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BODY EGO DURING ORGASM

BY SYLVAN KEISER, M.D. (NEW YORK)

Completely contrary emotional reactions may be exhibited by an individual faced with death: indifference to his possible fate or, in a different situation with the same dangerous implications, overwhelming anxiety. Clinically, many repressed factors have been found in a patient's dynamic structure which are triggered by the expectation of death. In my experience, no ultimate explanation of the psychological significance of the fear of death has been revealed, but only some symbolic representation of it.

Though many authors allude to fear of one's death as naturally provoking anxiety, this is not self-evident. Fenichel (3) states, '... actually the idea of one's own death is subjectively inconceivable and therefore every fear of death covers other unconscious fears'. If we consider among the many unconscious fears castration anxiety, loss of love, incestuous fantasies, masochism, and unendurable flooding of the ego by emotion, we are led to ask if there is a fear of death itself. In support of Fenichel's opinion are the evidences of universal belief in immortality. All religions promise or imply corporeal survival or reincarnation after death, an expression in some form of the individual assumption that his body ego will persist unchanged except that it will no longer be subject to destruction—a recreation of the infantile narcissistic state.

Certain instances of suicide result from the delusion of escaping death at the hands of persecutors, as in alcoholic delirium. Auditory hallucinations terrify them with the threat that they will be dismembered after death from which they 'escape' by suicide, preserving, presumably, their bodies intact. Some paranoid schizophrenics likewise prefer suicide to the persecutory delusion of being butchered. Death from an explosion which leaves no body, or only fragments, evokes in most people a stronger morbid reaction than death from some other

more 'peaceful' means. Since death is final in whatever form it may occur, such prejudices reflect unconscious attitudes which are not totally explained by relating them to fear of castration. Suicide is no less representative of castration than being murdered.

A clue is given by patients who become acutely anxious as sexual excitement approaches the point of orgasm which the anxiety prevents (9). The fear is variously described as dying, as losing oneself, as bursting, disintegrating, dissolving into the air, melting into a liquid that evaporates, disappearing into space, becoming nonexistent. This anxiety is precipitated specifically by apprehension of the physiological, momentary unconsciousness that accompanies a healthy orgasm, which is comparable to death or to falling asleep—all accompanied by withdrawal of cathexis from the body ego (2).

This syndrome is frequently found in an orally dependent type whose body ego is more accessible to observation. This weak and poorly defined structure of the adult ego permits the infantile, archaic ego to emerge as a definitive image which can be reconstructed from associations to the fear of orgasm. Two factors are here suggested as contributing to the defective development of the primitive body ego: distorted reactions to the physiology of the bodily orifices, and inadequate incorporation of introjected objects. Defective organization of the primitive body ego leads to anxiety from a sense of insecurity about the peripheral and the internal aspects of the body image.

The assumption that intensive study of reactions to sexual intercourse would yield information about the body ego is consistent with Ferenczi's (4) observation that libidinal development is recapitulated during the sexual act. That certain patients who fear death from orgasm gave associations to the body ego suggested that ego development is also represented in psychological reactions during intercourse, and that it too could be treated as if it were an experimental situation for a study of the ego.

The term 'ego' is used here to denote the primitive ego's

awareness of self, and the libidinized investment of the body image. Freud (5) stated that 'the ego is first and foremost a body ego, and the ego is ultimately derived from bodily sensation, chiefly from those springing from the surface of the body; it may be regarded thus as a mental projection of the body'. The orifices of the body, furthermore, being focal points for the concentration of libido, are of basic importance in creating the psychic boundaries of the body image. Schilder (15) stated, 'in the whole schema of the body, the erogenic zones will play the leading part and we have to suppose that the image of the body in the oral stage of development will be centered around the mouth, in the anal stage around the anus'. Schilder emphasized that the libidinization of the orifices is so essential that its obliteration would eventuate in the death of an individual. This vital action of the erogenous zones is an essential task of the ego in dealing with the objective world, libidinal conflicts, and the preservation of life. The psychophysiological function of the orifices adds its increment of energy to the formation and maintenance of the body image—the archaic ego. Urination and defecation, for instance, repetitively focus attention and stimulate an awareness of these parts of the body. Usually we are not conscious of the body unless there is some stimulus from a particular part (Schilder).

All of the erotogenic zones are orifices, or the homologous organ in the opposite sex possesses an opening. Though the mouth, anus, and urethra operate physiologically for either intake or output, their psychological representations operate in either direction. Lorand (14) reported the case of a man who treated his urethra as a vagina. Freud (6) observed clinically that the receptive passivity of the oral stage may be displaced to the anus. Abraham (1) stated that by a process of displacement from the mouth the anus may be felt to be an organ of incorporation as well as of expulsion. The mouth, likewise, may be regarded also as an ejaculatory organ (11). The active and passive functions of an orifice are clearly exem-

plified by the mouth during kissing. Fellatio, cunnilingus, and oroanal sexual practices all contain, as one motivation, the wish to obtain something from the body of the partner.

It is generally agreed that the first stimuli of the infant after birth are perceived through the skin. The evidence permits the reconstruction that the young infant does not distinguish its bodily self clearly from the environment, with the result that withdrawal of the mother's breast is felt to be a loss of part of its own body (the prototype of castration). The acquisition of an adequate sense of self—originally through a sense of one's own body image—and its separation from the world is obviously a complex problem which is of the utmost importance in the ultimate healthy development of the personality. The ego draws energy from all sources to accomplish this critical task, and every instinctual, sensory, and emotional experience contributes to the process. Undoubtedly all sensory impulses contribute to the construction of the body image which is a dynamic process constantly in a state of flux and change; but it is logical to assume that the most important element in forming this mental representation derives from the emotionally overdetermined erotic zones.

When drops of bitter medicine are placed on the tongue of a six-day-old baby, the face wrinkles and what appears to be an effort to expectorate is observed. Sweetened warm coffee evokes sucking movements. The psychological elaboration of such experiences cannot be determined. Soon after birth, the urethra and anus begin to function, giving relief to distended viscera by removing a state of 'unpleasure'. How soon these functions come to be regarded as acts of giving cannot be stated with accuracy, but it is more probable that in infancy they are purely narcissistic pleasures. The analysis of adults invariably demonstrates that there is a level upon which the evacuations are experienced not only as relieving discomfort but as affording sensual gratification.

As the first concentration of libido in life is the intense sensual, erotic pleasure in sucking, it may well be that this

prototype, oral incorporation, remains in varying degree a basic aim of sensual pleasure. This craving to take something—or its symbolic equivalent—into the body is projected onto the libidinal objects, and thus the simultaneous wish to eat and to be eaten must be experienced without anxiety to be enjoyed.

The words 'empty' and 'filled' are used to denote hunger and satiety in relation both to food and sex. The wish to 'get' is paramount, perhaps primary, and giving in any way is secondary. There is narcissistic gratification in the sensory stimuli that accompany the acts of ejaculation, defecation and voiding. The conception of feces as a gift which is freely given is acquired as an exchange for the mother's loving approval. Originally, defecation is endowed only with the inner pleasure in relieving the tension from a distended bowel. When a masochistic need to give is pursued beyond identification with the love object, there remains a core of narcissistic sensual gratification.

As a consequence of well-known pathological mechanisms, there develops an orally passive type with an enormous demand to devour endlessly. Individuals of this group are characterized by failure to develop adequate egos, unable fully to incorporate introjected objects into the structure of the ego, and intolerant of postponing a present pleasure for a future gain; instead, there is an impulsive pursuit of immediate gratifications which is continuously frustrated: the maw never becomes filled. Psychologically they feel empty, unable to retain anything of their insatiable intake; they also fear for their bodily integrity, very often experienced as a neurotic fear of death.

Patients with this syndrome give a misleading impression; their manifest narcissistic preoccupation with, and the anxious devotion to, and lavish care of, their bodies belies the inner feelings of hollowness and inadequacy. They strive to create an attractive façade in slavish conformity to the opinions of others. Their own bodies are not libidinized. This is best illustrated by some women who dress conspicuously and sug-

gestively, in accordance with current fashion, but if there is any hint that their attire is sexually alluring they become resentful, and ultimately panicky about the implication that they dress like prostitutes. The clothes are not an adornment of the body, but substitutes for it. The praise which their appearance brings is not felt to be directed at them or their person, but a tribute to their impeccable taste, the fashionable picture created, or the artistry produced. Often they are remarkably ignorant about their sexual anatomy, the anatomy and physiology of the organs of evacuation, and such other details as a surprising naïveté about the sexual significance of their breasts, etc. It gradually becomes clear that their narcissistic preoccupation is an attempt to create a body image. Only after this is worked through can they be successfully analyzed. These patients have little sense of their own identity and are always ready to take on the personality of someone else. They have few personal convictions, and yield readily to the opinions of others especially in matters relating to their appearance—all covered by a pseudo independence.

It is chiefly among such patients that coitus can be enjoyed only up to the point of orgasm, at which time fear of annihilation and bodily disintegration appear. Invariably there is the unconscious wish to suck endlessly with the mouth or the vagina, not uncommonly accompanied by the fantasy that the analyst is equipped with a permanent erection that might enable them to reach satiety; he would have no needs of his own, would protect them from too much inner excitement, and also would save them from annihilation. Thus would be fulfilled the fantasy of nursing without cessation, and without being endangered by their own oral aggression. In reality, mounting sexual tension during coitus was inhibited by the dread that the penis (nipple) would suddenly disappear and leave them nonexistent. The penis in the vagina—as was the nipple in the mouth—is their only hold on the world; they dared not allow themselves an uninhibited progression to orgasm with its concomitant loss of control, loss of awareness of the body, or death.

The conflict of the infantile woman, who regards herself as having the body of a child with a tiny vagina, is the opposing wish for a huge vagina better suited to a large penis which may gratify her inordinate oral greediness. It also creates the illusion that she is more like the grown woman, since she fantasied her mother possessing a tremendous vagina. On the other hand, her wish for the tiny vagina helps her avoid recognition of her own sexuality, but unhappily it also denies her the opportunity for gratifying her oral demands genitally. It is striking that at no time does she have any awareness of the real size of her vaginal or of any of her other openings.

Clinically illustrative is the case of a woman of about thirty who was orgasmically frigid in both marital and extramarital relations. Sexual experience had been pursued passionately with the aim of obtaining love and acceptance, regardless of the demands made upon her. She was doomed to continual frustration and disappointment by choosing inadequate, helpless men as partners. Her parents, who had wanted a son, subjected her to various surgical operations to alter her appearance. Being unloved, she sought solace in excessive eating which was abetted by her mother who forced food upon her. Obesity contributed to her unattractiveness. Her marriage to a series of ineffectual men was encouraged on the basis that she was lucky to have a husband; furthermore, wishing to keep her dependent, her father told her he preferred to support her in marriage that she might remain independent of the husband. When she gave birth to a son, her parents appropriated him, proving to the patient that they preferred her son to her.

In analysis, she had vivid fantasies and dreams of sinking in water and drowning. At times the fantasy was accompanied by strong erotic feelings to a point of intensity at which she would jerk herself out of the reverie with a fear of dissolving into space. The associations were to her fear of loss of support during intercourse, and to an awareness of the whiteness of the sheet on the bed which helped keep her in contact with

the world which she felt slipping away as she became absorbed in her sexual sensations. Fantasies of returning to the womb neither gave her a feeling of assurance that she would thus gain refuge in a warm, loving environment, nor that with rebirth she would be given a penis; instead, she feared being destroyed and being replaced by another child. This was connected with another repetitive fantasy that things were being pulled, dug, or cut out of her vagina. Ultimately this was associated to herself as the unwanted, loathsome foetus that was to be discarded as though it were feces; additionally, it was the fear of being eaten and destroyed by the penis during intercourse. She described that during sexual intercourse, as sexual excitement increased, she would find herself throwing her arms and legs about. At first this was considered a motor expression of pleasurable excitement; it finally became clear that she was clinging to a conscious awareness of her limbs to dispel the anxiety mounting as a result of diminishing self-awareness. As the orgasm approached, genital anesthesia developed, so that she did not feel herself in contact with anything or anyone.

As the analysis progressed, she fantasied being held at the analyst's breast, and finally pictured herself in the womb. On this occasion she retained her identity, reacting subsequently with feelings of happiness and a greater sense of security. Never before had she been able to conceive of a close intimacy with anyone without anxiety. In her oral fantasies she could now imagine the analyst as something good within her, and not destroyed by her greediness.

The fear of isolation, of being without contact at the moment of orgasm, is a fear of disorientation in time and space which Federn (2) said an intact ego never experiences. During sexual intercourse disorientation does occur as the sexual tension accumulates, with concomitant withdrawal of cathexis from the bodily image. As libido becomes exclusively focused on genital sensation, there is a progressive diminution of awareness of

the body as a whole. This is confirmed in instances in which bodily pain or discomfort becomes apparent only after orgasm. The decreased awareness of the bodily configuration provokes a fear of death with great anxiety and with associations relating to the archaic ego.

In instances of uncertainty about the structure and boundaries of the body image, one might say that the skin does not serve as an envelope which sharply delimits the transition from the self to the environment: the one gradually merges into the other; there is no assurance of being a distinct entity endowed with the strength to give of itself without endangering one's own integrity. The repression of elementary knowledge of human anatomy is a consequence of the distorted body image.

Whenever orgasmic impotence includes a fear of loss of sphincteric control, there is a fear of the loss of self as well as the fear of anal, oral, and urethral aggressions. The anxiety related to sphincteric incontinence is a representation of the fear of death from the loss of the contents of the body. This, in turn, leads to the expectation of separation from vaguely internalized love objects among which, in such cases, the breast is the ultimate object. Loss of control of the sphincters is also related to the conception of these orifices as gaping holes, huge empty spaces which threaten the integrity of the body. Sensations from urethra, vagina, and anus stimulate the formation of a conception of their size and shape. The repression of stimuli from these areas excludes their contribution to the formation of a body image (evacuation of excreta). Preponderant oral fixation not only excludes inclusion of libido from the urethra and anus, but the guilt of inordinate demands prevents normal oral gratification, so that even the mouth does not give a clear landmark for the body image, and the formless body image of the infant is retained.

An adult male, who until adolescence had suffered from regurgitation, anorexia, and recurrent gastric pains, explained

the disturbances by the fantasy that the openings in his intestinal tract were too small, and he believed that this was a manifestation of his organic inferiority. He could maintain an erection during intercourse only by imagining himself to be a spectator watching the act. Though he managed fairly well with this technique, he could not achieve an orgasm (10). In a dream, as he was about to insert his penis into the vagina, the head of his penis opened up like a flower which resembled a vagina for the partner to enter. Throughout his life he feared anal sexual assault with the fantasy that his anus would be ripped open and his body ruptured. There were intense passive, feminine (oral) cravings. He was disappointed that the breasts of his sexual partners produced no milk, preferring cunnilingus from which he received some taste. He was satisfied with sucking alone which, without increasing his sexual tension uncontrollably, gratified his partner. 'My wish to be a business man', he exclaimed laughingly, 'is that I must always have something concrete for anything I do'. His avoidance of instinctual and emotional tensions was intimately bound with a fear of death.

A man in analysis dreamed: 'As I was about to enter my wife's vagina, I observed that outside her genitals she had a penis with a hole sufficiently large to receive my penis'. In masturbating, he frequently invaginated the skin of the penis over the glans and felt as if he had a penis inside the opening of the penis, a further confirmation that for him the penis was an organ of receptivity. In association to a dream of a conical-shaped mountain, cut off at the top, he recalled the sight of his mother's body seen through a transparent nightgown. He discussed in detail having seen the 'mound bulge' at the crotch in which he knew as a child there was a 'hole'; however, he also believed that the vagina was a tube that projected outside of the body. This not only relieved his fear of castration but, far more importantly for him, was a substitute for the breast.

A voyeur was threatened with impotence during intercourse

unless he imagined his partner with a penis into which his own penis was inserted. It was impossible for him to believe that a hole could give him anything. As his orgasmic potency improved, he became more conscious of his urethra during ejaculation. He then developed a fear that if he did not ejaculate his penis might explode, and that his body might burst and cause his death; also, if he were to relax his sphincters, everything inside would rush out of him and destroy him.

An adolescent patient recollected believing that his mother possessed a penis in her rectum because he knew she sat down to urinate; furthermore, he believed the opening was larger than his because the stream sounded 'thicker'. Her penis was therefore more desirable since more came out of it. That it is desirable to put the penis into a hole from which nothing is obtained is absurd; however, to receive as much as one craves through so small an opening as the urethra is frightening.

For the orally dependent type, all bodily orifices serve in fantasy to gratify oral needs; all are potential mouths (self) or breasts (partner): one only receives and gives nothing; hence the anxiety which accompanies the giving must accompany an orgasm. The mouth is the paradigm for all other openings. There is no conception of healthy, pleasurable, spontaneous evacuation that is not carefully regulated. Loss of conscious control of the sphincters means an endless evacuation, until death supervenes by dissolution of the body; everything will be sucked out. This distortion is a consequence of a failure of the mechanism of introjection of love objects. The oral concentration of libido not enjoyed as a normal oral libido is reinforced and distorted by displacement of energy from the other erotic zones. The body ego, based only on oral gratification, is too weak and insufficiently differentiated from external reality to achieve genitality because the normal loss of ego boundaries during orgasm is too great a threat.

Everything that is internalized by ingestion or introjection is destroyed and lost. Their own insatiable greediness is attrib-

uted to potential love objects by whom they expect to be devoured and annihilated in the same manner that everything has disappeared within them. There are innumerable references in psychoanalytic literature equating adult sexuality with early oral fantasies of loving and being loved, of eating and being eaten, among both sexes. This is one of the partial sexual instincts which are recapitulated and transformed in mature sexuality.

A male patient and his friends had the belief in adolescence that the woman has an ejaculation which is absorbed into the penis, the only question being how this was accomplished. The healthy male settles the conflict between oral-anal and genital strivings in favor of the pleasure of ejaculation (4, pp. 15-19). This solution is contingent upon a sufficient strength and integration of the body ego. Lewin's (13) concept of the oral triad—the wish to devour, the wish to be devoured, and the wish to sleep originating in the nursing situation—must presume an intact body ego to operate without anxiety.

Normally, the libido withdrawn from the body during intercourse becomes concentrated in the genitals which maintain contact with the partner. This serves to fix the body image. Frigidity blocks this ability to maintain a contact with the world and thus to endure a momentary dissolution of the body image. Total orgasm requires that a woman's vagina be fully receptive, and a man must enjoy fully his urethra as an ejaculatory medium. At the moment of orgasm in both sexes all disappears save the inner need for personal gratification; the needs of the partner are completely forgotten.

This wish to receive without giving is an attempt to remain in a nursing situation in which the mother is not considered as receiving any pleasure from the child. To a nursing mother the acute awareness of the pleasure in suckling her child was a revelation that the mother received as much as she gave to her child. She had been unable to enjoy intercourse when she thought of it as being for her husband's pleasure; only

if she fantasied it as an act designed solely for her pleasure could she enjoy it.

Lewin (13) reviews the literature discussing the primal scene as an activator for oral dreams, fantasies, etc. He indicates that death, destruction or the erotized wish to be devoured are provocative of anxiety, but says that in the nursing situation, to be devoured is a part of the wish to sleep and is a purely pleasurable wish fulfilment. He also implies that in fantasy the infant is absorbed or swallowed *in toto* into the mother's body where it will be fed by the placenta. This drive to return to the womb he considers as a primary wish, and it is reconstructed as a blissful state. In contrast to this are those patients in whom fear of annihilation, a loss of self, and feeling of disappearance into a nonexistent state without personal being, accompany fantasies of intrauterine regression. Such patients long for love and affection but connect these wishes with being literally devoured and destroyed. There is a hostile orality in which eating and being eaten are not loving, but mutually destructive.

SUMMARY

The concentration of libido in the functioning of the bodily orifices determines their importance in the development of the archaic body ego in infancy. Because of the preponderance of oral libido all bodily orifices may be regarded as ingestive organs endowed with fantasies of incorporation. The orifices are of basic significance in the development of the body image which plays a fundamental role in ego development and the sense of security about the integrity of the ego. The impaired body image in a type of oral character is delineated from the analysis of the orgasmic impotence that is the result of such defective ego development. The fear of death that accompanies this type of frigidity is a mobilization of anxiety to prevent loss of the primitive ego which threatens a total annihilation of self. Anxiety is created when destruction of the body ego is anticipated. The wish for orgasm, for postorgastic

fulfilment, creates a repetitive demand which is frustrated by the fear of the annihilation that would follow were the instinctual demand to be gratified. The orally dependent type is intolerant of tensions and seeks only to ingest and to retain the body image of the infant at the breast. Because this body image is poorly differentiated from external reality, it is threatened with dissolution by instinctual and emotional intensities. The wish to be loved (to be eaten) is equated with destruction of the body ego which engenders anxiety that inhibits the orgasm.

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A WAKING SCREEN ANALOGOUS TO THE DREAM SCREEN

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The concept of a dream screen has been introduced by Lewin (4). The following quotations from his paper delineate this concept. 'The dream screen, as I define it, is the surface on to which a dream appears to be projected. It is the blank background, present in the dream though not necessarily seen, and the visually perceived action in ordinary manifest dream contents takes place on it or before it. . . . The dream screen appears to represent the breast during sleep, but it is ordinarily obscured by the various derivatives of the preconscious and unconscious that locate themselves before it or upon it. These derivatives, according to Freud, are the intruders in sleep. . . . The dream screen is the representative of the wish to sleep. The visual contents represent its opponents, the wakers.'

I wish to report a phenomenon of waking life related to the dream screen. A young man in a lengthy analysis, whose symptoms included a disturbance of potency and marked inhibition of social and aggressive activities, had several times stated in the course of therapy that objects did not appear vivid and clear to him. He recognized this because it contrasted with the clarity and vividness with which, on rare occasions, objects did appear to him. He often remarked that he did not see reality clearly. Quite regularly when he became angry with me he would state that I appeared very much blurred to him. His basic problem with his mother was a fear of not being fed (loved) if he expressed any of his independent and aggressive impulses. His actual early oral relationship to his mother was traumatic. His mother breast-fed him until he was three or

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four months old, but she evidently had insufficient milk. He was a 'colicky' baby, cried a great deal, and was so weak and sickly that one physician told his mother she would probably lose him. His mother then took him to another doctor who said he was starving, and prescribed a formula. His mother impresses him as frigid and essentially repulsed by aggressivity.

After much working through of oral material the patient spontaneously and quite suddenly began to cook his own meals, whereas his previous custom had been to eat in restaurants. Cooking his own meals proved to mean: 'I can feed myself; I am no longer dependent on mother to feed me'. This development was associated with emerging aggressiveness in everyday life. He had been feeding himself for about two weeks when he reported he had the feeling that formerly there had been a screen between himself and the world. Among several things he suddenly realized that the screen had previously obscured, one was that having been a fencer he had never realized until now that the essential in fencing was the action of the point of the foil, and that all other movements were subsidiary to this. Another was that while playing darts he suddenly became aware that he had been throwing the darts incorrectly, closing one eye when he should have kept both open. The feeling he had was the recognition of something of which he had previously been unaware. The active phallic nature of what he was now able to recognize is apparent.

Asked to associate to the idea of the screen between himself and the world, he immediately, and without hesitation, said: 'My mother's hand before my face. My mother's breast.'

Between him and the adult world was an 'impalpable screen' (his words), apparently a phantom of the mother's breast. It was as if he had to keep his eyes on the breast to insure being fed. When he proved that he could feed himself, he became able to see the world and his own masculine aggression more clearly. This new perception enabled him to recognize the screen which had existed many years.

He described the interference in his perception of real objects

as if having the focus of his gaze at infinity, what passed before him tended to be blurred and not in focus. This is at least suggestive of the vision of the young child. It manifested itself very clearly in such threatening situations as becoming angry with the analyst, who then appeared blurred to him. This he recognized to be an interposition of the breast screen to prevent a dangerously aggressive act—such as biting or phallic aggression—which would result in loss of the breast.¹

In a sense, the interposition of the screen had kept him 'asleep' as far as real contact with life was concerned, and the disturbers of his 'sleep' were the activities he was avoiding. However, in a more real and functional sense the screen was a barrier to his perception of reality rather than an expression of a wish to sleep. The day following his recognition of its existence he described it as being like a cloud bank which prevented his recognition of the aggressivity of his own penis (the point of the foil). The ever-present breast before him was a reassurance and hope of being fed. He compared it to a religious person losing his hope of heaven. To attain heaven (to be fed), he had to be perpetually good (inhibited). Should he be bad (aggressive), he would lose his hope of being fed, of being loved; his very existence would be threatened by starvation.

The breast screen, in addition to masking his aggressiveness, also served the complementary purpose of concealing the female genitals. In this regard the screen may be regarded as the result of regression to the oral level in the face of the anxiety aroused by a view of the female genitalia. Quite soon after his declaration of oral independence, much material concerning his fears of being engulfed by the vagina emerged.

In the case of the Wolf-man (*1*) is described a phenomenon similar to the waking screen. This is the veil which kept the young Russian from the world and which was supposed to represent the caul in which he was born. The veil was torn

¹ The inhibition of biting impulses is so powerful that a visible edematous swelling of the jaw develops when these impulses are unconsciously mobilized and inhibited.

only at the moment he had a bowel movement following an enema. Subsequent to this tearing of the veil he would feel well again and for a short time he saw the world clearly. Freud remarks that the tearing of the veil was analogous to the opening of the window in the Wolf-man's dream; and Lewin (3) notes that the closed window of this dream represents a dream screen. Thus the veil may be regarded as a waking counterpart of the dream screen, and in the Wolf-man signifies a regression to the womb. Without going into the multifold significance of the veil and its attendant womb and rebirth fantasies, one aspect of the dynamics of the phenomenon seems to parallel the observation I have reported. In my patient the screen disappears after an action of independent and aggressive significance, feeding himself. In the case of the Wolf-man the veil is torn, presumably by the passage of feces. The tearing of the veil is an aggressive act. The preceding passive submission to the enema stimulates the aggressive counterresponse. In the patient I have described, an early inhibition of oral aggression played a fundamental part in his later passivity. A similar inhibition in the Wolf-man may be inferred from the nature of his phobia, the wolf, and from the evidences of oral disturbance described in the case history. As a declaration of oral independence cleared away the waking screen, so an act of anal independence and defiance could temporarily pierce the Wolf-man's veil.

Certain interesting contrasts exist between the dream screen and the waking screen. The wish to sleep, in sleep, is represented by the breast (dream screen); the impulses to act, the intruders, by the manifest dream content. In the instance of the waking screen this is reversed. In the waking state the wish is to act, and the intruder is the waking screen, the image of the breast. In both instances the intruders appear topographically between that which is wished and the subject. The great difference between the dream screen and the waking screen topographically is that objects appear in front of or on the dream screen, and the waking screen appears between the subject and the object. In Freud's (2) theoretical ψ -systems we may find a

topographical locus for this breast image or screen. Freud separates memory from perception (P-system) because the 'individual P-elements would be intolerably hindered in their function if a remnant of former connection should make its influence felt against a new perception'. Actually, this is just what the waking screen does; it interferes with the reception of new perceptions. It is as if it were actually a memory, but one located not in the memory system where it should be for efficient functioning of the psychic apparatus, but in the P-system where it blurs new perceptions. Located in the P-system it will appear between the external world and the deeper psychic layers, between the subject and object, and as it interferes with incoming perceptions, will interfere with the psychic processes moving from perception to innervation, thus leading to motor inhibition. In sleep we might assume that the breast image also occupies a position in the P-system. Then when the course of psychic excitation is reversed and flows in the direction of the P-system, the most forward position will be occupied by the breast image and on or before it the memory pictures will be seen.

It is quite likely that many people are unable to perceive the real world clearly because between it and themselves they interpose a phantom of the maternal breast through which everything else is seen.

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THE SYMBOLIC SIGNIFICANCE OF TWINS IN DREAMS

BY MORRIS W. BRODY, M.D. (PHILADELPHIA)

Symbolism in dreams has long been recognized as the indirect representation of certain objects, arrangements and relations.¹ A symbol is used by a dreamer without any understanding of its meaning which, with the aid of associations, may be interpreted by the analyst who can himself discover it only empirically by fitting it experimentally into the context.² Having not infrequently been told dreams in which twins appear as a symbol, inquiry among psychoanalytic colleagues gave no enlightenment as to the meaning of this symbol. There seems, however, no doubt that this double representation has a symbolic significance beyond the use of common language.³ The psychological literature on twins⁴ consists chiefly of research in genetics⁵ or of studies in heredity versus environment.⁶

In each instance in which they appeared in dreams, the twins represented the dreamer and his mother, whether the twins were of the same sex, the opposite sex, or (more frequently) one person appearing as two. The relationship was oral, confirming Lewin's observation that paired objects represent breasts;⁷ also it referred specifically to fertility and to the mean-

¹ Freud: *Two Encyclopædia Articles (1922)*. (A) *Psychoanalysis*. Coll. Papers, V, p. 116.

² *Ibid.*

³ Jones, Ernest: The Theory of Symbolism. In: *Papers on Psychoanalysis*. London: Baillière, Tindall and Cox, 1948.

⁴ Slater, E.: *Twin Research in Psychiatry*. J. of Neurology and Psychiatry, I, July 1938.

⁵ Richmond, W.: *Psychic Resemblances in Identical Twins*. Amer. J. of Psychiatry, VI, July 1926.

⁶ Orr, Douglass W.: *A Psychoanalytic Study of a Fraternal Twin*. This QUARTERLY, X, 1941, pp. 284-296.

⁷ Hartmann, Heinz: *Über Zwillingsforschung in der Psychiatrie*. Wien. med. Wochenschr., LXXXIII, July 8, 1933, p. 781 and July 15, 1933, p. 809.

⁷ Lewin, Bertram D.: *The Psychoanalysis of Elation*. New York: W. W. Norton & Co., Inc., 1950.

ing of fertility. The concept of fertility symbolized by twins—corroborated by the study of more than a dozen dreams—is confirmed by mythology. The most obvious meaning suggested by twins is fertility, although it seems to be considered a bad omen.

In no instance was such a dream initiated by a diurnal residue of an encounter with or a reference to twins in reality.

A twenty-eight-year-old single white male being analyzed for phobias, alcoholism and periods of depression related the following dreams of a single night early in his analysis.

1. Hot jazz was being played.

2. I murdered a girl. It was the twin sister of my [male] friend. There seemed to be a mix-up of identities. I am not sure if I murdered the male or female twin but I believe it was the female. Perhaps it was my younger sister. I was in fear of discovery and dug the body out of the grave. I wanted to cover up the evidence and make it appear as an accident. The body was dismembered. I felt no horror, only guilt.

3. Father was punishing me. I was a child. He was telling mother I needed discipline.

He said that his mother liked to cook and spent a great deal of time in the kitchen. The murdered girl in the dream reminded him of a waitress at a bar, where he had spent several hours the previous evening, who in turn reminded him of his mother. A blonde girl in the bar had made friendly overtures to him. He thought he would like to spend the night with her but he feared she might be a 'gold digger', and he had little money. He felt guilty because he was spending his mother's money, but had nevertheless the idea of writing to his mother requesting more money.

The first dream gives a setting of sexuality stimulated by the events of the evening. The associations are of guilt about his passive oral dependent and erotic strivings associated with his mother. The uncertainty about which twin is murdered is a condensation of his oral and oedipal aggression toward the

female, and of his own need for punishment (dismembered = castrated). In the third dream of being punished by his father it is suggested that he should be disciplined by the mother who continues to gratify his guilty oral dependent demands.

A twenty-five-year-old man, a severe stutterer, sought analysis because of his general inadequacy, his failure as a student despite adequate intelligence, and his complete inability to adjust to any type of employment. The only son of an aristocratic family, he was reared as a Lord Fauntleroy by a most domineering mother who displayed him as one might show off a precious piece of jewelry, gave him no opportunity to think for himself, and directed all his actions. During the course of analysis he obtained employment as an attendant at a gasoline station. The mother was disgusted with his dirty hands and soiled clothing. One day he reported the following dream.

I appear as two men calling on Ruth. I appear shabby as I go to call on her, but when I arrive in the house I am dressed in evening clothes. Ruth comes down the stairs. Her fingernails are dirty. She points a finger at me (I now being in shabby clothes) and says, 'I won't tell you anything, you dope'.

The immediate stimulus for the dream was provided by his mother who had pointed a finger at him and said, 'How would you like to have a son who is not prepared for any type of employment and who has no schooling?' He was in fact worried about his friend Ruth who was considering a date with another man. He reviewed at length how impossible life would be if Ruth deserted him for someone else. His further associations led him to express his preference for a penis to a vagina: 'A vagina', he said, 'is only like a fold in a pillow'. If a vagina had muscles and was powerful enough to grip or tear, he could then have respect for it.

It is obvious that Ruth is the mother. In giving her his dirty fingernails he calls his mother a 'dope'; this, the deeper meaning of his double identity in the dream, is a reference to the dreamer and his mother. In reality the man in shabby clothes is the patient as he actually is, whereas the person in evening clothes

is the patient as his mother would want him to be. It is important to note that the emotional stimulus for the dream is anxiety that Ruth might desert him and the fear that he would be lost without her. The conflict is between fear of desertion and the wish for retaliation against his mother. This man, at a later date, said in despair he wished he were twins: one to be devoured by his mother that he might be permitted to live.

In mythology⁸ there is a widespread belief that twin children possess magical powers over nature, especially over rain and the weather. The Tsimshian Indians of British Columbia believe that twins control the weather. The same power of influencing weather is attributed to twins by the Baronga, a tribe of Bantu Negroes who inhabit the shore of Delagoa Bay in Southeastern Africa. They bestow the name of Tilo, that is the sky, on a woman who has given birth to twins; the infants themselves are called children of the sky. It is believed that the grave of a twin ought always to be moist; hence, twins are regularly buried near a lake. If all their efforts to procure rain prove abortive, they will remember that such a twin was buried in a dry place on the side of a hill. 'No wonder the sky is fiery', says the wizard in such an instance. 'Take up his body and dig him a grave on the shore of the lake.' This is supposed to be the only means of bringing rain.

Searching for an interpretation of the magical power of twins to control rain, Frazer abides by the formulation of Professor Oldenberg⁹ who says the Brahman believes the rain god will send rain at the wish of a man who has observed certain rituals. These rituals entail constant contact with water for a stipulated period of time, wearing black garments, and eating black food. They are intended to bring the Brahman into union with water to make him, as it were, an ally of the water powers and to guard him against their hostility. He believes the black garments and black food refer to the rain clouds. Conversely, Frazer interprets the influence of twins on rain as deriving from their

⁸ Frazer, J. G.: *The Golden Bough*. New York: The Macmillan Co., 1941.

⁹ *Ibid.*

constant contact with water; that is, twins are always buried near water or their graves must always be kept moist.

Among many primitive people the birth of twins is looked on as an inauspicious event. Among the Indian tribes of British Columbia certain singular restrictions or taboos are often imposed on the parents of twins, though the exact meaning of these restrictions is often obscure.¹⁰ The Wawanga, like many other savages, believe that a woman who has given birth to twins is in a very parlous state and a variety of purification ceremonies must be performed before she may leave the hut.¹¹ Among the Nandi, the mother of twins is considered unclean the rest of her life. It is believed that if she even approaches the cattle pen the cattle will die. This is not explained but it is as though by sympathetic magic the mother of twins can draw the milk from the bodies of the animals.

Through analytic studies water is recognized as the symbol of the mother or refers to aspects of birth. Investigations into folklore lead to the conclusion that there is a widespread belief that twins symbolize a magical power to maintain a union with the mother; they are an ally of mother and capable of guarding themselves against her hostility while the mother of twins is considered to have a particular destructive faculty. This concept is furthered by the universal belief that one twin draws sustenance and worth from the other at the latter's expense, a theory as old as humanity.¹² In *Twelfth Night*, Shakespeare has twins appear resembling each other with an exactness that ignores sex differences. Although there are various references to twins in astral history, one of the most interesting concepts is found in the New Empire period where the idea of two Orions appears. The two are represented as united by the use of a double outline drawing,¹³ and reference is made to a god-

¹⁰ *Ibid.*

¹¹ Frazer, J. G.: *Folklore in the Old Testament*. London: The Macmillan Co., Ltd., 1919, Volume III.

¹² Walsh, G. and Pool, R. M.: *Shakespeare's Knowledge of Twins and Twinning*. South. Med. and Surg., CII, April 1940.

¹³ *The Mythology of All Races*. Boston: Marshall Jones Co., 1918, Volume XII, p. 58.

dess as 'the female Orion'. To Orion is attributed the power to influence the seasons and rains. This mighty warrior is said to have the power to wade through the depths of the sea, or walk on its surface. He is said to be so tall that he can stand in the middle of the sea without being submerged. In analytic terms this would be interpreted to mean he is completely guarded against the hostility of water yet, interestingly enough, Orion was killed by a jealous woman.

The fertility of the soil depends on rain.¹⁴ The magical power attributed to twins for a union with water, or in analytic terms—with mother, relates to the fertility of mother, i.e., the willingness of Mother Earth to maintain life. Among the Bagandas there is a close relationship between human fertility and fertility of the soil; and the mother of twins is thought to have the power to increase the yield of the soil. Twins in dreams refer to the fertility of the mother. They represent a bit of wishful thinking: that twins have the power to compel the mother to yield life and are able to ward off her destructive forces.

A twenty-three-year-old man had the following dream.

I saw you sitting in a chair like a throne. It was all white. I think of a polar bear. There were two of you as though you were split in two. My father was there also.

This man was a fearful, self-effacing person. The white throne referred to the white coffin of a deceased brother for whose death he held his mother responsible. As a result of this fear the patient regressed to a state of oral dependence. His endless flow of words expressed a constant sucking as though to feed his impoverished narcissistic need. He sought an environment so sheltered that if his unconscious wish were fulfilled he would be enveloped to the point of extinction. At puberty the patient had many fantasies that he would be a girl and would marry a fat man who wore a fur coat. The fantasy was vague and he was not sure whether he or his sister would wear a fur coat. He volunteered the information that his mother

¹⁴ Freud: *The Theme of the Three Caskets*. Coll. Papers, IV, pp. 244–256.

was fat. In the transference relationship the patient was always fearful, thinking of the analyst as a cat ready to jump on him, and he thought of himself as a defenseless mouse. Through narcissistic defenses the patient conceived the idea that the cat would find the mouse most indigestible, and the devouring cat would be destroyed by the defenseless mouse. The double polar bear symbolized his unhappy relationship with his mother.

The union with mother symbolized by twins is essentially an oral concept. The works of Lewin¹⁵ have added significantly to our knowledge of oral eroticism. Union with the mother is represented in various aspects of the oral triad described by Lewin. It involves a wish to eat, a wish to be eaten, and a wish to sleep. In going to sleep the ego repeats a process resembling falling asleep in early infancy—a fusion with the breast at nursing. Sound sleep is an extension of the wish to eat; the sleeper awakens refreshed and full of vitality. Poor sleep is an extension of the wish to be eaten; the sleeper awakens fatigued and without energy. In the ritual of the Brahman described above, the wearing of black garments and eating black food represent not only rain clouds but may signify also the blackness perceived when the eyes are closed,¹⁶ the symbolic representation of sleep, or possibly Lewin's blank dream. In the three dreams related above, the interchangeable relationship between the dreamer and the mother can be compared to falling asleep: a fusion with the breast at nursing. Twins symbolize the infantile wish to avoid destruction and to ward off being devoured by the mother.

The problem is sharply defined in the case of a twenty-one-year-old male student who sought analysis because of his disturbed relationships with people. From the beginning of treatment he was openly hostile, yet his passivity was revealed in 'trancelike' states he maintained during the analytic session. His first dream in analysis:

¹⁵ Lewin, Bertram D.: *Op. cit.* and *Analysis and Structure of a Transient Hypomania*. This *QUARTERLY*, 1, 1932, pp. 43-58; also *Mania and Sleep*. This *QUARTERLY*, XVIII, 1949, pp. 419-433.

¹⁶ The sensation perceived when the eyes are closed in a well-lighted room is red or shades of red but such an atmosphere is not conducive to sleep.

I was under water and had to stay there. I took an involuntary breath and discovered I could breathe.

He soon learned that his hostility was an expression of resentment against his passive and positive feelings toward the analyst. He reluctantly said that he was thinking of the analyst all the time and the analyst was always on his mind. With this insight, he reported the following two dreams.

1. I saw two girls. Both were redheads. At first it seemed as though they were two different girls, then both seemed the same. They appeared identical to each other. It seemed as though the left breast of one girl was exposed. Later I think the dress dropped and both breasts were exposed but this is vague. They were both beautiful and looked good enough to eat. I wonder why I said that.

2. I saw a colored man. He was violent and out of control so that he had to be held down. I was to give him an injection on the anterior surface of his thigh. He was trying to bite me. I yelled, 'The bastard is trying to bite me'. Then someone sprayed something on the colored man's genitals. I thought it a perfect way to subdue him.

The many associations revealed partial regression from the œdipal conflict to the oral level. The second dream indicates, among other motivations, the wish to be eaten while the first dream is a denial of this wish.

Freud¹⁷ says that man has three inevitable relations with woman: the mother, the beloved who is chosen after mother's pattern, and finally Mother Earth who receives him again. It would seem more accurate to say that man has four women in his life: the mother who bears him, the mother who feeds him, the woman who is the companion of his bed and board, and Mother Earth, the destroyer.

Twins symbolize the first and last relationships, life and death. The foetus is nourished by the mother, and Mother Earth feeds from the body she receives; and in both instances there is an un-

¹⁷ Freud: *The Theme of the Three Caskets*. Loc. cit., p. 256.

ending cycle of fertility. Twins are the symbol of this fertility; a wish for immortality; a denial of the finality of death.

SUMMARY

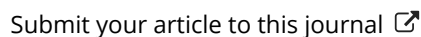
Dreams in which twin personalities appeared were studied, and in each instance it was concluded that they represented the dreamer and his mother. There seems no doubt that this double representation has a symbolic significance beyond the use of common language. Illustrative dreams are related. Twins refer to a pregenital union with mother. In mythology there is a widespread belief that twin children possess magical powers over nature, especially over rain and the weather. In certain cultures a twin is always buried near water and the grave is kept wet. Mythologists interpret this as an intent to bring the twin into union with water to make him, as it were, an ally of the powers that control rain and to guard him against their hostility. Water is the symbol of the mother or refers to aspects of gestation and birth. Folklore bears out the interpretation derived from analytic studies that twins symbolize a union with the mother. This idea is contained in the universal belief that one twin draws sustenance from the other twin at the latter's expense.

The magical power over rain imputed to twins in mythology is associated with fertility of the soil, which in turn has a close relationship to human fertility. Twins in dreams represent the wishful thinking that twins have the power to compel mother to yield life and are able to ward off her destructive potentials.

Man has four inevitable relations with woman: the mother who bears him, the mother who feeds him, the woman who is the companion of his bed and board, and Mother Earth the destroyer. Twins symbolize the first and last relationship: life and death. The foetus is nourished by the mother, and Mother Earth feeds from the body she receives, completing the cycle of fertility—the wish for everlasting life.

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THE TRANSFERENCE NEUROSIS OF THE RAT MAN

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

What has become familiarly known as the 'Rat Man' is the classical Notes Upon a Case of Obsessional Neurosis (1909) described by Freud,¹ which represents an early phase of psychoanalytic theory and technique. As Kris² points out, it reflects the 'conspicuous intellectual indoctrination' of patients which prevailed at the time, and the little emphasis on reliving in the transference which analysis was later to acquire. Freud nevertheless was stressing even in this paper that transference is the effective therapeutic agent; interestingly, however, from the standpoint of the evolution of analytic thinking, he did not then clearly apprehend the transference significance of many of the exchanges between the Rat Man and himself. In reconstructing this stage of analytic technique, it appears that much of the intellectual indoctrination then considered necessary and compatible with the 'mirror role' of the analyst was actually, on an unconscious level at least, a recognition of the resistances and a more or less active intervention which modified the patient's attitude toward the physician. The Rat Man contains remarkable material for a study of the intuitive processes by which Freud explored the minds of his patients, as well as of the clinical experiences that determined the direction analytic formulations were to take.

In introducing us to his methodology, Freud cited Alfred Adler, 'formerly an analyst', as having drawn attention to the peculiar importance of the very first communications made by patients. He then confirms this observation by giving the evidence of homosexual object choice in the Rat Man's initial remarks. Freud did not, however, draw from this the apparent

¹ Freud: *Notes Upon a Case of Obsessional Neurosis* (1909). Coll. Papers, III.

² Kris, Ernst: *Ego Psychology and Interpretation in Psychoanalytic Therapy*. This QUARTERLY, XX, 1951, pp. 15-30.

inferences with respect to the developing transference; moreover, at that time homosexuality was not connected with ego and superego functioning. Thus, for example, the introductory words of the Rat Man referred to a friend to whom he always used to go when tormented by some criminal impulse, to see whether this man would regard him as a culprit. The friend, however, would give him moral support by assuring him that he was certainly of excellent character and merely in the habit of taking a dark view of himself. That this introductory communication embodied the motivation for seeking treatment, and made clear the need to appease and yet deceive the superego—thereby offering an unmistakable focal point for detecting and dealing with resistance—is substantiated by the subsequent course of the analysis.

The remainder of the first analytic session seems also, in retrospect, to raise some doubts as to the strictness with which the patient conformed to his 'pledge' to follow the rule of free association. He is reported to have given a detailed history of his early childhood sexual experiences, a circumstance surely not unrelated to the fact that he had read *The Psychopathology of Everyday Life* and had selected Freud as his therapist for this very reason. These memories were likewise not devoid of interest from the standpoint of formulating the initial dynamics of the transference and the resistances. They abounded in voyeuristic fantasies which were coupled with fears of being observed. There were recollections from childhood of misgivings that the patient's parents could read his thoughts, an idea that must have had immediate pertinence to the analysis, and which reached a climax in his confession of the obsessive thought that his father, on understanding his son's secret fantasies, would die. Presumably, the battle lines with the analyst were thus being drawn.

The next interview, with the famous narrative of the encounter between the patient and the sadistic army officer who precipitated the patient's neurosis, was no mere anamnestic account, as it was considered to be, but was already a flowering

of the transference. The story of the Rat Man, it will be recalled, concerned a neurotic military man who became violently agitated when a mess hall conversation turned to a sadistic punishment practiced in the East, wherein a pot containing rats was turned upside down over the buttocks of criminals. Shortly thereafter, the patient had developed obsessional doubts over the details of payment on a package that was brought to him by the same officer who had described this exotic torture with apparent relish.

During the recital of these events the patient became so perturbed that he frequently had to break off and rise from the couch. The analyst sought to come to his assistance by supplying details that the analysand could not verbalize: 'I went on to say', Freud records, 'that I would do all I could . . . to guess the full meaning of any hints he gave me'. This guessing game apparently opened the way to an amusing and apparently unsuspected bit of acting out. When the young man approached the crucial details of the rat punishment, he was able to draw Freud into a dialogue that was actually a reproduction of the proceedings described. As he falteringly told how the rodents were applied to the buttocks, he rose again from the couch exclaiming with signs of horror and resistance, 'They bored their way in . . .', but could proceed no further. At this point Freud intervened and completed the unspoken thought by suggesting, correctly, that the rats had found their way into the anus.

Actually, the analyst was being seduced into the role not only of the cruel officer, who told the story, but also of the rats which invaded the victim's body. The rules of the analysis clearly lent themselves to interpretation of the unconscious as a forcible violation of the patient's mind—a point already foreshadowed in the preceding session by recollections of concern as to whether his parents had once been able to read his thoughts: '. . . I made him pledge himself to submit to the one and only condition of the treatment', Freud noted, '—namely, to say everything that came into his head, even if it

was unpleasant . . .'. The analysand, even as he described the rat punishment, pleaded to be released from this vow: 'I assured him that I myself had no taste whatever for cruelty and certainly had no desire to torment him', Freud added with apparent feeling for the subtle accusation thus brought against him, 'but that naturally I could not grant him something which was beyond my power. . . . The overcoming of resistances was a law of treatment and on no consideration could it be dispensed with.'

The patient, with the typical cunning of the obsessive neurotic, managed to twist the analytic rule into an instrument suited to his own purposes; moreover, the analyst was persuaded to condone a violation of the pledge by permitting the patient to arise from the couch and actively joining in the violation by revealing the contents of his own mind rather than discovering those of the patient—namely by himself speaking the magic words which were the equivalent of the action: 'into the anus'.

Freud observed: 'At all the more important moments while he was telling his story his face took on a very strange, composite expression. I could only interpret it as one of *horror at pleasure of his own of which he himself was unaware*.' The full significance of this pleasure might have been gleaned from the fact that ' . . . the patient behaved as though he were dazed and bewildered. . . . He repeatedly addressed me as "Captain" . . .'. This Freud explained (completely overlooking the alternative possibility) as ' . . . probably because at the beginning of the hour I had told him that I myself was not fond of cruelty like Captain M. . .'.

At the next session, the patient was still in conflict over a vow—this time, with regard to an obsessive ritual he had concocted for payment on a package delivered to him by the captain. This had precipitated his flight from the army encampment and refuge in Vienna, where he had sought relief from his guilt, first from a friend and then from Freud. His account of this affair during the session arouses the suspicion that again this was no mere anamnesis but had definite transference implica-

tions. Now that the analyst had taken the place of the cruel captain, was the patient planning anew to break a pledge (to undergo treatment), flee from Vienna and return to camp? He did, at any rate, tell Freud during this hour that he had originally sought a physician only to receive from him a certificate which would have enabled him to return to the Army and carry out the terms of his obsession. Such shuttling back and forth between persons and places is characteristic of this type of neurosis. Freud comments: 'Many months later, when his resistance was at its height, he once more felt a temptation to travel to P—— after all, to look up Lieutenant A. and to go through the farce of returning him the money'.

The succeeding interview presumably saw the continuance of the inner debate as to the ability of the patient to rely upon and confide in his physician. Fears of his own aggression and of retaliatory hostility preoccupied him. He reminisced about the sudden death of his father and his own ensuing guilt: his parent had passed away as the young man lay resting for an hour (death wishes toward Freud?); nevertheless, he had never quite accepted the reality of his father's death, and on hearing some witticism, would find himself thinking, 'I must tell father that' (the analytic rule?). When he walked into a room, he would expect to find his father in it (analyst's office?); at other times, however, he became so depressed by self-reproaches about his father's death that only the reassurances of a friend that he was not guilty were helpful—a circumstance which leads back to the patient's very first communications and his need to seek out persons (including Freud) who would attest their confidence in him. The friend or analyst, as unconscious surrogate fathers, could reassure him of his innocence in no more convincing way than to demonstrate, by their existence, that he had not killed them.

Freud responded to this with a lengthy theoretical discourse on the relationship between idea and affect in the neuroses, in order to persuade the patient that his sense of guilt must indeed have had some valid unconscious justification, and to

induce him to search within himself for the explanation of his self-reproaches. Thus analysis was sharply differentiated from the reassuring techniques which the young man had evolved for himself and which would have been gratified by most other forms of therapy. Nevertheless, reassurance was given indirectly by Freud, for when the patient inquired as to the value of discovering his hidden motives, he was told that his troublesome feelings would probably be dissipated in this way.

This implied absolution was followed by the confession, vague and tentative, of misdemeanors in childhood. Freud at once seized upon this and assured him at great length that precisely the incidents which occurred in early life were of the greatest importance and that the patient would discover for himself the laws of the unconscious. (In what sense this was meant is not quite clear, since the Rat Man was already acquainted with Freud's writings.) This intellectual explanation seems to have been accompanied by some signs of approval and satisfaction on the part of the analyst; moreover, the patient was again invited, in a friendly way, to prove his capacity for self-analysis. Actually, the analysand next reacted with suspicion; he wished to know whether the procedure thus advocated could really undo such long-standing ideas. Thereupon he was assured that Freud had formed a good opinion of him—a statement to which he reacted with 'visible pleasure'. In short, far more than theoretical expositions were employed by the therapist during this interview.

In any case, the resistance seems to have been lessened by these exchanges. At the beginning of the next session the patient renewed his earlier statements that he believed his parents could read his thoughts (a tribute to the deftness of the analyst?), and bolstered his courage at last to confess a childhood fantasy concerning his father's death. This recollection could now be conceded, since Freud had already guessed and shown tolerance of this idea. The latter was not yet satisfied, however, and after some further prodding and reassurance by means of 'theoretical explanations', further confessions were forthcoming.

Freud comments in a note that 'It is never the aim of discus-

sions like this to create conviction. They are only intended to bring the repressed complexes into consciousness, to set the conflicts going in the field of conscious mental activity, and to facilitate the emergence of fresh material from the unconscious.' The Rat Man reacted to Freud's expositions with the now well-known tendency of the obsessive to draw the therapist into further intellectual explanations in the course of which the fundamental rule is increasingly reversed. In this instance, however, Freud neatly avoided the trap set for him by the patient's questions and remarked that surely the latter must have some answers prepared and need but follow the trend of his own thoughts to discover them.

There followed a chain of associations from, first, matters that might not be communicated to the father, to, second, envy of a younger brother, and, third, recollections of an incident in which he had enticed this brother to look into the barrel of a gun, whereupon he had pulled the trigger. The interpretation of the transference here may be made both actively and passively: in the tacit struggle over penetration of each other's minds, the patient both intended and feared aggression in his relation with the physician; the 'rat punishment' had thoroughly infiltrated the unconscious significance of the fundamental rule and the analytic task was to expose and dislodge it.

Freud pursued his course in this situation by insisting that the recollection of the incident with the brother was merely a cover for hostile intentions toward the father; in this way, the problem of concealed aggression was kept in the foreground. The analyst's theoretical comments constituted a sharp probing instrument; the patient himself was, in the imagery of his own unconscious, pressed increasingly into the plight of a cornered rat. At this juncture, he lamented his own 'cowardliness', but Freud mitigated his plight by telling him that he ought not consider himself responsible for the residue of infantile dispositions within himself. In this way, the patient managed to convert into analytic terms his habitual disposition to persuade a respected friend to assure him that he was not really a criminal despite his reprehensible impulses.

Unfortunately Freud concluded his formal presentation of the case at this point in order himself to discuss the theoretical aspects of obsessional neuroses, into which the Rat Man gave him such unprecedented insight. Some further references, however, enable us to glean a few details of the subsequent analysis. The memory of injuring the brother after persuading him to look into the gun barrel has unmistakable sexual implications which are probably illuminated by a strange ritual which the patient had at one time practiced. During his student days, and after the death of his father, he had developed the habit of interrupting his studies between twelve and one at night, and opening the door as though someone were standing outside. Then he would take out his penis and contemplate it in the looking glass.

Freud supposed, in explanation, that the patient was expressing ambivalence toward his father, seeking to please him by his diligence in studying late at night, but at the same time affronting him by his sex play. Certainly this incident suggests some transposition of the earlier one with the brother, who was lured under false pretenses into looking at the gun (penis). Transference implications also may be discerned in the one-hour interval during which the patient alternated between conforming to and defying his father's wishes (the fundamental rule); the opening of the door to confront the father's ghost which, as we have previously seen, had settled itself on the figure of the analyst; the struggle to control his exhibitionism (the urge to confess to the therapist, with ultimate sexual aims), and even in the role of the mirror (mirror = analyst?).

Evidence accumulated to justify Freud in declaring that 'it was only over the painful road of transference that [the patient] was able to reach conviction' of the truth of the theoretical postulates. He dreamed that he saw his analyst's daughter standing before him with two patches of dung instead of eyes, which Freud interpreted as meaning that he would marry the girl not for her beautiful eyes but for her money. (Various other possibilities arise if we consider the dream figure as the Rat Man himself.) Supplementary fantasies came in the form

of visions of Freud as a wealthy and powerful man whose interest in the young man arose out of his desire to have him as a son-in-law. A testing of this hypothesis took place in the form of acting out: 'How could a gentleman like you, sir', he asked, 'let yourself be abused by a low good-for-nothing wretch like me? You ought to turn me out.' The occasion was then seized for violating and reversing the analytic rule by rising from the couch and striding up and down, watching the analyst and averring that he feared attack for his impudence—a situation that presented an advanced counterpart of the first session in which Freud was tacitly lured into enacting the part of the cruel captain and of the rat penetrating the anus. The transference elements were now more clearly to be discerned.

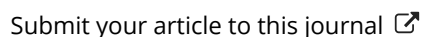
In retrospect, we may say that at this stage in the development of psychoanalysis, there was not yet a full appreciation of the extent to which memories of the past were represented by or constituted actual reflections of attitudes in the present. Reconstructions of former events were entered into in preference to a dynamic analysis of the immediate transference, a danger which Freud had recently come to see in the case of Dora, but whose application he had not yet entirely grasped. The footnotes on the Rat Man do indeed discuss the fact that 'childhood memories' are distorted and consolidated with the events of later years; much remained, however, to be worked out with respect to the resulting implications.

The predilection for reconstructing the past also played a large part, as may be noted in the Rat Man's case, in disposing to theoretical indoctrination of the patient and to the subsequent need to find supplementary means of providing him with emotional conviction. Transference interpretations, focused on the immediate affect (aggression toward and distrust of the analyst) are more apt to touch the affective core of the resistance, and fit more frequently with the rule that resistance shall be interpreted before content. Nevertheless, in retrospect, it may be seen with what skill and intuition Freud's theoretical explanations took cognizance of and dealt with the transference.

Theodore G. Branfman & Henry Alden Bunker

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THREE 'EXTRASENSORY PERCEPTION' DREAMS

BY THEODORE G. BRANFMAN, M.D. AND

HENRY ALDEN BUNKER, M.D. (NEW YORK)

'[Psychical research] is a field in which the sources of deception are extremely numerous. But I believe there is no source of deception in the investigation of nature which can compare with a fixed belief that certain kinds of phenomena are impossible.'

WILLIAM JAMES

The purpose of this essay is to report three short dreams which we believe of interest because they exhibit, it seems to us, the possession by the dreamer of knowledge which—to paraphrase William James—he could never have gained by the ordinary use of his eyes and ears and wits. Our object is to examine the tenability of this proposition. We consider it not without interest, further, that at least two of these three dreams furnish rather striking corroboration of Freud's statement that 'If then one comes across a so-called telepathic dream, one can convince oneself by its analysis that the telepathic message has played the same role as any other residue of waking life, and as such has been altered by the dream work and made to serve its purpose'.¹

The two dreams were reported within some three weeks of each other, one by a female and one by a male patient. The conclusion seemed inescapable that these two dreams made unequivocal reference to a relatively important situation in the life of the therapist (T.G.B.) of which neither dreamer could possibly have 'known' anything.

The dream of the female patient follows.

A party in your lobby, and all your patients are there; coffee and cookies are being served. I am in a corner. Across the

¹ Freud: Dreams and the Occult. In: *New Introductory Lectures on Psychoanalysis*. New York: W. W. Norton & Co., Inc., 1933, p. 55.

room there is a miniature Japanese woman, also a patient. A white-haired Jewish man says to her, 'Don't you know that is a Geisha girl costume?' Then you come over and tell me not to smoke or have any 'life savers' [hard candy].

Her first association was that 'miniature' meant a child. To 'Japanese', she recalled that her stepfather, whom she had not seen in seventeen years, had once been to Japan; at twelve, she had reacted with disgust to his playful physical attention. She spoke also of her resentment and jealousy toward her younger sister.

Although our primary interest is not with the meaning of this dream, nevertheless its fairly obvious meaning is what validates the 'telepathic message' which we believe the dream to include. We note, then, that the *dramatis personae* of the dream, apart from the dreamer herself, are essentially two: first, the 'miniature Japanese woman, also a patient', the dreamer's (suppressed) hostility to whom is readily to be inferred from attaching to her in the dream the (projected) derogatory implication that she is a semiprostitute; second, the therapist, cast in the role of the orally refusing (weaning) mother, who serves coffee and cookies to his patients *en masse*, yet goes out of his way to forbid the dreamer to smoke or to suck candies. She indicates her feeling of being neglected in the phrase, 'I am in a corner'. Piecing these elements together, it seems clear enough that the dreamer accuses the mother—the accusation displaced to the therapist—of replacing her at the breast by the only too evidently preferred younger sister, her resentment and jealousy of whom she had mentioned, a little unexpectedly, in her associations to the dream. We also note, in passing, the thin œdipal veneer (rivalry on a genital level: semiprostitute: father-figure) of the preœdipal situation so patently depicted.

But why should a 'miniature Japanese woman' be assigned the role of hated rival, not alone in the œdipal (fellow patient; Geisha girl; father-figure) but even more clearly, as evident above, in the preœdipal sense? It is possible, of course, that the dreamer's selection of a 'miniature Japanese woman' for the

all-important role in question sprang from unconscious sources which her associations failed to reveal; such, it is true, is a not altogether infrequent analytic experience. But it seems a more plausible, and certainly less negative, 'explanation' of the appearance of this rather curious figure in the dream that at the time of his patient's dream the therapist had under his care in a hospital a *small female Japanese patient, aged twelve* (the same age alluded to in the patient's associations and in a general context which included Japan), in whom on both diagnostic and therapeutic grounds he was very particularly interested and in the study of whose case he was spending considerable thought and effort. If it be sheer coincidence that the dreamer described her hated and maligned 'rival' in terms corresponding remarkably closely to the actual attributes of one who was not only a fellow patient but who did in reality absorb a good deal of the therapist's interest and attention, then coincidence is truly a Procrustean bed into which any wayfarer at all can be fitted (as, indeed, many a wayfarer can!); in other words, the burden of proof seems to us to lie with him who maintains that this combination of circumstances is purely fortuitous. The alternative is the supposition that the dreamer had 'telepathic' knowledge of the existence, and of the role vis-a-vis the therapist, of this twelve-year-old Japanese girl, and made use of this 'telepathic message' in precisely the manner indicated by Freud. It is this alternative which on the evidence we feel forced to accept: that the dreamer had come by certain 'extrasensory' knowledge which she could never have gained by the ordinary use of her eyes or ears or wits.

Possibly it removes the foregoing further from the realm of pure chance, of sheer coincidence, that within three weeks of the occurrence just reported a male patient of thirty-four, a severely obsessional character, brought a dream evidencing an apparent awareness on the dreamer's part of special attention given by the therapist to the Japanese girl. The dream was subsequently written by the patient at the request of the therapist.

I am in the center building where a short stocky girl of dark complexion and chubby cheeks stands before you. She shows little expression or interest. I am sitting ['sitting' is crossed out and 'standing' substituted] in the background [crossed out, and 'near the entrance of the door' substituted], watching. The girl has a tired face, older looking than she actually is. She seems to be looking for a job. Suddenly she passes flatus, and you express your disapproval vociferously. I thoroughly agree. The girl walks out. She seems neither ashamed nor sorry, but seems expressionless. She might be Mexican or Chinese or Japanese.

In the spoken narration of the dream he had called the girl Chinese or Japanese, and finally decided that she was Japanese.

This dream too, then, has in it a Japanese girl, again one who has some relation to the therapist (not, this time, as a fellow patient). And she is even more explicitly referred to in derogatory terms: she passes flatus publicly and unashamedly; she is as brazen on an anal level as is the Geisha girl on a genital, and the analyst disapproves of this 'rival' not by indirection (the white-haired Jewish man) but 'vociferously'. In addition, the phrase 'in the background' hints at the feeling of being neglected as does 'in the corner' in the dream of the female patient.

Thus we have two dreams brought within some three weeks of each other by a female and a male patient respectively, each of which, in containing a Japanese girl in its manifest content, makes clear reference (in the first case, quite strikingly so) to a female Japanese patient in a hospital to whom at the time the therapist was actually giving quite special attention and thought—exactly as though the two dreamers 'knew' of the existence of the patient and of the therapist's special interest in her. This 'knowledge' is then utilized, like any residue of waking life, in the mobilization in the two dreams of jealousy and hostility of precædipal, cædipal and negative cædipal sources.

Briefly, a third dream is included because it affords a somewhat unusual opportunity to express in mathematical terms,

and hence with a certain precision, the degree to which chance did or did not operate in bringing about the result observed.

A man, not in analysis, dreamed on a Saturday night that he looked in the newspaper the following morning for the score of the Columbia-Harvard football game that had been played that Saturday afternoon. It should be noted that this man possessed no fund of information or the specialized knowledge of enthusiastic followers of college football and of sports writers, such as might have given him the faintest notion of even approximately what the score could have been, although he might have surmised vaguely that Harvard was rather likely to lose; nor had he on that Saturday evening made any effort to obtain the information which was then in the possession of thousands. His dream began confusedly: he thought he saw a score of 21 to 7 in Columbia's favor; then he realized that the right-hand column was so far to the right of the left-hand column that he could not be sure at first that he had read aright. On looking again, he found that his uncertainty was justified, and that the score actually was Columbia 28, Harvard 7.² 'Imagine my astonishment', he said, 'when I read in the newspaper next morning that the actual score was: Columbia 28, Harvard 7'.

Since we are able in this instance to exclude such an extraneous factor on the subject's part as expertness might import into

² The coauthor of this paper is somewhat intrigued by this initial uncertainty in the dream and its subsequent correction. This, in a dream, is certainly not remarkable per se; but on the supposition that the football score was perceived 'extrasensorily', it is reminiscent, relevantly or not, of that tentativeness with which a medium sometimes offers a statement as provisional, the certainty of which, for the medium, then progressively increases. And indeed, if the thesis of this essay be correct, the medium's 'knowledge' is of the same order as the material which we here present. For example: if a medium asks, 'Do you know anybody named Regina?' (many a man must have passed his entire life without knowing anybody named Regina); if she asks, 'Is your name Henry?' (there are many, many other names which the subject might have); this seems not to differ—from the standpoint of knowledge possessed not through the ordinary use of eyes and ears and wits—from the statement of a dreamer that her therapist is very much interested, to a degree that she resents, in a small Japanese fellow patient.

the situation, it is possible to state quite accurately what the chances are that mere coincidence, pure chance, determined this result. On the predication that a score of more than 45 by a college football team is quite unusual, it follows that Columbia may make any one of forty-five possible scores (0 to 45 inclusive, since as a final score 1 is impossible in football; but, for that matter, a final score of 4, or even of 8, is highly unlikely), and for each of these 43 or 45 scores that Columbia might make there are obviously 43 or 45 that Harvard might make; so that the chance of 'guessing' both scores correctly (when it is a pure 'guess') is 1 out of somewhere between 43×43 and 45×45 , or 1 out of somewhere between 1849 and 2025—roughly, then 1 in 2050. In other words, there would appear to be one chance that the dreamer's providing himself with the correct score of the game in his dream was a 'chance result', as against something like 2000 chances that this was a 'non-chance result'. Thus the odds are a mere 2000 to 1 that the result observed was due to chance—that some factor other than chance was operative in causing the dreamer to dream the exact score of this football game. What this factor is, having odds of about 2000 to 1 in its favor, we do not know: we are simply led to suppose that it is of that order of 'knowledge', not arrived at by the ordinary use of the eyes or the ears or the wits, which, if not mathematically measurable, seems to us to have been equally evidenced by the two dreamers earlier described.

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Felix Deutsch

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ANALYTIC POSTUROLOGY

BY FELIX DEUTSCH, M.D. (BOSTON)

For the past seven years the study of the postural behavior of patients during analytic therapy has proved to be worthy of thorough investigation, primarily as research in the study of the origin and the development of motility in a controlled experimental situation in which the bodily reactions to psychic stimuli, past and present, could be observed over a long period. The experimental conditions are such that control is only partial in that each stimulus is applied in a total situation. This is similarly valid for psychic stimuli. All stimuli pass through long prepared pathways and become metamorphosed, before integration and conscious perception, at a place and in a form which corresponds to a psychosomatic pattern. Moreover, any stimulus—exteroceptive or proprioceptive—represents merely an additional one to other stimuli simultaneously in operation, which are at the time not under scrutiny. The psychoanalytic procedure, which stirs up large quantities of psychic energy, is continually accompanied by correlated but invisible physiological adaptations and responses. The physiologist Adrian (1) very impressively presented these correlations some years ago to the British Psychoanalytic Society. In estimating postural reactions, or motor behavior, during analysis, it must always be kept in mind that whatever happens in one part of the body is reflected in the whole body and is integrated into the functioning of the whole organism. This is true for the simplest as well as for the more complex processes. In assessing psychic and somatic fluctuations as responses to stimuli, it has to be agreed that neither the stimulus nor the organism remains con-

Read before the New York Psychoanalytic Society, October 31, 1950.

This is the fourth in a series of articles, three of which have already appeared: *An Analysis of Postural Behavior* (This *QUARTERLY*, XVI, 1947, pp. 195-213), *A Psychosomatic Study of Vasomotor Behavior*, and *Some Psychosomatic Aspects of Respiratory Behavior*.

stant, but at the threshold where only a few quanta of energy are involved it is the stimulus which is variable. The nature of its variability determines the fluctuations encountered between response and stimulus. In psychosomatic terms this means that if a psychic stimulus presses for a discharge, the functional organic process initiated by the stimulus—a muscular movement, for example, which leads to a postural rearrangement—continues and completes the psychological process. This has led me to assume that the amount of physiological discharge corresponds to the amount of undischarged emotion, until it is spent.

Until recently, in the attempt to analyze functional behavior, too complex patterns were chosen for investigation. It was overlooked that psychosomatic symptoms are linked together, sometimes arbitrarily, into an entity which should be broken up into isolated units more suitable for analytic investigation. There is no more favorable experimental setting than analysis for resolving a symptom complex into its constituents, and among these the postural pattern appears as signal and symbol during the analytic process, preceding, substituting or accompanying verbal expressions. It is not possible to understand the pattern before the meaning of the elements in the configurative pattern is known. The process is analogous to diagnosis which is only complete after examination of the function of all the organs involved in the pathological process. Another aim of this research is to establish the prognostic value of changing postural configurations in analysis.

In the early stage of this study, descriptive data were accumulated to define the occurrence of certain patterns, their variability, flexibility or tenacity. The next step was to investigate the relevant psychodynamics and their role, as far as these factors could be understood, in the analytic process.

Methods of recording postures and some results of these observations were presented in earlier publications (2, 3). Briefly, the method consists of recording daily during each analytic hour all postures as they occurred, and of arranging

them in a 'posturogram' covering the entire duration of each analysis. Thirty-two patients, who had been analyzed from one to four years, have been studied and thousands of postures have been recorded. The term 'posture' denotes the relative positions of the patient's head, trunk and limbs on the couch, and the topographic relationship of these parts of the body to each other. In the past two years observations have been extended to the position of the hands, fingers, and the feet, with particular reference to the total configurative postural pattern.

The head may be turned to the left or to the right, or lie in a fronto-occipital position from which it may be frequently lifted and dropped. The trunk may be turned to one side or the other, or remain supine. The hands may be cupped, the right over the left hand or vice versa; they may be held extended with palms down, not touching each other; they may be clasped together, the fingers interlaced. The thumbs may be hidden in the fist, one thumb may be cupped over the other, or it may touch the other only with the distal phalanx.

The postural entity as a combination of postures of single parts can be compared with community life in which the ego has the executive function, the id and the superego the administrative function. The ego coördinates the activities of the members of this community, assigns to them their obligations, and settles differences and disputes among them. It gives temporary priority to some, and calls on others in emergencies. At other times it restricts the overactivity of some too presumptuous ones and may exclude them from the community for a while. If the demands of a group cannot be met, the ego may resign as coördinator, which results in anarchic disruption of the community, although the ego may remain in full control of other functions. Whenever the function of the ego is restored, order prevails. Often reorganization is never satisfactorily achieved, or it may take a long time before the former unity is achieved. The integrative function of the ego can be considered as effective when it succeeds in coördinating and synchronizing the different participants in the postural formation. Such successful homeo-

stasis depends on how well and how long the defensive functions of the ego have operated—in short, on the prehistory of the psychological investment of the various parts of the body and of their functions. As far as the participation of the voluntary musculature in forming the postural attitude is concerned, its synchronized behavior is governed by the conscious and the unconscious ego. Asynchronous postural behavior represents a partial loss of ego control. In terms of motility we assume that the motivation of movements of the voluntary musculature is inseparably intermingled with unconscious (autonomic) innervations. These proprioceptive stimuli set the trigger for the movement. The ego decides when and how to move. The altered posture is determined by unconscious, integrated motivations. Uncoordinated movements are an expression of irreconcilable unconscious forces which fight for supremacy. The appearance and disappearance of a posture represents, it would seem, the attitude of the ego toward a certain impulse with which the specific movement is associated.

CASE I

A twenty-nine-year-old bachelor alternated between two postural configurations: in one, the arms were crossed on the belly, the fingers clasped; in the other, the hands were kept in the pockets of his coat. Legs and arms were strongly erotized and personified members of the family (father, mother, and two brothers). The legs were particularly expressive of the struggle of his ambivalent feelings toward his father. Movements of the arms were restrained and acted out the genitalized content, particularly of his relation to his brothers. The compulsive repetitiveness of the movements was striking throughout the first two years of analysis. The right leg held down the left one, hiding and protecting the phallus, and prevented lifting the legs as the expression of a yielding to anal-erotic wishes.

In the third year of analysis the trend of his associations was chiefly anal with rebellious aggressive fantasies directed against his father. He became aware that he held his hands over his

belly as if he wanted to prevent its protrusion, and that he did not dare to put them down because he was afraid that if he did other fantasies would come up. He relaxed his hands and recalled a story he had heard in his early puberty that a man's penis became stuck in a dead woman's vagina and, in another version, in the anus of a man. Next, he remembered acts of rebellion directed against both his parents. He began to pound the couch with his left hand and, suddenly becoming aware that his legs were in a parallel position, he remarked, 'The penis is freed'. From that time he never crossed his legs nor held his hands over his belly. Having decided to marry a girl to whom he had been engaged several years, he began to gesticulate with both hands. For him, his right side represented his feminine identification, his left side his father (who was left-handed). The patient was ambidextrous. Five months later he felt an urge to change his position on the couch, but could not decide whether to put his left leg over the right (fighting off a feminine attitude), the right over the left (fighting off the masculine attitude), or whether he should keep them apart (exposing himself as a man). On the way to an analytic session he thought that he should be able to move about freely instead of remaining always in a fixed position; he decided that he was living only in 'parts', that he could not be spontaneous.

In his profession he was compelled first to indulge in giving before he could accept payment for his services. In sexual relationships he would go through a phase of passivity which he relinquished with great difficulty, and which was followed by a grandiose, 'crushing', selfish, driving, 'male' attitude, but actually feeling that he was a 'windbag'. These associations were accompanied by a feeling of stiffness in his legs, as if he were afraid of being attacked, and by flexions and extensions of his feet and head. That reminded him that he always made an exaggerated effort in walking to toe in, whereas his father and brothers were flatfooted. He banged his head forcefully against the pillow which reminded him that as a child he would pound his head against the pillow when he was angry. These psycho-

motor reactions increased in the following weeks with greater self-assertiveness and aggression toward people in authority.

CASE II

A married man of forty-eight had an anxiety neurosis with many phobias. On the analytic couch he practiced defensive, rhythmic, symmetromimetic flexion and extension of his arms, bringing his hands to the head or to the chest. Genital play with a younger sister, which had begun in his fourth year, was abruptly terminated in his sixth year when his father took him to a doctor for an examination of his penis. Circumcision was considered but not done. He had been forced into submission by a domineering father and an obsessive, compulsive mother, and became a timid, compliant, insecure, dependent boy, who stayed at home with his mother, two sisters and a governess. After three years of analysis he was finally able to obtain and perform well in a job connected with the war, although his phobias, particularly of elevators and trains, kept him tied to his home. At the end of the war he became acutely anxious again from the possibility that he might be sent on a business trip. He resumed analysis in which, for six months, fears of castration and his exalted and unapproachable father were the main topics. Meanwhile, the frequency of the movements of his arms increased. This patient had not been aware of his motor reactions which did not interrupt the flow and verbalization of his thoughts. At this point the patient's attention was called to his rhythmic movements. The first reaction was a considerable slowing down of the movements. He then said that he was never comfortable lying on his back; but how could he lie here on his stomach? 'Why not?' was my answer. He turned over, staring at me. In a few minutes he complained that in this position his head began to hurt, and he turned to lie on his back again. Association of his headache to his father's headaches was followed by the memory of his father's death when the patient was twenty. His father jumped through the window of his hotel room, crushing his head in the fall. The patient then

brought a dream in which he was a boy in a room on the third floor with an older woman when suddenly his father's head became, for a second, visible at the door. The father's head reminded him of his own head, followed by memories of inadvertently smashing the head of a chick in a crate, breaking the bulb of a street light with a stone, fear of his father's punishment, and asking his father whether boys were ever electrocuted. Once he had let a dummy of human size swing from a string in front of his mother's window, and had let it fall down to the ground, frightening her. Finally, he said he felt as if he wanted continually to protect his head with his hands. His sexual relationship with his wife came to his mind: he always kept the foreskin over the glans penis during intercourse as if he were hiding his head.

Soon he began to devalue his father, remembering incidents in which he proved he could do things his father had been afraid to do. For a time he became querulous, hostile, aggressive, self-assertive in the transference. He stated he looked in the daily newspaper with the thought of finding there a notice of my death. The posture, left-leg-crossed-over-right, which had alternated with right-over-left, disappeared (he was left-handed). He dared to retract his foreskin during intercourse. The pattern of his arm movements remained unchanged, although the rhythmicity of the movements was reduced. Several times during the subsequent course of the analysis, his attention was called to the movements of his arms but the reaction was not modified. Despite notable symptomatic improvement, the persistence of these automatic gestures proved that areas of conflict, anxiety and defense—of which the movements were an expression—were not analyzed, making the progress dubious.

CASE III

A young man in the second month of analysis lies on his back on the couch, the left leg crossed over the right. His head is turned to the left, resting on and slightly elevated by both hands held under his head. From time to time he draws

his left hand forth, reaches for his glasses, and continues talking with the tip of the frame held in his mouth. Suddenly, as if he had changed his mind, the left hand rejoins the right under his head. He yawns frequently. On one occasion, as he did so, he made a fist with his left hand and noted that he made these simultaneous movements occasionally outside analysis; it occurred when he had a headache with spasms of the left lower eyelid. The headache reminded him of a dream in which he accompanied his younger sister to a hospital for craniotomy. He recollected that in his childhood he had accompanied her to the dentist and watched him drill the sister's teeth. He was reminded also of a friend—whose middle name is the same as his own—who has a sarcoma of the skull. His mother used this name when she was angry with him, but no one else ever called him by it. His mother's pregnancy with this sister came to his mind, associated with a childhood daydream of having a 'being' like a porcelain dwarf in his belly. To make a fist, he associated Faust and Mephisto; yes and no; homunculus; masturbating with his left hand. During these associations he had for a moment a feeling as if his head and jaw had increased in size and weight, accompanied by a taste of vanilla. Vanilla ice cream hurt his teeth. Father liked ice cream, mother disliked it. He became lightheaded, as if he were 'passing out'. He had had similar feelings when he had to stand at attention in military service; moving his toes imperceptibly and tensing the muscles of his calves and thighs had helped to dispel the feeling. Fainting reminded him of pregnant women. Memories of attempted autofellatio followed later by nausea, loss of weight and spasms of the stomach came to mind. Father had had stomach ulcers. He reported a dream of having vomited a pathological specimen, a stomach with two ulcers; his hands were bloody. Perforated ulcers, abortion, menstrual blood, and the death of his father from ulcerative colitis with bloody stools were successive associations. He began to feel hunger pains, felt and heard a rumbling in his belly. The death from starvation of 'some monstrous kind of vermin' in Kafka's *Meta-*

morphosis was his next association. He was silent for a while, stopped sucking the frame of his glasses, moved his left hand abruptly from his mouth and back under his neck, made up-and-down movements with his left foot, and described a ritual manner of going to bed by standing erect in bed and letting himself fall into it. Once the bed collapsed, hurting his left ankle. At eight years he once boasted to some children that he could jump down six steps. In so doing he twisted his left ankle, which was put in a plaster cast for several weeks. 'Pride goeth before a fall', he commented dryly, rubbing his right leg against his left ankle. While convalescing he had lost his appetite. Simultaneously with these remarks he lifted his head slightly with his hands. He remained for the rest of the hour within the configuration of this postural pattern.

Involved in every movement are motivations of a first order, a second order, and perhaps a third order. Every postural configuration is a combination of different psychologically determined movements of single parts. The psychodynamics of a given situation determine which impulse will predominate, and which single element of the postural composite will take precedence and determine the direction of the move. The more of these that can be included in observation, the more can be learned from these preverbal expressions. This is particularly true for the postures of the head, finger, and foot.

In a supine position of the body while the legs are kept parallel or spread, one or both feet may be flexed, extended, rotated in or out. Each has an unconscious meaning. The upward and inward position has been analyzed as representing the effort of resistance against passive tendencies, and against figures interfering with self-assertiveness. The outward and downward posture may represent yielding to passivity, and a change from this position to one with increased muscular tonus is very often a forerunner of the verbal expression of self-assertiveness and hostility. In many cases the passive position means withdrawal as a reaction to unconscious fear of castration and appears as the preverbal expression of this fear. Foot

postures in a parallel leg position, which itself expresses passive tendencies, belong to a structural bodily pattern which betrays other manifestations of passivity or the protest against it.

CASE IV

A young man, the elder of two brothers, had spent his life in a hopeless battle for supremacy over his sibling, while his domineering father suppressed this son's self-assertiveness both physically and educationally. Failing also to win his mother's preference, he vacillated between partial identifications with both parents, the result being a passive dependent personality with repressed oral aggression. Before his sixth year he developed boils on his legs, which were treated surgically by his father's brother. The family impressed on him the seriousness of this affliction. Another painful memory was his father's customary unmerciful punishment by hitting his legs with a belt. As long as he could remember he suffered intolerable itching from athlete's foot. The thinness of his legs was a chronic narcissistic injury which he tried to hide or to overcome by exercises. During early puberty he developed a peculiar gait and a mannerism of pointing his toes inward when walking, especially when he felt he was being observed by girls and when he wanted to display his masculinity. The overcathexis of the legs and feet as a displacement of his unresolved ambivalence toward his parents and sibling was apparent during analysis in quick rhythmic up-and-down movements of the feet. The frequency of the movements increased whenever the painful experiences associated with his legs were recalled, whenever the analysis centered around his ambivalent feelings toward his parents (especially the father); also when castration anxiety was evoked in association with masturbation. With the progress of the analysis, these paroxysmal 'tachypedic' spells appeared at progressively greater intervals and for shorter periods, but persisted to the end of his successful analysis. At first symmetromimetic, they became finally restricted to the right foot. Analysis clearly revealed the erotization of the lower extremities and

their unconscious use for the expression of hostile, aggressive homosexual impulses. In some respects these movements are similar to the rhythmic head-turning movements of infants, which are sometimes observed during analysis, and which express on the one hand a wishful turning toward an object and on the other, the objection to it. The ambivalent rotation of the head which developmentally precedes walking, may later be wholly or partially displaced to the feet.

Careful observation of the attitudes and movements of the head reveals very meaningful characteristic positions and repetitive movements in certain analytic situations. Furthermore, the postural behavior of a single constituent of the postural pattern, such as the head, may be the rudimentary representation of the total postural attitude at a given time. Since all movements are related to objects, they indicate a movement toward or away from objects. If one single constituent of the pattern moves in one direction, the other constituents have to become attuned to it: if the head expresses unconsciously a movement toward one object, the hand or foot may enforce it or counteract it by its significant movement. Turning the head from side to side, as a single or as a repetitive motion, is sometimes the first sign of castration anxiety. The degree of the anxiety is very often indicated when this movement is reinforced by simultaneous up-and-down movements of the feet. By those movements a patient with intensely repressed hostility always signaled the expression of anger toward a parent. He performed them at the beginning of the hour before settling down to his basic posture, as if announcing what the theme of the hour was to be. Of course, he was completely unaware of this introduction. Another patient reinforced a slight rhythmic movement of his hands with simultaneous forward and backward movements of the head as the precursor to his recollections of punishment for masturbation. The cathexis of the head was partly determined by his father's practice of hitting him on the head for misbehavior.

Movements of the head also express defense against a danger,

and the use of the head as an aggressive weapon. Some analysts hit their heads against the pillow as a self-punishment, others as if confirming punishment. Turning the head to the right or the left may prove to indicate unconsciously turning toward one parent or the other.

The dynamics of the postural pattern may be illustrated in the following way. A threat displaced to the head may lead to a movement of one hand to the forehead. This protective movement may free the ego to yield tentatively to an oral instinctual drive. The other hand may then move to the mouth. This, in turn, may warn the ego that it has risked too much, the right leg may be put over the left, to protect the orally cathected penis. This defense act may lead to a very characteristic flexion of the already crossed leg into a sharp angle. This posture ambiguously exposes the penis to a passive oral approach. In my experience this type of leg posture has never failed to precede or accompany the verbalization of oral fantasies. In this postural configuration one can foresee the psychodynamics unmistakably presented, which, whenever it appears, makes the verbal expression which follows an affirmation of what is anticipated.

Habitual movements of the skeletal musculature are the result of involuntary psychomotor reflexes. They have an unconscious aim, are responses to intrapsychic factors, and cease when the threshold of the stimulus is sufficiently lowered. Muscles innervated by the autonomic nervous system have no object relationships. Their activity is a function of biological adaptation: the pupillary reflex, the cardiovascular system, the glands, viscera, the *arrectores pilorum*, etc. Uncoordinated skeletal movements are part of the defense mechanism against undetermined stimuli. They are aimless as far as the environment is concerned. There are movements which expand the body surface and integrate more of the outside world into the body unity, and those which reduce the body volume and withdraw it partially from the outside world. How far the body can reach into the outside world determines whether and to

what extent the external world is perceived as belonging to the body. In this sense even the uncoordinated movements of voluntary muscles are unspecifically object-related.

Here is the beginning of the experience of becoming separated—of developing a sense of self—from the outside world or from objects which had seemed, although only transitorily, to be included in one's own body. Developing one's own identity thus entails a sense of loss. This experience is naturally more passively than actively perceived in the earliest stages. The awareness of external objects begins therefore with a reduction of the limits of one's body, and a sense of distance from objects. Parts of one's body are first perceived as external objects. The unity of one's own body is the basis of the ego; therefore, any part of the body excluded from this unity is perceived as loss of the sense of self. Postures like folding the arms, clasping the fingers, the foetal position, may be interpreted as attempts to hold the 'parts' of the ego together and to diminish body surface. Movements of the limbs away from the body are rudimentary threats of loss which are counteracted by the antagonists. In this sense, whatever cannot be reached is lost, whether it be a part of one's own body, which came by chance into contact with another part of the body and lost this contact again by a purposeless movement, or an object which was removed, like the nursing breast or the body of the mother. All sensory perceptions after birth are at first unpleasurable sensations which stimulate the urge for reunion of the body with the lost object. Movements, therefore, are revivals of primitive uncoordinated motility to ward off unpleasant sensations. These sensations may later originate from any stimulation of sense perceptions when the threshold is lowered by cathexis. It must be assumed that the experience of loss occurs on a preoral level and that the instinctual drive for reunion through oral incorporation occurs later. The drive is always to reintegrate a lost part, to restore unity. Any subliminal intrinsic or extrinsic stimulus recalls the experience of separation and leads to an involuntary or reflex movement which is not specifically object-

directed. The neonatal grasping reflex, which may be the basis for later involuntary movements, has the aim of union with the mother. The tension of separation calls for discharge, leads to movements, and if these do not suffice, crying (anxiety) begins. Thus the crying of the suckling may be viewed as the expression of a movement to recall a lost object. Crying may be dispelled by the mother's singing, which thus represents a movement toward the infant as its crying is a movement toward the mother. The spontaneous rhythmic dancing movements of the infant in response to sound are precursors of a fusion of movements with sound perceptions which later develop the motility of speech. It is probable that if sound associations become too early and too strongly cathected, the motor associations of the speech apparatus will be too closely bound up with them, and the discharge through muscular activity may then be reduced or even avoided. Is it not true that children who learn to speak very early show less need for bodily movement and less pleasure in it? The libidinization of verbal communication, if developed too early and too much, may lead to so strong a fixation of the infant to the love object that there is an impairment of the drive to move on. The phonetic elements of language are a highly developed form of moving toward an object. The inhibition or repression of this form of motility, after it has already been learned and chosen as the form for reaching an object, means a rejection of and a withdrawal from the object. The result is mutism. Any form of inhibition is the expression of object libidinous withdrawal, since in all parts of the motor apparatus there remain traces in memory of primary object relationships. This latent content together with significant and developmental experiences predetermine the choice of postural attitudes.

The importance of memory as the unconscious incentive for movements of the head is mentioned by Freud (4) in a recent posthumous publication of his manuscript, *Entwurf einer Psychologie*, written in 1895. 'Suppose', he writes, 'the suckling had as its first perception a profile picture of mother's breast without the nipple, but the desired reminiscence is the image of

the breast with the nipple in full view. Now the child may have a memory of an experience, discovered by chance during sucking the breast, that the full view changes to a side view by a certain movement of the head. The appearance of the side view leads to a turn of the head to one side. A trial shows that the opposite has to be done to get the desired perception and the full view is successfully achieved.'

By and large all automatic postural movements represent in some way the search for a desired object from the past, and a turning toward or away from it. It is not surprising that during analysis this often becomes very quickly evident and is indicated by the direction in which the head is turned. The turn to the left might be toward a mother image, and to the right toward a father image; once this is determined, one can rely that this indication, as the expression of the unconscious, will not be fallacious.

CASE V

A man in his late thirties sought treatment for chronic mild depression and feelings of inadequacy despite his reasonable success in business. His father was his ideal of a successful man of impeccable character, whose exalted qualities made any attempt at competition with him futile. What made it worse was his mother's blind admiration of the father who was to her a heroic figure whom she tried in vain to arouse her son to emulate. As a result the son became a daydreamer, secretive, sensitive, impractical, romantic, dependent on the support of his parents. He had strong feminine identifications with latent, passive (anal) homosexual tendencies. He was convinced that his penis was somewhat deformed and bent to the left from masturbation. In his eighth year, to prove his strength, he tried to smash some glass with his heel but slipped and severed his Achilles tendon. The tendon was sutured and the leg kept in a cast for some time. He limped for a while, but recovered completely.

In analysis he lay with his head turned slightly to the left, the left hand on his chest, the left leg extended; his right hand

grasping the pillow, his right leg flexed, the sole of the foot resting on the couch. For two years the left leg never changed its flaccid position. The position of the left hand was revealed to be the expression of his passive oral dependence on his mother, which included also the turn of his head to the left. The passive anal homosexuality was represented by the position of the right leg. His need to cling to father for support (father's penis) was expressed by the right arm and hand. Deviations from this basic posture appeared in the course of the analysis according to the alleviation of his dependence on father. But only after his passive feminine identification with his mother was partly worked through at the end of the second year did he suddenly ask with surprise—after reading a report about postural behavior in a magazine—whether I had noticed that he always kept his right knee bent upward and his left leg extended and rotated outward as if it were still in a cast. Thereupon he crossed the left leg over the right leg for a short while. His associations to this posture were memories of his continual fear of telling the truth and of standing up for his ideas and rights. This referred to his feminine wishes represented by the left leg, whereas the right leg represented to him his masculine and independent strivings, the masculine ideal which he could maintain only in fantasy. Whenever he was indecisive he became conscious of limping. In childhood he had sometimes affected a limp to worry his mother. Until recently, whenever he had to step down from a curb on the street, he favored his left leg by stepping down first with his right leg. He resumed from time to time the crossed-leg position with an increasing feeling of self-assertiveness. Whereas he had been left-footed, he now began to be 'right-footed', as he phrased it. This led to a short-lived euphoric feeling of having thrown off his 'shackles', accompanied by increased heterosexual activity. When the elation subsided, his leg returned to its passive position, from which it was occasionally aroused by memories of weak rebellious episodes against his mother's overprotection.

Changes of posture as the result of shifts in the psycho-

dynamic processes are not confined to the analyst's office. At home, habitual positions of sleeping may become altered when the relationship to the parental images is reoriented. This is usually accompanied by the tendency to turn on the couch toward or away from these images in the transference. Before the change in posture becomes verbalized and analyzed it is acted out, for example, at home in bed or at the dinner table, not surprisingly leading to reactions from the members of the family who have then to adjust themselves to the new situation. A patient who lived with his wife, son and his parents, and who always sat at the table next to his domineering mother, turned away from her on the couch without being aware of it. At home he moved to the other end of the table to his father's side. Such variations are usually transitory. They appear in the course of the analytic process and they cannot be verbalized unless the patient is made aware from the beginning that the primary rule of analysis includes verbal associations to all bodily sensations and movements which may occur; furthermore, the patient is told he may move or turn as he wishes but that he is expected to express accompanying feelings and thoughts in words. Only then can the posture become an analyzable part of the total personality.

It seems sometimes advantageous to direct free associations to the posture, for instance when the resistance unduly delays progress. This is especially useful with patients who do not move at all in the course of analysis. Any arrested movement is unconscious inhibition, prevention of and protection against instinctual drives which press for expression. The immobile posture is a defense which must be analyzed if the analysis is to be successful. It is not the variability of postures, nor the number of changing postures which are of importance for the evaluation of the therapeutic progress, but their flexibility during the dynamic process. Every person returns finally to a basic posture which expresses the psychosomatic homeostasis.

This interesting fact is verified by the following observations from the analyses of twenty-three cases with forty-three inter-

ruptions of the analyses during the summer vacation, in which the basic posture of the last hour was compared with the posture of the first hour after the vacation. This case material covers all kinds of neuroses. The interruption was usually from two to four months; in one instance the interval was six months. It is striking that in all these cases with one exception comparison showed that the posture before the interval was identical with the first after the interval. The one case, whose posture was different afterwards, was observed following two summer vacations. Comparison showed that on both occasions the differences in the postural configuration were identical, and disappeared in the third hour after resumption of analysis. The change consisted of a different position of the right hand, which had grasped the pillow during the last hour, but now rested on the forehead in a protective manner, in this case signifying fear of punishment by the father (castration). Both years, the patient had in the first hour suppressed information about sexual misbehavior during the summer. After he had aired this 'secret' in the second hour, the former posture of the right hand on the pillow became again integrated into the basic postural pattern.

The identity of postural patterns after interruptions of considerable duration suggests that the psychodynamic balance has remained unchanged. That in itself demonstrates nothing other than the tenacity of the ego in clinging to defenses which have proved reliable and which, expressed in the basic posture, warrant security. However, prognosis in analytic therapy becomes possible if the behavior pattern contains special postures which betray regressive behavior which apparently cannot be given up. They may be easily recognized: for example, a hand kept permanently on the mouth; the position of a leg which presents the anus; persistent rocking of the head or wriggling of the feet, etc. These regressive postures are especially ominous when reinforced: both legs are flexed and raised; or one leg, usually the right, rests flexed on the other knee, indicating a fusion of anal and oral regression. The participation of hands,

fingers, and thumbs associated with pregenital drives and forming a fixed basic posture make the prognosis even worse. An equally poor prognosis is made from a basic posture which has remained unchanged after several interruptions. That proved true in six of the cases studied. One of them, a passive man and a latent homosexual with schizophrenic traits, whose basic posture was checked after four intervals of from forty-eight to one hundred sixteen days, retained the same basic posture. After a remarkable improvement in his personality and in his professional life, the analysis was terminated in the fourth year. However, a relapse occurred and the dubious prognosis proved to be justified, as it was in the other five cases with a similar inflexibility of the basic posture.

From the viewpoint of postural behavior, analytic therapy can be considered as effective when the ego has succeeded in warding off irreconcilable instinctual forces; that is, when it has settled their conflict for supremacy and has achieved an equilibrium among the participants in this struggle, confirmed by their somatic equivalents.

Placing so much stress upon these observations may overemphasize the value of these details of analysis. By and large, I consider this contribution to be only a by-product of the fundamental structure of analysis. However, apart from its value as research, a further study of postural patterns seems to be worthwhile, if only in view of our need of applicable devices for the evaluation of analytic therapy. It seems that there are possibilities which deserve our attention.

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Odysseus: The Return of the Primal Father

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ODYSSEUS: THE RETURN OF THE PRIMAL FATHER

BY JOEL FRIEDMAN AND SYLVIA GASSEL (NEW YORK)

In this and other studies of the heroes of Greek mythology, we have attempted to reconstruct from the hero's story and fate a schema of the community's unconscious attitudes that determined the hero's motivations. In a study of the myth of Orestes,¹ it was concluded that his actions were the expressions of a community's repressed attitudes toward parents, and that his ultimate trial was a dramatic representation of the communal rationalization for the guilt attendant on these attitudes. It was further concluded that the creation of Orestes originated from a shift in the collective unconscious attitude represented by the legend of Œdipus. This reasoning led us to place Orestes after Œdipus chronologically, and to relate the Œdipal legend directly to the establishment of the totem and taboo after the murder of the primal father. This does not mean that the myth of Œdipus sprang from a particular instance of parricide. Of the many objections to Freud's elaboration of the Darwin-Atkinson 'primal father' theory, the main contention is based on the justifiable absurdity of ascribing such a powerful, universal cultural force to an isolated act of destroying an 'original' father.

It is unfortunate that Freud did not spell out the intent of his theory and obviate much irrelevant opposition to this important contribution which, in its proper perspective, has facilitated anthropological and sociological scientific investigations. Dr. Róheim has stated it most sensibly.

The father stands for generations of fathers, and 'the brothers' for generations of brothers—such, at least, is the meaning I have always attributed to these terms. The essence of the

¹ Friedman, Joel and Gassel, Sylvia: *Orestes*. This *QUARTERLY*, XX, 1951, pp. 423-433.

primal horde hypothesis may be summarized as follows: there must have been a period when the œdipal impulses which are now repressed by the superego were realized in acts; and the development of the superego (the introjection of the prohibiting father, the strengthening of the father identification) must have been facilitated by the absence of satisfaction expected from such deeds.²

If one interprets stages of psychological cultural development in terms of this hypothesis, tracing a course of psychological evolution from one mythological hero to another is tenable: the present instance is the consequence of repetitive acts over a long period of time during which œdipal attitudes were gradually modified and transformed into the Orestean resolution of the conflict.

The *Odyssey* is one of the two major literary creations of early Western civilization. Apart from its literary merits, it invites psychoanalytic study if only to seek in the seemingly arbitrary succession of terrifying adventures for some more compelling motivation than the whims of an antagonistic Poseidon who pursues Odysseus unmercifully throughout the epic. The most significant clue to the nature of such motivation is found at the end of the epic. When at last Odysseus is safe in Ithaca, the goddess Athena asks whether the evil war should continue or friendship again be established. Zeus replies:

My child. . . Was it not your own idea that Odysseus should return and avenge himself on his enemies? . . . Since the admirable Odysseus had his revenge on the Suitors, let them make a treaty of peace to establish him as king in perpetuity, with an act of oblivion, on our part, for the slaughter of their sons and brothers. Let the mutual will of the old days be restored, and let peace and plenty prevail.³

This decree of Zeus, that Odysseus be established as 'king in perpetuity' and that 'the old days be restored', provides the two

² Róheim, Géza: *The Riddle of the Sphinx*. London: Hogarth Press, 1934, p. 202.

³ Homer: *The Odyssey*. Trans. by E. V. Rieu. New York: Penguin Books, Inc., 1946, p. 309.

cardinal clues to an understanding of the underlying motivating forces. It becomes immediately evident that Odysseus has been subjected to his many trials and travails in order to earn the right to become king, and to re-establish the peace that had not prevailed since the 'old days'.

To seek a clue to what 'old days' Zeus may be referring, it is necessary to turn our attention to a secondary, contrapuntal theme which appears repeatedly throughout the work: the fate of Agamemnon who, on his return from the wars, had been killed by his faithless wife, Clytemnestra, and her lover, Ægisthus, both of whom were murdered by his avenging son, Orestes. Why does Homer use this particular subject matter so insistently? It is at once apparent that the fate of Agamemnon is the exact opposite of the fate of Odysseus; moreover, Odysseus' motivation seems to be a direct reaction against the fate of Agamemnon. An examination of the associated aspects of the themes demonstrates this direct contrast.

Ægisthus, in committing what was unconsciously tantamount to incest with the surrogate mother, Clytemnestra, and in murdering the surrogate father, Agamemnon, had re-enacted the crime of Œdipus. His is the œdipal role in the Orestean myth, and an essential factor in the psychological reaction of Orestes rests on this fact. Students of the Tantalidan genealogy will object on the grounds that Ægisthus was a cousin of Agamemnon and, therefore, could hardly be considered to be in a relationship comparable to that of Œdipus and Laius. However, Agamemnon and Clytemnestra, as rulers of the state, were parental imagos to their subjects, and, as stated elsewhere, the drama of each myth is the psychology of its hero; therefore Ægisthus was for Orestes not so much the avenging son of Thyestes as he was the competitive brother who had succeeded in fulfilling the coveted œdipal status. In estimating Orestes as the central figure in his dream, all events and characters must be evaluated from the standpoint of his unconscious. By applying the same principle to Odysseus, it can now be shown

how the elements in the Orestean drama are altered in their meeting with the Odyssean 'intent'.

The œdipal component is represented in the Odyssey in a startlingly different way by a group of Suitors who are actively competing to gain the hand of the Queen, and hoping that the absent Odysseus is dead; but unlike Œdipus or Ægisthus, they never succeed in their incestuous and parricidal aims. Ultimately, they are killed by Odysseus, whereas Laius and Agamemnon were the victims. In this microcosm Penelope is a surrogate mother to the Suitors, and Odysseus is the surrogate father, occupying positions psychoanalytically similar to Clytemnestra and Agamemnon in Argos. Agamemnon and Odysseus return home to fates which are diametrically opposite: the former to be murdered by the œdipal Ægisthus, the latter to destroy the œdipal Suitors. The behavior of their wives is equally contrasting: Clytemnestra aids Ægisthus in the murder of Agamemnon and takes him as her lover; Penelope remains faithful to Odysseus and deliberately foils the Suitors (the tapestry incident). Thus, in the latter instance, the incest taboo is respected and parricide thwarted.

Superficially, the dissimilarity between the two sons, Orestes and Telemachus, is not as complete as in the case of the other characters. Both express love and concern for their fathers, and both are deeply antagonistic to the œdipal agents involved; Orestes kills Ægisthus, and Telemachus aids his father in the slaughter of the Suitors. The distinguishing characteristic lies in their respective attitudes toward their mothers. Orestes expresses an overwhelming hatred of Clytemnestra, arising, presumably, from her murder of his father. Orestes' murder of Clytemnestra is a symbolic act of incest,⁴ the unconscious hostility stemming from Clytemnestra's 'faithlessness' and from her denying him her breast.⁵ Orestes, then, as a collective ego,

⁴ Bunker, Henry Alden: *Mother-Murder in Myth and Legend*. This QUARTERLY, XIII, 1944, pp. 198-207.

⁵ Bergler, Edmund: *Eight Prerequisites for the Psychoanalytic Treatment of Homosexuality*. Psa. Rev., XXXI, 1944, pp. 253-286.

expresses his community's attitudes toward the totem and taboo. He is enacting the community's 'intent' which is to seek a mitigation of the rigorousness of these laws under special circumstances. In revering his father he conforms to the totemistic attitudes. By killing his mother and Ægisthus he executes the appropriate punishment for their violation of the incest taboo. Orestes, unlike Ædipus, does not contravene the prescribed laws; hence he is absolved of his crimes by the community (Areopagus), although he is subsequently pursued in punishment by the Furies for murdering his mother.

Telemachus has presumably resolved his infantile incestuous attachment to Penelope of which no hint is given. He does not lift a hand against the Suitors, of whose intentions he is very well aware. The only action he takes, as an instrument of his father's vengeance, is with the direct sanction of his father, Odysseus. It is evident that the emphasis has shifted from the son—who is no longer the protagonist—to the father. This is the reason for the insistent introduction of the secondary theme of the Odyssey. The focus is no longer on the son, Orestes, but on the father, Agamemnon: it is Agamemnon's fate that the gods deplore.

Descending to the world of the dead (Bk. xi), Odysseus meets Agamemnon who gives him a bit of advice.

Let this [my fate] be a lesson to you. . . . Never be too gentle even with your wife, nor show her all that is in your mind. Reveal a little of your counsel to her, but keep the rest of it to yourself. . . . His [Telemachus'] loving father will come home to see him, and he will kiss his father. That is how things should be.⁶

The way Agamemnon would like things to be is reminiscent of Zeus's decree restoring the old days, this desire for a former happy state of affairs being expressed by two father personifications, Zeus and Agamemnon; furthermore, this desire is expressed as having its fulfilment for another father, Odysseus. If

⁶ *The Odyssey. Op. cit.*, p. 155.

we allow ourselves to proceed from this interpretation, Odysseus' unconscious 'intent' can be defined as negotiating this idyllic resolution.

Among the spirits of the Underworld, Odysseus also meets Epicaste (Jocasta), proving that the legends of Ædipus and Orestes were already in existence. If the legend of Ædipus is a collective expression of the establishment of rigid taboos, and the legend of Orestes the projection of a modification of them, the turmoil of the action in these stories would be a reflection of the tremendous cultural reactions that accompanied these transformations of instinct in the life of the community. With the new relationships established in respect to them, new heroes were created to express these attitudes.

The *Odyssey* shifts from the conflicts of the sons to the psychology of the father. Before the establishment of the totem and taboo, the primal horde was dominated by the feared and revered Old Man under whose dictation the social unit enjoyed the stability and protection of 'peace and plenty'. This primal organization was idyllic only in terms of the community's associations with the infancy of society under the guardianship of an omnipotent and omniscient father, who showed mercy to the devoted, and wrath to the guilty—the 'old days' (Zeus), and how 'things should be' (Agamemnon). To restore such a state of affairs, Odysseus must prove himself a worthy successor of the primal father.⁷

The first four Books of the poem are given to the attempts of Telemachus, of whose youth the Suitors have taken advantage, to assert his rights. Failing in this, he returns to Ithaca where the Suitors are plotting his death. The fifth Book switches abruptly to Odysseus who is detained by the nymph Calypso. With this chapter the main theme of the tale begins. It will suffice here to note those events which have a bearing on Odysseus' role as a returning primal father. He is introduced

⁷ Prior to the adventures chronicled in the *Odyssey*, Odysseus had behaved in a cowardly and deceitful manner by feigning madness to avoid participation in the Trojan War. [Ed.]

as having been languishing eight years, the unwilling lover of the beautiful nymph Calypso. He has also been previously seduced by Circe from whom he was saved by Hermes from being 'unmanned'. These adventures are clearly pregenital regressions. Circe feeds and bathes him and they go to bed after Circe has sworn not to unman him. The incestuous implications are clear, but there is no competitive surrogate father; also Odysseus is unhappy and longs to return to his wife. This simplification of the incestuous gratification is most important in understanding Odysseus' fate. As a father image who is to come back to a faithful wife, he could not violate the œdipal taboo; it would destroy the moral of the story: but he must act out the violation of the incest taboo without jeopardizing his patriarchal immunity. On the moral level such action were impossible without penalty had he not been forced to accede to the demands of seductive mothers.

Odysseus is thus free to violate the incest taboo which Penelope, the model wife, has rigidly observed by remaining inviolable to the œdipal Suitors. In terms of the psychology of the primal father, Telemachus is also the model son who—not being in competition with the Suitors—awaits his father's return.

The Odyssey does not deny or affirm totem and taboo. These attitudes had already been established. It is rather the struggle to establish and maintain the status of the primal father who is free from the conditions that may lead to his murder and the subsequent social disturbances (Laius and Agamemnon). There is no guilt motivating the hero as we have met it in the cases of Œdipus and Orestes. The absence of the filial conflict is the main reason for this; therefore there is no rationalized hostility against the father. It is a successful ego identification with the father. The great bow incident (Bk. xxi), in which the Suitors fail but Odysseus has the power to shoot an arrow through twelve axheads, is the father's assertion of phallic supremacy.

Did the Odyssean community desire to live in the protection

of the primal father and thus create the epic as a wish fulfilment; or was it already in a state of primal father supremacy and created Odysseus as a re-enactment of the existing situation? Some clues are at our disposal. Lord Raglan believes the myth to be a form of ritual, the re-enactment of an existing state of attitudes. If so, the visit of Odysseus to the Underworld and his meeting with Epicaste and Agamemnon has the important significance of the repression of œdipal and Orestean attitudes.

We can now understand why heroes visit the underworld, the dwelling place of the dead. They do so in order that they may return from the dead as gods. Odysseus, therefore, visits the dead as part of his progress to the divine kingship. . . .⁸

If we substitute 'primal father' for 'divine kingship', and note the relegation of Epicaste (Ædipus) and Agamemnon to the world of the dead, the Odyssean community reveals its readiness for the return of the father, Odysseus, for whom it is waiting to take his rightful place as 'king in perpetuity'.

Although an opponent to Freud's hypothesis of the primal father, Briffault presents an admitted exception to the custom of matrilocality.

The Spartan Penelope, it is true, follows in the myth of Odysseus her husband to his home, but in the Spartan version of the story she is represented as breaking through, in doing so, the usage to which she was expected to conform. And it was in fact the general practice for the Spartan wife to remain, at least for a period, in her maternal home, where she was visited by her husband.⁹

For a princess to follow her husband to his own home, as did Penelope, was thought an unusual innovation in custom.¹⁰

This observation is a striking confirmation of revolutionary social changes. Matrilocality was an expression of the œdipal

⁸ Raglan, Lord: *The Hero*. London: Thinker's Library, 1936 p. 170.

⁹ Briffault, Robert: *The Mothers*. New York: The Macmillan Co., 1931, p. 290.

¹⁰ *Ibid.*, p. 294.

attitude of incestuous striving which was discarded for the growing Odyssean attitude of patriarchal acceptance; moreover, this indicates a definite devaluation of the status of the mother (women). This orientation develops directly from the Orestean community which condoned the destruction of the faithless mother. During the bloody slaughter of the Suitors, Telemachus is given by Odysseus the task of killing the unfaithful women (who plotted with the Suitors).

A definite evolution is evident in the collective unconscious as revealed in the three heroes, Œdipus, Orestes, Odysseus. In the beginning is the primal horde achieving a state of security under the dominance of a vengeful father. Second, the revolt of the sons by murdering the father, and succession by one of them (Œdipus), followed by guilt, punishment, and establishment of rigorous taboos. Third, the reaction to the taboo, mitigated by a hated, faithless mother, love of father, denial of incest by substitution (Ægisthus), relinquishment of genital claims (Orestes). Fourth, the return to the faithful wife and son of the primal father (Odysseus), accepted by the family (community), with the promise of peace and happiness ('old days') decreed by Zeus.

Leon J. Saul

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A NOTE ON EXHIBITIONISM AND SCOPTOPHILIA

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

A variety of inner emotional relationships between exhibitionism and scopophilia has been described. Freud used this pair of impulses as examples in his discussion of instincts (3), showing the changes of aim (active and passive) and of object (self or external object). Fenichel lists the motives of the sexual perversion of male exhibitionism as a denial of feelings of castration, as a reassurance through intimidation against castration fears, and as an invitation, by example, to the object to gratify reciprocally the agent's scopophilia (2). These impulses are much more commonly seen in sublimated forms than as perversions. Some effects of repressed scopophilia have been described by Abraham in his classic paper (1). Without tracing the origins, deeper interrelations or effects of these impulses, this note calls attention only to a relationship which is in a sense superficial, yet important for understanding patients.

Repeatedly one hears that a patient dreams of being in a theater, now in the role of admiring spectator, now in the role of admired performer; someone may be praising his appearance or performance, and next he peers at someone who stimulates his own admiration. Such dreams are simple, direct fulfilments of the wish for admiration, and in them one can see how *scopophilia can be directed toward a projection of the patient's own exhibitionism*. Scopophilic impulses can be directed toward any type of projected impulse: for example, grief. An illustration is a dream reported by Freud in which the dreamer, a woman, runs away from her lover and locks him out; then she peers through a keyhole and observes him weeping (4). Freud points out that this man is, in part, a projection of the patient. In reality it was the patient who had been shut out; the man had accepted her only as his mistress and had refused to marry her. She was grief-stricken. Looking through the keyhole is partly looking at herself in the form of a projection.

Exhibitionism in dreams of being admired is often a direct expression of an infantile wish for love which takes this form rather than, for example, being fed, protected, snuggled, or loved genitally (7).

Scoptophilia can also express curiosity, sexual and other, often having components of envy or of hostile oral incorporation. After all, one looks at everything that interests one, that is able to gratify any kind of impulse or desire, libidinal or aggressive. Thus looking can have many different 'contents' and moreover can itself be erotized and enjoyed for its own sake.

This adds a new *form*, although not a new content, to Freud's classification: subject looking at self or at object; being looked at by himself or by another. The subject looks for in others what he wants to see and satisfy in himself; thus scoptophilic tendencies, through the mechanism of projection, can be used as defenses against, compensations for, and indirect means of satisfying exhibitionistic needs.

The whole matter of exhibitionism and scoptophilia is complicated by the superego relationships. The first looking is probably for the breast; that is, it has an oral content (6). Later the child becomes conscious of being watched by its parents and introjects this as part of its superego, which, as Freud pointed out, can split off as in paranoia. Being seen and being watched by the parents is vitally important for the child's feeding, care, training, punishment. Thus the sexual is only one aspect of this broader matter of being seen and cared for, watched and appraised by the parents, and then by the superego. All looking and being seen do not have the same meaning as the sexual perversion; they may not have primarily a sexual aim at all. The sexual elements may be entirely secondary, as for example a case in which intense guilt for criminal acts or impulses causes some projection of the superego, with anxiety about being watched. Here the guilt, the fear of a punishing superego, is central, and neither this guilt nor the theme of being seen bears any direct relationship to sexuality. Freud, in fact, came to consider all guilt as derived exclusively from hostile aggression (5). The psychology of looking and being seen is far broader than the sexual perversion which is only one particular form of it.

One who is or feels accused often tries to defend himself by attacking, seeking to ascribe guilt to another: *tu quoque*. Through projecting the sense of guilt to others (as grief was projected in the dream cited), and no doubt through other mechanisms, being observed by one's superego becomes intimately associated

with looking; here again, through projection, these two impulses are closely interrelated, almost interchangeable.

The superego aspects are especially important for therapy as they are often involved in the transference and resistance. This is natural and inevitable, since the analysand always projects his superego, to some extent, to the analyst, and analysis itself is largely a process of looking at the patient's id. The patient wants to be seen psychologically, but also resists it because of the fear, guilt and shame he felt toward his parents; hence revealing impulses mixed with anxiety about being seen; therefore the analysis is often represented as a searchlight, a theater, an exploration, and the like.

These considerations lead us to conclude that the interrelationships between exhibitionism and scopophilia often result from the projection of one or the other; that looking, as a step toward satisfaction, can not only be erotized, but can have various erotic and nonerotic 'contents', and that both impulses, especially being seen, are of great importance in relation to the superego and self-observation and hence are important for therapy. The perversion is only a special sexual instance of exhibitionism and scopophilia, the psychology of which is much broader.

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Trends in Psychoanalysis. By Marjorie Brierley. London: Hogarth Press and the Institute of Psychoanalysis, 1951. 320 pp.

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BOOK REVIEWS

TRENDS IN PSYCHOANALYSIS. By Marjorie Brierley. London: Hogarth Press and the Institute of Psychoanalysis, 1951. 320 pp.

To those readers who are interested in abstract psychoanalytic theory it will seem that this book—like the weather in March—comes in with the roar of a lion but goes out with the harmless bleating of a lamb, quite an ethical and philosophical lamb at that. A compilation of papers published between 1934 and 1947 in *The International Journal of Psychoanalysis*, the papers are revised, extended, and rearranged, but the book is not forged into a unit; it shows gaps, breaks, numerous overlappings and repetitions. It fails to come to strong and creative conclusions and offers merely a social and ethical philosophy which not only could have been achieved without mobilizing psychoanalytic theory but does not even necessarily follow from it. This is really deplorable as there are many stimulating observations concerning current psychoanalytic theory which should be seriously considered by any analyst who feels the obligation to be more than a mere masseur of the soul.

The title of the book is misleading as the only trend in psychoanalysis which is treated thoroughly is the somewhat wild and dramatic theoretical presentation by Melanie Klein and her followers of her acute observations of children. These theoretical presentations have been for many years the headache of the London group of analysts. The first three chapters of the book, which contain its most unified part, represent the efforts of the author to bring some order into the discussion. To this purpose she gives in her first chapter a short survey of the historical development of psychoanalytic concepts and theory. In her second chapter she points out the fact that the initial considerations of affects in Freud's theory produced 'hypotheses [which] were framed in terms of ideas rendered dynamic by their emotional charges', describing 'conflict as conflict between ideas with incompatible feeling charges'. This ideomotor terminology, as the author calls it, and which she rightfully considers not only dynamic and useful but, because of the basically psychological and subjective quality of its concepts, especially appropriate in the treatment of patients, soon lapsed

into disuse when Freud in his investigation of the repressed unconscious was brought up against the problems of instinct and consequently formulated his libido theory. Finding that the subjective concepts have their place in the consultation room where we establish the psychological facts which are necessarily of a subjective nature, but on the other hand finding it necessary to 'translate' those subjective facts into objective terminology in order to formulate a theory, the author now tries to bring some order into terminology by finding a proper correlation between subjective psychological reality and its objective description in theory. This distinction between subjective experience and objective theoretical description is the basis for the author's later development of a similar dichotomy in psychoanalytic activities which is to branch out in a basically subjective 'personology' and a basically abstract and objective 'metapsychology', extending the latter term beyond Freud's use of it to include the whole body of theoretical concepts and their interrelationships.

In the course of evaluation of such theoretical concepts as the relation of anxiety to aggression, anxiety as a spur to development, the occurrence (emphasized by Klein) during the first year of infancy of 'a phase of maximal sadism and of specific anxieties engendered by it', the dominance in infancy of introjection and projection as mechanisms of defense, together with the 'early activation of genital [œdipal] impulses, and the beginning of superego formation', (the latter two items also proposed by Klein), the author discovers certain ambiguities and difficulties in formulation, based on the mixed use of subjective and objective terms, which lead not only Melanie Klein but analysts in general to misunderstandings and 'muddled thinking'. In spite of her sympathy with these views, the author admits that Klein is preoccupied with 'internalized objects', formulating her observations in such a way that one is in doubt 'whether Melanie Klein and her followers are not themselves mystics and have not developed a magical technique which deals with these objects on their own terms'.

In her interesting quest for theoretical clarification, Dr. Brierley is preoccupied with the discrimination between subjective and objective concepts, hoping to gain clearer formulations. This preoccupation prevents her from reassessing basic psychoanalytic concepts on which our theory presently stands, although her acute

intuition makes her aware of many weaknesses in that field. It would require at least one separate paper to go into details of such necessary and urgent discussions of basic principles. Only some of the points in question can be enumerated here: 'The numerous gaps in psychoanalytic knowledge, the confusions in terminology, and the inconsistencies in theory, including those in Freud's own writings, make it clear that formidable tasks lie ahead' (p. 104); or 'Psychoanalysts are *probably* [italics added] on firm ground in regarding instincts as the constant stimulus to psychic activity, but Freud's remark that "the theory of instincts is, as it were, our mythology" still holds good. To my mind, the field of instinct enumeration and classification is very debatable ground. . . . I will limit myself to the suggestion that the conception of classes of instincts may prove more satisfactory than the conception of unitary instincts. Instincts manifest themselves in a succession of specific drives and it is open to argument that more than two classes of instincts are required' (pp. 110, ff.). This latter idea is, the reviewer feels, a decidedly regressive suggestion. It seeks to bolster an inadequate theory with auxiliary hypotheses. Here Dr. Brierley proves that even she is confusing subjective and objective concepts although she tries to concentrate on the task of holding them apart. Disclaiming the popular use of the term instinct as unlearned behavior (p. 106), she chooses 'instinct' as the translation of Freud's term, '*Trieb*', instead of the word 'drive' which is used by English-speaking analysts. The otherwise impossible translation of Freud's '*Trieb*' is now used by Dr. Brierley as a term connoting a subjective experience of feeling, an urge. Now 'urge', 'drive', and '*Trieb*' appear here in a group which is exquisitely based on subjective experience. Nevertheless they are the basis of libido theory, and with it the basis of our whole theory. Instead of realizing that the basic term 'drive' or 'instinct'—however one chooses to call it—which controls our theory and which should, according to the author, be couched in 'objective' terms, is subjective in nature and going into a critical analysis of the ambiguous nature of that term, Dr. Brierley proposes to abandon the dualism of drives and to operate with a multiplicity of instinct groups. No matter what one thinks of the idea of Freud's dualism of instincts, the fact that these were conceived as two unitary instincts, opposed to one another in final aim but able to form various combinations

with one another in a sort of chemistry and producing the variety of psychological 'manifestations', was Freud's achievement and the first comprehensive psychological theory which deserved that name. The only acceptable philosophical alternative to dualism is monism. Any operation with a multiplicity of primary principles is unsatisfactory, remains purely descriptive, and is merely the absence of a comprehensive idea. That 'instincts manifest themselves as a succession of various specific drives' might have led Dr. Brierley to the recognition that even such primitive urges as hunger, evacuation, sleep are very complicated and composite steering mechanisms (in the sense of Norbert Wiener's *Cybernetics*) and not simple 'manifestations' of one, or two, or even four or five basic 'instincts' in the sense of 'prime movers' (p. 105) of psychic activities. 'Manifest' means 'clearly visible'; but our instincts are not clearly visible at all; they are not even obscure; they are merely, as Dr. Brierley herself says, inferred. Such inferences in science are permissible, as the inferences in modern physics, but only if they can lead to predictions which can be objectively verified. No such objective verification is, or ever will be, possible from the psychoanalytic inference as to the existence of instincts. Thus our theory of instincts is really not yet a theory, but merely a hypothesis, and like the libido theory—and to a still greater degree the theory of aggressive instincts—they remind a historian of science very much of the famous phlogiston theory which held sway for a century. Both give a comprehensive idea which served as a powerful impulse for research, both were productive of fruitful results in their heroic periods, both ran into difficulties (as, for instance, Freud encountered in the problem of anxiety), both were tenaciously adhered to in spite of the difficulties encountered, and both were bolstered by increasingly unwieldy auxiliary hypotheses. Even after Lavoisier's clarification of the process of combustion, the phlogiston theory was stubbornly defended by its followers and only died out with them. This reviewer feels with confidence and resignation that the same may be predicted of the current psychoanalytic theory of instincts.

Being able only to suspect the right diagnosis, but incapable of performing the necessary operation, Dr. Brierley's conclusions are as disappointing as her approach is interesting; likewise, after mobilizing much concentrated theoretical reasoning she comes only to the conclusion that Klein's hypotheses need 'long term

critical evaluation in relation to theory as a whole and to personal experience in psychoanalytic practice over a period of years'. That a critical reformulation of Klein's observations could be helpful is not openly suggested, although much in the text would justify such a demand. Klein's observations are not even presented as factual material, and her theoretical conclusions are not really examined as to whether they adequately describe the facts. Only her formulations are occasionally questioned to a moderate extent. Thus the whole investigation remains inconclusive and must be evaluated as the attempt of an analyst with a scientific conscience to make her diagnosis of the disturbing fever of the Kleinian controversy—an epidemic which fortunately has remained confined chiefly to the also otherwise sorely tried British Isles.

Having thus inconclusively wound up the Klein Controversy, the author proceeds with an attempt to draw from her exposition of psychoanalytic thought social, ethical and philosophical directives. Here, even more so than in the first three chapters, the organization of several of her formerly published papers is incomplete, the exposition of her train of thought is poor, and the reader is left with '*pariuntur montes, nascitur ridiculus mus*'.

The stimulating talent of the author in pointing out the weaknesses and inconsistencies of psychoanalytic theory is the main and great value of this book. Chapter IV is especially stimulating: here Dr. Brierley investigates the relationship between the 'psychological realities' given us by patients in the consultation room and the abstract thinking of psychoanalytic theory. She rightfully points out that theory must be, as she calls it, 'process theory', showing psychic phenomena as processes, as movement, as something that exists by changing. With this she prepares to present her distinction between Personology and Metapsychology, the former trying to comprehend a given real person as a 'real existent', the latter following the trend of theoretical thinking toward abstract generalization and de-personification, trying to describe them as 'ideal existents' which exist by dint of their being moving processes. In Chapter V this is first discussed, but despite many acute theoretical observations it does not lead so much to genuine theoretical generalizations as to generalities which branch out into social and ethical philosophical meditations which are chiefly the content of the last and longest Chapter VI. Dr. Brierley centers her social and

ethical thinking around the concept of 'integration' which she understands in the conventional metapsychological sense of 'a threefold harmonization of id, superego, and ego systems'.

This idea of integration is the central idea of the author's philosophical approach. Personology, or studying the integration of the ego's triple dependencies, leads to what Dr. Brierley calls '*Psycheanschauung*', and like Metapsychology, with its abstract thinking, furnishes the possibility of studying the integration of individuals, groups, and finally all mankind, harmonizing (or, as the reviewer would say, bringing to workable compromises) the various dependencies of the constituent groups with one another, with their own needs, and with the given reality. Such a metapsychological approach should eventually lead to a '*Lebensanschauung*' which will be a guide to 'integrated living'. Happiness, the author feels, is not the aim of any instinct—instincts being bent only on establishing object relationships, she claims—but a sign and indication that an integration has been achieved, just as pleasure is a sign that an instinctual aim was reached. If only we force our intelligence to acquire more knowledge under the tutelage of metapsychological thinking, we will bring to full development a new philosophical '*Lebensanschauung*' which will do more for us than any religion has been able to accomplish. Religion, (and modern ideological substitutes for it), also strives for a sublimation based on an integration of ego and superego systems, but takes sides (in the case of Christianity particularly) with the superego against the id, permitting direct instinctual gratification only in a very restricted sense, and forcing the rest of instinct into sublimation. But such attitudes of religion or any idealistic system must lead to emotional followership, and therefore to idealization on the one hand and denigration of dissenters on the other hand. Psychoanalysis is not yet quite ready to furnish all the means of establishing such a greater tolerance of ambivalence which would do away with idealization on the one hand, and denigration on the other; but further research will lead to a point where we could be able to modify current attitudes toward instinct, and to reassess 'values', ancient and modern, thus developing readaptive standards of living. The reviewer feels that such an optimistic philosophy which Dr. Brierley calls Neo-Humanistic Realism, and the power of such a philosophy to modify current attitudes toward instinct could be awaited with

much greater confidence if we had a sound idea of what instinct is, how many instincts there are, etc.; i.e., if we had a comprehensive theory of instinct. The author, however, admits that our theory is based on a foundation of mere hypothetical inferences.

Dr. Brierley believes that we are on the right track, and she feels encouraged that for the time being the findings of psychoanalysis support the conception that 'life is simply for living'. Well, that is fine, and let us hope that with our rising tolerance of ambivalence, our reassessment of values and our changed attitudes toward instincts will enable us to come to an agreement as to who has to pay the costs of that living. And even if we could reach such a tolerant attitude by means of better knowledge of the human being, we would have to develop a hegemony of intelligence over affects that would desperately resemble Aldous Huxley's *Brave New World*. So, while hoping for the best, let us at the same time prepare for the worst lest we develop that kind of philosophy which Freud despised and ridiculed as 'whistling in the dark'.

CARL M. HEROLD (SARANAC LAKE, N. Y.)

BASES OF HUMAN BEHAVIOR: A BIOLOGIC APPROACH TO PSYCHIATRY. By Leon J. Saul. Philadelphia: J. B. Lippincott Co., 1951. 150 pp.

Twenty-four years ago, as a fellow medical student already interested in psychoanalysis, your reviewer found the author of this book to be highly sceptical of the value of psychoanalysis to medicine. We have good reason now to be grateful that Leon Saul first rooted himself firmly in physiology, that this led to a fruitful interest in the structural changes consequent to chronic alteration of function and, most important, that he went on to the study of psychodynamics. He is particularly qualified to introduce psychiatry to the medical student as a part of biology and physiology and thus to facilitate its early acceptance as a valid and important branch of medicine. Thanks to Dr. Saul, the road will be shorter for the new generation.

Although developed in connection with medical teaching and presented to fill the long-standing need for an introductory text, this book should also be of service to everyone interested in the psychological sciences. The method of organization and the scope become clear from a brief summary of the contents.

The Power of the Emotional Forces: Psychodynamics as a Basic

Science, describes psychodynamics as the science of motivation, tells something of its role in mental illness and in the etiology of other diseases and includes a very appropriate brief discussion of Some Difficulties in Learning Psychodynamics.

Motivation and Its Effects tells how emotional forces affect physiology, how they may produce symptoms and bring about tissue damage. It shows how these forces affect perception, thinking, feeling and behavior. A Schema of Operation of Emotional Forces takes up such basic concepts as Fight-Flight Reactions, the fate of Unrelieved Excitations and correlates with these certain Physiologic Mechanisms and Some Psychological Considerations, ending with the Riddle of Consciousness.

Elements of Psychodynamics shows the need to look upon The Organism as a Unit and outlines The Structure of the Mind. The superego and the id are described briefly. (One might question the wisdom of applying the words 'mature' and 'immature' to the id energies in any context.) The ego is treated more extensively, including its integrative function and other characteristics, its relationship to the unconscious, to repression, to dreams and to the neuroses. Under Development of the Mind, the ego and superego are depicted developmentally, the presentation becoming more clinical here. The final portion deals with Basic Biological Forces in the Mind: the pleasure principle; Alexander's concepts of Stability, Economy and Inertia and Surplus Energy; the repetition compulsion and the Life and Death Drives. These are presented briefly, but clearly, in the spirit of an elementary text. A final section, Implication for Humanity, pleads for the extension of research in psychodynamics and for the realization that this science holds our best hope of eliminating the increasingly destructive conflicts between groups and nations. Behavior in our Western civilization being what it is, we can excuse the author his sense of urgency.

An appendix, The Nature of Neurotic Reactions, follows the text. It shows the neuroses and psychoses as 'ways of reacting', pathologic only in terms of extent and degree. There is an index.

This book should be a boon to those engaged in the teaching of psychodynamics and a reassurance to every one concerned with establishing the place of dynamic psychiatry in medical education.

Its literary quality will undoubtedly be improved in future editions. It will prove heartening to many that one who has traveled by way of the 'long circuits' has nevertheless found a place as a pioneer.

WILLIAM G. BARRETT (SAN FRANCISCO)

ELEMENTS OF PSYCHOANALYSIS. Edited by Hans Herma, Ph.D., and Gertrud M. Kurth, Ph.D. Cleveland and New York: World Publishing Co., 1950. 333 pp.

This book contains an excellent collection of papers designed to give an overall view of the applications of psychoanalytic theory to various aspects of man in society. The choice of papers is excellent and a number of them are not easily come by in any other way. The editors included papers of their own which are acceptable expositions of the areas they discuss. The other papers are all by well-known contributors to the field of psychoanalysis and represent a good cross section of current psychoanalytic thought. The reviewer's impression is that some of the material in the book is likely to be over the head of lay readers and may perhaps confuse more than it instructs. However, the quality of the essays is high, and the efforts of the editors to be inclusive but not exhaustive seem to the reviewer to have been successful.

HERBERT I. HARRIS (CAMBRIDGE, MASS.)

ORGANIZATION AND PATHOLOGY OF THOUGHT. By David Rapaport. New York: Columbia University Press, 1951. 786 pp.

In Freud's work the analyst finds a probably unique and in many respects inimitable blending of clinical observation, concept and hypothesis formation, technical principles, and the use of analytic insight in neighboring fields of knowledge. All these constituent aspects of psychoanalysis appear to be, in his mind and work, in a highly integrated and dynamic state of equilibrium. Among his followers, not all of whom partook of the universality of his interests and the style of his thinking, a certain degree of specialization, of division of labor, became the rule rather than the exception. This process of differentiation, which to some extent followed the patterns known from other scientific fields, seems natural enough and may be productive, though only as long as the common ground any

particular trend in analytic work shares with the others is not lost sight of. Also, it has become apparent to many today that how reliable our conclusions and predictions can be in all those more or less specialized branches of analysis depends to a large extent on how consistent and how comprehensive a framework of analytic theory can be evolved. David Rapaport's book represents a major step toward the development of such a general psychology based on psychoanalytic concepts.

Of course, the subject matter of this book, the psychology of thinking, is a field of broad encounter of analysis with other psychological schools, as are most chapters of ego psychology. It has been investigated with a great variety of techniques and from many different points of view. For every worker in this field it sooner or later becomes relevant to interrelate the findings and hypotheses on human thinking arrived at by these different avenues of approach, to study how far they converge on a general theory of thinking, how far they coincide or overlap, and to what extent and in which respects they differ. Rapaport's book does not represent the first attempt to answer these questions. But it is the most comprehensive and, I think, the most successful attempt thus far, and reveals an impressive erudition as well as a quite unusual keenness and intensity of theoretical thought. As the author gives the concept of 'thinking' a rather broad meaning, he also succeeds in presenting and discussing in this way a large segment of the contemporary history of psychology.

The subtitle of the book reads: *Selected Sources—Translation and Commentary* by David Rapaport. It contains, in addition to Rapaport's own contributions, twenty-seven papers by twenty authors (N. Ach, S. Bettelheim, E. Bleuler, K. Buehler, H. Buerger-Prinz, E. Claparède, O. Fenichel, S. Freud, H. Hartmann, M. Kaila, E. Kris, K. Lewin, M. Nachmansohn, J. Piaget, G. Roffenstein, P. Schilder, K. Schroetter, H. Silberer, W. Stekel, J. Varendonck). Most of his thinking the author has chosen to present in running commentaries—in the form of extensive and highly elucidating footnotes—to these papers. In the last chapter, *Toward a Theory of Thinking*, he attempts '... to extract, without documenting, that conception of thought processes which to me seems implicitly sketched in the foregoing papers'.

In view of the tentative character of most thinking on thinking

so far and as it seems too early today to formulate a truly systematic theory in this field, this method of presenting the problems and the attempts to solve them appears to have some definite advantages. It brings the reader into immediate contact with a considerable number of approaches to the main issues. Also, it allows Rapaport to structure the field—by viewing it in the perspectives explicitly or implicitly contained in the contributions of many—and to set his own conclusions against a vast and elaborate background of ideas.

In his selection the author includes papers of psychoanalysts, psychiatrists, and psychologists. To bring the thinking of these three disciplines closer to each other is one stated purpose of this volume. But in the individual choice of papers, quite obviously several considerations have entered. There was, among others, the desire to point to certain aspects of the psychology and pathology of thinking that had been neglected, or comparatively neglected, by some dominant trends in present-day psychology. Also the wish to point to relevant contributions which were not readily accessible to the English-speaking psychologists; many of the papers are translated here for the first time. Furthermore, and I think quite naturally and legitimately, a personal factor enters into the selection: papers were chosen because ' . . . when I encountered them, [they] seemed to explain part of the enigma and so I became fond of them'. The selection of papers, or the omission of others, is of course, as Rapaport feels himself, in some cases open to questioning. But, then, every such selection would be, and it can be said in favor of the one at hand that this choice, if we add Rapaport's comments, results in a comparatively high level of cohesiveness. For a second edition, this reviewer would make only one suggestion. Rapaport states in his Introduction that, though clearly realizing its basic character for every psychology of thinking, he omitted Chapter VII of Freud's *The Interpretation of Dreams* because it is easily available in English. But its fundamental importance is not always recognized *extra muros* of psychoanalysis, or even *intra*. I feel it would add further significance to this volume, in its systematic as well as historic aspects, if that chapter of Freud's earliest great psychological book which looms so large in Rapaport's theorizing could be included.

Rapaport succeeds in being scrupulously fair to the thinking of all the authors whose contributions he chooses to discuss. His

interpretation of their work is in every case painstaking and conscientious. Of course, this is not to imply that his own arguments are, so to speak, at an equal distance from all of them. He sides with those who consider psychoanalysis the most general and reliable framework of a theory of motivation. His hypotheses are mostly evolved on the basis of that integration of biological, structural, and energetic thinking which is the hallmark of psychoanalytic theory. Thus his discussions fit smoothly into its framework and in every instance in which he presents his own hypotheses, they take the form of a productive elaboration of the theories of Freud and of other analysts who tried to expand them, particularly of those who approach the subject in its relatedness to other aspects of ego psychology and developmental psychology.

The papers are grouped under five headings: Directed Thinking, Symbolism, Motivation of Thinking, Fantasy Thinking, and Pathology of Thinking. It may be, as Rapaport feels, that Part V is less satisfactory than the others. However, for this we can hardly blame the author who made the selections, but rather the authors whose contributions are, in this field, often incomplete and inconclusive, or just the present state of development of this particular branch of psychopathology.

One can hardly be expected to sum up in the space of a review the contents of a book which presents so much by so many. But a suggestion to the prospective readers of this volume might be to the point here. Because an important part of the contributions of Rapaport himself, which are among its most valuable contents, appears in the form of footnotes—and these cover nearly as much space as the papers do—I hope that these comments will find a better place in the readers' attention than is the common lot of footnotes. In Rapaport's commentary, in the numerous illuminating elaborations and interpretations which often broaden or deepen the authors' own meanings, and in the frequent correlations of one text to the others, a closeness of texture is achieved which is, for this reviewer, among the most rewarding features of the book. The full impact of Rapaport's closely reasoned thinking would be only partly conveyed to a reader who, neglectful of small print, would limit himself to the summary presented in the last chapter. However, for the one attuned through careful study to the integrative efforts of the commentary, this last chapter comes as a natural and highly satisfactory culmination.

This book will no doubt appeal and be useful to workers in many fields. I also think it should be widely used in the teaching of psychoanalytic theory.

HEINZ HARTMANN (NEW YORK)

DIE NEUROSEN UND DIE DYNAMISCHE PSYCHOLOGIE VON PIERRE JANET.

(The Neuroses and the Dynamic Psychology of Pierre Janet.)

By Leonhard Schwartz. Basel: Benno Schwabe & Co., 1951.

465 pp.

This voluminous book is probably the most detailed and systematic presentation of Janet's work. The material is divided into nineteen chapters. Fourteen of these are devoted to general problems: Development of Psychical Functions, The Instincts, Actions, The Course of Higher Mental Activities, The Feelings, Mental Tension, Emotion and Emotivity (emotivity means hypersensitivity), Traumatic Memories, The Conscious and the Subconscious (*Unterbewusst*), The Function of Believing and Suggestion, Sensation and Pain, Mental Forces. The second part deals with neuroses and consists of five chapters: Asthenic Syndromes, The Psychasthenias, Hysteria, Melancholia, On the Therapy of the Neurosis.

It is impossible to review each chapter in detail. A few quotations will convey the spirit of this book. On page 32 we read: 'The psychopathology of Janet originated solely from the observation of patients, and his hypotheses—one would have the right to call them a doctrine—fill as "*Höhenpsychologie*" [psychology of the surface?] a gap which found but little attention in the studies and theories of depth-psychology'.

On pages 45 and 46 the origin of language is discussed. According to the ideas presented, language emerged as a result of the interplay between commanding and obeying actions. The basis from which such communicative behavior develops is 'a combination of two perceptive actions which are synthesized into one behavior consisting of two acts: on the one hand the production of the tool and its use, and on the other hand the learning of its operation'.

On page 61 Schwartz states Janet's definition of an instinct (*Trieb*) as follows: 'An instinct is a disposition of the organism to perform a certain action which is characterized by a certain amount of locomotion of any organ; these movements take place in a certain

order and constitute the reaction to an irritation reaching the periphery of the organism. The essential characteristic of an instinct is that it regularly develops a function.' It is noteworthy that instinct and tendency are used as synonyms; therefore the instincts (tendencies or even *Triebe*) which are listed on page 60 should be mentioned: General Tendencies, Social Tendencies and Language, Elementary Intellectual Tendencies, Realistic Tendencies and the Primitive Forms of the Will and Belief, Rational Tendencies, Industrial Tendencies and the Search for Explanation. No other instincts or tendencies appear in the enumeration.

On page 65 the acquisition of new instincts is discussed. The explanation offered culminates in equating an instinct with the conditioned reflex by stating that an instinct develops as the result of trial action and is meant to perpetuate a successful solution.

Vicissitudes of instincts are described as Drainage. Freud's conception of repression is represented in the following way: 'The tendency toward repression is an interesting symptom which can explain quite noteworthy facts . . . and which will remain known as "Freud's Syndrome"' (p. 276). 'The interpretation of dreams is rejected because it displeases his [Janet's] scientific mind' (p. 285).

Professor Robert Bing's preface mentions that Janet is neither the first nor the only one who developed a dynamic psychology. He refers to the works of Leibniz, Kant, Herder, Schelling, Cabanis, Schopenhauer, Spencer, et al., 'and of contemporaries', Prof. Bing continues, 'who devoted their interest to the problems of psychical energies one could name for instance W. James, Deschamps, Ribot, C. G. Jung'!

LACI FESSLER (NEW YORK)

NEUROSIS AND PSYCHOSIS. By Beulah Chamberlain Bosselman, M.D.
Springfield, Illinois: Charles C Thomas, 1950. 172 pp.

Every analyst who has had occasion to teach psychoanalytic concepts to medical students and social workers is familiar with the many difficulties this entails. Considerable pedagogical skill is needed to convey analytic ideas to a group of beginners without distorting them beyond recognition. This volume is a valuable contribution to such teaching.

Neurosis and Psychosis is a textbook of psychiatry written from

the psychoanalytic point of view. It is based on a series of lectures which the author has given for some years to medical and post-graduate students of the University of Illinois College of Medicine. An introductory chapter presents a brief statement of the basic analytic ideas on the structure of human personality. Subsequent chapters describe the major neuroses and psychoses. A final chapter is devoted to a general discussion of psychosomatic medicine. There is a bibliography at the end of each chapter; most of the references are from the psychoanalytic literature.

Dr. Bosselman has done an outstanding piece of work in this book. Her style is lucid and she has mastered the difficult art of saying complicated things clearly. Although they are very brief, little exception can be taken to her descriptions of the clinical symptomatology and dynamics of the common emotional diseases. The introductory chapter on basic concepts is, in my opinion, exactly as it should be for the group to whom this book is addressed. The fact that the book is organized on the plan generally used in medical texts should give the student a sense of being on at least partly familiar grounds; this is no small advantage in presenting a subject whose content must necessarily seem very strange to the beginner. The author's effort throughout is to present the 'logic' of the neurotic or psychotic syndrome, to show the student the meaning and purpose of symptoms. In this I think she succeeds admirably.

There are some minor ways in which the book falls short. A more generous use of clinical material would be desirable. While this is not meant to be a book on therapy, it would not be beyond its scope to include a general chapter on psychotherapy in addition to the brief discussions of treatment included in each chapter. It is particularly unfortunate that the concept of transference is not mentioned at all; not only because transference is so central to all psychotherapy, but because the practice of medicine will benefit as the profession acquires a wider recognition of transference in all contacts with patients. Aside from the chapters on Character Neurosis and Psychosomatic Medicine, all of the chapter headings are taken from the standard nomenclature. Since this nomenclature has become notoriously inadequate, the author must necessarily have had difficulty in finding a place for the many clinical problems which defy classification under the conventional rubrics. Such commonplace conditions as impotence and frigidity, for example,

are not considered at all though they assuredly deserve a place in this text.

It is obviously impossible to include in a book of this sort everything that one would like to tell a group of students about the neuroses and psychoses. Regardless of what has been omitted, the author has done a splendid job and the result is a book which should be tremendously valuable to both teachers and students in this field of instruction.

DAVID KAIRYS (NEW YORK)

PERSONALITY—A Systematic Theoretical and Factual Study. By Raymond B. Cattell. New York: McGraw-Hill Book Co., Inc., 1950. 689 pp.

PERSONALITY AND PSYCHOTHERAPY—An Analysis in Terms of Learning, Thinking, and Culture. By John Dollard and Neal E. Miller. New York: McGraw-Hill Book Co., Inc., 1950. 488 pp.

LEARNING THEORY AND PERSONALITY DYNAMICS. By O. Hobart Mowrer, Ph.D. New York: The Ronald Press Co., 1950. 776 pp.

VALUES AND PERSONALITY—An Existential Psychology of Crisis. By Werner Wolff, Ph.D. New York: Grune and Stratton, Inc., 1950. 239 pp.

It is beginning to be a rare thing to find a newly published text on psychology that does not have 'personality' somewhere in its title. By contrast, and almost as conspicuous by its absence, is the once popular adjective 'abnormal'. The explanation for this may be found in the increasing effort to define normality or normal personality. In the past the study of personality derived chiefly from the retrospective analysis of clinical material, proceeding from the pathological to the normal, augmented by infrequent studies of pathology induced in the laboratory. Thus the clinical evidence largely outdistanced the laboratory and, perhaps in consequence, there appeared an ever-widening gulf between the clinician and the experimentalist. Current needs and practices lead the trend in a healthier direction of a major effort to bridge the gap between the laboratory and the clinic. Now the clamor is against the dogmatism

and insularity of 'schools of psychology', and the plea is for the reduction of divergent concepts to more basic fundamental and universally applicable ones. Since psychoanalytic theory and practice have provided the data for the concept of the structure of personality, it is natural that it should become the pivotal object of correlative and integrative studies.

Cattell's book is primarily concerned with factor analysis, an interesting, scholarly presentation, though it reads at times like an almanac, packed with things to be measured statistically. But this is no mere reference book, for Cattell investigates personality using the standards of experimental psychology and integrating it with research and systematic views. In mathematically flavored language, he offers such highly systematized concepts as 'P factor and technique', 'Q factor and technique', 'R technique', twelve 'source traits', six dynamic 'crossroads' of adaptation-adjustment problems, and seventeen 'laws' that incorporate the principles of personality formation and operation. This book contains a wealth of information on factors recorded in diverse studies of personality and, as such, is a sound attempt to correlate and integrate.

Dollard and Miller's *Personality and Psychotherapy* is by far one of the most interesting and stimulating books I have had the pleasure to review. Well written, intelligently presented, devoid of carping bias, and successful in its avowed purpose of presenting a progress report of their thinking on psychotherapy correlated with a theory of learning and culture, it can be recommended to all readers of this *QUARTERLY*. Being familiar with psychoanalysis, they have attempted to analyze only those features of theory and practice that they best understand. Some of their 'main points' briefly summarized are as follows: a. the 'principle of reinforcement' has been substituted for the 'pleasure principle', since it is felt to be more rigorous and exact; b. 'ego strength' is elaborated by a careful account of higher mental processes, and by a description of culturally learned skills and drives; c. repression is explained in terms of inhibition of cue-producing responses that mediate thinking and reasoning; d. transference is formulated in terms of a wider concept, generalization; e. the dynamics of conflict behavior are further developed from more basic principles; f. the importance of 'working through' is stressed

from the expectations of reinforcement theory; g. 'reality' is elaborated in cultural and sociological terms; h. the concepts of repression and suppression are supplemented by the parallel ones of inhibition and restraint.

Learning theory and its terminology are presented in a lucid, easily applicable fashion in the first three parts of this book. *How Neurosis Is Learned*, explains symptom formation and repression. The remainder, in four parts, is devoted to psychotherapy. Here, such important topics as selection of patients, free association, transference, working through, interpretation, support, therapy failures, and prerequisites for success as a therapist are discussed in clear and simple terms of learning theory. These authors have achieved a signal beginning in synthesizing clinical psychoanalysis with academic psychology to the mutual benefit of therapist and patient.

Two thirds of Mowrer's book has already appeared in separate articles and monographs since 1939. These are incorporated with eight unpublished papers, so presented as to emphasize the historical perspective in a rapidly developing field. The first section, *Learning Theory*, consists of twelve papers containing detailed accounts of laboratory experiments. Though they purport to present the highest scientific objectivity, these detailed experiments make heavy reading for the clinician. In essence, they develop the ideas that psychogenic drives are learned, that they motivate and reinforce behavior, and that there are two basic processes—one, problem solving, the other, conditioning. The second section, by far the more interesting and entertaining, contains papers on such diverse subjects as the treatment of enuresis by conditioning to a doorbell, an analysis of Edgar Allan Poe, and the psychology of 'talking birds'.

Mowrer admits 'a growing scepticism regarding certain psychoanalytic doctrines and principles', rejecting a number and elaborating or revising others. He believes that 'neurotic individuals do not seem to be suffering so much from regression as from immaturities which they have never surmounted'. They are developmentally fixated, but the fixation is moral and not libidinal. This moral theme is developed further in a paper on *Discipline and Mental Health*. Here, in some clever writing, he offers a Freudian

Syllogism: 'Frustration causes neurosis. Discipline involves frustration. [Therefore] if you don't want your child to be neurotic, don't discipline him.' Five pages later he concedes that frustration causes neurosis, but it is not sexual or aggressive frustration but moral frustration, a conclusion which, in the same spirit, may be paraphrased

No id
Is hid
In our kid

Mowrer believes he has successfully resolved the 'neurotic paradox' to explain how symptoms can be one and at the same time self-perpetuating and self-defeating. In terms of learning theory, he attempts to show that 'Freudians' hold neurosis to be a 'learning excess' (superego excess), whereas he is convinced it is a 'learning deficit' (superego deficit), and that neurotics are individuals who have learned how not to learn. Therapy then consists of an 'unlearning of the "skills" and strategies by which conditioning, whether by society or by conscience, has been warded off'. 'A neurotic can be cured only if he "opens his heart" to the great moral teachings and historical values of his society.' Supplanting one set of labels with another scarcely seems to resolve any such paradox.

In the next several chapters, Mowrer steps up his attack on Freud with the same generalizations, quotes, and argumentation, so familiar to all. His emotionality obscures his brilliance, but, in spite of this, some of his ideas in the papers on *The Problem of Anxiety and Identification* are interesting and thought-provoking.

In this series, last is not best. Wolff starts his book with his theory of Existential Psychology. Two other sections present the treatment of existential neuroses in a male and in a female.

'Existential psychology . . . deals with the psychology of man as far as he questions his existence.' It believes neurosis to be a disturbance of creativeness, a conflict of self-expression. Its therapy aims 'to achieve a synthesis between reaction and interpretation on a level where the contradictions are solved or accepted'. It focuses on the 'phenomenon of will'. It includes ten existential postulates

of creativeness that can be used as a frame of reference in therapy. Dreams and symbols are highly weighted. In fact, from the case histories it appears as though the initial dream forms the nucleus of the dynamic construct on which subsequent therapy is based. The existential dream is said to be neither a wish fulfilment, nor a replica of present experiences, nor a mere discharge of tensions. Dreams have 'the function of a question demanding an answer and thus a decision'. From this brief account, it should now be apparent that existential psychology deviates considerably from our usual concepts, and by comparison with the preceding books has little to offer.

R. C. HENDRICKS (SEATTLE)

PRINCIPLES OF ABNORMAL PSYCHOLOGY: THE DYNAMICS OF PSYCHIC ILLNESS. By A. H. Maslow, Ph.D. and Bela Mittelman, M.D. Revised Edition. New York: Harper & Brothers, 1951. 665 pp.

When Sears reviewed the first edition of this book in this *QUARTERLY*, XII, 1943, pp. 126-127, he stated that it was not a conventional textbook in abnormal psychology and could be considered a pace-setter for some time to come. The revised edition maintains this standard. For the psychiatrist and the psychologist, it is one of the most satisfactory textbooks. The sections on social and cultural aspects of the etiology of psychopathological reactions, on schizophrenia, psychosomatic syndromes, and the psychotherapy of adults have been extensively revised, and entirely new sections have been added on psychological disturbances in infants, children, adolescents, and old people, on war neuroses, somatic methods of treating mental disorders, and on guidance in occupational settings, industries, schools, and social work. The chapter on animal neurosis has been omitted, the relevant material being integrated into the text as a whole. This is a significant sign of the times highlighted by the fact that this book is the product of a psychoanalyst and a clinical psychologist. The new sections are well integrated with the old; well-chosen clinical studies are freely used, and the discussion remains anchored to the clinical material as well as oriented around it. This is an admirably effective, well-written textbook, pre-eminent since its inception in its field.

WILLIAM F. MURPHY (BOSTON)

PRINCIPLES OF GENERAL PSYCHOPATHOLOGY. By Siegfried Fischer, M.D. New York: Philosophical Library, Inc., 1950. 327 pp.

MODERN ABNORMAL PSYCHOLOGY. Edited by William H. Mikesell, Ph.D. New York: Philosophical Library, Inc., 1950. 880 pp.

THE THRESHOLD OF THE ABNORMAL. By Werner Wolff. New York: Hermitage House, Inc., 1950. 473 pp.

The reasons that impel those interested in the field of abnormal psychology to write so many textbooks, basic surveys, and symposiums dealing with this subject are as interesting and as varied as the books themselves, and among other things a reflection, perhaps, of an almost universal difficulty in dealing with and comprehending the immense outpouring of literature dealing with the human psyche.

Although all three of these books are surveys of psychopathology, they are quite different from one another in their approach to the subject and its comprehension. The Principles of General Psychopathology, by Siegfried Fischer, is representative of the attempt of a brilliant but descriptively and statically oriented clinician to organize and systematize his own knowledge, resolve his own doubts, and gain support for his own interpretations. There is an attempt to clarify and reduce everything to common sense which is done, essentially, by remaining at a descriptive level; accordingly, with neurological syndromes, the author is at his best. Part I, which deals with the fundamentals of psychopathological concepts, including perception, thought, memory, and attention, and its disturbances, is well written and leaves little room for criticism aside from the fact that the style tends to be stilted and replete with German words that for some odd reason must not be translated—for instance, '*Sachverhalte*' which appears well over a dozen times. The second part of the book, which is on the psychology and psychopathology of comprehensible connections, is decidedly uneven and not very comprehensible. The author feels he is adding 'an important new concept for the understanding of neuroses' by separating awareness from consciousness and unconsciousness; however, the chapter dealing with these concepts is a simple intellectual tour de force, and there appears to be a complete lack of understanding of the psychoanalytic concept of the unconscious and of such a fundamental concept as repression, which the author feels must be always an intentional act because 'what has not at any time existed in consciousness

cannot be repressed therefrom'—all of which vaguely reminds us of the comments made by a learned doctor to Professor Freud concerning his case of male hysteria. Part IV deals with the foundations of personality, character, and temperament, and their deviations, and is decidedly inadequate. For instance, the relationship between psychopaths and neurotic personalities is untangled in a chapter of six pages and can be reduced to 'neurosis is acquired while the psychopathic condition is innate'. The author of this book is undoubtedly a man of great clinical experience and of excellent discriminatory and perceptive powers, and this in itself highlights the inadequacy and sterility of the nineteenth century concepts which he reintroduces. Statements, such as, 'hysterics are weak of will, soft, and possess an inadequate power of resistance', can hardly be considered 'an interpretation of the theoretical foundations of psychopathological concepts'. A scant bibliography is appended as part of a series of footnotes.

Modern Abnormal Psychology, edited by William H. Mikesell, consists of seventeen papers by different authors dealing with the historical background, diagnostic techniques, principal types of defense mechanisms, and modern treatment techniques of the neuroses and psychoses, with 'all points of view and schools being presented impartially, including the freudian, neo-freudian, and nonanalytic therapists'. The content of these papers is, in the main, excellent but, as well might be expected when an endeavor to cover all aspects and to satisfy all tastes is attempted, they vary individually from the boring to the brilliant.

A paper by Martin Grotjahn and Sigmund Gabe, *An Outline of the History and Present Situation of Psychotherapy*, is of outstanding excellence and includes recent developments in the fields of psychotherapy, psychosomatic medicine, the therapy of psychotics and group therapy. *Legal and Scientific Concepts of Mental Illness*, by Glenn D. Higginson, is an interesting and well-written introduction to forensic psychiatry and the psychological problems that exist in connection with criminals, judges, lawyers, jurists, and witnesses. Arsenian's article on *Psychological Testing in a Mental Hospital* is representative of the cautious wisdom that can only come from a large amount of clinical experience added to mature reflection. Another outstandingly good chapter is John M. Lyons's *Psychiatric Treatment and Principles of Psychotherapeutic Interviewing*. Its

lucidity and completeness is such that it should be made required reading in any training course in psychiatric therapy. A good summary of the history and present state of our knowledge of psychosomatic medicine is written by Gregory Zilboorg.

Some of the papers on the descriptive aspects of neuroses and psychoses are weak and could be omitted with little loss to the book as a whole. The chapter on Schizophrenia is in a class by itself and, although interesting, not representative of any particular school of thought but the author's. The psychodynamic terminology and etiological theories are also peculiar to the author. The majority of the papers are well written and the book, as a whole, gives a clear and comprehensive picture of a cross-section of modern dynamic concepts concerning the abnormal, the neurotic, and the psychotic. Most of the chapters have a very adequate bibliography.

Werner Wolff's *The Threshold of the Abnormal* is a basic survey of the literature on psychopathology from almost every respect, including the concept of abnormality and the physiological, environmental, and psychological factors in its production, as well as the diagnosis and evaluation of personality patterns, principles of psychogenic psychotherapy, and, for good measure, a chapter on the body image. In spite of the difficulties inherent in a volume of such scope, this book is interestingly and well written. There is an exhaustive bibliography of approximately twenty-five hundred items which appear to be culled, in the main, from psychological journals. Although an excellent presentation and condensation of the literature, the inability of the nonmedical man to exercise his critical faculties in respect to the medical literature and clinical reports is apparent, so that what appears to be quantitatively an advantage becomes at times qualitatively a deficiency. In any case, the author has condensed an enormous amount of material in an extremely readable manner. The condensation is such, however, that it cannot be considered a source book, and appears to be written primarily for the intelligent layman who is interested in science, the student of psychology, or the medical student who is being introduced to psychiatry. Some of the inaccuracies appear to be either a result of a lack of comprehension, or due to too much condensation; for instance, such statements as 'Freud tries to reduce guilt feelings to sexual conflicts'. The author also has confused psychoanalysis with nondirective counseling, and there are numerous errors in emphasis

which one suspects are difficulties of comprehension based on reading that has not been sufficiently laced with clinical experience. These demerits, however, are miniscule considered in light of the scope of this book and the effort involved in its compilation.

In summary, Fischer's book is essentially descriptive and will be of interest mainly to those unacquainted with or disinterested in modern psychodynamic concepts. Wolff's book surveys the field, but is uncritical in spots and too condensed. Mikesell's symposium, for the most part, is free from these defects and best approaches its goal as a reference and source book concerning many aspects of modern psychiatric thought.

WILLIAM F. MURPHY (BOSTON)

NIETZSCHE: PHILOSOPHER, PSYCHOLOGIST, ANTICHRIST. By Walter A. Kaufmann. Princeton: Princeton University Press, 1950. 409 pp.

One rarely finds today scholarship of a level found in this fine book. A labor of love, in the best traditions of learning and erudition, one can everywhere observe in it care for exactness of translation and interpretation yet never the ruminative handling of detail that dries up a book's flavor.

This reviewer's chief interest in the book lay in the psychological aspects of Nietzsche's thinking and the manner in which Mr. Kaufmann handled these. While not an apologia for Nietzsche, it would seem important that the disclosures in this book be more widely known. Apparently the entire association of Nietzsche with Nazism was due largely to the activities of his sister Frau Forster-Nietzsche, a rabid anti-Semite, who plainly distorted many of Nietzsche's statements to fit her own savage prejudice. The author discusses with great clarity the whole notion of 'the blond beast' and 'the Nietzsche master race' which have come, in the popular mind, to be synonymous with Nietzsche. The true nature of Nietzsche's attitude on these subjects appears to be almost entirely counter to the popular view.

The author's sensitiveness to psychoanalytic implications is everywhere evident and one can readily see that he has much more than a bowing acquaintance with psychoanalytic theory. He takes issue with Stekel's implications that Nietzsche's love for Cosima Wagner was based on a triangular relationship, that Nietzsche was primarily motivated by latent homosexuality. Attempts to prove

this by pointing to the 'overheated and strained heterosexual imagery of Zarathustra' and Nietzsche's later request for women in the asylum have questionable worth. The whole matter would appear to be one for speculation, for from either viewpoint the heterosexual imagery and requests for women might well have been an attempt to lessen his homosexual panic.

Nietzsche's theory of aesthetics is interesting in the light of psychoanalytic theory since he proposes that the 'Dionysian' conception implies a controlled passion of creation and, similarly, that 'health' and its equivalent 'beauty' consist in the innate power to overcome disease and produce beauty despite handicap rather than the concept of the absence of conflict producing beauty. Some of the translated quotations of Nietzsche's writings are vivid anticipations of some of the later developments in psychoanalysis, as one often finds in the work of creative genius. For example, he says '... even our moral judgments and valuations are only pictures and fantasies about a physiological process which is unknown to us and later in the outbreaks of passion and the fantasies of dreams and madness man rediscovers his own and mankind's prehistory'. Conservatively, the author points out that such statements are significant yet do not fit into any systematic theory. The author points out, too, that the word 'sublimation' was first developed to its fullest extent by Nietzsche and was not, as was suggested by Dr. Brill, a term utilized for the first time by Freud. With sound scholarship he points out that the word is older than either Freud or Nietzsche and was used in medieval Germany as an adaptation of the Latin *sublimare*. And with clear exposition the author comments that it is not important who used the word but that 'there is always the danger of believing a new term may solve an ancient problem when actually no word or phrase can accomplish that much ...'.

With passion Nietzsche inveighed throughout his writings against the rigid morality which restricted the expression of strong feeling, as when he says in *The Will to Power*, 'this most myopic and pernicious way of thinking, namely the moral way of thinking, would like to *dry up* those savage torrents in the soul which often gush up so dangerously and overpoweringly instead of employing and economizing their power'. Surely this statement in brief outlines the objectives of psychoanalytic practice, and in a memorable paragraph the author says: 'Nietzsche also wished to counteract the

ostrich prudery of his age. His belief that even a single compromise with the tastes of public opinion might lead to a thinker's eventual loss of his intellectual integrity invites comparison with Freud's attitude. Freud did not speak of the "erotic" which might have been more acceptable to his generation, but insisted on the more offensive "sex" impulse. Nietzsche and Freud both preferred terms which did not connote the sublimated manifestations at the expense of the more frequent and less cultured expressions of what they took to be vastly underestimated drives. "Why stroke the hypersensitive ears of our modern weaklings? Why yield even a single step . . . to the capital tartuffery of action . . . for a psychologist today shows his good taste (others may say his integrity) in this, if anything, that he resists the shamefully *moralized* manner of speaking which makes all modern judgments about men and things slimy."

In marked contradiction to the implications that Nietzsche favored the Nazi attitudes and totalitarianism, we actually find from his writing that Nietzsche is dedicated throughout his writing to the singular importance of the individual and might well be considered the archprophet of this philosophy. His dependence upon Goethe is everywhere evident and in his emphasis on the importance of the individual it is plain that Goethe's words had profound meaning for him. For Goethe's words are echoed throughout Nietzsche's writings, as in the quotation, 'my things cannot become popular; whoever thinks of that or exerts himself to that end is in error. They are not written for the mass but for single human beings who want and seek something similar and move in a similar direction.'

The author has also translated some of Nietzsche's poems, which are pleasant and not profound yet certainly read well both in the original and in the translation. In all, this is a rich book for the student of psychoanalysis, philosophy and æsthetics and can be highly recommended as being a valuable contribution to all these fields.

HERBERT I. HARRIS (CAMBRIDGE, MASS.)

AUTHORITY AND DELINQUENCY IN THE MODERN STATE. By Alex Comfort. London: Routledge and Kegan Paul Ltd., 1950. 112 pp.

Dr. Comfort is a psychiatrist and a poet; his poetry, letters, and articles show that he is ardently interested in social-psychological improvement. His declared intention of utilizing the findings of

psychiatry and psychoanalysis, and of applying the scientific method to the study of society in order to achieve peaceful social change, can only be applauded. At this point, however, agreement ends for the actual content and scientific standards merit criticism indeed.

The original resistance to the application of the scientific method in technology and in medicine was overcome, the author says, 'by the manifest economic and personal advantages'. This is the 'common-sense' psychology of a bygone generation of political economists who assumed, uncritically, that the economic man (mythical creature) would act according to his economic advantage. Conspicuous consumption showed the fallacy of such simplistic psychology. More fundamental is Sachs's paper on this theme in which he shows that ancient civilizations possessed the knowledge necessary for the use of the machine but failed to apply it. Evidently many factors, some unknown, must come together before innovations are accepted by society. This single point illustrates a trend in this book. Allegedly written from a psychiatric viewpoint, the psychology it employs throws no fresh light on social problems and is quite superficial.

'The choice facing the delinquent individual', says Dr. Comfort, 'is not between fighting society and being remolded by its customs and mores. It is between finding an outlet for his delinquency which is sanctioned and that which is not. The chief factor which makes an overt act "delinquent" is the assertion in it of the right of the actor to behave without regard to others.' The average delinquent would never arrogate such a right to himself; it appears more appropriate for a Nietzschean or Dostoevskian hero.

The author yields to a prevalent temptation to apply uncritically the psychopathology of the individual to social phenomena. Without any definition or justification, he states simply that 'government is dependent today upon psychopathic personalities'. This is an engaging idea, but certainly there is no less well-defined term in clinical psychiatry than psychopathic personality and one should carefully document such a sweeping assertion. Such phrases as 'social psychiatry', 'psychosocial neurosis', and 'the international equivalent of crime', are employed as if they were generally accepted terms. 'The natural leader', he says, 'is at a distinct disadvantage compared with the candidate who possessed the ambitions rather than the attributes of leadership. Histrionic power, access to technical aids and expert advice, and deliberate or accidental

canalization of crowd feeling are far more significant in determining office than the ability to command, to inspire confidence at the personal level or to gain a reputation for foresight. . . . The best adjusted members of most parties occupy the back benches.' What is the basis for such generalizations, and how does one account for the emergence in modern times of crisis of such obvious leaders as Clemenceau, Churchill and Roosevelt?

The author concludes his critique of government with a plea for the acceptance of anarchism as a sound choice. Attractive as anarchism may be as an ideal form of society, and sound as it may be in the attention it pays to the social aspect of man's nature (although it is by no means true that, as the author implies, Kropotkin's Mutual Aid has been accepted as a significant contribution by biologists) and in its criticism of Marx's doctrine of the spontaneous withering away of the state, the author fails to demonstrate an integral connection between his 'psychiatric' criticism of society and his support of anarchism.

This book deserves notice as throwing light on forces at work within the periphery of psychiatry that require critical questioning.

LEO ANGELO SPIEGEL (NEW YORK)

PERSONALITY AND POLITICAL CRISIS. *New Perspectives from Social Science and Psychiatry for the Study of War and Politics.* Edited by Alfred H. Stanton, M.D. and Stewart E. Perry. Glencoe, Illinois: The Free Press, 1951. 260 pp.

The bulk of this book consists of five papers, read by Harold D. Lasswell, Talcott Parsons, David Riesman, Ralph Linton, and Otto Klineberg, at a symposium on Personality and Political Crisis sponsored by the Washington School of Psychiatry in 1950. Articles by David M. Levy, Renzo Sereno, and Harry Stack Sullivan are added.

This collection can be expected to serve well its purpose of informing the psychiatrist of many problems in personal relations outside the field of psychiatry proper, and of the current attempts to cope with these problems in a systematic and scientific way. The variety of approaches and opinions may seem confusing, but this is not a fault of the book. At the present time, there is no generally accepted methodology for studying 'personality' or 'political crisis'.

In some of the papers psychoanalytic terms such as 'reality testing' or 'ego function' are given meanings different from psychoanalytic usage. One may question the value of such concepts as 'inner-directed' or 'gyroscopically-steered' and 'other-directed' (Riesman). There is, however, a reassuringly clear statement of method in Talcott Parsons' paper on Personality and Social Structure.

FRITZ SCHMIDL (SEATTLE)

THE POLITICAL WRITINGS OF HAROLD D. LASSWELL. Glencoe, Illinois: The Free Press, 1951. 525 pp.

The Free Press has reprinted in one volume two of Lasswell's books, *Psychopathology and Politics*, first published in 1930, and *Politics: Who Gets What, When, How*, first published in 1936; a brief new work, an essay, *Democratic Character* (61 pp.), is added. The publishers have rendered a service to those interested in the psychological aspect of political science. Books as original and significant as the two reprinted here are frequently consigned to a deplorable fate: they become 'classics', they are quoted and praised, but rarely read.

In *Psychopathology and Politics*, Lasswell investigates the life histories of a number of people leading or at least active in political life. He classifies these as agitators, administrators, and theorists, and studies the way in which life experiences and personal attitudes made them one or another of these types. Lasswell's 'general formula' for the development of political man is that each individual's private motives are displaced onto public objects and rationalized in terms of public interest (p. 75). Certain empirical generalizations are developed as to the personality characteristics most likely to produce each of the three different types of 'political man'.

The salient original contributions are: 1, 'political science without biography is [only] a form of "Taxidermy"' (p. 1), and there is a need for a 'functional theory of the state, a theory which springs directly from the intensive scrutiny of actual life histories' (p. 13); 2, the intensive study of individuals enables one 'to discern the details of the process by which the political pattern . . . comes to be achieved by individuals' (pp. 254-255); 3, the 'psychopathological

approach [an expression obviously synonymous with 'psychoanalytic approach'] represents a supermicroscopic method of utilizing individual instances for the study of culture patterns' (p. 258); 4, the state is seen as 'a manifold of events the conditions of whose occurrences are to be understood' (p. 267).

In *Politics: Who Gets What, When, How*, Lasswell continues his search for the concrete human phenomena which underlie the abstracta of political science. 'The study of politics is the study of influence and the influential' (p. 295). History is viewed in such terms as 'symbols, violence, skill and personality'. Lasswell considers the Marxist political analysis as the most important one of modern times. He thinks, however, that Marxism, concentrating attention upon the class results of social change, has diverted attention from many equally relevant ways of viewing the results of social life, such as the fate of skill, personality, and attitude groups (p. 443).

In *Democratic Character*, an attempt is made to arrive at an exposition of the essentials of democracy. Lasswell states that 'a democratic community is one in which human dignity is realized in theory and fact' (p. 473). He speaks of the democratic character as 'disposed to share rather than to hoard or to monopolize' (pp. 497-498), and contends that 'the ideal conception of democratic character includes the specification that the self-system shall have at its disposal the energies of the unconscious part of the personality' (p. 503).

The range and thoroughness of Lasswell's knowledge are astounding, and his data always integrated into a meaningful synthesis. His approach could be called 'multidisciplinary', but his insight into the essential is so clear, that in reading this volume one is likely to forget that the subject is treated from the point of view of several branches of social science.

To the psychoanalytically oriented reader this book is a thesaurus of integrated information, and affords the pleasure of following the thoughts of a man who 'analyzes' abstract concepts as the psychoanalyst analyzes his patients. Here and there, the psychoanalyst may disagree with some of Lasswell's interpretations of life histories, or with his typology. He may also doubt whether Lasswell's method can be applied with equal success by others who do not possess his endowment.

FRITZ SCHMIDL (SEATTLE)

PSYCHOLOGICAL ANALYSIS OF ECONOMIC BEHAVIOR. By George Katona.
New York: McGraw-Hill Book Company, 1951. 347 pp.

The author, a professor of economics and psychology at the University of Michigan, has set himself the task of studying economic processes as manifestations of human behavior, and succeeds notably.

The psychoanalyst sees certain forms of economic behavior in the daily problems of his patients. Attitudes toward money involve an important aspect of human relations, and spending and saving are frequently predicated upon irrational oral and anal needs. Such microanalysis of economic behavior is not Katona's topic. He deals with more macroscopic aspects, formulating tentative lawful propositions concerning the relations between income, saving, spending, and the specific choices of expenditures in a given environment.

It is on the actual choice of expenditure in the presence of 'enabling conditions' (income and liquid assets) that Katona has relatively least to say and that psychoanalysis may be able to contribute most. Katona has to restrict himself more or less to stating that the needs concerning choice of expenditures are primarily determined by the group. The relationship between psychoanalytic propositions concerning behavior and those of economics may be similar to the one which Talcott Parsons outlined (this *QUARTERLY*, XIX, 1950, pp. 371-384), and which may possibly be useful for all social science: economics supplies one level of integration as a framework. Within that framework, psychoanalytic formulations may describe another level of integration. By the dialectic principle of emergence, some interchanges take place from one level to the other.

Katona does not subscribe to naive, mechanistic behaviorisms. Between stimulus and response there is room for any number of intervening variables. His methodology is excellent and should be of interest to analysts since it concerns a study of forms of human conduct as elusive as those seen in their own fields, but seen from a different vantage point—including one's own economic behavior.

The book is very well written and arranged. Each chapter—by itself freely flowing and not too technical—is followed by notes on that chapter which supply the more highly technical details and references to both psychological and economic matters. It is a painless and stimulating introduction into some fundamentals of

economics for those of us who ordinarily would not easily venture into the field.

LEOPOLD BELLAK (NEW YORK)

THE LONELY CROWD. By David Riesman, in collaboration with Reuel Denney and Nathan Glazer. New Haven: Yale University Press, 1950. 386 pp.

This book is an interesting attempt to delineate the forces working to produce the American character of today. The authors believe that Americans have a character different from the people of other nations and societies. Everywhere there are signs of great care to elaborate this hypothesis, and signs of great industry in collecting a large amount of data and references. Like many writers in the field of socioanthropology, the authors have devised some labels for the people about whom they are talking. They speak of 'tradition-directed', 'inner-directed', and 'other-directed' types. Careful students of personality, particularly clinicians who work daily with a variety of personalities, will find it hard to accept the rather casual labeling as types, such as the 'other-directed', of numbers of their own patients. Of course, the authors may well argue that it is only those people who fail to develop into the modern type they speak of (and so live in harmony with their environment) that require help from the psychiatrist. But their lack of awareness of existing theories of personality, established by a tremendous volume of case material and study, hampers in large measure the efforts of the authors to make their proposals convincing.

Furthermore, this reviewer is inclined to the opinion that recourse to types often seriously interferes with a clear and inclusive study of personality or character, since by their nature and use they tend to exclude a great many aspects of the personality which do not fit the criteria assigned to the type. For example, the authors say, 'For many reasons the child reader does not identify himself with the comic strip hero so frequently. For one thing, many children prefer comics where the hero is not man but Superman or Plasticman, possessing powers that are obviously unique' (p. 105). One wonders whether the authors have ever been made aware of the reluctance with which children give up their self-love, narcissism, or wish to be powerful, and the intense recurrence of such narcissistic needs in adolescence. I am inclined to suspect that, whether the

child being studied be 'tradition-directed', 'inner-directed', or 'other-directed', he will have a comparable degree of narcissism which will respond to such vivid seduction as the comics purvey.

It may well be that the pressure of increase in population is altering many of the mores and attitudes of the people in this country, but whether this can alter deep-seated elements in the development of personality is a serious question. The reviewer is inclined to doubt that such a hypothesis will be settled by setting up a type such as 'other-directed' and then marshaling only the evidence which supports it. In describing the 'inner-directed' type who is supposed to be the predecessor of present generation type, the authors say, 'The inner-directed predecessor was lonely too, but in a different way: his chief company being the ancestors within the parents whom he had internalized'. It is in no way clear what forces have arisen which prevent the small infant and child from internalizing parents at the present time, much as parents have perhaps always been internalized. And if no parents are around to be internalized it frequently appears that some other adult close to the developing child is internalized instead, with the usual development of a conscience.

From statements like the above one gets the impression that the 'other-directed' individual goes about with no conscience to speak of. He has never internalized any childhood admonitory or authority figures and so should behave in a completely conscienceless fashion. Such a thesis would, one might hazard a guess, sound the death knell of religion in our day. The great increase in religious activity in this country belies such a possibility. While there is evidence on every hand of considerable corruption in politics and the public at large, there is no evidence that the great mass of our middle class has become dissolute, corrupt and devoid of any conscience.

The authors apologize at one point for their use of somewhat obscure terms in an effort to condense into a suitable phrase a concept which should require considerable development. Such effort is characteristic of much intellectual endeavor, which tries to condense into small compass a mass of data. The authors excuse themselves for such phraseology by stating that 'these are the chances communication must take'. It may well be that communication takes many chances in our day, and that its chance-taking leaves

much to be desired. Certain it is that the increasing specialization of all types of professional and intellectual activity appears to be creating an increasing difficulty in communication, since each group of specialists tends to develop a vocabulary peculiar to itself. In a book which attempts to treat a subject so broad, there seems to be little excuse for treating the problem of communication in such a cavalier fashion. It does not seem likely that situations and personalities, so new that they have never before been compassed in the English tongue, have developed to such an extent in the last fifty years that so many phrases and labels must be invented. If style is, as has been frequently implied, a matter of clearness of thinking and feeling, we may wonder if the authors have not been somewhat confused by the magnitude of their subject. If so, the confusion is in part excusable in view of the complexity of the problem and great expenditure of effort required. This reviewer concluded the book with the feeling that it contains very interesting and promising matter, but he cannot see that it explains in a useful and convincing fashion many of the turbulent currents and characteristics of our time.

HERBERT I. HARRIS (CAMBRIDGE, MASS.)

PSYCHIATRY FOR SOCIAL WORKERS. By Lawson G. Lowrey, M.D.
Second Edition. New York: Columbia University Press, 1950.
385 pp.

Four years after the first edition of *Psychiatry for Social Workers*, by Dr. Lawson G. Lowrey, comes a second edition in the preface of which we read, 'In preparing this edition I have carefully considered the questions, criticisms, and suggestions that have reached me from teachers and practitioners of psychiatry, psychology, and social work and have incorporated them insofar as possible'. This is most encouraging and we look eagerly for the changes. There is greater clarity throughout the book, more careful definition of terms, a greatly improved presentation of material, and some good revisions in each chapter. Statistics have been brought up to date, new material has been added in the form of a section on psychosomatic conditions in the chapter on neuroses, and an entirely new chapter added on The Social Worker and Treatment. The author states that the latter is in response to requests to elaborate on therapy. He has outlined some basic principles of social casework treatment

and of psychotherapy, and has indicated some of the similarities and differences (Cf. p. 12 of preface to second edition). He gives a clear description of some of the definitive techniques used by psychiatrists in treatment. He also gives a concise statement as to the most highly developed of all psychotherapeutic techniques, that of psychoanalysis. In differentiating between therapeutic casework and psychotherapy the author sums up the difference by stating that the psychiatrist's efforts are to correct personality deviations and behavior problems, clearing up both conscious and unconscious conflicts, while the caseworker's efforts are focused primarily on current realities.

The major part of the book is given to describing the various kinds of psychiatric disorders so as to help social workers in general to recognize 'some indicator symptoms' of mental disturbances and to acquire a better understanding of the large field of mental illness and also the limitations of psychiatry. Dr. Lowrey points to the fact that some psychiatric conditions are 'irreversible and untreatable' and he emphasizes that it is essential that these be recognized. Further, he states that social workers must know how to recognize incipient disturbances and to use hospitalization when needed. This is expecting too much from the average reader to whom the book is addressed. The limitations of psychiatry he illustrates in the case of the schizophrenic: 'Psychotic reactions of the schizophrenic are such that they may best be regarded as a cure for otherwise insoluble conflicts' (p. 16). Many others might agree that the usual methods of psychotherapy cannot help the schizophrenic to recovery, but this point of view is a bit too pessimistic for the caseworker to take over in any wholesale fashion. In fact, the traditional optimistic approach of social work which emphasizes the healthy possibilities in every individual encourages experimentation with different types of supportive casework for the schizophrenic. I may add from experience that often very good results in improved social adjustments are obtained from such methods.

On the whole, the second edition is a great improvement over the first. The book should be useful not only to many social workers practicing in general agencies, but to teachers, librarians, ministers, and others whose professional contacts bring them into close touch with people.

ADVENTURE IN MENTAL HEALTH. Psychiatric Social Work With the Armed Forces in World War II. Edited by Henry S. Maas. New York: Columbia University Press, 1951. 334 pp.

The contributions of sixteen individuals who, in one form or another, helped to establish psychiatric social work as a recognized professional specialty in the armed forces during the last war are brought together in this volume. The reader is presented with a cross-section of the activities of psychiatric social workers in the military service, ranging from services in a mental hygiene unit in the air force to their work with prisoners in disciplinary barracks. This is followed by a discussion of the problems at higher administrative levels, and the book ends with attempts to bring together the implications of wartime experience for civilian practice.

The various articles recreate with remarkable vividness the difficulties with which a handful of pioneering individuals had to wrestle to demonstrate that psychiatric social work could make a significant contribution in an essentially authoritarian setting. Obstacles were encountered not only from busy administrators, but also from psychiatrists, who were often concerned lest their therapeutic prerogatives be invaded by nonmedical people.

Nevertheless, despite the early vicissitudes, the story is one of progress and achievement. One concrete development, for example, is the military neuropsychiatric team concept, which has been fully accepted in the postwar army. As a full-fledged member of this team, the psychiatric social worker 'assumes responsibility for case work services with individual patients, for the preparation and evaluation of military personal and social data, and performs other military social work duties related to the prevention, diagnosis, and treatment of mental illness' (p. 206).

Altogether, this well-documented book offers compelling evidence for the progress of a young profession in a time of adversity. We must share the author's hope that the lessons learned may not be forgotten in the years to come.

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

THE CRIMINALITY OF WOMEN. By Otto Pollak. Philadelphia: University of Pennsylvania Press, 1950. 180 pp.

This is a meticulous and extensive study of criminality in women, based primarily upon interpretation of world-wide reports on

criminal statistics. The author's familiarity with several languages enables him to utilize sources not otherwise readily available. His critical approach to the statistical tables documenting incidence and nature of reported crime is such as to emphasize the inadequacy of such reports in general, and more particularly the extent to which criminal acts, particularly those performed by women, remained undetected or unreported. He demonstrates that, to a degree much greater than is true for men, criminal behavior of women remains concealed, and that even when known to others, those involved fail to coöperate with the law to bring the offender to the attention of enforcement officials.

Woman's predilection toward concealment, social attitudes toward women, and the nature of the crimes committed, all tend toward concealing crime committed by women. Predilection toward concealment is postulated as an expression of woman's physiologically determined capacity for concealment of her true feelings in the sphere of sexual relations as contrasted with the impossibility of such concealment or deception on the part of the male. Women can feign sexual responsiveness; men cannot. Women are more confident of their capacity for misrepresentation and more adept in such concealment. The protective attitude of society toward women, in which all involved in detection and prosecution tend to be reluctant to accuse and punish women, further shields women against detection.

The nature of crimes more peculiar to women is such as to make detection more difficult. The male partner of the prostitute, even though theft and blackmail may be involved, is not likely to coöperate in her prosecution. In their roles as feeders, nurses, protectors, it is easy for women to direct criminal behavior toward children, husbands, lovers. Women are in the best position to poison, and subtly to carry out their destructive acts.

Women are exposed to situations that have much to do with the nature and frequency of their criminal acts. As domestics in households they are constantly exposed to the awareness of the great discrepancies between their own and the mode of living of their employers. The means of relieving frustration through theft is readily at hand. The woman shopper has the objects of her thefts thrust at her in the mart in striking contrast to the male

burglar, who must go to extremes to gain access to his desired objects.

The author emphasizes biological considerations pertinent to the question of specificity of crime for women, and its causation. The relationship of the generative developmental phases, and the sexual cycle and criminality is stressed. The turmoil of pubescence finds expression in relatively frequent false accusations against men, and at times in incendiarism. Pregnancy may be associated with attacks against the fœtus or the newborn child. The instability and irritability of the menopause lead to acts of arson, perjury, breaches of the peace.

The author thoroughly dispels the common belief that women indulge in criminal behavior much less than do men, as statistical tables consistently indicate. He makes clear the fact that the nature of crime as well as its frequency are dependent upon woman's 'biological nature', and upon the particular roles in which she is cast in a given cultural setting. His conclusions are soundly based and are quite consistent with clinical observation of the individual delinquent or criminal as these come to the attention of the psychiatrist. This work serves excellently to emphasize the possibilities for enrichment of understanding of human behavior when the study is projected against a background of awareness of biological and cultural interrelationships.

GEORGE J. MOHR (CHICAGO)

THE ADJUSTMENT OF THE BLIND. By Hector Chevigny and Sydel Braverman. New Haven: Yale University Press, 1950. 304 pp.

Chevigny and Braverman trace the history of men's attitudes toward the blind and feel that emotional prejudices have produced unrealistic and unworkable solutions. One of the authors is a psychologist and the other a blind playwright and novelist. They appear familiar with the pertinent psychoanalytic literature and briefly review the symbolism of the eye and its psychological significance as shown in legends and dreams. They also quote many of the works on the instinct pair of scopophilia and exhibitionism.

The general neglect of the psychological problems of the blind has resulted in a relatively small body of accurate information about them. This reflects an unconscious attitude of avoidance, probably the result of equating blindness with castration. This book

describes how through the ages the anxiety in the sighted produced by the blind has led to psychopathological social attitudes. Reaction-formations of pity are often thinly disguised impulses to banish and reject this 'castrated' class. Furthermore, there are numerous popular misconceptions about the blind: they are constantly depressed and frustrated; they live in a void; they have magical powers by means of other sensory perceptions; they are possessed of malignant motives. Deafness, by contrast, arouses conscious irritation and ridicule.

Society has evaded the problem of the blind chiefly by advocating a sustenance pension as the solution. At the other extreme, the handicap has been denied, and educational methods are patterned after those for the sighted. Too often the blind are approached with excessive pity which causes them to react with cynicism and aggression, which are then misunderstood as primary attitudes.

This book is a valuable source of information for all scientific workers who are interested in the special problems of the handicapped and in the problems of the defenses against the anxiety evoked by them. The blind are capable of better integration in sighted society if the underlying anxieties with which the sighted react could be resolved. In an era characterized by an increasing awareness of social responsibilities, this volume deserves attention for its primarily psychological emphasis and its scientific appraisal of an existing prejudice.

ALBERT KANDELIN (BEVERLY HILLS)


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ABSTRACTS

International Journal of Psychoanalysis. XXXI, 1950.

On the Psychoanalytic Theory of Thinking. David Rapaport. Pp. 161-170.

This paper is the continuation of the author's efforts to collate the psychoanalytic theory of memory¹ and a forecast of his attempt to collate the psychoanalytic theory of thinking in his recent volume, *Organization and Pathology of Thought*.² These contributions attempt to integrate psychoanalytic metapsychology and the general theory of thought processes with clinical and academic psychological evidence and theory.

The present paper discusses both the id psychology and the ego psychology of thought processes, sketching the conditions under which the instinct representation—the hallucinatory wish fulfilment, the idea—becomes thought, experimental action. The presentation centers on the concepts of 'delay of discharge' and 'detour from the direct path toward gratification', the former being the indispensable condition, and the latter the salient characteristic of the secondary process (goal-directed) thought in contrast to the primary process (wish-fulfilling) ideation. The economic problem of the development of thought is treated in relation to the metapsychology of repression, and the problems involved in the binding (neutralizing) of mobile id cathexes are sketched.

The paper also deals briefly with the relation of thought to action and affect, and presents a sketch of Freud's conception of consciousness and attention.

One of the useful features of this paper is that the sixty-three-item bibliography indicates not only the sources but also the specific pages on which the author has drawn. Except for I. Hermann's contributions, the present paper, and the author's above-mentioned other contributions, are the only papers in psychoanalytic literature which treat explicitly of the theory of thinking. The present paper is also the only one extant which presents systematically the theoretical ideas Freud expressed in Chapter VII of his *The Interpretation of Dreams*, and in his papers, *On the Two Principles of Mental Functioning*, *Repression*, and *The Unconscious*.

AUTHOR'S ABSTRACT

Language and Dreams. Sidney J. Baker. Pp. 171-178.

Baker, following Freud, is interested in the fundamental position of linguistic symbolism in relation to dream symbolism. Believing primitive forms

¹ Rapaport, David: *Emotions and Memory*. Second edition. International Universities Press, Inc., 1950; also Rapaport, David and Lewy, Ernst: *The Psychoanalytic Concept of Memory and Its Relation to Recent Memory Theories*. This QUARTERLY, XIII, 1944, pp. 16-42.

² New York: Columbia University Press, 1951.

of language the most convincing, he offers an impressive classified word list based essentially on the Polynesian group of dialects. In some instances a single word has a sexual or excremental meaning simultaneous with a relatively remote meaning which finds frequent concrete representation in dreams as a symbol for the first meaning. In many instances the words or parts of apparent compound words are linked by close resemblance rather than identity; in these instances, one assumes that Baker finds that these words have a close etymological relationship. For example, the word '*puta*' (Maori) means vagina, also hole or cave; the word '*ure*' (Maori) means penis while the word '*uri*' (Maori) means child (penis=child). The groups represented are the phallic symbol-complex, vaginal symbol-complex, coital symbol-complex, anal symbol-complex, symbols related to penis products, castration symbol-complex, symbols relating to masturbation, and isolated symbols. Polynesian dialects, with scattered examples from other sources, are found to contain linguistic associations which directly parallel dream symbolism. Some evidence for a similar process is found in the regressive forms of pidgin English. Baker reiterates his earlier opinion that word taboos are devoted not to erasing words from the vocabulary but to 'preserving those words in their most highly affective forms'. He points out that 'vulgarisms', instead of being peripheral phenomena, stand at the core of language in general. It may be assumed that the author refers to long-standing taboo words rather than to ephemeral, sometimes evasive expressions. The primary position of pleasure-giving bodily experiences in learning and language is stressed. Sperber's ideas concerning sexual factors in language are favorably mentioned. Baker's views regarding the central position of taboo words in language are thought by the abstracter to complement, from another direction, Ella Freeman Sharpe's remarks (Int. J. Psch. XXI, 1940) regarding the fundamental position of metaphor.

LEO STONE

On the Termination of Analysis. By Annie Reich. Pp. 179-183.

The reaction to the termination of analysis is compared to mourning. It represents a painful process which takes time to subside. Even after successful analysis of the transference, the analyst is seen as an overimportant object that is only reluctantly given up by the patient. This is due to the inherent, infantile character of the analytic relationship. Although the patient's transference demands are not fulfilled, the analytic procedure as such represents a specific kind of narcissistic, frequently oral, passive gratification which cannot be denied to the patient, and the loss of which is followed by the afore-mentioned mourning reaction.

AUTHOR'S ABSTRACT

Technique of Terminating Analysis. Edith Buxbaum. Pp. 184-190.

A review of the literature dealing with the technique of terminating analysis is given. Like all techniques, it should not be discussed by itself but must be

dynamically oriented in accordance with the individual case. Frequently the end phase of an analysis is characterized by a revival of symptoms. The intention of the patient to prolong the treatment is regarded as secondary gain. Dynamically, the repetition of symptoms can be looked upon as an attempt to master the neurosis. The analysis of transference, and particularly of counter-transference, is considered of great importance. Residues of transference are considered 'potential material for sickness'; the patient's ability to see the analyst as a real person in contradistinction to a transference figure is considered as a part of the patient's ability to accept reality. Three cases are discussed extensively to illustrate these points.

AUTHOR'S ABSTRACT

A Note on the Ending of an Analysis. Marion Milner. Pp. 191-193.

This short communication describes a rather unusual termination of an analysis. The patient had approximately five years of analysis. Her main complaint was a chronic severe headache since age thirteen. There was no apparent change in this symptom until several months after her analysis was completed when the patient experienced some dreams and fantasies which represented being born. Only then did the analytic work begin to take effect.

Milner explains the delay as a result of transference resistance. The patient could not really experience her hatred for her analyst until she felt that he had thrown her out. The analyst is unable to explain why it was necessary for this patient to undergo this particular experience in such a fashion in order to successfully terminate her analysis.

Three Psychological Criteria for the Termination of Treatment. W. Hoffer. Pp. 194-195.

Hoffer proposes three considerations for the termination of psychoanalytic treatment:

1. Has the analysis succeeded in bringing the unconscious and conscious nearer together?
2. Is the patient able to recognize and handle resistances so that he is able to gain better access to the preconscious and unconscious?
3. Has the transference neurosis been resolved so that the patient can remember the past instead of acting it out?

In elaborating upon some of these points Hoffer stresses the important role of the patient's identification with the activities of the analyst. He believes that one of the most important solutions to the transference neurosis is the patient's capacity to analyze his conflicts instead of acting them out.

On the Termination of Analysis. Michael Balint. Pp. 196-199.

Balint chooses three headings as important criteria for the termination of analysis: 1. A firmly established genital primacy; the capacity to enjoy mature genitality. 2. The capacity for genital love, a complex fusion of genital satis-

faction and pregenital tenderness. 3. An ego which is strong enough to cope with tensions by (a) the use of alloplastic instead of autoplasic methods; (b) the acceptance of unpleasant ideas; (c) tolerating the sudden increase of excitement before and during orgasms; (d) maintaining a genital identification with the partner even in phases of temporary dissatisfaction.

Balint believes these are perfectionistic standards which are never completely fulfilled and therefore proposes another approach. He sets up the following questions. Is the analytical cure a 'natural' or an 'artificial' process? Does the analyst's task consist only of removing the obstacles created by the individual and society, after which the natural processes will take charge of the cure? He believes there are two divergent schools of thought among analysts on this subject. One group believes that health is a 'natural' equilibrium and therefore that termination is a 'natural' process. There is another group which believes that health and termination are the result of the interplay of so many forces, tendencies and influences that one is not justified in assuming any governing 'natural' processes. He believes the final answer to these questions must be postponed because of the meagerness of our knowledge of truly terminated cases. In his personal experience he has found that approximately two patients out of ten reached his perfectionistic goals. Many patients achieved only partial success at termination but afterward went on to achieve commendable results.

Balint then discusses this problem in relation to the training of analytic candidates. Here he finds that two sets of standards are at work. In one type of training school the candidate is considered healthy enough to analyze patients without supervision and yet is considered sufficiently neurotic to continue working in his own analysis. In other groups supervision must continue until the candidate has completed his personal analysis. Balint hopes that the symposium on termination will stimulate some colleague to collect enough clinical experiences to enable him to find real answers to the problems.

On the Criteria for the Termination of an Analysis. John Rickman. Pp. 200-201.

Rickman believes that for an analysis to be satisfactorily terminated both the patient and the analyst have to be satisfied. One of the important criteria for termination he calls 'irreversibility'. This refers to the process of improvement in integration and adaptability which would be of such a degree and kind that without further analytic aid there will be no reverse processes or regression upon the cessation of treatment. This can be accomplished once the treatment has removed the major obstacles to the action of the integrative processes which are operative within every living organism. He then looks more microscopically at other elements of the successful termination: 1. the capacity to move smoothly in memory from the past to the present and back; 2. the capacity for heterosexual, genital satisfaction; 3. the capacity to tolerate libidinal frustration without regression or anxiety; 4. the capacity to work and to endure unemployment; 5. the capacity to tolerate aggressive impulses in oneself and others without

losing object love in its full sense and without guilt; 6. the capacity to mourn; 7. the capacity to tolerate a realistic picture of the analyst despite the patient's fluctuations in mood.

Rickman believes that the ultimate criterion is a pattern combining many factors, each of which may have quantitative variations and each of which has a point of irreversibility.

Criteria for the Termination of Analysis. H. Bridger. Pp. 202-203.

Bridger confines his discussion of criteria for the termination of analysis to two sets of situations which ought to provide the analyst with reliable opportunities for predicting the termination point. The first set is comprised of short-term experiments in termination which the patient experiences throughout analysis by getting along on his own between one session and the next. The second set comprises those experiences in the patient's external world which involve a termination of relationships such as change of job, place of residence, divorce, etc. This gives the analyst a series of periodic progress reports on the patient's preparedness for termination.

On the Criteria for the Termination of an Analysis. Melanie Klein. P. 204.

In addition to the well-known criteria for terminating an analysis such as heterosexual potency and capacity for love, object relationships and work, Melanie Klein adds the following: have persecutory and depressive anxieties been sufficiently reduced and has the patient's relationship to reality been sufficiently strengthened to enable him to deal with a situation of mourning? If the negative and positive transference, the idealization and the feelings of being persecuted by the analyst, have been sufficiently analyzed, then the patient will be able to cope successfully with feelings of loss caused by termination, and with that part of the work of mourning which he must subsequently carry out by himself.

Short Communication on Criteria for Terminating Analysis. Sylvia Payne. P. 205.

Payne believes that we would be in a much better position to state the criteria for the termination of an analysis if we would record in the beginning of treatment a prognosis for subsequent comparison with the final result. The general criteria, such as the psychosexual development, the ability to have good social relationships, the analysis of the transference relationship, and the ability to deal with aggression must be considered in the light of whether the analysis has done as much as possible in the given individual case. She compares the end of an analysis with the anxieties of growing up, leaving school, rebirth, weaning and mourning. When breakdowns have occurred at these times in the past, there is apt to be ego instability and dependency which will make the termination more difficult.

RALPH R. GREENSON

Psychoanalytic Review. XXXVII, 1950.

Transference Phenomena in Group Psychotherapy. S. R. Slavson. Pp. 39-55.

This paper is concerned with 'analytic group therapy', a method of giving interpretations and insight, as distinguished from 'activity group therapy' (Slavson) in which derivative insight is obtained through acting out. Inasmuch as the author considers analytic group psychotherapy based fundamentally on the same psychodynamics as individual psychotherapy, a comparative study of transference phenomena is in order. The essence of transference in group therapy is as follows: transference is 'diluted and less charged with libido', is established quicker, and is complicated by sibling relations and identification mechanisms resulting from the multipolarity of the situation. The latter, no doubt, promotes the parental significance of the therapist. In contrast with the neutral nonuse of the transference in 'activity groups', in analytic group therapy the parental role is played out (or 'acted') by the therapist more realistically than in individual treatment.

Religion and Psychoanalysis. Seward Hiltner. Pp. 128-139.

Hiltner, a clergyman and editor of the journal, *Pastoral Psychiatry*, most critically scrutinizes some misrepresenting and hideous attacks made in the name of religion on psychoanalysis. He states that 'when Freud wrote of religion, he selected for criticism many of the same things which progressive religionists were suspicious about'. With sincere recognition of what the clergy has to learn from psychoanalysis, Hiltner regrets the 'unhappy divisions' between the two. In the field of psychoanalysis there is an absence of work in an ecumenical direction compared to that which has been accomplished in Protestantism.

Psychoanalysis and Group Psychotherapy. Leo Berman. Pp. 156-163.

Berman considers group therapy another avenue of approach toward experimentation, valuable to the psychoanalyst because it provides a means of direct application of his special skills in the study of social psychology. In an original, comparative manner it is pointed out that regular psychoanalysis contains certain elements (such as the extra-analytic evidence of the analyst as a real person in relation to others) which are of central importance in group therapy. It is further stressed that in analysis the growth of the ego permits derivative insight (as in Slavson's activity groups), that the studies of the therapeutic results of psychoanalysis (Glover) cannot neglect education as a factor, and finally that psychoanalysis aims at the acceptance of the analyst as a real person. Berman indicates the need for further research in group therapy with particular emphasis on problems of grouping in relation to the attainment of optimum anxiety levels and transference reactions, the latter occurring in patients toward one another.

Mohave Indian Autoerotic Behavior. George Devereux. Pp. 201-220.

The rigid repudiation of masturbation by the Mohave Indians can be traced to their unconscious recognition of the sadistic and incestuous nature of masturbation fantasies. In spite of a free attitude toward other deviating sexual practices, they accept masturbation only in children, unmarried women and future shamans. The material of this study is derived from interviews with three maladjusted Mohave boys whose case histories were obtained with the help of a juvenile interpreter and which will be published elsewhere.

Three Cases Illustrative of Emotional Factors in Dermatology: Psoriasis, Infectious Eczematoid Dermatitis, and Chronic Eczema of the Hands. Sadie H. Zaidens. Pp. 221-234.

This paper, presented before the American Society for Research in Psychosomatic Problems in 1946, reviews the manifold emotional factors observed in afflictions of the skin. There is no reference to the extensive literature on the subject. In all three cases the lesions appeared in relation to acute emotional conflict in neurotic personalities. The main contribution of this paper is found in its extensive clinical case reports.

On Neurotic Obesity. Gustav Bychowski. Pp. 301-319.

In women neurotic obesity can be understood as an autoplasmic materialization, unconscious impulses using the body rather than external reality as a medium for expression and alteration. Bychowski's psychoanalytic experience brings out the following main dynamics: early fixations on the preambivalent oral level, identification with both parental love objects, regression and reactivation of oral drives aiming at partial incorporation with resulting denial of true femininity, and trends toward masculinization. The physiological mechanisms involved are discussed, particularly fluid retention and the utilization of glycogen storage. Dreams and other material from the analyses of three women patients, including an afteranalysis letter, serve to illustrate the unconscious self-perception as both breast and phallus, the significance of guilt in relation to eating, the ambivalence and the specific interference with genitosexual development.

The Vanished Glory. Karol N. Gess. Pp. 345-350.

Principles of psychology can be usefully applied in the understanding of the behavior of nations. Holland was chosen as the subject of this interesting study in international psychology—mainly because of its prosperous and peaceful past extending over centuries. It was to be expected that the reactions of this sheltered and invariably well-tended child among the European countries to the impact of World War II would be psychologically more discernible than those of countries which previously had been subjected to such impacts. Three national phenomena are singled out by Gess for dynamic understanding. Firstly, the individual approach to (nutritional) reconstruction upon liberation charac-

terized by an inability to grasp the general character of the country's collapse. Secondly, the remarkable sudden popularity of pictures showing the victory of the Dutch fleet over the English in 1652 (a protest against the dependence on the 1945 liberators). Thirdly, the turn toward demands for territorial reparations by Germany as a compensation for the loss of the colonies. Gess points at the sincere emotional factors noticeable in the Dutch Government's attitude toward the negotiations over the separation of the East Indies. It resembled that of a highly possessive parent toward a favorite child which wishes to leave home: it is not yet ready to stand on its own feet, it is oblivious of all the sacrifices the mother country has made to rear it, and finally it is not giving a thought to the parent's old age and poverty.

CAREL VAN DER HEIDE

American Journal of Psychiatry. CVII, 1951.

Narcoanalysis and Truth. Fredrick C. Redlich, Leonard J. Ravitz, Jr., and George H. Dession. Pp. 586-593.

The authors investigated the reliability of confessions obtained under the influence of sodium amytal. Nine subjects were selected at random from a volunteer group of university students and professional persons. These individuals were asked to tell the true story of some shameful episode in their lives to one examiner; to another, they told a 'cover story' which concealed or distorted the original incident. The second interviewer later administered amytal and sought to obtain the correct facts.

The personalities of the experimental subjects were ascertained on the basis of life histories. Results showed that the three individuals diagnosed as normal were able to maintain their cover stories despite the influence of the drug. Of the six others diagnosed as neurotic, two promptly revealed the truth; the others confessed in part, mingling truth and fantasy. The investigators conclude that neurotics with strong feelings of guilt, depression, and anxiety are most likely to confess under sodium amytal. Correspondingly, the value of testimony obtained by such means is of dubious value for courtroom procedures. These experimental results may also serve to throw some light on perplexing confessions at public trials in totalitarian countries.

Experimentally Produced Psychoses. Paul H. Hoch. Pp. 607-611.

Mescaline is a cortical stimulant which produces psychotic manifestations such as visual hallucinations, bizarre somatic sensations, depersonalization, persecutory ideas, affective disturbances and loss of insight. Hoch compared the reactions of normal persons and schizophrenics after receiving injections of this drug. The normal individuals displayed little anxiety or apprehension during the experiment; in the pathological group, there was a disposition to reveal more clearly the existing schizophrenic symptomatology as well as material—such as preoccupation with homosexual conflicts—which had not previously been verbalized. Among 'pseudoneurotic' schizophrenics, whose

phobic or compulsive-obsessive manifestations had merely given superficial clinical impressions of neurosis, short-lived psychotic episodes were actually precipitated by mescaline.

Various methods of therapy were also tested during the induced psychoses. None of the measures proved really effective except sodium amytal which counteracts the influence of mescaline. Notable was the reaction of schizophrenics before and after psychosurgery: the severity of the responses was markedly lessened after the operation although qualitative elements of the mental state were not appreciably altered. Hoch does not believe that the data presented are sufficient to recommend the use of mescaline as a reliable guide for differential diagnoses.

A Study of Dreams in Schizophrenia and Allied States. Douglas Noble. Pp. 612-616.

A study of the dreams of schizophrenics indicates that there are no dreams characteristic of this disorder. There is some evidence, however, that the dreams of schizophrenics show a tendency to simple, frank statements of basic problems with little elaboration. Their character is apparently less dependent upon the nature of the illness than upon the personality and maturity of the patient and the state of his relationship to the therapist. The dreams seem to become more complicated, more frequent, and more associated with affect as the psychotic state recedes. Sometimes affect that was lacking in consciousness could be found in dreams, or a psychotic conflict that had been repressed was activated as the result of dreaming and could then be analyzed. Noteworthy was the absence of dreams, common among neurotics, in which the dreamer is standing apart and watching the action. Noble is of the opinion that the interpretation of dream symbols and the use of free association to symbols are of no value in the treatment of schizophrenia and allied states. Of greater utility is the interpretation of elements in the previous waking period, in the remote past, and in the spontaneous associated thoughts.

Ego Development and Psychoanalytic Technique. Rudolph M. Loewenstein. Pp. 617-622.

Loewenstein discusses the shift of emphasis in the concept of the structure of neuroses which has been brought about by the introduction of ego psychology. The technical procedure of treatment likewise shows corresponding changes. There has been greater appreciation and study of the need for approach from the surface. Psychoanalysis is no longer concerned exclusively with uncovering the earliest forms of pathogenic conflicts; the intermediate periods of development also require the closest scrutiny.

Ego psychology has had deep effects on the special criteria which analysts use to establish the correctness and effectiveness of their interpretations. Formerly, symbolic interpretations played a greater role; now the importance of interpretations at an optimal distance from the surface of consciousness is recognized. The wording of the interpretation has gained in importance and

aims at the concrete psychological realities of the given individual; timing and tact are essential elements for this purpose.

Loewenstein describes 'reconstruction upwards' as a means of dealing with defenses against emotions—a technique of special importance in an era when patients are likely to begin treatment with intellectual discussions of their complexes and the symbolism of their dreams. Access to their true emotions is here of vital importance. He also makes special note of changes in habitual ego defense mechanisms which may accompany the progress of analysis—viz., the replacement of repression by sublimation—and suggests that further research on the vicissitudes of these mechanisms may be enlightening as to the 'various forms of mental health'.

MARK KANZER

Psychiatric Quarterly. XXV, 1951.

Neurotic Crime vs. Criminal Behavior. George Devereux. Pp. 73-80.

Devereux presents a theoretical discussion of the differences between the neurotic, occasional criminal and the habitual criminal. He feels that analysts have failed to make the necessary distinction because of their subjective need to project their own unconscious conflicts which would fall into the neurotic classification rather than that of the habitual criminal.

In the isolated and recurrent criminal actions of the neurotic there is a temporary failure of the defenses against the instincts. The superego demands punishment and expiation which is usually forthcoming. Whether occurring in a character neurotic or symptom neurotic, it is the impulse and not the defense which is criminal.

In habitual criminality, excessive and criminal defenses are maintained as a character armor against instinctual demands prohibited in childhood. These defenses are conspicuously more damaging to both the individual and society than the instinct demands would be. The unconscious ego and superego of the criminal seems to find these defenses more satisfactory than the forbidden masturbation and homosexuality they usually hide. The superego is structurally modified to permit the use of the criminal defenses. Both ego and superego accept criminality as a subcultural method of earning one's livelihood.

In perversions, pregenital drives are used as defenses against genital demands. The pervert is a criminal either as the result of a social convention, e.g. homosexuality, or as the result of the break-through of aggressive pregenital impulses, e.g. lust, murder.

The Fiction of the Death Instinct. A. J. Levin. Pp. 257-281.

Levin's thesis is that Freud's death instinct is an absurd concept and was originated by Freud as a reaction to his fear and rejection of life. Freud, he claims, instead of recognizing the origin of these fears in his own oedipus complex, projected them on Nature, Fate and Mankind. Death as inorganic peace

was Freud's method of pacifying a cruel world of terrors. He offers no proof from Freud's life but quotes examples from Freud's writings.

The author cites Einstein's equation, $E=mc^2$, to show the tremendous energy locked up in 'inert' atoms. He fails to recognize that Freud's theory of the death instinct is merely a special case of the Second Law of Thermodynamics—that all energy tends to ultimate equalization and stabilization and that, therefore, units of higher energy content within a system of lower energy content are unstable and tend to degrade. Within the system in which man lives and dies the Second Law of Thermodynamics is still valid. 'Life. . . consists of a continuous descent toward death; but the falling of the level is delayed and fresh tensions are introduced by the claims of eros, of the sexual instincts as expressed in instinctual needs.'¹

Freud's long life, his works and his actions are sufficient evidence of that love of life which Levin fails to claim for him. Freud began his theories with eros, not thanatos. The author confuses Freud's death instinct with the threat of castration and rejection of the ego which derives from the oedipus complex and its heir the superego. He cites man's fear of death and death as a social punishment to support his arguments against the death instinct. Freud states ' . . . the death instincts are by their nature mute and . . . the clamor of life proceeds for the most part from eros'.² The death instincts are never found in their pure form but always combined with eros.

To treat the concept of the tendency of matter toward stabilization, as it is manifested in the mute and unconscious id of our psychic life, as equivalent to the conscious fear of death is an error in knowledge. Freud admits in *Beyond the Pleasure Principle* that the theory of the death instinct is pure speculation. There appears to be a much greater need for such modesty on Levin's part when he attempts to refute the theory.

JOSEPH BIERNOFF

Neurotic Helplessness in the 'Masochistic Situation in Reverse'. Edmund Bergler. Pp. 418-423.

This is a description of the interplay between masochistic suffering and masochistic pseudo-aggression in a marriage situation. There are neurotics who spend their emotional life in constant unconscious repetitions of the masochistic fantasy 'bad mother mistreats me'. They unconsciously choose wives who represent the mistreating mother or a caricature of her and consciously consider themselves innocent victims of unhappy marriages. There is, however, one form which Bergler calls 'the masochistic situation in reverse', an arrangement in which the husband, in pursuit of his pseudoaggressive rebellion, is confronted with the expression of the wife's martyrdom which

¹ Freud: *The Ego and the Id*. London: Hogarth Press and the Institute of Psychoanalysis, 1949, p. 66.

² *Ibid.*

renders him completely helpless. Then the wife invites the husband to identify her unconsciously with the fantasy of the mistreated child, which in turn leaves the husband in the situation of the cruel mother. After first being the mistreated child, the husband is then pushed into the situation of the tormentor. It is a double identification with the suffering child as well as with the refusing mother.

The simultaneous acting out by the masochist of the roles of the unhappy child as well as of the tormenting parent has been previously described by this reviewer. Bergler is right in his comment that without the analyst's familiarity with this mechanism the treatment may fail.

BERNHARD BERLINER

Psychosexual Aspects of Hymen. Robert Seidenberf. Pp. 472-474.

In the myth of Hymen, as described by Murray,¹ the hero plans and instigates the murder of robbers who have abducted him along with a group of maidens, including his beloved. He is aided in this act by the maidens. Hymen is undetected because his soft delicate beauty makes him look like a girl.

Through the ages, Hymen has been the God and protector of the marriage rights. He can be considered as the father standing guard, ready to coöperate with the mother in destroying the robbers who dare approach the virgin maiden.

The meek passive father may be as grave a threat to the son as the cruel aggressive one. The aggressive mother has incorporated father and coöperatively they oppose the son.

Seidenberf mentions two cases of male impotence from his practice in whom this mechanism was found but unfortunately gives no clinical data.

JOSEPH BIERNOFF

Bulletin of the Menninger Clinic. XV, 1951.

Psychopathology of Work. C. P. Oberndorf. Pp. 77-84.

Oberndorf begins this paper by pointing out some of the psychological differences between work and play with special emphasis on the immediacy of satisfaction. He then discusses the question of ego satisfactions derived from work. The rest of the paper revolves around the problems of the various instinctual impulses, libidinal and aggressive, which can be discharged in work. Particular emphasis is placed on the role of the parents in determining the child's attitude toward work—their attitude toward certain bodily functions may help or interfere with the child's conception of duty and virtue. Finally, unconscious urges to succeed or fail may be the outcome of pathological introjections of parental attitudes.

¹ Murray, Alexander S.: *Manual of Mythology*. New York: Tudor Publishing Co. 1950.

An Application of the Theory of Psychosexual Development to the Learning Process.
R. L. Sutherland. Pp. 91-99.

Sutherland observed the reactions of medical residents to instruction in a new field of learning and concluded that their attitudes toward the material and the teacher could be understood in terms of Freud's theory of psychosexual development. He was able to show how oral, anal, phallic and genital attitudes were present in the student at different times. On this basis he suggests that the teacher's reactions to the student's learning may decisively complicate the learning process. Furthermore, he hypothesizes that psychosexual development itself can be looked upon as a learning process and generalizes to the effect that all new stimuli to which the organism is exposed may be handled successively by the different modes of operation characteristic of the stages of infantile psychological development.

The Autonomy of the Ego. David Rapaport. Pp. 113-123.

Present-day ego psychology recognizes that there is a certain degree of constancy and reliability in the ego organization which does not have to be created anew. This constancy and reliability is designated 'the autonomy of the ego', a concept first stressed by Heinz Hartmann. In order to understand ego psychology, Rapaport discusses three basic questions. 'If the ego grows on conflict, how are we to conceive of the participants of this original conflict? The ego is both born out of conflict and a part to the conflict.' Rapaport's answer is based on three sources. In studying infants, those individual differences observable from the beginning suggest inborn personality determinants. Freud, in *Psychoanalysis Terminable and Interminable*, suggests such a hypothesis. In addition there is some interindividual consistency which indicates that the apparatuses of perception, memory and motility are inborn characteristics even before they become expressive of conflict and experience. Later on, one or another of these apparatuses may remain outside the sphere of conflict, even in the psychoses. Hartmann's concept of the conflict-free ego sphere expresses this formulation. This leads to the hypothesis that there must be a period in human development in which the ego is as yet undifferentiated from the id. If one returns to the question of what conflicted with the drives, it should be remembered that the motor, perceptual and memory apparatuses all have definite thresholds which are their structural characteristics. These thresholds set limits to the discharge possibilities of the drive tensions. The existence of inborn structural elements in the undifferentiated phase may be what precipitates developmentally the differentiation into the ego and the id. 'The developing ego . . . integrates these structural apparatuses and re-represents their discharge-limiting and -regulating function in forms usually described as defenses. These are the foundations of the primary autonomy of the ego.'

Rapaport then goes on to explain the concept of secondary ego autonomy. He begins by depicting the energy distribution when a drive cannot be satisfied and has to be repressed. This is not only a model of instinct vicissitude but also an aspect of the development of the ego. Reality is internalized in this

way and represented in the psychic apparatus as the countercahexis. It is also represented by the ideational representation and indirectly even by the affect discharge. Every defense mechanism corresponds to such a countercahexic energy distribution and is therefore in a sense a new apparatus of the ego added to the inborn ego apparatus. These defensive apparatuses come to our attention in the form of motivations of behavior and are also relatively autonomous. This is demonstrated in studying thought processes: the secondary process once established persists against the return of the repressed primary process. Although it is true that apparatuses of the primary autonomy tend to remain such and the defensive apparatuses born of conflict may become autonomous secondarily, they can both become involved in conflict. Some functions and structures may become irreversible however, and may be the crucial factor in establishing the prognosis in psychoses and severe character disorders.

The third basic question which Rapaport considers concerns the explanation of what happens when originally mastered instinctual impulses break through in spite of the ego. In some cases this can be explained by the failure of the ego to establish its autonomy. In other instances this may be due to the therapist's inability to distinguish between the autonomous value-motivation aspect and the conflict-ridden defensive aspect of the same psychic formation. It appears that autonomy, particularly secondary autonomy, may be reversed if no therapy or poor therapy does not help in binding the drives. Thus the issue of ego autonomy is not merely a theoretical problem but also a practical one in therapy, particularly in borderline and psychotic cases.

Clinical Aspects of Diagnosis and Treatment of Addictions. Abraham Wikler. Pp. 157-166.

Wikler reports on the present status in the diagnosis and treatment of addicts at the U. S. Public Health Service Hospital at Lexington, Kentucky. A new development in the field is the use of a single subcutaneous injection of N-allylnormorphine which unmasks the abstinence syndrome in a matter of minutes. At present methadone is used as a substitute for morphine in the withdrawal of the drug because it seems to make possible a more rapid withdrawal. Wikler stresses that for the rehabilitation stage of the treatment psychotherapy is the most important therapeutic factor. He then discusses barbiturate addiction which is more difficult to diagnose and to treat. Thus far the slow withdrawal of the drug plus psychotherapy is the only established treatment. At present there is some experimental investigation of cortisone in treating the abstinence syndrome.

Psychological Test Reporting: An Experiment in Communication. Helen D. Sargent. Pp. 175-187.

In an interesting experiment Sargent attempts to answer the question of what a test report should communicate to the other members of the psychiatric team. In this paper she reports in four different ways about the same patient. All the reports are composed by the same psychologist on the basis of a single test. It is striking how these four reports differ in purpose, vantage point and

logical orientation. She concludes that the greatest need in test reports is greater flexibility and cautions against any one preferred technique.

RALPH R. GREENSON

Psychiatry. XIV, 1951.

Anticipation of Arousing Specific Neurotic Feelings in the Psychoanalyst. Lewis B. Hill. Pp. 1-8.

Hill gives a composite description of a special group of neurotic patients who chose him as their analyst because they anticipated that he would behave in the overprotective manner which had characterized their parents. These patients came to analysis without any presenting symptoms and with the appearance of health and success. During therapy, however, they became aware of a lack of warmth, spontaneity and self-confidence. They were ill mainly because of their intense need for intimacy, unachievable because of fear. They had built up in childhood defenses of indifference toward, tolerance for, or causal avoidance of, a possessing, devouring parent. Later they sought relationships with persons who resembled their parents and experimentally undertook to devise ways whereby intimacy could be experienced safely. It was on this basis that they chose Hill as their analyst. They sensed that he was intensely oral and warm in feeling, like themselves, but unlike them he was not afraid to give of himself. However, the fear of being exploited by him, a transference from the traumatogenic parent, produced specific resistances aimed at warding off the desired intimacy.

These patients require a preparatory phase of treatment to ready them for actual analysis which has to meet their special precautionary measures against intimacy and at the same time permit an informal, increasingly personal friendship. The preparatory phase must be promptly interrupted when the patients feel understood and accepted—they are then ready for a stricter adherence to analytic rules. Failure to seize the proper moment for a switch in technique may lead to acting out both with the analyst and elsewhere. With the institution of free association, the patients bring material having to do with the need to be loved and to love, and then begin to experience transference emotions of suspicion, fear, guilt and hostility, along with which they no longer anticipate their own rejection but fear that the analyst will react neurotically to their eventual rejection of him as a love object. They enter analysis with the assumption that the analyst is insincere and hides his selfish, orally devouring character behind a pretense of goodness, just as was true of their mothers. 'Their specific anxiety in analysis, as elsewhere, is the expectation of an unfortunate countertransference.' When they become convinced that the analyst will not react neurotically to their rejection of him, the analysis of oedipal material can proceed as in any other analysis.

This small group of patients is presented to sensitize analysts to a neurotic character disorder which may be part of the total picture of many other patients.

SIGMUND GABE

American Journal of Orthopsychiatry. XXI, 1951.

'Social Role' and Total Personality. Nathan W. Ackerman. Pp. 1-17.

Ackerman expounds his concept of the 'social role' as the operation of the 'social self' in contrast to the inner self. The social role is like a semipermeable membrane between the organism and the environment, permitting interchanges between these elements. Defects in the social role are of importance in neuroses and psychopathic behavior.

Psychoanalytic technique, as traditionally employed, does not permit the adequate study or treatment of disorder of the social role. Through emphasis on shedding of the ego, the functions of the social self tend to be excluded; the relation of the patient to the analyst is not a form of social intercourse, for the personality of the latter must remain illusory to the analysand.

The analytic technique can be used, however, with greater emphasis on an exact knowledge of the patient's social milieu, his participation in group life, and a systematic study of character adaptation to the environment so as to do greater justice to the social role. Group therapy, in particular, provides a natural access to vicissitudes of ego function which must be worked through if the deeper conflicts are to be solved.

A Contribution to the Psychoanalytic Knowledge of the Latency Period. Edith Buxbaum. Pp. 182-198.

The latency period is distinguished by the growing importance of the ego. Consistent and intelligent educational demands are helpful to the child in controlling his drives and allaying anxiety. Obsessional mechanisms, in particular, serve both to repress the oedipus complex and to further the acquisition of new ego functions. Projective thinking is more strongly developed during the latency phase of impulsive children.

Therapy during latency should be directed toward freeing the ego from the pressures of the instincts and the superego. Educational help in building ego defenses takes a prominent part in this process. The goal of treatment is to enable the ego to function adequately within the limitations which are normal for this phase of development.

Psychopathic Reactions in Children. Hyman S. Lippman. Pp. 227-231.

Lippman sees a failure to carry out ego functions as responsible for the outstanding features of psychopathy in children. The extreme narcissism and the instinct-ridden quality of their behavior are subsequent developments, arising from the inability of rejected children to form proper object relationships with the mother in the first year of life. Similar patterns are engendered in turn with the father, siblings, and other persons. As a result the psychopath remains self-centered and does not develop transferences; the outcome is a refusal to consider the well-being of others and a disregard of authority. Social institutions tend further to reject and isolate this type of individual.

In therapy there must be a toleration of aggression and delinquency on the part of the therapist over a prolonged period of time. The requisite procedures are time consuming, expensive, make special demands on the therapist, and will probably not be forthcoming in adequate measure until large-scale support is available.

The Deprived and the Indulged Forms of Psychopathic Personality. David M. Levy. Pp. 250-254.

The deprived psychopath has missed something in the relationship to the mother that is essential to the normal growth of the personality: a comparison may be made to the avitaminoses. The overindulged psychopath has not been subjected sufficiently to the threat of withdrawal of maternal love. However, it is not possible to distinguish very definitely the situations which will be conducive to the development of psychopathy, inasmuch as individuals react differently. Constitutional factors are assumed to affect the response to environmental influences.

The Neurotic Child and His Mother. Melitta Sperling. With Discussion by Margaret S. Mahler. Pp. 351-364.

While investigators agree on the psychological rapport existing between mother and child, the ways in which it functions and the relation of the child's behavior to the unconscious of the mother remains unexplained. Through concomitant analytic studies of mothers and children, Melitta Sperling has come to the conclusion that the symptoms of children represent their responses to the mother's unconscious wishes. In this sense, the behavior of the child resembles that of a person carrying out commands under hypnotic influence. The mother's unconscious intentions are conveyed through facial expressions, tone of voice, movements, etc. Such considerations strengthen the indications for analysis of the mother as part of the treatment of the child.

Mahler, in her discussion, points to the mutual need of mothers and children to maintain their symbiosis which normally arises in the preverbal stage of their relationship. She supports the analogy drawn by Sperling to the hypnotic state and notes the presence of phenomena which are common both to the induction of hypnosis and to the reciprocal neuroses of mother and child. To these belong the minimization of external reality and the intense inner rapport which leads to fluidity of the ego boundaries.

MARK KANZER

Archives of Neurology and Psychiatry. LXV, 1951.

Lobotomy and Psychopathology. Elliot R. Reiner and Sidney L. Sands. Pp. 48-53.

Reiner and Sands apply the previously described Malamud-Sands psychiatric rating scale in a study of the effects of lobotomy on a group of thirty-one chronically psychotic patients at the Worcester State Hospital. Their purpose

is to specifically delineate and to quantify behavioral observations and to encourage such standardization of technique and observation in other studies. Specific item analyses were conducted for twenty-two particular components of behavior. Among the traits which responded favorably were untidiness, anxiety, and depression. When there are mobilizable affect and verbal productivity, improvement may be expected after lobotomy even in the presence of projections and paralogical thought. Affect and feeling are usually adversely influenced in the direction of flatness and apathy. The fundamental disturbance in the logic of the patient's ideas is probably unimproved after lobotomy. Delusional content is not necessarily a contraindication or an unalterable phenomenon.

Value of Convulsive Therapy in Juvenile Schizophrenia. Sol Levy and R. H. Southcombe. Pp. 54-59.

Levy and Southcombe review the cases of juvenile schizophrenia in the Eastern State Hospital since 1891 in an effort to determine the results of convulsive therapy in this disease entity. Out of a total of two hundred and ninety-one juvenile patients, one hundred and three were diagnosed schizophrenics. Of these, forty-seven had received various forms of convulsive therapy—insulin alone or insulin with either metrazol or electric shock—almost all since 1936. The results in these were compared with the outcome in the remainder of the cases (fifty-six) treated before the era of shock therapy. These studies revealed a low incidence of favorable response to the shock therapies, even lower than with the institutional care of the preshock period. Levy and Southcombe conclude that juvenile schizophrenia tends to run a malignant course and does not respond to shock treatment as well as adult schizophrenia.

Clinical and Psychological Investigation of Prefrontal Lobotomy in Chronic Schizophrenia. H. B. Carscallen, C. W. Buck, and G. E. Hobbs. Pp. 206-220.

Carscallen, Buck, and Hobbs, feeling that only unbroken observation of lobotomized patients rather than intermittent spot sampling can adequately evaluate the results of lobotomy, report on such a detailed study. They conducted an investigation on a group of forty-nine lobotomized patients over a six-month postoperative period, studying 1, behavioral and symptomatic changes; 2, estimation of the prognostic value of certain factors for improvement with lobotomy; and 3, changes in intellectual functioning.

Permanency of Glutamic Acid Treatment. F. T. Zimmerman and B. B. Burge-meister. Pp. 291-298.

Zimmerman and Burgemeister, who reported beneficial effects from glutamic acid treatment in cases of mental retardation, now study thirty-eight of their original sixty-nine cases in order to test the degree of permanency of their reported results. The present studies were made two and one half to three years after treatment had been discontinued. Of the thirty-eight patients, twenty-four had received one year of treatment and fourteen only six months.

These studies show that the group as a whole has retained almost one half the initial rise in intelligence quotient obtained under therapy (an average of 3.16 points as compared with an initial gain of 6.84 points). In the verbal portions of the tests, the amount of gain is of greater importance in determining the permanency of effect than is length of treatment. Performance test findings, however, favor length of treatment as a positive factor determining the degree of permanency.

Prognosis in Topectomies and Lobotomies Relative to Body Type. N. S. Kline and A. M. Tenney. Pp. 323-325.

In a series of twenty-nine schizophrenic patients, Kline and Tenney compared the results after topectomy or lobotomy with body type. They felt that there was a decidedly better prognosis when either operation was performed on a mesomorph rather than on a nonmesomorph. In their series the prognosis for a favorable outcome in a nonmesomorph was less than one in ten whereas four out of five mesomorphs obtained good results.

LEO RANGELL

Journal of Nervous and Mental Disease. CXII, 1950.

The Effects of Direct Interrupted Electroshock on Experimental Neuroses. Jules H. Masserman, Alex Arioff, Curtis Pechtel, Harold Klehr. Pp. 384-392.

Nine cats were trained; two developed spontaneous experimental neuroses, while experimental neuroses were induced in the remaining seven. EST was administered using the Leduc current in an effort to compare results obtained with the sixty-cycle alternating current (conducted on other cats in previous experiments). The observations made and recorded during these experiments support the conclusion that EST disintegrates complex normal and neurotic patterns. The Leduc current does this to a lesser degree than the sixty-cycle current. It appears that 'the effects of various forms of EST on neurotic patterns correspond to the degree of concomitant disorganization of both "neurotic" and "normal" behavior'.

Cytologic Changes in Cells of Thalamic Nuclei in Senile, Paranoid and Manic Psychoses (The Significance of the Dorsal Thalamus in Psychoses). James W. Papez and J. F. Bateman. Pp. 401-403.

In two and one half pages Papez and Bateman report that in thirty-one psychotics in which the thalamus was examined histologically postmortem they found cytologic changes in the thalamic nuclei. The specimens showed disease of the cortical cells associated with all manner of nuclear disease in the thalamus. These findings are of extreme interest even though the report does not give detailed information concerning the clinical pictures dealt with. The authors seem to think that it suffices to give generalizations of the clinical

pictures and to report the concomitant pathology and then to conclude that psychoses 'may be interpreted as functional expressions of thalamic and cortical disease in varying pathologic patterns or combinations'. The obvious pitfall of this type of conclusion concerning a one-to-one causal relationship lies in the facts that 1, the clinical cases seemed to have all been deteriorated cases and 2, the pathology might follow the loss of function rather than vice versa.

Thyroid Function in Mental Disease. Karl Bowman, Earl R. Miller, Morris E. Dailey, Alexander Simon, Berdeen Frankel Mayer. Pp. 404-424.

The stated objectives of this paper are to answer three questions: 1. Is thyroid function normal in patients with mental disease? The function was measured by four tests reflecting different aspects of thyroid physiology: basal metabolic rate, serum protein-bound iodine, radioactive iodine and plasma cholesterol. 2. How does this compare with test results in patients with known thyroid disease? 3. Is there any difference in test results in patients with different types of mental illness?

The patients studied were classified as schizophrenic, manic depressive, mixed psychoneurosis, and controls. Recognition of the scientific difficulties inherent in the interpretations of the findings permits the authors the following careful statements in answer to their three questions: 1. The pattern of the four tests is significantly different in the mental illnesses despite the fact that the test results fall within the normal range. 2. Thyroid function in the psychoses is significantly different from that found in thyroid disease. 3. Thyroid function is different in schizophrenia, manic depressive psychosis, psychoneurotic patients, and normals. The pattern of the test results are different, with many seeming inconsistencies. No attempt is made in this paper to make spurious causal relationships—it is an attempt to obtain some reflection of thyroid function in various mental states.

The Psychology of Gesture. Gregorio Marañón. Pp. 469-497.

In this paper Marañón begins with a definition of 'gesture' and then permits himself many different types of remarks concerning the gesture in individual and group life. Organized as a scientific paper, it is essentially an essay. As a scientific paper, it is a poor essay; as an essay, it is a poor scientific paper. However he does explore some of the characteristics of gesture on a rather superficial descriptive level (even though at times he calls upon Freud's explanations of mass psychology). There can be no doubt that the author is a keen observer of life and as such can certainly permit himself the luxury of setting down on paper his observations and conclusions and even end his paper with what must be his own *Weltanschauung*: 'To liberate us once and for all from the dominating gesture of the tamer, there is need for every man to set up within his inner consciousness his own dictator'. But loose psychological concepts applied to political, social, and individual life can be meaningful and persuasive only to those who are moved by the 'gesture' inherent in the written

word as found in a scientific journal. Nowhere is there any evidence that Marañón appreciates the significance of the gesture as a magical act, as is understood psychoanalytically.

VICTOR CALEF

Journal of Personality. XIX, 1950.

Value of Isolation Rigidity in Maintaining Integration in Seriously Disturbed Personalities. Seymour Fisher and Rhoda Fisher. Pp. 41-47.

The life history data of each of sixty-six paranoid schizophrenics were evaluated to determine the degree to which each subject had been socially withdrawn before his psychotic breakdown. Each subject's present level of personality integration was determined by an evaluation of his clinical symptomatology and also by means of Rorschach evaluation. It was found that 'self-sealing-off' from socialization with others was not characteristic of the prepsychotic adjustment of the paranoid schizophrenics in this group. Those subjects who had relied most on social isolation for defense before their psychotic breakdowns were, both in terms of symptomatology and Rorschach evaluation, less disorganized than those who had not relied strongly on social isolation. Rigid self-isolation therefore appears to have high protective value for seriously disturbed personality structures.

Breast Feeding and Character Formation. II. The Etiology of the Oral Character in Psychoanalytic Theory. F. Goldman. Pp. 189-196.

One hundred adult subjects rated themselves on nineteen 'oral pessimism' character traits. These ratings were correlated with the time of weaning from the breast. A statistically significant correlation was obtained indicating that weaning during the first four months of life tends to be associated with a conscious self-image that emphasizes 'oral pessimism' character traits in adult life. Adult subjects weaned late, that is, after nine months, tend to see themselves as relatively weak in 'oral pessimism' traits.

ROY SCHAFER

Mental Age Changes in Experimental Regression. Theodore R. Sarbin. Pp. 221-228.

Nine college students who had taken an intelligence test at the age of eight or nine, and who were found to be hypnotizable by the author, took the same intelligence test over again under two different conditions: in a state of hypnotic regression to the approximate age at which the test was originally taken, and in a waking state with instructions to imitate the performance of an eight or nine year old on the test. Comparisons of the two college-age records (in and out of hypnosis) with the original record indicate: 1, under both experimental conditions, consistent overestimation by several years of the level of performance of an eight or nine year old; 2, a consistently closer approximation to the original level of performance when the subject was hypnotically regressed than

when he was acting in the waking stage; 3, the best hypnotic subjects most closely approximated their original level of performance.

Journal of Abnormal and Social Psychology. XLV, 1950.

Theoretical Considerations Concerning the Scope and Limitations of Projective Techniques. Anneliese F. Korner. Pp. 619-627.

Korner concerns herself principally with the problem of the prediction of concrete behavior from projective test results. She points out that tests merely elicit behavior, that any conclusion derived from the test results is by way of inference, and that such inference from test data is bound not only by the extent of the interpreter's familiarity with psychodynamic principles but also by the limits of our present-day knowledge of such principles. Ego psychology has yet to spell out all the innumerable variables at work in the process of an individual's reality adaptation to a need, the interaction of these variables, and the mechanics of ego synthesis. Allowance for fate must also be made. Projective techniques indicate major potential modes of reaction and often only latent pathology; improved methods of assessment of defense from test results are required. It is therefore unrealistic for psychiatrists and presumptuous for psychologists to expect highly specific and accurate predictions based on the inferences from test results.

ROY SCHAFER

Psychological Review. LVII, 1950.

Contributions to Role-Taking Theory: I. Hypnotic Behavior. Theodore R. Sarbin. Pp. 255-270.

While thinking essentially in nonpsychoanalytic terms, Sarbin concerns himself with ego aspects of hypnosis. Basing his argument on analogy between role-taking in the drama and in hypnosis, he postulates that hypnotizability depends upon favorable motivation (congruence between the subject's self-concept and the role of the hypnotic subject), the perception of the hypnotic role, and a postulated role-taking aptitude which is probably dependent upon or continuous with the ability of the subject to use 'as if' formulations. The discontinuity of behavior between the hypnotic and normal waking state and the automaticity of hypnotic behavior are apparent but not real: they can be understood in terms of the subject's perception of the hypnotic role, of the degree of participation of the self in that role, and of his facility in 'as if' behavior.

ROY SCHAFER

British Journal of Medical Psychology. XXIII, 1950.

The Psychology of Insulin Coma Treatment. R. D. Scott. Pp. 15-44.

It is the threat of physical death which is the psychologically important factor in insulin coma treatments. The closer the patient is brought in reality

to death, as in nearly irreversible comas, the better are the results. Not only death but rebirth plays a role in the patient's mind. Because of the themes of death and rebirth, insulin treatment parallels initiation ceremonies.

KENNETH MARK COLBY

The Personality of Dyspeptics, With Special Reference to Gastric and Duodenal Ulcer. Max Hamilton. Pp. 182-198.

This is a statistical, comparative study done on four groups of patients, each group containing fifty members. The four groups studied were: 1, duodenal ulcer; 2, gastric ulcer; 3, nonulcer dyspepsia; 4, control series. All the patients were males. The age level, marital status, number of children, social group, supervisory status, length of illness, age of onset, position in the family, the effects of worry, the clinical diagnosis, and the body habitus are all recorded, compared and analyzed statistically. A personality inventory was devised for the study and also subjected to statistical evaluation. The evaluation of the results obtained is carefully stated. It appears that the group of nonulcer dyspepsia can be discriminated by anxiety, guilt, dependence, and inability to deal with difficulties. Hamilton believes that this cluster or syndrome is like an anxiety neurosis and implies that the nonulcer dyspeptic is essentially an anxiety neurotic. The duodenal ulcer group showed less of these characteristics than the dyspeptic group and the gastric ulcer group less than the duodenal ulcer group. The controls showed least of all. The gastric ulcer group was differentiated from the duodenal ulcer group by a greater dependence, perfectionism, and an inability to work intensively. The two ulcer groups were more independent but less able to work hard than the two nonulcer groups.

Periodicity: Guy Fawkes Day. W. S. Inman. Pp. 220-222.

Inman has previously reported on periodicity and in this paper takes up the subject again briefly in the same delightfully artistic and yet careful manner of his previous communications. Here he tells us that the English holiday known as Guy Fawkes Day celebrates by fireworks the anniversary of an attempt to blow up the Houses of Parliament on November 5, 1605. Guy Fawkes was the ringleader of the conspirators.

One of Inman's patients sustained an attack of glaucoma on this particular holiday and was operated upon. Inman says of this man, 'Whilst murderous methods were abhorrent to his Christian character, nevertheless I think that on 5 November, as he dwelt upon the sacrilegious attempt to interfere with the Church's ancient privileges, he unconsciously saw eye-to-eye with the man (Guy Fawkes) who long ago had dared so much'. The second patient suffered from a spontaneous subconjunctival hemorrhage (innocuous, though extensive) on the same holiday. It was also the birthday of the patient. The hemorrhage occurred while he was cutting down and gathering wood from a tree that had been his deceased mother's favorite fruit tree (a damson). The author tells these two stories and supplies sufficient, though brief, detail to throw considerable doubt upon the possibility of coincidence. He implies that in the first

patient the repressed hostility and in the second patient the œdipus conflict play a role in the production of the somatic illness on the particular day of occurrence. However, he realizes and points out that what needs to be explained is why and how the emotion is directed to the eye and that the relationship of the somatic occurrence to the time factor is not known and needs to be studied.

VICTOR CALEF

British Journal of Psychology (General Section). XLI, 1950.

Psychopathology and Social Psychology. Part III. Hierarchies of Interests. J. T. MacCurdy. Pp. 1-13.

This is an attempt to articulate an important area within the realm of ego psychology—the area of interests. Personality, MacCurdy maintains, is in large part a matter of the relative value placed upon interests which are widely distributed. Criteria other than self-ratings which may be employed to assess the relative importance of different interests of the individual are: degree of compulsiveness, intensity of emotional reaction, response to conflicts of fealty, effect on moral judgments, and level of psychic 'reality' of beliefs associated with interests. Gradations in the strength of the feeling of the 'reality' of various beliefs greatly influence the effectiveness of communication and the extent of mutual understanding between individuals and between groups.

Emotional Attitudes Toward the Family of Normal, Neurotic, and Delinquent Children. Lydia Jackson. Pp. 35-51 and 173-186.

By means of a specially designed variation of the Thematic Apperception Test, comprising six pictures which emphasize various aspects of relationships between parents and children, between siblings, and between the family and strangers, the emotional attitudes toward the family of three groups of children were studied. One hundred and ten children between the ages of six and twelve, matched for age and IQ, were included. The results, tested as far as possible for the statistical significance of group differences, bear out expectations derived from clinical experience. The normal children were more realistic, integrated, conventional, optimistically and constructively oriented with respect to human relationships, more self-assertive and less fearful, free to acknowledge some ambivalence in important relationships, and relatively balanced in their centrifugal and centripetal orientation to the family group. The neurotic children were more unrealistic, sado-masochistic, fearful, and suspicious in their orientation toward their parents, siblings, and strangers, and unconsciously primarily centripetal in orientation toward the family group. The delinquent children were unconsciously primarily centrifugal in orientation to the family group; they resembled the neurotic children in their unrealistic outlook but showed an increased emphasis on the badness of children and the severity of punishment and rejection by the parents. They tended, however, to deny the hostility of the children toward parents and siblings. They also tended to feel shut out and isolated, and differed significantly from the neurotic children in their generally greater detachment in interpersonal relationships. Other dynamic

trends and the implications of the findings for psychotherapy are discussed in connection with qualitative analyses of illustrative test responses.

ROY SCHAFER

Journal of Mental Science. XCVI, 1950.

The Psychology of Electric Convulsion Treatment. R. A. Sandison. Pp. 734-744.

The feelings of six patients about being shocked electrically are sketched. In schizophrenia, 'ECT destroys . . . [the] fantasy world and restores feelings at a higher level than the instincts'. What Sandison means by instincts is not clear, though he states 'consciousness and civilization have brought emotion and instinct close together'. Fear is a necessary aspect of the treatment but it is not the treatment itself. The sudden loss of consciousness and nearness to death with temporary cessation of respiration are the psychologically important factors.

A Psychoanalytic Approach to the Treatment of Patients in Groups. Henry Ezriel. Pp. 774-779.

This is an outline of the technique of interpretation used by the leader of a multibody group to solve the three-body (oedipal) problems of its individuals. Only 'here and now' interpretations are made. Though the manifest content of discussions in groups may concern any topic, there is an underlying common group problem which represents the dominant unconscious fantasies of all members. 'Each member projects his unconscious fantasy objects upon various other group members and then tries to manipulate them accordingly.' Interpretations are directed primarily to the common group problem and to any individual only in so far as two things can be shown him, (a) how his behavior represents his specific way of coping with the common group problem; (b) why he acts in this way in preference to other ways. A fascinating example is given of a group which discussed politics and the exploitation of workers by a factory owner immediately after a member of the group accused the leader of favoring a female patient.

The Origin of Head Banging. A Suggested Explanation With an Illustrative Case History. Joan FitzHerbert. Pp. 793-795.

Head banging is an attempt on the part of the child to recreate the happy period when he is nursing in his mother's arms and feeling her heart beat against his head. It also expresses his fury at a frustrating mother whose rhythmic heartbeat seems a thrusting attack and he bangs back in retaliation.

KENNETH MARK COLBY

Revista de Psicoanálisis. VII, 1949-1950 (Buenos Aires).

Journey to the Center of the Earth. Marie Langer. Pp. 3-9.

Langer presents an analytic interpretation of the Jules Verne novel. The story is that of a timid young man who deciphers an old document giving

instructions for reaching the center of the earth. Though afraid to follow the instructions, he is spurred on by his uncle and by his beautiful cousin, whom he secretly loves, and succeeds in the adventure. Langer suggests that Jules Verne's underlying fantasy is that of re-entering the mother's womb, being reborn, and achieving sexual union with the love object—Mother Earth.

The Origin of Clothes. Angel Garma. Pp. 192-220.

This article was published in *This QUARTERLY*. Cf. XVIII, 1949, pp. 173-190.

Some Aspects of Interpretation in the Psychoanalysis of Children. Elisabeth Goode. Pp. 221-247.

The technique used in the analysis of children is not fundamentally different from that used with adults, even though special means are used to reach the same goal. With children, games and drawings supply the material obtained mostly by verbalization in adults. Children display as much resistance as adults. The child's ego, not yet fully developed, is more subject to unconscious control and this makes 'deep' interpretations more feasible. It is important to interpret material on the level on which it is being presented by the patient. Goode agrees with Melanie Klein that children under five develop a full transference neurosis and that it is essential that the negative transference feelings be analyzed. Analysis in puberty shows similarities to that in early infancy both in content and in the fact that in both periods the ego is weak in relation to the libidinal forces it must handle. Here also it is necessary to make deep interpretations in order to diminish anxiety and avoid a flight from analysis. The ego in latency has greater success in defending itself against instinctual pressures. As in adult analysis, in latency it is necessary to overcome defenses before any deeper interpretation will be effective. Detailed excerpts from several cases are presented to illustrate these points.

DAVID KAIRYS

The Myth of the 'Roasted Child' Marie Langer. Pp. 389-401.

In June 1947, there circulated widely among the population of Buenos Aires a story about a roasted child. There were nine variations, differing from one another only in minutiae. The story is, in brief, that the servant of a young married couple takes advantage of their absence to kill and cook their infant son and on their return serves him to them on a platter. The mother goes mad, the father shoots the servant and either flees or kills himself. This terrible story was believed by large numbers of people and Langer considers it a 'modern myth'. It is compared to the classic myth of Tantalus and to comparable tales in other cultures. In modern times cannibalistic fantasies which underlie the myth are commonly found in analytic experience, and Langer discusses some of the ramifications of these fantasies which have an oedipal as well as an oral significance.

BERNARD BRODSKY

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Notes

Paul Goolker

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NOTES

The 1952 regular Annual Meeting of THE AMERICAN PSYCHOANALYTIC ASSOCIATION was held at the Chalfonte-Haddon Hall Hotel, Atlantic City, New Jersey, on May 8-11. Thursday, May 8, was devoted to an all-day meeting of the Executive Council at Haddon Hall. The Board on Professional Standards met Thursday evening, May 8th, and Friday morning, May 9th, at Haddon Hall. The Annual Business Meeting of Members took place at the Chalfonte Hotel at 10:30 A. M. on Sunday, May 11th. The scientific sessions were held on Friday afternoon and all day Saturday and Sunday. A reception and cocktail party was scheduled from 5 to 7 P. M. on Friday and a dinner dance was arranged for Saturday evening.

A TESTIMONIAL DINNER IN HONOR OF DR. CLARENCE P. OBERNDORF was given on February 15th, the eve of his seventieth birthday, at the Waldorf Astoria Hotel, New York. The dinner, attended by three hundred fifty guests, was arranged by a group of Dr. Oberndorf's close friends under the chairmanship of Drs. Dudley Shoenfeld and Sandor Lorand. Prominent among those who gathered were many leaders in the psychiatric and psychoanalytic fields, co-workers of Dr. Oberndorf in his varied psychiatric and community activities, and many other friends including alumni of his college.

The spirit of celebration and appreciation for the guest of honor was heartily expressed by Dr. M. Ralph Kaufman, who acted as Toastmaster, and the speakers who included Dr. Leo Bartemeier, Dr. Bernard Glueck, and Mr. I. Howard Lehman.

The pioneering work of Dr. Oberndorf in helping to introduce psychoanalysis in the United States was recalled by Dr. Bartemeier. Continuing the appraisal of the guest of honor's work, Dr. Glueck stressed his sense of responsibility as contributor and leader in psychiatry and psychoanalysis. Dr. Oberndorf's contribution to the community, especially in the field of caring for deprived children, was eloquently presented by Mr. Lehman, former President of the Jewish Child Care Association of New York. Dr. Marion E. Kenworthy graciously gave the toast of the evening.

Closing the program, Dr. Oberndorf told characteristic anecdotes to illustrate his personal philosophy of psychiatry and psychotherapy, emphasizing the limitations as well as the accomplishments in those fields.

Two especially leather bound editions of Dr. Oberndorf's books, 'The Psychiatric Novels of Oliver Wendell Holmes' and 'Which Way Out', were presented to him as a token of the deep appreciation of all those present at the dinner.

PAUL GOOLKER

On March 5, 1952, the ISAAC RAY MEDICAL LIBRARY was dedicated and opened at Butler Hospital in Providence, Rhode Island. Around a valuable nucleus of books on medical psychology from the libraries of Isaac Ray, M.D., G. Alder Blumer, M.D. and other former superintendents, it is hoped that an unusually good working collection will eventually be assembled—totaling up to 10,000 volumes. So that the library will be equipped to meet more than local needs, it is planned to compile a union catalogue of holdings of other psychiatric libraries in this country, making the library a valuable research instrument for psychiatrists elsewhere.

The project was conceived by Dr. Gregory Zilboorg, consultant in Research and Psychotherapy at Butler Hospital, and received generous support from the Aquinas Fund. Its new and attractive quarters were designed and built entirely by hospital personnel.

At the dedication, Dr. Leo Bartemeier and Dr. Gregory Zilboorg were the principal speakers.

At the annual business meeting of the AMERICAN PSYCHOSOMATIC SOCIETY, held March 29, 1952, the following took office: Sydney G. Margolin, M.D., President; George L. Engel, M.D., President-Elect; Fredrick C. Redlich, M.D., Secretary-Treasurer. Elected to the Council were: David T. Graham, M.D., George C. Ham, M.D., Erich Lindemann, M.D., Milton Rosenbaum, M.D.

ERRATUM. This QUARTERLY, Volume XXI, No. 1, January 1952, p. 133. In the last paragraph the sentences, 'At Mt. Sinai Hospital our analytic studies of ulcer patients and of patients with gastric fistuli tend to confirm Garma's psycho-analytic studies. Because our patients were simultaneously studied physiologically . . .', should read: 'Our psychoanalytic observation of ulcer patients and of patients with gastric fistuli tend to confirm Garma's psychoanalytic studies. Because our fistula patients were simultaneously studied physiologically. . .'.