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SIMULATED PREGNANCY IN A MALE

BY WILLIAM N. EVANS (NEW YORK)

I

The boy's wish to bear a child has been frequently commented on in psychoanalytic literature. Boehm (2) thought it sufficiently common to give it the name Parturition Envy. The attitude of the boy to his mother in the negative œdipus, he maintained, was more than just hate; it consisted also of envy of her capacity to have children. Klein (8) maintains that the frustration of the boy's wish for a child makes him feel inferior to the mother, and consequently he overcompensates for this disadvantage by the superiority he deduces from the possession of a penis: 'This exaggeration of the masculine position results in excessive protestations of masculinity'. In writing of the two great wishes of childhood, the wish for a penis and the wish for a baby, Brunswick found that the original wish for a baby arises very early, is asexual and based wholly on the primitive identification of the child of either sex with the active mother who '... is above all else the possessor of a baby' (3). She believed that in the anal phase of giving and receiving, '... the wish for a baby acquires a second root: both boy and girl desire a baby from the mother'. Brunswick, of course, was writing of the preœdipal phase of development, that earliest period of exclusive attachment to the mother before the father appears as a rival. However, as Lampl de Groot (7) adds, '... the passive, feminine relation to the father is with the male child a second edition of his primitive love relation to the mother. . . and contributes to pathological trends which may later disturb his normal sexuality'. It may be assumed, therefore, that the boy's passive wish for a baby from the father in the negative œdipus has its origin in this earlier, preœdipal phase of development.

When one passes from theoretical generalizations to clinical histories there are surprisingly few references to the subject of

male pregnancy fantasies. Boehm gives short illustrative excerpts in support of his thesis. In an early paper Eisler (4) presents a case, but it is presented as a contribution to the larger theme of anal erotism. Reik (9), in his paper on the *couvade*, quotes the case of a male hebephrenic, treated by Abraham, who had passed through a fictitious pregnancy when fifteen years old.

In view of the paucity of clinical accounts on this theme, the following notes are contributed because in the case of this patient the pregnancy was enacted on the analytic couch with a wealth of detail and with a dramatic realism over a period of about ten days. Not only was time a remarkable feature in this case, but above all, the analysis demonstrated the enormous impact which the mystery of birth had made on him as a child, and the impressions he had formed of the mother's role in this drama.

II

The patient was a man in his early thirties, referred by a psychiatrist with the diagnosis, anxiety hysteria. The patient, however, had his own diagnosis; he jestingly called himself a 'middle sex', a pun on the name of his home county in England (from which this case is reported).

Just prior to the war he had concluded two and a half years' treatment with a female analyst, his main symptom at that time consisting of hysterical attacks sufficiently severe to prevent his earning a living. After the analysis the attacks abated, he married and became a father; furthermore, he achieved no little success in business and during the war carried out quite courageous rescue work in the air raids. He had in fact managed tolerably well till the summer of 1945 when the attacks recurred, not so severely as before, but sufficiently to make him seek further treatment.

The immediate cause of the relapse was the occasion of a visit to his parents' home where he spent the night, this being the first time he had slept there since his marriage. His sleep, however, was disturbed by fantasies of his parents in sexual

intercourse, and in these he was quite clearly identified with the mother. Next morning he was taken to a hospital because of vomiting and acute pains in the stomach. The medical examinations revealed nothing abnormal, and a bottle of medicine removed the symptoms. Soon afterwards the hysterical attacks returned.

The patient was brought up in a squalid London slum and, even making generous allowance for his bitterness, the picture he drew was one of great poverty and squalor. In the small tenement in which he had spent the first twenty years of his life, the living room served also as the parents' sleeping quarters. Here, too, his mother gave birth to her five children, of which he was the first. It was also in this room that the patient had slept for the first four years of his life, until his place was taken by the next born.

In every way the parents were typical of their environment, the mother having been a barmaid, and the father a billiard marker who supplemented his meager wage by spare-time work in a butcher's shop; but as his only relaxation was frequent attendance at the races, the family had to live on very little.

Dates and numbers fascinated the patient. His parents were married August fourth, 1914, the day of the outbreak of the first World War. This he felt to be no accident because their marriage had been a continued outbreak of hostilities. He was born seven months later on the twenty-fifth of March, or Lady Day as it is popularly known, and his mother gave him the nickname of Lady. For this reason he liked to think that he was fated to be 'odd and peculiar', to use his phrase.

In many ways he was unusual. At school he was often called 'dopey', and that was the impression he tended to give: kindly, innocent, and slightly stupid. 'I wouldn't know' was his usual disclaimer when an interpretation was not to his liking. After leaving school at fourteen he had tried a variety of jobs—paperboy, errandboy, officeboy, etc; but the one job to which he remained faithful in his spare time was butchering. Since his first analysis he had had three jobs concurrently. In his main occupation he was a successful salesman. Week ends

he did the accounting for a provision merchant. Having a flair for figures he also added to his earnings by advising on income tax problems. Thus with two connections in the food trade he knew little of the rigors of rationing. When he referred to his not inconsiderable earnings he liked to add that he was not such a fool as he appeared. In fact, far from being one, he was possessed of a certain shrewdness and much insight into himself and others. He was certainly intelligent—probably very intelligent—but he was careful not to appear so.

Apart from his work he had few interests. Books he had little use for, nor did he ever buy a newspaper. His visits to the cinema and the theater were most rare. He had some ability with the pencil and brush but was afraid to express his own fantasies and, for the most part, was content to copy other people's. The two things that had impressed him most were Tennyson's poem, *The Lady of Shalott*, which he had read in school, and a visit, years later, to see a production of *Œdipus Rex*. The substance of both the poem and the play had been completely repressed, and not till the end of the treatment did he realize the great significance that both had had for him.

III

In the early days of his treatment he always arrived with a briefcase. Concerning its contents he mentioned only a pair of knuckle-dusters which since his adolescence he had always carried about with him. In his adolescence he had for some years attended a Japanese club and acquired some proficiency in jujitsu. The clear implication was that should he be attacked from the rear—his constant fear—he would be able to give a good account of himself. He spent the early months of his analysis trying to provoke the very thing he dreaded most.

His manner of speaking most clearly showed his anxiety: he leaped from topic to topic, stumbled over words, continually broke off at tangents, periodically stopping to ask, 'Now where am I?' Only one phrase seemed to make any sense and that was a repetition of 'Father, farther away'. This fugitive and incoher-

ent jumble of allusions and uncompleted sentences was a smoke screen. He sought to make a travesty of the fundamental rule of analysis and succeeded in being intensely provoking.

When he was twelve years old he provoked a man to seduce him. He managed to break free and, running as if for his life, he darted up a succession of side streets to elude his pursuer. At this age he had provoked his father to beat him. During the beating the pain suddenly became pleasurable, a sensation accompanied by urinary incontinence. Soon after these two incidents the hysterical attacks began.

Owing to the intensity of the transference which he developed with the change to a male analyst, all his symptoms were acted out in the analytic situation. The hysterical seizures were of two kinds. The first consisted of a lateral rolling of his body with repeated cries of 'no'. The second, and the more common, consisted of a sudden leap in which he arched his back and emitted a loud grunt. When it was most intense this attack was an approximation to the classic *arc de cercle* (opisthotonos).

Analyzing the unconscious meaning of the attacks resembled a prolonged dream analysis in serial form, in which many identifications played their part. In essence, however, the attacks were a symptomatic acting out of his impressions of the parents' intercourse which he had frequently witnessed, combined with his impressions of his mother's last pregnancy. With a child's intuition he had inferred the causal connection between the two events.

In his discussion of hysterical attacks Freud (5) observed that in the fantasies underlying the attacks the sequence of events is reversed, as in some dreams which begin with the end of the action and end in the beginning. So in this case, analysis of the pregnancy fantasy came first, and analysis of the primal scene marked the end of the treatment and the resolution of his attacks.

Having shared his parents' combined living and sleeping room, he had had ample scope for watching their sexual activities. These primal scenes were all the more traumatic because the patient never saw his father till the latter's return from

the war in 1918 when the patient was just over three years of age. At the height of his œdipus complex, therefore, the eldest child was suddenly displaced from the sole possession of the mother.

The patient's first account of the parents' sexual 'turmoil', as he called it, was confused by an unusual fact. Although the patient's bed adjoined his parents' bed at right angles, he witnessed the primal scene reflected in a large mirror on the wall. This indirect viewing of the scene not only created the illusion of distance, of being 'farther away', it also helped him to deny the more important fact that he wished to look, and had actually done so. The active and direct looking had been deeply repressed; hence his insistence on the secondhand version of the mirror. Above all, by looking in the mirror he had seen things in reverse, and this element played an important part in his neurosis.

It may be said, then, that the patient had two versions of the primal scene. There was the blurred and more distant image in the mirror in which reality was still further distorted by his negative œdipus wishes; then there was the undistorted view which he got from looking directly which represented his active œdipus wishes; moreover, the two ways of looking corresponded with contrasting bodily postures: to look into the mirror he could remain on his back and had simply to turn his head; to look directly at his parents he had to turn over and survey the scene from beneath the bedclothes. All this was re-enacted in the transference. These two versions of the primal scene might be likened to a palimpsest in which the original text has been partially erased to make room for another one. It was these two identifications with the father and with the mother in the primal scene that were represented in the hysterical attacks.

The marked tendency to reversal was chiefly expressed by the continual reversing of words and phrases, and by repetitive lapses into 'butcher's language' which consisted of a jargon of obscene words spelled and pronounced backwards; thus he called the female genital 'teenuc'. Other words underwent

greater modifications to make them pronounceable. Fond of drawing, he however always employed his left hand, and invariably copied. In the course of treatment he gradually found himself using his right hand, and it became apparent that his right hand was used to draw his own fantasies. Numbers were also reversed. The address of the clinic was changed from 96 to 69, a reversal that symbolized one of his notions of the parents' intercourse, and also his first attempt at sexual intercourse.

IV

He had been describing a picture in a children's book in which the children were asleep while the parents were occupied with 'other things'. In response to one or two questions about the picture he suddenly became irritated and abusive, and accused me of trying to push sexual words into his mouth. When I pointed to the literal wish behind the accusation, he began to choke and then turning on his left side he spat, finally lay on his back, and swallowed several times. That night he had diarrhea, with the fantasy that he was ridding himself of 'imaginary babies'. In the following session he developed pains in his side. He then related in detail the hysterical pregnancy which had preceded his return to analysis. While relating this, rumblings in his abdomen became increasingly noisy—which he tried at first to ignore—and finally he jested: 'It's like having a noisy child inside me'.

This development had not been without a number of premonitions. For some time he had been preoccupied with the subject of pregnant women. The pregnancy of Princess Elizabeth interested him greatly. His sister was also due to have a child shortly. But more important he had seen a pregnant woman, whom he assumed to be a patient, leave my house. He was able to describe her dress in detail and observed that she was 'carrying a lot of things'. Her obvious condition and the fact that she was carrying only one thing he had completely repressed. For some time he had begun his session with a nervous cough, and when his attention was drawn to it he was reminded of an old wives' tale that coughing was an effective

way of preventing conception. The coughing was undoubtedly connected as well with fellatio fantasies, as described by Freud (6).

The pregnancy that he dramatized during the following sessions was a fusion of his wife's pregnancy of some years previous and, much more important, his mother's last pregnancy which had occurred when he was seven years old. During the first stage of his wife's labor he had lain on the bed with her, imitated all her movements, and it was his boast that his groanings were only a split second behind hers. It was almost a description of the primitive *couvade*. His great disappointment was that he had not been allowed to see the final stage of his wife's labor. Similarly, with his mother's pregnancy he heard much but saw nothing. He was bewildered by all the preparation, the coming and going of the midwives, the assembling of the utensils, and so on. He had contrived to listen at the door. Thus the activity and the noise and the mystery surrounding the event were the main impressions made upon him. What he enacted on the couch, therefore, was what he imagined the act of birth to be.

In the sessions that followed, daily reports of the position of his fantasied baby, indicated by his stomach pains, were interspersed with childhood memories and more particularly with his childhood theories of birth and the functioning of the human body. He would begin each session by expostulating with himself that his condition was no more than a fantasy, that he could not in fact have a baby, that he did not possess a womb, but his attempts at reason were usually cut short by the onset of his pains, amounting probably to a mild cramp, after which he seemed to disappear from the world of common sense.

Now the dilemma with which he confronted himself was: how was the baby to come out? This of course had been the question he had posed when he was seven years old. There were two alternatives, both equally terrifying, so that the very thought of them was enough to produce an attack. The first possibility

was that I would cut him open with a knife. The associations led from the theme of Cæsarean births to his aggressive wishes against the unborn children inside his mother. The other alternative was that he might burst. This was connected with the memory of his mother's large belly and his mingled curiosity and aggression.

At this point dates became relevant. On November third he announced that the end was in sight. When he added that he had that morning succeeded in acquiring a dozen eggs—a rare feat in those days—and had promptly dropped and smashed them, I was the more inclined to believe him. I therefore asked when he had begun his treatment. To his very great surprise he recalled that he had started on January twenty-ninth—a day of his own choosing—which I verified afterwards. This sudden remembrance was followed by his most violent attack: he had recalled another date, Friday, November fifth, which was his mother's birthday. Then followed references to 'things going up and bursting . . . bonfire night', concluded by announcing that he would come to term on Friday, November fifth.

On the following day, Thursday, he made it plain that on no account was he going to be hurried and reiterated that the matter would be concluded on the appointed day: 'You can't hurry these things. Nature must take its course.' In these admonishings one could almost hear the worried voice of his mother. As he was so convinced about the date, I reminded him that on the previous day he had to his great surprise recalled the date of January twenty-ninth, and as he was also fascinated by the numbers 2 and 8, possibly the phrase 280 days conveyed something to him? He recalled his mother's anxious concern about the matter of dates during her last pregnancy, but nothing more. Having consulted a calendar prior to the session I pointed out that if he were to count the days from January twenty-ninth, the two hundred eightieth day was, in fact, the date he had chosen, the fifth of November. Although surprised he dismissed the matter. He was more troubled with other 'coincidences', he said. The day was not

only his mother's birthday but also the anniversary of Guy Fawkes's attempt to blow up the English Houses of Parliament.¹

Quite apart from his behavior in the treatment, in his daily life he also lived the part of a pregnant woman. He was so listless and weary that he was forced frequently to rest to such an extent that his behavior evoked the amused comments of his wife and five-year-old son. Even the simplest chores were a burden to him. After carrying a bucket of coal he had to sit down and rest, and after moving a mattress from one room to another he felt forced to lie down on it. In telling these things, however, he saw no element of comedy. Once in the street he was so overcome with weariness that he entered a green-grocer's shop and asked permission to sit down, and having done so immediately recalled that his mother during her pregnancy had entered the same kind of shop and made a similar request. He slipped and wrenched his foot and remembered that so had his mother when she was with child. These incidents are cited to show the completeness to which he had carried his identification with his mother.

On Friday, November fifth, his pregnancy came to an abortive end. Before coming to his session in the morning he had been on the point of taking an aperient but restrained himself with the thought that he was dealing with fantasy rather than fact. During the night he had been disturbed by a vague dream in which the only articulate fragments were a woman's scream and the sound of sobbing. For the first quarter of an hour he lay completely still, obviously awaiting some overwhelming experience. Then slowly placing his hands on his stomach he complained of a feeling of unreality: even the pains had gone. After

¹ It may be necessary to remind American readers of the significance of Guy Fawkes Day. On November fifth, 1605, a number of Catholic gentlemen under one Guy Fawkes formed the Gunpowder Plot for the destruction of the King and the two Houses of Parliament. When the preparations were all complete one of the conspirators revealed the plot. This deliverance was thereafter celebrated by the Church in the Protestant feast of Guy Fawkes. The Fifth of November is, however, largely a children's festival and is known as Bonfire Night. Effigies of Guy Fawkes are burned at street corners, and fireworks are a special feature of the rites.

another long silence his association was of 'those fireworks you expect to go off and don't: damp squibs'. Finally, a mental picture of himself as a child in the bath watching his flatus disappear on the surface of the water marked the passing of his fantasy. He had a feeling of irreparable loss. During the rest of the session and over the week end he was utterly dejected. He was disappointed because he had been unable to 'let go and shout', for in listening at the door of his mother's room he had gained an impression of enormous activity which he likened to 'hell let loose'. He was disappointed because he had wanted to experience everything a woman could experience and, he gravely added, a woman was not a woman until she had had the experience of childbirth. This was the supreme human achievement and in seeking a parallel he could only liken it to the travail of Christ on the cross. He was also disappointed because he felt that he had let me down: he had wanted to demonstrate that he too was capable of this experience for, above all, his baby was meant to be a gift to his male analyst.

His childhood theories about parturition and sexual intercourse were as varied as his notions concerning the inside of his mother's body. One theory was that his mother also possessed a penis, but in the sexual struggle the man with his superior strength forced in her penis with his; her vagina was an inverted penis. In the act of giving birth the mother's inverted penis was washed away, and so birth, in effect, involved castration of the mother. After each birth the penis grew again and this fiction he was able to maintain till the mother's last pregnancy when she gave birth to a girl. Unconsciously, therefore, his pregnancy was an attempt at self-castration.

Closely associated with birth was the idea that the orgasm was also an explosion. In speaking of both he used the same figures of speech in which the main theme was bursting. Both were cataclysmic experiences and, as one might expect, the main difficulty in his sexual life was his fear of ejaculation. Finally, both parturition and orgasm were equated with death and annihilation; they represented a masochistic ecstasy which he both desired and dreaded. In analysis these fears were

represented by his fear of the end of the analysis which, as he demonstrated, was a killing rather than a curing.

V

As the purpose of this paper is limited to showing the significance of his pregnancy at the phallic level, attention should be drawn to the particular intensity of his fear of castration. His pregnancy was, according to the logic of his unconscious, an attempted castration. Castration was a sufficiently strong fear to preclude all forms of manual masturbation, at least since his childhood. The threat expressed itself in a taboo of touching his genitals. What was remarkable, however, was the extent to which he literally obeyed the prohibition while at the same time seeking every means to circumvent it. To meet the minimum demands of personal hygiene he resorted to all manner of bodily contortions to obey the taboo. To obtain his masturbatory pleasures, while at the same time adhering to the letter of the law, he employed a variety of circuitous devices, such as bicycling on a model with low handlebars and an elongated saddle. Using a milk bottle was another of his adolescent maneuvers. Sexual play with a younger sister served the same end as it was she who touched his genitals. At one period in his analysis an outburst of sexual activity with his wife proved, on closer scrutiny, to be but another expedient. He was careful not to touch his penis, and so under the guise of apparently normal intercourse, he was able to express his masturbatory fantasies in which he played the dual role of a spectator watching himself in the part of masochistic woman in the sexual act.

As, therefore, all direct forms of sexual pleasure were precluded by this taboo against touching, the result was that his instinctual life proliferated in abundant fantasies, and in these he derived his main satisfaction from looking.

In discussing scoptophilia, Abraham (1) cites the case of a female patient in whom an *arc de cercle* was a mimic representation of the parents' intercourse which she had witnessed. The subsequent restriction of her scoptophilic instincts was, he

pointed out, a talion punishment for the act of looking. So in this case, the actual looking had been deeply repressed and with it his active œdipus wishes. This was illustrated in one of the patient's rare visits to the theater when he elected, curiously enough, to see a performance of *Œdipus Rex*. On leaving the theater, a complete amnesia obliterated every detail of the play, and for some time after he was afflicted with a fear of blindness. This talion punishment for his active looking expressed itself in a phobia of cameras and in a refusal to be photographed. It should be stressed that his insistence on the secondhand version of the mirror served to hide the fact that in his original view of the primal scene he had seen not only his mother's genitals but also the menstrual blood. It was in looking at this original version of the primal scene that he recalled the theme of *The Lady of Shalott*, and showed a remarkable insight into its symbolism: 'The curse is come upon me'; 'The mirror crack'd from side to side'; the significance of her constant weaving. In other words, he understood her refusal to look at reality as he came to understand the connection of his horror of the female genitals with his own very great dread of castration. Under the threat of castration, therefore, he had repudiated his masculinity and assumed to a remarkable degree his conception of the role of his mother. It was as if he understood that to be loved as a woman by the father he must submit to castration, and his simulated pregnancy proved on analysis to be an attempt to pay that price. Under the dominance of his castration complex his active œdipus wishes had been deeply repressed.

This patient tried to resolve his conflict in a profuse fantasy life from which he derived the vicarious satisfaction of a spectator, thereby avoiding the commoner compromise of perversion. One might say that in the most important expression of his instinctual life he was not unlike the Lady of Shalott for, like her, he too preferred to see through a glass, darkly, and in his fear of looking at reality he had to content himself with shadows and reflections.

SUMMARY

The re-enactment of a fantasy of being pregnant by a male patient was a most complete and dramatic expression of his identification with his mother. For him a woman's supreme claim to womanhood was in her possession of a baby, which he too sought to acquire. His pregnancy was also a symbolic castration, the price he must pay to be loved by the father. Lastly, the pregnancy was the culmination of a cycle of events which had its inception in the psychic trauma of the primal scene. In accordance with a tendency to reversal which, as Freud pointed out, is a marked feature in the analysis of hysterical attacks, the action of the drama was played in reverse.

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Anxiety, Trauma, and Shock

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ANXIETY, TRAUMA, AND SHOCK

BY MAX M. STERN, M.D. (NEW YORK)

In clinical psychoanalysis there emerges behind the patient's defense mechanisms and symptoms a dread of being overwhelmed or annihilated, as though something terrible, which had been experienced once before, were to be repeated.

The interconnection of anxiety, trauma, and shock is not a new conception. Freud (18) defines anxiety as a response to danger whereby danger is explained as the emergence of a 'traumatic factor', a condition of tense excitation which cannot be mastered by discharge. He adds that it is only the magnitude of the excitation which transforms a stimulus into a traumatic factor, which gives significance to the danger situation. Shock he explains as the effect of a traumatic breaking through of the protective barrier (*Reizschutz*) of the psychic organ (21). This protective barrier is represented by the apprehensive preparation, together with the cathexis of the receptive systems, as the last line of defense against stimuli. A traumatic effect results both from external excitations which are strong enough to break through the protective barrier and from a failure of the internal protective barrier which binds the instincts activated in the primary process (21). According to Ferenczi (16), shock is a destruction of the ability to offer resistance and to think and act in one's own defense. Possibly the organs which are essential to survival of the self lose their function or are reduced to a bare minimum. Rado (51) has established the concept of 'emergency reaction'. He states that the very basis upon which the organization of 'emergency behavior' has evolved is the effective use of pain as a warning signal of damage (52). Goldstein (27) says shock is the inability to cope adequately with the

An outline of this study formed part of a paper on *Pavor Nocturnus and Fear of Insanity*, read before the Palestine Psychoanalytic Society (Chewrah Psychoanalytit b'Erez Israel) in 1945.

environment because of inadequate stimulus evaluation. Anxiety is the experience of a catastrophic reaction due to a shock-producing situation. For purely historical reasons, it may be added that Oppenheim (48) found the essential nature of shock resides in direct injury to the molecular structure of the brain.

None of these definitions clarifies satisfactorily what is meant by shock. When Goldstein (27) states that the normal person, in his conquest of the world, undergoes such states of shock over and over again, even without experiencing anxiety, he evidently speaks of something different from what Freud means by a disruption of the protective barrier.

The term shock is also used with specific connotations, as, for example, in shock therapy, which is characterized by the provocation of sudden, overwhelming seizures, the nature of which is not yet clearly understood. Finally, we know clinical shock, an extensively investigated condition known in surgery, which I would like to call physiological shock in contradistinction to psychic and therapeutic shock.

The present paper will be confined mainly to the examination of the relation between anxiety and the condition of physiological shock, especially the primary or neurogenic shock of central origin (45, 12), a severe physical disturbance of the organism caused by overintense psychic activity. It intends to correlate the basic processes of adaptive stabilization known in physiology (10, 59) with the psychological concepts formulated by Freud and with observations of behavior reported by psychologists (26, 8, 34) as well as clinicians (55, 30, 63, 64, 3, 4). Thus it introduces an operational hypothesis which I would like to call the shock theory of anxiety. I was led to these investigations by my clinical observations of the nature and the preponderant role of infantile pavor nocturnus in every childhood neurosis. Both in the case of the Wolf-man and in that of Little Hans, the onset of the neurosis was marked by a pavor nocturnus. These attacks are manifestations of the most severe anxiety. The observed symptoms clearly point to the existence of a shocklike paralysis.

THE PHYSIOLOGICAL SHOCK REACTION

Physiological shock is known as a reaction to a sudden psychic or physical trauma, frequently resulting in death. Psychic traumatization—excessive stimuli from psychic activity, such as strong emotions, mental stress, pain, fright—produce the so-called primary or neurogenic shock of central origin. The clinical signs of shock point to slowly progressing paralysis of vital functions (circulatory failure and anoxia are predominant). 'There is profound weakness, flaccidity of muscles, pallor, perspiration, a weak rapid pulse, and a low arterial blood pressure. As the reaction progresses, this deficiency affects the nervous system as well as other parts of the organism, paralyzing its functions: reflexes are abolished, there is no response to painful stimuli, the subject is lethargic or semicomatose, the respiration becomes weak and shallow, and the blood pressure declines to zero. As the condition progresses further, there is stupor, coma, and finally death' (45). In shock arising from psychic activity, we find that the circulatory failure is reversible. It can, however, turn into secondary shock which ends fatally: 'Death from circulatory failure occurs in various forms of psychopathy in which demonstrable lesions are lacking' (45).

THE BIOLOGICAL ASPECTS OF SHOCK

Modern concepts of shock are based on the homeostatic principle according to which the homeostatic balance is maintained through adaptive reactions which 'keep the body on an even course in spite of conditions which might have been deeply disturbing' (10). According to Selye, stress of any kind produces, apart from the more local reaction to the injury, two systemic reactions: 1, a manifestation of systemic damage; 2, a homeostatic response as the expression of defense. 'Stress initiates two courses: one leads to shock, possibly through nervous stimuli, deficiencies, or toxic metabolites; the other, the defense mechanism, depends on activities of the hypophysis and adrenal glands' (57). Therefore the first part of the stress reaction, the systemic damage, may be termed the phase of shock, and the

homeostatic response that of shock defense. Shock and defense together form the shock complex. Shock is thus a reaction which arises in a situation of stress when the homeostatic mechanism functions inadequately. The biological significance of the shock reaction is evidenced by the finding that shock is nothing else but the physiological process of dying. The clinical features, the functional disturbances and the visceral changes, are almost identical whether death has occurred rapidly by shock or more gradually after some grave illness. 'Shock is merely the approach of death by its usual mechanism' (45).

Physiological and psychological shock have the common factor of a failure of a compensatory mechanism in a situation of stress. But are we then justified in classifying Freud's concepts of the protective barrier against overwhelming stimuli (*Reizschutz*) under the heading of homeostatic regulation? Furthermore, what connections can be found between the mechanisms by which the psychic and physical mechanisms perform their regulative functions?

The investigations of Selye (59) and co-workers into the role of the adreno-cortico-tropic hormone (ACTH) and of cortisone have placed the processes of the stress reaction in the center of physiological research. The results are in the initial stages, but a number of fundamental, vital processes seem to have been clarified.

THE MECHANISM OF PRIMARY SHOCK

THE SHOCK PHASE

It has been established that in primary shock or neurogenic shock of central origin, which arises from psychic activity, emotions such as fear, pain, and grief cause the passage of nervous impulses from the brain to the vasomotor centers in the medulla. The vasomotor center in the medulla sends out efferent vasoconstrictor and vasodilator impulses to the blood vessels by way of the spinal cord and sympathetic nerves; thus psychic affects cause a fall in blood pressure, followed by a

disturbance of fluid balance through increased capillary and cell permeability, producing circulatory failure, the prominent feature in the syndrome of shock.

THE PHASE OF SHOCK DEFENSE

The same stimuli, however, which produce the central form of neurogenic shock through the vasodepressor action also act upon the sympathoadrenal system, increasing its activity (11). These sympathetic discharges are due to the stimulation of the hypothalamus, which in addition causes strong reactions in the skeletal effectors of the body.¹ An increased secretion of adrenaline results in the release of the corticotropic hormone from the anterior lobe of the pituitary gland. In response to corticotropin, the adrenal cortex enlarges and secretion of cortical hormone is augmented. The organic corticoids produce changes in organic and inorganic metabolism. The inorganic corticoids cause retention of sodium with resultant increase in blood volume. This plethora contributes to elevation of blood pressure.

Cortical extract (Compound E) has a marked effect on muscular activity.

Dr. Venning (69) examined a woman immediately after an outburst following a hysterical seizure and found that her cortical hormones rose to three hundred units within twenty-four hours (normal: forty to sixty units). In another patient, the cortical hormone index rose to two hundred fifty units after the receipt of bad news.

These findings confirm what we already know from clinical observation: that psychic and physical traumata are equally effective; or, as Brown is said to have put it, that psychological injury is as truly an injury to the body as a fracture or an infection.

The processes of the defense phase are characterized by the multiple innervations safeguarding each reaction, a fact which indicates the vital importance of this function. In the com-

¹ There is evidence of a direct connection between anterior pituitary and hypothalamus (67).

plicated system of shock defense, two groups of reactions may be differentiated: first, the above-mentioned reactions, which are rather inward-directed and which counteract the homeostatic disturbance by nervous and biochemical regulation; second, the discharge reactions, characterized by increased muscle activity, which are induced by stimulation of the caudal portion of the hypothalamus. When experimentally induced in animals, the hypothalamic stimulation results in a reaction termed sham rage (29) consisting of struggling, biting, spitting, snarling, clawing movements, lashing of the tail, dilatation of the pupils, increase of blood sugar, rapid heart rate, rise in blood pressure, decrease in blood volume, and increased secretion of adrenaline. Wortis and Mowrer (70) reported cases of human sham rage as a result of uninhibited hypothalamic discharge. Evidently the hypothalamus contains a mechanism whose activation produces the somatic reaction-pattern characteristic of rage. Ranson (54) states: 'The cats behave as they would have, had they been threatened by a barking dog'.

It is important here to emphasize the general protective function of motility against shock. Shock incites muscular action which—through stimulation of adrenal secretion—in its turn intensifies the defense against shock. The defensive role of adrenaline consists 1, in its effect on the adrenal cortex, and 2, in its effect on muscular activity, inasmuch as this increases circulatory activity and oxygen supply; the increased muscular activity in turn intensifies the secretion of adrenaline and its effect upon the cortex. In experimental tests by Malmo and Shagass anxiety was always found to be associated with excessive activity of the striate muscles (42). Increased muscular activity in general, as a prerequisite for fight and flight, and rage reactions in particular, may be considered important defense mechanisms against impending shock.

THE CATATONOID REACTION

For our purposes we shall here consider a specific phase in the defense against shock, characterized by tonic muscular reactions, which I should like to call the catatonoid reaction. The cata-

tonoid reaction presents a number of symptoms which bear a striking resemblance to the catatonic syndrome: stupor, immobility, negativism, systematic resistance with occasional brusque impulsions, vegetative disorders. It represents a biological regression to a more vegetative existence. Some of its manifestations are reminiscent of decerebrate rigidity in animals (60).

The catatonoid reaction is a biological mechanism of general importance; it is the last line of defense against shock, more or less intermingled with the onset of shock reactions. It is highly significant that all the substances which were found to produce catatonia experimentally (adrenaline, acetylcholine colibacilli, etc.) have likewise been used for the experimental induction of shock (32, 1). The defensive function of the catatonoid reaction is due to anoxic decortication which inhibits the influx of new stimuli; the increased tone of the muscular system increases the secretion of adrenaline; the catatonic rigidity facilitates respiration and steps up the supply of oxygen. The catatonoid reaction is characterized by the balance between a minimum of energy output (low metabolism) and optimal activity of the defense reactions. No further explanation is required to understand the uncontrolled impulsions (raptus) as desperate attempts toward discharge. In the catatonic psychosis, states of extreme motor excitement (violent reactions of defense) alternate with stupors which correspond to the catatonoid reaction; there is decreased metabolism and temperature, lowered blood pressure, bradycardia, loss of appetite, refusal of food, constipation, lowered muscular and cerebral activity—symptoms also common in severe depression (66). Shock treatment in these cases may act through an activation of the pituitary-adrenal axis (59).

It seems that depersonalization and estrangement are a repetition of early catatonoid defense reactions. Oberndorf (47) defined depersonalization as a defense which masks anxiety and compared it to fright rigidity (playing possum). It is well known that schizophrenics react with catatonic stupor when being spoken to. In explanation of his senseless movements, which were carried out with the utmost expenditure of strength, Nunberg's catatonic patient said that they were causing 'eternal

life' (46). Psychotic symptoms would thus appear to be unadapted mechanisms of defense against overwhelming anxiety.

OVERACTIVITY OF DEFENSE

Shock may result from overactivity of the adrenal glands as well as from a deficiency in their functioning. It can be produced experimentally by injection of adrenaline (14, 2), but intact animals require more adrenaline than do adrenalectomized animals. Thus adrenal cortex seems to protect against shock from overproduction of adrenaline as well as against shock due to other causes. The destructive effect of overactivity of the adrenal-sympathetic system has been observed in the above-mentioned violent response of sham rage in decerebrate dogs. The animals died in a state resembling shock. Shulack (62), reporting on several hundred cases of sudden, exhaustive death in excited patients who died with the symptoms of shock, assumes that 'the hormonal system will be exhausted by the constant effect of the chronic emotional strain'. Some states of exhaustion improved through administration of large doses of sodium chloride and injections of adrenal-cortical hormone. Pincus (50) reports that activation of endogenous adrenocortical secretion generally fails in the case of psychotic subjects.

To sum up, shock, the annihilation of the organism, can originate in the psyche as well as from physical causes. It results from a failure of the homeostatic response in a situation of stress: 1, due to dispositional inadequacy of the homeostatic response (newborn infants, constitution, physical and psychic conditions); 2, through excessive stress, such as stress of long duration or undue severity, or sudden damage; 3, it may also result from overactivity of the homeostatic response. The severity of the injury forms a complementary series with the suddenness of the onset. The latter factor ceases to be of importance over and above a certain degree of trauma. In the reaction to stress we observe different phases: 1, tension and excitement, manifesting predominance of defensive reactions; 2, depression and catatonic reaction, reflecting relative failure

of the defense reaction; and 3, shock, the paralysis of vital functions.

SHOCK AND ANXIETY

Freud distinguishes three different situations characterized by anxiety: 1, the situation at birth (primal anxiety), 2, that of automatic anxiety, and 3, that of anticipatory anxiety; birth being the prototype for all other anxiety states. The fundamental thing about birth is that it evokes in mental experience a traumatic situation, a condition of tense excitation which cannot be mastered by discharge. In automatic anxiety, the anxiety felt in the process of birth is reproduced automatically, in the way of a hysterical reminiscence in situations which are analogous to that of its origin, as an inexpedient type of reaction after having been an appropriate one in the initial situation of danger. In anticipatory anxiety the ego reproduces this affect as a warning, a signal, whenever such a situation merely threatens. The situation which the infant appraises as danger is the increase of tension arising from nongratification of his needs.

Freud himself recognized his explanations as tortuous and sometimes not very convincing. He retained them nevertheless, feeling that his fundamental conception was right. It seems to me that we can resolve the difficulties with which Freud contended, and can at the same time retain his fundamental conception by introducing into it our present-day findings on the shock reaction. If we correlate the shock reaction, as a reaction to psychic overstimulation, with Freud's definition that the object of anxiety is always the emergence of a traumatic situation, i.e., a situation of tense excitation which cannot be mastered through discharge, and that it is only the magnitude of the excitation which transforms a stimulus into a traumatic factor, it follows that *the shock reaction represents the sum of the somatic processes which occur in a traumatic situation. Thus the traumatic situation is a danger situation because of a physiological mechanism which operates in any living organism whenever excessive quantities of stimuli cannot be dis-*

charged or when a disturbance of the homeostatic equilibrium cannot be corrected by the usual mechanisms.

The intensification of circulatory and respiratory activity and the increase of muscular tension, frequently thought of as the physical activity underlying the anxiety complex, belong in reality only to the second phase of the physiological anxiety complex and are to be understood as a defense against the paralyzing, shocklike reaction which represents its very first phase. Only the shock complex proper, i.e., the shock response plus the defense reaction, constitutes the sum of the somatic processes which underlie the psychological experience of the anxiety complex. Both the paralyzing effect and the tension which presses for discharge, for activity, are psychically felt in every anxiety experience. Since shock is nothing else but the approach of death by its natural way, anxiety—i.e., primal anxiety, the response in the traumatic situation—includes, so to speak, both dying and the defense against dying.

ANTICIPATION OF ANXIETY

Exposure of the organism to catastrophic reactions would be incompatible with functional economy. Freud distinguishes two ways in which anxiety may arise: 1, in reaction to an actual traumatic event; 2, when the ego, in anticipation of such a situation, gives the warning signal of anxiety. The anxiety signal is an ego-induced, attenuated reproduction of a previous traumatic situation, i.e., of the trauma of birth. Freud's conception of anxiety as a signal reaction, as a protective mechanism against serious catastrophic disturbances, corresponds to the nature of biological processes. Signal processes, which refer to processes within the organism, and anticipatory processes, which include influences from without, are protective mechanisms developed even in low organisms. Hunger and thirst are not symptoms of an already existing, serious homeostatic imbalance, but signal the impending threat of such a disturbance.

The psychic apparatus is a system of anticipatory processes representing an extension and differentiation of the signal

processes. Any disturbance of the homeostasis, the removal of which requires an alteration of the external world, acts as a signal, as a stimulus upon the psychic apparatus which endeavors through the anticipatory processes to forestall a catastrophic disturbance.

Thus by tracing the origin of anxiety back to the shock mechanism, we might replace Freud's somewhat labored explanation of anxiety as a purposeless hysterical reminiscence of birth, by one which places anxiety among the biologically purposeful signal and anticipatory mechanisms.

But what, exactly, are the previously experienced shock processes which are later repeated in anticipatory anxiety? Not only 'preanxiety' reactions seem to exist before birth (30); symptoms of shock have been observed in utero (fetal shock) (12). The process of birth causes tremendous disturbances in the economy of the organism. The sudden inflow of great amounts of excitation, the mounting tensions against which the infant is powerless, combined with the physiological situation at birth—immaturity, hypotension, anoxia, asphyxia, immobilization—all these conditions are conducive to the production of a shock state. As a matter of fact, states of shock are often observed in newborn infants (5, 12). What is even more important, however, is that shock reactions are characteristic phenomena in the postnatal period, especially in the first three months after birth (55, 12). At birth and during the postnatal period, the human organism is in a relatively immature state. The forebrain is incomplete, and many of the nerve tracts are unmyelinated; the distance receptors are not functioning fully. The adrenal glands, the most important organs for self-regulation, mature after birth only. Therefore, the ability to maintain homeostasis is lacking, and the signal processes are deficient. In the newborn, hunger is probably closely related to the phenomenon of hypoglycemic shock. Blood sugar tests reveal a much wider variation of the sugar content in infants than in adults. Besides a tendency to hypotension and to loss of body heat, there is extreme lability of the fluid and electrolyte balance in this phase; gastrointestinal

disturbances, vomiting or diarrhea, acidosis and various types of infection are common causes of dehydration and circulatory failure (shock). Ribble states: 'The most striking and consistent characteristic of the infant during the first three months of extrauterine life is a tendency toward functional disorganization. Physiological shock is potential in all babies' (55). A further danger arises from disturbances of the libidinal relationship to the mother. Birth is severance from the mother without preparation. Through the processes of birth and the shocklike reactions attending it, the needs for libidinal satisfaction are acutely increased. Freud (19) stated that '... sexual excitation arises as an accessory effect of a large series of internal processes as soon as the intensity of these processes has exceeded certain quantitative limits. . .'. We know that stimulation of the hypothalamus, the central organ for shock defense, produces sexual excitement. Erections frequently appear in male babies, as a result of the stimulation through shock, during and after birth.

The important function of mothering achieves the discharge of these excitations, by oral gratification, stroking, rhythmic movements, etc. Ribble (55) observed that the generalized state of muscle tension, which often appears immediately after birth, generally disappears through mothering. Mothering obviously serves to discharge the amounts of libidinal stimulation which have been activated by states of excitement and thereby to ward off shock. Even slight irregularities in the personal care and handling of the baby may result in shocklike reactions. The deeply seated fear of loss of love in later life has its origin in this lack of mothering. Frustration will therefore always in some way be connected with exposure to annihilation. Undoubtedly mothering has much more far-reaching consequences as well, partly on the basis of primitive identification, through sight, sound, smell, visual and kinesthetic introjections (30). The discharge of all tensions from libidinal as well as biological sources is ideally achieved by breast feeding, which represents the perfect and most adequate satisfaction of libidinal and nutritional needs; here the libidinal satisfaction is immediate, its effect preceding that of the satis-

faction of hunger (55). Since we usually think of this period in the child's development as the oral phase, I should like to describe the typical shock reactions pertaining to this period as oral shock.

SHOCK DEFENSE MECHANISMS IN THE NEWBORN

Various reactions of the newborn infant, faced with a vast number of stimuli and with an inadequate apparatus for mastering them, serve to ward off shock: 1, the Moro reflex; 2, the startle pattern; 3, storms of excitation: periodic random activity consisting of twisting flexions and extensions of the torso, kicking, waving the arms, turning the head. The infant's reaction to such frustrations as inadequate mothering or loss of mothering, delayed development of the sucking reflex, sucking on a difficult nipple, premature removal of the breast, or sucking at an empty nipple, etc., takes three main forms, one leading into the other, representing progressive stages of defensive reactions: 1, *state of excitation* with restlessness, crying, marked alteration in muscular tension, vigorous body movements, sexual excitation with penile erections in male infants. 'When erection occurred in sucking at a difficult nipple, the erection disappeared when an easy nipple was given' (33). 2, A more severe reaction occurs in the *catatonoid reaction* (described as 'negativistic reaction' by Ribble [56]). It consists of general negativism, refusal to suck, hypertension, and rigidity of all body muscles with an extensor reaction of the muscles of the back, especially of the back of the neck; and with frequent periods of violent screaming, often accompanied by breathing difficulties and constipation.² 3, The most serious reaction to frustration is the *shock reaction*, characterized by stupor (the child does not wake up for the next feeding and has to be aroused by tickling of the soles, by spanking, and the like),

² It is tempting to explain the extensor movements as a sign of central impairment (anoxia). A manifestation of decerebrate rigidity is a posture of extension and abduction, and in lesions of the cerebellum there is a tendency toward movements of extension and abduction (13), the extension facilitating respiration.

general loss of muscle tone and reflex excitability throughout the body, pallor, and diarrhea, a reaction which ' . . . shows a marked resemblance to the clinical picture of shock' (56). Shocklike reactions seem to be the central factor in the disease known as hospitalism or marasmus, which afflicts institutionalized children and is often lethal (64).

The phenomena of *excitation*, *catatonoid reaction*, and *shock*, which have been briefly described here, are different responses to stress.⁸ Efferent reactions of defense against shock are progressively mixed with paralysis reflecting reactions of shock which, unchecked, culminate in full shock, often with lethal effect. Discharge through motility predominates.

Because muscle activity serves to discharge tension and thereby invalidates the threat of shock, it acquires the significance of a magic action. This meaning becomes enhanced as crying and restlessness prove effective in bringing the mother to the rescue. Thus from automatic discharge the way leads via magic action to active mastery of reality, to alloplastic activity. Discharge through muscle activity, which annihilates the threat, supplies the biological basis not only for fight and flight but for the psychological affect of rage as well.

Finally, special attention should be called to the genital excitations elicited by frustration, which result in an early libidinization of the body and acquire considerable importance during the period of ego formation.

CONCLUSIONS

The archetypal trauma, which is reproduced in the anxiety signal, is the experience of the shock reaction (and its congeners) which is physiological at birth, in the postnatal period and to a lesser extent—parallel to ego maturation—throughout the first two years of life. Not until the maturing organism, through functioning of homeostasis and distance receptors, develops the ability to tolerate tension and to evaluate stimuli, do anticipatory processes take the place of immediate discharge. Then,

⁸ These three responses together correspond to both the primal and the automatic anxiety as defined by Freud.

automatic anxiety becomes gradually replaced by the psychic anxiety process, an attenuated repetition of the shock reaction. Since shock was once experienced in reality, and as even signal anxiety can deteriorate into shock, the anxiety process includes a realistic element progressively gaining in strength. These two factors—real threat of annihilation and the progressive increase of this danger—impart their distinctive character to the psychophysiological affect of anxiety. In anxiety we always experience a weak reproduction of the shock, felt as paralysis, and of the defense reaction, felt as tension, as urge to discharge.

The phase of shock as well as the defensive phase of the shock complex can be manifested in the alternating innervations which are the physical symptoms of the anxiety state. In the heart, for example, the shock phase is accompanied by symptoms of precordial discomfort, pressure in the chest, with a feeling of impending doom which is among the most typical subjective sensations experienced in severe anxiety. The defensive reaction tends to counteract anoxia through increased activity of the adrenal glands which intensifies the blood supply by increased blood pressure, dilation of the capillaries of the heart, and increased heart rate. The discharge through motility is accompanied by efferent innervations of the gastrointestinal and respiratory systems and, above all, of the cardiovascular system (9).

The fright reaction corresponds to a transitory shock reaction elicited by too sudden an overstimulation, which is immediately followed by violent defense reaction, palpitation of the heart, heavy breathing, and vegetative sensations. The individual character of the fright reaction is determined by the nature of the defense, i.e., by the degree in which discharge (panic) or catatonoid rigidity (*Schreckstarre*) prevails.

As already mentioned, the biological basis for the rage reaction, the prototype for aggressive activity, is the automatic discharge through motility which invalidates and destroys the threat of shock. With the growing of object relations, the threat is projected onto the object and the destructive activity directed against it. In rage this aggressive defense is repeated

anticipatorily, more or less intermingled with sensations of anxiety and helplessness.

Similarly, the blocking of registrative perception in the catatonoid reaction may be conceived of as the biological basis of primary repression. In automatic anxiety this mechanism serves to protect the organism from being overwhelmed by excessive stimuli (negative hallucination [37]). Repression therefore reproduces the defense of the primary anxiety complex. The relation between primal repression (catatonoid cortical blocking) and secondary repression (after repression) corresponds to the relation between automatic anxiety and anticipatory anxiety. Anxiety, rage, and repression are anticipatory defenses against shock.

Examination of the phenomenon of anxiety confirms the existence of a relation between organic and psychic mechanisms, of an interaction between psychic and physical energies. Every stimulus represents a demand both on the psychic and the physical apparatus. The somatic system is subject to changes from psychic as well as from organic processes. The psychic protective barrier is a mechanism charged with the protection of the entire organism against homeostatic disturbance. The psychic apparatus thus serves in the preservation of the organism as a whole; its function is to maintain homeostasis. This task is fulfilled by means of the *anticipatory mechanism*. The organism functions as a sensorimotor whole. Therefore, when a repetition of a need occurs, the mounting urge for discharge results not only in the hallucinatory resuscitation of the sensation and perception of the previous gratification, but in actual recurrence of the autoplasmic changes which had been involved in the original experience. In anticipation, an emergence of present instinctual needs evokes whole recall of earlier experiences, together with the image of the present reality situation; synthesis is achieved through the urge for discharge in appropriate action. Thus in *anticipation* a situation experienced in the *past* is projected into the *future* under the conditions of the *present*.

Since the psychic apparatus may be conceived of as constitut-

ing the sum of the anticipatory processes, the nature of the anticipatory process may provide the rationale for the relation between psyche and soma, mind and body.

PATTERNS OF DEFENSE MECHANISM

A review of a great number of experimental studies revealed two main patterns of individual function in anxiety: one characterized by diffuse spread of muscular tension which leads to disorganization of motor patterns, the other by tight, inhibited performances (34). The same factors seem to be influential in the formation of psychic defense reactions in which we can superficially differentiate two main groups; one relating to increased discharge (excitation), as in hysteria, mania, etc., the other to an inhibition of function (catatonoid reaction): rigidity, depression, catatonia, etc.⁴

The different patterns of the defense mechanism are determined by constitutional as well as experiential factors. The ability to ward off shock is dependent upon the full functioning of the endocrine apparatus (pituitary and adrenal glands), which is the requisite of homeostatic regulation; the efficiency of the homeostatic response, therefore, is in part constitutionally determined. Instead of assuming the anxiety phenomenon to be always uniform in character, we must consider the possibility of a variability of anxiety processes in different individuals, due to individual variations in the underlying somatic process.

Genetically, the individual anxiety pattern may be determined by 1, the degree to which in automatic (primal) anxiety the overwhelming action of shock prevailed over the shock defense reaction, and 2, the duration of the period during which automatic (primal) anxiety predominated over anticipatory anxiety. However, severe early shock experiences, whether constitutionally or experientially determined, may in turn affect the endocrine apparatus while it is in the process of formation, and thus may also influence the organic structure of the

⁴ Jones (38) divided the numerous symptoms of anxiety into two classes: those of overexcitation and those of inhibition, corresponding to two biological defenses: the reaction of flight or attack and that of pseudoparalysis.

organism. As individual patterns of automatic anxiety become part of the final psychic structure in the form of signal anxiety, defense mechanisms, reaction-formations, etc., early stress reactions become rooted in the organism. Early infantile experiences thus may become the causes, not only of neurosis but also of chronic pathological physical conditions (psychosomatic disturbances). This interaction of constitution and experience is due to the fact that the organism, especially in its earliest formative stages, is vulnerable to far-reaching physical and psychic changes.

The consequences of prolonged exposure to anxiety due to frustration in early childhood (removal of mother, loss of love) have been demonstrated by Spitz on the basis of thorough research with children in foundling homes and nurseries (64). Compared with children in their own homes, or in nursery homes, those in foundling homes succumbed, to a higher degree, to disease, often leading to death (hospitalism). Spitz also observed in children over six months old a special psychiatric syndrome which he calls the 'anaclitic depression' (63). It is characterized by apprehension, weepiness, rejection of the environment, psychomotor retardation, refusal to eat, retardation of development, and by 'bizarre, stereotyped motor patterns, distinctly reminiscent of the stereotypy in catatonic motility'. In advanced cases the clinical symptomatology varied from deteriorated catatonic stupor to agitated idiocy. In some cases the condition became irreversible.

ORAL AND ŒDIPAL SHOCK

There are two phases in the development of a human being in which he is particularly exposed to traumatic experiences. The shock experiences of the first, the early infantile phase (oral shock), can be said to have their counterpart in the traumata of the second, the œdipal phase (œdipal shock). Both phases are decisive in the development of the psychic structure. The oral shock phase introduces ego formation; disturbances at this level lead to a predisposition to neurosis, or to psychopathic behavior disorders and psychosis. A tentative hypothesis may be offered that predisposition to psychosis has its origin in

premature overintensive libidinization of the body due to severe shock experiences from constitutional or experiential causes. The excessive and premature libidinization results in premature ego formation. Consequently, the later structure includes an ego which is invested with a quality of basic insecurity derived from the consciously endured shock experiences (weak ego). That this basic insecurity is in turn reflected in increased disposition to automatic anxiety has been shown by Greenacre (30). In these cases frustrations represent danger of shock; hence there is a greater disposition to automatic discharge and a corresponding inability to tolerate tension. This explains the well-known symptoms in psychopathic behavior, namely the tendency to regressive defense mechanisms (primary identification), to catatonoid depression and withdrawal, or to vehement defense reactions in the form of violent outbursts, which are revivals of early infantile epileptoid discharges (temper tantrums [3, 30]). In severe cases, however, the excessively strong defensive reactions themselves entail, in their turn, the danger of shock, partly for physical reasons (overactivity of the adrenosympathetic system and exhaustion of the hormonal system [62]), partly for psychological reasons (danger of loss of love). This vicious circle between the defense against shock and that against countershock might be characteristic of the deteriorating nature of psychotic processes.

The economic constellation of the early infantile phase, determined by a clash between an immature organism and the demands of the external and internal world, recurs in the second, the œdipal phase, which is characterized by the œdipal triad of primal scene, masturbation, and pavor nocturnus. In one of his last notes Freud wrote about infantile masturbation: 'Something is always lacking for full discharge . . . and this thing which is lacking, the reaction of orgasm, finds equivalent expression in other fields' (23). In the œdipal phase the sexually immature organism is overwhelmed by sexual excitations that cannot find discharge in an adequate reaction, i.e., in orgasm. The traumata which thus ensue from the œdipal constellation are represented in the pavor nocturnus attacks. These attacks are shocklike reactions caused by the breaking through, during

sleep, of sexual excitation that could be controlled and warded off during the day.

In conclusion, a few remarks may be offered to highlight the significance of these concepts in relation to problems of ego psychology upon which scientific investigation has become increasingly directed since the publication of Freud's *The Problem of Anxiety* (24, 35, 37).

The foregoing considerations concerning the process of self-regulation (homeostasis) imply the postulation, besides the pleasure principle, of another, more fundamental one which I would like to call the *relief principle*. Since any disturbance of the homeostasis is felt as tension on the psychic level, the tendency of the psychic apparatus to relieve tension is a function essential to survival. But ease of tension does not in itself necessarily produce the sensation of pleasure, as was already acknowledged by Freud. The relief of thirst through intravenous injection of appropriate liquids eases tension without causing pleasure. Immediate pleasure ensues when tension is relieved by contact with biologically predisposed areas of the body, or through the anticipation of such relief. The pleasure premium safeguards survival; the erotogenic zones, situated at points important for biological functions, are designed to ensure the vital functions of nutrition, evacuation, and reproduction. The exigency of the gratification of needs is, therefore, most often experienced in terms of the pleasure principle. The task of the relief principle—namely, 'to obtain control of or to bind the excitation, not in opposition to the pleasure principle but independently of it and in part without regard to it' (21)—takes precedence over the pleasure principle. An investigation into the interaction of pleasure principle and relief principle would help to clarify important psychoanalytic problems; for example, the interaction between aggressive and libidinal trends.⁵

⁵ The important phenomenon of the libidinization of defense mechanisms, and the problem as to what extent it is due to the pleasure premium for organ function (organ pleasure—*Funktionslust*) or to other causes, cannot be discussed within the frame of this paper.

Mastery, the gradual substitution of directed actions for mere discharge reactions, is an important ego function in which the pleasure premium is only one determinant; the driving power is the urge to ward off shock to an ever greater extent (*relief principle*). Increasing mastery, which is a result of maturation, acts as a stimulus toward repetition of an action (learning). Mastery, besides its function to ward off shock, includes the psychically significant function of symbolic mastery of previously experienced traumata: reparatory mastery. The recall of traumatic experiences in the wake of an upsurge of sexual drives, the gratification of which once was connected with shock (oedipal shock), would constitute a serious disturbance in the anticipatory function of the ego. Besides other means of defense like repression, inhibition etc., there is an attempt for reparation, partly through denial, overcompensation, identification, etc., partly through belated symbolic mastery (repetition compulsion)—symptoms which in the adult indicate neurosis, i.e., the breaking through of the repressed. Mastery, a function of the ego which guarantees survival, and reparatory (symbolic) mastery, which guarantees the function of the ego, complement each other; both are in the service of the relief principle.

Human activity is characterized by the preponderance of anticipation, libidinal dependency, and by the urge for ever-growing mastery of reality, partly enacted realistically, as in the conquest of nature, technology, science; partly symbolically, as in religion, philosophy and, especially, in art. Thus it has its original basis in the specific characteristic of the human species: in the relative immaturity of the human organism at birth.

SUMMARY

Freud's definition of anxiety as a response to a traumatic event leads to closer examination of primary shock, a condition of severe organic disturbances caused by excessive psychic stimulation. Shock may result from inadequacy of the homeostatic response to stress (failure of shock defense). Anxiety is an anticipatory reproduction of the shock reaction (and its con-

generis) which is physiological in the postnatal period (oral shock). The economic constellation of this phase recurs in the œdipal phase and leads to œdipal shock represented in *pavor nocturnus*. Anxiety, rage, and repression are anticipatory defenses against annihilation through shock. The anticipatory process seems to provide the rationale for the relation between body and mind. The functions of the ego (the executive of the relief principle) are discussed, as well as problems of neurosis and psychosis.

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Illusions, Naïve or Controlled

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ILLUSIONS, NAÏVE OR CONTROLLED

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

Illusions are deceptions of the senses or of the mind. Either perceptions are interpreted falsely, or something is added to reality or subtracted from it by fantasy, or unfounded notions or hopes about a person, a situation, or the future are established. That illusions can be corrected by evidence or persuasion distinguishes them from hallucinations and delusions.

This study of illusions began twenty years ago with an interest in appersonation.¹ If one holds a cane and taps, one feels the hardness or softness of the ground at the distal end. In the use of artificial dentures, one projects his sensations to the surface of the dentures; when one is riding a horse or in a motor-car, the limits of the vehicle become illusory boundaries of the ego. Appersonation is a good example for demonstrating the transition from illusions which deceive the senses to illusions which deceive the mind. If another car touches the rear of one's car, one has the sensation of having been touched oneself. If a singer is engaged to entertain one's guests and is derided, one's pride is hurt as if one were personally humiliated. The singer is an extension of one's person, and praise or criticism affects both the host and the performer.

Why are there such illusions which do not add to the perception of reality, but only blur and complicate it? The need for such illusions can be traced to the child's desire to be bigger. To include in its own person its apparel, the house, the car, the family, and the nation gratifies the childish narcissism.

It seems useful to differentiate between naïve illusions and controlled illusions. An illusion is naïve if the deception either of the senses or of the mind is complete and not contradicted. If, however, the illusion is entertained only to a limited

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¹ Sperling, Otto: *On Appersonation*. Int. J. Psa., XXV, 1944, p. 128.

degree and for a limited time, and the ability to recognize that it is an illusion is retained, the illusion is what I would like to term a controlled illusion.

A mother observing her child to be frightened by a movie will tell him that what he sees is only a story, and in this way help replace a naïve illusion by a controlled one. Similarly, the adult spectator will limit the affect of the illusion by telling himself—when his emotional involvement transgresses a pre-determined level—that it is not real, but only lights and shadows projected on a screen.

The inability to establish an illusion is a symptom observed in many cases. Among a group, for instance, one adolescent who was taken to the theater, when asked what he thought of the play, said that one window in the set did not close properly. His pleasure was disturbed by the rattling of this window, while the others had covered this imperfection of the set with their negative illusions. Many people deprive themselves of the enjoyment of opera or ballet by their inability to accept the illusion of people singing or dancing instead of speaking. These individuals have a kind of 'frigidity' or 'impotence' for enjoyment of the arts or music or the beauties of nature. The impoverishment of the ego in these cases is, among other things, expressed by an inability to form illusions.

Clinically, a most important illusion is the young mother's belief that her baby is beautiful. Objectively, a newborn baby is not beautiful. Some people like the baby, some do not; still it is an old custom that friends visiting the young mother burst into enthusiasm about the beauty of the baby, as if that were a conventional way of suggesting to the mother that she may permit herself the controlled illusion that her baby is beautiful. The mother's love is necessary for the child. To have a child and to care for it is an instinctual drive. Why is it also necessary for the mother to have the illusion that the baby is beautiful?

In one case observed clinically, a mother could not develop this illusion. Even before she saw it, she was disappointed

that the child weighed only six and a half pounds and was blond like her husband, and not dark as she was. When the child was shown to her, she saw wrinkles, hardness and tension in the baby's face. She noted that its fists were clenched. It looked small and emaciated. She had always been enthusiastic about big things—big apples, large grapes, tall men with big Adam's apples. She recalls having an intense aversion to babies from the time she was six years old, when a cousin was born prematurely, weighing two and a half pounds. This baby nauseated her.

This mother had been an unusually beautiful child and, at the age of four, she had had an opportunity to become a movie actress, but her father withheld his consent. This became for her an interdiction against indulging in fantasies, and she lost all interest in daydreaming, in fairy tales or myths. Only in her teens did she tell lies, namely, that her father was very wealthy and that her mother had been to college.

This patient gave her child conscientious physical care, but only a pseudo affection. From infancy a mutual irritability and hatred were established, which developed into open sadism and malicious joy on the part of the child, and failed to conceal disgust and occasional outbursts of rage on the part of the mother.

While she had been able to transfer the wish for a penis to the asexual category of big objects, she was not able, like other women, to make the next step of transferring this wish to the child. This was due to a number of factors, but her inhibition to indulge in illusions, as expressed in the disinterest for fairy tales, and in the triteness of her lies during adolescence, in my opinion, contributed to this difficulty.

The attitude of psychoanalysis toward religion has been the subject of much discussion.² Little attention, however, has been given in the literature to the differentiation between naïve and controlled religious illusions. Many patients who seek psychoanalysis have controlled illusions about religion.

² Freud: *The Future of an Illusion*. London: Hogarth Press, 1928.

Profound faith is rare in my experience. A knowledge of scientific truisms accords well with occasional indulgence in religious feelings, that is, feelings of confidence and love for a Father in heaven, enjoyment of religious ceremonies and music, and identification with a group of worshipers. Especially in smaller communities, where attendance at church services on Sunday is socially essential, religion is more a matter of social adjustment than of faith.

Naïve illusions have become the subject of psychoanalytic therapy, either because they exist or because they have broken down. In religion the naïve illusions may lead to excessive deprivations, rigidity, asceticism, guilt feelings, martyrdom. If the illusion cannot be sustained, the psychological trauma often leads to general depression and disillusionment, or to collapse of the whole moral system.

A ten-year-old boy was brought for psychoanalysis because of 'religious delusions'. His parents were conservative, moderately religious Jews, who had sent the boy to a parochial school. At about the age of ten, partly under the influence of one of his teachers, he became fanatically religious. He preached in class like the prophet Jeremiah, upbraiding the teachers and the students for their sins and their lack of faith. He called his parents hypocrites and pleaded with them to correct their way of life. He believed he had an immediate personal relationship with God, and that by the study of the Bible he had found the only true standard of values. He neglected his studies because he felt he had to concentrate on his higher calling. In contrast to this higher calling, he was indifferent to his parents' unhappiness and his failure in school; nor did it prevent outbreaks of rage, for instance, chasing his brother through the streets with a broomstick.

In the beginning he felt great contempt for me as a heathen. In the course of his treatment, superego anxiety about relinquishing his illusions was prevented by his identification with the psychoanalyst. He gave up his ambition to become a prophet and became instead a successful student. He estab-

lished controlled illusions about religion, attended services, but did not relapse, even in adulthood, into fanatic religious fervor.

A comparable case was a twenty-year-old Nazi, who sought psychoanalysis for the cure of impotence. He felt that his parents, who were Social Democrats, misunderstood the trend of the times. Two years before, he had discovered his real calling by reading some Nazi literature, became a member of the Party, and kept a gun for the day when the blood of the Jews would run in the streets, or for himself if need be. He felt spiritually created, not by God, but by the Party which had provided him with friends to whom he felt closer than his parents, and which had given him standards of morality and a purpose in life. His puny efforts thus acquired dignity and meaning as a part of a higher purpose. He had decided to devote his life to the service of the German race, a service which might call for the supreme sacrifice; but if he were to die, it would be for the German race, which was immortal, and the results of his sacrifice would become incorporated in this immortality.

Both the boy and this man had achieved a high degree of 'integration' of a kind.³ They were at peace with themselves, and felt that they were fully in accord with that part of their environment which was important to them. Both reacted to their repressed passive feminine homosexuality by an over-compensatory rebellion against the father and his generation. The passive homosexual and feminine striving (submission to God or to the Leader) were offset by their narcissistic masculine exhibitionism. The naïve illusion of the absoluteness of their values was their main defense and so became the focal point of the psychoanalytic therapy.

Another naïve illusion which often becomes the object of psychoanalytic therapy is that of love. This object-libidinal cathexis is accompanied by a number of such illusions as that

³ Brierley, Marjorie: *Notes on Psychoanalysis and Integrative Living*. Int. J. Psa., XXVIII, 1947, p. 58.

the beloved person is unique and irreplaceable, that the relationship will last forever at the same emotional pitch, that there can be no room for the love of another person, and that this love is free of any trace of hostility. Often there is the illusion of absolute faithfulness and loyalty on the part of the other person. A breakdown of these illusions can lead not only to homicide or suicide, but more often to an inability to fall in love again. On the other hand, those for whom marriage is a routine affair of mutual service and comforts, without any illusions, feel clearly a deficiency in themselves and the relationship, and envy those who are able to experience romantic love.

In my experience, those persons seem best able to enjoy love and life and avoid the catastrophes of disillusionment who are able to permit themselves illusions of a controlled kind. The line, '*Bei mir bist du schön*',⁴ from a popular song of a few years ago, is a good example of controlled illusion. The naïve illusion would have the formulation, 'You are beautiful', intended as an absolute value, which it is taken for granted everyone shares. In modifying the statement, 'You are beautiful' by the qualifying phrase, 'as far as I am concerned', one chooses the precarious balance of controlled illusion rather than the fallacious security of the naïve illusion of absolute value.

In *The Iceman Cometh*, O'Neill gave expression to the human need for illusions. His solution, a return to naïve illusions, is, in my opinion, not feasible. The pain of disillusionment is so poignant that people cannot easily recapture the illusion. Either they become addicts of a new pipe dream, or they take up the old illusion in a more sophisticated form, not as a naïve illusion.

During the first World War, the illusion of fighting for democracy, of fighting a war to end all wars, played an important part in the morale of the American Army. The post-war disillusionment led to considerable difficulties in the establishment of military morale in the second World War. Once the illusion had been destroyed, it was difficult to re-establish it. For many citizens and soldiers the war was just

⁴ Lyrics by Sholem Secunda, Jacob Jacobson, Sammi Cahn, Sol Chaplin.

an unpleasant business that they had to get over with. Independent of the importance of this disillusionment from a military point of view, it deprived many individuals of the beauty and dignity of their war experiences; they were not comforted by the illusion of the Romans, *Pulchrum et decorum est pro patria mori* (It is dignified and beautiful to die for one's country). The best morale in war seems to depend on the controlled illusions that one's country is a loving and nourishing mother that has to be loved and defended, that she is better than other countries, that her cause is just, her intentions noble, that one's own people are superior to the enemy in either intelligence, ability, equipment, leadership, institutions, or beliefs.⁵ The typical naïve illusion of being protected by magic, i.e., a Bible or a rabbit's foot, is more dangerous than beneficial because its failure leads to the pessimistic expectation, 'My number is up'.

An almost unbelievable illusion is the frequently held belief that the diagnosis of an incurable disease is incorrect or that a cure is sure to be found. Experienced physicians are not exempt, in some instances misinterpreting symptoms of ominous portent as psychogenic.

Illusions play an important part in group activities. If joining a club or a party is not dictated by pressure, or motives of power or advantage, it is an act of love rationalized and accompanied by illusions that the leader and the members of the group are interesting and lovable. Members or policies of which the individual does not approve are ignored; thus is it possible to have political parties whose members have completely divergent ideologies. Naïve illusions characterize the blind followers; controlled illusions play a part in the so often deplored unreliability of mass favor. Another controlled illusion, which plays a part in mass psychology, is connected with appersonation. By an illusionary widening of the boundaries of the ego, the bigness of the group, the party, the nation, contributes to the narcissistic gratification of the members of the group.

⁵ Sperling, Otto E.: *The Interpretation of the Trauma as a Command*. This QUARTERLY, XIX, 1950, pp. 352-370.

Illusions play an especially important part in axiology, that discipline of philosophy which is the science of values. Aristotle,⁶ the Stoics, and a number of philosophers after them were satisfied with the statement that value depends on the ability to satisfy physical and mental needs. But a number of philosophers, starting with Plato, felt that in addition to this subjective value there must be some absolute basic values which were universal. Plato saw in the ideas of the good, the true, and the beautiful, the highest values.⁷ Kant felt that all values are subordinated to the ethical will.⁸ Nietzsche measured values according to their ability to gratify the will for power.⁹ Rudolph Goldscheid believed that only that has true value which serves the development of the individual and society.¹⁰ For Munsterberg, true value was determined by the demand for an objective, unified reality, something roughly analogous to the psychoanalytic concept of object libido.¹¹ Somlo saw only one absolute value—truth.¹² Kreibitz tried to solve the problem by the creation of the fiction of an ideal subject: an objective value would be that which is deemed valuable by the judgment of this ideal subject.¹³ Jodl, Messer, and others recognized that there are values only in relation to the subject, and no absolute values.¹⁴

Schilder warns us to leave the task of finding the essence and meaning of values to the philosopher,¹⁵ but Flugel believes

⁶ Aristotle: *Nicomachean Ethics*. V, 8.

⁷ Plato: *Der Staat*. Munich: George Muller Verlag, 1918, V, p. 222.

⁸ Kant, Immanuel: *Grundlegung zur Metaphysik der Sitten*. Leipzig: Inselverlag, 1920, Chapt. 2.

⁹ Nietzsche, Friedrich Wilhelm: *Umwertung aller Werte*. Leipzig: Alfred Kröner Verlag, 1910, I, p. 15.

¹⁰ Goldscheid, Rudolph: *Entwicklungs Werttheorie*. Leipzig: W. Klinkhardt, 1908, p. 8.

¹¹ Munsterberg, Hugo: *Philosophie der Werte*. Leipzig: J. A. Barth, 1908, p. 8.

¹² Somlo, F.: *Das Wertproblem*. Ztschr. f. Philosophie, CXLV, 1912.

¹³ Kreibitz, Josef Klemens: *Psychologische Grundlegung eines Systemes der Werttheorie*. Vienna: A. Holder, 1902, p. 3.

¹⁴ Jodl, Friedrich: *Lehrbuch der Psychologie*. Stuttgart, Berlin: J. G. Gotta'sche Buchhandlung Nachfolger, 1909, II, p. 459. Messer, A.: *Einführung in die Erkenntnistheorie*. Leipzig: Dürr, 1909, p. 139.

¹⁵ Schilder, Paul: *Medizinische Psychologie*. Berlin: Julius Springer, 1924, p. 274.

there are absolute values in truth, goodness, and beauty, and in *Man, Morals and Society* he pleads convincingly that psychology should not refrain from the study of values (p. 11, ff.). Marjorie Brierley sees in integration the highest value.¹⁶ On the other hand, H. D. Jennings White has clearly pointed out the dependence of individual intrinsic values upon the particular course taken by the mental development of the individual.¹⁷

I agree with Jodl that there are no absolute values. The individual derives his intrinsic values from the id and from the superego. Food, clothing, a house, a wife, children are valuable because they satisfy instinctual needs. Beauty, truth, order, cleanliness, justice, holiness are values in so far as they satisfy demands of the superego. Characteristic of the operations of the ego are those values that serve as a means to an end, as work, schooling, money. When the superego is substituted by a leader, intrinsic values are determined by the leader. In so far as traditions and social institutions are integrated in the superego, there are a great number of similarities in the system of values of people of similar origin. But the demands of the environment have first to undergo a process of interpretation before they become integrated in the superego. Thus individual experiences and individual instinct constellations account for the varieties of value systems, even among siblings. Still, the striving for absolute values, for 'that realm that is beyond subject and object', as Rickert formulated it,¹⁸ is a psychological fact of considerable importance. Apparently, it is not enough for the individual to have his individual system of values; he has to have the illusion that his system is the right one. He needs the illusion that the value was discovered by him, and not awarded.

In bringing up children it seems necessary for most parents to emphasize the absoluteness of their values. If these parents

¹⁶ Brierley, Marjorie: *Op. cit.*

¹⁷ White, H. D. Jennings: *Goals of Life*. Ashington Rockford, Essex, England: C. W. Daniel Co., 1939.

¹⁸ Rickert, Heinrich: *Die Grenzen der naturwissenschaftliche Begriffsbildung*. Second Edition, Freiburg: J. C. B. Mohr, 1913.

are immigrants and their children are confronted with a very different system of values in school, a difficult situation arises for them. Either the paternal values are discarded and are not replaced by new ones (some cases of delinquency), or the acceptance of the new values leads to a continuous conflict with parental authority, which sometimes leads to psychoneurosis. In other instances, controlled illusions about the local value of both systems are established: 'When they are at Rome, they do there as they see done'.

The traumatic experiences of the war and of concentration camps often led to a breakdown of former systems of values and to the adoption of some of the values of the enemy. Thus some of the survivors of German concentration camps, whom I had the occasion to analyze, had established the Nazi ideology as an unconscious, parasitic superego.

The scientist who emphasizes that he keeps aloof from values is still not free of them. Not only is the pursuit of research an expression of his high evaluation of knowledge, but in the application of his science, whether for mental health or for the good of the nation or for whatever it might be, he follows his value system. It is important, however, that the scientist retain an awareness of his values, in other words, a controlled illusion about their absoluteness.

To hear accounts of the discovery of absolute values reminds one of explorers reporting on their exploits—with the same expectation of applause and admiration. The illusion of absoluteness is used for the gratification of one's exhibitionism. One patient, not satisfied with having a wife whom he regarded as beautiful, so far succeeded in convincing his friends of her value that one of them eloped with her.¹⁰

This example, I think, is typical of the psychoanalytic meaning of many of these illusions. While the main motive finds its gratification in an action, other partial instincts find, at the same time, a gratification in the accompanying illusions. Waelder has shown how partial instincts play a part in over-

¹⁰ Friedrich Hebbel, in his play *Gyges and His Ring*, recognized the exhibitionism in the human desire to regard as valuable only what has absolute value.

determination.²⁰ What I want to show is that they are not only active as overdetermination, but that they surround the sober process of instinct gratification with a halo of illusions. In this way an experience gains in richness and in color. As a matter of fact, I doubt whether rich and colorful experience is possible without illusions. There are many who will doubt the value of this halo of illusions. In music it may be pleasanter to the ear to hear a tone with certain overtones instead of a pure tone. But why should this apply to experiences in other fields? Without making a special plea for illusions, they exist for everyone to observe. In our society in which people cannot harbor naïve illusions without getting traumatic disillusionments at every turn, controlled illusions are a relatively safe compromise between the reality principle and the pleasure principle. Nietzsche thinks that illusions are necessary and warns: ' . . . whoever destroys illusions for himself or for others will be punished by nature as the cruelest tyrant'.²¹ Controlled illusions correspond in the emotional sphere to the fictions of science or philosophy in the sphere of thinking. Vaihinger showed that these fictions are purposeful deviations from truth, for a limited time, in order finally to get nearer to the truth, e.g., in geometry, the fiction of the point, of the line; in law, the fiction of freedom of action; in philosophy, Kant's fiction of the realm of purposes, etc.²²

Elsewhere I described a 'crowding of emotions' as a specific tendency of the life instinct to dramatize life with happiness and despair, and to concentrate as much pleasure as possible in a short time.²³ Illusions supplement instinctual gratification in the crowding of emotions as an expression of the tendency of the life instinct toward the intensification of pleasure.

²⁰ Waelder, Robert: *The Principle of Multiple Function*. This QUARTERLY, V, 1936, pp. 45-62.

²¹ Nietzsche, Friedrich Wilhelm: *Die Geburt der Tragödie*. Leipzig: Alfred Kröner Verlag, 1917, p. 340.

²² Vaihinger, Hans: *The Philosophy of As If*. Trans. by C. K. Ogden. New York: Harcourt, Brace & Co., 1924.

²³ Sperling, Otto E.: *On the Mechanisms of Spacing and Crowding Emotions*. Int. J. Psa., XXIX, 1948, pp. 232-235.

Psychoanalysis and Brief Psychotherapy

Leo Stone

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PSYCHOANALYSIS AND BRIEF PSYCHOTHERAPY

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The term 'brief psychotherapy' is used in preference to 'psychotherapy'—which has the support of wide current usage—because the latter ignores the historical fact that psychoanalysis is a special and relatively new branch of psychotherapy. The adjective 'psychoanalytic' has merit, but facilitates the blurring of distinctions. The adjective 'nonanalytic' sharpens the distinction from psychoanalysis but gives a negative inferential place, if any, to the psychoanalytic rationale, from the analyst's viewpoint, that any psychotherapeutic technique may have. While the actual brevity of psychotherapy is highly variable, the qualification connotes the effort to meet the current tremendous need and demand for treatment, and the consequent prevailing tendency in research, i.e., toward diminution of the total time involved in treatment.

Psychoanalysis, as is any science, is full of unsolved problems (25, 41). However, it is a relatively well-defined and systematized procedure, compared to this large and chaotic field, ranging from simple suggestion to the procedure most usually referred to as 'psychotherapy', which bears a superficial resemblance to psychoanalysis but which, because of the inclusion of important variables, is very poorly defined, highly unpredictable, and exceedingly difficult to evaluate. The only exception to this general characterization lies in those few instances where the trained analyst treats a patient at long but regular intervals, and follows sound and well-defined psychoanalytic precepts in his general management of the case. Here, there is only one important immediately discernible variable, the infrequency

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of the visits. The analyst may, from terminological scruples of his own, prefer to distinguish this work from 'regular psychoanalysis', a borderline distinction which may indeed be importantly justified, in the sense that we cannot assume a priori that the infrequency of visits does not change the basic relationship and certain modalities of its expression.

The actual functional distinction between psychoanalysis and brief psychotherapy is, of course, really in doubt only in the area where there are certain resemblances; but it is precisely in this area that it is most important that the distinction be maintained. The tendency to dissolve the distinction has been strongly manifested in the contributions of the Chicago Institute for Psychoanalysis in the last several years (3, 37, 42, 43, 44). In Alexander's last book (2), however, the question is only briefly mentioned as a 'matter of definition'. I should like to affirm the importance of the definition and distinction, and offer some reasons for their maintenance. For a long time 'psychoanalysis' was conceded a special meaning even by some of the more radical deviant groups (Jung and Adler, for instance), and by most nonanalytic psychiatrists. What then is the advantage or motive for diffusing or vitiating the meaning of an accepted and explicit scientific term?

A real issue is the basis for definition. There is no doubt that in Knight's recent classification of psychotherapy as either 'suppressive or supportive', or 'expressive or exploratory' (32), psychoanalysis, despite minimal admixtures of other techniques, belongs to the second group. However, this functional classification of separate technical maneuvers does not take into account the intricate and relatively constant configuration of techniques in psychoanalysis. In several contributions, Freud's statement of 1914 (15), 'Any line of investigation, no matter what its direction, which recognizes these two facts [transference and resistance] and takes them as the starting point of its work may call itself psychoanalysis, though it arrives at results other than my own', has been invoked for purposes of definition, although obvious assumed parenthetical extensions are sometimes recognized (13, 21, 32). If one accepts authoritative permission as

a basis for definition, one should also take into account the fact that Freud laid down elsewhere a considerable number of technical precepts for the practice of psychoanalysis, ranging from the basic rule to the number of hours per week that he treated patients. These were acknowledged by Freud to be incomplete; however, certain of the fundamental ones, such as the basic rule and the general tendency of the analyst's attitude were reiterated by him in 1938 (18). Regardless of one's objective judgment of their value, these precepts, interpreted with varying degrees of flexibility or rigidity, with occasional modifications or elaborations for special reasons, and the development of certain interpretative trends from ego and character analysis have continued to provide the broad outlines of technical procedure for most analysts. Since this conception of psychoanalysis has been so influential, a more important factor than the invoking of authority enters: the simple fact that this is what the word means to most of us as a technique, and that the great mass of psychoanalytic literature, except where known to be different by individual or group specification, may reasonably be assumed to be material acquired by this method. This has important methodological significance, for we must be aware of the relation of our data to our instrument, especially when we undertake to apply these data to other techniques which may involve highly influential variables. What I have in mind is whether clinically important dynamic phenomena such as transference, repression or other ego defenses, free association, and so forth, can be assumed to have the same character and meaning, or to be manipulable in the same way when important technical variables are introduced. Aside from transference and resistance, which are really powerful dynamic forces appearing in the psychoanalytic situation rather than maneuvers or deliberately planned conditions, one may list several important factors in the situation and technique from which scientific data have been derived, and on which specific technical variations have been built. These undoubtedly differ greatly in importance and constancy. Some are at times deliberately changed (Freud advocated certain

'flexibilities'), but they have great weight, as an ensemble, in the accumulation of our knowledge, and we are not in a position to speak with broad systematic certainty of the relative importance of each factor: 1, practically exclusive reliance during the hour on the patient's free associations for communication;¹ 2, regularity of the time, frequency, and duration of appointments, and a clearly defined financial agreement; 3, three to five appointments a week (originally six), with daily appointments the dominant tendency; 4, the recumbent position, in most instances, with some impediment to seeing the analyst directly; 5, confinement of the analyst's activity essentially to interpretation or other purely informative interventions such as reality testing, or an occasional question (36); 6, the analyst's emotional passivity and neutrality ('benevolent objectivity'), specifically abstention from gratifying the analysand's transference wishes; 7, abstention from advice or any other direct intervention or participation in the patient's daily life; 8, no immediate emphasis on curing symptoms, the procedure being guided largely by the patient's free associations from day to day. In a sense the analyst regards the whole scope of the patient's psychic life as his field of observation.

These several enumerated features of the psychoanalytic situation form a fairly constant and unique ensemble. It seems paradoxical but it is functionally true that, with the patient's conscious and continuing voluntary coöperation, a psychological relationship is achieved which is reminiscent of—although far from identical with—the self-abandonment of hypnosis. This relationship is certainly important in the special phenomenology of the psychoanalytic situation.

Whenever reassurance, persuasion, manipulation of the environment, active therapeutic interest or other deviations² are included in therapy to any large degree, we should assume

¹ On this point, Glover (24) was not satisfied with his inquiry. In any case, the fact that a majority 'permit relaxation' does not, in my view, diminish the general importance of the prevalent mode of communication in psychoanalytic therapy.

² Changes in form, such as active discussion instead of free association, sitting instead of lying, etc., are, in my view, of profound dynamic importance.

important alterations in the dynamics of the transference. While fully granting the primacy of understanding the patient, I would agree with the point of view expressed by Kubie (42) about the importance of technical variables, rather than with those who feel that the psychoanalytic understanding of a problem is all that is necessary, the variations of technique being left to art or intuition, or even to planning which underestimates these complexities. Lest it be thought that such scientific rigidity would be tantamount to inhibiting the practice of brief psychotherapy, it should be emphasized that these considerations are purely in the sphere of critical scientific evaluation of process and result—of research. That the practice of brief psychotherapy justifies itself seems self-evident. But the sequel to the practice should be critical differential scrutiny, not rationalization or procrustean oversimplification. In this connection, Knight's comment about the facility of recollecting successful cases, and forgetting the others (42), has an important general significance in the selection of case material for publication.

One may also view the distinction in a purely practical clinical sense. Psychoanalysis for some time has been the treatment of choice for the neuroses. From Freud onward, critical minds have been conservative about therapeutic results, and there has recently been a strong movement toward their careful evaluation, largely stimulated by Oberndorf (41). Freud always regarded the transference neuroses as the chief, if not exclusive, indication for psychoanalysis (17, 18), and were this indication adhered to, the therapeutic results of psychoanalysis might remain ground for enthusiasm. Driven by the stimulation of therapeutic success and the possession of the first rational and effective psychotherapeutic instrument, analysts have carried their work into the fields of severe character disorders, addictions, borderline conditions, even psychoses and frank somatic disorders. In many instances explicit modifications in technique have been proposed. Further advances or modifications of psychoanalysis may make certain of these extensions more secure; however, it is possible that the tide of

therapeutic optimism will recede in certain areas, leaving psychoanalysis closer to its original indications, and leaving large groups of illnesses to be better treated by techniques of 'brief psychotherapy', 'psychoanalytic psychiatry', or 'modified psychoanalysis' yet to be established. An opposite type of extension has also occurred in the treatment of relatively acute reactive neuroses, or mild neuroses where less extensive methods might be adequate or more appropriate. As precise clinical indications become established with current research, the maintenance of as clear-cut categories of therapy as possible will be highly advantageous. This advantage can be first consolidated in the one well-defined and well-organized technique that we know. Such clear-cut categories would have obvious advantages over regarding the whole field of psychotherapy as an undifferentiated mass of psychoanalytic pathology and technology, entirely flexible in its application in any combination to each case according to individual judgment. Such technical flexibility is inherent in psychoanalysis, but to substitute flexibility for a tested instrument or series of instruments, rather than to maintain flexibility as a desirable *quality* of an instrument, may mean little more than a well-rationalized wholesale return to the eclectic, semi-intuitive so-called psychoanalytic psychotherapy which many or most of us practiced before we became psychoanalysts.

Another reason for the maintenance of a basic distinction is based on scientific necessity. If psychoanalysis as such is the source of all important knowledge and understanding in psychotherapy, we must keep the method alive to deepen and extend that knowledge; furthermore, maintenance of the distinction between psychoanalysis and other therapeutic techniques can provide mutual clinical controls, and a possible profitable scientific exchange. Bandler's suggestion that psychoanalysis and other methods be tested clinically with the same types of cases is a relevant example (41).

A final requirement for the maintenance of the basic distinction is that of training. Unless one rejects the whole principle

of the personal preparatory analysis, it seems self-evident that this work must be thorough and deep in the 'classical' sense.

Among students in training and practicing psychoanalysts, brief psychotherapy is employed usually with diminishing frequency and interest in proportion to experience. Some analysts, however, have for many years been specially interested in the application of psychoanalysis to brief psychotherapy, whether in hospitals or private practice, and feel some surprise to find it regarded as a new field of interest (*11*). In hospital practice brief therapy is often regarded as imposed by necessity rather than as a technique of special scientific interest.

Except by the interested minority, this work is usually accorded a general position of inferiority. The lack of rules and boundaries gives rise to a situation in which either a sense of gratification or of frustration, or both, may participate. In general, among younger physicians the free intuitive play with psychoanalytic concepts, neglect of the analysis of resistance and specific ego defenses are frequent. On the other hand, among students in training one frequently hears the complaint that the therapist does not understand what has happened to his patient; and I have heard this complaint just as frequently when the patient has shown striking improvement. That physicians from the vantage point of psychoanalytic experience can more safely and effectively give play to intuition in atypical psychotherapeutic situations would, I think, be generally conceded because discipline and training seem to enrich the effectiveness of creative and intuitive tendencies in almost any science or art. It is not the purpose of these observations to depreciate the importance of intuition in such a complex relationship as psychotherapy (*34*); rather, the aim is to further the generally accepted principle of extension of the sphere of secure scientific knowledge as a necessary framework, and with a special view to teaching. One may think of a continuum from the free play of human relationships in which there is no conscious psychotherapeutic intention—but which obviously play an enormously important psychotherapeutic role in the lives of relatively

normal people—to the objective and precise relation between the surgeon and his patient, which Freud idealized. The well-defined psychoanalytic technique and brief psychotherapy are both far from either pole, and yet definitely removed from one another in these opposite directions. However, respect for the enormous but uncontrolled potentialities of brief psychotherapy is entirely compatible with the effort to maintain intellectual precision and objectivity, and the striving for a working synthesis.

Established analysts, who could most safely and productively allow their intuitive technical tendencies free play, seldom practice brief psychotherapy; instead, they refer patients unsuitable for classical analysis to students in training. Much more difficult for the student is his patient who needs and wants psychoanalysis, which the physician believes to be the treatment of choice. The only subject about which he has any systematic knowledge is psychoanalysis, and he thinks of his patients along psychoanalytic lines. For these reasons it would seem logical that psychiatrists be permitted to practice psychoanalysis during the period of training in psychoanalysis, as a general practitioner may practice surgery without claiming thorough training or the status of specialist. A physician should not be forced to disavow what he knows; nor should he be forced to absurd ritualistic denials of what he is doing; nor should he be forced to free himself of a discipline before he has mastered it. As brief psychotherapy is not a definite technique, it is logically a subject for advanced study and research, or practice by experienced therapists.

Although interest in the application of psychoanalysis to other forms of psychotherapy is by no means new (16, 7, 26), it was only during World War II that this assumed the proportions of a movement. The Chicago Institute for Psychoanalysis greatly stimulated interest in this direction, through the work of some of its most experienced members, through conferences and extensive publication. Some pointed criticism of this work appears in one of the Institute's own publications (44), in the discussion of two case reports. To this may be added Ernest

Jones's comments (29). With the exception of Grotjahn's presentation in the Proceedings of the Brief Psychotherapy Council in 1942 (42), and certain individual experiences recorded in the Proceedings of the Second Council in 1944 (43), I do not find any important efforts to give quantitative evaluations of effectiveness or noneffectiveness of brief therapies;³ certainly there is minimal effort to demonstrate failures or errors in methods, the same being true of the scrutiny of clinical decisions inevitably made under pressure. That the selection of 'successful' material characterizes such reports in general has been mentioned; however, one expects more from a large-scale group effort.

The general, persisting prejudice against the importance of the infantile neurosis in human psychological development makes such formulations as the adult 'corrective experience' in the transference eagerly acceptable. While this may well be a factor in therapy that deserves emphasis, it cannot replace, in psychoanalysis, the reconstruction of the infantile neurosis—as recognized even by Ferenczi and Rank (14), who are credited with the inspiration for Alexander's later work. In such techniques there is a misleading appearance of facility in controlling powerful dynamic forces, best exemplified in the impression given that the transference can not only be distributed almost at will, but can be controlled in intensity by the frequency of visits.

In conceiving of a system of brief psychotherapy, based on psychoanalysis, to meet the increasing demand one has to consider that it must be suitable for all economic and intellectual levels, ages, physical conditions, religious affiliations, and so forth. It is unlikely that the 'bottleneck' of outpatient psychiatric care will ever be materially reduced so long as the principal type of psychotherapy employed is that which imitates analysis, including its sense of 'timelessness'. It is probable that to provide psychotherapy for all classes, a re-evaluation of the potentialities of all psychotherapeutic methods for their maximum and

³ The term 'brief psychotherapy' was abandoned by the Chicago group after the Second Council.

most efficient exploitation should be made. The interest of psychoanalytic writers in 'primitive' methods (1, 12, 28) should be extended into objective research. Some of Masserman's experimental work touches on these subjects (42). Hypnoanalysis and narcoanalysis have their own literature. Occasionally drugs by mouth are utilized to facilitate psychotherapy (4). Pedagogical therapy was a relatively early development (46). Group therapy is a technique of increasing interest. However, the simple matter of consultation and advice has received little systematic attention among analysts. It does seem odd that the psychotherapists who rarely or never give advice are those who best understand human personality. This does not mean making critical, highly personal decisions for the patient, but it is not impossible that circumspect advice, kept within the bounds of special medical competence, may accomplish more through the influence of the transference than the provocation of relatively benign substitution neuroses (13, 23). This method is mentioned by Levine (35). A field of which Freud has dreamed (18), that is the direct influence of chemical substances on the psychic apparatus, may conceivably come to life in our time, from the direction of endocrine research, in the sense of influencing libidinal and destructive attitudes. The problem here would be the integration in psychotherapy from a dynamic rather than a symptomatic point of view. Regardless of the technique, it seems a matter of fairly general agreement among psychoanalysts (3, 6, 11, 20, 22, 26, 31, 39, 42) that a dynamic, sometimes genetic interpretation of the personality in psychoanalytic terms is an essential prerequisite to any rational psychotherapy. From my own point of view, this must be evaluated in connection with a broader estimate of the patient's intrinsic and situational resources and liabilities. In general, broad dynamic elements are more reliably estimated and more immediately useful than preliminary genetic reconstructions.

The indications for psychoanalysis given, for instance, by Fenichel (13) must yield to a brief psychotherapy the great numbers of patients who because of limitations of money or time cannot be analyzed. Others, for whom preferential indi-

cations have been advanced by various writers (3, 6, 7, 11, 13, 20, 21, 26, 31, 42), including this writer, fall broadly into the following categories: 1, people who are so sick mentally, or whose situation in life is so unpropitious, that the effort toward extensive revision of the personality is not justified, or might even lead to greater difficulties; 2, those whose illness is so slight that radical and lengthy procedures are not justified; 3, acute reactive disorders in those who have given evidence of healthy adaptation under reasonable circumstances, exacerbations of mild disorders, fulminating conditions, incipient conditions in general; 4, transitional states as, for instance, the readaptation to civilian life of some veterans, or certain problems of adolescence; 5, preparatory preanalytic therapy for borderline patients or psychotics, follow-up treatment for certain unresponsive patients who have had long or multiple analyses; 6, more specific indications, mentioned by individual writers, as certain masochistic marital problems, monosymptomatic impotence, 'psychosomatic' illnesses, certain mild chronic neuroses, certain schizoid personalities; 7, a high degree of secondary gain is mentioned by a few writers as a contraindication (6, 20, 21, 42), whereas a slight degree is believed a conceivable avenue of approach to a patient.

An initially modest project begun at the New York Psychoanalytic Institute is expected to require several years before yielding any tangible findings worth presenting. A study group, consisting of members of the Institute and a few advanced students, see patients once a week as a basic frequency. Treatment is carried out according to the convictions of the individual physicians, derived from previous training, experience, and temperamental variations. The case load is minimal. The essential feature is detailed retrospective self-observation as to specific technical maneuvers and the immediate and long-term responses of the patients, with careful recording. The observation of technique ranges from initial total plan to the exact wording and timing of interpretations, suggestions, or whatever other methods were used. The recording of responses ranges from the general therapeutic response through immediate

details of response and relevant peculiarities of resistance or transference. A few examples of the many questions we should like to ask about a given case would be: Were ego defenses, character reactions, resistances, systematically analyzed? Were 'deep' interpretations made early without analysis of resistances? What were the responses? Were manifest transference reactions discerned? Were they discerned in acting out, dreams, or symptoms? How were they handled? Were free associations used exclusively or partially, alternating with what other forms of communication? What was the basis for change of communication, if known? What special responses could be observed? Could any impact on transference or resistance of isolated or mixed noninterpretative techniques be observed or reasonably inferred, in specific instances, or in summation, for example, with suggestion, reassurance, advice, persuasion, etc.? Do the long intervals and the generally different expectation create discernible differences in the character of productions, in the evolution and manifestation of transference and resistance? A detailed uniform scheme of study is now in preparation.

Like many other questions, these are not easily answered, and even if confidently answered, we have no control treatment for the same patient (41, 44). The intangible elements of the personal equation and especially hidden countertransferences are exceedingly difficult to evaluate. Aside from the wish to allow each physician to treat his patient to the best of his ability, it is felt that the evaluation of subtle and uncharted problems of psychotherapy lies in testing various personal techniques. Possibly, as time goes on, and with an increment of personnel with special technical preferences, some controlled experiments will spontaneously evolve. No one, for example, has shown any interest in using rational persuasion as a basic technique while studying the patient's dreams and other unconscious responses. In the conferences there is thorough review and discussion of cases and, naturally, a certain amount of teaching, supervision, and mutual influence. Except where convictions about grave clinical issues are involved, there is minimal authoritative pressure on the therapeutic spontaneity

of the physicians. The important thing is to learn from what has been done and its results, and to test these wherever possible against the preliminary rationale and expectations.

One preliminary observation that emerges is the remarkable variety of therapeutic approaches to patients among physicians with a few to several years of psychoanalytic training: one actively engages the patient's attention to himself and the therapeutic relationship by leading questions and by prompt interpretations of the transference; another proceeds very much as in analysis; another proceeds vigorously with id interpretations with or without transference emphasis; a third gives a great deal of advice about the conduct of life, but minimal interpretation except of a general didactic nature; and so forth. While most physicians of some years of analytic experience have certain tendencies in common, usually conservative, the results of other techniques, conscientiously recorded, must be highly instructive. Who knows that the 'wrong thing to do' may not prove to have a special indication? And what several meanings may an interpretation or a trend of interpretations have for a patient, aside from the actual or intended function of making him aware of something about himself?

My own practice of brief interpretative psychotherapy includes the possible applicability in certain cases of almost any technique I have heard described. What follows are the principles I find most often effective, a precipitate from positive and negative observations of my own and others' work over several years.

One must depend on one's initial interpretation of the entire case more than is necessary in psychoanalysis. As with the working diagnosis of general medicine, it is important to decide which of the patient's dynamic problems are crucial, those whose alteration is most likely to affect the dynamics of his personality and illness, and to act on that selection. One should avoid interfering with the patient's way of life unless it is unequivocally pathological, and avoid stirring up superfluous conflicts or interfering with useful defenses. With the tendency to localize the therapeutic effort, an atmosphere of

temporariness and limitation of the relationship may usefully be communicated to the patient. The interviews center around the patient's actual personal relationships and events of his daily life. Observations are made by the analyst on the general dynamic role of the illness within this system and occasional interpretations given. This does not mean an emphasis on symptom analysis as such, nor does it resemble the 'associative anamnesis' of Deutsch (9, 10), except possibly in the relative localization of the effort.

The patient is encouraged to express himself spontaneously and without reservation; however, the interviews are definitely guided or influenced, largely by questions. Free association (literal sense) is prescribed in special situations, for instance, in studying dreams. The patient usually sits facing the therapist, a feature emphasized by several writers. This is one of the several factors which minimize the tension between reality and the patient's fantasy life, a tension which Hartmann regards as characteristic of the psychoanalytic situation, and which may be one of the factors involved in the distinctive character of the transference neurosis in psychoanalysis.

The general trend of interpretation is determined by the relevant and convincing character of material and the patient's state of compliant or negative transference. The tendency is always to keep interest centered on large and decisive dynamic issues rather than details of fantasy, and in close relation to immediate realities. Interpretations are made, as far as possible, in the patient's own idiom—or a reasonable compromise between it and the therapist's natural mode of expression. There is an effort to integrate in single simple communications material involving levels of varying psychic depth and different psychic structures, resolving contradictions and antagonisms, exploiting to a maximum the areas of overlapping in clarifying the patient's problems. In so far as the psychic apparatus is dealt with as a closely integrated system and not revealed in layers as in psychoanalysis, one may theorize tentatively that certain simpler resistances may be avoided, perhaps minimized, in this approach. It is interpretations of the id, the primary

process, the infantile neurosis, that provide the greatest challenge. Here the therapist must exert his maximum skill, reconstructing in his own mind what is going on in the patient's unconscious, translating it into everyday language and incorporating it in the synthesis mentioned. Similar techniques, I am sure, are practiced by many therapists who have not formulated their work in this way.

It may be argued that such a method can make no lasting change in the structure of a patient's personality. Only prolonged observation can settle the matter. Resistances vary in permeability among individuals and under differing conditions, for instance, between relatively 'normal' individuals and those with severe neuroses, in the spontaneous exchanges of everyday life, or in the controlled exploratory situation of psychoanalysis. The varied phenomenology of everyday life, with its precipitations of illness and its vehicles of self-cure, testifies to the potential continuum of human personality from its outermost layers to its depths.

Glover's incidental remark, 'It is obvious that many people cure themselves through their unconscious human contacts' (25), was made in relation to Strachey's conception of psychoanalytic cure by the introjection of good objects in the transference. Also relevant is Nunberg's stress on the constant pressure of the repetition compulsion, contemporaneous with the tendency of the ego to extend its boundaries in alliance with the therapist in the positive transference (25). The integrative interpretative communication may here act as a temporary bridge over a narrowing chasm. From the observation of side effects of certain interpretations in psychoanalysis, and theoretical considerations of the nature of ego defenses, the 'principle of multiple appeal' (27) may also apply.

Infrequent interviews may prove to concentrate relevant dream associations and memories germane to current problems. Considerable reliance is placed on the forces within the patient tending to spontaneous cure, and toward independence from treatment. Intensification of repression, transference cures, even the phobic mechanism of displacement described by Glover

(23, 45), all have their place, as in the functioning of the socially integrated personality, so long as their nature is understood, and the total dynamic shift can be regarded as favorable (6, 42) in relation to the patient's situation and personal potentialities. The aim is always some degree of reorganization within a relatively intact personality, however modest, or that some support will have been given to the positive transference experience by a degree of re-education. The transference, when the patient is seen infrequently in an atmosphere charged with current realities, may remain largely a potential or latent phenomenon in the therapeutic relationship, if the patient's illness is not weighted with pregenital regressive elements. While it remains integrated in a patient-doctor relationship of traditional form, operating unconsciously in its positive aspects, attention can be directed to the pathological multiple 'transferences' which are evident in the patient's outside relationships. While there may be spectacular spontaneous exceptions, there is no reason to assume a priori that all of the patient's libidinal and aggressive conflicts are concentrated in the treatment situation. Experienced therapists, however, should be alert to disturbing trends of transference as expressed in dreams, manifest attitudes, symptom fluctuations, acting out, etc., and avoid exacerbations by interpretation.

Since the primary emphasis is on demonstrable reality as a background for interpretation of emergent ego-dystonic fantasy, the stimulation of transference, whether by superfluous and repetitive 'active permission' or excessive tendentious interpretation, enormously magnifies an error which can also occur in psychoanalysis, reflecting overzealous acceptance of the principles advanced in the brilliant monograph of Ferenczi and Rank (14). This applies even more to the deliberate taking of roles by the physician (3, 2), in so far as the attitudes are not strictly germane to his role as physician. From an intellectual point of view, these techniques mean approbation and fostering of unreality where heightened appreciation of reality is the goal; emotionally, they stimulate fantasy or infantile attitudes, thus making them more difficult to interpret and work through,

in contrast with the spontaneous evolution of transference or even the occasional occurrence of massive regression in psychoanalysis, where the controlled and stable realities of the situation usually make interpretation intellectually and emotionally at least feasible in the long run. It is also to be recognized that the entire structure, intensiveness, and potential duration of the psychoanalytic situation favor the actual concentration of the patient's 'transferences' in the therapeutic transference. Hence, aside from purely empirical practical considerations, a potential psychic reality is involved in the anticipatory transference clarifications, which many or most of us recognize as indispensable, when judiciously employed. The stable realities of the situation are even more necessary in brief psychotherapy. Active transference techniques can be useful in certain cases, and are apparently used with therapeutic effectiveness by experienced therapists. This, however, does not alter the general principle,⁴ especially in teaching.

The transference may emerge as a problem in any therapeutic relationship and require interpretative intervention. It is possible that some accidental therapeutic successes are obtained by not recognizing it and, therefore, not 'meddling' unnecessarily with a positive ego-syntonic transference—and lack of success due to failure to intervene when really necessary. When the transference is relatively simple and forthright, it may be interpreted to good advantage within the scope of a brief relationship. Simple rebellion against parental authority, sibling rivalry (in relation to other patients), erotic fantasies of mild or moderate intensity, obvious clinging to the therapeutic relationship are instances.

An intelligent girl of nineteen was given twenty-two interviews during fifteen months. She had hysterical weeping spells

⁴ The treatment of manifest psychotics presents a different problem of reality, hence a different technical problem. For the therapist to act the role of father or mother may be relatively real compared to the patient's delusions or hallucinations, and thus conceivably, through a developing transference, a possible bridge to a more commonly accepted view of the facts. Similar considerations may apply to the character of the interpretations. Note the work of Dr. John Rosen.

and gastric disturbances while struggling to adapt herself to her first serious attachment to a young man, from a background of overintense attachments to girl friends and older women. The threat to this type of ambivalent mother-sister relationship was the chief subject of interpretative discussions, finally the ambivalent homosexual attachment itself. The patient developed a brief incestuous father transference to me, evident in her dreams. Interpretation was readily accepted. The girl is married and is said to be doing well at this time; however, this is neither as reliable nor as important as the technical fact that a relatively forthright and therapeutically available transference emerged in relation to the physician in the course of interviews devoted largely to the understanding and interpretation of the stormy 'transferences' which were disturbing the patient in relation to her fiancé, friends, and family. Such isolated transference reactions, I believe, are more liable to occur in the atmosphere described than the full-blown transference neurosis which characterizes psychoanalysis.

If in the initial interviews, one infers strong pregenital ambivalent tendencies, the patient ought to be in psychoanalysis, or else be helped actively to strengthen his defenses, and extension and deepening of the transference avoided. Berliner (6) regards all brief therapeutic contacts as potential first stages of psychoanalysis. Such an attitude might vitiate an important aspect of the atmosphere to be created for brief psychotherapy. However, the wisdom of a technique that is consistent with this possibility cannot be doubted.

A closing example is from a clinic case, a young man who had reacted well to a short period of treatment for hypochondriacal fears. He had always been excessively jealous. He returned after an absence of ten months, acutely disturbed by jealousy. At an office party, a pleasant man named Bill (also the patient's name), with whom he had been drinking, had put his arm around the patient's wife in an innocuous way. The patient suggested that the therapist see his wife so that she might become more coöperative about his treatment. This was an actual problem to him, as she had a mildly derisive

attitude about it. A reserved willingness to see his wife was expressed, with the expressed preference that he settle the problem himself. No interpretation of the implications in the transference was made, an important decision, made at the moment, obviously susceptible to discussion. Considerations stated earlier in the paper would be relevant. The patient returned without his wife, feeling much better and bringing a dream: a man called him from the office, addressing him as Bill and said, 'We couldn't help it, standing there, and I just kissed your wife'. The patient started for the place, found himself with a blonde in an apartment, and had a seminal emission. He recalled that he had proposed a foursome date with Bill's and his wife. The man in the dream had the name of a girl whose picture in a bathing suit he had seen in the paper and who was to marry a senator. In addition to the projection of his own extramarital wishes, and jealousy as a reaction to something which he himself wished, the interpretation was given that he wished to share his wife with a man whom he obviously liked; that it could express his affection for this man; moreover, it could be an avoidance of conflict and complications about the exclusive possession of a woman. Had he not previously recalled playing with his sister in bed on two occasions while his brother was in the next bed? Might it not be possible that (then and now) there was an impulse to share sexual guilt and avoid rivalry at the same time? The patient had been fond of his brother; also he had had a dream in which his wife and sister had been manifestly interchanged. During the following interview he related several instances from adolescence of making, with a friend, joint sexual overtures toward the same girl. A few weeks later he reported that he had eaten some good dinners at his brother's house, had enjoyed a party at which his friend, Bill, had been present and had shown a naïve competitiveness with his brother's wife, in tobogganing with his brother. These responses suggest that the interpretation was to some degree effective; however, it must be noted that his wife had quit working in this period, a change for which he had devoutly wished. The normality of

this wish had previously been confirmed by the therapist, while interpreting his envy of certain features of the woman's role in life. The immediately relevant question is whether there is a special advantage in brief psychotherapeutic contacts in trying to integrate in a single interpretation, in a concept available to the personality from multiple points of view, in acceptable language, elements of defense, aggression, and libido, including a clearly available genetic parallel.

Brief interpretative psychotherapy, based on psychoanalytic principles, is a field for empirical research by psychoanalysts to determine its therapeutic effectiveness, scope of applicability, and techniques.

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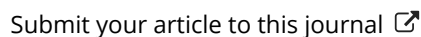
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THE CHARACTER OF JEAN JACQUES ROUSSEAU

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I

The Confessions (1) of Jean Jacques Rousseau reveal important genetic factors in his character development. A psychoanalytic study of this material, while not fully explaining his genius, can show how these factors played a vital role in some of the major events and literary productions of his life.

The Confessions were written during the period 1765-1770, toward the close of his life when he was traveling from country to country, harassed, and clearly in a paranoid state. Rousseau freely admits that much of the early material is untrustworthy, due to the caprice of his memory. Some critics have suggested that he was guilty of deliberately falsifying important events. Rousseau nevertheless takes great pains to speak with uttermost candor of the ridiculousness and humiliation of his masochistic perversion, exhibitionism, petty thefts, and sexual inadequacy. Allowing for the masochistic and exhibitionistic components of this self-revelation, one wonders what further motive Rousseau could have had for confabulation. In any case, verity is not essential in the psychoanalytic examination of character. In autobiography, as in free association, confabulations assume even greater importance in understanding the fantasy life of the author. However, the famous 'oak tree incident' will, because of its historical interest, be more critically examined.

The Confessions and other works of Rousseau were previously studied by René Laforgue who published a penetrating article in 1930 (2). Laforgue noted that Rousseau, whose mother died during his delivery, identified himself with her and developed a latent homosexual organization, often close to consciousness. To atone for his mother's death, he had to

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yield the woman to the father figure, and to castrate himself both 'morally' and 'fantastic-psychically'. By the latter, Laforgue apparently referred to Rousseau's chronic suffering from psychosomatic involvements of the urinary tract and other organ systems. Rousseau was constantly playing the fool in a series of triangular relationships in which, through guilt, he renounced the woman to the other man. I feel that in these instances Rousseau identified himself with the woman, but the two formulations are not mutually exclusive. Laforgue also notes Rousseau's tendency to infantile regression. He was seemingly sexually potent in a few relationships with permissive parental figures like Madame de Warrens ('Mama') and Claude Anet. Significantly, too, his nickname for Thérèse Le Vasseur, whom he ultimately married, was 'Aunt'. Laforgue traces Rousseau's masochistic perversion to a beating he received at the age of eight from Mademoiselle Lamercier. The exhibitionism is regarded as an attempt to approach girls and at the same time to maintain a feminine attitude. Laforgue's formulation appears in the main valid; however, I believe much more emphasis should be placed on the masochistic features of Rousseau's character, and the one beating received from Mademoiselle Lamercier at the age of eight is insufficient to account for the origin of this difficulty.

II

Jean Jacques Rousseau was born in Geneva in 1712. His father, Isaac, a watchmaker, had worked abroad several years away from his wife. His homecoming was followed by Jean Jacques' birth and the mother's death. The nature of his surrogate mother-child relationship from his birth is unknown. Rousseau speaks tenderly of his nurse Jacqueline and of a good aunt who sang him nursery songs. Suggestive of an early oral conflict is the fact that in later years he made a special point of exhorting the women of France to feed their babies at the breast. Rousseau tells us that he was an indulged, overprotected child, but strictly disciplined and not allowed to play with other children in the street.

Other clues to his psychosexual development include an early screen memory in which Rousseau urinated into the kettle of a woman neighbor absent in church. This is followed by many evidences of preoccupation with urethral and anal erotic activities. He recalls the backside of Mademoiselle Lambercier 'which by an unlucky fall was exposed to the view of the King of Sardinia'. In adolescence he exposed his own backside to servant girls. In middle life he manifested increasing libidinal fixation on the urinary tract with which he had much real and hypochondriacal difficulty.

Rousseau gives rich and ample evidence of the markedly obsessional nature of his character. He mentions repeatedly his timidity, hesitancy, awkwardness, indecisiveness, fantastic ruminations, and strange compulsions. We know from Freud's description of the Wolf-man (3), who like Rousseau developed somatic delusions and a paranoid state, and also from the studies of the masochistic character by Wilhelm Reich (4), that such persons frequently reach the genital level with a weakly exhibitionistic organization which breaks down with regression to the anal and urethral level. The specific fear which influences this regression appears to be dread of being beaten on the penis. Thus the buttocks are proffered instead, with the additional idea of being loved passively by the father. But the fantasy of playing the passive role in coitus a tergo like a castrated, mutilated woman appears particularly repugnant. Rousseau states that in childhood '... my aversion for lewdness went so far, since one day I walked through a hollow in the road at Petit Sacconez; I saw on both sides cavities in the earth and was told it was there the people did their pairing. When I thought of it, it came to my mind that I had seen dogs in a similar situation, and my heart revolted at the remembrance.' Like the Wolf-man, Rousseau conceived of human coitus as that of dogs where the horrible castration of the passive participant is plainly visible. The solution is to be beaten by a phallic woman whose illusory penis denies the fact of castration.

Rousseau's father appears to have been a psychopathic character. He drank, brawled, was inconsistent, of violent temper,

and fond of wandering. Despite the varied ministrations of female relatives and nurses, this inadequate father seems to have furnished the only fairly constant relationship with the young Jean Jacques. The relation consisted of seductiveness, overprotectiveness, severity, and finally abandonment. Rousseau tells us almost initially: 'In me he thought he saw her he so tenderly lamented, but could never forget that I had been the innocent cause of his misfortune, nor did he overembrace me. . . . "Ah", exclaimed he with agitation, "Give me back my wife; at least console me for her loss; fill up, dear boy, the void she has left in my soul. Could I love thee thus wert thou only my son?"'

Quite early Rousseau was taught by his father to read, and every night after supper they would read romances which had belonged to the mother. Often they would become so enraptured as to read the entire night. Rousseau shows the degree of his erotic stimulation in the statement, 'I soon acquired by this custom . . . a too intimate acquaintance with the passions. An infinity of sensations were familiar to me, without possessing any precise idea of the objects to which they related—I had conceived nothing—I had felt the whole.'

It seems clear, as Laforgue noted, that Rousseau early developed a passive feminine attitude toward his father, taking the mother's place, filling the void in his father's life. He also developed the pattern of building up high degrees of painful tension without discharge in end-pleasure, which is so characteristic of the masochist.

Rousseau next turns to a conflict which I believe is imperative to the dynamic understanding of his character formation. This was his relation to his seven-year-old sibling. This brother was the only real rival for the father's affection; but Rousseau states, 'The extraordinary affection they lavished on me might be the reason he was too much neglected: this certainly was a fault which cannot be justified. His education and morals suffered by this neglect, and he acquired the habits of a libertine before he arrived at an age to be really one. . . . One day I remember when my father was correcting him

severely, I threw myself down between them, embracing my brother whom I covered with my body, receiving the strokes designed for him; I persisted so obstinately in my protection that either softened by my cries and tears, or fearing to hurt me most, his anger subsided and he pardoned his fault.'

In this episode, Rousseau demonstrates a reactive solicitude. We can easily imagine the brother's attitude toward him: after enjoying the mother's exclusive love for seven years, he was deprived first of her life, then of his father's affection by the little newcomer. There must have been intense mutual resentment which at least in the case of Jean Jacques was repressed with the reaction-formation of pity and tenderness. It is not accidental that he soon declares: 'How could I become cruel or vicious when I had before my eyes only examples of mildness . . .?' Throughout the *Confessions* Rousseau refers constantly to his timidity, mildness, lack of aggression, and abhorrence of cruelty.

Further insight is given in the classic essay in which Freud traced the derivation of beating fantasies. When these occurred in men, he found that the men were generally masochistic perverts, and that behind the fantasy of a neutral child being beaten were fantasies of the man himself being beaten by women (mother figures). Freud showed that this was a defense against an earlier fantasy of being beaten by the father. This reconstruction was in turn a punishment for similar wishes toward sibling rivals, and stemmed from a passive feminine wish to be loved by the father.

In the male fantasy—as I shall call it briefly, and, I hope, without any risk of being misunderstood—the being beaten also stands for being loved (in a genital sense), though this has been debased to a lower level owing to regression. So the original form of the unconscious male fantasy was not the provisional one that we have hitherto given: 'I am being beaten by my father', but rather: '*I am loved by my father*'. The fantasy has been transformed by the process with which we are familiar into the conscious fantasy: '*I am being beaten by my mother*'. The boy's beating fantasy is therefore pas-

sive from the very beginning, and is derived from a feminine attitude toward his father (5).

Freud was not able to demonstrate in men the earliest stage of sadistic rivalry toward the sibling, but felt that it might be found by a fortunate observation.

We are now in a position to recapitulate Rousseau's psychosexual development. He reached the genital level with a strongly bisexual libidinal orientation expressed toward women in a weak phallic-exhibitionistic manner. Presumably due to fear of being beaten on the penis, but especially because of the father's seductiveness, he emerged with a passive feminine attitude to the father and a great deal of hostile rivalry toward his brother. This hostility was repressed and replaced by the reaction-formation of solicitude, along with anal and urethral regression. The episode of being beaten appears to be a fusion of the two preliminary phases postulated by Freud: 1, sadistic (Father loves me and is beating the child whom I hate); 2, masochistic (I am being beaten [loved] by my father). The stage was now set for phase three. The beating administered by Mademoiselle Lamercier transformed the fantasy into 'I am being beaten by my mother', which protected it against the painful passive homosexual and castrative implications, and much of the work of repression. In the shift from infantile urinary exhibitionism to adolescent gluteal exhibitionism with a beating fantasy, Rousseau became a perverse masochistic character.

During adolescence Rousseau was able to gratify his perversion to some extent in masturbatory fantasies, for he states, 'In my crazy fancies during my erotic passions and while I was committing extravagant acts, I borrowed the help of the other sex in my imagination'. At the height of his adolescent turmoil he lost self-control to the point of exposing his buttocks to passing girls in the hope that one 'more resolute than the others' would spank him, but he invariably lost courage and fled. In this way he was caught and released by the Piedmontese who at once played the role of the terrifying and forgiving father. After this Rousseau restrained himself from

giving overt expression to his masochistic impulses and strove to suppress the humiliating fantasies. He affirms, ' . . . during the whole of my life, though frequently laboring under the most violent agitation, I could never, in the course of the most unbounded familiarity, acquire sufficient courage to declare my folly, and implore the only favor that remained to bestow. That has happened only once, when a child, with a girl my own age; even then it was she who first proposed it.' This inability to accept his perversion was probably responsible for both his subsequent misery and his creative productiveness.

The events of Rousseau's life corroborate that his sense of guilt was largely displaced from the father to the brother. He had an otherwise unexplainable habit of being led astray by a series of gay young men of rather psychopathic temperament. His first brother surrogate was his cousin, Bernard, whom he protected against bullies. Later came Verrat, Bacle, Venture de Villeneuve, Grimm, and others. Even his enemy, Dominic, was able to manipulate him through guilt. Many of these 'brothers' were able to provoke him into defiant behavior toward 'fathers' and authority in general. With Grimm, Rousseau comes close to a frank avowal of homosexual love.

His attitude toward authority was one of provocation, hostility, and defiance. He reacted with intense hatred to being beaten by Monsieur Lamercier (in contrast to Mademoiselle Lamercier), ran away from his masters, left his homeland, deserted his religion (but could not accept the new one), turned French but insulted the French, and rejected the King of France. The incidents are numerous. Much of this is a counterphobic attitude against castration anxiety as shown in the comical 'aqueduct' incident in which he diverted the flow of water from Monsieur Lamercier's big tree to his own little tree. But most of it seems due to his intense dread of accepting anything from men for fear of being pushed into the passive, masochistic, castrated role. As a result he complains frequently that he does not seem able to learn from men.

Rousseau's neurosis was split into three components: first, a deep passive masochistic attitude toward his father with a

defiant provocative overcompensation; second, strong hatred of his brother with intense guilt, a reaction-formation of tenderness and a latent homosexual defense; third, conscious but suppressed masochistic impulses toward phallic women. His shaky defense was bolstered by further regression to infantile dependence, as in his relation with Madame de Warrens, and by hypochondriacal somatizations, often almost delusional ('polyposis of the heart').

III

The celebrated 'oak tree incident' Rousseau regarded with justification as the turning point of his life. In the year 1749 Rousseau, then thirty-seven, was settled in Paris as a struggling musical hack, known to the intellectual salons, but had yet made no notable achievement. He was living with the illiterate, depreciated Thérèse Le Vasseur by whom he presumably fathered five children, all of them immediately consigned to foundling homes. His two greatest friends were the German, Grimm, to whom he was passionately attached, and the encyclopædist, Diderot, who had befriended him. At this point Diderot, following the publication of his somewhat slanderous *Lettre sur les aveugles*, was jailed by the state in the dungeon at Vincennes. Rousseau became almost frantic. He wrote letters to Madame de Pompadour, the power behind the throne (phallic mother), imploring her either to release Diderot or jail him instead. This was ignored.

Finally, to Rousseau's unbounded joy, Diderot was permitted to stroll in the jail garden prior to his ultimate release. Rousseau hastened at once to see him and was deeply affected by Diderot's ravaged state. He then visited Diderot frequently, walking because of his poverty the five miles from Paris to Vincennes. One stifling summer day, to slow his pace in the heat, he read the *Mercur de France*. He noticed an advertisement by the Academy of Dijon offering a prize for the best essay on the question: 'Has the progress of the arts and sciences contributed to corrupt or to purify society?' This touched off a

remarkable sequence of events. In a letter to Monsieur de Malesherbes, he states:

If ever anything resembled a sudden inspiration, it was the movement which began in me as I read this. All at once I felt myself dazzled by a thousand sparkling lights; crowds of vivid ideas thronged into my mind with a force and confusion that threw me into an unspeakable agitation; I felt my head whirling in a giddiness like that of intoxication. A violent palpitation oppressed me; unable to walk for difficulty of breathing, I sank under one of the trees of the avenue, and passed half an hour there in such a condition of excitement that when I arose I saw that the front of my waistcoat was all wet with my tears, though I was wholly unconscious of shedding them. Ah, if I could ever have written a quarter of what I saw and felt under that tree, with what clearness should I have revealed all the contradictions of the social system . . . with what simplicity should I have demonstrated that man is naturally good and that it is through institutions alone that men have become wicked!

When Rousseau reached Diderot he was almost in a 'delirium'. He recounted his experience, his ideas, received some suggestions, and the result was the prize-winning essay which made him famous.

The oak tree incident repeated dramatically Rousseau's childhood conflict. His sibling (Diderot) was being beaten by father (the State) and Rousseau reacted with the same attempt at substitution which, being denied, increased his guilt. Occurring at a time when his homosexual feelings were close to the surface with Grimm, his dependence on Thérèse was shaken by her pregnancies, and the exertion in the hot sun had decreased his physiological reserve, his defenses were apparently lowered to the point where the repressed, passive masochistic longings toward the father, and the violent aggression toward the brother, threatened to break through and overwhelm him. It was essentially a state of panic. Rousseau was able to save himself by projecting the whole conflict—not, however, before

considerable modification of the infantile fantasies by his frantic ego into the thesis that man is noble in his primeval state, equal with his siblings, and corrupted by civilization (= authority = father). His ego, resting on the weak defense of masochistic fantasy, received such a shattering blow that it was forced to retrench, and from that moment Rousseau became a paranoid character.

The steps involved in this process may be schematically represented as 1, the id wish to be loved (beaten, castrated) by the father, and the destructive wishes toward the brother; 2, a reaction-formation of defiance of the tyrannical father, and solicitude for the brother. The economic failure of the masochistic fantasy necessitated further preconscious elaboration into 3, displacement of the father authority to the state, social institutions, civilization, as wicked and tyrannical. All men are brothers and equal.

Since the intensity of the conflict had reached such a pitch that it threatened to break into consciousness, the stability of the last formulation was further strengthened by denial of the ego of its own part in the process; by hasty withdrawal of the ego boundary the final result appeared as something real in the external world, as a hallucinatory experience or 'inspiration'. In this way Rousseau was able to deny his own hostile impulses and to project them to the social order, and thus to assert that 'man is naturally good' (free of aggression).

In the elaboration of this first essay Rousseau worked with fanatical fervor, dictating while lying in bed. He speaks of an 'effervescence' of the mind which lasted the next five years. For the remainder of his life outright psychosis was staved off by hypochondriacal defenses, by a flood of literary productions which continued to externalize the conflict, and by constant withdrawal from personal relationships into a series of isolated retreats. The Hermitage furnished by Madame D'Epinay was the first of a series of such havens. This intrauterine ideal had previously been enjoyed by Rousseau in his idyllic relation with 'Mama' de Warrens, and is undoubtedly the Utopian dream of his ideal society: a noncompetitive paradise of non-

sexual siblings, scarcely aware of each other, under the indulgent eye of Mother Nature. However, the paranoid turn in his character prevented him from enjoying this tranquility. The latter portion of the *Confessions* is a pitiful, almost monotonous repetition of the same pattern. Rousseau would find a haven, antagonize his friends and neighbors, be forced to flee. With the physiological deterioration of his declining years he became progressively incapable of testing reality. His last days were spent in a misery of torturing the ageing Thérèse by accusing her of infidelity with a stable boy.

IV

The thoughts developed by Rousseau in his prize-winning essay and repeated in his subsequent writings fit so closely the structure of his character and its mechanisms of defense that it seems quite unlikely—as some have alleged—that he stole the idea from Diderot. The unconscious would not be fooled by such a maneuver; however, both Rousseau and Diderot state that the latter suggested minor changes which Rousseau attributed to his own lack of skill in writing. In addition, the ‘great inspiration’ lends itself to little secondary elaboration. Great ‘revelation’ bears a sacrosanctness that brooks little tampering because a too close examination would threaten to expose its defensive nature. So much energy is concentrated in the projected fantasy that little is left for the integrative task of pre-conscious elaboration. The first *Discourse* preserves much of the wild state in which it was conceived, while Rousseau’s later works carry the ideas further with finer organization. Rousseau shrank from reviving the ego state of the original experience, stating rather lamely in the *Confessions* that he had previously described it in a letter.

The shift from a masochistic to a paranoid state is a most logical step. Probably it does not happen more often because most masochists, unlike Rousseau, are able to diminish the conflict and tension by perverse gratification. In *A Child Is Being Beaten* Freud tells us that ‘. . . the second phase, the unconscious and masochistic one in which the child itself is

being beaten by the father, is incomparably the more important not only because it continues to operate through the agency of the phase that takes its place; but we can also detect effects upon the character which are directly derived from its unconscious setting. People who harbor fantasies of this kind develop a special sensitiveness and irritability toward anyone whom they can put among the class of fathers. They allow themselves to be easily offended by a person of this kind, and in that way (to their own sorrow and cost) bring about the realization of the imagined situation of being beaten by their father. I should not be surprised if it were one day possible to prove that the same fantasy is the basis of the delusional litigiousness of the paranoiac.' So far as I know, this extension has not been affirmed, but in this autobiography is a confirmation of Freud's great intuition.

V

In attempting to summarize the effect of Rousseau's psychopathology on his creative work, it seems clear that the change in his personality at the time of the oak tree incident coincided with the sudden flowering of his productivity. Previously he had floundered, an inconsistent, poorly integrated, masochistic character, awkwardly pursuing a fragmentary career; yet somehow he was able to be sufficiently gratified to maintain a tenuous equilibrium, shattered by a sudden failure of repression, replaced by a projective defense to ward off panic. Rousseau was thus more efficiently integrated by a paranoid type of thinking with some degree of consistent systemization.

Had Rousseau's 'system' been a common paranoia, it would have quickly become a delusional system which would have provided a stable internal solution interesting only to psychopathologists. But the content of his peculiar conflicts, namely a special need to deny both his sibling hatred and his passive masochistic attitude toward fathers, coincided with the urgent historical development of the eighteenth century—the breakdown of authoritarian monarchism and the rise of the capitalist bourgeoisie with the new ideology of the equality of men.

There was enough correspondence between Rousseau's inspired defensive elaborations and the social ferment of the period to give his ideas external validation which undoubtedly played a great role in preserving his total integration.

The restless wanderer who could identify with no leader or group was a harbinger of the era which followed. Thus in the *Discourse on the Origin of Inequality* (6) he states his ideal as '... man in a state of nature, wandering up and down the forests, without industry, without speech, and without home, an equal stranger to war and to all ties, neither standing in need of his fellow creatures nor having any desire to hurt them, and perhaps not even distinguishing them one from another; let us conclude that being self-sufficient and subject to so few passions, he could have no feelings or knowledge but such as befitted his situation . . .'. In our own experience such complete autism with 'so few passions' and no object libido is found only in schizophrenics or infants. But Rousseau was not a schizophrenic. 'Paranoid character' is a phenomenological label which in Rousseau's case covered a series of fluctuating ego states in a loosely organized personality. The reader of the *Confessions* is deeply impressed by Rousseau's lifelong ability to relate to new people with powerful affection which was returned by them with a protective tenderness that was often astonishingly generous. These libidinal attachments he was unable to sustain because his sense of guilt evoked masochistic fantasies so intense that he became paranoid or fled. Rousseau wanted to be a loving person but was too afraid of his feelings. He imbues his 'Natural Man' with an almost complete lack of affect which spares him the painfulness of fantasy.

For such a Natural Man to survive, the very quality necessary is the one Rousseau most explicitly denies him—purposeful aggression toward the environment. Indiscriminately linking such constructive achievements as speech and industry with such destructive realities as war and sadism, Rousseau intuitively perceives that both stem from the same basic tendencies. He undervalues the sexual because he denies the aggressive instincts. Elsewhere in this discourse he takes issue with

Hobbes on the wicked (aggressive) nature of man and insists on compassion as a 'natural virtue' (instinct).

The primitive state of man which Rousseau glorifies would seem to be a classless, leaderless society. Leaderless because it depends on Rousseau's concept of Natural Law as a gift of Mother Nature who watches over the savage and feeds him with her bounty. It is essentially a benign, desexualized maternal authority under whom all siblings are equally loved and favored. In his denial of the passive, masochistic attitude toward his father, Rousseau projects his aggression to the tyrant, and regresses to mother for protection. If punishment is to be meted out, mother will do it. A man who consigns his own five children to foundling homes conceives of the world as a foundling home—a protected environment where the siblings are equal, the maternal authority remote, and personal relations reduced to a minimum. In his later discussion of 'general will', he speaks of the alienation of the individual: '. . . each man in giving himself to all, gives himself to nobody'.

In *The Social Contract* his approach is different. Realizing that the primitive state is forever lost, he sets himself the task of reconciling corrupt modern society with an ancient ideal by appropriate compromises. To do this he destroys the analogy between family and state. His reasoning, pursued at length in *The Discourse on Political Economy* and continued in *The Social Contract*, is that the benign father maintains authority only until the child can fend for himself, and he is violently opposed to any extension of paternal authority in the state. In place of such authority he substitutes the abstraction of the General Will, which binds men together into a Sovereign Body, and is infallible. He never describes the sanction for this General Will, but it is implicitly derived from Natural Law (maternal authority).

In this work, more than in any of his other political writings, Rousseau rises above his neurosis and gears his ideas to reality. Faced with the practical problem of giving detailed description of the mechanism of the state, he demonstrates his genius in the

adroit manner in which he outlines the various possibilities. Contrary to popular belief, Rousseau did not favor democracy ('a government for gods') but an elective aristocracy; however, it is not this for which he is remembered, but for his denial of royal authority, and the ideas of General Will.

Rousseau's *Weltanschauung* is almost directly antithetical to Freud's hypotheses. Whereas Freud maintained (7) that instinctual life is innate and partially sacrificed in the development of culture, Rousseau felt that Natural Man was relatively free of instincts and that civilization had corrupted him. Rousseau, with Comte and most sociologists, ignored the link between family and state, maintaining that the laws of man and the laws of groups are fundamentally different, a thesis which Freud challenged (8). Although Freud wrote about a patriarchal culture, his basic principles can be applied to Rousseau's concept. Rousseau did not get rid of the family; he merely removed the punitive father and substituted a remote depersonalized Mother Nature, or the Goddess of Liberty. The General Will is an expression of identification of the members of the group with the mother.

The impact of Rousseau was profound. He influenced the Enlightenment, the French and American Revolutions, the romantic movement, and subsequent developments in sociology, politics, and education. More than any other man he expressed the turbulent revolutionary spirit which arose in Western Europe in the eighteenth century. It may seem ironic that a deeply dependent, paranoid character, however gifted, became a prophet of modern democracy. By denying his instincts Rousseau helped forge the desexualized 'debating society' which has become characteristic of Western liberalism, and which has helped make democratic political systems so unpsychological and so vulnerable to emotional eruptions. As Freud believed, only by the thorough biological study of man, and consistent adherence to the reality principle, can a meaningful science of politics be constructed.

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SOME PSYCHODYNAMIC REFLECTIONS UPON THE LIFE AND WRITINGS OF SOLON

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For an intelligent citizen in a democratic community, few problems are of more fundamental importance than the need to get some understanding of the interplay of forces upon which the successful operation of a democracy depends, of the conditions under which the experiment of self-government by a whole people is most likely to succeed. These are problems that belong pre-eminently to the field of the sociologist, and to the political scientist with a background in history; but such problems in social dynamics also basically involve the behavior and motives of human beings. Any thorough inquiry as to how a democracy can function most successfully leads inevitably to a few elementary problems concerning human motivations. What motives impel men to desire or to dream of democracy? What psychological problems must men face if they attempt to realize their democratic dreams? What attitudes and habits of mind are most conducive to the success of a democracy?

For such an inquiry the lives of leaders in the development of democratic institutions offer a most valuable source of material.

The first people in the world to try out the democratic dream were the ancient Athenians. In Greek history the name of Solon shines as the father of their democratic constitution. In addition to records extant, some three hundred of his own lines remain to report this first democratic experiment.

Solon was between forty-five and fifty years old when, at the beginning of the sixth century B.C., he was elected to the

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archonship of Attica, with extraordinary powers to revamp the whole machinery of the Athenian government.

No attempts had been made to modernize the government since Draco (1), some twenty-five years before, had by special authority collected existing laws, emending and systematizing them to suit what he considered the needs of the time. His main object apparently was to replace old private and clan punishments of crime with a strictly public justice. Whether he published his code is not certain.

Greek colonization and commerce were thriving and coinage had lately developed, thus upsetting feudal barter of goods and labor. Solon had to deal with an inland country still poor and backward. Attica had small trade, not one colony. Her rich landowners were all nobles, to whom trade now began to offer chances for making money. The land could no longer support subsistence farming. As the upper classes grew richer they lost their old feudal responsibility for their dependents and exploited with more and more avarice the landless and moneyless (2). What had once been a benevolent aristocracy was now an oligarchy of limitless greed.

The poor kept getting poorer. The many were enslaved to the few, says Aristotle (3), and had virtually nothing to call their own. Former landowners and feudal tenants became sharecroppers who could not keep enough share (commentators disagree as to exactly how much) of the crops to make a living. Some were so deeply in debt they mortgaged the only thing left to them—their persons—and became slaves in Attica or were sold into foreign lands. Others, to escape servitude, sold child or relative or fled the country (4).

Despite scattered uprisings—Plutarch says the sturdiest of the poor began banding together under a trusty leader to urge rebellion and equal division of land—it is clear that the very poor could organize no real resistance. One of Solon's chief claims to glory among latter-day Athenians was that he first championed the people's rights against special privilege (5).

What was the focus of trouble? The records indicate that the rich no longer agreed. Many of them were newly rich; trade

and coinage had brought them sudden, great wealth. They did not have the old feudal sense of responsibility for their dependents. Former customs, laws, and traditions failed to control the getting and spending of money. The rich, Solon tells us (6), now stole like brigands from one another, from the state, and even from the temples. The affair of Cylon (v.i.) had divided the nobles into two factions. Some of the wealthy felt there was actual danger of revolution. Many of the middle class saw opportunities to make money in trade if they could get a little capital. The sea was open; it could not be divided up and fenced off like pieces of land. But opportunities were too limited; the whole manipulation of trade and government was in the hands of the rich and noble. They had complete power. Solon states that hostile feelings prevailed in the state, and that the rich were to blame (7). As the crisis neared, the rich were unable to agree on a course of action. Finally, the factions elected Solon archon, with special powers to make needed reforms (8).

Solon was an excellent choice. He sided with no faction, yet had ties with all. By birth and position he belonged to the highest social class. But he owned no large estates, and his trade and limited means put him in the middle class. He had traveled widely. The problem aroused his interest. For some time previously Solon had published political verse (prose diction was not yet common) in which he denounced the avarice of the rich and urged them to give up their stubborn, reactionary demands, to curb their insolent greed. He sympathized with the sufferings of the poor and praised the benefits of law and justice. Passionately he berated the dissension and its damage to the state. 'I see, and it makes my heart heavy to see the oldest of Ionian states sinking lower and lower', he said, arguing first on one side, then on the other, urging both to stop their fighting. He coined such ringing slogans as, 'Equality breeds no war', which suited both factions. The rich thought he would base equality on worth and ability. The poor interpreted equality to mean equal property and looked forward to some kind of state socialism (9). At the start Solon blamed the rich and felt

that their arrogance and love of money were the whole cause of the civil strife. As he proceeded with his reforms he found out just how difficult the situation was, and his ideas changed.

SOLON'S PROGRAM

Traditionally, Solon held the archonship during the year 594-593 B.C. Quite possibly, after his emergency measures, it took him until 590 to revise the constitution and pass other legislation required by his reforms. Commentators disagree. Solon himself describes his reforms only in general terms. Aristotle wrote an account some hundred twenty-five years after Solon's death, Plutarch much later. Lawyers like Lysias, Æschines, and Demosthenes, who quote Solon as precedent, are prone to interpret his laws to suit their uses. All these writers used ancient sources which are no longer extant.

Despite differences of detail, the broad outlines of Solon's program are fairly clear. His immediate measures for relief were four (*10*). He freed the land. He brought back Athenians sold as slaves into foreign lands. He freed Athenians enslaved at home. He recalled refugees who had fled to escape servitude. Evidence of freeing the slaves is unequivocal. All enslaved Athenians, both at home and abroad, and those who had fled to escape slavery were restored to citizenship. These measures were called *Seisachtheia*, the Disburdenment.

Probably before Solon's archonship Athenians could neither sell nor will land outright. Solon canceled all debts secured by land (if it could be mortgaged) or all claims to crops based on personal debts. Marking stones evidently recorded these claims on the land. Many middle class citizens recovered full use of their land, but Solon did not abolish public and private debts wholesale.

One of Solon's claims to greatness is that he evolved the new out of the old. Aristotle (*11*) records Solon's three most democratic constitutional amendments. First and foremost, that no person could use himself or one of his family as security for a loan. This measure he is said to have copied from the Egyptian Bokchoris. Contrary to other Greek states, Athenian history

records no further jailing or enslaving of citizens for debt. The law became a cornerstone in the Athenian bill of rights (12).

Second, was the grant to anyone to bring suit in defense of persons wronged. (Draco's code may have allowed a third person to intervene when the victim could not act in his own behalf.) This act was doubtless aimed against feudal rights which allowed only nobles to present and settle disputes, and left certain offenses against the individual for him or his family to punish. This law, too, could stop bribery and intimidation since potentially any citizen could accuse or sit in a court of appeal.

Solon saw that crime and injustice endangered the whole community. As feudalism had declined, the common people lost the protection the lords had formerly given them. The nobles would have to give to the state rights which technically they still retained. Hereafter the state would guarantee legal protection. Solon is said to have called that state safe in which those not wronged were just as diligent as the wronged in prosecuting lawbreakers (13).

Third, Solon allowed any citizen to appeal from the magistrates' decisions to a popular court, on which any citizen could sit. For the first time in Athenian history the poor and the wronged could help themselves. In Homer, the kings and leaders consulted the general assembly only when they felt uncertain and wanted popular support; otherwise, the assembly could not act. The only man with democratic leanings, Thersites, is in Homer the butt of crude jokes. In Hesiod the poor man injured by his chief could only hope for aid from Zeus.

Solon enabled the common man to fight for himself. Aristotle considered that the state now had sovereign power: ' . . . the people, being master of the juryman's ballot, became thereby master of the state' (14). Two of the laws enforcing these changes are authentic. One of them re-enfranchised all men who had lost citizenship before Solon's archonship excepting, for example, those who had tried to establish a dictatorship. The other legalized a man's right to will his property to whom-ever he pleased, provided he was of sound mind, and not under

the domination of some scheming woman (15). About all other specific laws critics differ widely.

Solon did not try to equalize property. Probably the old clans had had four classes of citizens. To these Solon assigned definite property qualifications varying from five hundred unit measures for the top class to two hundred or less for the lowest. Only men from the three upper classes could hold office; the top class held the highest offices, and so on down; but the Thetes, the lowest class, could vote for all officials.

Perhaps in Solon's day these property qualifications for office were just. In a state without a public school system, only people with property could obtain the training necessary for efficient service. Perhaps in return for their privilege the upper classes paid special assessments, such as war taxes. At any rate, the abolition of slavery now left the way clear for any capable citizen to acquire property and thus eventually to be eligible for office. Solon did not equalize property but he did equalize the opportunities to gain property (16).

Two executives and two legislative councils protected the constitution and legislation, and initiated new laws. The Areopagus, no doubt derived from the Homeric council of elders, was now to be a panel of ex-archons, whose duty was to guard constitution and laws and to prosecute traitors. A new body of four hundred, one hundred from each tribe, was to review and pass upon all public matters before referring them to the popular assembly. The latter sat both to consider such public matters, and to act as jurymen in cases of appeal (17).

Solon saw clearly that if people were to govern themselves and not respond to all sorts of 'crackpot' schemes for utopianism, they had to be able to make a decent living. He therefore regulated many economic issues. The land could no longer support the population. Solon tried to improve farming, but worked mainly to enlarge other industries. He restricted agricultural export to olive oil, the one profitable crop. Whenever the census was taken every man had to show some gainful occupation or be subject to punishment. To expect support from sons in his old

age, a father was required to teach them a trade. To encourage new trades Solon naturalized skilled artisans permanently exiled from their native land, a revolutionary act, since Athenian citizenship had depended solely upon birth. To facilitate commerce he abolished the old, fixed rate of interest. The new rates were to depend upon the amount of business risks involved.

Also to improve commerce, Solon revised the system of weights and measures and gave Athens its first coinage, linking it to the commercially popular system of Eubœa, an Ionian state, which had light, handy coins. The old Dorian standards of Ægina he threw out. The first Athenian coins date almost exactly to 590, during Solon's reforms. This change facilitated trade with the rich Ionian states of Asia and the Black Sea colonies, and also with the West (18).

Further to establish justice, Solon protected the weak by legalizing the rights of women, minors, and orphans. Free speech, greatly expanded, he protected by allowing older men to speak first in assemblies, and by fining slander of the living or the dead in 'temples, courts of law, public office, and festivals'. Homely rights, as of digging wells or irrigation, he tried to regulate equitably.

Glaring excesses and inequalities he corrected. Ornate funerals were banned: no hired mourners to wail and tear their flesh; no ox butchered at the grave; no more than three suits buried with the corpse. All men were to be equal in death, nor were the living to concentrate on mystic life beyond the grave, but on life in the present. Only in states like Sparta and Bœotia, where democracy failed to develop, did extravagant funeral displays continue. Probably regulations also curbed luxurious display in women's clothes and house furnishings (19), in the effort to encourage greater equality.

One law that puzzled even ancient writers required every citizen to take sides in serious political matters or lose his citizenship. Some think it enforced the citizen's right to sue in defense of a third person. In the writers' opinion, this was merely another safeguard to the new democracy. Like our 'get

out the vote' campaigns, it attempted to mobilize all public opinion, especially to prevent the rise of a tyrant, as Solon's conduct showed when he protested the rise of Pisistratus (20).

How Solon financed his reforms is unclear. Perhaps he got money from silver mines at Laurium, known to have been extended during his time. Perhaps he forced the wealthy to buy back those they had enslaved or sold into slavery. Certainly the rich lost many land and labor rights lately acquired.

SOLON'S IDEA OF HIS REFORMS

What did Solon think of his reforms? What did he set out to accomplish and how far did he succeed? What did democracy mean to him?

Solon began his reforms with the belief that the rich were solely to blame for the civil strife and threat of revolution. Not wealth itself, but dishonest wealth is what Solon first assails. 'I would like to have wealth, but not ill-gotten, because punishment comes sooner or later', he said. Honestly gained money is solid, he said, but dishonest practices, without regard for right and wrong, grow till there is no curbing them. Like wildfire they plunge men into destruction. True, punishment may be delayed; the guilty may escape, but the innocent, their children, and their children's children will then have to pay. Another objection to wealth is that it is uncertain and fosters illusions. Like a critically ill man who thinks he can get well, or a coward who vows to be brave, or an ugly duckling who thinks himself beautiful, so by various methods the poor man tries to get rich and the rich try to get richer. The possession of wealth breeds madness. Greed becomes limitless. 'Even now those with the largest fortunes are striving with redoubled energy for more. What abundance can satisfy everybody?' Solon asks, and answers that although wealth comes from nature it drives many to loss of self-control and finally to destruction (21).

Solon reviews the risks and hardships connected with sea trade, farming, skilled trades, the arts, priesthood, and medicine. He points out the uncertainties of all. Often the honest, hard-working man fares badly, while the good-for-nothing are lucky.

But those are the risks of nature. Fate brings 'both good and evil' to man and he has to take what comes.

Solon observes that energetic, aggressive men form extensive projects and have ability to execute them. Often they become rich and successful. Such men are admirable if they can curb their desires. 'Calm the eager passions of your heart, keep them within reasonable limits; you already have more than you can use', he tells the rich. He adds that whether they curb themselves or not, some check will have to be set up, and in the end they will find it to their best interests. Of the inequalities of wealth Solon states that '. . . many undeserving men are rich, while their betters are poor', and adds that he would not exchange what he is for what they have, because virtue (*arete*) endures, while riches change owners every day (22). Nor do riches guarantee happiness: 'The man who has much silver and gold, big wheat farms with horses and mules, is no greater than a man who has enough to eat and wear and . . . an existence suited to the changing seasons of his life'. Such is true wealth, 'since no one can take his vast hoard down to Hades with him, and no bribe can ransom one from death or dire disease or the creeping evil of old age' (23).

Not the gods, Solon insisted, but the townspeople and their false leaders, with their greed, arrogance, and willingness to ruin their own city 'for love of money' were to blame. Unable to curb their greed, they took any means, no matter how dishonest, to get rich. They stole from each other, from the state, from the temples of the gods. Devising secret plots, these dishonest men preyed on their own city as if it were a foe. They paid no attention to justice; yet justice finally catches up with men, as the terrible condition of the state showed.

Shocked by these heartless excesses of the rich, Solon first sympathized deeply with the poor and their hardships, particularly with their slavery. He hated slavery intensely. Calling as witness the black earth, supreme mother of the gods, 'I removed the stones of her bondage', he said. 'She who was a slave before is now free.' He listed among those he had freed many Athenians justly or unjustly sold as slaves into foreign lands, those

whom destitution had driven into exile, and those degraded to slavery in their own land, who trembled at their masters' whims. He described how quickly bondage had come to many. 'Degrading bondage awakens sleeping war and civil strife', he reminded them. 'The poor and needy in great numbers, loaded with shameful bonds, are sold into foreign lands . . . a man is no longer safe within the gates of his own court, which deny him protection' (24).

After the archonship gave Solon his chance to put into effect laws against slavery and unjust wealth, he was soon disillusioned. If the rich were rapacious and greedy, the poor were ungrateful, discontented, stupid. The poor were full of vain hopes, too. Warmly he defends himself for his change of heart. 'To the common people I gave as much privilege as they needed. I neither took away the rights they had nor held out hope of greater ones. I also considered equally the rights of those with power who were looked up to on account of their wealth, taking care that they suffered no indignity. In fact, I stood so as to hold a stout shield over both groups, allowing neither to triumph unjustly over the other' (25).

The common people would best follow their leaders, he felt, if they were neither too much out of control nor too much restrained. Excess led to arrogance, particularly in men who lacked the sober judgment to stand sudden prosperity. The poor had as many illusions as the rich, he complained. 'Those who gathered to share the spoils had high hopes. Everyone expected to make his fortune and thought though I spoke mildly at the time I would deal sternly in the end. . . . Now they are all angry with me and look sidelong at me with hostile expressions. They have no reason. What I promised I fulfilled with the gods' help. Other things I did not thoughtlessly go ahead and try.' He particularly denies any communistic leanings (26): 'I had no wish to see the rich soil of the land divided up equally among high and low'.

Accused of stopping before he had accomplished what he had promised, Solon cited his freeing the slaves and bringing back exiled refugees. For these measures he had used '. . . arbitrary

action, bringing force to support justice. The course I promised I followed through' (27). To have achieved more would have meant taking the power of a tyrant, which he had no wish to do. Once when the common people complained that Solon's reforms had not given them what they expected, he burst out, 'If I had not given the people more than they could wish for in their wildest dreams they would not enjoy the blessings they now have'. Equally he was disgusted with the rich, who did not appreciate how moderate were his changes. If they realized how violent had been the people's demands and how really moderate, in comparison, his reforms, 'all the stronger and more powerful men would sing my praises and want to make me their friend, instead of berating me', Solon asserted.

Aristotle (28) also records the general discontent among all classes. The rich were disappointed at the cancellations of debts, and the people thought he 'would institute universal communism of property'. The rich had expected him either to restore the old system or alter it but slightly. Solon went against both, choosing to 'incur the enmity of both by saving the country and introducing the legislation that was best'. 'Equality and justice were my guides', he reiterated; 'I drafted laws which show equal consideration for both upper and lower classes and provide a fair administration of justice for everybody'. He added that an unscrupulous, avaricious man, given his power, 'would never have held the people back' from seizing everything (29).

Disillusioned as he was with the poor for not appreciating the fair treatment they had won, he was even more bitter because both poor and rich thought him a fool not to have made himself tyrant. Deeply as he hated slavery, even more deeply did he despise tyranny. His hatred is equaled only by his pride in having withstood temptation.

Not only did he have the chance to seize power, but leading men on both sides urged him to take it. Even neutrals recommended the seizure because they saw how hard it was to accomplish needed changes by logical reasoning and lawful methods; therefore they were 'not reluctant to have one man, the justest

and wisest of all, put at the head of the state'. Some people told of an oracle to Solon from Python:

Take thy seat amidships, the pilot's task is thine;
Perform it; many in Athens are thine allies.

Others, 'the ignorant majority', ridiculed him, accusing him of being too weak to make himself tyrant. 'Solon is neither wise nor shrewd', he quotes them, 'Of his own free will he refused what Heaven offered him. He cast his net, pulled it up full of fish, and then was too weak and simple to draw it in. Why, if I had had his chance to get vast riches and to rule Athens even for one day, I would be willing to have my skin flayed off and made into a winesack, and my name wiped out' (30).

Some of his close friends teased him for turning down the chance at supreme power because he feared the name of tyrant; 'as if the virtue [*arete*] of him who seized it would not at once make it a lawful sovereignty', they argued, reminding him that Eubœa had found this true of Tynnondas, and also the Mitylenæans, now that they had chosen Pittacus¹ as tyrant. Perhaps these same friends were the ones who reputedly tried to use their advance knowledge of the reforms to enrich themselves. Solon quickly denounced them. Solon stubbornly replied that tyranny was 'a lovely place, but there was no road back'.² But for his self-restraint in refusing to 'exercise a tyrant's power', the state would have had civil war and lost many of its sons. To Phocus he wrote (31), 'If I spared my native land and did not lay hold upon a despotism of harshness and force,

¹ A Thracian peasant, Pittacus, was evidently given the rule of Lesbos for ten years after he overthrew the unscrupulous Melanchrus. At the end of his term, despite the surprise of both friend and foe, he retired to his small farm just outside the capital. He felt that the trend of the times was against dictatorship and for wider rule by popular government. (*Pittacus*, unpublished manuscript by M. Grant, Professor of Latin and Greek, University of Kansas.)

² 'These men to whom the National Socialist Party now gives everything . . . must know and realize that from now on there is no road back for them. He who fails or would betray . . . the Leader will be destroyed by this order', wrote Dr. Ley to students whom the Nazi elite were training to be future rulers of Germany. (Time [Education], Feb. 19, 1945.)

thereby staining and defiling my reputation, I am not ashamed. I believe that in this way I shall all the more show my superiority over other men.'

Aristotle and Plutarch agree with Solon's self-defense. Aristotle (32) rejects an accusation of graft, 'for, considering [Solon's] moderate, public-spirited course, . . . when he had the chance to subdue one group and so become tyrant, instead he incurred the enmity of both, and valued personal honor and public safety more than his own aggrandizement, it is not likely that he blackened himself in trifles. And he did get the chance to be tyrant, as the confused affairs, his own allusions, and the agreement of all prove.'

After Solon's archonship and his return from abroad, he warned (33) the people to watch Pisistratus or their own folly would make them slaves. 'Having raised a man to too high a place, you cannot hold him back easily later on', he said. Even after Pisistratus had seized power he still urged them not to give up: 'Now it is a greater and more glorious task to uproot and destroy despotism'. Their servitude was their own fault. 'Do not blame the gods. You yourself raised these men to power and thus reduced yourselves to servitude. Individually each of you is shrewd as a fox, but collectively you act like fools. For you listen to what a man says and promises and do not see what is going on under your eyes', he upbraids them. To Solon, slavery and tyranny are the two extremes of the same condition. Each is equally detestable. He had righted the wrongs he had promised. Above all he had revised the constitution and enacted a set of laws that would give the Athenians equality before the law and justice, if they would obey them. The laws, inscribed on wood or stone, could be consulted in some public spot by all.

Lawlessness, he felt, caused the state more harm than did any other cause. 'But a law-abiding spirit [*Eunomia*] creates order and harmony and at the same time curbs evildoers. It makes rough things smooth, it checks excessive desires, it dims the glare of wanton pride, and withers the budding blossom of wild delusion. It makes crooked judgments straight and softens

arrogant behavior. It stops seditious acts and ends the anger of bitter strife. Under the reign of law, sanity and wisdom prevail always among men' (34).

To liberate the enslaved, Solon had used force tempered with justice, drafting laws 'which show equal consideration for the upper and lower classes, and provide to each person a fair administration of justice'. The rock of justice (*Dike*) is unshaken; though silent, justice knows what is going on and in the end demands retribution, he asserted (35). Justice wins. One man pays the penalty early, another late. The guilty may escape but then the innocent have to pay.

Plutarch's account of the seven wise men is certainly fanciful, but he has Solon say to Æsop, 'Even now the Athenians listen to one herald and ruler only—the law, under their democratic constitution. You may think the city ruled by one man is best off, yet in a social group you think it a virtue for everyone to join in the conversation' (36).

The good leader is an arbitrator, a man who sees both sides of a question and effects just compromises. He deals impartially with all groups, uses just enough force to obtain justice. People best follow a leader if they are neither left too free nor held down too much. It is not weakness, but strength and wisdom to refuse supreme power. To do so preserves one's good name and in the end makes one superior to others. The greatest good is character and knowledge. They endure, while riches vanish. Wisdom helps man to understand nature, to see what risks life demands, to perceive what happiness is attainable. Certainly no life can be pure bliss. For fate does not practice justice in the short view: that is, the good come to grief while the wicked prosper. Wisdom teaches man to understand reality. Love of justice creates order and harmony in the state. 'Under the reign of law sanity and wisdom thrive among people.' Such was Solon's political philosophy, the aim of his constitution and laws.

Solon was not fanatic in his hatred of arrogant wealth. His way of life, Plutarch tells us (37), was 'expensive and profuse . . . he speaks of pleasure with more freedom than becomes a philos-

opher'. Plutarch believes that Solon enjoyed luxury and sensual pleasure as the reward for risks he took in mercantile life. Solon himself speaks of the pleasures of Aphrodite, Dionysus, and the Muses. He defines the best home as one in which no injustice attaches to making money, no distrust in keeping it, and no repentance in spending it.

Despite his hatred of tyranny, Solon used what force was necessary to put his program into effect. Several times he emphasizes that a moderate amount of force was necessary.

Like modern democrats, Solon believed in consulting specialists. Just as earlier he had called in Epimenides from Crete, so during his lawmaking he appealed to Anacharsis (38), a Crimean visitor to Greece. Interested in stimulating trade between Greece and the near East, Solon gladly sought information from a man from the Black Sea. In a discussion about law, Anacharsis denied that written laws check injustice and rapacity. Like spiders' webs, he said, the laws enmesh weak and delicate offenders but are torn to pieces by rich and powerful lawbreakers. Solon replied that men keep contracts which neither party profits by breaking. He was formulating his laws to make all citizens see how the practice of justice pays better than does disrespect for laws. *Dike* (justice) and *Eunomia* (order) were Solon's ideals (39).

Nowhere does Solon appeal to religion in order to base or bolster social ethics. A conventional phrase here and there equates gods and fate as 'with the gods' help', 'wealth which the gods give', 'may the Muses grant prosperity', 'the fate of the gods'. Once, as defense of his abolition of slavery, Solon invoked Ge, black earth, supreme mother of the gods. The implacable punishment of Zeus he defined as the result of man's transgressions. He urged men not to blame the gods for evil misfortune which could be traced to their own incompetence; not Zeus and the gods but the townspeople and their false-hearted leaders brought doom to the state. Though he speaks of death several times, Solon does not mention a life after death, though Attica was the home of the Eleusinian Mysteries.

AFTER THE ARCHONSHIP

The constitution and the laws completed, Solon justified his course to his critics. But complaints, questions, suggestions continued. He had asked for a ten-year trial of his laws (some say one hundred years). He believed people should learn to depend on themselves 'as he [Solon] did not think it fair for him to stay and explain his laws, but for everybody to carry out their provisions for himself' (40). He did not want to remain and incur further enmity. Solon gave the excuse of foreign travel and sailed away on a ten-year trip. We know little about the trip nor how long he was away, except that he went to Egypt, where he perhaps studied, and stopped at Cyprus, where his friend Philocyprus reigned.

Meanwhile the new order in Attica lasted peacefully only three or four years. Twice the annual election of the archon was omitted because of political trouble (41). Upon his return Solon, though a tired old man, conferred privately with leaders of the three factions (42) which were based on sectionalism. Pisistratus, leader of the hill ranchers, and advocate of extreme democracy, was Solon's cousin. Seeing at once that his cousin meant to seize power, Solon tried to dissuade him, noting that 'no man would be more disposed to virtue or a better citizen' if he would curb his ambition for power.

He warned the people to watch sharply or else through their own folly in raising a man too high they would sink again into slavery. Contemptuous of the wounds, self-inflicted to gain sympathy, Solon urged citizens to refuse Pisistratus his request for a bodyguard, which later he did use to seize power. Even then Solon begged them to fight. Finally he gave up. 'Do not blame the gods for your evil fortune, but your own incompetence', he said. 'You are the ones who raised these men to power and reduced yourselves to wretched slavery. Although individually each of you is shrewd as a fox, collectively you are a set of fools', he lamented.

Time, as Solon predicted, vindicated him and forgot his cousin. Later Athenians looked upon Solon as their greatest

man, and reviled Pisistratus and his sons; yet Pisistratus proved to be a benevolent autocrat who for the most part carefully enforced Solon's laws and gave the people good training in citizenship (43).

Solon lived for two years after Pisistratus seized power.

SOLON'S EARLY LIFE

Since we know little about Solon's family and childhood, we can trace few formative influences in his early years.

He was born about 640 B.C., of an important Athenian family. His father, Execestides, claimed descent from Poseidon, Neleus, and Codrus. Codrus, the last king, had sacrificed his life for his country when the Peloponnesians threatened invasion. His mother's name is unknown.

Execestides, a man of moderate means, had 'impaired his estate in various benevolent charities', and Solon, though he could have got help, was 'ashamed to take from friends when he belonged to a family that had always helped others'. As a young man he took up the sea as a trade. Some said he traveled to get experience and learning rather than money. But Plutarch's apologies (trade in those times did 'not entail social discredit', he explained) as well as Solon's mention of his trips indicate his business affairs.

Solon probably never married. Two late writers mention a son, but in records extant no Athenian claims direct descent from him. Though tradition favors the idea that Solon had a younger brother, Dropides, ancestor of Plato, the line of descent is not clear. Ancient commentators attribute to Solon both homosexual (e.g., with Pisistratus) and heterosexual attachments. His own writings allude only vaguely to love and may be variously construed (44).

Solon the political writer was early a man of action. Among other nobles he arbitrated the bitter quarrel between the followers of Cylon and of Megacles. After Cylon's unsuccessful attempt to seize the Athenian power, his followers had claimed sanctuary in the temple of Athena. The archon Megacles promised them fair trial if they would disperse and then treacher-

ously killed them, some at the very shrine of the Eumenides. Solon and the others persuaded Megacles' family to stand trial by three hundred jurymen to be chosen from the nobility. The family was found guilty. Those still alive were banished; the dead were exhumed and buried outside the borders. When priests declared further expiation necessary, because the city was still polluted by murder, Epimenides came from Crete, probably at Solon's invitation. Crete was famous for its modern legislation, and Epimenides helped pave the way for Solon's work by moderating harsh funeral customs and making the city so decorous and moderate in religious services that it was 'observant of justice and more easily inclined to unanimity'. At departure he refused all honors and money, asking only for a branch of their sacred olive (45). The affair of Cylon illustrates Solon's love of arbitration, and Epimenides' visit his respect for wisdom.

Salamis, just west of Attica, commanded the exit to the sea-ports of both Athens and Megara, which fought for possession of the island. Finally Athens, exhausted with war, passed a law forbidding anyone on pain of death to reopen the question. When Solon saw that many young men shared his deep sense of shame and disgrace (we do not know the details of the long struggle), he first pretended a psychopathic illness,⁸ then suddenly appeared, mounted the herald's stone, and recited verses begging (46) Athenians to 'fight for the lovely isle and put away dishonor, so hard to bear. I would rather give up my land and become a Pholgandrian or Sicinian [two small, obscure islands] than have people say, "This Athenian is a giver-up of Salamis".' Solon believed deeply in Attica's rightful claim to Salamis. To volunteers he promised homesteads upon victory, but he probably did not head the expedition, as some writers assert. He may, too, have urged (47) the Amphictyonic League of Greek States, of which Athens was a member, to back up their guarantee of protection to the sanctuary of Delphi, when it was attacked by Cirrha.

⁸ Freud reports the primitive hero as 'usually a youngest son . . . who represented himself to the father surrogate as stupid, that is to say, harmless'.

SOLON'S DEATH

Solon tells that as he grew old he was 'ever learning many things that are new'. He disagreed with the Spartan poet, Mimnermus, who wanted to live free of illness and anxiety and die at sixty: 'Change your poem to read, "May it be my lot to die in my eightieth year"'. He wanted his death to be 'not unlamented, and may I leave to my friends when I die a heritage of grief and tears'. Solon seems to have treasured his friends. To them he wanted to be 'as a sweet savor; . . . a bitterness in the mouth of my enemies; by the ones respected, by the others feared' (48). For the rest, he asked to be blessed early in life with prosperity by the gods and to have a good name among men. After his death his ashes were scattered over the island of Salamis.

SOCIODYNAMIC REFLECTIONS

The records about Solon's early life, and especially about the circumstances and the personal motivations that led to his being given the opportunity and the responsibility of playing the role that he did in a great crisis in Athenian history, are too scanty to permit reconstruction. Despite these inadequacies of the record, Solon's own writings give a vivid picture of the conflicting motives that raged around his reforms.

Solon began his task with the conviction that the greed of the rich was responsible for the civil strife with which the state was threatened. He was evidently profoundly impressed with the thought that the possession of wealth tends to give rise to inordinate greed. To this he opposed his own ideal that satisfaction in the possession of wealth should be balanced by moderation of greed and ambition, and by high personal integrity. Repudiating great wealth and power for himself, he tried to restrain excessive competitive ambition in others by emphasizing the duty of self-restraint, the great benefits of obedience to law, and the value of civic participation by all citizens.

Solon was not the leader of a revolution. By birth and position he belonged to the highest social class. At the time when we first get a clear picture of him he was being entrusted with extraor-

dinary powers to play the role of supreme arbitrator in a political crisis. He must have been strongly identified with his unfortunate fellow countrymen to have acted on their behalf as other democratic leaders have done when they themselves, as well as their followers, were more directly threatened.

It was not only when others aspired to be tyrants that Solon hated tyranny. Perhaps the most remarkable passages in his writings are those in which he defends himself against charges of weakness because he firmly refused to seize arbitrary power when he could have had it. Here we have most conclusive evidence of the strength and earnestness of his reaction against the greed for power.

In this firm self-restraint we have an impressive example of one of the motives that is most essential for the success of a democracy. Self-government is self-restraint. If a people are to govern themselves, they must be able and willing not only to rebel against the arbitrary authority of others, but also to submit to the legitimate authority of the laws that they themselves make and of those whom they choose to enforce them. In order that there may be sufficient mutual trust and confidence to make possible effective coöperation, it is necessary not only that the members of a democracy should be alert to resist despotic usurpation of power, but also that they should be willing themselves to renounce the desire to seek arbitrary power over others. In Solon we have one of the earliest examples of such self-restraint.

That Solon had to defend himself so energetically against the charge of weakness because he refused to seize despotic powers illustrates a psychodynamic dilemma which confronts every democracy. The success of a democracy depends upon a very delicate equilibrium. The very essence of democracy implies a renunciation of the more extreme forms of competitive struggle between its members; in order that all may be secure without being ruled by a tyrant it is necessary that everyone must renounce the desire to be a tyrant. The potential leaders must be loyal to the principle that their authority is derived from the

fact they are chosen as the temporary representatives of those whom they govern.

Danger threatens, however, if the self-assertive impulses of the members of the community are too much inhibited. A community whose members are too ready to surrender their individual interests to the general welfare becomes only too ready to succumb to the usurpations of the next tyrant. Both excessive self-assertion and excessive inhibition of self-assertion are dangerous to a democracy.

Solon's defense against the charge of weakness for his renunciation of a tyrant's power illustrates most dramatically this need for a balance between self-restraint and self-assertion in the democratic leader. It also formulates ideals of justice and fairness and of a law-abiding spirit as the principles by means of which that balance can be struck. And it is evident that he envisaged a state in which all citizens should participate in important political decisions (even if not directly in the making of laws), for his law required that every citizen take sides in political conflicts on pain of losing his citizenship.

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46. SOLON: XXXIV; XXXV.
47. PLUTARCH: SOLON, VIII, XI.
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Autonomic Resistances in Word Association Tests

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AUTONOMIC RESISTANCES IN WORD ASSOCIATION TESTS

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I have suggested elsewhere that the concept of paraphasia should be widened to include a group of speech deviations which are commonly ignored.¹ The speech with which that paper was concerned included word repetitions, tautology, grammatical slips which involved illogicalities (e.g., a plural noun and a singular pronoun and a switch in gender), use of pretentious or out-of-character words, uncompleted sentences, contradictions and hesitatory formulas such as 'I don't think', 'I don't know', 'Not that I know of', 'I mean', and 'Well'. It is suggested here that a number of additional acts should be classed as paraphasic.

Among well-known hesitatory interjections are 'er', 'ah', 'ha', and 'um', and combinations of these. There is little semantic difference between these interjections and 'well' as used in, 'Well, I'm not quite sure'. The cognitive content of the sentence is unchanged, for example, if the version runs, 'Ah, I'm not quite sure'. The superficial difference lies in the fact that 'well' has certain reasonably clear connotations as a noun and adverb (and is also used occasionally as an adjective and a verb), whereas 'ah' has no definite meaning. Once 'well' is used in contexts where it is interchangeable with 'ah', its cognitive content vanishes almost completely. It becomes an emotive verbal act, like any other interjection, and, as such, represents a disturbance in an otherwise meaningful context.

Since psychoanalysis is persuaded that such disturbances in the stream of speech are psychically determined, the occurrence of these minor hesitatory acts becomes scarcely less interesting than more obvious speech blunders. They must have some cause. They must serve some purpose. Freud's classic study of speech blunders in the *Psychopathology of Everyday*

¹ Baker, Sidney J.: *Speech Disturbances: A Case for a Wider View of Paraphasias*. *Psychiatry*, XI, 1948, pp. 359-366.

Life has revealed the nature of these psychic determinants. But once one concedes that interpolations like 'er', 'ah', 'ha', and 'um', and their combinations are not pure linguistic accidents, one is confronted with a group of allied acts on the borderline of speech which obtrude frequently into linguistic contexts. The nature of these acts will become clear in the following inquiry, which is based on evidence from word association tests.

For example, testee A was given the stimulus word 'love' and replied, 'ha, hate'. Testee B said 'hate, ha'. Testee C said 'hate' and then laughed briefly so that his complete response could be rendered 'hate, ha ha'. From habit, word testers would class all these answers simply as 'hate', which would mean that some form of censorship had been imposed since no distinction would be made between the responses of A, B, and C and the response of testee D, who simply said 'hate'. A, B, C, and D have, in fact, given four quite distinct answers. Indeed, the individual nature of their responses is only a little less obvious than the responses of other testees who gave the words 'sex', 'men', 'mother', 'woman', 'penis', and 'loveliness' as associations to the stimulus word 'love'. There might be little guide to the reason for the augmented responses of A, B, and C were it not for the fact that testee J, who answered 'loveliness', did so only after a delay of seventeen seconds, during which she declared in a semi-interrogatory fashion, 'The first word I have to say to you. . . ?'

Many years ago Sandor Ferenczi remarked that ' . . . with several patients, talkativeness proved to be a method of resistance'.² If it can be conceded that the comment, 'The first word I have to say to you. . . ?', plus the accompanying delay in securing a single word response, would almost certainly indicate resistance, then one might conclude that a preliminary 'ha' is a similar, although less obvious sign; and since resistance does

² Ferenczi, Sandor: *Further Contributions to the Theory and Technique of Psychoanalysis*. London: Institute of Psychoanalysis and Hogarth Press, 1926, p. 128.

not necessarily precede a response, there is reason to suspect that 'hate, ha' and 'hate, ha ha' also betray resistances in the testees. The 'ha ha' in the last example is an approximate rendering of a short laugh, and, on the basis of preceding conclusions, is considered to be the manifestation of resistance.

Before pressing this point, however, more examples will be examined. To the word 'homosexual' one testee said 'men' after a delay of eight seconds; another paused fifteen seconds, eructated and, after another six seconds, said 'homosexual . . . friendly'. A third testee waited six seconds and said 'pink'; a fourth paused ten seconds and said 'grass'; a fifth laughed shortly and said 'queen'; a sixth paused sixteen seconds and said 'I think of retarded'; a seventh took a heavy breath and said 'latent'; an eighth sighed clearly during a twelve-second pause and said 'no'. Others responded almost immediately with simple, ungarnished words. Surely there must be some link between temporal delays in such tests and respiratory and other acts emerging during those delays. If delays are regarded as probable indications of resistance, the same significance may be attached to the intervention 'I think of. . .', to repetition of the stimulus word, and to a laugh, a belch, a heavy inspiration, and a sigh, all of which occurred during delays.

A distinction which it may be possible to make is that simple delays represent passive resistances, whereas the additional acts are active manifestations of resistance—hence aggressions. Whether these tentative deductions are acceptable, it is at least clear that extralinguistic acts appear with sufficient regularity in word tests to merit attention.

The tests used in this inquiry consisted of the list of sixty words formulated by the Menninger Clinic, plus sixteen examples selected for their likely disturbing effect. A summary of the responses covers two broad groups of extralinguistic responses: those that occurred before a simple word response was given and those that occurred after.

Before: 'ha', 'ah', 'um', 'er', 'hmn', 'ha-um', 'aw'; brief laughs; yawns; borborygmus; belches; coughs and clearing of the

throat; swallowing; a phonetically indefinable noise in the mouth accompanied by a working of the jaw; heavily marked inhalation and exhalation; sighs; sniffs.³

After: 'ha'; 'ha ha'; laughs; swallowing; coughs and clearing of the throat; belches; yawns; heavy inhalations and sharp exhalations; sudden irregularity in breathing. One testee developed hiccups by the time the full test was done.⁴

These findings have more than a little in common with some observations made by psychoanalysts during treatments. For example, analysts have recorded that such somatic 'accidents' as borborygmus (apparently due to heightened peristalsis) in patients during treatment are infallible signs of resistance and, even more pointedly, should be regarded as aggressions directed toward the analyst. Ferenczi has noted: 'It sometimes occurs that analysands have to resist the inclination to pass a clearly audible and also noticeable amount of flatus in the course of the hour; this usually happens when they are being refractory with the doctor. This symptom, however, is intended not only to insult the doctor, but to intimate that the patient intends to allow himself things that his father forbade him, but permitted himself.'⁵

With these observations to serve as a guide, it can be appreciated that if, in word tests, marginal linguistic acts are interpretable as acts of aggression, other extralinguistic acts appearing during tests—such as coughs, laughs, belches, yawns, borborygmus—are also aggressive in type since they are interchangeable with the marginal acts.

Both groups of involuntary acts are presumably linked by

³ The fact that hesitatory speech acts occurred in conjunction with these responses leads to the conclusion that they may be largely interchangeable, and have much the same psychic significance. Among hesitatory phrases used were: 'I think of. . .', 'The first thing I think of. . .', 'Oh, it's a funny word. . .', 'Well. . .', 'There is a mixture there. . .', 'My mind is stopped by. . .', 'I am sorry, but. . .'. . .

⁴ Hastily spoken words also follow some single word responses, e.g., in response to the stimulus word 'bite', a testee said: 'Love. . . I really meant teeth there'.

⁵ Ferenczi, Sandoz: *Op. cit.*, p. 325.

common innervation through the craniosacral or parasympathetic part of the autonomic nervous system, in particular the vagus nerve. Neither group of responses has any perceivable cognitive (ego) value. For example, there is no more semantic significance in the marginal linguistic acts, 'er', 'ah', and 'um', than in a sharp cough or a laugh, or, for that matter, in flatus or borborygmus. The most that can be said is that 'er', 'ah', and 'um' are nearer to the orthodox level of speech in that they are rendered in approximate phonetic form when they occur in speech, whereas few attempts are made to deal similarly with the other acts. This leads one to a feeling that both groups should be regarded in the light of 'somatic statements', deriving their energy direct from the id and expressing it through the highly sensitive parasympathetic nervous system. I feel it may be justifiable to attach the word 'statements' to these acts, because they appear involuntarily in word tests in place of anticipated cognitive responses, and, as such, have a part in what Malinowski has aptly called 'context of situation'.⁶ They are id answers instead of ego answers.

'Somatic statements' are, of course, anything but uncommon. They occur repeatedly in everyday speech relationships, but are often ignored. Freud once remarked that a female patient had an organic feeling in her genitals which 'joined in the discussion'. In the classic case of the Wolf-man⁷ he notes: 'I then had the satisfaction of seeing his doubt dwindle away, as in the course of the work his bowel began, like a hysterically affected organ, to "join in the conversation"'. More obvious examples of 'somatic statements' occur in word tests when testees shift in their chairs, wave their hands, tap their fingers or feet, wet their lips, scratch their heads, screw up their eyes, hunch their backs, etc. These unpremeditated acts also should properly be included under the broad heading of extralinguistic responses.

⁶ Malinowski, Bronislaw: *The Problem of Meaning in Primitive Languages*, supplement to *The Meaning of Meaning* by C. K. Ogden and A. I. Richards. London: Kegan Paul, Trench, Trubner & Co., 1923.

⁷ Freud: *From the History of an Infantile Neurosis*. Coll. Papers, III, p. 552.

In passing, some reference is justified to the 'somatic statements' made by Freud's patient Dora.⁸ Among them were dyspnea and fits of coughing. These disturbances clearly belong to the group of extralinguistic acts studied here, although they are in a more exaggerated form. Freud showed that these symptoms of Dora were important guides to the nature of her anxiety. Primarily they represented resistances. Dora also suffered from bouts of aphonia. Of this symptom Freud wrote: 'When the person she loved was away she gave up speaking; speech had lost its value once she could not speak to him'. In short, Dora unconsciously censored that which she valued most. Elsewhere⁹ I have shown that the unconscious aim of all censorship is not the purging or erasure of the censored material, but the preservation of that material in its most highly cathected form. Dora valued speech relationships with her loved one so greatly that she sought to preserve speech for him alone. She did not, in fact, wish to give up speech entirely, but only with people other than her loved one. Her coughing and breathing difficulties were more active symptoms; in fact, they were aggressions directed against the external world and against the people in that world, of whom Freud was one.

Phonetics makes it possible to show in simple fashion the link between some of the acts noted in responses to word tests. For example, a hiccup can be shown to be closely akin to a cough, and both are phonetically akin to the interpolation 'ha' and to laughter which is often a succession of 'ha' sounds, or hiccuping, or coughing sounds.

In so far as it may be possible to regard these various acts occurring in word tests as active resistances or aggressions, what special purpose do they serve the psychic mechanism? At the conclusion of an earlier paper on paraphasia (see footnote 1), I traced some part of what may be conceived as the psychological mechanism of the interpersonal speech relationship. Special attention was paid to the theory of silences which asserts basi-

⁸ Freud: *Fragment of an Analysis of a Case of Hysteria*. Coll. Papers, III.

⁹ Baker, Sidney J.: *The Hoax of Censorship*. Int. J. of Sexology, II, 1948, pp. 111-114.

cally that the unconscious aim of all speech is silence. This is the silence of psychic equilibrium characterized by reciprocal identification between speech partners (a not uncommon experience of lovers or intimate friends), and must be distinguished from the 'negative' silence of acute emotional disturbance as in anger, fear, or hate, where reciprocal identification between people is absent and, during the currency of the acute disturbance, unattainable.

Speech is usually an act in partnership; it requires a hearer as well as a speaker. Like the sexual act, speech serves to release tension; it achieves its unconscious aim when the partners are symmetrically identified with each other, and jointly achieve the release of tension in partnership. It becomes clear from this how Dora came to place special value on speech. Only in speech with the man she loved could she obtain the psychic equilibrium and the release of tension she sought. In his absence, she suffered acute tension, which was manifested in dyspnea and coughing fits and, occasionally, in aphonia. This aphonia was the 'negative' silence referred to above.

Psychic equilibrium or, alternatively, full release of psychic tension is by no means so frequently attained in speech relationships that it can be regarded as the inevitable outcome of every speech situation. But it is the unconsciously desired end, and every act of speech represents an unconscious effort to attain it to the greatest degree possible. In any speech situation difficulties may arise. To quote my earlier paper: 'Speech serves to discharge psychic energy, and our whole lives are oriented toward achieving intrapersonal psychic equilibrium. In the course of these efforts, which we are under continual compulsion to renew, we encounter many obstacles. Among them are questions we are obliged to answer and requests to tell the whole truth and nothing but the truth. In this way conflict arises. In the first place, there is the unconscious intrapersonal drive to arrive at positive silence and, in the second place, there is the imposed demand from without that this silence—and its reward of psychic equilibrium—can be achieved only by obeying certain rules or orders. In this

contest between the id and reality, the ego is called into service. . . . The resulting struggle will certainly be revealed in speech. If the external world inflicts serious traumas on the id, those traumas will be revealed in fixed nonorganic speech disorders. Where the traumas are less serious they will be exposed as paraphasias.'

It is clear that paraphasia includes many symptomatic acts not identical with slips of the tongue. To quote Freud, there are speech disturbances which 'do not injure the individual word, but affect the rhythm and execution of the entire speech'.¹⁰ Among these disturbances can certainly be included the marginal linguistic acts, 'er', 'ah', 'ha', and 'um'; and, since there is a demonstrable affinity between these and extralinguistic acts such as hiccups, laughter, coughs, throat clearing, and belches, there is justification for including these acts on the outer rim of paraphasia. Even if it is not possible to regard them as paraphasic themselves, they are certainly not so far removed from the subject as to be ignored altogether. In so far as they occur in speech, they are clearly acts of a kind, unconsciously replacing speech. They are the compromise of a clash between the id and the ego. When the ego fails in its task of controlling speech, the expression of certain libidinous drives in the id takes other routes. Through innervation of the parasympathetic nervous system, certain bodily organs 'speak'. In word tests this 'speech' is an aggression, an unconscious effort to silence the tester and thereby to remove the external author of intrapersonal tension.

Ernest Jones¹¹ and J. C. Flugel¹² have drawn attention to the motif of castration behind the story of the Tower of Babel. Tradition says that Jehovah destroyed the Tower by his breath or by a strong wind. Since the Tower was a linguistic affront to Jehovah, he blew down the Tower to silence the offending

¹⁰ Freud: *Psychopathology of Everyday Life*. In: *The Basic Writings of Sigmund Freud*. New York: Modern Library, 1938, p. 86.

¹¹ Jones, Ernest: *Essays in Applied Psychoanalysis*. London: Institute of Psychoanalysis and Hogarth Press, 1923, p. 354.

¹² Flugel, J. C.: *Men and Their Motives*. New York: International Universities Press, 1947, pp. 186-193.

tongues. The earlier example from Ferenczi of the release of anal flatus by an analysand was a parallel aggression entirely in keeping with the symbolic link, breath—wind—flatus. It requires no great stretch of the imagination to enlarge this complex of symbols to include the associated acts noted above which have the same unconscious aim.

From a psychoanalytic viewpoint, the process may be reconstructed as follows. The testee's libidinous outlet in speech encounters an obstruction in its release. The obstruction is the tester's stimulus word, which catches the testee's ego unprepared to cope with a flood of affect from the id, to which the ego reacts by resistance. If the cathected id images or ideas associated with the stimulus word are sufficiently strong, a conflict ensues which tends to be projected onto the tester as the cause of the irritation. The inner threat is thus transformed into an aggressive impulse, but because the whole process is under the surveillance of the superego, this aggression must take a form which is not recognized as such by the ego. The result is a 'somatic statement', an involuntary act which, at least in some cases, derives from the parasympathetic nervous system. This act serves in some degree to restore the testee's disturbed equilibrium. Since it is unconsciously aimed at silencing the tester, it is an effort to gain a goal of silence in equilibrium—the aim of all speech.

Martin Grotjahn

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THE INABILITY TO REMEMBER DREAMS AND JOKES

BY MARTIN GROTJAHN, M.D. (LOS ANGELES)

Frequently people clearly remember that they dream, yet find themselves frustrated by their inability to recover images of the dream on waking. Witticisms are similarly forgotten, and many people are incapable of telling jokes, however much they may have enjoyed them when they heard them. Freud described and analyzed many similarities between dreams and witticisms, but does not mention the ease with which both are repressed and forgotten.

This disturbance is not a failure of retention in memory. The difficulty lies in the inaccessibility of jokes to recall. The forgetting of a joke is more often regretted than forgetting a dream.

The awareness of the loss, the conscious inability to correct it, the feeling of frustration, and the relief when the connecting link is discovered, all show that a repressive force is at work. In hearing a joke, unconscious impulses in the listener are activated, but the censorship requires repression. The momentary release from repression is a factor in the enjoyment. Listening to a joke, however, is a passive experience. To repeat it to another is an act of will and may require stricter censorship. The eruption of the repressed occurs at the moment of laughter; forgetting prevents the crime of retelling and of turning the momentary pleasure into a more lasting one.

An example will illustrate the mechanism. Three friends were conversing about the recent death of several colleagues. Following a pause in the talk, one of the three remarked kindly, 'The wrong ones always die first'. Another period of silence was broken by one of the men who told a joke. The next day, one of the group, a lawyer, wanted to tell this joke but found with annoyance that he could not remember it. He clearly remembered the scene in which his friend told the joke, and recalled that while the joke was being told he looked first at the storyteller and then at the third member of the group. He could hear clearly the dialogue of the persons quoted in the witticism, but the point of the story eluded him completely. He was almost painfully aware of a blocking of his thought process.

A week later, our lawyer, who still had not been able to recall the joke, learned of the death of a respected, elderly local attorney. He felt genuinely sorry, but could not restrain a momentary, inappropriate impulse to smile. He then vaguely remembered the forgotten joke, which he thought the deceased himself might have told him.

Several days later, while still under the impact of the news of the death of the elderly attorney, the lawyer listened to the narration of a dream illustrating strong death wishes, even among friends or relatives. At this point, he told a joke: a husband and wife were jestingly discussing arrangements for the wife's funeral. She remarked, 'One thing you must promise me: after I die you must console my mother; you must ride with her in her car to my funeral'. A heated discussion ensued in which the husband found himself saying: 'If I have to ride with your mother I will have no fun. You have spoiled it all!'

After telling the joke, the lawyer recognized in it the lost witicism for which he had searched his memory for many days. What he could not remember by conscious effort, he now recovered easily and spontaneously. He now knew why he had forgotten the joke and the reason for the eventual rediscovery. The point of the joke had been the shocking revelation of a husband's wish for his wife's death, and—most important—his momentary enjoyment without guilt.

The husband's naïve preparation in fantasy for a kind of celebration of liberation, which he did not want spoiled by his mother-in-law, was felt with surprise. The revelation of hostility and displaced guilt permitted enjoyable release in laughter.

The forgotten joke had been told in an atmosphere of sorrow about the death of 'the wrong people', implying death fantasies, if not wishes, against some still living colleagues; moreover, it brought to the lawyer's mind a highly unpleasant association: 'If X, whom I despise, were to die, I might be asked to give the funeral oration, and that would spoil my triumph'. As this was more than the speaker's censorship could tolerate, the joke and its implications were suppressed.

SUMMARY

The inability to remember jokes and dreams is determined by the same mechanism. In the instance of a forgotten joke, the repres-

sing censorship was directed against the latent unconscious tendencies in the witticism. This is illustrated by an example involving unconscious death wishes.

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A Note on the Telephone as a Technical Aid

Leon J. Saul

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A NOTE ON THE TELEPHONE AS A TECHNICAL AID

BY LEON J. SAUL, M.D. (PHILADELPHIA)

All thinking is restricted by inertia. We think as we were taught to think. New ideas, attitudes, and approaches always encounter resistance. This is especially true in psychoanalysis, where because the personal analysis mobilizes the unconscious submissiveness to the parents, and the narcissistic identification with them, the teacher's authority tends to be unusually great, and carries with it special obligation to impart a truly academic and scientific outlook. This is an ironic quirk in a science born of one man's devotion to reality despite the weight of all sorts of authority.

In view of these considerations, one wonders if the idea of using modern technology in the form of the telephone, as an adjunct to psychoanalytic technique, will be met with horrified resistance, or whether most analysts are already far ahead of this in their thinking and anticipate experimenting with televisual communication if and when this becomes practicable. At any rate, the use of the telephone in psychoanalytic treatment is the topic of this note. To my knowledge there is no reference in the literature to the use of the telephone in this connection. Probably, however, many analysts have accumulated considerable experience with it.

In practice one not infrequently encounters such a case as the following. A young woman had a very traumatic childhood, and had an almost complete amnesia for everything before the age of ten. Her human relations were so painful that she had only very few tenuous contacts with people. She feared to let herself go in any relationship lest she become so terribly dependent that she lose her freedom of action, and be rendered intolerably vulnerable to the slightest rejection. These were her reactions in the transference. The idea of free association terrified her. She felt, she said, as though she would rather jump out of the window than tell her thoughts freely. With her great guilt and her fears of rejection, free association meant to her that she would be sadistically censured by her mother and rejected by her father as she had been in actuality in childhood. Daily interviews were more than she could endure,

and less frequent visits did not solve the problem. She was too disturbed, the transference was too painfully anxious for her to tolerate, nor could this resistance be resolved quickly enough for treatment to progress. Being almost destitute of object libidinous relationships, she was, inevitably, suicidal. Too anxious in the presence of the therapist to talk but also desperate for help, she would, when her distress became threatening enough, telephone.

Two facts quickly became apparent. The first was that the telephone calls came at the periods of greatest distress and desperation, and therefore in timing made the maximal use of her wish for help; second, whereas the transference in personal interviews in the office was far above the optimal level, so intense as to interfere with treatment, on the telephone she was much better able to talk freely. *Thus, the telephone caught the therapeutic urge at its maximum and diluted the hyperintensity of the transference to intensities which the patient could endure.*

Accordingly, no restraint was put upon her use of the telephone. She by no means abused this privilege and was most considerate, and whenever possible would make appointments to telephone if I were not immediately available. During the course of the year she came to the office once a week and telephoned about once a week. These telephone conversations usually lasted about half an hour. In them full-fledged analytic work was accomplished. The dynamics of her neurosis, her emotional reactions, and their historic sources were analyzed. The transference was analyzed and eventually the motivations for resorting to the telephone were explored thoroughly. Subsequently, she became able to discuss her anxieties, resistances, and the transference in personal interviews. Coincidentally, her general human relations improved dramatically. The central task of the analysis was accomplished, and only the integration of her relationships in and outside the transference and consolidation of her gains remained to be worked through.

I believe that this use of the telephone, not accidentally, but deliberately, goal consciously and systematically, not only succeeded in penetrating a resistance which might not otherwise have yielded, but succeeded in so doing in the way chosen by the patient. I think it also helped to resolve the resistance more quickly than could otherwise have been done (if it could have been done at all), for this previously suicidal, unbearably tense, deeply disturbed person

progressed by leaps and bounds to easier relations with others and with herself.

Because of this experience it has seemed worth while to experiment with other cases of different emotional structure which also present serious technical difficulties for usual or modified techniques. One of these was a patient who had an alarming negative therapeutic reaction, largely because of her total inability to express intense hostility in the transference during the interviews. This hostility accumulated and occasioned severe guilt with needs to justify it by feelings that the analysis was harmful and a terrible mistake—opinions which the patient threatened to make public. This, of course, followed closely a pattern of her childhood. The feelings were too intense for the patient to handle in the analytic sessions, nor did variation of the frequency of interviews or any other resources in interpretation or mechanics of the treatment resolve this negative therapeutic reaction. Because of this the telephone was tried. Fortunately, the intensities of the emotions were again diminished by being out of the analyst's presence. The patient was able to talk with comparative freedom and the essential mechanisms of her negative therapeutic reaction were clearly revealed, after which progress was made in personal interviews. There is no doubt that much time was saved.

Apart from its use as an aid to technique, it is interesting how much can be accomplished by telephoning purely as a means of communication. For example, a mother and father who were worried by some misadventures of their only son, with whom they were deeply involved emotionally, became so upset that the mother's health was in jeopardy and the father was unable to work. This couple lived at some distance, my schedule was full, and for various reasons they refused to consult another psychiatrist. They talked at length about their problem on the telephone. Later they came once to the office, and thereafter for three strenuous months the whole matter was handled by telephone. This amounted to about two calls a week of about a half hour each. The son's problem was reactive, but acute and difficult. They were helped greatly in adapting to the traumatic reality by this means.

In these days of limited psychiatric services, new patients can be screened and referred by asking them to tell a little of their problems over the telephone. My secretary asks them to call during

a period reserved for this purpose. This often saves the patient an office visit. It is usually possible to make intelligent referrals on the basis of understanding the patient through these conversations, and in some cases it is possible to be of considerable therapeutic help, even with persons never seen, at least until such time as they can begin treatment. Some of these individuals were seriously distressed; indeed two of them were suicidal.

There are no doubt many instances in which the telephone would prove useful if one accepted it as an instrument of technique. It seems worth reporting because it casts some light on dynamics and on technique; moreover, during this period of excessive demands upon analysts, any device which increases the analyst's potential should be explored for the possibility of helping him give service to more people.

Every technical procedure is only a means to an end, and its use must depend upon the basis of the rationale of all treatment: *psychoanalytic accuracy in understanding the patient.*

SUMMARY

The telephone is a useful technical adjunct to psychoanalysis. A case is cited in which it served to overcome a resistance occasioned by too intense transference reactions when the patient was in the presence of the therapist. Unable to talk in his presence, she was able to do so on the telephone. As this was analyzed, it was possible to resolve the transference in interviews and she improved rapidly. The telephone was resorted to because other methods had failed. Besides its value as a specific aid in the technique of analysis, it can serve also as a means of therapeutic communication, and increase the analyst's services in diagnosis, referrals, and treatment.

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BOOK REVIEWS

CHILDHOOD AND SOCIETY. By Erik H. Erikson. New York: W. W. Norton & Co., Inc., 1950. 397 pp.

However jaded one may be with the plethora of psychological books, this one—a masterpiece of scientific writing—will prove fascinating to any psychoanalyst. Originating in the practice of psychoanalysis, its main chapters are based on 'specimen situations' which called for interpretation and correction: anxiety in young children, apathy among American Indians, the confusions of war veterans, arrogance in young Nazis. The emphasis is then shifted from these conditions, which blunt and distort the individual ego, to a study of the ego's roots in social organization. This, then, is a psychoanalytic book on the relation of the individual ego to society. The long period of childhood, which is characteristic of human development and which becomes longer as civilization progresses, permits man to achieve his unique intellectual and technical virtuosity, but it also leaves a lifelong threat of emotional immaturity in him.

Having stated his aims in the foreword, Erikson gives two case histories, one about a little boy at home, the other about a man in the Marines. This is followed by a discussion of the biological basis of psychoanalytic theory, Freud's 'timetable of libido development'. Erikson relates it to what we know about the ego and are beginning to learn about society, seeking the proper place of the libido theory in the totality of human life. He finds that Freud, the investigator, went beyond Freud, the doctor. It is meaningless to speak of the human child as if it were an animal in the process of domestication. Men's 'inborn instincts' are drive fragments to be assembled, to be given meaning, and to be organized during the prolonged childhood by methods of child training and schooling.

To trace the connection between childhood and society, Erikson turns to the study of children at play, introducing a timetable of stages of ego development, which mediates between physical stages and social institutions. Play, which is called 'the royal road to the study of the child's ego', and play therapy are illustrated with case reports and demonstrations of 'how to help a child's ego to help itself'.

The term 'ego identity' is introduced and defined as an inner

institution completed at the end of adolescence and derived from the accrued experience of social health after each of the major childhood crises. Ego identity can be studied 1, introspectively, as a quality of experience expressing a sense of sameness and continuity in the individual's conception of what he is and of what others perceive him to be; 2, in the individual's life history, as the objective evidence of an energy-releasing synthesis of the ego's methods and the potentialities of the individual's life situation; 3, 'projectively', in the individual's imagery, especially as it relates to realizable ideal prototypes and avoidable evil ones.

Eight developmental stages of man are brought in close relationship to the framework of psychoanalysis and Erikson's concept of 'basic conflict': 1, Trust versus Basic Mistrust, 2, Autonomy versus Shame and Doubt, 3, Initiative versus Guilt, 4, Industry versus Inferiority, 5, Identity versus Role Diffusion, 6, Intimacy versus Isolation, 7, Generativity versus Stagnation, 8, Ego Integrity versus Despair.

The following quotation is a sample of Erikson's thinking and formulating. 'For this reverse area of the body, with its aggressive and libidinal focus in the sphincters and in the buttocks, cannot be seen by the child, and yet it can be dominated by the will of others. The "behind" is thus the individual's dark continent, an area of the body which can be magically dominated and effectively invaded by those who would attack one's power of autonomy and who would designate as evil those products of the bowels which were felt to be all right when they were being passed' (p. 224).

Part IV of the book approaches adolescence in relation to the social upheaval of our time. Psychiatric facts, and some myths prevalent in this country are presented, and then the biographical legends of Adolf Hitler in Germany and Maxim Gorky in Russia are discussed. It is Erikson's contention that the patient of today suffers most from the problems of what he should believe in, and who he should be or become. The patient treated in the early days of psychoanalysis suffered most from inhibitions which prevented his being what and who he thought and knew he was; therefore, the study of ego identity becomes as strategic in our times as the study of sexuality was in Freud's time.

Erikson then tries to describe the American man's sense of identity. This analysis of the American identity culminates in the analysis of 'John Henry, the Natural Man'. It is found to be typical

ing to the author, the Great Mother symbolizes the womb; the growing child, the phallus. Since these sexual symbols are overpowering transpersonal factors, the ego may die and dissolve itself by a 'fascination' to it. The youth is attracted against his will to the fixating symbol of the Great Mother, but the fulfilment of the lustful strivings on this level ends in death and castration (the Circe motif of Greek mythology).

After a phase of resistance and spite, consciousness and the ego are gradually strengthened and become more independent. Light, which stands in the center of all myths of creation, is said to symbolize the masculine character of consciousness. The splitting of the world into opposites is said to make objective knowledge from the rational point of view possible.

The origin of culture is explained in terms of this constellation as well. The culmination of the processes of differentiation is incest with the Great Mother which, if successful, frees the individual from the overweening powers of unconscious forces: anxiety is converted into lust, and the blind powers of the feminine unconscious are once and for all broken. The rational direction of drives becomes henceforth possible.

The heroic myths through the ages from various cultures symbolize, according to Neumann, the processes which have been outlined above. Three elements are distinguished in these myths: the hero, the dragon, and the treasure. Traditionally the hero engages the dragon, which guards the treasure, in deathly combat, kills it, and wins the treasure. The *œdipus* myth is given a rather novel 'transpersonal' interpretation, in accordance with the author's theory. A disciple of the Jungian school, Neumann refers to Freud's theories as 'false, personalistic interpretations', which operate exclusively on a personal, individual level; thus, 'when Freud recognized everything hollow as female, his interpretation would have been correct if he had understood it as a symbol. If he interprets it as "female genital", he profoundly misunderstands it, because female genital is only a minute aspect of the archetype *Ur-Mutter*' (p. 28).

A great many myths, such as that of Osiris, are traced in considerable detail, and the interpretations given are frequently plausible, often quite ingenious; yet one cannot escape the impression that the examples are collected to fit a preconceived theoretical pattern. The allusions to neurotic 'malformations', which are found in great number in the second part of the work, attest to the

author's insight and experience. The sceptical reader will wonder, however, about the empirical value of 'transpersonal' interpretations. Neumann may be credited with having supplied a possible interpretation of various mythological themes, but he introduces a theoretical framework which is intrinsically untested against reality, and which by its very nature cannot be subjected to validation. He makes a great many more assumptions than any scientific theory permits at the present stage of our knowledge. The postulation of hypotheses in itself is a legitimate procedure, provided the character of one's assumptions is not lost sight of, and no sweeping generalizations are drawn from untested conjectures. In the final analysis, Neumann's theory must meet the same objections and criticisms that have been leveled at Jung's more abstruse archetypical constructs.

HANS H. STRUPP (WASHINGTON, D. C.)

THE NATURE-NURTURE CONTROVERSY. By Nicholas Pastore. New York: King's Crown Press, 1949. 213 pp.

It has often been supposed that the position taken by a scientist in the nature-nurture controversy bears a distinct relation to his social and political views; those who regard heredity as exerting a preponderant influence upon human personality are inclined to be 'conservative' in social and political outlook, while those who emphasize environmental factors are generally 'progressive' (liberal or radical) in these matters. The present volume undertakes to determine whether this alleged correlation actually exists. The method used is to present, in some detail, the views of twenty-four prominent British and American scientists on the relative importance of heredity and environment as formative influences, as well as their views on social and political problems. Twelve 'hereditarians' are studied, among them Galton, Pearson, Terman, McDougall, and Thorndike; likewise, twelve 'environmentalists', among these Cattell, Boas, Jennings, Hogben, Haldane, and John B. Watson. The expected correlation is found to exist in all but two of the twenty-four scientists. Terman, while inclined to stress hereditary factors, is found to be liberal in social outlook; Watson, while favoring environmentalism in the nature-nurture controversy, is conservative in his social views. Despite these two contradictions, the author considers the correlation demonstrated.

The author is not inclined to draw any conclusion from this, though Professor Goodwin Watson of Teachers College points out in a foreword that this study raises the question how objective and free from prejudgments any scientist can be in his work and in the reasoning he bases on it. Dr. Pastore himself is content to have established the fact and merely suggests a few hypotheses as to the reasons behind it. These are four in number: 1, that such prejudices are inherited (a Galtonian hypothesis, as he terms it); 2, that they emerge from the subject matter dealt with—since, for instance, a sociologist *qua* sociologist must be an environmentalist; 3, that the position taken with respect to heredity and environment determines the social outlook; 4, that the social and political outlook determines the position as regards nature-nurture. He is critical of the first three of these and inclines to accept the fourth, but says, 'A drawback to this interpretation lies in the paucity of material suggesting the relevant temporal sequence for causational analysis'.

To the psychoanalyst a fifth hypothesis is bound to present itself, namely, that both sociopolitical outlook and the position on nature-nurture questions arise from a common matrix of early childhood adaptations; that, far from being the causes of one or the other, they are parallel developments arising from attempts to adjust, defensively and otherwise, to early familial situations. What the precise nature of these early adaptations may be cannot readily be determined without a knowledge of specific details in a given case. The likelihood that no facile conjecture as to such origins will hold water is indicated by the incidence of the two cases in which the correlation does not exist. Social and political outlook is in itself a complex psychic entity and is often found to contain conflicts and contradictions. The probability is that many lines of psychic development converge upon its formation, that it is, in other words, markedly overdetermined.

Of interest to the psychoanalyst—who is by profession as much bound to the environmentalist position as the sociologist is—is the contention made by several of the hereditarians studied that a high morality is inherited along with high intelligence. Indeed, they make this supposed fact the basis for the political dogma against democratic forms of government and in favor of an 'oligarchy of brains'. Such a contention ignores not only the empirical fact that high intelligence quotients are found among recidivous criminals, but also the psychoanalytic finding that morality can be shown to be

an acquisition rather than an innate factor. All the work on the genesis of the superego bears this out, as well as the recurring experience in psychoanalytic therapy that the superego can be altered; also, character is assumed by the hereditarians to be an inborn and fixed factor in personality. Here again, the work of Freud, Reich, and others shows clearly that character has a genesis, that it bears an intimate relationship to the specific experiences of the individual, and that it can be altered by psychoanalytic procedure. This is not to deny the possibility that certain elements of both morality and character may be carried by the genes (although we have at present no faint notion of the mechanics of this), but psychoanalytic work on character and morality presents clear evidence that environment plays so large a part in their formation that we are justified in regarding it as being the preponderant influence.

The volume will not be of great interest to the psychoanalytic reader, limited as it is in scope, but the scientific value of such a study, with its convincing demonstration of this long-suspected correlation, is positive and considerable. The author is to be greatly commended for the undertaking, as well as for the high degree of objectivity he maintains and for the clarity and simplicity of the writing.

WILLIAM V. SILVERBERG (NEW YORK)

SOCIETY AND ITS CRIMINALS. By Paul Reiwald. New York: International Universities Press, Inc., 1950. 315 pp.

Recent psychological studies of crime have pointed with increasing frequency to the necessity of studying the criminal's milieu. In this volume the unconscious attitudes toward crime and criminals, arising in each member of society and coalesced into law and mores, are given a full-dress treatment. The writer, a lecturer in criminology at the University of Geneva, a lawyer with psychoanalytic training, has done signal service in exploring the powerfully motivated interactions of the criminal and his society. Without an understanding of unconscious factors, which are woven into the very fabric of the judicial process, neither a successful therapy of the criminal on a wide plane nor an adequate preparation for a program of prevention of delinquency can be accomplished.

In the analysis of unconscious determinants in actual procedures in criminal practice as well as public participation in crime, the author investigates several specific reaction-formations of impor-

tance: justice and morality, punishment, aggression in law, attitudes toward treatment, etc. His observations in this area are penetrating and his findings significant. For example, from a standpoint of unconscious motivation, society needs the criminal to 'abreact its own unconscious emotion'. An interesting corollary of this attitude is that society does not really want to 'know' its criminals. Just as the judge (and this appears most clearly in appeal court practice) can more comfortably judge the legal issues involved by not seeing the subject of his deliberations, so society under other rationalizations is disinclined to 'know' the offender in his psychological totality. In this way society protects itself from facing its own forbidden impulses. Justice is most satisfactorily 'legal' when administered on the basis of judicial logic, in the absence of the criminal; thus, also, the traditional atmosphere of court trials has developed a frame of reference involving a contest for the 'rights' of an individual, which successfully avoids the intrapsychic conflict within the offender. Reiwald, taking his departure from Reik's research on the psychology of clues in *The Unknown Murderer*, indicates how legal theorizing about a crime in pleading, argument, etc., isolates the 'living' subject even further. In the area of the judicial process, the author points out, 'the ceremony of the court supplies the means for isolating the accused'. To be too close to a criminal, both in his habitat and in his psychic processes, would have the force of breaking a universal taboo with resultant unloosing of anxiety and fear.

In an interesting chapter on the Criminal in Fantasy, the author works out compulsive aspects within criminal jurisprudence, one of which, avoidance, has already been noted. Indeed, the paucity of scientific attention given criminology in contrast to technological problems is an example of unconscious avoidance of crime. However, the ambivalence toward the object avoided is manifest in the tendency of the law-abiding citizen to re-enact the criminal act in fantasy. The citizen cannot do without crime because he needs the criminal on whom to project his criminal impulses. The repetition compulsion which holds society bound to its criminals serves the public's feelings of guilt, atonement wishes, the wish to punish, and the need to suffer punishment. Reiwald shows how such practices as placing a hood over the head of the criminal to be executed contain a re-enactment of society's unconscious participation in crime through the repetition compulsion and perpetual

atonement motives. To Reiwald's list of illustrations of society's neurotic fixations in crime may be added the meaning of the last meal for the murderer. In this tradition is concealed the projected wish of society to join the criminal in vicariously destroying the victim (totem-figure) by having the murderer eat fully before his final punishment.

In another direction, i.e., the crime novel, Reiwald traces the compulsion within the detective (and the reader) in his search for clues, the ambivalence toward the criminal and the isolating mechanisms in the detective's work, which are hidden behind the 'intellectual façade' of the criminologic game. Even in the science of criminology, through the attempt to find a physiological distinction among criminals, (Lombrosian and neo-Lombrosian schools) is evident the projection of society's aggressive impulses onto a physical defect. And, this reviewer may add, the same process is traceable in the diagnostic category of 'psychopathic personality' which carries the coalesced and codified prejudices based on anti-social impulses in law-abiding citizens.

The author then studies the criminal himself, including the 'contrary one' of primitive societies, to understand how the criminal offender reflects, in his own psyche, society's projections which are themselves embodied in law and legal tradition. The author concludes that the very fact of an opposition in society, as in political institutions, is a sublimation for the universal isolation of antisocial impulses. The criminal or the antisocial person is a carrier of the public's ambivalence in which he comes to represent in the deeper layers a god or devil. Examining the anthropology of crime, Reiwald demonstrates that punishment for crime through execution is a replica of a sacrifice by the tribe. The death penalty is a communal participation in a sacrifice and so helps to confine the individual and collective aggression. Thus, he points out, within us the criminal is exalted as a god figure and condemned as a devil simultaneously.

With these considerations in mind, Reiwald turns to the resistance meeting criminologic reform and indicates that the only feasible way to proceed is cautiously and slowly to 'demolish the projections' which have kept society's anger in check these many centuries. In fact, criminal justice is a complicated balance which, at the expense of punishing a few criminals, has leveled disturbing, unconscious impulses on the part of the human race.

There is an amazing amount of scholarship in this book. The occasional feeling of impenetrability is perhaps contributed to by the fact that criminology in Europe is a mixture of sociology, philosophy, law, psychology and anthropology. Justice in America, no less than Europe, is blindfolded by society's unconscious reactions (shared by the judge) which, the author states, appear more startlingly in Europe than in this country. The democratizing effect in the United States of public pressure on the judiciary, or at least free criticism thereof, seems to make some inroads on the identification of the judge with the deity and on his overtly sadistic attitude toward the prisoner at the bar. In this connection Reiwald's references to the American scene and literature seem a little inadequate.

The cure, the author suggests, lies in study and treatment both of society and the criminal. The redirection of aggression in the criminal involves nothing less than redirection of aggressivity in society. That this is a gigantic task the author clearly understands, but that it is a necessary piece of social therapy which society needs more than it realizes is the inescapable conclusion.

This volume fulfils its purpose of a psychoanalytic analysis of one of society's most pressing problems. It is a landmark in criminological writing, and is recommended highly for the social psychologist and for everyone dealing with the problem of delinquency, both on a psychological and judicial level.

WALTER BROMBERG (RENO, NEVADA)

THE INFLUENCE OF THE GROUP ON THE JUDGMENTS OF CHILDREN. By Ruth W. Berenda. New York: King's Crown Press, 1950. 86 pp.

This monograph is a lucid presentation of a series of four experiments with children seven to thirteen years of age, designed to study the effect of group opinion on the opinion of a small minority or an individual. Using a relatively simple perceptual task of comparing, matching or estimating lengths of lines, the majority group was coached beforehand to give incorrect answers on selected items. The experimental situation consisted of studying the behavior of naïve subjects when confronted with dissenting group opinion. The findings showed that the amount of 'following' varied principally with the age of the subjects (younger children 'follow' more

readily than older) and the ambiguity of the task presented (on more ambiguous tasks, more 'following' occurred). Prestige factors seemed to play an insignificant role since the least amount of 'following' occurred when a child's answers were matched with those of his teacher.

The stated objective of these studies is 'to come to a fuller appreciation of group dynamics by studying the behavior of young children in situations which are natural and meaningful to them'. The findings contribute little to a fuller appreciation of group dynamics and the author herself says with no apparent awareness of any serious discrepancy that the experimental situation was one in which the children 'found themselves in a situation that seemed to contradict and to undermine what they knew from experience to be true'. The perceptual tasks chosen have no intrinsic social meaningfulness and therefore do not serve to bring the problems of social interaction into sharper focus. The experimental design, by arbitrarily assigning roles to the subjects, eliminates the possibility of studying the important processes pertaining to the formation of cohesive groups and to the development of individual or minority opposition to group opinion. It is conceivable that certain children who found themselves in opposition to the majority would never spontaneously put themselves in such a position. There is no systematic investigation of individual differences in behavior in the experimental situation and concomitantly no investigation of individual personality organization and its relationship to the behavior observed. The main body of experimental data deals exclusively with the actual answers given by the children although many children indicated they knew they were giving incorrect answers. This consideration was ignored and the answers given were taken to represent true perceptual judgments. We therefore do not know to what extent group pressures effected changes in perceptual judgments but, it does seem clear from scattered anecdotal descriptions included in the report, that group opinion worked toward influencing subjects to report their judgments inaccurately. Generally this series of studies presents a description of the overt behavior of school children in a circumscribed situation and is not primarily an investigation into the psychological processes of group interaction.

SARAH SCHAFFER (STOCKBRIDGE)

EL PSICODIAGNÓSTICO MIOKINÉTICO DE MIRA (Mira's Myokinetic Psychodiagnosis). By Dr. Jose Angel Bustamente. Havana, Cuba: Impresora Modelo, S. A., Llinas y Belascoain, 1949. 174 pp.

This monograph details Bustamente's experience with Mira's Myokinetic Psychodiagnostic Test on five hundred Cuban subjects, including four hundred five psychiatric patients and ninety-five controls. It is a test of unsupported movements in space, and involves also spatial kinesthetic perception. The subject is required to draw several figures, first openly tracing, and then blindly retracing these figures, including lines, zig-zags, chains, stairs, etc., in three planes of space—horizontal, vertical, and sagittal. Some of the figures are drawn with both hands, and the direction of drawing is modified in various ways. It is essential that the arm, hand, and wrist be unsupported to get a free myokinetic performance, involving the whole extremity. These drawings are scored as to variations in size, shape, deviation from the axis and underlying printed figure, but an evaluation of the subject's extragraphic behavior in the test is also included. There is some discussion of the theoretical basis which includes the consideration that motor performance is closely correlated to the subject's mental state as well as characterological traits. Following Werner Wolff, the dominant limb is subject to a process of continual training and inhibition, whereas the nondominant limb is left untrained. The former is correlated with consciousness, gross inhibition, as well as training; the latter with the unconscious, less inhibition, and since there is less training, the individual's constitutional endowment. It is claimed that the lack of verbalization leads to more objectivity than other tests. Typical findings in various clinical psychiatric entities are given, compared to Mira's own findings with a high degree of correspondence. An example of how a finding is derived is that in a paranoid individual there is found an increased forward thrust in the sagittal plane, which is taken as an index of extensive predominance over flexor, and is supposed to be correlated with the increased aggressiveness in this disorder. In depressions a downward deviation is found, in excitement an upward deviation. It is claimed to differentiate endogenous and reactive types. Findings are also detailed for organic disorders, and for schizophrenia, and manic-depressive illness, etc. It purports to surpass the Rorschach

test in prognostic value, although inferior in diagnostic value. In the bibliography several references are given to publications in English.

BERNARD BRODSKY (NEW YORK)

BALI: RANGDA AND BARONG. By Jane Belo. Monograph of the American Ethnological Society, XVI. New York: J. J. Augustin, Inc., 1949. 61 pp.

The central theme of Balinese ritual and folklore—the fight between the powerfully destructive witch, Rangda, and the helpful dragon, Barong—is the subject of a detailed field study by the author who spent several years in Bali. The basis of this legend is the old Indonesian creation myth, the belief in the primal, undifferentiated male-female parent. The legend, its enactment, and deeper meanings have been dealt with at length by Bateson and Mead in *Balinese Character*.¹ They see Rangda as a projection of the castrating mother, and Barong as a projection of the loving father. Miss Belo opines that the two characters are identical, expressing the ambivalence toward the mother, her good, food-giving, and her deathly, aggressive side.

Psychoanalysts who frequently refer to Bateson and Mead's book would do well to consult Miss Belo's publication. It deserves serious attention.

WARNER MUENSTERBERGER (NEW YORK)

¹ Bateson, Gregory and Mead, Margaret: *Balinese Character, A Photographic Analysis*. New York: The New York Academy of Sciences, II, 1942.

International Journal of Psychoanalysis. XXX, 1949.

Norman Reider, Ralph R. Greenson, L. Peter Deutsch, Marcel Heiman,
Charles Brenner, Theodore Branfman, Charles Brenner, Leon L. Altman,
Martin Wangh & Jacob A. Arlow

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ABSTRACTS

International Journal of Psychoanalysis. XXX, 1949.

Anxiety and the Capacity to Bear It. Elizabeth Rosenberg. Pp. 1-12.

This paper begins with a recapitulation of the historical development of analytic theories regarding the nature of anxiety. It stresses the importance of Freud's distinction between primary and secondary anxiety. Primary anxiety is understood as a direct result of such helplessness in a situation of overwhelming excitation as to constitute a traumatic event. Secondary anxiety is defined as a defensive reaction brought about by fear in the face of an internal danger situation. Therefore, the capacity to bear anxiety must be considered in the light of this double orientation. There follows a brief discourse on the origin of instinctual frustration and a consideration of the various theories of aggression. This leads to a discussion of clinical material related to the two types of anxiety, illustrating clearly the value of theory to practice. The paper ends with the thesis that experience with anxiety and a mastery of it are necessary for emotional development. Some types of psychotic and pre-psychotic characters are unable to tolerate anxiety.

NORMAN REIDER

A Hypothesis to Explain Trauma-Re-Enactment Dreams. J. O. Wisdom. Pp. 13-20.

The main aim of this paper is to attempt to explain dreams of trauma re-enactment within the framework of Freud's hypothesis that dreams are wish fulfilments. Freud at first considered such dreams an exception to the rule but later modified this view with the concept that dreams are attempted wish fulfilments.

In this presentation Wisdom begins by broadening the concept of wish fulfilment to include pleasure-need fulfilment and punishment-need fulfilment. He then formulates the hypothesis that trauma dreams express wish fulfilments. The rather complicated formulation runs as follows: the trauma expresses a need for punishment. The pleasure-need is also expressed by the dream if one supposes that the object of hostility is within the dreamer. It is typical of trauma dreams that the ending does not disclose the person who has been destroyed, and trauma dreams thus contain distortion by a condensation of the two objects.

RALPH R. GREENSON

Silence and Verbalization: A Supplement to the Theory of the 'Analytic Rule'. Robert Fliess. Pp. 21-30.

In studying the phenomenon of verbalization, it becomes obvious that speaking may influence repression and give rise to 'the release of quanta of regressive affect collateral to repressed ideation'. It is maintained that 'the pleasure-

physiological function of speaking is therapeutically active, and that, since liberation of affect is dependent upon instinctual discharge, a theory of the "analytical rule" must account for its "erotogenic" effects'.

Among the earlier writings concerned with the problem of speaking as an outlet for the discharge of affect, Fliess takes his departure from two basic investigations, one by Abraham and the second by Ella Freeman Sharpe. Abraham describes individuals who, along with the uncontrollable urges toward oral communication, tend to urinate excessively—'a need often manifesting itself simultaneously with an outburst of talking or following it directly'. Ella Freeman Sharpe establishes the foundation upon which Fliess's later contentions are based. She maintains that since the power of speech is acquired along with the establishment of anal and urethral sphincter control, the relief of feeling tension originally disposed of by bodily discharge can be displaced and find an outlet through the channel of speech. 'The activity of speaking is substituted for the physical activity . . . while words become the very substitute for the bodily substances.' Thus, the act of speaking may under certain circumstances substitute for the performance of urination and it becomes obvious that in individuals showing the well-defined erotogenic disturbance, first described by Abraham, the speech apparatus may be used for the accomplishment of a 'regressive urethral-erotic instinctual discharge in displacement'. The speech apparatus under those circumstances is bound to display functional peculiarities characteristic of the erotogenic zone involved.

Clinical observation leaves no doubt that there are three main types of pathological speech: urethral-, anal-, and oral-erotic. Fliess delineates various types of regressive 'partial-erotic' language, and devotes his investigation to the study of 'interference-silence'. One can conceive of the language of the sphincter as a biphasic process: speaking indicates sphincter action, whereas silence indicates sphincter closure. On the base of definite criteria, there are three types of silence: 1, 'Urethral-Erotic Silence (emulation by the speech apparatus of closure of the sphincter urethræ)'. This type approximates the interruption of normal speech. 2, 'Anal-Erotic Silence (emulation by the speech apparatus of closure of the sphincter ani)'. This form strikes one as an inhibited 'peristaltic' speech. 3, 'Oral-Erotic Silence (diversion of speech apparatus to the control of oral-erotogeneity)'. This form is the most regressive one with a greater 'loss of speech' characteristic of the prelinguistic period of infancy.

Although the occurrence of 'partial erotic language' seems to be limited to individuals with an erotogenic disturbance, it must be emphasized that in the course of psychoanalytic procedure infantile erotogeneity will be reactivated and give rise to it. 'The displacement of such erotogeneity upon the speech apparatus is one of the fundamental effects of the enforcement of the "analytic rule".' It is understood that the insistence upon the analytic rule implies the demand for an optimum of verbal, and a minimum of 'excretory instinctual discharge', i.e., it favors 'obtainment of maximal remembrance and minimal acting out'.

A discussion of the casuistic material and the final metapsychological formulations is prohibited by the scope of this abstract. This is a very stimulating and thoughtful paper, remarkable for its economy of formulation and an uncompromising insistence on terminological clarity.

L. PETER DEUTSCH

Notes on a Case of Male Homosexuality. H. A. Thorner. Pp. 31-35.

The case in question is that of a man whose illness started with symptoms of breathlessness and choking. During preanalytic treatment he lost these symptoms and became an overt passive homosexual. Subsequently, during his first six months of analysis, he became an active homosexual. Finally, at thirty-two, he had his first heterosexual experience.

Thorner tries to show that manifest homosexuality can take the place of another symptom. By the symptom of breathlessness the patient defended himself against the fear of being swallowed (by his mother). In the phase of passive homosexuality he himself became the person who swallowed, thus using a different defense mechanism to deal with the same anxiety situation. One characteristic of his active homosexual phase was that his partners were persecutory rather than love objects—unconsciously externalized internal persecutors, invested with his own projected anxieties. By recognizing these anxieties, he made the first step toward his first heterosexual relationship. This coincided with a strong positive transference in which he identified himself with the good father and thus obtained the father's penis, an achievement beyond his reach in his homosexual relations.

Although this first (and apparently only) heterosexual relationship did not last long, his homosexual activities changed: they lost their compulsive character and became more infrequent. There was also improvement in other areas, such as in his reality-testing ability.

At the end of the paper Thorner discusses the interrelationship between feelings of persecution and homosexuality.

Remarks on the Relation of Male Homosexuality to Paranoia, Paranoid Anxiety and Narcissism. Herbert Rosenfeld. Pp. 36-47.

Rosenfeld agrees with Melanie Klein's hypothesis that the paranoiac is fixated at the early oral level (paranoid position) and that the paranoiac's homosexuality is secondary and defensive in nature. It is the problem of the relationship of manifest homosexuality to paranoia which is discussed in this paper.

The author uses the clinical material from three patients to make the following deductions: in the first patient homosexual activities were used as a defense against paranoid anxieties and stopped when these anxieties became too great. This patient also suffered from occasional elation which Rosenfeld relates to the homosexuality, indicating that he used his homosexual activity as a means of projecting an unbearable internal depressive or persecutory anxiety situation caused by the greedily incorporated penis or breast.

The second patient was a manifest homosexual male of thirty-eight with conversion symptoms, manic-depressive moods, and paranoid anxiety. Rosenfeld deduces that in this case the homosexuality was partly determined by his attempts to appease external persecutory figures by passive anal intercourse. In addition, his homosexuality was used as a defense against depression. In the transference the depression disappeared after a successful interpretation, which in turn permitted the patient to give up his homosexual activities completely in favor of heterosexuality. The deeper mechanisms included attempts to recapture his lost (or destroyed) mother, his virility and penis, all of which were projected on other men.

The third patient was a man with paranoid character traits and strong latent homosexual wishes. After two and one half years of analysis, he developed pleurisy and while hospitalized he became acutely psychotic with suicidal depression and a hypochondriacal kind of paranoia. Rosenfeld declares that through this case he learned (eight years ago) that latent homosexuality may cover up latent paranoia. He mentions the Wolf-man as another well-known case of a neurosis with underlying psychosis. Interestingly enough, this patient returned for treatment after several years despite (or because of) his claim that his analyst had crippled him. He improved quickly and Rosenfeld deduced the presence of a mechanism similar to that in case two.

Lastly, the author uses the third patient to point out the relation between homosexuality and narcissism: a projection takes place of a part of the patient, usually his penis, onto another man to whom there is then a narcissistic attraction. Rosenfeld thinks this projective mechanism can be traced back to the early oral-sadistic impulse of forcing one's self into another person. He brings further clinical data to support this view, held by Melanie Klein and named by her 'the paranoid position'. The fixation at this early level may be responsible for the frequent combination of paranoia and homosexuality.

MARCEL HEIMAN

Aspects of Pathological Grief and Mourning. Charles Anderson. Pp. 48-55.

This paper is based on observations on one hundred patients hospitalized for clinical symptoms diagnosed as anxiety states, hysterias, obsessional tension states, and manic-depressive responses. All were believed to be precipitated by an object loss (usually in connection with the recent war) and thus to represent various types of (pathological) mourning. In Anderson's experience such patients do badly when treated by the cathartic methods widely recommended for war neuroses. If so treated, frank psychotic reactions may ensue, or at least a worsening of the existing symptoms. Illustrative case reports are given.

CHARLES BRENNER

Notes On Two Special Features in A Homosexual Patient. Hilde Lewinsky. P. 56.

The first feature described is a conscious homosexual masturbation fantasy of playing with the anus and buttocks of a policeman. This is considered an effort to corrupt authority and get the better of father. The second feature refers to a nine-day abstinence from homosexual activities during analysis at which time the patient masturbated and felt this to be worse than his homosexual relationships.

The view is taken that homosexual masturbation is a means of circumventing masturbation prohibition. While pre-œdipal (breast-sucking) fantasies are also mentioned, it is concluded that the two special features result from œdipal castration anxiety and are devices designed to overcome fear without giving up forbidden pleasures.

A Case of 'De-Conversion'. Ida Macalpine. Pp. 57-58.

A case similar to that described by Freud in *A Religious Experience*¹ is reported. While witnessing an operation on a middle-aged woman, a twenty-six-year-old medical student suddenly felt it impossible to believe in God. Several weeks later, during religious services following the death of his father-in-law, the young man's doubts vanished. These events were interpreted as follows: 1, mobilization of œdipal conflict while witnessing the operation in which he identified himself with his sadistic father assaulting his mother in a primal scene fantasy; 2, reaction against this aggressive wish by turning in revolt (doubt) against father (God); 3, subsequent need to pacify his father when warned by the death of his father-in-law. Thus the student submitted once more to God the Father.

THEODORE BRANFMAN

Delayed Epileptiform Effects of Traumatic War Neuroses and Freud's Death Instinct Theory. Daniel K. Dreyfuss. Pp. 75-91.

Dreyfuss considers the following factors of decisive importance in the causation of a traumatic neurosis: '1, a penetration of the "protective barrier" or ego; 2, introjection and fixation of the traumatic experience by means of 3, an early linking of such recent experiences with infantile traumatic material; 4, defusion of instincts resulting therefrom with consequent loss of genital primacy; 5, regression to pregenital, particularly anal-sadistic and oral levels of libidinal development'. He feels that the intensity of the trauma and the infantile predisposition (degree of libidinal fixation as the result of infantile traumata) are mutually complementary factors. However, at a later point a view is presented which seems to be somewhat different: 'The breaking through of the protective barrier is nothing but a break-through of infantile wishes, a return to the œdipus situation. . . . The shock itself is a "screen" experience wherein the danger of castration of the childhood period once more becomes actual and real.'

Two excellent case reports and an interesting short story by Jack London are given to illustrate the dynamics of traumatic neuroses. In a final section Dreyfuss discusses the question of whether the observable factors in such neuroses require the assumption of a primary death instinct, or whether they can be as well explained by the turning inward of aggression following the trauma. In the end he leaves the matter open, though it would seem that he leans toward the latter view.

CHARLES BRENNER

Hate in the Countertransference. D. W. Winnicott. Pp. 69-74.

Winnicott points out that the analyst, especially of psychotics, will be unable to deal adequately and correctly with his patients unless he is extremely

¹ Int. J. Psa., X, 1929.

well aware of his own hatred (and fear) of the patient—a reaction which is unavoidable however much at other times he may love him. A psychotic, like a child, can believe in the analyst's love only after receiving proof that he is hated. Winnicott gives as an example his treatment of a nine-year-old boy, taken into his home for three months, whose conduct aroused his hatred. He was able to exercise restraint only by acknowledging it to himself and the boy. Winnicott suggests that a mother must hate her child and must be able to tolerate her hatred, as the analyst must tolerate his, without doing anything about it. Winnicott believes that an analysis is incomplete without the interpretation of the analyst's hate to the patient.

LEON L. ALTMAN

A New Interpretation of Hamlet. James Clark Moloney and Laurence Rochelein. Pp. 92-107.

Moloney and Rochelein disagree with the Freud-Jones thesis that Hamlet's inhibition of action is due to his own repressed murderous impulses toward his father. Were it so, they argue, Hamlet would have wanted to rid himself of his feelings of guilt through 'rescue fantasies', and would therefore not have killed Claudius. Then follows their explanation of Hamlet's indecision: he does not want to kill Claudius because Claudius protects him against growing up and possessing the Queen or her substitute, Ophelia. He is afraid of the Queen whom he suspects of having conspired against his father. His indecision stems from his inability to commit matricide, not patricide. Only after his mother's death does he begin to act; he kills Claudius and speaks like a king.

To unearth matricidal motivations in Shakespeare's tragedies is certainly a worthy undertaking. (It is remarkable that many of the mother figures or their substitutes are dead before the curtain rises or are destined to die during the plays.) However, in such psychoanalytic evaluation the documentation must be done with the greatest care to avoid giving the impression that the analyst has imposed his own free associations on defenseless material. Moloney and Rochelein often leave themselves wide open to such criticism.

In an addendum to their paper they suspect that the oedipus complex in general may be a reaction to repressed matricide. Following such an interpretation, Hamlet, in the bedroom scene, deflects his rage against his mother onto Polonius, a father substitute. Beyond the oedipal principle, Hamlet may be unable to kill the King because he cannot kill the Queen.

MARTIN WANGH

The Origin of the Scientific and Heroic Urge (The Guilt of Prometheus). Anton Ehrenzweig. Pp. 108-123.

Ehrenzweig speculates as follows: when the female of the species rose to an erect position, her genitalia disappeared as an object of immediate voyeuristic gratification for the male. In the resulting 'pan-genital crisis of the voyeur libido' the genital urge degenerated into a Thanatos wish for autotomy by the mouth which was equated with the vanished vagina (vagina dentata). The

wish to be seen by the loved partner exposed one to a considerable danger of arousing the urge to devour and be devoured. According to Melanie Klein, the inherited memory of the primeval oral crimes, which are based on the self-destructive tendencies of Thanatos, had to be transmuted by way of guilt feelings into mental aggression in order to save mankind from extinction.

An alternative method for neutralizing the self-destructive oral castration wish appears in the cultural process of science, which projects the internal compulsion and guilt into the compelling laws of nature that are explored in the scientific quest for knowledge and truth. Knowledge is bought by the scientist at the price of accepting castration. By identifying himself with his oral-sadistic mother, the scientist sublimates her oral aggression into his own scientific curiosity. The first object of this curiosity is the Devouring Mother herself.

Fire symbolizes the wish for passive oral castration. Both the myth of Prometheus and the fall of Adam in Paradise tell of oral self-castration which led to mankind's acquisition of knowledge. The heroic feat (e.g., Prometheus's) consists in willingly submitting to oral aggression. The hero's exhibitionism is an invitation to passive castration. He has no guilt feelings. The scientist, on the other hand, is a voyeur. He has already paid the price and connived in his own castration. These two attitudes, the exhibitionistic self-destructive hero and the already castrated oral sadistic voyeur (scientist), represent two types of homosexual attitudes which serve to overcome the (Prometheus) wish for oral self-destruction. In training the destructive element of fire, man also learns to control his own self-destructive Prometheus wish.

All characters referred to in this article are from mythology. No clinical evidence is offered.

JACOB A. ARLOW

Monotheism and the Sense of Reality. Leonard R. Sillman. Pp. 124-132.

In this article an attempt is made to show the influence of monotheism on the development of man's conscience and sense of reality. The first part deals with the effort of the Old Testament to civilize the father and establish the type of family relationship which psychoanalytic knowledge reveals as most beneficial for the individual's psychic development. The second part shows how certain features of monotheistic belief foster the growth of the pre-conscious, thus promoting the development of man's intelligence. The third part explains how monotheistic religions have encouraged the growth of experimental science.

AUTHOR'S ABSTRACT

American Journal of Psychiatry. CVI, 1950.

Clinical Variants of Moral Values. Gregory Zilboorg. Pp. 744-747.

Zilboorg distinguishes between conscience and the superego, and between a normal and a pathological sense of guilt. 'If psychoanalysts could really "analyze out" a human conscience, they would have become the greatest mass

producers of schizophrenic criminals', he declares. He does not further clarify his differentiation between conscience and the superego, but promises to do so in another paper.

A Postgraduate Psychoanalytic Training Program. Its Evolution, Principles, and Operation at the New York Medical College. Alexander Gralnick. Pp. 841-844.

Gralnick discusses the principles and practice of the psychoanalytic training program at the New York Medical College. Franz Alexander, in discussion, sees the development of psychoanalytic training in conjunction with medical schools as the 'liquidation of a cultural lag'. Psychoanalytic institutes, he maintains, developed their independent organization of necessity when freudian theories were rejected by established psychiatry. Now that this alienation has been overcome, it is inevitable that medical schools should participate in teaching psychoanalysis. Alexander points to obstacles which must be overcome if the coöperation of the psychoanalyst and the medical school is to be achieved.

The Semantics of 'Organ Language'. Karl Stern, J. B. Boulanger, and Sheena Cleghorn. Pp. 851-860.

This article presents an intriguing review of words in English, French, and German, used to designate the organs of the body and their functions, and the emotional connotations with which these words are associated. 'Odious' and 'odorous', arising from the same root, show a community of affect; 'snub' derives from 'sniff' and 'sneeze'; insults are 'swallowed' by the patient or timid, while obstinate people are 'stiff-necked'. When the various regions of the body are explored for their contributions to symbol and language, striking parallels emerge through comparisons of the idioms of the three languages.

MARK KANZER

Psychiatric Quarterly. XXIII, 1949.

Some Comparisons of Psychotherapeutic Methods in Schizophrenia. Samuel D. Lipton. Pp. 705-714.

This paper is a review of the literature brought into focus by the work of John N. Rosen on direct analytic therapy of schizophrenia. It is noted that in none of the papers reviewed was the opinion held that the schizophrenic was inaccessible or did not develop a transference. Glover is quoted as stating that much of the alleged inaccessibility of the psychotic is really a proof of our own protective inaccessibility. Actually the schizophrenic develops an intense transference reaction which is extremely sensitive—probably because of his intuitive understanding of the unconscious of the therapist—and which is also extremely ambivalent, presumably because of its primitive nature. He probably seeks a maternal transference. The therapist's ability to tolerate the negative transference is important. Rosen, the author feels, seems to combine an unambivalent maternal attitude, a remarkable tolerance for the negative transference, and a good understanding of the unconscious which enable him to make effective interpretations quickly.

Direct Interpretation in the Treatment of a Case of Schizophrenia. Malcolm L. Hayward. Pp. 720-737.

A schizophrenic woman of thirty-five, who had spent most of her time in mental hospitals for the past twelve years and had not been helped by shock therapies, was treated with direct analytic therapy as described by John N. Rosen and improved remarkably. Transference and particularly the counter-transference of the therapist played the decisive part. While questioning was ineffective, direct interpretations in a rather intuitive manner led to a dramatic release of affect and rapid improvement.

BERNHARD BERLINER

A Multiple-Factor Psychosomatic Theory of Schizophrenia: An Attempt at a Consistent Conceptualization. Leopold Bellak. Pp. 738-755.

The clinical conditions referred to as schizophrenia share in common certain phenomena (thinking disorder, emotional disorder, and a narcissistic orientation with apperceptive distortions). They consist of widely differing syndromes with a multitude of etiological factors leading to a common final path. These may be primarily psychogenic or primarily somatic, but always both. The somatic predisposition plus the sociopsychological predisposition (childhood conditioning) lead to a liability toward the schizophrenic reaction type. However, psychological and somatic (organic disease) precipitating forces may be relatively prominent.

The term schizophrenia is suggested where there is a minimum of somatic and a maximum of sociopsychological predisposition, and also where there is a minimum of somatic and a maximum of psychological precipitating causes. Where there is a maximum of somatic and constitutional predisposition and a minimum of sociopsychological predisposition or precipitating causes the term *dementia præcox* is advised. The principal types of therapy, such as psychoanalysis, repressive psychotherapy, occupational therapy, shock therapy, or lobotomy, function either in strengthening the ego or weakening the id or superego.

JOSEPH BIERNOFF

Bulletin of the Menninger Clinic. XIV, 1950.

The Survival Function of Schizophrenia. John N. Rosen. Pp. 81-91.

Rosen attempts to explain the sense of reality that schizophrenics obtain from their hallucinations and delusions. He believes that these psychotics live under a death-threatening deprivation and that the becoming real of their imaginations is a last desperate attempt to ward off this destructive deprivation. The ego plays a game and it is the function of the imagination to provide the patient with those things necessary for the continuance of life. In the treatment of such cases it is necessary for the therapist to permit the patient to relive his decisive infantile frustrations and at this time afford him the opportunity of correcting these traumatic events. Rosen's recovered patients tell him that in their treatment he was able to help them overcome their deprivations by his behavior during the therapeutic process.

Interim Report of the Research Project on the Selection of Medical Men for Psychiatric Training. Lester B. Luborsky, Robert R. Holt, William R. Morrow. Pp. 92-101.

The authors describe their research project on the best ways of selecting physicians for psychiatric training. They were interested in finding what qualities of personality make a person most suitable, what instruments to use to detect these qualities, and the best method of using the chosen instruments.

In this paper they report a synopsis of their work to date with preliminary results. They discovered, for example, that one of the most important sources of error in initial predictions was an overestimation of an appearance that suggested maturity, poise, and integrity. They found that a display of overt hostility generally led to an underestimation of the candidate. They pooled the list of attributes thought to be most relevant for psychiatrists and boiled them down to twenty-five, including such qualities as 'integrity, emotional stability, emotional warmth, objectivity toward others, and psychological mindedness'. In order to survey these areas, a new battery of tests, a different interview procedure, and an autobiography were devised. At this point they have prepared a manual to guide the scoring of the most promising procedures in making predictive ratings. Thus far there are some promising results from preliminary cross-validations.

The Use of Infant Tests for Predictive Purposes. Sibylle Escalona. Pp. 117-128.

Escalona points out that in psychological testing generally, there has been a shift toward a holistic view, which has brought about significant changes in the nature of the tests used, in test analysis and evaluation, and in the very aims of psychological testing procedure. The measurement of an absolute level of ability in relatively isolated functions has been replaced by an assessment of psychological functioning as a whole. The author then describes how this concept of testing has been extended to the infant. Prediction of level or kind of mental functioning implies a prediction concerning not only the characteristics of the subject, but also the constellation of the environmental variables. Thus it was found that the predictive accuracy of infant intelligence level tests could be improved when the test results proper were brought into relationship to the clinical observations of the total testing situation.

The Autistic Attitude in Medicine and Science. Alfred Plaut. Pp. 131-137.

In this paper Plaut demonstrates the subtle and insidious manner in which autistic thinking creeps into the fields of medicine and science. The unconscious wish to prove a pet theory or to defend a point of view silently corrupts the conscious honesty of the worker. This can be seen in individuals but more clearly in groups. People who work in universities, institutes, and for government agencies, particularly for totalitarian governments, are often influenced by the atmosphere without consciously recognizing the falsification of their observations. One of the powerful motives is the desire to appear clever at the lowest possible cost and with the least effort. Simple, black-and-white, ready-

made answers are very often autistic. Man tends to forget to how humble a place in the universe he has been relegated by the scientists. Autistic thinking usually springs from the unconscious desire of man to keep man and the individual the center of the universe.

RALPH R. GREENSON

Psychiatry. XIII, 1950.

The Themes of Work and Play in the Structure of Freud's Thought. David Riesman. Pp. 1-16.

According to Riesman, Freud's ascetic, rationalistic dichotomy between work and play belongs to the work morality of nineteenth century Europe, to the period antedating the industrial revolution with its shortening of labor and expanding of leisure horizons. However, a refreshing aspect of Freud's thought is that he never adopted the notion that work and play must alike be fun—a notion which forces upper middle-class American men to merge the spheres of work and play, often without advantage to either. In their long tradition of the driving and driven men who created Western industrial society, Americans have substituted fun morality for work morality which makes it difficult to admit that one is tired; one has not done enough to deserve it, so that under the guise of fun and play, we remain today almost as truly ascetic as Freud. Since many Americans are excluded from meaningful work—are not free to work—they are also not free to play.

Riesman feels that it is now time for analysts and other social scientists to pay more attention to play, to study the blockages in play as they have been studied in work and sexuality, at the same time being aware of the elusiveness and privacy that are its main defenses. We should search for a new integration of work and play which would allow more work in work, more play in play, and thus would be superior to the freudian dichotomies.

Psychotherapy of Psychoses, Some Attitudes in the Therapist Influencing the Course of Treatment. James Mann, Doris Menzer and Christopher Standish. Pp. 17-23.

This is a report on some attitudes of three therapists and the influence of such attitudes on the psychotherapy of eleven psychotic patients. In addition to conscious reasons, these patients were chosen by the therapists for various unconscious reasons, among which are a similarity to some important figure in the therapist's past, behavior on the part of the patient which is perceived as a conflict which the therapist shares with the patient, and flattery of the therapist by the patient.

The therapist's ability to see himself in the patient may have some bearing on the unconscious significance of the term 'empathy'. This feeling of identity is communicated to the patient through the therapist's interest and unreserved acceptance. The repressed conflicts in the therapist, which had originally attracted him to the patient, may be activated by the patient's behavior, and the therapist must be able to handle these realistically—not with emotional

flight nor with retaliation from which abandonment may result. Self-scrutiny by the therapist serves to avoid or correct deterioration of the therapeutic relationship and to permit continuation of treatment.

HELEN TAUSEND

Some Aspects of Lobotomy (Prefrontal Leucotomy) Under Psychoanalytic Scrutiny. Jan Frank. Pp. 35-42.

Some analytic observations gleaned in over six years of contact with more than three hundred cases of lobotomy are reported. The lobotomized patient cannot associate freely in a meaningful manner; neither can he enter into a transference relationship in the usual sense. His dreams have the character of direct wish fulfilment like those of children. Several lobotomized patients are described to illustrate personality changes brought about by the operation.

Ferenczi thought that in psychosis a pathogenic process in the brain threatened the ego nucleus. Following lobotomy this narcissistic threat is answered with a constriction and hypercathexis of the ego boundaries—to borrow Federn's terminology. The spontaneity and lack of initiative in the lobotomized person is thus not only a defect, but also a defense against the fearful experience of being unable to master reality.

The emotional asymbolia caused by lobotomy drains away a psychic dimension. The forebrain, in the part it plays in gross functional representation, is an important instrument in the integrity of the preconscious system. The defensive hypercathexis and constriction of the ego boundary which follow lobotomy enable the psychic apparatus in some cases to ward off flooding by id derivatives. At the same time schizophrenics who have no one to accept them after the operation cannot make an adjustment outside a hospital.

MARTIN GROTJAHN

New Views on the Psychology and Psychopathology of Wit and of the Comic. Silvano Arieti. Pp. 43-62.

Arieti reviews the literature on wit and adds to it his own theories of the 'paleologic', a logic which antedates Aristotelian logic and is in essence an archaic, more elastic and complaisant system of logic which permits interpretation of reality in accordance with one's wishes. This is used by psychotics in dreams as well as in wit and the comic. Paleologic thinking permits a choice of predicates out of numerous possible ones and may lead to deductions which are gratifying for the individual. Also there is emphasis on denotation and verbalization with reduction in connotation giving rise to extreme literalness.

Examples are given of wit wherein two concepts are identified because they have the same verbalization; where denial of a statement is the assertion of its opposite; where repression and gratification occur simultaneously—especially in relation to sexuality and hostility, human frailty and man's inadequacy. Representation through the opposite confers charm and beauty on a joke; condensation lends significance to jokes. These are due to paleologic identification or compositions.

Many mental and neurological patients appear facetious to the listener through their use of very primitive paleological mechanisms. However, when the language is so remote from reality that no similarity or possibility of confusion with logic is left, it is not laughable.

HELEN TAUSEND

Psychosomatic Medicine. XII, 1950.

A Note on Psychosomatic Correlations. William T. Lhamon and Leon J. Saul. Pp. 113-115.

Early attempts to correlate organic symptoms with psychodynamic factors were based on the premise that the personality functioned as a homogeneous unit. Specific organic conditions were thought to be characteristic of certain personality types, e.g., 'ulcer personality'. A modification of this 'personality-as-a-whole' concept was introduced with studies of 'personality profiles' wherein the correlation was sought between symptoms and the main configurations of the personality. The search for psychosomatic correlations was placed on a sounder footing when detailed study was directed to the specific conflicts which seemed most directly related to the symptoms. What was found characteristic was not a certain personality type but a typical conflict situation.

Psychosomatic symptoms represent a partial regression. They occur in all sorts of personalities. All phases of libidinal development are represented in varying degrees in the adult personality. The total personality depends on the proportions of all the trends, regressive and progressive. The partial regression represented by the psychosomatic symptom may serve to prevent a psychological regression so that individuals with psychosomatic symptoms may be the opposite of infantile in their outward personalities. In order to narrow the gap between the physiological and the psychological, it is necessary to study in detail the individual impulses and their interactions as well as their specific relations to the symptoms.

Life Situations, Emotions, and Graves' Disease. Theodore Lidz and John C. Whitehorn. Pp. 184-186.

Hyperthyroidism may be precipitated by the emotional stress accompanying a disruption or threat of disruption of the dominant interpersonal relationship on which the security of the patient depends. It produces its pathogenic effect in persons who are vulnerable through a specific personality constellation. These individuals are dependent for their security on the affection and protection of others which they endeavor to secure by lavishing attention and care on them. Unless they can give of themselves they feel unwanted and rejected. This pattern originates in a particular relationship to the mother whose affection is wooed through intense and persistent devotion and a denial of all rebellious feelings. Later such an attitude may be transferred to a mate or children, with resultant jealous possessiveness and apprehensive oversolicitude for which they expect in return unswerving fidelity. Thus vulnerable, these patients are constantly suffering disappointment. Such a pattern is found even

in patients who give the opposite impression. Such a patient is briefly described. Lidz and Whitehorn abstracted this pattern from the study of a considerable number of women hyperthyroid patients; too few men were investigated to establish a pattern for them. Nothing is known of the mechanism whereby the thyroid gland becomes implicated.

Life Situations, Emotions, and Glaucoma. Herbert S. Ripley and Harold G. Wolff. Pp. 215-224.

In a group of eighteen patients with glaucoma, the severity of ocular symptoms and the level of intraocular tension were found to correlate with emotions of anger, anxiety, or depression, and rarely with feelings of joy. Periods of tranquility were associated with remissions of signs and symptoms. In several of the cases excessive weeping either preceded the development of the glaucoma or alternated with elevations in intraocular pressure. It seemed, therefore, that emotional tension which did not find satisfactory release was an important factor in the exacerbation of the glaucoma. Ripley and Wolff suggest that in some individuals there is a concomitant participation of the aqueous humor regulation of the eye in emotional upheavals, and that the increase in intraocular pressure represents an inappropriate biological pattern of mobilization.

S. GABE

American Journal of Orthopsychiatry. XX, 1950.

The Strange Hen. David M. Levy. Pp. 355-362.

Levy describes observations on the behavior of hens when a stranger is introduced into the group. He concludes that there is a basic drive, a seeking of one's kind, that is operative before dominating tendencies are asserted and also precedes evidence of sexual activity. In this 'primary biosocial drive', Levy sees the elementary basis of all the processes of identification. Studies of orphan and mothered chicks are used to substantiate these views.

Values and the Psychiatrist. Sol W. Ginsburg. Pp. 466-478.

The analyst inevitably works with values and should not only recognize but consciously make use of his own values. This involves recognition of social realities. 'Our claim that we have no blueprint for our patient, that we want him only to be free to transform his instinctual needs into meaningful and healthy patterns of living, is illusory. Analysts must work with a definition of what constitutes the mental and emotional health they are trying to enable the patient to achieve . . . every choice a patient makes—a job, a spouse, an avowed cause, an assumed obligation—has values involved in it, and much of the work of the therapist will reflect his insight into values' which should be acknowledged and systematically explored. Ginsburg indicates that psychiatrists cannot obtain a satisfactory concept of values merely in the secluded protection of the treatment room.

Observations on Asthmatic Children. Irving D. Harris, Lydia Rapoport, Mary Ann Rynerson and Max Samter. Pp. 490-505.

Investigations of asthmatic children support the hypotheses of French and Alexander that these patients are particularly prone to fear of separation from the mother and find it difficult to cry and to confide in her. On the other hand, the authors discovered a group of asthmatic children who did not reveal these characteristics yet showed much the same response to allergic treatment. Questions arise as to the evaluation of psychogenicity and indications for psychiatric treatment.

A Study of Hostility in Allergic Children. Hyman Miller and Dorothy W. Baruch. Pp. 506-519.

Using Wickman's criteria of 'withdrawing' and 'attacking' dispositions in children, and comparing allergic with nonallergic groups, Miller and Baruch found a significantly greater turning of aggression against the self in the allergic groups. They suggest that constitutional allergies are activated under such circumstances.

MARK KANZER

Archives of Neurology and Psychiatry. LXIII, 1950.

Studies on Headache: 1. Effects of Carbon Dioxide-Oxygen Mixtures Given During Preheadache Phase of the Migraine Attack. 2. Further Analysis of the Pain Mechanism in Headache. Robert M. Marcussen and Harold G. Wolff. Pp. 42-51.

This paper describes the results of clinical and experimental studies which attempt to clarify the nature of the vascular changes in migraine. The pre-headache phenomena of migraine are probably due to cranial vasoconstriction. These phenomena can be abolished or modified by the administration of a mixture of ten percent carbon dioxide with ninety percent oxygen during the preheadache or early headache phase. During the headache phase there is vasodilatation and edema of the vessel walls. When vasodilatation and edema were induced in patients experimentally they did not produce pain. It is therefore inferred that in addition other factors are necessary for the production of vascular headache. The vasodilatation may be an attempt on the part of the body to restore the homeostasis of cranial circulation.

Studies on Headache: Distention of the Rectum, Sigmoid Colon and Bladder as a Source of Headache in Intact Human Subjects. H. Schuyler Robertson and Harold G. Wolff. Pp. 52-55.

It has long been believed that constipation and distention of the bladder are causally related to headaches. Robertson and Wolff studied seven volunteers and found that headache did not result from the experimental distention of the bladder or large bowel. It is inferred, therefore, that the association between constipation or urinary retention with headache is probably not directly related to the visceral distention or to the contraction of the large bowel.

RALPH R. GREENSON

Journal of Nervous and Mental Disease. CXII, 1950.

Emotions Induced and Studied in Hypnotic Subjects, Part II: The Findings. Nina Bull and Lothar Gidro-Frank. Pp. 97-120.

The authors extend the James-Lange theory of emotions to include the concept that emotion is the feeling of the motor attitude, a consciousness of preparation or readiness for action. Disgust, fear, anger, depression, triumph, and joy were studied in hypnotized subjects to whom these emotions were suggested. Objective and subjective observations were collected. Specific action patterns were obtained to the stimulus words. In disgust the authors find two incompatible reactions, one visceral and the other skeletal. In fear the alternate reactions were wanting to get away and being rooted to the spot. In anger there was a forward-moving tendency to attack which brought on a second reaction of strong restraint. In depression a sequence of patterns was touched off by interference with the act of striving. In triumph and joy there was a reversal of the various factors in the depression complex.

This paper is a thought-stimulating one, but it suffers from conceptual and methodological errors. First, it seems evident that the orientation of the authors is essentially a biological one. In attempting to study the emotions they fail to establish and work from a coherent set of axioms. The result is that words like 'conflict' are misused. The authors see within the structure of the alternate motor reactions available to the individual a conflict of two incompatible reactions. It appears to this reviewer that the reactions to the stimulus words are multi-determined; that the choice which the organism makes will be dependent on many factors—not only that which will be most efficient for the particular stimulus; that the reactions observed are alternatives rather than incompatible, conflicting reactions; that within the structure of each of the reactions one might understand from the psychological point of view the alternatives of 'fight or flight' and from the biological point of view either incorporation into the organism or elimination from the organism. This would hold for the more simple emotions of disgust, anger, fear. No attempt is made by the authors to correlate their findings with psychoanalytic findings. Finally it might be stated that what was here studied was not the psychology of the emotions but rather affects and the potential discharge mechanisms available to the total apparatus. Meanwhile the psychology of the emotions was necessarily by-passed.

Mild Manic-Depressive Psychosis, Depressive Type: Psychiatric and Clinical Significance. John D. Campbell. Pp. 206-236.

Campbell's thesis states that there are many cases of manic-depressive psychosis which go unrecognized and misdiagnosed. The idea is a good one and is repeatedly used by clinicians who are psychoanalytically oriented in the sense that they recognize that some syndromes mask a depression or are defenses against depression. Campbell, however, has another idea. His chief interest is in pointing out features of autonomic dysfunction characteristic for manic-depressive psychosis and, by implication, justifying the constitutional and physiochemical etiologies and shock therapy.

VICTOR CALEF

Journal of Neurology, Neurosurgery and Psychiatry. XIII, 1950.

Normal Mentality Associated with a Maldeveloped 'Phinencephalon'. P. W. Nathan and Marion C. Smith. Pp. 191-197.

Many experiments with cats, dogs, and monkeys try to establish certain parts of the brain as responsible for this or that emotional expression. Here is considered the clinical case of a human being with no neurologic, neurotic, or psychotic symptoms who lived thirty-four years and died of a chondrosarcoma of the ileum. He was intelligent, easy-going, not prone to rages, and attained the same socioeconomic level as that of his father and siblings. During the recent war he served in the army for five years. Yet on autopsy his brain showed marked abnormalities such as absence of the fornix and massa intermedia, an abnormal and very small hippocampus, and an anomalous cingulate gyrus and corpus callosum—loci previously described by various authors as necessary for emotional control and integration.

KENNETH MARK COLBY

Mental Hygiene. XXXIV, 1950.

Psychiatric Service in Relation to Public-Health Activities. Jules V. Coleman. Pp. 364-372.

Workers in the field of public health can perform their function far better if they work with the insights and concepts of psychiatry. There is a two-way learning process between psychiatry and public health. The mental hygiene approach is an integral and inseparable part of the philosophy of public health practice. Psychiatry's contribution is, however, contingent on an acceptance of the philosophy and aims of public health, a willingness to work within its administrative and functional organization, and a recognition of those mental hygiene objectives of public health which have already been achieved. The people who are served by public health activities have the usual psychiatric problems and are therefore greatly in need of mental hygiene services.

JOSEPH LANDER

Journal of Social Psychology. XXIX, 1949.

The Origin and Nature of Social Life and the Biological Basis of Coöperation. M. F. Ashley Montagu. Pp. 267-284.

The fundamentally social nature of all living things has its origin in the physical relationship between parent and dependent offspring. The organism is a species of society and the solitary animal is, in any species, an abnormal creature. The tendency of living things to form societies is coeval with life itself. Examples of biological coöperation or biosocial facilitation are cited and are held to represent, among lower and simpler animals, earlier stages of the complex social life of higher animals. This principle of coöperation has great survival value and is as important if not more important than competitive struggle for existence and survival of the fittest. Coöperative and competitive principles actually operate simultaneously. These concepts are applied to an understanding of the biological and psychological situation of the

human infant as it develops. The concepts are used to attack the 'myth of the rugged individual': 'As the child matures and the socializing process continues . . . the child becomes more and more firmly bound to the socializing agent, more and more dependent rather than more free, and this social binding continues throughout life'. Montagu traces the relationships among this biological principle of coöperation, the prolonged dependency of the human infant, and the importance of love and security in the development of children.

ROY SCHAFER

Transactions of the New York Academy of Sciences, Series II. XII, 1950.

Thematic Apperception: Failures and the Defenses. Leopold Bellak. Pp. 122-126.

A significant number of TAT records do not show pathology because of the paucity of content in the stories or for other reasons. Bellak therefore urges that we 'study apperceptive protocols specifically from the standpoint of the defenses as indicators of personality structure, as criteria of assets and liabilities, and often as the only clues to impulses which themselves may have become completely invisible'. He discusses manifestations of perceptual repression, denial and turning into the opposite, displacement in time or place, reaction-formation against aggression, and other defenses. We need to understand failures in terms of defenses against anxiety, as in the psychoanalytic situation. The TAT presents a special ego problem that requires mental activity which is more controlled than that in nocturnal dreams, which involves a more defined task than do daydreams, and which needs freer rein than does thinking about the structured problems of everyday routine.

ROY SCHAFER

The British Journal of Psychology, General Section. XXXIX, 1948.

Responses of German and English Secondary Schoolboys to a Projective Test. A. Kaldegg. Pp. 30-53.

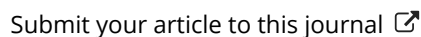
Large groups of schoolboys were told of various incidents and relationships in the life of a boy. After hearing each segment of the story they were asked questions regarding the motivation of the characters, the consequences of certain acts, and the like. Such boyhood experiences were involved as crying, dreaming, wishing, keeping secrets, being afraid, lying, and observing hostility between the parents or between parents and children. The responses of the German boys demonstrated a marked identification and loss of distance, a strong tendency toward conventionalism and rigidity, anxiety over schoolwork and wrongdoing, a particular dislike of cowards, and a favoring of corporal punishment (increasing with age) with no regard for fitting the punishment to the crime. English boys, in contrast, dislike bullies, ruffians, and girls, become more lenient with age rather than more drastically punishing, are sensitive to adapting punishments to crimes, and in general maintain a more detached and imaginative attitude toward the life situations in the story.

ROY SCHAFER

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Herbert F. Waldhorn

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NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

April 17, 1950. CLINICAL OBSERVATIONS ON THE TREATMENT OF MANIFEST MALE HOMOSEXUALITY. Anna Freud.

Miss Freud approached her clinical observations on the treatment of manifest male homosexuality by first surveying the psychoanalytic literature. Various authors had stressed the instinctual, bisexual basis of homosexuality; others emphasized the significance of such experiences as intense mother fixation, phallic narcissism, sibling rivalry, and trauma in childhood (related particularly to menstruation and circumcision). In the literature, the prognosis seemed largely concerned with the significance of such nosological 'types' as Ferenczi's subject or object homoerotic, or anal-sadistic or passive types, etc. In general an attitude of therapeutic pessimism prevailed, with frequent references to the problem of pleasure-gain associated with manifest homosexuality.

Miss Freud illustrated her experience by discussing four dissimilar cases of manifest male homosexuality, all of whom did well in analysis, and offered some conclusions at variance with, and some paralleling those noted in the literature. In addition to reporting a feeling of therapeutic optimism, she noted that evaluations of the patient's apparent motivation for cure, or of the type classifications based on overt behavior, failed to give accurate prognostic information. On the other hand, an appreciation of the fact that the conflict in these patients is between the desires for both active and passive roles is essential. Awareness of the patient's unconscious fantasy about his changing role in the homosexual relationship leads to therapeutically effective interpretations. Although many preparatory interpretations could enable such men to approach the feared woman with greater ease, only two interpretations seemed capable of allowing these homosexuals to divert their libido from one sex to the other.

These interpretations were based on the following two conceptions: in the case of male homosexuals who choose boys as their passive partners, Freud has stated that they identify with the partner and enjoy the satisfaction in the passive role themselves. Miss Freud discovered a parallel in the case of the apparently passive 'feminine' homosexual, who pursued the strong masculine man and also identified with his object, since the object represented his own forsaken masculinity. For the latter patients, loss of their homosexuality seems a renewed castration threat, since it robs them of the chance to find and enjoy the penis, unconsciously ceded to other men at the cost of their own potency and interest in their own bodies.

When such interpretations restored heterosexual potency the patients showed a striking re-enactment of the childhood phase of phallic narcissism, with their penis and body, rather than the woman, as the love object. Along with this were grandiose fantasies of potency and of possessing all women, which had to be interpreted before the patients could invest the object with some overflow of their own narcissistic libido, the prerequisite for true genital love. However, the persistence of fantasies stemming from submissive and passive desires hindered

restoration of the full ability to possess and love a woman. The climax of the conflict over masculinity and femininity in these patients was expressed in the fantasy of dissolving into nothing at the height of male potency, and full sexual normality and ability to love could be achieved only by the complete resolution of this fantasy.

Dr. Herman Nunberg stated that in treating patients who were disturbed about their masculinity, the various forms of the aggression arising from the castration complex must be analyzed. He found it much more difficult to show patients their reactive passivity and masochism, and cited other indications of the agreement between his views and the speaker's. Dr. Heinz Hartmann also stressed the importance of a genetic rather than a descriptive approach to the patients' fantasies, and agreed that the prognosis of such patients varied with the degree of transformation of the aggression into masochism. Dr. Ludwig Eidelberg felt that the oral regression or fixation common to these patients indicated that their hatred of women and preoccupation with the penis were a defense against impulses springing from the relationship with the preœdipal mother. Dr. Edmund Bergler noted that the fear of the penis being dissolved during intercourse was not a phallic castration fear as much as it was a fear of complete annihilation stemming from the deep oral regression. Dr. Grete Bibring believed that a female analyst for such patients facilitated the early transference in a helpful way, but agreed it was most difficult to lead these patients to becoming fully loving persons. Dr. Herbert A. Wiggers quoted his experience that the analysis, in the transference, of the patient's rage at the rejecting weaning mother led to full genital heterosexual love.

Miss Freud observed that the fear of the father in the œdipus complex could not alone explain the homosexual's rejection of his own masculinity. In these patients an active conflict between their masculine and feminine tendencies led to their inability to identify fully with the father. The passivity, desires and fears of such patients were shown in the analyses by occasionally falling asleep on the couch, and, for example, by the fact that the fear of entering the woman with the penis was the wish for the most infantile irresponsibility in the mother's care. This could lead from anxiety to an inability to coöperate which she illustrated. In regard to the oral regression which played an undoubtedly important role, Miss Freud felt that the good prognosis of her patients depended upon the fact that they had had relatively healthy development up to the phallic phase, where their abnormality began with the failure to identify with the father and progressed to homosexual object choice.

HERBERT F. WALDHORN

October 31, 1950. *THUS SPEAKS THE BODY, ANALYTIC POSTUROLOGY.* Felix Deutsch, M.D.

Over a period of seven years Dr. Deutsch has studied the postural behavior of patients in analysis as a research problem in the origin and development of motility. Whatever happens in one part of the body is reflected in the body as a whole and is integrated into the function of the whole organism.

The amount of physiological discharge corresponds to the amount of undischarged emotion. Analysis provides a particularly favorable experimental setting for examining such physiological expressions, and such splitting into individual components of behavior. Studies of posture are useful also in evaluating therapy and in affording clues to prognosis. The method of recording postures is described, daily records being summarized in a final 'posturogram'.

Each patient has a characteristic basic posture typical for him. Immobility in compulsives represents a defensive attitude of the ego against instinctual impulses. Postures change with the shift of the psychodynamic situation. Where the ego is unable to control instinctual impulses, there is considerable variability in posture during the analysis. Thus, the postural behavior of paranoids and individuals with homosexual panic is disorganized. Ego function can be considered effective when it succeeds in maintaining an equilibrium in postural behavior, when there is coordination and synchronization. Complications arise when there are motivations of different orders. Multiple motivations result in postural configurations consisting of a combination of differently determined postures of single parts. Examples of clinical syndromes and their postural correlates are given.

Dr. Edith Jacobson asked if certain types of patients were more apt to express their conflicts posturally than others, and if so, which ones. Dr. I. Peter Glauber drew parallels between postural behavior and the form (in distinction to the content) of speech in neurotic patients. He stressed the value of such observations as regards prognosis. Dr. M. Ralph Kaufman emphasized Dr. Deutsch's warning regarding the dichotomy between looking and listening, with the necessity of engaging in both forms of observation. The totality of analytic observation is furthered by this type of study. Dr. René A. Spitz spoke of the generally valid and understandable posture as opposed to the individual postural language, specific for a given patient. He referred to head movements in children, with their negativistic significance. Behind the shaking movements of the head which we interpret as negativism, however, one can find a different meaning: the infant is seeking the breast, in its efforts to neutralize the disagreeable disturbance to which it has been subjected.

JOSEPH LANDER

November 14, 1950. FREUD'S CONCEPTION OF LOVE. Edward Hitschmann, M.D.

Dr. Hitschmann summarized Freud's views on the psychology of love in the development of the male. The feeding mother is the boy's first love. If the adult object choice is of the 'anaclitic type', the mother reappears (unconsciously) in the person of the beloved. In the 'narcissistic type' of object choice the love object is a substitute for the ego ideal. The passionate, monogamous character of love derives from the fact that its unconscious origin is the incestuous love for the mother. Biographical studies of Goethe, Samuel Johnson, Gottfried Keller, and Johannes Brahms show the effects of mother fixation on the adult's love life. Stendhal remembered his boyish incestuous wishes even in adult life.

Falling in love may be compared with the experience of revelation in religion. In both there are feelings of bliss and a feeling of being united with

a longed-for object. In religious revelation, however, the object is unconsciously the father, God.

Freud reached several pessimistic conclusions about the limitations of men's love. First, the narcissistic nature of the woman's love leaves the man in doubt as to whether he is really loved, and therefore he is never fully gratified. Second, the adult object is always a substitute for the original, a situation unfavorable for full gratification. Third, the fusion of tender and sensual feelings is a source of conflict for the majority of cultured men. Fourth, restrictions and prohibitions exist in our society at the expense of gratification.

Dr. Géza Róheim commented that there was, in his opinion, no society in which the state of being in love was completely absent. Dr. Bertram D. Lewin remarked that our vocabulary was ridiculously limited with respect to names for the various emotional states which come under the heading of 'love'.

DAVID KAIRYS

November 22, 1950. SPONTANEOUS FLUCTUATIONS IN DEPTH OF HYPNOSIS AND THEIR IMPLICATIONS FOR EGO FUNCTIONS. Margaret Brenman, Ph.D. In collaboration with Merton Gill, M.D. and Robert P. Knight, M.D.

This investigation was concerned with the spontaneous fluctuations in the depth of hypnosis occurring during hypnoanalysis. The hypothesis was advanced that changes in depth of hypnosis occurred when there was evidence that an existing impulse-defense balance was being threatened with accompanying indices of conflict and anxiety. This threat to the existing balance might occur either as the result of an upsurge of a passive need or as the result of a hostile wish which was insufficiently defended against. The patient dealt with the resultant anxiety by a change in depth which represented an attempt either to gratify the impulse, to defend against it, or both. A method of validating the hypothesis by having independent observers judge the records 'blind' was described. The results of these independent judgments supported the hypothesis as at least a necessary condition for a fluctuation in depth of hypnosis in the test situation. The paper dealt further with the clarification of indices of a disrupted equilibrium as against the indices of an ego in a stable impulse-defense balance. The authors felt that their findings suggested that the hypnotic state involved not only the expression of instinctual impulses but the defense against them. They discussed the relationship of all of the above to some of the more general problems of ego functioning, particularly that of rapidly changing ego states with increase and decrease in regression.

Dr. Bertram D. Lewin discussed the relationship between hypnosis, dreams and sleep and suggested that sleep is an ego function and may be used as a defense. Dr. Lawrence S. Kubie questioned the meaning of 'fluctuation in depth', and suggested that better controls and more elaborate techniques were needed to study these fluctuations. He discussed the critical factor in the production of the hypnotic state in terms of an alteration of ego boundaries between subject and hypnotist. Dr. Rudolph M. Loewenstein discussed the preservation of reality testing, defensive and autonomous functions in the hypnotic state, raised some questions about fluctuations in depth, and suggested

a comparison with changes in 'depth' in analysis, e.g., variations in ratio of primary to secondary process. Dr. Edith Jacobson raised the question of the possible differences between fluctuations taking place in nontherapeutic as opposed to therapeutic hypnosis. She pointed out that while hypnosis might be utilized for defensive purposes, it did not itself represent a defense. Dr. Otto Isakower questioned the validity of accepting the subject's subjective report as the criterion for change in depth. Dr. Gustav Bychowski raised the question as to whether sleep and the passive attitude of the schizophrenic might also be defenses against hostile or libidinal impulses. Dr. Adolph Stern suggested that deepening of hypnosis is associated with gratification of impulse, and lightening with frustration, rejection, etc., in the relationship between hypnotist and subject. Dr. Melitta Sperling asked whether the rapport between mother and child is the model for the rapport between hypnotist and subject. Dr. Bela Mittelmann believed that the subjects' statements about changes in depth were significant since the investigators could make correct predictions based on them. Dr. Herman Nunberg stated that the phenomena of hypnosis could best be studied in analysis in the transference situation, since in both there occur regression and a giving up of important ego functions.

In closing, Dr. Brenman defended the validity of the use of subjective reports about depth changes and discussed the problem of whether it was valid to draw conclusions from changes occurring in the hypnoanalytic situation about the nature of hypnosis. She stressed the pregenital nature of the hypnotic relationship and the preservation of the defensive function of the ego in hypnosis.

CHARLES FISHER

November 28, 1950. AN ADDENDUM TO FREUD'S THEORY OF ANXIETY. Charles Brenner, M.D.

This paper was confined to one part of Freud's final theory of anxiety. This part, clinically of minor significance, states that anxiety might arise automatically (without ego signal) in states of excessive psychic tension (traumatic states), which occurred regularly in infancy and might occur in later life. Dr. Brenner examined the evidence for this hypothesis and suggested alternative modifications in the development of anxiety in infancy. He proposed that in the earliest period of life the infant was aware only of the emotions of pleasure or unpleasure without anxiety, but that as experience increased and other ego functions developed (e.g., memory, sensory perception), the child became able to predict or anticipate a 'traumatic situation'. This ability of the child to react in advance to danger might be considered to be the beginning of the specific emotion of anxiety, which in the course of further development might be supposed to become increasingly sharply differentiated from other unpleasant emotions.

Dr. Ludwig Eidelberg discussed a possible distinction between normal and neurotic anxiety, and asserted that the basis of Freud's final theory of anxiety was the theory of the life and death instincts. Dr. Judith Kestenberg cited certain clinical phenomena in infants which she felt were best explained by

assuming that the drives were directly transformed into anxiety. Dr. Rudolph M. Loewenstein questioned whether these alternative hypotheses might not tend to make one overlook the importance of the fact that there was a sequence of traumatic situations as the infant grew: loss of object, loss of object love, genital injury, etc. Dr. René A. Spitz asserted that 'actual neuroses' probably existed as described originally by Freud, but were less commonly observed because of a decreased frequency of coitus interruptus. Dr. Max M. Stern discussed the relationship of anxiety to the phenomena of shock and the alarm reaction. He asserted that anxiety was part of a 'countershock' reaction. Dr. Abram Blau maintained the validity of the classification, 'actual neurosis'. Dr. Otto Sperling was likewise in general agreement on this point, and added that anxiety might be thought of as a reaction which was at first of the type, unconditioned reflex, later becoming the type, conditioned reflex. Dr. Herman Nunberg emphasized the importance of the subject, and referred to Freud's view that affects were inherited acquired characteristics.

In closing, Dr. Brenner remarked that there were two general lines of objection. The first was that 'actual neuroses' as described by Freud existed, and by their existence proved that anxiety developed automatically in states of psychic tension. The second was that the suggested modification of Freud's hypothesis tended to blur or minimize the genetic relation between even the earliest of the infant's reactions in a traumatic situation, and anxiety in later life. As to the first of these, he urged documentation by publication of suitable case studies, since the literature at present did not contain evidence to justify the retention of Freud's original concept of 'actual neuroses'. As to the second, he wondered whether, on the contrary, there was not some gain to be anticipated from the suggested revision of hypotheses and terminology.

DETROIT PSYCHOANALYTIC SOCIETY

With the passing of DR. HENRY A. REYE in his sixty-fourth year on December 6, 1950, the Detroit Psychoanalytic Society has lost the third of its charter members. The two others were Dr. Clara Happel and Dr. Norman Tufford. At the time of his death Henry Reye was the dean of Detroit psychiatrists in the length of his practice, which he had started there in 1916. Serious illness gradually curtailed and finally terminated his medical activities some time before his death. Dr. Reye was a brilliant, forceful, dynamic personality. Self-supporting from the time of his arrival in this country from Germany at the age of sixteen, he worked his way through high school. He was the first trained psychiatrist to practice in Detroit. From the beginning he was strikingly successful, both in building a large practice at a time when psychiatry was either unknown or was abhorred when it was known, and in establishing himself high in the esteem of his medical colleagues. He began teaching at the Detroit College of Medicine soon after his arrival, and in 1922 he was appointed Professor and Director of Neuropsychiatry at Wayne University Medical School, which post he held until 1946 when he was appointed Emeritus Professor. He was one of the very few psychiatrists, assigned as such, to the United States

Army during World War I. Perhaps the most striking example of the zeal and sincerity with which he was motivated was his relationship to psychoanalysis. By 1926 he had abandoned the theoretical teachings in which he had been trained as being inconsistent with his experience and was gravitating toward a dynamic viewpoint, though he had not as yet really discovered psychoanalysis. In the early 1930's a number of colleagues, similarly perplexed, resolving that they must learn something more about analysis than they could through their reading, approached him for backing to help bring a training analyst to Detroit. He not only consented but, though considerably older and with a well-established position, he became one of Dr. Happel's first analysands and later accompanied the group on their weekly and biweekly trips to the Institute for Psychoanalysis in Chicago. It is unfortunate that he could not have lived longer and participated more fully in the fruits of his efforts. It is difficult to estimate the value of any man, but certainly Dr. Henry Reye deserves a place among those pioneers as a result of whose efforts our way is made easier and our burdens lighter.

MEETINGS OF THE LOS ANGELES AND SAN FRANCISCO
PSYCHOANALYTIC SOCIETIES
October 28-29, 1950.

ON TEASING. Samuel J. Sperling, M.D.

A case is reported in which teasing played an important role in the therapy, being used to express both positive and negative transference feelings. The positive and constructive aspect of teasing is often overlooked in psychoanalytic therapy.

Teasing is a specific pattern of interpersonal relationship, which stems from an almost universal phase of childhood development in which primarily strong sado-masochistic drives are sublimated under social pressures. The pattern is characterized by the teaser eliciting emotional and behavioral responses from a resistant and reluctant teased person, who, nevertheless, is forced to participate in the teasing activity. The reluctance stems from the definite serious character and painful potentialities of the teasing. The teased one overrules this danger because other fears seem more threatening and a potential pleasurable premium may be offered.

Individuals who do not master the common teasing experience of childhood have difficulty later in recognizing the boundaries and realities of the playful and pleasurable components and the serious or potentially disturbing activities in interpersonal relationships. The mastery of the teasing experience appears to facilitate the development of playful and more free interpersonal relationships and activities, as well as more active and socially acceptable outlets of aggression in such common social experiences as coquetry, bantering, sportsmanship and salesmanship.

The use of teasing in several cultures as a means of developing specific personality patterns is illustrated. It facilitates that difficult and often simultaneous combination of competitive and coöperative activities in interpersonal relationships that is a commonplace in our culture.

Three points seem to be especially striking to Dr. Gregory Bateson: first, Dr. Sperling's recognition that teasing is an essential part of the process of socialization in many cultures; second, the recognition that the teasing episode is always in some sense incomplete. The teasing may go so far and no further; if the episode is carried to its natural completion in love or violence then it ceases to be teasing. Third, is the recognition that teasing is always a repetitive process; there is a series of these uncompleted episodes. These three characteristics of teasing lead logically to the conclusion that there must be in the healthy socialization process a completion of the whole series of episodes, each of which is in itself incomplete. The question, therefore, which Dr. Bateson poses is the nature of this completion. One might assume that in the case of the patient discussed by Dr. Sperling, the socialization process of teasing went awry and that the therapeutic process would be essentially a completion of this unfinished business. This patient's further progress might give an answer to the more general question of completion of the sequences of incomplete episodes.

FALLING ASLEEP DURING THE ANALYTIC HOUR. Sigmund Gabe, M.D.

A case is reported in which falling asleep during the analytic hours constituted a major transference resistance. A forty-year-old married man sought analysis because of an obsessive fear of death which started in the latency period. When the patient was five, his father became seriously ill and almost died; the illness left him crippled. The father died when the patient was seventeen. A short time later a sister and brother-in-law also died. The patient's first analyst, with whom he was in treatment for a year and a half, died in the course of the analysis.

The patient was conscious of a strong ambivalence toward his father. He attributed his hostile feelings to overhearing primal scenes. Toward his mother he felt only hatred and contempt and openly wished for her death. He was an obstinate and defiant child. A favorite stratagem was to feign fatigue and retire to bed to evade tasks and responsibilities. He would then masturbate and fall asleep.

The initial phase was the analysis of a stubborn compulsive defense. A positive transference developed with an intense homosexual conflict followed by regression. He began to fall asleep during analytic hours and to dream. The dreams indicated that the sleep expressed an oral wish to be reunited with the 'good' mother. The patient then began to manifest intense oral envy. He became depressed, plaintive, filled with self-pity and righteous indignation, as he misconstrued and mismanaged all of his interpersonal relationships. It required considerable analysis to resolve this masochistic defense.

The sleep in this case served multiple purposes: it simultaneously warded off homosexual drives and represented a surrender to them; it inhibited the discharge of aggressive impulses but expressed the fantasied destruction and incorporation of the analyst; it represented a death which assuaged the ego's fear of retribution for destructive wishes against love objects. Sleeping during analytic sessions also served to gratify deep oral longings. They constituted a reunion with the mother, a fantasy of oral incorporation, the accompanying dreams depicting the hallucinatory fulfilment of that wish.

Dr. Herbert I. Kupper commented that the patient's attitude in the analysis seems to have been remarkably colored by the primal scene. On one level his argumentativeness, followed by sleep, was a mimicry of this scene; also, his fighting off interpretations was a feminine counterpart of the same situation. The use of denial as a defense dates falling asleep back to an archaic ego state. There seems to be an inadequacy in the essential function of the ego which merely avoids anxiety. It is weakness of the ego rather than the strength of external traumata which determines narcolepsy. Similar partial reactions range from neurotic apathy to catatonic schizophrenia.

TYPES OF BOREDOM AND THEIR DYNAMICS. Emanuel Windholz, M.D.

Otto Fenichel described boredom as a state of tension in which the individual is unable to find a substitute satisfaction for a repressed impulse. To clarify the psychology of boredom we should investigate whether 1, there are specific instinctual drives which are responsible, or 2, there are specific types of repression—superego reactions which create tensions of the type observed in the state of boredom. Psychoanalytic investigation suggests that the oral-sadistic and the genital drives are more related to boredom. The combination of the following attitudes of parents or their substitutes seems to favor later development of boredom: (a) seductive attitudes as a reward for the child's willingness to wait and remain in suspense; (b) helplessness in response to the child's aggression. In the cases observed, these attitudes were responsible for either a temporary or a permanent structure of the superego which deprived the ego of its initiative (right) to find substitute satisfactions for repressed impulses (and objects) and yet protected the ego against depression.

We may distinguish at least three types of boredom: 1, the transient or 'normal' boredom, a reaction to external frustration; 2, boredom as a reaction to specific situations which represent temptation for certain repressed (genital) impulses (boredom, for example, which accompanies such phobias as fear of the dark, of being alone, etc.); 3, the habitual boredom of a character neurosis which seems to be based on oral-sadistic conflicts. It represents in a sense the negative of an acting out.

REVIEW OF THE LITERATURE ON BOREDOM. Hanna Fenichel, Ph.D.

Fenichel¹ discusses many aspects of the psychology of boredom without reaching any definite conclusions. He differentiates quiet from restless states of boredom. In the former 'the cathexes are, so to speak, tonically bound, whereas in the latter the binding is clonic'. The basic impulses against which boredom is a defense seem to be oral-sadistic and narcissistic drives. Bergler's papers² are polemics against Fenichel's concepts. He formulates a triad of

¹ Fenichel, Otto: *Zur Psychologie der Langeweile* (Psychology of Boredom). Imago, XX, 1934.

² Bergler, Edmund: *On the Disease-Entity Boredom ('Alyosis') and Its Psychopathology*. Psychiatric Quarterly, XIX, 1945. Also *Boredom of Anticipation. Pseudo-Boredom*. Samiksa, IV, 1950.

prerequisites for pathological boredom: 1, weak or shattering sublimations; 2, inhibition of voyeurism; 3, defense against masochistic pleasure. Winterstein³ touches upon the problem of boredom mainly in connection with the relation to time in those neurotics where the unconscious and the sexualized meaning of time is important in their psychology. Spitz⁴ connects states of boredom with the effect of the repetitions which act against the development of anxiety in children up to the œdipal age but meet with objections in adults.

BOREDOM IN A CASE OF DEPRESSION. Margaret Stuart, M.D.

A young woman with a history of chronic mild depression over a period of some ten years complained frequently of boredom. This symptom in common with somatically expressed anxiety, agoraphobia, and fear of insanity, was shown to represent withdrawal of cathexis from the outside world, and a focusing of conscious awareness on her own feelings—emotional or physical. Overt expression of 'feeling' in this patient was equated with aggression and with destruction of or by its object. Boredom in a social gathering was a reaction to the fantasy of sexual aggressiveness toward men or of successful competition with other women for masculine attention.

The patient's early history gave evidence of severe disturbance during the initial phases of oral libidinal development. The depression, of which boredom was one aspect, represented a mourning for two important family members who died during her eleventh year. Boredom was an aspect of regression from object relationships to incorporative identifications. Her behavior and attitudes in 'boring' situations was an acquiescence to the dictates of the introjected objects; further, it was observed that, in so far as it was characterized by non-participation in the outer world and an expressed wish to 'feel nothing', boredom represented identification with the deadness of the introjected objects.

APATHETIC AND AGITATED BOREDOM. Ralph R. Greenson, M.D.

This study starts by analyzing those factors responsible for the specific constellation of feelings which characterize boredom. The unpleasurable feeling of emptiness is explained on the basis of a hunger for satisfying stimuli which has as its model the hunger of infancy. The torturous waiting, and the painful slowness of the passage of time, as well as the passive, expectant attitude toward the external world, also seem to be derived from the infant's state of hunger. It is characteristic to have an impoverishment of conscious and preconscious fantasies in states of boredom; instead of fantasies there is a 'full-of-emptiness' sensation. People become bored when specific instinctual aims are repressed. The feeling of boredom takes the place of the distorted derivatives of the repressed usually seen in the neurotic. This self-inflicted deprivation seems to stir up the memory of the infantile deprivation.

³ Winterstein, A.: *Angst vor dem Neuen, Neugier und Langeweile* (Fear of the New, Curiosity and Boredom). Die Ps. Bewegung, II, 1930.

⁴ Spitz, René A.: *Wiederholung, Rhythmus, Langeweile* (Repetition, Rhythm, Boredom). Imago, XXIII, 1937.

It is found that orally fixated persons are more apt to develop chronic and severe boredom. Active oral strivings are replaced by passive oral wishes. Apathetic boredom seems to occur in those individuals who have suffered the most severe traumatic deprivations in earliest childhood. Agitated boredom is apt to be the response to a repressed aggressive wish as it approaches real action.

THE FEELING OF BEING BORING. Norman Reider, M.D.

While the feeling of being bored has a universality with fairly definite dynamic background, this study reveals that a feeling of being boring is not as universal in its meaning. In the first place, some people who feel they are boring to others are actually not so. Second, the aggressive component of being boring to others was found to be not as consistent a feature of the feeling as might be speculated. Frequently the patient's own interpretation of being boring as being hostile is a defense against positive feelings. If one directs the interest in the feeling of being boring to bodily sensations, they often lead to feelings of emptiness, coldness, inadequacy, and generally to a feeling of inability to influence objects in order to obtain necessary narcissistic supplies.

Along with other affects like shame and disgust, the feeling of boredom has a specific quality; but their counterparts, namely, to be ashamed or to be disgusting or to be boring, have a quality which is much more variable and may have multiple meanings.

FROM AND ABOUT FREUD'S LETTERS TO FLIESS. Martin Grotjahn, M.D.

A short introduction describes the historical background of the correspondence between Freud and Fliess, 1887-1902, from Freud's thirty-first to forty-sixth years. No attempt was made to translate or interpret the letters, but to familiarize the analytic reader who does not understand German with the atmosphere and the nature of these letters.

In the summary of the early letters, special attention was given to the one in which the death of Freud's father was announced. Most of the report was devoted to the description of Freud's self-analysis as revealed in these letters.

Erikson discussed his interpretation of Freud's Irma dream (as published in the *Interpretation of Dreams*), now seen in a new light. The importance of continued self-analysis in the training of an analyst was emphasized. The age of the analysand at the time the transference neurosis occurs requires more emphasis than it has heretofore been given.

PSYCHOLOGY FOR NEUROLOGISTS, BY FREUD, 1895. Siegfried Bernfeld, Ph.D.

The collection of Freud's letters addressed to Wilhelm Fliess, which appeared recently in German, contains the fragment of a paper by Freud to which he refers as a 'Psychology for Neurologists'. A brief abstract of this paper is given and the place which it holds in the development of Freud's ideas determined.

This confirms a previous paper by Bernfeld ⁵ in which he showed that Freud derived his concept of psychological economy and some of the basic dynamic concepts of psychoanalysis from his studies in brain anatomy and physiology.

Shortly after the writing of this 'Psychology', Freud separated the economic and dynamic concepts from any concrete neurological model and transformed them into the concept 'psychic apparatus'. The relationship of Freud's ideas to the contemporary teachings of Brücke and Meynert on the one hand, and Hughlings Jackson on the other, is sketched.

A new journal, ESTUDIOS PSICOSOMÁTICOS, is being published in Lima, Peru. The first number appeared in August 1950 and contains articles by Angel Garma, Franz Alexander, and others. The director is C. Alberto Seguin, and the editors are Nestor Acevedo, Pablo Anglas, Otto Biaggioni, Ricardo Ibañez, Pedro Leon, Carlos Mendoza, and Leoncio Zapata. Collaborating editors are Angel Garma (Buenos Aires), Pedro Lain Entralgo (Madrid), Bertram D. Lewin (New York), Isidro Mas de Ayala (Montevideo), Raul Gonzalez Enriquez (México), Jose Torres Norry (Buenos Aires), and Lelio Zeno (Rosario).

⁵ Bernfeld, Siegfried: *Freud's Earliest Theories and the School of Helmholtz*. This QUARTERLY, XIII, 1944, pp. 341-362.