's theories and found them wanting." I am free to state Collins had not the slightest ideas of the Freudian psychology when I was on service in the Neurological Institute (1910) and in a recent conversation with Ames he verified this opinion.

After our clinics, three times a week Brill and I walked homewards together through the park and as formerly with Dr. White we argued and argued and he persisted and thus I became a convinced Freudian.

In Dr. Oberndorf's most excellent *History of the Psychoanalytic Movement in America* he omitted to say that as early as 1894 William James at Harvard in his lectures discussed Freud's (1893) initial studies. Dr. Southard had mentioned this to me on more than one occasion and told me of James' interest and critical dissent and agreement with many Freudian ideas. To the pædagogues of that period who were more or less immersed in Herbartian psychology, and my father was one of these, there was a certain superficial familiarity with the ideas of the "unconscious", and even with the concept of "repression" and although I have been unable to find anything thus far in James' writings on this specific question I can well understand in what sense certain psychologists can claim a kinship of Freudian and Herbartian notions.

This brings us to the years 1911 and 1912 especially when Jung came on the invitation of Dr. J. W. Maloney and myself to the Fordham experiment of an intensive course in neuropsychiatry. As Freud has pointed out Jung made his discovery of making the Freudian psychology more palatable in America chiefly on this occasion. Certainly for Jung this experience was of great significance and certain veins which were opened up and which go deep down into American cultural factors are well worth further pursuit. Here was being reënacted a cultural admixture, in a sense comparable with that which took place in the Mediterranean basin many thousand years ago. North American split-off Mongolian, Indian, African negro, Puritan English, Huguenot French, Swedes, Scotch and Irish were being blended, and specially fortified *id* drives needed a reënforcement of tyrannical super-ego cathexes if miscegenation should not overwhelm the new culture before its "ego" should grow to colonial manhood. It is little wonder to me at least that Jung should have become enamored of his collective unconscious conception as he traveled over this vast country and observed with an alert and acute intelligence with his Freudian background, the elements that were going into the making of a new cultural horizon.

Dr. Oberndorf has sketched in his history referred to the influence

of Jones, of Meyer, of Putnam, of the early efforts of Dr. White and myself in putting out in the monograph series first Dr. White's *Outlines of Psychiatry*, 1908, written from the psychoanalytic viewpoint; Jung's *Psychology of Dementia Præcox*, 1909, undoubtedly Jung's best contribution; Freud's *Selected Papers on Hysteria* and *Three Contributions to the Sexual Theory*, all translated by Brill, 1910, and finally the *Psychoanalytic Review* in 1913; *The Myth of the Birth of the Hero* of Rank, 1914, Maeder's *The Dream Problem*, 1916; and Silberer's *Problems of Mysticism*, 1917.

It was a bit of misunderstanding that caused the *Psychoanalytic Review* to open with a contribution by Jung instead of one by Freud, some of the reasons for which are still unknown to me. Freud's reply to our invitation was not very cordial. We were not then as well oriented to the developing differences of opinion within the inner circles nor to certain smaller aspects of politics as now. At all events the *Review* has gone its way with a certain eclecticism which has taken into consideration a broader grasp of home environmental factors than many of our confreres or colleagues have even as yet understood. Ecological principles are as important in furthering an aspiration as may be the truths that one is desirous of disseminating. If I claim for the moment a better "ego" reality contact for our course of action it is debatable as to its narcissistic bias.

This eclecticism, first in the presenting of Jung's earlier more orthodox contributions and then of his schismatic trends I have thought were justified in this country. Furthermore, as I had always had Lamarckian tendencies from botanical studies, and from my very precious contacts with H. S. Osborn, Adler's "psychical compensation" study (1917), had intrigued me, and led to its translation (1914), as much as his later developments annoyed me. (This the first of Adler's works to be translated has been omitted from Oberndorf's paper—nor does he include my *Technique of Psychoanalysis* (1913) in his list.)

It was not, however, until after the war (1921) that I personally met Professor Freud at Bad Gastein. This was a fleeting contact. He was leaving the day I called upon him and was busily packing. Here again my eclectic Americanism brought me some slight disfavor. Dr. Stekel was in Bad Gastein at this same time. As Freud was expected to take his train I had hastened to obtain for him a box of Havana cigars—having learned of his predilections in this regard—and was waiting at the station to give them to him as he departed. Stekel happened also to be at the station and I talked with him. As Freud came up I left Stekel and went to Freud and offered my gifts and made my adieux. Whether at the time this savored of the ancient offering of the Greeks at Troy I do not know but there was a certain nuance of measured courtesy that met me as I made my worshipful offering. On a later occasion Freud referred to it as a misunderstanding.

ing on his part and I have long since ceased to be disturbed by it. The currents and counter-currents which were so many and devious in Europe were little appreciated by me at that time and even ever after, I have had a great distaste concerning them. Since then I have been privileged to enjoy a cordial personal contact with Professor Freud and his more immediate circle. Federn I had known for many years. I knew Silberer and, as stated, translated his *Studies in Mysticism*. Hitschmann had been translated with Payne's aid and throughout these years there has been an active interchange of ideas which might occupy an entire evening were I to attempt to relate them. Practically every member of the International Society is known to me personally and I might somewhat narcissistically add that few collections of psychoanalytic works are as rich as are those in my library. I might spend an entire evening recalling and thanking the numerous friends here gathered, as I see you in space and locate you in time, for stimulation and enlightenment in smaller and larger measure. Fate has been kind to our membership. Polon's face I miss among you as indicative of the most severe loss this group has sustained.

Thus, not to continue unduly these rambling recollections, I would relate how I became a Freudian.

Had I the time to tell or you the disposition to listen it would afford me great joy to speak of the early hopes and ambitions of this Society as I now see it and as it began. I feel that one word should be spoken however much else must be omitted and that would be of unstinted praise and admiration for the essential spirit of this Society, Dr. A. A. Brill. Most of you know how from the first his enthusiasm, bravery and good will have carried him and us all through the early periods of criticism and animadversion, through the adolescent era of minor bickerings and misunderstandings and now on reaching our majority he still maintains that benevolent tyranny so helpful in a leader of honor and merit. He has given unstintingly of his time, his means and his very being in the service of this Society and for its ideals and accomplishments.

Before I close however, it seems to me important to state a few thoughts as to the present and as to the future.

By the present I would mean the time covered in these 21 years during which time we all have been actively working with the Freudian conceptions. Year by year increasing conviction of the enormous value of these conceptions has developed in me and this experience has reanimated my entire interest in medicine. What heretofore had been a ceaseless round of more or less meaningless activities has become more and more an integrated whole, and as the economic-dynamic principles became clearer and clearer to me my work in medicine, in the large, has taken on an aspect of deep satisfaction hitherto unknown.

I had had no didactic analysis but my patients were analyzing me

from hour to hour and I had had the rare association, especially during the summer months with Dr. White. For some ten or more years almost uninterruptedly he had spent a month or so at my summer home with me and my family. We were continuously at each other, our dreams, our daily acts and aberrations, not for an hour but sometimes all day. I owe much more than I can tell at this time to these contacts not alone psychoanalytically but in many other relations.

And now a closing word as to the future. I know that prophecies are hazardous. In a recent discussion at the Academy of Medicine Dr. Kennedy spoke of me on the occasion as a "trumpeting Boanerges on the left". Which one of the "sons of thunder" he referred to I am not certain. The sons of Zebedee were James and John. James was put to death in 44 by Herod Agrippa I. Whether I was James, in his wish, I shall not dwell upon.

It is printed that John wrote his gospel in 30 A. D. and his revelations in 96, 66 years later. I shall not attempt to compute his age, but shall state my own revelations at 66.

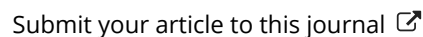
For myself I am persuaded that if the dynamic-economic principles which lie as fundamental conceptions in psychoanalysis are not woven into the entire fabric of medicine then the whole structure will be as are the reputed apples of the Dead Sea. I do not mean that this is the only function of psychoanalysis. Far from it for I am fully persuaded as Freud himself has intimated that the larger sociological issues may be the most significant factors for the future.

I cannot feel that my own work with so-called organic diseases can be called "inconclusive speculations" as a highly respected member of this Society (Oberndorf, *l. c.*) once assessed them. I am gratified that Freud in *These Eventful Years* has in print and more in personal contacts, valued them quite otherwise. Or as in a recent letter he has generously referred to them as "that medicine of the future for which you are preparing the way." For me the conception of organic disease, speaking with definite reservations, as something apart from other kinds of disease, means very little. Viewed in the light of the dynamic-economic principles of Freud we will have an entirely new version of what has currently been termed constitution and heredity on the one hand and on the developmental processes that lie behind growth and pathology on the other. I look forward to the day when the entire gamut of disorderly processes, it may be from common colds to cancer, will be submitted to the technical research of the psychoanalytic dynamics and be evaluated by such methods. I can see future research programs incorporate this tool that Freud has forged as an essential part of the enterprise. Already ignorant obscurantism has retreated from the fields of the more labile reversible processes we now term the psychoneuroses. Mental hygiene and pædagogy are staging a similar conflict and the results are plainly

written not in the skies but in buildings, foundations and the printed page. For me the time is not far distant when the more difficult field of the irreversible dynamic processes, which make up many chronic disorders of mankind, will be successfully invaded. With this vision of a new orientation in many portions of the fields of both medicine and surgery I bid you carry with me the stimulus which we have received from the Master whom we have gathered here to honor.

**The Interpretation of Dreams. By Sigmund Freud.
Authorized Translation by A. A. Brill. New Edition
Completely Revised. New York: The Macmillan
Company, 1933. 600 p.**

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BOOK REVIEWS

THE INTERPRETATION OF DREAMS. By Sigmund Freud. Authorized Translation by A. A. Brill. New Edition Completely Revised. New York: The Macmillan Company, 1933. 600 p.

This new edition of "The Interpretation of Dreams" presents an extensive revision of the previous edition based on Freud's latest German text which was corrected and supplemented by the author. This attractively printed volume would be a valuable addition to the library of every contemporary student of psychology.

THE EDITORS.

THE NATURE OF HUMAN CONFLICTS: AN OBJECTIVE STUDY OF DISORGANIZATION AND CONTROL OF HUMAN BEHAVIOR. By A. R. Luria. Translated and edited by W. Horsley Gantt. New York: Liveright, Inc., 1932. 431 p.

This book, which comes with a welcoming and approving foreword by Adolf Meyer, is at one and the same time stimulating and provocative, baffling and disappointing. The author is a professor of psychology at the Academy of Communistic Education, and Research Associate at the State Institute of Experimental Psychology in Moscow. His translator and editor, W. H. Gantt, is associated with the Henry Phipps Psychiatric Clinic of the Johns Hopkins Hospital and is known for his excellent translation of Pavlov's *Lectures on Conditioned Reflexes*. The Russian origin of the present work and the earlier activities of the translator might lead the reader to expect that in this book, too, there would be found an application of the theory and methods of the conditioned reflex. In his preface, however, the author makes it clear that he is neither a psychoanalyst nor a behaviorist nor a "simple neurodynamical" empiricist, nor does he believe "that the problems of the most complicated forms of human behavior can be solved by the analysis of the conditioned reflex . . ." (xii). We are therefore left in no doubt as to those current schools of thought from which the author wishes to disassociate himself. Unfortunately, however, even the most careful study of the book leaves one groping for the author's positive point of view.

Limited as we are to a study of this translation, it is difficult to gauge how much of this uncertainty may be due to original obscurity

in the thought of the author, or how much one should blame idiosyncrasies in the author's style which may have made the translation difficult. On the other hand, the translator explains that although he gives the experimental work verbatim, the discussions (and particularly the two closing chapters) are rendered into English quite freely. This has not enhanced their clarity. As a result, therefore, without knowing whom to blame we are forced to recognize that in the form in which the book reaches the English speaking student it is full of passages which are either partially or totally unintelligible.

Furthermore, there are many gross distortions of English idiom. One meets, for example, many strained usages such as "declinations" (p. 272), or "intensiveness" for "intensity" (p. 342). On the same page, the second sentence of the third paragraph is a welter of confused phrases without subject or object. On page 348 in the last paragraph, words are used in an almost personal and unintelligible idiom. Germanic word orders occur constantly, as (p. 26), "prohibition to repeat again answers already given", or (p. 350), "it being substituted by impulsive pressures on any key of the apparatus closest".

Of far greater significance, however, than mere misfortunes in the use and order of words, is the fact that frequently the descriptions of the directions which are given to the subjects of the experiments are so obscurely stated as to be practically unintelligible. This is exemplified on page 226, and again on page 304, where the directions for the problem, the problem itself, the data and the interpretations are all mixed in together. As a result of this defect in sheer language and the inadequate protocols of all experiments, it may be said fairly that it is impossible to analyze minutely a single experiment that is presented in the book. Neither the data nor the tracings of the kymograph records are presented fully enough for detailed study. For instance, on page 216, it would be of great interest to be able to examine closely the correlation and synchrony of motor and verbal responses. The author writes of their recurring "almost exclusively" together, exciting for various reasons one's interest in the nature and frequency of the exceptions. The data provided, however, makes it impossible to investigate this point.

This lack of adequate detail in the presentation of experimental data puts further obstacles in the path of fair analysis and criticism. It is possible to point out many places where the author gives elabor-

ate proof of the obvious: as where (p. 218) he proves the importance of perseveration in the conflicts between the use of language habits; or again (p. 356) where he indulges in experimental ingenuity to establish the banal fact that children under emotional stress are frequently overactive. And often enough, where proof is most needed on some obscurer point, the obscurity is glossed over with some such phrase as "a detailed psychological analysis shows us" (p. 226).

It is possible to object also to the use of many elaborate pseudo-physiological terms, often with little or no definition, which obscure what might be made clear by simple descriptive language. Such phrases as "higher cortical automatisms", "tonic components" (p. 336), or "ability to mobilize excitation", "adequate quantities of excitation", "cortical regulation of excitation" (p. 341), and the repeatedly recurring phrase "inadequately large mass of excitation" (p. 334), all approach dangerously what Dr. Adolf Meyer has so justly objected to as "neurologizing tautologies". On page 306 (the fourth paragraph) and on page 319 (the second paragraph) are particularly striking examples of this particular fallacy.

Before turning to the specific methodological details of the book and to its sole real contribution, one is forced to point out an elementary confusion which is betrayed in the author's selection of material. It is hard to conceive of any way in which such various and disparate conditions as aphasia, pseudobulbar palsy and the neuroses can be used for comparative psychological studies. Similarly (on page 217), is revealed the author's failure to understand the relationship of "affective and hysterical" disturbances. Like confusions may be found on pages 253, 295 and 327. Or again towards the end of the book (p. 404), there is an apparent equating of such unlike phenomena as the "diffuse reactions" of the young child who cannot "restrain his impulsive pressures", the lack of an adequate "functional barrier" in the hysteric, who "therefore cannot reduce the speed of his responses", and finally the slow rigidity and tremor of paralysis agitans.

It is also true that in the author's study of types (pp. 292, 299 and elsewhere) he falls into the familiar correlation fallacy, apparently believing that if he establishes correlations between organic and psychological data he solves the problem of causation. On page 295, therefore, one finds his typing rather naïve, especially in view of his inability to recognize the existence of types among normal subjects.

The least test to which he could have subjected his theory would have been to perform his experiments on unknown clinical types, making diagnoses from the graphs alone, instead of working always with cases whose clinical diagnoses were already known to him.

Methodologically the book is based upon a technique which is in itself not beyond criticism. The author calls upon the subject of the experiment to make some form of response to a problem, either by word association or by some precise motor response with the right hand and arm. At the same time the subject is usually asked to maintain a pressure or a posture with the left hand and arm. The active responses and the postural responses are registered graphically with a kymograph; but it may be questioned whether there is a real difference between the active movements of the right hand and the static postures of the left hand (which are erroneously called "passive" by the translator or author). There is, furthermore, a fundamental neglect of the problem of handedness, which cannot be overlooked in this connection. The nature and relationship of the two curves will in all probability depend in part upon the relative dominance (or degree of completeness of dominance) of one or the other cerebral hemispheres. There is thus a total lack of any fundamental investigation of the premises upon which the entire method of procedure is based.

Nevertheless, from the study of the curves which this method yields, the author evolves certain basic theories. (1) The fundamental variant which he finds in human personalities and in human behavior is a variable "regulation and control of excitation". This he finds to be the fundamental factor which characterizes different stages of development in the life of the individual, the differences between health and disease, the differences between the various psychoneurotic disturbances, etc. (2) The variations in "the control or regulation of excitation" seem to him to depend upon one of two elements: (a) what he calls a variable "functional barrier between excitation and motor response"; and (b) a variable "neurodynamic diffuseness".

These, then, are to the author the units of psycho-physiological constitution. He summarizes (p. 365) the influences which can disturb them and finds that they can be upset by affective states, by the artificial introduction of conflicts under hypnosis, in spontaneous neuroses, by the variations of different individuals and by the varia-

tions in different ages. He summarizes the situation by saying, "the behavior appears insufficiently organized in its activity, it easily becomes disintegrated, manifesting a tendency to mobilize in each stimulus an inadequately large amount of excitation (*sic*) which it is incapable of controlling" (p. 365). This is a typical example of the confused way in which his words slip from one order of phenomena to another: "behavior", a psychological end result, is supposed to be "capable" or "incapable" of "controlling" the hypothetical physiological variant "inadequately large amounts of excitations". It is impossible to determine whether or not these confused words conceal any clear thought.

In discussing and summarizing his observations on the neuroses (p. 372), the author speaks of hysterics as having a "hyper-excitable cortex", which is therefore unable to regulate the "increased energy" of the subcortical structures. Again we are entitled to invoke Meyer's strictures on "neurologizing tautologies". After a digression (p. 374) into a discussion of the supposed stigmata of hysteria, he talks about the direct relationship of the intensity of the response to the intensity of the stimulus in this disorder. This is a noteworthy and rash bit of speculation, in the total absence of any quantitative measures of the intensity of either factor.

In all of the author's discussions of observations on the psychoneuroses, one is justified, furthermore, in protesting that the protocol of experiments on psychiatric material must include enough data on the cases to make possible a general agreement as to the diagnosis. Without this, there is no opportunity to check up on the author's observations, or to confirm or correct them. Finally, in his discussion of aphasia (p. 392), one is forced to conclude that the author is not nearly as unorthodox as he himself believes, but that he is merely more naively equipped with outworn ideas than he realizes.

Yet, despite this very fundamental criticism of the bulk of this book, material presented on pages 128 to 169 is of value to all who are interested in dynamic psychology and particularly, perhaps, to the psychoanalyst. This is a series of experiments in which, using deep hypnosis, the author succeeded in suggesting to a number of subjects a series of extremely disagreeable experiences. To a young physician he suggested that she had performed an illegal abortion upon a young woman, in the course of which complications had arisen that threatened the patient's life. To other subjects the sug-

gestion was given that they had, under very trying circumstances, stolen money from a friend. The third suggestion was of a sudden extreme loss of temper, which resulted in beating a child severely. The hypnotic seances were followed either by a spontaneous or suggested amnesia. During the amnesic period the subject of the experiment was given certain tests. They were started upon chains of free association; or they were put through word association tests, with the usual measuring of reaction time; or these tests were supplemented with graphic recording of the active and postural motor responses of both hands.

The results of these experiments are of such great interest that it only intensifies our regret that they are not presented with greater detail and clarity. This is particularly true, perhaps, of the analyses of the motor responses. It is the reviewer's impression that if these were given adequately, and with control along the lines already suggested above, they might have proved to be an extremely interesting lead. It is impossible, however, to estimate their value from the data presented in the book. The chief conclusion drawn by the author from this aspect of his work is fairly obvious—namely, that when the subjects of the experiment give signs of emotional disturbance, there is usually a tendency to a simultaneous rather disorganized discharge of motor phenomena. This, after all, cannot be called anything more than the graphic demonstration of a well-known fact. The author tends to go beyond this, however, in a rather speculative spirit, to find evidence for different types of cortical organization with regard to the "control of excitation" and of its discharge. This is a bit of neurological speculation in which one is not justified in following him. We are tempted, therefore, to neglect these suggestive, but inadequately presented analyses of the motor components of these emotional states.

On the other hand, from the analysis of the reaction times in word associations and from an analysis of the train of thought as revealed in chains of free associations, the author reaches certain extremely interesting conclusions:

1. Even unremembered affective experiences leave effective traces in the psychic apparatus.
2. (P. 150) The process of repression is an active one, involving the isolation of the repressed data from any form of motor expression,

pari passu with its isolation from consciousness. There is therefore a close association of the consciousness process with motor organization.

3. (Pp. 151-155) There is in these experiments proof of an unconscious mentation. The hypnotically induced unconscious conflict can be explored and revealed by a controlled psychoanalytic technique—that is, by the classical method of free association. In the subject's free associations, he unwittingly reconstructs a problem of which the investigator is aware but of which the subject is totally unconscious.

4. (P. 159) The process of repression is a protection against intolerable affective states. With the removal of the repression these affective states break through as an "emotional fit".

5. (P. 161) For some unknown reason, some subjects accept the suggested traumatic experience and incorporate it into their psychic apparatus, whereas other subjects reject it and apparently never incorporate it. These latter subjects are completely free from the emotional disturbances which the first group presents. It is a matter of extraordinarily great importance to understand why certain subjects accept such suggestions while others do not. The author's work includes only a study of the end results of the operation of such hypnotic suggestion, without any real study of the basic differences which account for the differences in "suggestibility" of different subjects. In view of the fact that the author looks upon his work as an investigation of the psycho-physiological basis of just such differences, the absence of any consideration of this problem must be looked upon as a serious defect.

No further comment need be made. The confirmation which these experiments give to some of the fundamental psychoanalytic findings constitutes the sole merit and significance of the book. It may well be that the many original articles in which the experimental data first appeared may contain much significant matter which has not been clearly presented in this volume.

LAWRENCE S. KUBIE (NEW YORK)

ELEMENTI DI PSICOANALISI. By Edoardo Weiss. With a preface by Sigmund Freud. Second Edition. Milan: Ulrico Hoepli, 1932. 242 p.

This little book, which has been reprinted since it appeared last year in its second edition, well deserves its popularity. It is a concise, erudite, serious, yet for all that thoroughly lucid exposition of the elements of psychoanalysis. The reader will find an exposition

of this subject which makes completely intelligible its basic ideas, which takes him into the fields of metapsychology and symbolism, outlines for him Freud's theory of the instincts, and in the end leaves him well informed as to what psychoanalysis means in theory and practice. Unfailingly clear, the presentation makes not the slightest attempt to water the subject matter nor to proselytize and is consistently sober and objective. Though based on lectures delivered before a medical association, the book contains much that will interest practicing psychoanalysts. Particularly to be recommended are the parts dealing with symbolism and ethnology, in which the author presents fresh material. A thirty page glossary at the back of the book insures an accurate understanding of the technical terms employed in the text.

B. D. L.

SET THE CHILDREN FREE! By Fritz Wittels. Translated from the revised fourth German Edition by Eden and Cedar Paul. New York: W. W. Norton and Company, 1933. 242 p.

This English version of Dr. Wittel's work, which in the German original appears under the more sober title, *Die Befreiung des Kindes*, treats of the psychological care of children from the standpoint of a psychoanalyst. It is dramatically and forcefully written in an engaging style, for example, "A child's triumph is complete when grown-ups honor it by losing their tempers with it." "Love brings sunshine into everything in this vale of tears, and so, too, did it ameliorate the lot of past generations of children."

The author's presentation in the earlier chapters of the book of "The Impulses of the Child" and "The Child's Ego" offers the reader not versed in psychoanalysis an authoritative psychoanalytic statement of the psychological development of the young child. Material difficult for a lay reader is presented skilfully and in conversational and non-technical terms, with abundant use of illustrations. The second chapter, "Thought among Primitives", however, presents some points of view possibly more acceptable to Continental than to American anthropologists. Such statements as " . . . the adult savage remains a child his whole life long", and, "Even if a savage is brought up in a civilized community from the moment he sees the light, he remains different from other children," would be disavowed by first hand students of primitive cultures, and require many qualifications.

Dr. Wittels has a fine feeling for the emotional needs of the growing child and keen insight as to the effects, favorable and unfavorable, of parental and pædagogic effort with the child. "Doubt is born from insufficiency of love, and bitter experience is the driving force which puts the child's inquiring mind into action." His ideas on punishment could well be read by educators and parents. He is preëminently conservative with respect to sex education for children and takes a frank stand against some current American teaching. "To-day it is hard to decide how in these matters we elders should behave toward our offspring. Conceivably the best plan is to safeguard the child against this aspect of nature so long as possible during the perilous years of growth."

The author is much kinder to children than he is to the parents whom he wishes to instruct. In the opinion of the present reviewer, a serious error in pædagogic method distinctly limits the usefulness of the book. It would terrify many parents, and only a very robust step-parent could read the chapter on step-children without danger of experiencing an overwhelming sense of guilt. Consistently there is great emphasis on the pathology of relationships and, consistently, there are presented too few positive points of view, such as parents who would read a book on rearing of children require. At one point the translators have indicated their own awareness of this defect of the book—they have inserted after the author's stricture on fairy-tales and folk-tales, some helpful and constructive comments on appropriate reading for children. In a final chapter of eighteen pages, "The Old School and The New", the author devotes at least fifteen pages to a denunciation of the Austrian educational system under which he suffered and less than two pages to a discussion of "the new". One wishes that Dr. Wittels had more specifically undertaken to set parents free to set their children free.

The translation by Eden and Cedar Paul is excellent.

GEORGE J. MOHR (PITTSBURGH)

OUR NEUROTIC AGE: A CONSULTATION. Edited by Samuel D. Schmalhausen. New York: Farrar & Rinehart, 1932. 531 p.

There would be no occasion to review this book here except for the chapter by Dr. Ernest Jones on "The Concept of a Normal Mind". This chapter would distinguish any book. It is the ablest exposition of certain fundamental mental hygiene principles that has appeared in English since Freud's essay on living beyond one's psychological

means in *Reflections* (translated by A. A. Brill and Alfred B. Kuttner: N. Y., Moffat, Yard & Co., 1922).

From common definitions of "normality" Jones selects the attributes of happiness, efficiency in mental functioning, and a positive social feeling-relationship as elements in a possible normality and, examining these psychoanalytically, finds that underlying failure in each is anxiety due to the inability of the individual to suffer deprivation. He surmises "that the psychological problem of normality must ultimately reside in the capacity to endure—in the ability to hold wishes in suspension without either renouncing them or 'reacting' to them in defensive ways". The nearest obtainable criterion of normality, Jones states, may be fearlessness and the most normal person may be, like Siegfried, *angstfrei*, "but it must be understood that by this is meant not merely manifest courage but the absence of all the deep reactions that mask unconscious apprehensiveness".

The stressing of this point is important. It is a point familiar to psychoanalysts, but one that has been almost wholly ignored by mental hygienists. On the whole mental hygienists and, even more so, people generally are quite satisfied if individuals are "happy, efficient in mental functioning, and with a positive social-relationship feeling". Until mental hygienists realize that this is not adequate and understand why it is inadequate they are not in a position to make a beginning. The editor of this particular book and a number of his contributors, who seem to write from a psychoanalytic point-of-view, are evidently not familiar with that part of psychoanalytic knowledge which makes Jones' statement possible and important.

There are other contributions of value in the book, aside from Jones' chapter, but they do not require review here.

F. E. W.

SORCERERS OF DOBU. By R. F. Fortune. New York: E. P. Dutton, 1932. xii+318 p.

It is rather difficult for me to review this excellent book not because there is too little, but because there is too much to say about it. I happen to have worked in a neighboring area shortly after Dr. Fortune and therefore not only appreciate the quality of his work in general but also in detail. Duau and Dobu are closely related to each other but not identical. It is therefore quite possible that whenever our data do not agree local differences may be the cause. Thus, for

instance, Dr. Fortune's statement that according to native theory desire does not exist without a love charm (p. 235) hardly agrees with my findings in Normanby Island. In my area, a love charm is the official explanation for romantic love, for irresistible desire or infatuation. Cases of incest would be excused by saying that one of the partners had made a *sigaha* (love charm) and nobody could resist the power of magic.

Dr. Fortune's remarks on dominant sex attitudes are likely to astonish not only the lay reader but also the anthropologist if he does not happen to know this area from personal experience. "The general attitude towards sex is in essentials that which in the present day and generation is termed Mid-Victorianism." "Perfect freedom before marriage is associated in Dobu with a general attitude towards sex that can only be described as dirty, lascivious, and obscene below the surface, and rigidly decorous and euphemistic above the surface." (page 242)

The author gives an instructive and vivid picture of social organization, garden magic, animism, economics, and other details, but he dismisses the topic of sex in a rather summary fashion (p. 235-250). The chapter on the Black Art is perhaps the best part of the book, as the author himself has been initiated in sorcery. On the whole, the book fully deserves the high praise bestowed on it by Malinowski in the Introduction.

GÉZA RÓHEIM (BUDAPEST)

AN ELEMENTARY PSYCHOLOGY OF THE ABNORMAL. By W. B. Pillsbury.
New York and London: McGraw-Hill Book Company, Inc.,
1932. 375 P.

This book was written by the chairman of the Department of Psychology of the University of Michigan and is intended for college students and laymen in general. It must be judged, therefore, on the basis of its simple clarity, its accuracy and its freedom from prejudice. It cannot be said that it meets satisfactorily any one of these three tests. The early chapters read like those introductory lectures in which the industrious student takes elaborate notes, which he cannot understand until the course is completed. They are rendered unclear by qualifying phrases and hair-splitting distinctions which can have no meaning to the reader until he has thoroughly familiarized himself with the matters under discussion. Thus the distinctions between neuroses and psychoses are purely verbal until concrete case

material gives to these words the body and substance of meaning. In place of the author's generalizations, one could wish for the young student a series of well described classical cases. It is, perhaps, in the lack of vividness that the author betrays most clearly the second-hand nature of his psychiatric knowledge.

In sharp contrast to these introductory chapters is the lucidity of the chapter on hypnotism. The chapter on Freud, however, is pitifully inadequate. It is full of minor inaccuracies, such as the definition of the ego on page 78, the characterization of the neuroses on page 89, and the fundamental misconception of the Freudian theory of sexuality. The bibliography fails to include any of the publications of Freud or his followers which are most helpful to the beginner, except the *Introductory Lectures*. Nor can it be said that Jung, Adler or Morton Prince receive more satisfactory treatment.

Later chapters of the book contain superficial descriptions of the neuroses and of the organic and functional psychoses, followed by general discussions of the topics of sleep, speech disturbances, feeble-mindedness and the causes of insanity. Finally the author discusses analogies from the abnormal in the classification of normal types, the problem of genius and insanity, and mental hygiene.

In general his method is one of superficial presentation of all sides, with the final assumption of a safe middle-ground position. The book can be neither condemned nor recommended. It is relatively harmless, but without the vigor or clarity which would make it useful for the audience to which it is directed.

LAWRENCE S. KUBIE (NEW YORK)

AN INTRODUCTION TO ANALYTICAL PSYCHOTHERAPY. By T. A. Ross, M.D. New York: Longmans Green, 1932. 203 p.

We are long since accustomed to expect misrepresentations by non-analysts who set themselves up to be explaining psychoanalysis. This author is one of those whose intuition and reading have given him some insight into certain phases of psychoanalysis, but who is so confused and at the same time so opinionated that his book consists of a mixture of sensible statements, ridiculous assertions, patronizing concessions and moralizing preachment.

The naiveté of the book is almost beyond belief. For instance, the author is at great pains to show in one of his case reports how he at no time suggested sex. The following is only one extraordinary sentence in a most extraordinary paragraph in which the author dis-

cusses his own unconscious: "If I were constantly repressing homosexuality in myself men would provide my most difficult problems. Actually they provide my easiest ones." (p. 47) Elsewhere he says "I have used the word 'like' and others would have used the word 'love'." (p. 45) "I have found it simpler and more satisfactory to treat patients of my own than those of the opposite sex and I think it probable that I have only once had the experience of such a one falling in love with me." (p. 46); again, "How much of this case was non-sexual? A considerable amount." "I believe it is supposed to be unorthodox for the doctor to interpret; the patient is supposed to do it always. This is probably impossible." (*sic*) (p. 195)

It will not surprise anyone to learn that the author is doubtful whether being analyzed is necessary (p. 179) or even the best step to take in the training of the doctor and adds that he is obliged (*sic*) to say that he has not been analyzed and that, "All analyzed analysts will agree as to the real reason why I do not consider it to be necessary." (The reason is not stated.) (p. 179) The author patronizingly commends Freud for some of his discoveries and theories (he says, "We have been given something of importance by Freud.") but takes issue with him on many points including that old *bête noire*, the *œdipus* complex. It is significant however that Freud's name does not appear once in the index except as a subheading under "unconscious".

So much for the adverse criticism. To do the author justice one must add that, in addition to some insight into certain mechanisms in his cases, he should be given credit for very good intentions in writing the book. He makes it clear in his preface that he does not write the book as an exposition of psychoanalysis — "a term that should be kept for the exact Freudian doctrine as preached (*sic*) by those who have been admitted into the international body presided over by Freud." He feels that the Freudians have become so discouraged with general practitioners of medicine that they have ceased to make any effort to interest them in psychoanalytic therapy and therefore these physicians need help in understanding what psychoanalysis is all about, so that they may use such parts of it as can be fitted into general medical practice.

Someone in England should introduce the author to Alexander's *Medical Value of Psychoanalysis* and to the contributions of Groddeck, Jelliffe and others who have been at some pains to inform the

medical men without analytic training of the purposes and methods of analysis. To misinform the physicians with such a book as this is no kindness, however worthy the author's conscious motive.

KARL A. MENNINGER (TOPEKA)

PSYCHIATRY IN EDUCATION. By V. V. Anderson, M.D., M.A. New York: Harper and Brothers, 1932. 430 p.

Educators, though waking up, are not yet fully aware of the contributions of psychoanalysis to education. Progressive education has felt some of its influence through a seeping in of mental hygiene and child guidance ideas, but too often in diluted and adulterated forms. In most "advanced" schools, there is an amazing unawareness of twentieth century depth psychology in relation to the education and normal bringing-up of children. Only in the case of neurotic children is there felt to be any relation between psychoanalysis (or other psychiatric treatment) and educational procedures.

In the vast public school systems to-day, the old pedagogic psychology of the conscious mind—interest, apperceptive mass, motivation, drill, application—still holds the fort of learning. "Mental hygiene" and "child guidance", though now fairly current as terms, are still uncomprehended as concepts. Notwithstanding all the interest in these ideas, too few teachers are aware of the contributions of psychiatric—and even more so, of psychoanalytic—findings to pedagogy. Even fewer schools and principals are inclined to alter their organizations in conformity with the broader principles of the education of "the whole child".

Hence such a school as Dr. Anderson's at Staatsburgh-on-Hudson, though not, as he indicates, a unique experiment (there has been for the past eight years a school in Vienna, directed by Mrs. Dorothy Burlingham and Fräulein Anna Freud, run on psychoanalytic principles), is so rare and admirable that it deserves careful attention from all educators. Not conforming to any one school of psychiatry, nor to any philosophy or method of education, it has been, for eight successful years, practicing the application of psychiatric principles to educational aims and procedures. The school presents a controlled environment in which children of varying ages, backgrounds and needs are given educational opportunities best suited to the most desirable growth of each individual. The organization provides supervision of each child, by a staff consisting of psychiatrist, housemother or

housefather, teachers, gymnasium director, shop-worker, camp directors and junior assistants.

Thus in play or at work, eating or sleeping, the child is being observed and watched. An individual twenty-four-hour-a-day program is worked out according to the needs of each child, as determined by physical examination, psychological tests, previous social history and educational accomplishment, and psychiatric studies made upon his entry into the school. These programs are flexible and are changed in accordance with the child's response to them. The diagnostic basis upon which the child's school program is made is one of the most interesting features of the school. The program is made out with reference to his abilities and disabilities. It aims primarily at therapy, the development of an integrated adjusted personality; the usual aims of education—the acquisition of knowledge, skills and self-expression—are considered to be secondary. Indeed, success in the latter depends on the removal, first, of personality disturbances. Dr. Anderson cites many interesting case studies which reveal how skillful therapeutic treatment and environmental control can dispose of learning and behavior problems that have been a stumbling block in the child's development. The results show clearly the correlated movement of improvement in all the aspects of the child's growth, physical, psychological, emotional, once the transference suggestion is made or the causative factor touched.

Throughout the description of the experiment the psychoanalytic reader feels that the psychiatrist is constantly aware of the unconscious of the child. His social life is planned, his learning difficulties are adjusted and his physical orientation is guided with this awareness in mind. Dr. Anderson seems to know how to use and evaluate the child's "interests". Where they are repressed, or where undesirable ones are present, his method is to create a transference situation whereby some interests are aroused and are used to stimulate others. He makes a good point, however, in believing that education should rest on a broader basis than the so-called "interests", which, we know, may be superficial, compensatory and temporary, depending upon the emotional stability of the child. He makes another good point in observing that the principle of "motivation" in pedagogy is overstressed and superficial. Apparently, Dr. Anderson recognizes the flaw in "interesting" the child and "motivating" learning on a purely conscious level as most teachers aim to do. In another principle, how-

ever, that of habit training, there seems to me to be an over-emphasis on a conscious level—for example, in ways of habit training at the table, in dressing, and in other details of living.

In order to appeal to a wider audience the author avoids using technical terms and explanations. Nevertheless, the economics of the personality changes, particularly habit changes, in many of the cases cited would be clearer if explained directly on the basis of the unconscious. Though one must commend the book as being one of the few which cite case histories and permit the reader to see the therapy before being asked to believe the results, one is not allowed to follow it into the unconscious as the psychiatrist and his staff presumably did. In some cases it is clearly stated that the psychiatrist pursued a particular problem, usually a sex difficulty, with the child. In other instances, it is not clear as to whether any psychiatric treatment was given in cases of bed-wetting, food fads, night fears, stealing, and other neurotic symptoms. One cannot help admiring the care and patience shown by the staff in handling these matters on a conscious level, that is, by trying to create good habits consciously. Yet one feels that the desirable results could certainly not have been attained merely by direct, though kind, commands at the table, by diminishing the quantity of water drunk by the bed-wetter in the afternoon, by supervising sleep, and by other similar efforts. The causative factors could not have been removed in this manner. The reports frankly admit incomplete success, partial improvement and insufficient removal of symptoms.

The advantage of child training is that, pathological though the child's development may have been, he is still in a formative process and by substituting for the old patterns good parent patterns in the classroom, on the field, at camp, in the living quarters, and by supplying id- and ego-satisfying activities, it is still possible to influence both ego and super-ego toward good character development, social behavior and adjustment to reality. Dr. Anderson's school offers such an environment, with just such remedial influences, psychiatrically applied. What is done psychologically to analyze and remove the castration anxiety which, from the descriptions of many cases, is so evidently at the bottom of the neurotic and behavior difficulties, is not apparent from the presentation. Perhaps the specific method of psychoanalysis is not used. Perhaps the author considered it unnecessary to acquaint the teacher-reader with the

deeper psychology affecting the child's learnability, emotional balance and "whole" development.

An especially interesting chapter for psychiatrists is the one on the Hospital School, which shows the possibilities for education and personality development of post-encephalitic, epileptic and schizoid children. These children are taught along lines similar to those set for the "normal" children, and that many develop uses, abilities and good personalities is a tribute to this progressive experiment.

Not less important to a school than the pupil is the teacher. Though Dr. Anderson and his staff are experts in educational and pedagogic matters, prime emphasis is laid not on the specialized ability and training of the teacher, but on his total personality. Dr. Anderson admits difficulty in finding for teaching, as for industry, such persons as he requires—wholesome, adaptable, integrated, responsible persons, having a sense of reality, instead of the paranoid, suspicious, supercilious, timid, over-anxious, sadistic personalities so often found in the educational field. He attributes this difficulty to faulty college training, for which he recommends mental hygiene programs. If we wished to complete the vicious circle, we should trace it further back to our regimented, unreal, narrow, one-sided elementary schools. A book of this kind breaks in upon this vicious circle and shows the possibilities of a reasonable education for life on the basis of what scientific psychiatry has shown.

MARIE H. BRIEHL (NEW YORK)

THE FOUNDATIONS OF ABNORMAL PSYCHOLOGY. By Fred A. Moss, Ph.D., M.D., and Thelma Hunt, Ph.D. New York: Prentice-Hall, Inc., 1932. 548 p.

In the preface the authors indicate that their scientific curiosity in the field of psychiatry is directed primarily to its organic aspects. As Freud has pointed out repeatedly, this phase of our problems is of such fundamental importance that any critical and rounded presentation of all of the available facts would be eagerly welcomed. If the authors had performed this service competently, one would willingly forgive them their ignorant and prejudiced misrepresentation of psychoanalytic theory and practice. When, however, one searches vainly for a scholarly analysis of any of the problems to which the authors refer, whether they be in the field of psychiatry, biochemistry, endocrinology, toxicology, pharmacology, or vitamin deficiency, one is forced to put the book aside with a conviction that

it is scarcely creditable, either to its publishers or to its authors, that it was ever printed. Furthermore, not only in content is it faulty, but the definitions in the Glossary lack precision and accuracy; and the editing is so careless that the English is full of deplorable lapses in taste and grammar. One can only regret that such a volume as this exists to fall into the hands of helpless students.

LAWRENCE S. KUBIE (NEW YORK)

THE PHYSICAL DIMENSIONS OF CONSCIOUSNESS. By Edwin G. Boring. New York: The Century Co., 1933. ix+251 p.

American psychologists may well be thankful to the author for this book. They should feel indebted to him not only for having brought together under one cover the recent advances in physiological psychology still scattered in periodic literature, but even more so for having rendered "explicit", to quote his own words, "the assumptions that underlie the accepted physiological thinking of to-day." This thinking, notwithstanding its hard-boiled scientific terminology, has been extremely naïve. Like the proverbial ostrich, it has thought that by burying its head under such concepts as nerve impulse, semi-permeable membranes and other constructions borrowed from physics, it was escaping its intrinsic logical difficulties. Professor Boring has done an excellent job in showing how futile such a mode of defense is, and how much more effective a bold frontal attack on these difficulties can be. He has done this by examining searchingly the primary sensory attributes of conscious experience, and analyzing the logical assumptions underlying the experimental and introspective data on which they rest. It is these fundamental modalities of sensation: quality, intensity, extensity and protensity (duration) which the author calls the physical dimensions of consciousness.

He begins by calling attention to the fact, generally overlooked both by psychologists and physiologists, that all psychological "reality" is of necessity an inductive inference. There is no such thing as direct or immediate experience. "Real experience is what the psychologist knows about it, and is mediate and not direct." All reality is made up of what he terms "conceptual reals", that is, concepts of inductive experience. This is frankly a logistic approach which, though it does not eliminate the problem of psycho-physical dualism, as Professor Boring seems to believe, does clear the path for a logical attack upon the whole problem of psycho-physiological correlations.

The author admits that dualism cannot be disproved, but adopts the monistic point of view throughout the book, because "it is scientifically more useful to consider that all psychological data are of the same kind and that consciousness is a physiological event."

After devoting the first chapter to the relation of mind to body and to the problem of physiological correlation, Professor Boring devotes most of the remaining part of the book to the fundamental "dimensions". Intensity, mostly from the point of view of nerve excitation and its theories; extensity (the physiological problems of space, form, size and localization); time and the modality of quality are next taken up in that order. Next comes a chapter on the organization of consciousness in which memory, learning and intelligence are considered, and finally a chapter on the nature of consciousness. Here he adopts a modified existential approach which he terms the relational theory of consciousness, based on Titchener's context theory of meaning: "consciousness exists as relations, and exists only in the same sense that relations exists". For him too, "a meaning is a relation". To this extent the theory also agrees with the Gestalt interpretation of meaning, but differs from it in that Professor Boring insists that observation, because it is based on memory, brings about changes in matters observed. In this he is undoubtedly correct, and we must agree with him that the idea of consciousness existing "independently of memory is pretty far removed from actual consciousness".

The book is so uniformly good that one is disinclined to make any adverse criticism, but for that very reason one feels free to point out some of its negative points without fear of making any serious detraction. The first is small enough, namely, the book's title. Dimensions of consciousness is apt to be a bit misleading because it seems to suggest that consciousness partakes of a spatial or dimensional character in the mathematical sense. Of course the author intends no such implication and is careful to inform the reader as much; nevertheless he seems to take the various geometric representations of sensory qualities too seriously. Certainly the student, finding so much space devoted to color pyramids, taste tetrahedrons, and smell prisms (accompanied by diagrams), is likely to give them a reality which they do not have. The second point has to do with the vague matter of scientific optimism, which is perhaps due to the author's style. The book is written with so much buoyancy and en-

thusiasm that the author gives the impression of passing too lightly over many of the difficulties which the problems present. Professor Boring of course realizes that he has far from solved the difficulties he has brought to light, but he often tends to give the impression that their solution is much nearer at hand than they in fact are. However, these are minor points indeed. The book should find its way to all who are seriously interested in the fundamental problems of physiological psychology.

DAVID WECHSLER (NEW YORK)

OUR CHILDREN: A HANDBOOK FOR PARENTS. Dorothy Canfield Fisher and Sidonie Matsner Gruenberg, Editors. Prepared and Sponsored by The Child Study Association of America. New York: The Viking Press, 1932. 348 p.

Books on the education of parents are needed—that is to say, education for parenthood is needed and books are one means. However, training for any career is easier than training for parenthood, witness the great number of thoroughly skilled workers in all the vocations who in the vocation of parenthood must get their training (if they get it at all) haphazardly, by trial and error. This is not merely because parents feel that they are to the purple born, but because the body of knowledge for parenthood, if not vaster than the systematized and organized knowledge of other recognized vocations, certainly delves deeper than these other sciences. It is harder to write a book in this field than to write, let us say, a compendium of history, of science, of literature or of medicine.

The Child Study Association of America has for years made a systematic collection of parents' questions about their problems with children. Evaluating these questions for their conscious content, that is, as indicating on the part of the parents a desire for information on the subject of children, the editors, Mrs. Dorothy Canfield Fisher and Mrs. Sidonie Matsner Gruenberg, have, for the purposes of this book, classified the questions into four groups: 1. questions centered in the child's growth and development; 2. questions centered in the home; 3. questions centered in the school; 4. questions centered in the outside world. The difficulty of covering the vast surface of the material is partially solved by assembling the opinions of twenty-five specialists, on the child as a physical organism, on the psychological development of the child, and on the relation of school and educational problems to the child and his ultimate adjustment in

society. The material of parent education—to wit, their children—is thus in the main covered, but this superficial interpretation of the problem of parent education is an avoidance of the main issue, the kernel of which is, not the children as their parents' problem, but the parents themselves as the parents' problem. The emotional content of their questions is not plumbed, and the anxiety element underlying the request for information in many of the contributions has been overlooked.

Some of the chapters are more valuable than others in aiming to dispel in the parent reader the anxieties that are revealed in his questions. Benjamin C. Gruenberg on "Sex Education", Bernard Glueck in the chapter on "The Family Drama", as well as Jeanette Regensburg on "Individual Differences", and Anna Wolf and Ruth Brickner in "Laws to be Broken", contribute positively to freeing the parent from his own anxiety-bound purposes and creating in him a receptive "set" for understanding children and handling their behavior. A chapter like that of William E. Blatz on "Anger and Fear as Assets", with its behavioristic explanation of fear and anger reactions, fails in this conspicuously; for not only is the unconscious content of the child's reactions unrecognized, but the parents' unconscious anxieties are left unaffected or even increased by the superficial advice given.

Perhaps a book on parent education should deal less with children and more with their parents. In a book like this one, which emphasizes the wholesome training of the normal child, it should be recognized that the problems are chiefly the parents', rather than the children's problems. Discussions of the latter should aim to effect a catharsis in the parental emotional set. The psychoanalytic contributions do; some of the others do not. Indeed a rationalized ambivalence is felt, resulting in part from a liberal attitude toward all the modern psychological trends. In the discussion of the child in relation to the school, this ambivalence results in leaving no impression as to the proper function of schools. The case for the progressive nursery school is put positively. The case against wholesale going to our old-order colleges is put succinctly and well, by Dean Max McConn. But the problem of the school's function in training the character of the growing and adolescent child is left unsettled. Is the progressive school right, or is the traditional school more nearly right? Is too much choice allowed the child as a reaction from former authority, or does our error lie in too much repression? Is the

school a preparation for life and mature living, or is its primary purpose scholarship? Is mental hygiene a function of the school, or is it a task for health centers and clinics? Professor Kilpatrick's and Director Thayer's contributions represent a liberal attitude toward the school's part in dealing with all aspects of child training. Edwin R. Embree flatly denies that the school has any function but scholarship.

The whole trouble with this section on Education lies in the romanticized view of education which, as put by Thomas J. McCormack in a chapter on "Character in Adolescence," is "to de-animalize" the child, "to humanize him", to make a "person" of him, to "lift him from the animal to the human plane". Assuming we can by such a liberal-minded and superior attitude inculcate in parents an equally "liberal" attitude toward their children's original sin, we have still accomplished little more than our puritan contemporaries. Nowhere in the book is there a chapter on the instinctual nature of the human being, on which all education must rest. There could well be another and equally valuable chapter treating psychologically "What the Child Is Born With", besides Paul Popenoe's biological exposition. Anna Freud's method of presenting to teachers the contribution of psychoanalysis to the theory of instincts in its application to the rearing of children could well have been followed in this book. Parents as well as teachers should be taught to recognize without anxiety the common basis of "id" impulses in all children and their expression at various stages of the growth process. Not exorcising the "animal" out of the child, even in a friendly way, but using the instincts as they appear at the different age levels, is the fundamental function of education. On such a basis the principle of individual differences emphasized in this book would be more sound. So, too, the principle of "growth" would gain deeper meaning if explained psychoanalytically on the basis of the development and the uses of the instincts in the formation of the ego.

This then is the signal omission of the book. Though it provides the parent with some understanding of the physical needs of his child, and something of his psychology on ego and super-ego levels in relation to habit formation and disciplinary problems, yet no adequate attention, except in the chapters of Glueck, Gruenberg, and Wolf and Brickner, is given to the instinctual nature of the child and the parent's relation to it in their task of rearing it.

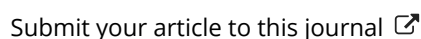
Perhaps the fault of this book is its eclecticism. For all the superficial accord of the contributors, the book lacks a basic educational

philosophy or attitude. The minor faults of diffuseness and redundancy in a synthetic compilation of this kind are inevitable. The whole book aims rightly at impressing the parent with the importance of rearing children ultimately for the purpose of self-determination, independence from the family and ability to take some useful place in present-day machine-age society. In this sense, a unity of tone is secured, and a lasting final impression made, especially in the excellent chapters of Henry C. Link, Professor E. C. Lindeman, Lawrence Frank, and Cécile Pilpel.

An up-to-date bibliography of books and pamphlets for each of the contributions is appended.

MARIE H. BRIEHL (NEW YORK)

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Zeitschrift für psychoanalytische Pädagogik. Vol. VII, Number 1, January, 1933.

- EDITHA STERBA: Ein abnormes Kind. Aus seiner Krankengeschichte und Behandlung (*An Abnormal Child: Case History and Treatment*).

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- EDITHA STERBA: Ein abnormes Kind. Aus seiner Krankengeschichte und Behandlung II (*An Abnormal Child: Case History and Treatment, II*).
 EMMA PLANCK-SPIRA: Herbert in der Schule (*Herbert at School*).

Psychoanalytische Bewegung. Vol. V, Number 1, January-February, 1933.

- HENRI FLOURNOY: Der wissenschaftliche Charakter der Psychoanalyse (*The Scientific Character of Psychoanalysis*).
 EDMUND BERGLER: Zur Psychologie des Zynikers I (*The Psychology of the Cynic, I*).
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- R. DE SAUSSURE: Le Dogme de la Famille irréprochable (*The Dogma of the Irreproachable Family*).
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MARIE BONAPARTE: De l'élaboration et de la fonction de l'œuvre littéraire (*The Elaboration and Function of Literary Work*).

Rivista Italiana di Psicoanalisi. Vol. I, Number 6, December, 1932.

- SIGM. FREUD: Il "Mosè" di Michelangiolo (*The "Moses" of Michelangelo*).
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Sándor Radó

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IN MEMORIAM

Sándor Ferenczi, M.D.

1873 - 1933

On May the twenty-second of this year, shortly before his sixtieth birthday, Sándor Ferenczi of Budapest died of pernicious anæmia. In him psychoanalysis loses one of its most successful pioneers and brilliant proponents. He was a man of warmth and distinction, a kindly physician, a fascinating teacher, and preëminently a tireless thinker and student. His writings, which are characterized by great originality and richness in ideas, have been translated into many languages, and have carried his name far beyond the immediate field of his labors. The importance of his achievements and the nobility of his character attracted to him students of all nationalities. All those who were privileged to be among his friends or fellow-workers, even though he has left them, will continue to be bound to him in affection and admiration. His contributions to psychoanalysis fill several volumes and remain a permanent possession of our science. In the International Psychoanalytic Association, which was founded through his efforts in 1910, he occupied the post of President (1918-19), and that of Vice-President since 1927. For the last twenty years he has been leader of the Hungarian Psychoanalytic Society, which he founded; and he was a founder and coeditor of the *Internationale Zeitschrift für Psychoanalyse*.

Our international congresses gave all the members of our body the opportunity of a personal acquaintance with Dr. Ferenczi. He was never absent from any of these congresses, and his paper was always a real event. In 1926 for a period of eight months only he left his Budapest home for a stay in New York. Here he held a series of popular lectures on psychoanalysis at the New School for Social Research, and numerous scientific lectures before psychiatric societies and at psychiatric institutions. His paper on *Gulliver Phantasies*, read at the New York Society for Clinical Psychiatry, gave American hearers a first-hand opportunity to appreciate him as the subtle interpreter of a literary genius.

Dr. Ferenczi was born in the small Hungarian city of Miskolcz in 1873. He obtained his medical education during the nineties at the University of Vienna, where the medical school was then at the height

of its reputation. He applied himself to the study of neurology and psychiatry, entered practice at Budapest, and shortly thereafter published several brief clinical observations in this field. Early in his practice he worked with great energy as psychiatric expert to the Royal Court of Justice in Budapest. His first psychoanalytic contribution *Actual- and Psychoneuroses* was published in 1908, shortly after he had become acquainted with psychoanalysis and had come in contact with Freud. In 1909 he published *Introjection and Transference*, containing an analytic theory of hypnosis, which, even today, twenty-five years after, is still valid. There soon followed observations on disturbances in male potency, on the problem of paranoia, on obscene words, his discovery of transient symptoms which arise during an analysis, his study of the stages of development of the sense of reality, and after these an almost uninterrupted current of longer or shorter publications which touched every branch of psychoanalytic endeavor and every topic, and which contained not merely confirmations of and additions to that which was known and new observations and findings, but also an inexhaustibly abundant stimulation to further research. The psychopathology of everyday life, the interpretation of dreams, the theory of the neuroses in general and of the specific neuroses, as well as problems in applied psychoanalysis, were repeatedly made the subjects of his invaluable articles. All analysts are familiar with his profound studies on hysteria and the pathoneuroses, and with his persistent continued experiments with an active analytic technique. Besides his scientific articles, of which there are several hundred, Ferenczi was always able to devote time and effort to the popular presentation in lectures and articles of the fundamental problems and newer contributions of psychoanalysis. Freud, in the article written on the occasion of Ferenczi's fiftieth birthday, characterized a collection of these popular articles as "the best introduction to psychoanalysis for those who know little of the field". Ferenczi was also among the first in the attempt to bring psychoanalysis into closer relations with sociology and jurisprudence.

Ferenczi's masterpiece, which he too regarded as a sort of quintessence of his scientific life-work, is his *Versuch einer Genitaltheorie*, published in 1924—a book, which like an enlarged portrait reflects its author's scientific splendor, his ingenuity and intuition, the breath-taking flight of his constructive imagination, his indefatigable onward advance into untouched fields of research, and the combina-

tion of all these qualities with the gift for extremely careful observation in psychoanalytic work. This is not the occasion for an appraisal of this book, which is unique—not only in psychoanalysis. Ferenczi's effort is to reconstruct from psychological observations and data a phylogenetic theory of the human genital organization and thus—on Lamarckian principles—at an unsuspected position bridge the gap between psychoanalysis and biology. Ferenczi himself called this approach, bioanalysis. Even with all due reservation, it may be said that the full significance of Ferenczi's theory of genitality has not been appreciated either by psychoanalysts or biologists. It remains as a challenge to the science of the future. An English translation will shortly appear in this *QUARTERLY*.

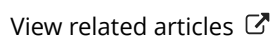
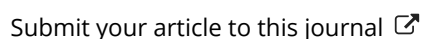
In contrast, the effect of Ferenczi's clinical contributions has been great and permanent. A psychoanalyst, no matter which field he is studying, cannot deal with his problem seriously without encountering, even at his first approach to it, important observations, clues and premonitions in the works of Ferenczi. From Ferenczi's writings generations of young psychoanalysts will continue to derive guidance, stimulation and instruction. His work will live on among these younger men and women who will ever willingly acknowledge their indebtedness to his affection and to his love of service.

SÁNDOR RADÓ (NEW YORK)

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NOTES

The New York Psychoanalytic Institute announces the following extension courses for the academic year 1933-1934, beginning the first week in October, 1933: — (1) Psychoanalysis and Social Work (an introductory course for social workers), by Drs. Brill, Kubie, Meyer and Shoenfeld; — (2) The Utilization of Psychoanalytic Viewpoints in Social Case Work (an intermediate case discussion seminar for social workers), by Dr. Adolph Stern; — (3) The Application of Psychoanalysis to Social Work (an advanced course for executives in social work and experienced field workers), by Drs. Zilboorg and Broadwin; — (4) Psychoanalysis and Pedagogics (Teachers' Introductory Alertness Credit Course), by Drs. Brill, Broadwin, Kubie, Meyer, Shoenfeld and Williams; — (5) Psychoanalysis and the Law (an introductory course for lawyers), by Dr. Bernard Glueck; — (6) Psychoanalysis in Medicine (an introductory course for physicians, approved by the Committee on Medical Education of the New York Academy of Medicine), by Drs. Brill, Feigenbaum, Lehrman, Lorand, Meyer, Oberndorf and Zilboorg; — (7) Popular Lectures on Psychoanalytic Topics (open to the general public), by Drs. Brill, Kenworthy, Lehrman, Meyer, Oberndorf, Williams, Wittels and Zilboorg. For information apply to the Executive Director, The New York Psychoanalytic Institute, 324 West 86th Street, New York City.

The annual spring meeting of the American Psychoanalytic Association will be held at the Hotel Statler, Boston, Mass., on May 31st, 1933. The joint program with the American Psychiatric Association consists of the following papers: — (1) Homosexual Mechanisms in Paranoia, by A. A. Brill; — (2) An Analytic Theory of Hallucinations, by Isador H. Coriat; — (3) Relations between the Unconscious and the Reality Principle, by Thomas M. French; — (4) Erotization in Thinking, by C. P. Oberndorf; — (5) Unconscious Mechanisms in Neurotic Depressions, by Sándor Radó; — (6) A Note on Humor, by Lucile Dooley; — (7) Excessive Dreams and Schizophrenia, by Ives Hendrick; — (8) Experiments in Psycho-Dynamics: A Study of Sibling Rivalry, by David M. Levy; — (9) Polysurgery: Compulsive Submission to Surgical Operations, by Karl Menninger; — (10) The Psychological Significance of "Du" and "Sie", by William V. Silverberg. There will also be a round table discussion on the subject: The Rôle Played by Psychoanalysis in Unraveling the Meaning of Psychotic Symptoms, with Dr. Isador H. Coriat as moderator and Drs. A. A. Brill, William A. White, Gregory Zilboorg, Bernard Glueck, Ives Hendrick, M. R. Kaufman, Lionel Blitzsten and Harry Stack Sullivan as participants.

The Tenth Annual Meeting of the American Orthopsychiatric Association was held in New York City, February 23-25, 1933. The third general session, held on February 25th, was devoted to papers of psychoanalytic interest. The speakers were: Dr. William Healey ("Psychoanalytic Treatment of Older Delinquents"),

Dr. Edward Liss ("Child Analysis from a Freudian Standpoint—Conversion Syndrome"), Dr. Karen Horney, Associate Director of the Institute for Psychoanalysis, Chicago ("Maternal Conflicts"), and Dr. David Levy ("Use of Play Technique as Experimental Procedure"). Among the discussants were Doctors George J. Mohr of Pittsburgh and Gregory Zilboorg.

Dr. Felix Deutsch, Privatdozent in Internal Medicine at the University of Vienna, is on a brief visit to the United States and has delivered lectures at the New York Psychoanalytic Institute, Columbia University, the Presbyterian Hospital, and Mount Sinai Hospital, in New York City; at the City Hospital, Judge Baker Foundation, and Grafton State Hospital, in Boston; at the Institute for Psychoanalysis, and the Michael Reese Hospital, in Chicago; and at the Institute of the Pennsylvania Hospital, in Philadelphia. Among his subjects were:—Studies in Pathogenesis, Biological and Psychological Aspects; The Influence of the Psyche in the Organism; Psychogenic Factors in Cardiac Diseases; Bioanalysis; Internal Medicine as a Scientific Aid to Psychiatry; Psychophysical Problems; The Psychological Aspects of Internal Medicine; Discussion on Hysteria and Multiple Sclerosis.

ERRATA

On page 22 of the January 1933 issue (Vol. II, No. 1), in Dr. Radó's article, *The Psychoanalysis of Pharmacothymia*, the line "Pharmacogenic regime of the ego" in graph "B" should read "Pharmacothymic regime of the ego."

Credit for the reproduction of the Masereel woodcut on page 27 of the January 1933 issue (Vol. II, No. 1) should go to the Transmare Verlag, Berlin, instead of to the Kurt Wolff Verlag.