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Edith Weigert

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CONTRIBUTION TO THE PROBLEM OF TERMINATING PSYCHOANALYSES

BY EDITH WEIGERT, M.D. (CHEVY CHASE, MARYLAND)

Is there a definitive end to a psychoanalysis? This question was raised in 1937 by Freud *(1)*, as it had been ten years earlier by Ferenczi *(2)*. We know that the unconscious is timeless. All attempts to force the analytic experience into the boundaries of time interfere with the optimum of relaxation that favors the process of self-revelation by means of free associations. Ferenczi postulated that treatment has better prospects of quicker results, the more 'endless' time there is at our disposal. In his later years Ferenczi disapproved setting a date of termination to accelerate analysis as he had become dissatisfied with the results: 'As long as the patient wants to come, he belongs in analysis' *(2)*. On the other hand, Ferenczi admitted that some patients misuse this timelessness.

The psychoanalyst has a double function. He is not only the advocate of the repressed or dissociated instinctual impulses; he is also the representative of reality who tries to re-educate the patient to an optimal reintegration in reality. In his own mind he forms and reformulates in a flexible learning process an estimate of how the patient may function after the termination of the analysis with his instinctual resources largely restored. Whenever analysis does not end by default for rational or irrational reasons—and there are many which do—the analyst has the responsibility of clarifying in his own mind the goals and indications for terminating analysis, not with the intention of forcing his convictions on the patient, but with the hope of arriving gradually at a mutual agreement about this aim.

Since the patient frequently enters psychoanalysis with the

Read before the midwinter meeting of the American Psychoanalytic Association, December 1951.

wish to rid himself of disturbing symptoms, it would be natural for both analyst and analysand to judge the disappearance of symptoms as the indication for terminating treatment. However, symptoms often disappear rather early in analysis, in response to a positive transference, without deeper changes in the structure of the character. Symptoms may reappear in phases of negative transference or, even after profound changes of character, they may be remobilized to prevent the ultimate separation from the analyst.

Freud doubts whether even a deep character analysis can always prevent the return of neurotic symptoms under the pressure of frustrating life circumstances *(1)*. Psychoanalysis cannot immunize a patient in every case against future hardships which may mobilize old or new conflicts, since analysis can only deal with actual conflicts which have emotional urgency now and here. Freud considered analysis, therefore, as potentially interminable. Well known is his recommendation of a psychoanalytic refresher every five years for psychoanalysts on whom the fate of so many patients depends and who are exposed by the nature of their work to more than the usual stresses and strains.

Continuation of or return to analysis can only be profitable if the analysand feels disturbed, if he suffers from symptoms, anxieties, some degree of discontent, or from a sense of unfulfilled potentialities. The fact that he may disturb others who wish him to change is seldom a sufficient incentive to further analysis, unless such disturbance reactivate his own.

If termination of analysis has to be decided not upon disappearance of symptoms but upon the depth of characterological change, we must fall back on the ideal of mental health, the value of maturity, the standards of adaptation to reality. These concepts are rather vague and ill-defined. In a neurotically confused culture such standards are far from uniform. The concept of 'adjustment to reality' particularly can be interpreted in almost as many varieties as the theological concept of 'being at peace with God'. There is not even agreement about the value of mental health. An outstanding theologian told a

group of psychoanalysts that he wished some broadening neurotic experience for some of the 'normal' representatives of our culture. I have heard Zilboorg, among others, express doubt about the value of a smooth adaptation without conflict to our neurotic cultural environment. Least of all does the complacency of being 'normal' befit the analyst who should understand firsthand what his suffering patient is talking about. It is, of course, mandatory that his own neurotic suffering no longer interfere with his work. But a static, emotional equilibrium, more or less opportunistically oriented toward conformity with general standards, is not a vital response to neurotic suffering. The psychoanalyst needs a dynamic equilibrium which allows him to accompany the patient into the hell of anxieties, tensions and conflicts without undue reservations of self-protection, and to recover anew his inner balance each hour, each day.

In spite of all the uncertainties that attend evaluation of the termination of analyses, I am in accord with Ferenczi's conviction that psychoanalysis is not an interminable process; that it has its natural end even though, like Ferenczi, I cannot count many completed analyses in a practice of some twenty years. I believe that the end of an analysis can be determined only by the analyst and the analysand. Standards have to be carefully adapted to individual needs; rules and regulations, particularly in terms of time and frequency, can easily become crippling impositions.

Psychoanalysts have, however, a very refined instrument, in the observation of the transference and the countertransference, for measuring the end phase of analysis. We know that the resistances of transference disappear toward the end of a successful analysis and that a greater spontaneity between analyst and analysand is established.

The spontaneity of the analysand is only possible if he no longer feels compelled to please, to placate, to test, or to provoke the analyst. Ferenczi asserted that free association in an ideal sense is possible only toward the end of analysis. As long as the analyst has still the function of an 'auxiliary superego', each

renunciation of an instinctual striving, each acceptance of displeasure or pain by the patient will be necessarily accompanied by a sense of untruthfulness or hypocrisy; the patient's morality is still opportunistic, not genuine. Whenever the analysand is able to be completely candid and spontaneous the resolution of the transference and the termination of analysis are approaching.

There are plausible reasons why in the last phase it is especially difficult to achieve and maintain analytic frankness. The termination of analysis is an experience of loss which mobilizes all the resistances in the transference (and in the countertransference too), for a final struggle. Termination of analysis can be compared to a difficult landing maneuver in which a whole crew of libidinal and destructive forces are on deck and in action. Every step forward in the patient's real life—as well as in his analysis in which he catches up with his incomplete development—implies a painful loss: the desires and gratifications of yesterday have to die that today can be fully lived. That holds true from weaning through all the learning processes of the growing ego. Graduation from analysis is a seriously painful loss which calls forth the labor of mourning. In all neurotic patterns, the patient has habitually avoided this labor.

Recently Adelaide Johnson *(3)* described the terminal conflict of analysis as fully reliving the œdipus conflict in which the quest for the genitally gratifying parent is poignantly expressed and the intense grief, anxiety, and wrath of its definitive loss are fully reactivated. Such a terminal reliving of the œdipus conflict in the transference is important because therewith residual unconscious pregenital wishes and fears have become remobilized and deprived of their disguises as aim-inhibited genital strivings. Unless the patient dares to be exposed to such an ultimate frustration he may cling to the tacit permission that his relation to the analyst will remain his refuge from the hardships of a reality that is too competitive or too frustrating for him. By attuning his libidinal cravings to an aim-inhibited, tender attachment to the analyst as an

idealized parent, he can circumvent the conflicts of genital temptation and frustration.

Toward such an analytically disingenuous compromise in the transference—which makes analysis truly interminable—gravitate particularly those patients whose egos were weakened by pregenital conflicts; those who had never in childhood fully reached the level of the œdipus conflict. They may have found in the analyst the first understanding, permissive person, one who could not be provoked or antagonized by temper tantrums or stubborn withholding. The analyst has thus alleviated feelings of guilt about pregenital transgressions. Even this dissolution of infantile guilt which has strengthened the patient's ego does not always permit him to dare go further in his striving for natural and unconstrained independence. Gratitude toward the analyst sometimes reinforces the resistance of a tender, dependent transference which keeps the genital and hostile potentialities of the transference in fusion and abeyance.

Freud described the most typical forms of resistance against termination of analysis as first, the neurotic man who does not dare fully to face competition with other men because of the threat of castration anxiety; second, the incurably neurotic woman who will not relinquish her infantile claim for a penis. Both types cling to a narcissistic claim for bisexual omnipotence and an all-gratifying mother at the expense of a mature integration of the ego.

A patient may discover in analysis the malevolence of the 'bad', the depriving mother of infancy and early childhood, and may hate and reproach her without fearing uncanny retaliation from her magic omnipotence; but he can take such daring steps only from the protected harbor of analysis, using the analyst as the magically 'good' mother. He may still unconsciously expect the analyst who helped him to surmount the magic malevolence of the early mother to continue to protect him against the hardships of reality for which unconsciously the demonic mother has been held responsible.

It is an analytic commonplace that treatment has to be carried out in an atmosphere of abstinence as well as tolerance;

that infantile claims must be permitted to appear in the transference but not gratified so that the negative transference can be worked through. Narcissistic claims, however, appeared to be unanalyzable in the early days of psychoanalysis. Only recent progress in analysis of the ego and analytic experiments in the treatment of psychoses give us hope that we may learn to resolve these narcissistic resistances which interfere with a true completion of analysis.

In the terminal phase of each analysis, facing the separation from the analyst, the patient becomes more aware of his narcissistic fixations, his unconscious adherence to an eschatological hope for an all-gratifying mother, a particularly tenacious resistance of the 'all or nothing' type which defies disillusionment. The maternal type of analyst, particularly, who has been most helpful in rebuilding a poorly integrated ego frequently meets such resistance to the dissolution of the transference. The unconscious expectation of the patient is that the analyst should remain forever the supporter who guarantees a parasitic security.

This unconscious expectation, sometimes concealed by protestations of pseudo independence, is reflected in a belief, widespread also among psychiatrists: 'If only the mother had been truly loving, the neurotic or psychotic tragedy would not have occurred'; or, 'A permissive, harmonious family would have safeguarded the psychological health of the child'. There is, of course, much truth in such popular belief, but it is an oversimplification. It does not take into account such concepts as Freud's '*Triebstärke*'—the constitutional intensity of instincts. This consideration may make us more modest and more realistic in our expectations concerning parents and psychoanalysts. Popular beliefs tend to overburden parents and psychoanalysts with superhuman responsibilities, producing more intimidation than encouragement. A patient may cling to this belief in the 'good mother' as the rationalization against a realistic dissolution of a tender transference; against the final loss of and separation from the analyst; against the acceptance of the loss or the hate of the early mother.

Winnicott *(4)* postulates that even the most loving mother cannot help but unconsciously in some measure hate her newborn infant because of the amount of pain, frustration, self-sacrifice, and threat that are—besides the rich gratifications—implied in its delivery and the care of the infant and the young child. The harmonious, permissive family, says Winnicott, often creates an unrealistically sentimental atmosphere which is intolerant of direct instinctual gratification, and of hate in response to frustration. By this very intolerance the integration of the child's ego is impeded. The child learns the compromise of pseudo resignation, partial repression of instinctual needs, of paying for peace and harmony by partially persisting dependent fixations. Freud says, '. . . the attitudes of love and hate cannot be said to characterize the relation of instincts to their objects, but are reserved for the relations of the ego as a whole to objects' *(5)*. Winnicott characterizes the earliest relation of the infant to the mother, who is not yet a differentiated object, as 'ruthless love'. Only when the ego is more integrated can the child be said to hate; only when the frustrating pain of hate can be endured does the more fully integrated individual learn to love.

Psychoanalysis does not always succeed in tracing infantile instinctual needs to their secret reservations and compromises; in winning them back for the patient's free disposal so that he can strive for direct gratifications, as well as for ideals of sublimation, with a good conscience. The failure to retrace and mobilize infantile instinctual needs is not only due to the patient's narcissistic resistances. There may be fear of the psychotic chaos which threatens to break loose if an infantile all-or-none relationship, the 'ruthless love' of the infant, is remobilized. Not only the patient but the psychoanalyst himself may automatically shy away from the intimate closeness in which such infantile emotional attachments can only be relived. Such closeness is both alluring and threatening. It implies potential temptation and frustration for both analyst and analysand: temptation because in the goal-inhibited tender closeness of psychoanalytic intimacy the infantile longing for

union can be secretly gratified; frustration because this tenderness dissociates the genital component of the attachment, the guilt about its overreaching intentions, and the hatred resulting from frustration. The analyst may tacitly allow the patient to use analysis as a sanctuary, a refuge. Analytic intimacy becomes a compensation for childhood frustrations. At last the patient has found the substitute parent who seems fully to understand him, and in the countertransference the analyst may vicariously enjoy a protective permissiveness that he could never experience in relation to his own parents.

Such an unconscious conspiracy between analyst and analysand represents resistance plus counterresistance against the progress of analysis. Sooner or later, the patient, if his ego is strong enough, will rebel against the sentimentality of such overprotection and overindulgence and break away in protest, or the analyst will become impatient of a stagnating analysis. Annie Reich *(6)* has given a series of examples of such pathological countertransferences which call for further analysis of the analyst, if self-scrutiny cannot resolve the counterresistance.

In discussing termination of psychoanalysis both Annie Reich *(7)* and Edith Buxbaum *(8)* have stressed the possibility of either misjudging or delaying the resolution of the transference because of the countertransference. The patient may be discharged prematurely because of narcissistic, ambitious needs of the analyst, or discharge may be delayed when the analyst clings to the satisfaction derived from the patient's dependency.

I cannot agree with a definition of countertransference which emphasizes only its negative character. It is true, as long as countertransference remains unconscious, that it may function as a hindrance to the analytic process. But, since we assume the analyst's continuous self-analysis during his work, I would like to suggest a definition of countertransference which acknowledges the valuable insight that we gain from it *(9)*. Countertransference is the counterpart of transference. Transference has been recently redefined by Nunberg *(10)* as a projection as well as a tendency to establish identity of old and new

perceptions. In '. . . certain depths of analysis it is difficult to discern between identification and projection'. The patient '. . . is very deeply immersed in his unconscious id; . . . transference is like Janus, two-faced, with one face turned to the past, the other to the present'.

Countertransference has also this twofold aspect. The analyst in his work integrates two functions: first, empathic identification with the patient (by projection and introjection the unconscious of the analyst responds to the unconscious of the patient and to the images of his past); second, re-education for reality (the analyst swings back to detachment and current reality). It seems to be in accordance with Nunberg's concept of transference to define countertransference as *empathic identification with the analysand.* Identification is a more primitive form of relation than the object libidinal relation on the level of genital maturity. In identification the boundaries of the ego are more fluid. On the basis of this empathic rapport, countertransference furnishes valuable direct information about the patient's unconscious. The fluidity of the ego boundaries, however, implies the danger of unrealistic aberrations, particularly if the analyst wanders off from the images of the patient's past into fantasies of his own. It is therefore important that the analyst swing from identification to a differentiating and detached object relationship. Margaret Little *(11)* has pointed out that transference—originally estimated only as an element of interference—has become a useful tool of analysis. She adds, 'If we can make the right use of countertransference, may we not find that we have yet another valuable, if not indispensable tool?'

Throughout analysis it is important to observe correctly the microscopic pendulum swings of the emotional galvanometer to which I would like to compare empathic countertransference. Far from being a nuisance it is the most refined instrument for determining the progress of analysis. Ferenczi *(2)* has taught us that the dissolution of transference, apparent in the uninhibited truthfulness and spontaneity of the analysand, indicates the approach to the termination of analysis. I would like to supple-

ment this with the statement that the resolution of the countertransference permits the analyst to be emotionally freer and spontaneous with the patient, and this is an additional indication of the approaching end of an analysis.

In earlier phases of analysis the emotional freedom of the analyst is restricted by the analyst's obligation to remain neutral, neither prohibitive nor indulgent, any deviation playing into the patient's infantile strivings. Since it is at times difficult to maintain objectivity, the analyst cautiously curbs his spontaneous responses and frequently remains silent whenever the communication of an intuitive insight would be premature and therefore inaccessible to the patient. The patient might, moreover, accept such insight intellectually and reinforce his emotional defenses. During the course of analysis the tact of the analyst, his empathic identification—the function of his sensitive countertransference—is an indispensable guide. It spares the patient's sensitivities as far as unnecessary pain can be avoided; it determines the timing and the depth of interpretations; it offers whatever the analyst sees as the tentative truth, and in such doses that the patient can absorb it at the time. Ideally, tact and truth, identification and objectivity are well integrated in the analyst's work. Wherever tact and truth are in conflict, the primary obligation of the analyst is to remain the objective representative of reality by not misleading the patient into indulgence by identification. On the other hand, interpretations should not strike the patient unprepared.

The tact of the analyst is directed by microscopic countertransference swings in response to the patient's transference which, though automatic and preconscious, are accessible to the self-observation of the analyst who knows, as Ella Sharpe has put it, his personal sources of error, his inclination toward sadistic or masochistic deviations. When the analyst observes that he can be unrestrained with the patient, when he no longer weighs his words to maintain a cautious objectivity, this empathic countertransference as well as the transference of the patient is in a process of resolution. The analyst is able to treat the analysand on terms of equality; he is no longer needed

as an auxiliary superego, an unrealistic deity in the clouds of detached neutrality. These are signs that the patient's labor of mourning for infantile attachments nears completion. The patient steps from an enslaving and crippling pseudo resignation to a liberating acceptance of reality which terminates analysis.

Annie Reich *(7)* has noted that the problem of terminating analyses is aggravated by the fact that '. . . the analyst was hardly ever a real person: he became the recipient of the patient's fantasies. The lack of reality around the analyst makes it impossible to see him with his foibles and weaknesses as an ordinary human being.' The analysand in training to become a psychoanalyst is in this respect better off than the average patient who leaves his analyst definitely. The training analysand still has the opportunity of meeting the analyst in their common work. Therewith the analyst comes down to earth and the analysand corrects his illusions. He is able to complete the unachieved labor of mourning for unresolved infantile attachments after termination of analysis *(12)*.

But why should this work of mourning be postponed until after analysis? The lack of realism and spontaneity in the analytic situation, as Annie Reich *(7)* describes it, counteracts the resolution of transference and countertransference. Only when strict observance of objectivity and detachment on the part of the analyst can be loosened will the patient really feel that he is on his own and is accepted as an equal. This is not possible in those cases where analysis for external or internal reasons cannot reach completion. But whenever the end phase of analysis can be reached it seems important to me that the analyst be more spontaneous, a real human being, whatever vulnerabilities may be revealed in spontaneous, emotional responses. The analyst need not resort to artifices to dispel the patient's illusions about the analyst's perfection: nature prevents trees from growing into the sky, and analysts from attaining perfection.

The patient's achievement of a feeling of equality with the analyst does not occur without resistances. Particularly those patients who had little opportunity to compete with equals, or

those who habitually competed in the reverse fashion by pseudo resignation or masochistic submission, resist the acceptance of equality and the impending loss of the analyst's authority to be defied or obeyed. When termination of analysis is contemplated these patients frequently respond with a recrudescence of symptoms. Such relapses are sometimes accompanied by the unconscious aim: 'I cannot let the analyst have the triumph of curing me'. This is what is called the negative therapeutic reaction.

This danger was accentuated in the terminal phase of the analysis of a woman who had secretly competed intensely with an emotionally infantile mother. The rebellious and seductive father had obviously preferred the daughter to his wife. But the longing for reconciliation with the mother had frequently interfered with the daughter's success in life. The mother could neither hate nor be hated. She had endured the estrangement from her husband with the sentimental righteousness of an innocent child who had God on her side. The patient could only win her over by pseudo resignation, by denying her own intelligence and her emotional and sexual needs. 'If mother only knew', had been the secret anxiety of her life.

Though the patient's cruel superego had become much more tolerant and the ego strengthened by working through the œdipus conflict, a plan for terminating the analysis threw her into regression with a return of symptoms. It became obvious that she competed with me by self-defeat. The intensity and impetuosity of the patient's emotions in this regression had a different effect on my countertransference from the earlier phases in which I had reacted to her narcissistic vulnerability with cautious neutrality. I no longer felt compelled to maintain complete objectivity. The patient's mother had not been able to tolerate her own or her daughter's hate. It seemed important, and not only theoretically, to puncture the illusion that honest expression of negative emotions destroys a relationship. The narcissistic withdrawal into sentimental pseudo resignation had to be attacked. I not only interpreted the

purpose of the regression—to defeat me by defeating herself—but showed frank disappointment and anger about this destructive form of competition. I admitted that I was provoked and worried, that I was afraid I might lose the competitive battle, and that she might leave with partial intellectual insight and a negative therapeutic reaction. My anxiety and anger was each time of short duration, and I resumed the analytic work with increased insight. I never lost my good will toward the patient and my belief that we could work through the terminal resistances. If I had remained disturbed or angry it might have been damaging to a patient who was already so prejudiced against her own hatred which barricaded the access to her yearning for reconciliation.

Naturally the countertransference needed the same detailed interpretation as the clarification of the transference. Additional self-analysis, which exceeds the direct analyst-analysand relation, is not appropriate in the doctor's office especially if the patient at times would like to turn the tables.

The spontaneous expression and interpretation of my countertransference had first a shocking, then a liberating effect. The shock was due to the disillusionment: the psychoanalyst is not perfect. The need for the perfection of the analyst was inevitably strong in a patient who had been exposed to a more than usual number of imperfections in her father and to the pretense of perfection in a mother who did not dare to hate and love.

The frank avowal of my reactions had the liberating, beneficial effect of a mutative interpretation for several reasons *(13)*. First, the patient experienced it as a sign of trust that I dared to express my emotions to her; that I no longer maintained the rigid self-discipline by which her mother had made her feel guilty and inferior. Alexander *(14)* has noted instances in which it is important that the analyst react differently from the parent when habitual conflicts are repeated in transference. The patient sensed that her trust in analytic authority had features of infantile trust in magic, transcendent power. Against this infantile trust of oral greed and dependency arose the anal

protest of defiance which had made her afraid of passivity and her own femininity. The patient became aware that she was longing for a more mature form of trust. Second, venting the emotions of countertransference gave the patient the courage to come out herself with some intensely destructive impulses which had been kept in repression by a magic system of expiating self-punishment. Beyond this painful discovery loomed the possibilities of real reconciliation. Third, competition lost the desperately tragic aspect which had pushed her into the narcissistic defense of pseudo resignation as if she did not care to succeed. With the discussion of terminating analysis, this form of competition entered into the transference as the threat of a potential negative therapeutic reaction. Afraid that she was too strong, too intense, too violent for me—as she had found her mother too aloof, too weak, too scared with a problem child—as long as she assigned to me the role of the detached parent whom she could please or placate by the magic of pseudo resignation—sincere resignation could not yet be integrated into her personality. She could still cling to claims of infantile omnipotence. My anxiety and anger showed that I really cared, was eager to succeed with her; but my quick recovery from such disturbance indicated that I could not be made desperate by defeat; that I could accept it if necessary and go on trying to succeed with her.

At the termination of analysis, both analysand and analyst experience sadness and relief. Beyond all suspicions, accusations, threats of revenge, envy and jealousy which made the child originally feel hopelessly bad, there returns from repression genuine affection, gratitude and tolerance, not only toward the analyst whose countertransference was sometimes painful and not always useful, but toward the parents who can also be regarded with greater tolerance and forgiveness. They, too, have been victims of neurotic tragedy. The patient who has sometimes complained, 'What is the use of changing if my parents do not change, my husband or my wife does not change', not infrequently discovers with surprise that the benefits of his

own changes have favorably influenced his environment. One step removed from the analytic process, the parent or spouse has participated in the experience of insight and its liberating effects.

I am convinced that the truth of psychoanalysis has to be experienced; it cannot be indoctrinated. Indoctrination and unscientific battles are a sign of unresolved transference and countertransference.

SUMMARY

The resolution of the countertransference is presented as a means of determining the approaching termination of psychoanalysis. The disappearance of symptoms is not always a reliable guide, and the ideal goals of mature adaptation to reality can easily become impositions of the superego, which elicit self-deception and pretense. In terminal phases of analyses the resolution of countertransference goes hand in hand with the resolution of transference, which Ferenczi first called to our attention. Countertransference, particularly its empathic aspect, has been more keenly observed in the recent psychoanalytic literature. When the phenomena of transference and countertransference recede, analyst and analysand can be more direct and frank with each other, the psychoanalytic situation is largely cleared of anxieties and defenses against them, and the road is opened for the synthetic functioning of the patient's ego.

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The Meaning of *Déjà Vu*

Eli Marcovitz

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THE MEANING OF *DÉJÀ VU*

BY ELI MARCOVITZ, M.D. (PHILADELPHIA)

An amateur musician, who had been psychoanalyzed and was interested in psychological phenomena, asked me to explain the following experience.

'One evening, in a home I had never before visited, in an apparently indifferent setting, I had an experience of *déjà vu*. A man whom I had then first met was pouring a Martini from a cocktail shaker. As I glanced at him I felt that I had experienced the entire situation before, including all the surroundings in detail. It lasted at most a few seconds, and I thought: "I feel as if I have experienced this before, but I really have not; then perhaps I wish I had; but it cannot be this situation; it must be related to what happened earlier in the evening".'

Earlier that evening, a string quartet of which he was a member had met for their usual informal evening of music. They found an unexpectedly large audience and they had nothing adequately prepared for such an occasion. After the performance, my friend had thought, 'I wish we had known about this before; we would have prepared ourselves better for it'. I suggested that his *déjà vu* must refer to some more important wish, but we were interrupted and unable to pursue this train of thought.

Three days later a patient, whom I had seen only a few times, was talking about her discontent with working as a secretary. She wished she had had some other training, but felt she was now too old. Then she declared none of that was what she really wanted: her daydreams had always been of being a wife and mother, but her three love affairs had not led to marriage. 'I've been typing for years', she continued, 'but I always make mistakes—I always mess things up'. At this point

Read at the meeting of the Philadelphia Association for Psychoanalysis, April 27, 1951.

I interjected, 'That applies not only to your typing. Apparently you feel you have messed up most things in your life.' She was quiet a moment, then said, 'I have a most peculiar feeling of having had exactly this conversation here with you before'. I explained that this was a not uncommon psychological experience. Reminded of my friend's recent experience, I sought to elicit associations; but she could think of nothing directly related, and I did not press her.

She next related two recent dreams. The first involved a school friend, Laura, whom she had not seen for fifteen years. She recalled that she and Laura had alternated acting the same role in a school play. The teacher in charge had stimulated a rather intense rivalry between them. Shortly after graduation, Laura had married a medical student, now a successful physician. The patient at that time had had her first serious love affair, with a medical student who had abandoned her for someone else. She had then first become clinically depressed, and attempted suicide.

The second dream was linked with her second lover—five years after the first. Visiting Max and his wife in the dream, she saw them kiss each other and thought, 'This is a Dear Brutus scene'. The reference to Barrie's play, Dear Brutus, provided the clue. The play is about a group of people who, walking in an enchanted wood on a midsummer night's eve, are given an opportunity to live as they would had they, at a crucial moment in their lives, made different choices. She thought the dream represented what her life would have been had she married. 'It is very funny about Max', she commented. 'Before I knew him, he went for five years with a girl whom he said he could not marry because she was a Gentile; yet, when he was ten thousand miles away from home and his mother, he married a Gentile.'

I noted that her dreams seemed to express a wish for a second chance. She assented quickly, 'Yes, and I wish that I had come here three years ago, while I was still going with Sid'. Following rejection by her third lover, Sid, she had sought treatment for a protracted depression.

Obviously these dreams were associations to the *déjà vu* which had been a reaction to the stimulus of my observation that she seemed to feel she had made a mess of many things. The references were to the three important love experiences in her life with wishes that she could have the opportunity for another chance. Max had had his second chance and married a Gentile girl, which he had been unable to do the first time; and in addition to the basic theme of Dear Brutus, there was the wish that she had sought treatment three years previously.

It came to me at this point that I had the opportunity for making a very interesting speculation which involved a prediction. If my hypothesis were correct, that *déjà vu* expresses the wish for a second chance, then the play, Dear Brutus, with which I was entirely unacquainted, should contain some allusion to it. I found that in the third act one of the characters says, 'I think I have been in this room before'—which is very like the subjective quality of *déjà vu*. Strictly speaking, however, it is not *déjà vu* because the character in the play had actually been in the room before her trancelike interlude in the enchanted forest. The line is spoken as the character returns to the room before recovering from her fugue, that is, while her memory of the room is not accessible to consciousness. It seemed to me that the quotation is close enough psychologically to indicate that Barrie had an intuitive sense of the meaning of *déjà vu*, since the theme of the play is the wish for a second chance.

The next time I saw my friend I reminded him of our conversation and asked if he had any idea why the *déjà vu* should have occurred just at the moment it did. He recalled the scene of the man pouring himself a Martini and his association was of someone urinating; then came the realization that the day before the incident he had had a test for kidney function—a second test in which the result was reported to be more favorable than the first test two months earlier. Here again is corroboration of the premise that one does better with the second chance. There had been the wish that the quartet might have another opportunity, followed by the sight of the man pouring

a Martini which must have become unconsciously associated with the previous day's test when there had been a second chance which proved to be better than the first. Then occurred the *déjà vu* which can be understood as a hallucinatory wish fulfilment with the content, 'If I am living this for the second time, then there *are* second chances, and I will do better next time'.

Like hallucination, *déjà vu* is a false perception; but whereas hallucination is a wish projected and falsely experienced as a perception, *déjà vu* is a wish directed into the past and falsely experienced as a memory. In this respect *déjà vu* is related to screen memory, which also involves unconscious wishful falsification of memory.

Déjà vu represents then a disturbance in ego functioning, and Freud quotes older psychological literature to the effect that *déjà vu* tends to occur in states of fatigue, stress, etc. Speaking of derealization and depersonalization, he states: 'There is another set of phenomena which may be regarded as their positive counterparts—what are known as *fausse reconnaissance, déjà vu, déjà raconté,* etc., illusions in which we seek to accept something as belonging to our ego, just as in the derealizations we are anxious to keep something out of us'.[1]

There have been many explanations of *déjà vu,* ranging from the mystical belief that the experience was lived through in a previous existence to such rational explanations as that a forgotten experience, like the current one, is being vaguely remembered.

Freud[2] states that the feeling of *déjà vu* corresponds to the memory of an unconscious fantasy. Then he reports the case of a woman of thirty-seven who remembered a *déjà vu* when she was twelve, as she had entered the home of a school friend in the country on her first visit. She knew beforehand that her friend

1 Freud: *A Disturbance of Memory on the Acropolis.* Coll. Papers, V, p. 309. *Cf.* also, Feigenbaum, Dorian: *Depersonalization as a Defense Mechanism.* This QUARTERLY, VI, 1937, p. 4.

2 Freud: *Psychopathology of Everyday Life.* In: *The Basic Writings of Sigmund Freud.* New York: The Modern Library, 1938, p. 169.

had an older brother who was seriously ill and in danger of dying. A few months before, her own only brother had been seriously ill and in danger of dying, but had recovered. Freud observes that she might unconsciously have remembered the parallel of her own brother's illness, but instead of recalling what was inhibited through repression, she transferred the feeling of a memory to the locality and merged it into a *'fausse reconnaissance'*; namely, that she had already seen everything exactly as it was. He concludes that what was repressed was the wish for her brother's death which would have left her the only child. Freud continues: 'My own experience of *déjà vu* I can trace in a similar manner to the emotional constellation of the moment. It may be expressed as follows: That would be another occasion for awakening certain fantasies (unconscious and unknown) which were formed in me at one time or another as a wish to improve my situation.' Freud quotes a personal communication from Ferenczi: 'I have been convinced, from my experience as well as that of others, that the inexplicable feeling of familiarity can be referred to unconscious fantasies of which we are unconsciously reminded in an actual situation. With one of my patients, the process was apparently different, but in reality it was quite analogous. This feeling returned to him very often, but showed itself regularly as originating in a forgotten (repressed) portion of a dream of the preceding night. Thus it appears that the *déjà vu* can originate not only from daydreams but also from night dreams.' In this connection, Freud[8] stated: 'There are dreams of landscapes and localities in which emphasis is always laid upon the assurance: "I have been here before". But this *déjà vu* has a special significance in dreams. In this case the locality is always the genitals of the mother; of no other place can it be asserted with such certainty that one "has been here before".'

The waking *déjà vu,* like that of the dream, can represent a wish for union with the mother, both œdipal and preœdipal. In this aspect it represents a regressive wish; but in the portion

[8] Freud: *The Interpretation of Dreams.* In: *The Basic Writings of Sigmund Freud.* New York: The Modern Library, 1938, p. 394.

'to start again with a second chance' we see the drive toward restitution.

Ferenczi [4] later reported an instance of *déjà vu* occurring during the course of an analytic hour. His patient recalled that during the period of her engagement she had dreamed that she saw her fiancé wearing a short toothbrush type of mustache. Just preceding the communication of the dream, she had mentioned how agreeably she was impressed by her fiancé's confession that men did not enter marriage as 'virgins', but after having had various erotic experiences. Ferenczi asked for associations concerning the toothbrush and inquired whether she had found any fault in her fiancé's oral cleanliness. She replied that he had indeed sometimes smelled of a bad stomach. Putting these associations together, Ferenczi suggested that her sensitivity to odors may well have been increased by the unpleasant thought that her fiancé could transmit other women's odors. At this point the patient exclaimed, 'What is happening now has happened already—your words, your voice, the furniture; in this order everything has happened before'. The patient had further associations which led to the memory of her mother's body odor of which she had been conscious whenever she was permitted to be in bed with her.

Ferenczi states, 'I took the dream, the *déjà vu* and the associations as valuable corroborations of a strong (unconscious) homosexual fixation; one of its manifestations was an exaggerated aversion against feminine odors. . . . This case seemed to corroborate the impression of my earlier observations concerning a frequent intimate connection between *déjà vu* and dream, but whereas up to this case I had found such connections only between *déjà vu* and a dream of the preceding night, the present example shows that dreams of a time long past may be related to a present example of *déjà vu*.'

Ferenczi [5] in another short paper finds corroboration for this

[4] Ferenczi, Sándor: *Ein Fall von Déjà Vu.* Zentralblatt für Psychoanalyse, II, 1912, p. 648.

[5] Ferenczi, Sándor: F. Hebbel's Explanation of *Déjà Vu.* In: *Further Contributions to the Theory and Technique of Psychoanalysis.* New York: Boni & Liveright, 1927, p. 422.

latter view by quoting a poem of Friedrich Hebbel called Master and Man. The story is of a young count who unaccountably discharges an old huntsman with the words, 'I have seen the man do ill before, though now I cannot recall the deed and know neither the place nor the hour'. In an ensuing hunt, the old huntsman saves the count's life. The latter, still under the influence of his hostility, threatens to kill the old man. In anger, the old man kills the youth who, as he lies dying, looks around and mutters, 'I saw it thus already in a dream'.

I do not believe Hebbel's poem is relevant because it is not an example of *déjà vu*. The count does not say, 'I feel I have experienced this before', but, 'I have seen the man do ill before', although he is unable to recall where until, dying, he remembers that it was in a dream. This is rather an example of a 'prophetic dream' in which the unconscious fantasy of a dream is acted out in reality. No subsequent waking experience can ever correspond in every detail to a dream. *Déjà vu* carries the conviction of absolute recall; yet one can never identify the earlier experience because it never occurred.[6] Certainly both Freud and Ferenczi are correct that *déjà vu* refers to unconscious fantasies or forgotten dreams, in the sense that the content of all three, *déjà vu,* fantasies, and dreams, has similar problems and wishes; but the characteristic of explicit repetition is explained neither in Freud's nor in Ferenczi's instances. In my opinion the specific characteristic feature of *déjà vu* is that the wish is contained in the *form* of the experience, that is, in the total repetition. The wish is for a repetition, for a second chance, so that the outcome may more closely correspond to a wish.

In Freud's case the wish must have been for a repetition of the experience of her brother's illness, with the wish for a different outcome. This might conceivably have been either a wish that he had died, as Freud indicates, or that the patient had not wished his death—a wish deriving from her guilt. Ferenczi's case could have meant, 'I wish I could have experienced this analysis before', perhaps 'before my engagement;

[6] Freud: *Psychopathology of Everyday Life. Loc cit.*

then the outcome would have been different and I would not have married him'. The patient's associations certainly reveal negative feelings toward her fiancé.

In my patient, the *déjà vu* during the hour signified: 'I wish I had experienced this analysis before'. Later she verbalized the wish that she had begun her analysis three years before. It included too the wish that she could have done something about her difficulties fifteen years earlier at the time of her first love affair, or ten years earlier with Max. She fantasied that if in any of these relationships the outcome had been different, she might have succeeded in getting married and having children.

I suspect, therefore, that the ego does not readily sacrifice its integrity to the point of succumbing to such an illusory experience as *déjà vu,* even though it is such a transitory psychotic episode, unless there is involved something extremely important. In *déjà vu* the perceptual memory functions are distorted by the wish for the turning back of time. It is a regressive method of counteracting disappointment by an attempt to deny the conscious or unconscious conviction that for one's most cherished wishes it is too late; that there can be no second chance.

If *déjà vu* depends on disappointment and the fear that it is too late, one might expect it to occur only in adulthood. However, it is known that *déjà vu* occurs in childhood. I know of such an experience in a child of nine. It is also known that in the course of therapy, children not infrequently present fantasies of rebirth, representing a wish to start over again.[7] Apparently feelings of disappointment and the wish to retrieve the past can occur in childhood as well as in later life.

SUMMARY

The feeling in *déjà vu,* 'I have experienced all of this just this way before', is better understood if it is thought of as *'encore vu'*: 'I am experiencing all of this again; I am having a second chance'. It is an illusory fulfilment of a wish that one could

[7] Pearson, Gerald H. J.: Personal communication.

repeat some previous experience so that one could make the outcome accord better with a desire: 'If it be true that I am re-experiencing this, then I can hope that I will have a second chance to realize some other more important unfulfilled wish'. Latent *déjà vu* wishes occur at various levels of awareness; some are readily available to consciousness; others, more primitive, are deeply repressed.

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René A. Spitz

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AUTHORITY AND MASTURBATION

SOME REMARKS ON A BIBLIOGRAPHICAL INVESTIGATION

BY RENÉ A. SPITZ, M.D. (NEW YORK)

Every culture worthy of the name is based on a social organization and on the norms and values shared by its members. Therefore it must regulate sexual life. The regulation may be pragmatic, with utilitarian aspects, or it may be so highly idealistic as to negate completely utilitarian aspects and lead to self-extinction. But within this wide gamut of possibilities some form of regulation can always be disclosed. Primarily, this regulation involves the function of reproduction in its relation to the group. Inevitably, however, other social institutions sooner or later impinge on sexuality and it is then that regulation of deviant attitudes and deviant sexual practices begin to be imposed.

Such regulations stem from authority, religious or secular, ruling the life of each social system. According to the culture and according to its ideals, it addresses itself to the various aspects of sexuality, that is, to the manifestations of the partial instincts, and to the form in which sexual activity is practiced. Freud states that the earliest such regulations were directed against incest.[1] The function of such prohibitions is obvious. If incest were permitted generally, the ensuing internecine fights would destroy the group. This has been recognized also in modern anthropology.[2] More basic than this function is the

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1 Freud: *Totem und Tabu.* Leipzig-Vienna-Zurich: Int. Psa. Verlag, 1924, pp. 5, ff. (Trans. by James Strachey: *Totem and Taboo.* New York: W. W. Norton & Co., Inc., 1952.)

2 'L'exogamie fournit le seul moyen de maintenir le groupe comme groupe, d'éviter le fractionnement et le cloisonnement indéfinis qu'apporterait avec elle la pratique des mariages consanguins.' (Levi-Strauss, Claude: *Les Structures élémentaires de la parenté.* Paris: Presses Universitaires de France, 1948, p. 593.)

defensive character of the prohibitions, which is directed against the underlying psychological sense of guilt universal in human nature, based on stages in the development of human sexuality.

It could be assumed, therefore, that masturbation, which is accompanied by fantasies which include all the deviant sex practices, would be among the first to undergo such a repression. It appears, however, that such was not always the case. We know from the analysis of adults and children in Western culture that the self-imposed prohibition against masturbation plays an enormous role in every single one of our patients. With this in mind, we have attempted to elucidate from the literature of the last two thousand years the attitudes that changing sources of authority have taken toward the practice of masturbation.

In the basic psychoanalytic literature, masturbation is given a deservedly important role. We would expect, therefore, that this problem would be extensively discussed in current psychoanalytic publications; but such is not the case. In only two instances in the history of psychoanalysis has the problem of masturbation been extensively discussed: in the Viennese Society in 1912,[3] and in the 1928 symposium of the *Zeitschrift für psychoanalytische Pädagogik*.[4]

Masturbation is a sexual activity observed from earliest infancy. It is the only infantile autoerotic activity which is recognizable as such even to the lay public. Masturbatory fantasies shape the œdipus complex; they are the enemy against which defenses are organized in the course of the liquidation of the œdipus complex; they are determinants of the structure of character, of the conflicts of puberty, and of eventual sexual adjustment. The significance of masturbatory fantasies for the individual and the reaction of society to it convince us that the phenomenon deserves further study.

From an extensive survey of the literature on the subject, we have learned that the repression of masturbation is a phenomenon which developed in the course of history and ulti-

[3] *Die Onanie. Vierzehn Beiträge zu einer Diskussion der Wiener psychoanalytischen Vereinigung.* Wiesbaden: J. F. Bergmann, 1912.

[4] Ztschr. f. psa. Pädagogik, II, 1927–1928, pp. 105–200.

mately underwent more or less overt institutionalization. It should be understood that our attempt is directed at showing the nature of this institutionalization, not at disproving the significance of masturbatory fantasies for the individual throughout the ages. Nor do we question the ubiquitous repression of such fantasies, well known from anthropology and history, as in the persecution of the practice of witchcraft, traffic with the devil, and the legends of incubus and succubus. Our study is concerned only with attitudes toward overt masturbation.

The terms masturbation and onanism, used synonymously, both appear to be commonly given erroneous derivations. Onanism refers to the biblical crime of Onan,[5] and refers not to masturbation but to *coitus interruptus.* God punished Onan because of his refusal to comply with the Law of the Levirate and beget a son with his brother's widow. Karl Landauer, in the discussion of onanism in 1928, makes the point that, just as the meaning of Onan's misdeed was misinterpreted to mean sexual sin, so the etymology of the word masturbation was probably misinterpreted as being derived from *manus stupratio* (defiling with the hand). Landauer rejects this etymology: he surmises that the word derives from *mas turbatio*—disturbance (agitation) of the male genital—certainly a less value-laden term. He considers it revealing that both terms connote moral condemnation, and that they have not been replaced in science by less emotional and more objective terms.[6]

The attitude toward masturbation is primarily a moralistic one, and even the medical literature—so intent upon using objective scientific terminology—is loaded with moralistic overtones and value judgments. The onset of this moralistic attitude does not coincide with the general regulation of sexual life in Western social institutions. As mentioned, marriage on the one hand, adultery on the other, purity in general have always

[5] *Genesis,* XXXVIII, 9.

[6] Landauer, Karl: *Zwei Vorbemerkungen zur Onaniediskussion.* Ztschr. f. psa. Pädagogik, *op. cit.,* pp. 115–116.

been the concern of every social order, be it religious or political.

Masturbation, however, is not even mentioned in the Bible, the fundamental moral code of Western civilization. In antiquity the subject seems to have been unimportant. In Roman literature only a few references are found toward the end of the Empire. The Romans were more worried about virility than morals; witness Juvenal's *'Parce, Quinte, digitis! Quod perdidis vir est.'* This is not moralizing, but a typically Roman utilitarian attitude.

Hippocrates, Celsius, Galenus—whom modern writers have quoted to give authority to their condemnation of masturbation —did not, however, condemn masturbation; what they considered harmful was the excessive expenditure of semen; indeed, they actually refer to sexual intercourse. This is expressed most clearly by Hippocrates in his writings on 'dorsal consumption', in *De Morbis*: 'This sickness has its origin in the marrow of the backbone. The sickness attacks young recently married couples and libidinous persons.' The examples he gives are not of masturbation, but of coitus.

The first reference, and the only passage from the Bible which might be construed as referring to masturbation is in the Old Testament [7] and treats seminal emission without copulation as uncleanliness, not to be punished but to be cleansed like any excretion. Subsequent to the enforcement of celibacy (in the fourth century A.D.), the sixth century was marked by the appearance of the first Penitentials, those of North Britain, the Columban, Cummean, etc. In these, masturbation, somewhat vaguely defined and shifting in its significance, entails the least severe penance of any sexual misdemeanor, ranging from singing psalms and fasting to confinement for one year (North Britain). This may be contrasted with penances for fornication with man or beast, for homosexuality, fellatio, and incest, which are meted out penances ranging from twelve years to life.[8]

[7] *Leviticus*, XV, 16, 17.

[8] For example, in the Penitential of Cummean (650 A.D.) the penitence for sexual sins is graded as follows: Sodomy, seven years; fornication and shedding

In secular literature the subject is mentioned for the first time after the Romans by Rousseau.[9] In the interval, a momentous change in the attitude toward masturbation had taken place. The change was initiated by the first moralistic publication devoted exclusively to the subject, a pamphlet published in England, *Onania,* attributed to one Bekker, probably of Dutch origin. It was published around 1700[10] and reprinted and translated into several languages. Its moral concern is indicated by its title: *'Onania* or the Heinous Sin of Self-Pollution and All Its Frightful Consequences, in both sexes, considered with Spiritual and Physical Advice to Those who have already Injur'd themselves by this Abominable Practice, to which is Subjoin'd A Letter from a Lady to the Author, concerning the Use and Abuse of the Marriage Bed, with the Author's Answer'.

We have reason to believe that this is indeed the first piece of literature on 'onanism', since its author is responsible for coining the term. He says: 'The sin of Onan, and God's sudden vengeance upon it, are so remarkable, that everybody will easily perceive, that from his name I have deriv'd the running Title of this little Book'.

The physical consequences of onanism are said to be cessation of growth, phimosis, paraphimosis, strangurias, priapism, fainting fits, epilepsy, impotence, in women fluor albus, hysteric fits, consumption and barrenness. The treatment recommended is mild indeed. It consists mainly of meditation, carefulness about the changes of the moon, a spare diet, much but not violent exercise, avoidance of unnecessary handling of the

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of blood, three years; defiling of mother, three years; sinning with a beast, one year; intentional pollution, singing of psalms and one day of fasting; erotic fantasies, one or two days of penance. (McNeill, John T., and Gamer, Helen M.: *Medieval Handbook of Penance.* New York: Columbia University Press, 1938, pp. 102, ff.) It is noteworthy that in the *Spiritual Exercises* of Saint Ignatius of Loyola, which so thoroughly differentiate between venial and mortal sin, masturbation is not mentioned—a proof that its direct suppression was of little concern to the Catholic Church in the seventeenth century.

[9] Rousseau, Jean Jacques: *Emile ou De l'Education.*

[10] Anonymous: *Onania.* Fourth edition. London, 1726.

genitals and not thinking about them. Marriage is recommended as the best preventive.

Interestingly, at the time of its publication this book was suppressed in Germany where concern with the problem of masturbation began almost a century later. Indeed, the campaign against masturbation took some time to spread from England to the continent, to judge from the available literature.

Tissot's famous work appeared in Switzerland, first in Latin, then in French in 1760.[11] This book spread like wildfire. In 1772 it was published in English. In Germany it had gone into its fourth edition by 1785, while in France it took until 1832 to reprint the little volume. Its first appearance in New York dates from the same year. Masturbation, however, had begun to attract the attention of physicians before the publication of Tissot's book. He quotes numerous letters and communications from physicians on the subject.

Tissot treats the subject most extensively. He bases his conclusions on his own experience as a physician in Lausanne, and on personal communications mainly from English and Dutch colleagues. He devotes a full chapter to Bekker's *Onania*. What is particularly striking is the gravity of the consequences which contain practically all known nosological entities. The dangers which Tissot sees in masturbation are terrifying. It is hell on earth, but without purgatory.

To quote from the numerous cases he mentions, one of two men who indulged in excessive masturbation became insane; the other dried out his brain so prodigiously that it could be heard rattling in his skull.[12] In Tissot's opinion the effects of masturbation range from impotence to epilepsy, and include 'consumption', blindness, imbecility, insanity, rheumatism, gonorrhea, priapism, tumors, constipation, hemorrhoids, female homosexuality, and finally lead to death. In sharp contrast to

[11] Tissot, Simon-André D.: *L'Onanisme. Dissertation sur les maladies produites par la masturbation.* Third edition. Lausanne: M. Chapins & Compagnie, 1770.

[12] 'Salmuth a vu un savant hypocondriaque devenir fou, et un autre homme se dessécher si prodigieusement le cerveau, qu'on l'entendait vaciller dans le crâne: l'un et l'autre pour s'être livré à des excès du même genre.' (*Ibid.*, p. 11.)

this frightful picture, the remedies recommended are very mild. The attitude of 'retaliation against the sinner' will only appear later. Tissot recommended dietary measures, quinquina and baths—with no trace of sadism.

But aside from the interest represented by these first publications on masturbation, they also mark a turning point in the history of Western civilization. Masturbation at this point ceased to be an exclusively religious problem and became a secular, a social problem. The historical point at which this takes place is interestingly, around 1700, midway between the introduction of Protestantism and the French Revolution. Fifty years before the publication of Bekker's pamphlet, the Treaty of Westphalia had initiated the victory and consolidation of Protestantism.

As long as Catholicism ruled the patriarchal family, the individual was responsible within a hierarchical system; the sphere of authority reached down from the top, step by step, to the lowliest family and its head. Sin was codified at the top, its definition and expiation prescribed, as can be seen from the penitentials and the confessional guides mentioned. Obedience to this code was rewarded by unconditional protection of the individual. The authority of the head of the family found its legitimation in the religious and political order; the father was but the executive organ of this order.

With the introduction of Protestantism, a basic shift in the system of authoritarian relations took place. The individual had become 'free'. He was no longer responsible to intermediate superiors, only to himself and to God. With this the individual became the responsible authority for himself and for his family.

After the Treaty of Westphalia a period of stabilization ensued. Each father began to realize that he had to regulate the conduct of his family on his own responsibility. His bewilderment about the distinction between venial and mortal sin became more and more intolerable. In a manner reminiscent of phobic and compulsive processes, the feeling of guilt soon extended from the mortal to the venial sins. Unavoidably,

phobic defenses were erected against sexuality in general, and particularly against those of its forms which were most difficult to check and control. As in the compulsive ritual, it was against the least controllable, least harmful, furthest removed derivatives that the battle raged strongest. One might say that it was the return of the repressed in the repressing.

But with this development the new process of socialization had only begun. Medicine at that time concerned itself little, if at all, with social problems. The interest of medicine in masturbation, accordingly, moved along the line of cure rather than of suppression: notwithstanding the truly terrifying consequences ascribed to masturbation, ranging from spinal 'consumption' to hemorrhoids, the therapeutic measures ranged from camomile to hydrotherapy.

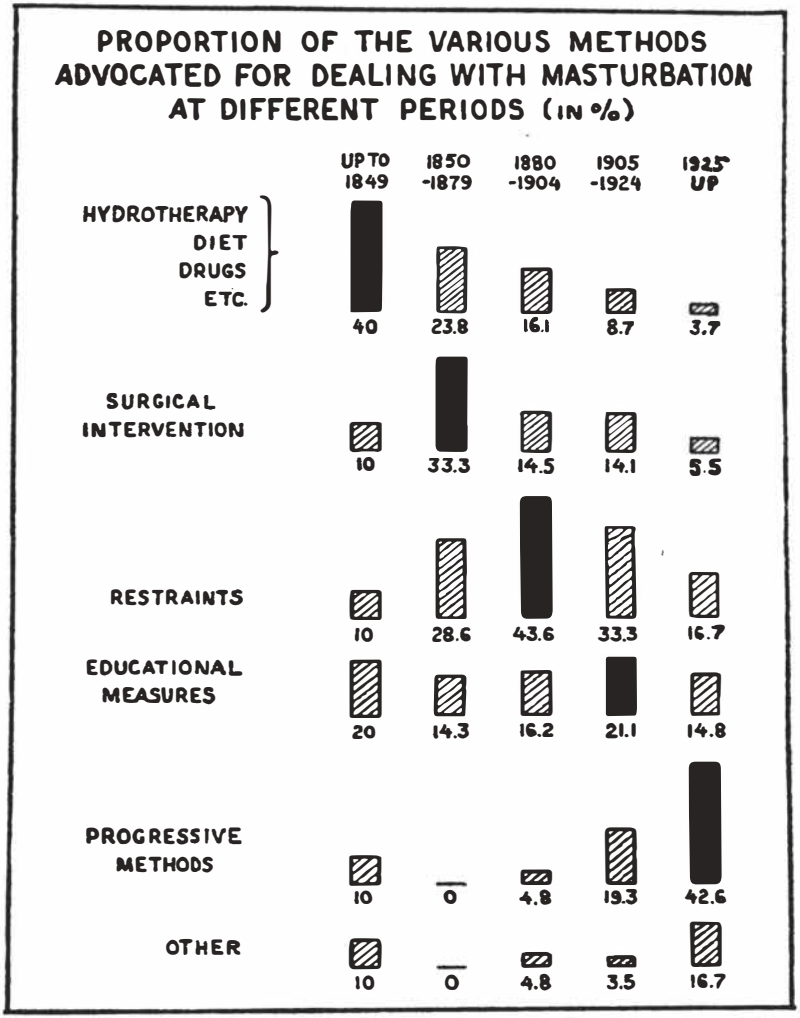
Indeed, it was only in the eighteenth century, among the minds that inspired the French Revolution, that Mirabeau once remarked that public health is the concern of the state. The first actually to develop this idea was John Peter Frank, Professor of Medicine, first in Pavia and later in Vienna.[18] Between 1779 and 1819 he published six volumes in which he expressed his philosophy of social welfare and the role which the state should assume in maintaining it. Frank's conception is a regulative one, as revealed in the title of his publication: *System einer vollständigen medizinischen Polizey.* (The word *Polizey* here probably means, according to the usage of that time, both police and policy.)

Only after the industrial revolution following the Napoleonic Wars, and subsequent to the invention of the steam engine and the construction of railroads, did it become evident to the political authorities that the welfare of the workers was an important public matter. In the past, welfare had been in the hands of the Church and the feudal lords. A large section in the manuals for confessors contains instructions to the priests, regulating their conduct toward the sick, instructing how to deal with them and how to take care of them. After

[13] Castiglioni, Arturo: *Storia della Medicina.* Milan: A. Mondadori, 1936, p. 560.

the industrial revolution, the secular authorities could no longer neglect the misery and disease, which the conditions of industrialization had considerably furthered, without running the risk of seeing the social edifice crumble. In the eighteenth

CHART I



century it was still the Pope who invited Tissot to combat one of the great epidemics in Italy. But in the nineteenth century it was the state, the government of Great Britain, which promulgated the successive Acts of Health that led to the establishment of the first public welfare office in 1848. Italy, to which the Pope a hundred years earlier had called Tissot, followed Britain's policy.

Thus it was in the first half of the nineteenth century that medical men became aware of the social function of medicine. Parallel with this, masturbation ceased to be a therapeutic and became a social problem. While in the eighteenth century medical men endeavored to *cure* masturbation, in the nineteenth century they were trying to *suppress* it. This shift is sharply visible in Chart I which shows the sudden rise of repressive and surgical measures in the treatment of masturbation beginning with 1850.

While up to 1849, masturbation was treated mostly with hydrotherapy, diet, etc., between 1850 and 1879 surgical treatment was recommended more frequently than any of the other measures.

It is only in the second half of the nineteenth century that sadism becomes the foremost characteristic of the campaign against masturbation. This aspect is not limited to any one country, though its form varies according to the culture in which the anxiety about masturbation arose and led to hostility against its practice. The English advocated surgical intervention far more frequently than either the German or the French, in whose publications anodynic measures, as hydrotherapy and diet, are more prevalent (Table 1).

Nevertheless, drastic measures (surgery, restraint, severe punishment, fright) constitute at least fifty percent of the measures recommended in *all* countries until 1904 (Chart II).

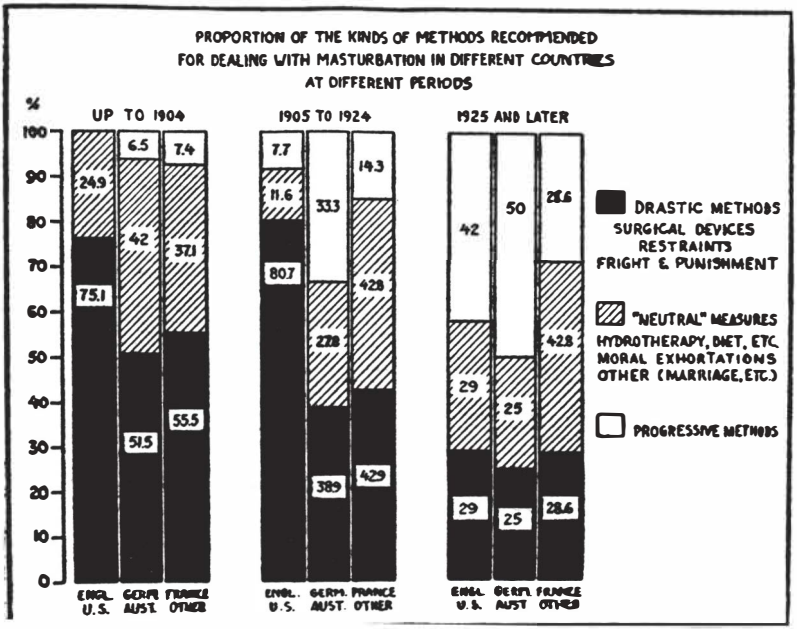
As this chart indicates, moreover, the sadistic trend in anti-masturbatory retaliation died down in German- and French-

TABLE I

PROPORTION OF THE VARIOUS METHODS ADVOCATED FOR DEALING WITH MASTURBATION IN VARIOUS COUNTRIES

METHOD	ENGLAND U. S.	GERMANY AUSTRIA	FRANCE OTHER
HYDROTHERAPY, DIET, DRUGS, ETC.	6.4	16.9	19.2
SURGICAL INTERVENTION	19.2	7.7	10.6
RESTRAINTS	37.2	26.2	21.2
EDUCATIONAL MEASURES	9.6	21.2	25.6
PROGRESSIVE METHODS	17	24.6	14.9
OTHER	10.6	3.4	8.5

CHART II



speaking countries earlier than in the United States and England. The great increase, both relative and absolute, in the application of progressive methods in German-speaking countries clearly shows the first impact of psychoanalytic publications beginning with this century.

The change in attitude took place quickly, even in the writings of the same author. Rohleder, the foremost exponent among German physicians in this field, who wrote in 1899[14] that masturbation has a pernicious effect on all organ systems, stated in 1925[15] that its practice leads to consequences only in twenty-five percent of cases, and that even in these the consequences are 'nervous' in nature and only temporary. In his famous book written at the end of the century he recommended that school children caught masturbating be locked up and given drastic corporal punishment by the teacher in the father's presence. In 1925, however, he merely suggests a conference between teacher, parents, and youngster in order to exaggerate for the child the significance and consequences of masturbation.

It is no mere coincidence that the sadistic trend in anti-masturbationist therapy came at a period in history when people became aware of infantile sexuality. Helpless children are suitable objects for retaliation. The same can be said about women: it is to be noted that in the eighteenth century Tissot spoke primarily of male masturbation; and where he talks, in a few pages, of female masturbation, his description fits female homosexuals and not masturbators at all. It is only much later that women received the attention which Tissot gave, in a benevolent manner, to men. But the interest focused on female masturbation was a sadistic one.

Although the campaign against masturbation started with Bekker's *Onania* in 1700, it took more than a century until the extremes of repression were developed. In Germany attention

[14] Rohleder, Hermann: *Die Masturbation.* Berlin: Fischer, 1899.

[15] Rohleder, Hermann: *Schulärztliche Tätigkeit bei sexuellen Verirrungen und sexuellen Erkrankungen.* Dtsch. Med. Wochenschrift, LI, 1925, No. 19, pp. 790–792.

was focused on disciplining children. In England surgery was added to discipline.

Around 1858, Dr. Isaac Baker Brown, a prominent London surgeon who later became the much respected President of the Medical Society of London, introduced the operation of clitoridectomy.[16] The indication for this operation was that in his opinion masturbation (a term which the Victorian Dr. Baker Brown replaces by such expressions as 'peripheral irritation of the pudic nerve', or 'peripheral excitement') leads to hysteria, epilepsy and convulsive diseases. He sought to cure masturbation by removal of the organ on which it is performed. He performed this operation in a very large number of cases, children and adults, establishing a special home for women, The London Surgical Home. Of these operations he published forty-eight in 1866.[17] It was this publication which got him into trouble with the Obstetrical Society, of which he was a Fellow. He was expelled from the Society in 1867 after numerous stormy debates,[18] and it is to be assumed that after 1867 clitoridectomy was discarded by the medical profession in England.

Whether this desirable result was achieved or not I have not been able to ascertain. However, clitoridectomy seems to have come back to haunt humanity in different countries. Gustav Braun [19] in Vienna recommended it—actually he was considered the inventor of the idea; some French physicians took up this idea around the nineties, but very soon abandoned it. And traces of this sadistic intervention are to be seen in the different recommendations for blistering the thighs, the genitals, the spinal region, which were transmitted to us up to quite recent years in the most authoritative compendia and textbooks.

One of our most widely known psychiatrists, the late Dr.

16 Medical Times & Gazette, I, 1873, p. 155.

17 Brown, Isaac Baker: *On the Curability of Certain Forms of Insanity, Epilepsy, Catalepsy and Hysteria in Females.* London: Robert Hardwicke, 1866.

18 The Lancet, I, 1867, p. 366; Medical Times & Gazette, I, 1867, p. 427; British Medical Journal, I, 1867, p. 395.

19 Braun, Gustav August: *Compendium der Frauenkrankheiten.* Vienna: Braumueller, 1863.

Bernard Sachs, recommended cautery to the spine and genitals in the different editions of his handbook up to 1905.[20] Infibulation of the prepuce and of the labia majora was equally recommended. Circumcision in boys was a prevalent practice up to a very recent date. A leading textbook of pediatrics advises the use of a double side-splint, such as is used in fracture of the femur.[21] The same book, as do most other pediatric textbooks, recommends circumcision in boys and is not averse to circumcision in girls or cauterization of the clitoris. Indeed, after 1925, ten percent of the therapeutic measures advocated in the United States were surgical interventions, while in the other countries such measures were no longer recommended (Chart II).

From 1890 to 1925 at least, there existed in the United States a peculiar medical organization called the Orificial Surgery Society which offered training in surgery of the prepuce, the clitoris, and the rectum. Space does not permit enumerating the startling treatments administered by this group of physicians, some of whom operated on thousands and had their licenses rescinded. They even had a journal of their own.[22] Originally they admitted only doctors, later also osteopaths and chiropractors. I quote from their textbook: 'Circumcision of the girl or woman of any age is as necessary as for the boy or man . . . I have been astonished at the multitude of sins concealed within the rectum.'[23] Of course, they were much concerned with the fate of women: 'The condition of the foreskin of boys has received more or less attention, at least since the days of Moses. But the girls have been neglected . . . I do feel an irresistible impulse to cry out against the shameful neglect of

[20] Sachs, Bernard: *Treatise on Nervous Diseases of Children.* New York: Wm. Wood & Co., 1905 (first edition 1895), pp. 539–540.

[21] Holt, L. E.: *Diseases of Infancy and Childhood.* New York: D. Appleton Century, 1897 (and all subsequent editions up to 1936).

[22] Journal of Orificial Surgery, edited by E. H. Pratt, Holbrook, et al., Chicago, 1892–1902. American Journal of Orificial Surgery, Chicago, 1913.

[23] *Orificial Surgery, Its Philosophy, Application and Technique.* Compiled and edited by B. E. Dawson, M.D.; assisted by E. H. Muncie, M.D., A. G. Grant, M.D., H. E. Beebe, M.D., Newark: The Physicians Drug News Co., 1912.

the clitoris and its hood because of the vast amount of sickness and suffering which could be saved the gentler sex, if this important subject received proper attention and appreciation at the hands of the medical profession.' [24]

How this society disappeared from the scene, I do not know. The first volume of its journal is dated 1892, and it still existed in 1923. A textbook appeared in 1912 and was reprinted in 1925 in a revised edition.[25] The founder of this school, E. H. Pratt, a Chicago surgeon of the Cook County Hospital, published his first book on the subject in 1890.[26] They seem to be the last followers to spring from the original Baker Brown invention of the excision of the clitoris.

Friendly reference to Baker Brown's practice is also to be found in respectable medical journals of the period. The treatment meted out to a luckless seven-year-old girl by the consulting surgeon of St. John's Hospital in Cleveland, Ohio, is one case among many.[27] The presenting complaint was that she masturbated and was nervous and reluctant to answer questions. After having unsuccessfully subjected the patient to a number of medical treatments, including blistering and cauterization, the surgeon decided to operate on her clitoris. His first approach was to bury the clitoris beneath the labia with four silver sutures. The result was that the sutures were broken by the child and masturbation continued. Thereupon a consultant was called and, with the assistance of three other doctors, clitoridectomy performed. The entire organ including a considerable portion of the crura was removed. The operation was called successful, since the child showed no signs of returning to her former habits save once, when, six weeks after the operation, she tried to masturbate and then confessed: 'You

[24] *Ibid.*, p. 402.

[25] *Orificial Surgery*. Kansas City: Western Baptist Publication Co., 1925.

[26] Pratt, E. H., M.D., L.L.D.: *Orificial Surgery and its Application to the Treatment of Chronic Diseases*. Chicago: Halsey Bros., 1890.

[27] Eyer, A.: *Clitoridectomy for the Cure of Certain Cases of Masturbation in Young Girls*. Int. Med. Mag., Philadelphia, 1894–1895, 3, pp. 259–262.

know there is nothing there now, so of course I could do nothing'.[28]

A medical practice as widespread as this and reaching so close to our own period might well tempt one to speculate on its origins and its consequences on the minds of people. Resisting the temptation for the time being, I quote one sentence from the German physician Villinger. He compared masturbation to a 'snake that has to be throttled': *'[Es wird] ein geübter Psychotherapeut jederzeit Mittel und Wege finden, wenn nicht die Schlange der Onanie abzuwürgen, so doch mindestens ihr die Giftzähne auszuziehen'*.[29]

It is unnecessary to discuss further the innumerable, varied and subtle practices of a refined cruelty. I believe it necessary to cite these few examples because even in psychoanalytic circles one does not always realize how extremely cruel the persecution of the masturbator has been up to our day; nor is it generally known that these sadistic practices found support among authoritative physicians and that they were recommended up to almost a decade ago in official textbooks.

We conclude our study with an illustration of the influence of psychoanalysis on the general attitude toward masturbation. As was mentioned above, the survey of the literature indicates that the whole problem was brought into focus with the emergence and growth of the psychoanalytic school. As our chart shows, progressive methods of dealing with masturbation become prevalent after 1905, i.e., after the publication of Freud's

[28] Marie Bonaparte, in an article which has come to our attention after the conclusion of this study, investigated the significance of clitoridectomy from the libidinal-economic point of view with the help of the exploration of several cases of clitoridectomized women. These cases are mainly African (i.e., from a continent in large parts of which clitoridectomy is institutionalized). She concludes that clitoridectomy will neither suppress masturbation nor render the woman frigid. (*Note sur l'excision.* Revue française de Psychanalyse, XII, 1948 pp. 213–31.)

[29] Villinger, Werner: *Über Onanie im Kindesalter.* Ztschr. f. Kinderforschung, XXXI, 1926, pp. 111–134.

Three Contributions.[30] After 1925, they amount to almost half of all the measures advocated. In Germany and Austria, where psychoanalysis originated, progressive measures occur in the proportion of fifty percent, while repressive measures are down to twenty-five percent (Chart II).

In order to trace the influence of psychoanalysis, and the changes in attitude generally, we have investigated in a number of cases the successive editions of one book, especially where the importance of the textbook seemed to justify closer attention. The study was rewarding, but I shall limit myself to Holt's Diseases of Infancy and Childhood.[31]

Between 1897, when the first edition appeared, and 1940, eleven revised editions were published of this standard work which is kept on the reserve shelves of the Columbia Medical Library for consultation by students. I omit the discussion of the successive changes which the concept of infantile masturbation undergoes in this book, limiting myself to the treatment which it advocates.

In the early editions, the treatment recommended is mechanical restraint, corporal punishment in the very young, circumcision in boys even if phimosis does not exist 'because of the moral effect of the operation'; in girls, separation of the preputial hood from the clitoris or complete circumcision, cauterization of the clitoris; blistering the inside of the thighs, the vulva, or the prepuce.

This therapy is recommended up to and including the 1936 edition, but the tone becomes slowly more uncertain. The 1936 edition states that surgical measures accomplish little, though circumcision in boys is still recommended, even if there is no physical necessity for it, as 'it has proved of benefit by suggestion'.[32] Mechanical restraints are still highly recommended for young children, but corporal punishment is said

[30] Freud: *Drei Abhandlungen zur Sexualtheorie.* Vienna: Verlag Deuticke, 1905 (Trans. by James Strachey: *Three Essays on the Theory of Sexuality*. London: Imago Publishing Co., Ltd., 1949).

[31] *Op. Cit.*, 1897, pp. 696, ff.; 1902 edition pp. 740, ff.; 1922 edition pp. 690, ff.

[32] *Ibid.*, 1936 edition, p. 780.

to be of little or no avail, and it is advised that the appeal to the child should be made on æsthetic rather than on moral grounds. Change there is, but a very timid change indeed, and one which seems to be due to the advancement of pedagogy rather than to psychoanalysis. Although in this edition the author includes in his bibliography the works of Anna Freud, Bernfeld, Buehler, Gesell, Homburger, the treatment which is advised does not seem to be pervaded with psychoanalytic or advanced psychological knowledge.

The fundamental change occurs in 1940. Masturbation is discussed in a new section under the title Psychopathological Problems.[33] Formerly the problem was part of the chapter on Functional and Nervous Disorders. The old text, originally written by the late Holt and subsequently revised by his son, is omitted altogether, and a new text appears, written by a psychiatrist. Circumcision is now rejected, as are mechanical restraints, threats, punishments, etc. It is stated that masturbation causes no physical harm but that the harm lies in the worry and guilt which the act calls forth.

With this view we have no quarrel. But how can we account for the sudden radical change? In the first place—and this is obvious—we may say that by 1940 psychoanalysis had made such strides that the change was overdue. But there is more specific evidence: in an article by M. Huschka, which appeared in 1938, the textbook was strongly criticized for its attitude toward masturbation.[34]

This is one instance where we can trace the influence of psychoanalysis directly. But a similar development in approach toward infantile sexuality appears in other textbooks, when subsequent editions are being compared, even if we cannot, in other cases, follow textually the 'dialogue' between psychoanalysis and pediatrics.

It is on this note that I wish to close this brief discussion.

[33] *Ibid.*, 1940 edition, in chapter on Psychopathological Problems, by William S. Langford, M.D., pp. 943, ff.

[34] Huschka, Mabel: *The Incidence and Character of Masturbation Threats in a Group of Problem Children.* This QUARTERLY, VII, 1938, pp. 338–356.

It is rewarding for us to realize that thirty-five years after their first publication, the discoveries of Freud have induced the medical profession to rewrite their textbooks. It behooves us therefore to continue our psychoanalytic research into the causes and the significance of masturbation—to examine its suppression, and finally its significance in the development of the human psyche.

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For the purposes of this study we have investigated the literature on masturbation (medical, psychiatric, psychoanalytic, pediatric, pedagogic, psychological and theological). Our survey was made originally with the specific purpose of investigating the shifting attitudes toward masturbation and the growth of the influence of psychoanalysis on these attitudes. Therefore we surveyed in detail the literature of the last two hundred fifty

TABLE 2

NUMBER OF VOLUMES SURVEYED

	JOURNALS		BOOKS		TOTAL
	SERIALS	MISCELL.	TEXT	OTHER	
MEDIC PEDIAT PSYCHIAT	185	60	46	22	313
PEDAG PSYCHOL PSA	210	0	14	22	246
TOTAL	395	60	60	44	559

years. In our bibliography we also included a more cursory survey of some of the earlier literature, beginning with antiquity.

The investigation covered journals, texts and reference books including encyclopedias, as well as symposia, pamphlets and monographs specifically written on the subject—a total of five hundred fifty-nine (Table 2).

Follow-up readings and readings on medical, cultural, and religious history brought this total up to about six hundred fifty volumes. In these volumes we found a total of two hundred eighty-three items dealing with masturbation. In the follow-up readings we found an additional three hundred fourteen items. These items we grouped according to the following viewpoints.

1. The disciplines in the frame-work of which the article was found (Table 3). The table shows that the subject was primarily of interest to physicians in general, who published

TABLE 3

NUMBER OF ITEMS AS RELATED TO DISCIPLINES

DISCIPLINE	JOURNAL ART.	BOOKS ⊕	REFER. ART. ⊠	TOTAL
MEDIC	15	24	12	51
PEDIAT	35	34	2	71
PSYCHIAT	13	10	1	24
PEDAG	7	7	2	16
PSYCHOL	4	15	0	19
PSA	66	14	22	102
TOTAL	140	104	39	283

⊕ INCL. CONTRIB. TO AND PARTS OF TEXT BOOKS
⊠ CONTRIB. TO ENCYC., DICTION., AND COMPEND.

a total of one hundred forty-six items on it, and to psychoanalysts who published one hundred two items. Of course, a comparison between the two figures is misleading, as the psychoanalytic items were published within the few decades of the development of psychoanalysis, whereas the medical items cover several centuries. The interest of pedagogy in this problem is surprisingly small.

This table might give the impression that our survey is biased toward investigating primarily the psychoanalytic literature, neglecting other disciplines. However, our sampling of publications is far more thorough than might appear at first sight. The totality of the medical, psychiatric and pediatric fields was covered by a survey of the *Index Medicus*. Psychological publications on the subject were covered by a survey of Psychological Abstracts (Tables 4 and 5).

TABLE 4

SURVEY OF ENGLISH JOURNALS

DISCIPLINE	JOURNALS SURVEYED	YEARS	Nº OF VOL'S
PSA	J. OF SEXOLOGY & PSA	1923-'25	3
	INT. J. OF PSA.	1926-'45	20
	PSA. QUART.	1932-'46	15
	PSA. REVIEW	1913-'45	33
	INT. J. OF IND. PSYCHOL	1935-'37	3
			TOTAL 74
PSYCHOL	PSYCHOL. ABSTRACTS	1927-'44	18
	J. OF EDUC. PSYCHOL.	1910-'23	24
			TOTAL 42
PSYCHIAT	AM. J. OF ORTHOPSYCH.	1930-'38 1940-'46	TOTAL 16
MEDIC	INDEX MEDICUS	1879-'95	17
	AM. J. OF NURSING	1920-'40	21
			TOTAL 38

TABLE 5

SURVEY OF GERMAN JOURNALS					TOTAL NO. OF VOL'S: ENGL. & GERM.	
DISCIPLINE	JOURNALS SURVEYED	YEARS	NO. OF VOL'S			
PSA	ZENTRALBL. F. PSA	1910–'14	5	TOTAL 94	168	TOTAL 455
	ZSCH. F. PSA. PAED	1926–'37	12			
	INT. ZSCH. F. PSA	1913–'37	25			
	IMAGO	1912–'37	26			
	INT. ZSCH. F. PSA & IMAGO	1938–'46	9			
	SEXUAL PROBLEME	1913	1			
	INT. ZSCH. F. IND. PS.	1914–'39	16			
PSYCHOL	—	—	—	—	42	
PSYCHIAT	ZSCH. F. KINDERPSYCHIAT.	1934–'47	14	TOTAL 14	30	
PEDIAT	DIE KINDERFEHLER	1896–1906	11	TOTAL 117	117	
	ZSCH. F. KINDERFORSCHUNG	1896–1906	11			
	ARCH. F KINDERHEILK.	1880–1944	65			
	MONATSSCHR. F. K'HEILK.	1912–'18	7			
	ZBFL. F. GES. K'HEILK	1924–'30	4			
	BIBL. GES. K'HEILK.	1911–'22	12			
	JAHRESBER GES. K'HEILK.	1923–'28	6			
	JAHRESBER. K'HEILK	1929	1			
MEDIC	—	—	—	—	38	
MISC	—	—	—	—	60	

• In Tables 4 and 5, space did not permit the listing of a large number of journals (psychological, medical, and miscellaneous) which we surveyed. Among others, they include the following in which articles on masturbation were found: N. Y. Med. J. and Med. Rec., Virginia Med. Monthly, Clin. Med. and Surgery, Hygeia, N. Y. Med. J., New Orleans Med. and Surg., Med. Record, J. Amer. Med. Assn., Western Med. Times, Women's Med. Journal, Amer. Med., J. of Pediatrics, Alienist and Neurologist, J. Nerv. and Ment. Dis., Dis. Nerv. System, Journal of General Psychology, Amer. J. of Psychology, Berliner Medizinische Wochenschrift, Münchener medizinische Wochenschrift, Deutsche medizinische Wochenschrift, Jahrbuch f. Kinderheilkunde, Monatsschrift f. Kinderheilkunde, Ztschr. f. Psychologie, Ztschr. f. psychische Hygiene, Journal de Médecine de Paris, Pester Med. Chir. Presse (Budapest), etc.

2. The countries in which the publications appeared. We worked on the assumption that the attitude of the authors is determined more by the language in which the article was published than by the country of its publication. Attitudes travel along the lines of linguistic communication. Therefore we grouped together the English-speaking countries, England and

the United States; the German-speaking countries, Germany and Austria; and under the title 'other countries' we grouped France, Switzerland, etc. (Table 6).

TABLE 6

NUMBER OF ITEMS AS RELATED TO COUNTRIES OF ORIGIN AND DISCIPLINES

ORIGIN	MEDIC PEDIAT	PSYCHOL PEDAG	PSYCHIAT	PSA	TOTAL
ENGL. + U.S.	65	19	9	28	121
GERM.+ AUSTR.	30	16	8	73	127
OTHER	27	0	7	1	35
TOTAL	122	35	24	102	283

This table shows that, if we disregard the date of publication and the discipline to which it belongs, the number of items in the English-speaking countries is nearly the same as that in the German-speaking countries. Of course, the number of such items in the German-speaking countries is enormously increased by the psychoanalytic contributions, of which there were two-and-a-half times as many in German as in English—a natural consequence of the organization of discussions such as those of 1912 and 1928.

3. Chronological viewpoint. We divided the material into three groups according to the period of publication. These three periods were determined arbitrarily by us in view of our purpose to investigate the impact of Freud's discoveries on the

attitudes toward masturbation. We reasoned that the publication of Freud's history-making work on sexuality, Three Contributions to the Theory of Sex, must have had some tangible effect. Therefore we considered 1905—the date of its publication—the end of the pre-freudian period. Unexpectedly, the number of publications confirmed the correctness of our choice. It turned out that only sixty-eight of the total of two hundred eighty-three items had been published in the two centuries preceding 1905.

We then made the second assumption that a certain lag in the dissemination of Freud's findings in the scientific world would take place. This lag, obviously, was assumed to increase through the fact that Freud's work was published in German and that World War I interrupted all communication between the German-speaking nations and the rest of the world. We tentatively assigned twenty years, from 1905 to 1925, to this intermediary period. The following table illustrates our findings (Table 7).

TABLE 7

3 PERIODS: PRE-FREUDIAN, UP TO 1904; THE WAR AND ITS AFTERMATH, 1905-1924; POST-WAR, 1925 AND LATER

PERIOD	MEDIC PEDIAT	PSYCHIAT	PSYCHOL PEDAG	PSA	TOTAL
UP TO 1904	51	12	5	0	68
1905-'24	35	4	6	28	73
1925-'49	36	8	24	74	142
TOTAL	122	24	35	102	283

This table is a clear illustration of the impact of psychoanalysis. Up to 1904, the great majority of writings on masturbation fell into the fields of medicine. Medical, pediatric and psychiatric items are ten times as numerous as pedagogic and psychological contributions. Even during the transition period of 1905 to 1924, the number of medical contributions on the subject is significantly larger than that found in psychoanalytic literature.

However, beginning with 1925, the accent shifts. The items in pedagogic, in psychological and psychoanalytic publications have suddenly become more numerous. Their number now is twice as high as the number of medical contributions to the problem. It is to be assumed that the symposium in 1928, and the growing interest in psychoanalytic findings generally, provided a powerful stimulus for the sudden increase of interest in the problem of masturbation on the part of psychologists and pedagogues.

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Richard Renneker

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PRESLEEP MECHANISMS OF DREAM CONTROL

BY RICHARD RENNEKER, M.D. (CHICAGO)

Various isolated neurotic sleep rituals observed during analysis have been reported. Abraham (1916) in a paper on oral organization included a patient who required oral gratification or masturbation as a condition for falling asleep. Eisler (1922), commenting upon the infant's chain reaction of feeding and sleeping, reported several instances of disturbed sleep in which oral inhibitions were active. Isakower (1938), observing patients who experienced peculiar physical sensations while half asleep, related these to archaic revivals of infantile experiences at the breast which represented a restoration of the early sleep-inducing mother-child relationship. Windholz (1942) and Olden (1942) described several patients with sleep rituals involving masturbation, intercourse, and sleeping powders. Fenichel (1942) defined sleep rituals as '. . . compulsive measures [which] serve the purpose of putting out of action a definite danger which is unconsciously connected with the idea of being asleep . . .'. None of these authors developed the theme, and they have related the rituals only to special neurotic maneuvers for falling asleep.

This study emphasizes the common nature of presleep mechanisms, describes their role within the total personality, and their function in sleep and dreaming.

Sleep is generally accepted as a state of narcissistic regression which provides a renewal of energy for the next day's activities. It is normally anticipated as a pleasant, desired, refreshing experience. Anything which interferes with this pleasure arouses tensions and thus not only requires the expenditure of energy but also prevents the accumulation of energy that accrues during sleep. The sleeper, therefore, seeks those conditions,

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both externally and internally, under which he can sleep most pleasurably and with the least expenditure of energy. Such external conditions can usually be planned. Control of the intrapsychic conditions is sometimes a difficult and complex task, the failure of which creates neurotic sleep disturbances.

Almost every adult has experienced subjective states of tension inimical to sleep. These are sometimes conscious preoccupations with pressing realities, but are more often the nocturnal surge of chronic or acute tensions from repressed neurotic conflicts and unsatisfied instinctual needs. Each individual ego has the task of dealing with this pressure. The usual solution is the work of dreams, through which partial gratification of forbidden wishes is obtained in a disguised form (Freud 1900). This release from unconscious pressure is usually sufficient to maintain a balance between the ego and the id. The sleeper depends then upon his demonstrated past ability to deal with these disturbing forces in successful dreams which protect sleep. He falls asleep secure in the knowledge that his ego can cope with emerging unconscious impulses without engendering anxiety, or seriously disturbing sleep. Now a major function of the ego, awake and asleep, is the conservation of psychic energy (pleasure principle) and the creation of techniques which facilitate this end. We might assume then that the ego would make the conditions for successful dreaming less precarious so that the effort expended would be proportionately minor. This economical goal is partially accomplished through decreasing unconscious pressure before sleep.

The function of decreasing tension before sleep is not only to create conditions ideal for falling asleep, but also for staying asleep, and for securing a sound, refreshing slumber in which the dream work is decreased and the energy expended during the night is kept at a minimum. This is an integrative function of the healthy ego, and is performed in such presleep habits as eating, defecating, urinating, reading, bathing, smoking, scratching, sexual activity—all providing some elements of partial, direct, or substitutive psychophysiological gratification—useful in the need to decrease tension before sleep. These

mechanisms have as their goal partial presleep gratifications of demands of the id.

Some neurotic individuals become conditioned to expect more trouble during sleep: they have had a sufficient number of dream failures resulting in nightmares and insomnia. Presleep mechanisms then become elaborated and overdetermined in the effort to cope with increased unconscious demands. The increase may be a relative one because the integrative capacity of the ego is currently inadequate, or various life situations may have stimulated directly specific repressed drives and conflicts. The dream, no longer functioning to preserve the psychic economy during sleep, becomes more and more an irritating foreign body in sleep. Painfully aware of his inability to protect sleep, the insomniac longs for the benefits of sleep, but is fearful of risking it. The development of a presleep ritual can release a neurotic from such a dilemma, and enable him to secure restful sleep without recall of dreams. The presleep ego pressed by instinctual drives and conflicts seeks to discharge or bind this energy through partial or substitutive physiological gratifications before sleep, thus enabling the ego to master a reduced psychic tension in sleep—like the lion tamer who knows that it is safer to enter the cage after the beasts have been fed than when they are ravenously hungry. In the waking state the ego exercises more fully its integrative function in contrast to the ego of the dreamer which is deprived of the support of consciousness and reality.

Some individuals, unable to develop adequate physiological techniques, attempt to correct this deficiency or to augment those limited techniques available by creating a temporary presleep sense of ego mastery which enables them to at least begin sleep. It is probably more magical, usually less effective than the other ritualistic presleep demonstrations of ego control.

Some persons develop the technique of discharging the dream tensions on the threshold of sleep while still half awake. This involves the ego's control of the time of dreaming (Renneker 1952) and is based upon the sleeper's awareness that he is

protected against being overwhelmed by the id impulse with which the dream work copes. He is secure in his proximity to reality and in his awareness that he can always slip back through the half-open door of consciousness should dreaming arouse anxiety. Presleep sense of ego mastery or presleep dream discharge is most effective in combination with a mechanism which also decreases the unconscious pressure with some degree of substitutive, physiological gratification.

The following examples, which first focused my attention on this problem, were for the most part observed in patients during periods of mounting anxiety.

A thirty-six-year-old impotent man reached a point in his analysis where his sexual drive was clearly being reconnected with original incestuous wishes. He entered into a three-day period of nightmares dealing with this incestuous theme and his associated fears. On the fourth night he could not get to sleep. 'I felt', he said, 'if I could get an erection, that it would soothe me. I got one, handling my penis, and ejaculated while thinking of a woman I had seen on the street that day. Suddenly, I had a picture of something like a dream, but I wasn't asleep. I saw the inside of my belly, and there was a white mound of paraffin, like a pyramid. I immediately fell asleep. I used to think that an erection was caused by the rush of semen into the penis. It sounds like frozen, hard, unusable semen.'

By this process he had reassured himself of his active mastery. It was safe to sleep, since his semen was frozen, inaccessible, and there was no danger of sexual stimulation; or, if so, nothing would happen since there could be no ejaculation. He had no dream and sleep was refreshing. This defense included a physiological discharge and a fantasy, both clearly designed to strengthen the ego's confidence by warding off the possibility of sexual stimulation during the night. The fantasy of the pyramid and the choice of an anonymous woman served as a substitution for (and denial of) his interest in his mother. Both are dreamlike mechanisms.

A twenty-year-old masochistic girl, who had had mucous colitis which cleared after approximately one and a half years of analysis, was observed, after the colitis had disappeared, to have disturbances of sleep and nightmarish dreams whenever she approached facing her hostility to her father. Several nights of this type were followed by a few in which sleep was undisturbed and no dream was remembered. Inquiry elicited the information that upon these occasions her bowel routine had altered so that the usual morning movement was displaced to the evening, just before retiring. Some of these movements were diarrheal, but not all. It was her method of expressing anally the hostility, so that the tension was decreased before sleep. This interpretation was confirmed by her associations and subsequent developments in the analysis.

A twenty-six-year-old man, with intense unconscious fears of castration in coitus, sought treatment because of a panic precipitated by a nightmare in which he was being forced to have intercourse with a woman of his own cultural level. He had had intercourse with prostitutes on rare occasions, the latest experience four years prior to treatment. He had not masturbated since adolescence, and had rare nocturnal emissions without remembered dreams. The anxiety was characterized by acute insomnia and was alleviated in a manner which he described: 'I found that if I went through coital movements on the bed sheets, without using my hand and at the same time picturing an anonymous woman, I could have an ejaculation. At the same time I thought of things I had done on that day, so that it seemed real and not real; more real than masturbation, but there was still a sort of dreamlike feeling about it, though I knew I wasn't dreaming and was awake. Then I felt relaxed, and while still awake had what was like a quick dream in which I saw myself holding a very good poker hand, in fact, a royal flush. Then I fell asleep.'

He did not dream during the phase of this compulsive ritual; he had gained some discharge of the threatening sexual tension through his counterphobic, pseudocoital masturbation.

He also managed a symbolic feeling of active mastery, expressed in the fantasy of the poker hand. The presleep dream was a reminder that he was in command; that it was safe to sleep without fear.

A twenty-three-year-old schizophrenic woman became pregnant during analysis. The pregnancy was associated with guilt about her mother who died while giving birth to the patient. The patient developed a phobia that the baby would kill her, contrasting with an intense reactive need to deliver a full-term living infant. There were nightmares of her death and the death of the baby. Then she developed a fantasy that her pregnancy was like a tapeworm, which was eating the food inside her stomach. This led to a presleep ritual of gorging herself with food, following which there were usually no dreams and sleep was refreshing; if dreaming did occur, it was not of nightmarish intensity. She explained it with schizophrenic clarity: '. . . when I eat so much, I know that I will not starve to death, nor will the baby'. This ritual satisfied her orally regressive need, at the same time counteracting her fear of death by starvation, and her wish to starve the infant.

A twenty-five-year-old man, with frustrated, passive, oral dependent needs, went through two months of analysis without any awareness of dreaming. Questioning elicited the information that he ate 'an extra meal' just before retiring. His routine was to eat a light dinner in the evening and then a heavier meal before sleep. He gave as a reason that he liked to sleep 'on a full stomach'. The analyst expressed critical surprise, which led the patient to refrain from his 'extra meal', thereby precipitating the first dream of the analysis. At various times during the following year, when his anxiety increased and dreams provoked anxiety, he resumed briefly his previous eating ritual. On these occasions what few dreams he remembered were unaccompanied by anxiety. The full stomach gave him a vegetative satisfaction, and decreased the tension of his

passive dependent needs which thereby less frequently intruded upon his sleep.

A twenty-year-old youth with episodes of depersonalization, characterized by a sense of loneliness, of being a vacuum, occasionally had acute episodes of insomnia. These appeared to be a fear of giving up his tenuous hold on reality. One of his devices for securing sleep was writing short stories, essays, or lists of names, which gave him a reassuring demonstration of his control over words, characters, and their emotional lives. The lists of names were of people he knew, or of places he had been, and served to convince him that he retained contacts with people and the world.

A twenty-year-old boy stated: 'I sometimes have a crazy dream while falling asleep. It is a dream but I'm conscious of everything that's going on around me. I know what's happening but don't let myself know that. I ignore it. For example, I appear to be asleep and dreaming, yet follow my roommate's conversation with his friend, and appear to answer questions correctly in my sleep. The first time it happened they thought I was talking in my sleep, except that what I said made sense.' Through this process the dreamer resolved the interference with sleep while still retaining a contact with reality.

A sexual exhibitionist of twenty-eight was in the habit of reading before sleep. The material ideally was erotic in content. The period of reading ranged on the average from a half to several hours and terminated when 'my eyes are exhausted'. His sleep was usually refreshing and his dreams rarely disturbing. It became apparent that this was a method of satisfying his voyeurism by correlating the amount of reading and its content, with the appearance of his comparatively rare anxiety dreams. It was found that he had disturbing dreams when circumstances decreased the duration of reading, or when it had no erotic content. These dreams were typically exhibitionistic or scoptophilic.

THERAPEUTIC APPLICATIONS

Presleep mechanisms explain why some people on certain nights do not dream, or do not remember their dreams, and give a reason for instances of refreshing sleep in periods of painful conflict. Valuable clues may be gained to the current balance of emotional forces, or to some of a patient's subsidiary ego defenses. In paying attention to the habitual activities of a patient before going to sleep we can sometimes understand how a dream was avoided, or kept from becoming a nightmare. We can occasionally gain an added index to the current intensity of the patient's conflict, the nature of the integrative process, and an awareness of defenses which might otherwise be overlooked. Patients may employ this defense to avoid dreams during a phase in analysis in which dream insight has become particularly important. Such resistance should not be interpreted when it occurs during a phase of acute or increasing anxiety and is essential to preserve sleep.

A parallel activity is the act performed before coming to the analytic hour. Everyone has observed patients who masturbate, defecate, urinate, etc. just before the analytic session. This also represents an effort to drain off disturbing tensions through physiological release, thereby making the pressure in that particular hour less threatening and the material less revealing or direct (Fliess 1949).

We approach dream interpretation by associations, understanding the setting in which the dream occurred, and by looking for the influence of the day residue. It seems logical therefore to pay attention to the thoughts and activities immediately preceding sleep. These frequently give valuable hints as to the nature of the dream problem. After getting associations to a dream, I often ask, 'What were you doing or thinking before falling asleep?' This sometimes gives the clue to the conflict (sexual feelings, competitiveness, hostility, etc.); moreover, in some cases this is the best available datum, as some people partially discharge the 'dream problem' before sleep. The subsequent dream, if remembered, may not give a true

picture of the real intensity of the current problem. The dream in this instance is an expression of the residual tension, not the actual state of tension which existed on the threshold of sleep. Too strict attention to the dream itself, without understanding what has occurred before sleep, tends to give a false impression of the total importance of the current conflict.

A presleep mechanism of dream control represents an integrative function of the ego directed at insuring more restful sleep. It is an outgrowth of an unconscious urge to discharge disturbing tension in the least disturbing fashion. It is part of the ego's total integrative effort at conservation of energy in its constant struggle with the fluctuating pressures from the unconscious and the superego. In neurotic states these techniques become highly elaborated and specialized according to the individual's peculiar historical background, abilities, and needs of the moment. They seek to control disturbing dreams by decreasing the disturbing tension before sleep. The three basic mechanisms are: 1, physiological, substitutive, partial gratification of the id demands; 2, establishing a presleep sense of ego mastery; and 3, discharge of the dream while still partially awake (protected by reality). They are most effective in combination.

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The Anthropological Evidence and the Œdipus Complex

Géza Róheim

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THE ANTHROPOLOGICAL EVIDENCE AND THE ŒDIPUS COMPLEX

BY GÉZA RÓHEIM, PH.D. (NEW YORK)

It is surprising to find in the psychoanalytic literature the statement that if infants and children are reared in a culture that permits them uninhibited sexual activity they do not develop an œdipus complex. This is a belief which I am certain is also held by many anthropologists.

In a recently published article, A. McF. Johnson states: 'We have held the view that freedom in sexual play with themselves or each other in children would on the whole not decrease the inevitable phylogenetically determined sexual need for the parent. Anthropology so far lends little if any support to this view.' [1]

Anthropology, however, provides factual evidence which cannot be simply disregarded, and the following data speak for themselves.

ARNHEM LAND

'Children and adults sometimes play with the penes of dogs until an ejaculation takes place while children are allowed usually to indulge their whims without rebuke. They swear at their mothers or another woman on the least provocation: e.g., at Yiralla where the reiterated words, "Long Vulva, Long Vulva", were commonly heard at all hours of the day and night. They are invited by a mother, older brother or sister or some other person to indulge in sexual intercourse with an adult or a child of the same age standing nearby; their sexual organs may be fingered and played with or their sexual potentialities discussed exhaustively in front of them by other people.' [2]

[1] Johnson, A. McF: *Some Etiological Aspects of Repression, Guilt and Hostility*. This QUARTERLY, XX, 1951, p. 517.

[2] Berndt, R. and C.: *Sexual Behavior in Western Arnhem Land*. New York: Viking Fund Publications in Anthropology, No. XVI, 1951, p. 21.

'At an early age children of both sexes who sleep in their parents' or guardians' camp have firsthand observational knowledge of the sexual act. They usually gain this by giving their parents or older relatives the impression that they are asleep when really they are listening and watching. Or they may follow an older brother or sister who has a pre or extramarital assignation and observe the act of copulation while hidden in the bush.

'From an early age this knowledge tends to stimulate their desire to imitate and re-enact among themselves these sexual activities publicly (when they are young) or secretly (when they become older and more self-conscious). When such activities are carried out in play with children of the same age or older, they usually cause much merriment among onlookers who make lewd and suggestive comments.' [3]

The Alawa tribe of Arnhem Land relate the myth that in the Dreaming Period the Kadjari (mother imago) lived with her old blind husband and her sister's daughter's son, a small boy. One day the Kadjari went foraging for food and found some goanas (big lizards); she killed them and brought them back to camp and roasted them. She handed the largest one to the old man and the smallest ones to the boy. The boy wanted the big, fat one.

Informants explained to Dr. Berndt that the goana symbolizes the penis and a little boy is given a small goana because his penis is small and not mature; the old man gets the large goana because his penis is of adult size. The child wants an adult penis to take the old man's place and have intercourse with the Kadjari. The Kadjari protested, 'No, I can't give you the big one; I have to give it to the old man'. The small boy became very angry. He seized the large goana and threw it on a flat rock. It split and the meat was scattered. This, it is said, was the origin of the ritual of subincision.

'We had better go away', the Kadjari said, and began to climb up a tree to the sky. The child who was following her

[3] *Ibid.*, pp. 86–87.

looked upward and saw her vulva. 'That's a nice vulva. I want it', the child thought. In his excitement he slipped down the tree trunk to the ground. The Kadjari opened her legs, placing them on each side of the tree trunk as she climbed. The boy's slipping down means the immaturity of his penis, from which it is inferred that his penis would slip out of a mature woman's vagina during coitus.

She came down to pick him up, but he was not hurt. He said, 'I want to have intercourse with you before we return'.

'No', she replied, 'you are too small', and she began to climb again.

'You give me coitus before we go home to the old man', he cried out.

'I can't give you coitus', the Kadjari said. 'My vulva belongs to the old man and your penis is too small.' He bit her clitoris and she began to squeal and shout to her husband. The old man rushed up with a stone axe and threw it at the boy who turned into a rock.

The Kadjari and the little boy then ascended into the sky and are visible there in the form of a constellation. The husband who threw the axe is the Lightning or the Rainbow Snake (the father imago of this area), who punishes the boy for having violated the incest taboo.[4]

It is well known that in all primitive Australian cultures complete freedom of sexual play is permitted the children; yet these societies are organized on bases of extremely complicated taboos and phobias regarding incest.

LESU IN NEW IRELAND

According to Powdermaker, '. . . the children of both sexes may be found on the sandy beach playing at ritual dancing, or imitating adult life in their sexual play, which consists in the boy and girl standing very close together, [their] sexual organs . . . touching . . . but not penetrating. It is usually done quite openly in public and the adults smile . . . and regard it as the

[4] Berndt, R.: *Kunapipi.* Melbourne: F. W. Cheshire, 1951, pp. 185–187.

natural order of things. This kind of play occurs from the age of about four. Occasionally a boy and a girl will steal away into the bush . . . which is merely imitating the adult in more detail.' [5]

Incestuous dreams, however, are fairly common. A man, for example, dreams of having intercourse with a woman of his own moiety, sometimes his sister or mother. If a man has such a dream he is ashamed of it and rarely talks about it.[6]

THE PILAGA INDIANS

'In the culture of the Pilaga Indians we will observe a pattern of child sexuality which is exactly the opposite of our own. . . . While we demand and achieve children who are relatively celibate and adults who are less so, the Pilaga expect children to be exuberantly sexual and expect that adults will be relatively restrained. The sexual experience of children is not sporadic, hidden and incomplete as tends to be in our culture but starting in infancy tends to become constant.' [7]

Yorodaikolik, a boy of four, puts a doll representing himself between the legs of a mother doll and says they are having intercourse; then he puts it on top of a sister doll repeating 'intercourse'. He next directs a turtle doll to bite a sister doll, but it bites a male doll (retribution). He pushes all the other dolls away and then the turtle doll bites the doll that represents himself over and over again.[8]

Darotoyi, aged four, puts a turtle on a father doll's penis. He pushes it up to the father doll's eyes and says: 'Look, it has bit its eyes. It has already swallowed them.' Then he makes the turtle bite the penis of the doll that represents his brother. Later the child puts the doll representing himself on a mother

[5] Powdermaker, H.: *Life in Lesu.* New York: W. W. Norton & Co., 1933, p. 85.

[6] *Ibid.,* p. 268.

[7] Henry, Jules: The Social Function of Child Sexuality in Pilaga Indian Culture. In: *Psychosexual Development in Health and Disease.* Edited by Paul H. Hoch and Joseph Zubin. New York: Grune & Stratton, 1949, p. 94.

[8] Henry, Jules and Zunia: *Doll Play of Pilaga Indian Children.* New York: American Orthopsychiatric Assn., Inc., Research Monograph No. 4, 1944, p. 91.

doll, inserting the penis into the vagina. He acts out the same fantasy with a sister doll. Finally he lifts up the father doll and says, 'This is toad's food'.[9]

On the basis of these data alone nobody could doubt both the desire for intercourse with the mother and the attendant feelings of guilt.

THE FAN IN WEST AFRICA

Children among these people are supposed to be ignorant of sex as such; however, they are given complete sexual freedom. At the age of five they are imitating parental coitus; at eight or nine they perform sexual intercourse; but it is still called a game.[10] Trilles records the following myth of this people.

Once upon a time there was a great chief called Crocodile, Son of the Crocodile. In those days the tribe lived on the shores of a huge river in which there lived a gigantic crocodile to which human beings had to sacrifice one day a girl, the next day a boy. These were evidently for eating, but a beautiful girl had to be given to him at the new moon as a wife. Ultimately, as the supply was nearly exhausted, they decided to leave their plantations on the shore and escape. They arrived at another lake, but there was the crocodile in the midst of the village and he immediately ate their chief. To punish them he doubled the number of victims he had demanded. Finally he fell in love with one of the girls sacrificed to him and did not eat her. Nine months later she bore a child, Crocodile, Son of the Crocodile. He grew up to be a strong man and his mother advised him to prepare an intoxicating liquor for the crocodile-father. His mother's magic gave him lightning with which mighty weapon he killed his father.

We need not describe the ceremonies still held to the present day to appease the spirit of the dead crocodile-father of the tribe.[11]

[9] *Ibid.*, pp. 113–114.

[10] Tessmann, G.: *Die Pangwe.* Berlin: Wachsmuth, 1913, II, p. 252.

[11] Trilles, R. P. H.: *Totemisme chez les Fan.* Münster i W.: Bibliothéque Anthropos, 1912, Vol. I, pp. 184–205.

Such convincing evidence newly added to equally incontrovertible data published in many previous publications of this writer lead to the conclusion that either writers are unacquainted with the literature on this subject or, having read it, remain unconvinced.

Margaret Mead and Frances Cooke MacGregor summarize the conclusions on this subject in a few well-chosen sentences. 'A disciplined attention to the way in which a climate of opinion is dependent not only upon the insights and researches of individuals, but also upon the pattern of culture in which they occur is one way of preventing these contretemps. By recognizing that Americans will reach for solutions which are optimistic and open-ended, will repudiate suggestions that are limiting, will tend to see things in black or white terms, often simply reversing a past position, then arriving at a higher level of abstraction . . . by recognizing all this we can build a new climate of opinion, in which we shall be able to include, simultaneously, the recognition of the regularity of the growth process for all human beings, the regularities of the cultural process within each culture, and the individuality with which each human being has grown with his particular physical endowment, within his particular culture, his particular period of history and his particular life situation.' [12]

It is our conclusion that everyone, including scholars, believe what they want to believe.

[12] Mead, Margaret and MacGregor, Frances Cooke: *Growth and Culture.* New York: G. P. Putnam's Sons, 1951, pp. 22–23.

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On Denial of Objective Sources of Anxiety and 'Pain'

David L. Rubinfine

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ON DENIAL OF OBJECTIVE SOURCES OF ANXIETY AND 'PAIN'

BY DAVID L. RUBINFINE, M.D. (NEW YORK)

'The [adult] human ego', writes Anna Freud, 'cannot make more extensive use of the mechanism—at once so simple and so supremely efficacious—of denying the existence of objective sources of anxiety and "pain". The ego's capacity for denying reality is wholly inconsistent with another function, greatly prized by it—its capacity to recognize and critically to test the reality of objects.' As for when and how this restriction in the use of denial develops, she says, 'It is difficult to say when the ego loses the power of surmounting considerable quantities of objective "pain" by means of fantasy. . . . For one thing, we conjecture that the faculty of reality testing is objectively reinforced so that it can hold its own even in the sphere of affect.' [1]

A clinical observation is presented which may have some bearing on these questions of 'when' and 'how', and incidentally reports an interesting variety of dream wish.

A twenty-six-year-old married woman, with two children, sought treatment for depression and a deep sense of inadequacy and worthlessness. It soon became apparent that she suffered from a severe masochistic character neurosis. She was unable to achieve orgasm in intercourse unless she fantasied she was being beaten on the buttocks by an unidentified man; also, with variations, this was her usual masturbatory fantasy. In her marital and social relationships she was regularly extremely passive, stubborn and uncooperative, in a manner which provoked resentment and hostility, and when periodically such 'injustices' accumulated, she would enact dramatic scenes of screaming, weeping and threatening to commit suicide or to run away. This was all re-enacted in the transference. Gradually it became apparent that the 'injustices' were derived from her severe castration complex. During the third year of treatment, when she had improved sufficiently to successfully seek and hold a responsible position, an incident occurred.

She was employed in a large concern which manufactured industrial equipment. One day the foreman of the plant told her that he

[1] Freud, Anna: *The Ego and the Mechanisms of Defense.* New York: International Universities Press, Inc., 1946, pp. 85–88.

had testified in court about the significance of a defective kingpin in a particular machine, and he had pointed out that such a defect was extremely dangerous because the top of the machine might tumble off during its operation. On awakening the following morning, the patient remembered a dream in which she was at work, and a mechanic employed by the factory phoned in to report that in assembling a machine he had discovered a defective kingpin. Later that day the patient, normally very reticent about her personal life, experienced an 'unaccountable' impulse to relate her dream to the foreman. He laughed and said she had not dreamed this; she had overheard a telephone call from the mechanic the day before.

The patient's associations quickly made her aware that the discussion of defective kingpins had aroused painful feelings connected with her castration complex. The dream, which manifestly reproduced a residue of the day, fulfilled the wish that the painful perception of her castrated state were only a dream. The dream had accomplished its purpose, for on awakening she had no recollection of the actual event but remembered the dream vividly. Later in the day the patient experienced what may be described as a 'compulsion to be reminded' of the same 'painful' objective reality which had been denied so successfully by the dream wish. The patient's unconscious need for punishment thus motivated a compulsive act which vitiated the denial of a painful perception.

Freud repeatedly stressed the fact that pathology 'with its magnification and exaggeration makes us aware of normal phenomena which we should otherwise have missed'.[2] It may be that in this patient, whose superego is pathologically severe, a process which ordinarily operates in a concealed manner becomes manifest through exaggeration. With this in mind the following hypothesis is suggested: the establishment of the superego, bringing with it the introduction of guilt into the psychic economy (the need for punishment), results in a restriction of the effectiveness of the mechanism of denial. It is further hypothecated that the 'pain', resulting from the perception and the acceptance of objective reality, is utilized by the ego partly to satisfy the unconscious need for punishment.

[2] Freud: *New Introductory Lectures on Psychoanalysis.* New York: W. W. Norton & Co., Inc., 1933, pp. 84–85.

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Essays in Applied Psychoanalysis. By Ernest Jones, M.D., F.R.C.P. London: The Hogarth Press, Ltd. and The Institute of Psychoanalysis, 1951. Vol. I, 333 pp. Vol. II, 383 pp.

Franz Alexander

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BOOK REVIEWS

ESSAYS IN APPLIED PSYCHOANALYSIS. By Ernest Jones, M.D., F.R.C.P. London: The Hogarth Press, Ltd. and The Institute of Psychoanalysis, 1951. Vol. I, 333 pp. Vol. II, 383 pp.

In these two volumes, thirty-six articles have been collected, written between 1911 and 1949. They give the reader a view not only of Dr. Jones's extensive interest in all areas of the humanistic and social sciences, but also of the gradual penetration of basic psychoanalytic knowledge in these fields. Every reader will be impressed by the author's erudition, faculty for clear thought, and psychological sensitivity. One might not agree with all his conclusions in interpreting social and group phenomena, but even where one notes certain methodological weaknesses in his approach, one never can accuse the author of wild speculation. His reasoning is always close and the conclusions are based on at least partial evidence.

It is not possible to evaluate in a summary fashion the kaleidoscopic array of these various articles on different subjects and on different levels—some popular and some highly technical. To the reviewer, by far the most interesting articles are those in which the author uses psychoanalysis for the understanding of individuals (or as Jones refers to it: 'individual psychology').[1] Among these—papers on Andrea del Sarto, Louis Bonaparte, Paul Morphy—it is hard to give preference to any. The most detailed study is the last one, a masterful example of the use of biographical material for the genetic and psychodynamic reconstruction of an individual's destiny. This paper has never been surpassed by any psychoanalytic biographer in its convincingness, scholarliness and art of presentation. It throws light upon the problem of sublimation in particular and its relation to the genesis of neurosis. It demonstrates convincingly how, after the deterioration of a sublimated outlet, the same psychodynamic forces may express themselves in a pathological fashion. Aggressive, competitive impulses which Morphy could so freely express without conflict in playing chess, after this sublimated outlet was no longer available to him, had to be dealt with by projection which lead to his paranoid ideas. This transition from sub-

[1] A footnote warns the reader not to confuse Jones's with Adler's usage of the expression 'individual psychology'.

limation to neurosis or psychosis has never been more validly demonstrated than in this article.

Among the studies devoted to the fields of anthropology, folklore and religion, the one about the symbolic significance of salt is perhaps the most outstanding, not only because of its comprehensiveness, but also because of the richness of its source material and ingenuity in reasoning. The paper on the Madonna's Conception Through the Ear is equally significant. Jones is unsurpassed in the mastery of the language of symbolic thought processes; he moves with ease and certainty in the complex labyrinth of displacements, condensations, substitutions, representations through the opposite and *pars pro toto,* and handles the primary processes in the same unerring fashion as a mathematician handles complicated differential equations and integrals.

In the papers on group phenomena such as war, international tension, and in the theoretical writings in the social sciences such as the psychology of religion, social psychology, the individual and society, Jones points out the influence of unconscious processes upon social interaction. The value of these writings consists in forcefully calling attention to the fact that the social sciences cannot operate with the abstraction of the rational man if they are to explain group phenomena. This is more obvious in the field of religion but is equally true, though less manifest, in such fields as international tensions or war which habitually have been treated by historians and sociologists as motivated primarily by practical rational interests and conscious evaluation of national advantages. Jones demonstrates the powerful influence of the logic of emotions by several examples. His position that society consists of individuals and the nature of the individual psyche determines social interaction in groups is unassailable. At the same time, Jones is quite aware of the fact that this is only one side of the coin. The other side is the influence of the total social configuration upon the members of the group. Although the basic principles of human nature are universal, the variations of personality are infinite. The latest advancement in the field of anthropology consists in understanding just how parental attitudes and the practices of child-rearing prevailing in a culture are determined by the structure of the group. Personality reactions typical for a given culture cannot be explained alone from the knowledge of the psychology of the conscious and unconscious mind. The knowledge of sociologic, historic, economic, climatologic and geographic fac-

tors responsible for the prevailing parental attitudes in each culture is equally necessary. These parental attitudes favor certain types of reactions and determine the personality structure characteristic for a nation.

In two articles, one on the political attitudes of the Irish and the other on the inferiority complex of the Welsh, Jones deals with the complex problem of national character and national attitudes. In the second of these articles, Jones's restraint and readiness to admit our ignorance in this field is admirable. In the first-mentioned article he is bolder, trying to explain Irish isolationism and political non-conformism from a single geographic factor: the insular position of Ireland. The latter favors the identification of the homeland surrounded by water with mother, which identification again favors the Irish sensibility toward every intrusion from outside as 'the manifestation of the cruel and violent nature of the father's love . . . toward the mother'. The reader will share Jones's own self-critical remark, toward the end of the paper, that 'the point of view brought forward in this essay is—I will not say too slight—but too isolated for one to draw safe practical conclusions from it' (p. 111, Vol. I).

Although a faithful follower of Freud, Jones is a thoroughly original thinker. He uses freudian concepts in a novel, highly personal manner. Unlike many of the epigones, he never writes an article which starts out with a freudian formulation and ends with proving the thesis in the *quod erat demonstrandum* fashion. For any who, like the reviewer, grew up with the development of psychoanalysis, to reread Jones's collected papers is a profound experience. It re-enforces one's feeling about the vitality of our young discipline—a quaint combination of intuition, rigorous scientific reasoning and artistic flair. In Jones, all of these appear in an unusually happy combination.

FRANZ ALEXANDER (CHICAGO)

PSYCHOANALYSIS AND POLITICS. A Contribution to the Psychology of Politics and Morals. By R. E. Money-Kyrle. New York: W. W. Norton & Co., Inc., 1951. 183 pp.

It has been said that nobody really understands politics, and the least that can be said of this book is that it shows why. In touching upon some of the complexities of the interactions between the unconscious psychological processes of individuals and the character of groups, institutions, and political bodies such as states, Money-

Kyrle attempts to show that the psychoanalytic approach to politics, while not the ultimate key, is nevertheless an indispensable prerequisite to its understanding.

A Theoretical Basis for a Psychological Approach to Politics is divided into chapters on Ethical Relativism and the Application of Psychology to Politics, Some General Principles of Cognitive Development, Early Stages of the Development and the Origin of Conscience, The Development of Moral Character and Some Varieties of Character Formation. This section is an excellent summary of the ideas of Melanie Klein and her school, with its chief emphasis on the distortions of perception and behavior produced by the incorporation of 'good objects' and 'bad objects' and the development of and defenses against two main types of anxiety: early persecutory and depressive. Some Aspects of the Psychology of Politics is the more or less strict application of these ideas to such topics as The Group in Its Relation to Other Groups, The Group in Its Relation to the Individual, The State as an Influence Favorable or Unfavorable to the Development of Normal Personality, and The Analysis of Political Motives.

Not everyone will be satisfied with the author's efforts to define reality in terms of an 'absolute criterion of truth', at which he spends considerable time trying to arrive through a 'parlay' of psychoanalysis and logical positivism. Again, it may seem to some that there is an incautious overweighting here of clinical thinking at the expense of historical, anthropological and sociological empiricism, not made any the less suspect by the fact that the author repeatedly apologizes for his oversimplifications. Nevertheless, the chief point —that the character of a bureaucracy or the behavior of the masses at the barricades cannot be divorced from what happens at the breast—is ably presented and defended. At the end, the author commendably refrains from plumping for mass psychoanalytic guidance of individuals and states as the preferred road to salvation. Just what to do about it all is left open.

JULE EISENBUD (DENVER)

THE PSYCHOANALYTIC STUDY OF THE CHILD, Volume VI. New York: International Universities Press, Inc., 1951. 398 pp.

This latest volume includes papers on child development presented at the meeting with Anna Freud at Stockbridge in 1950, a discussion

of masturbation at the New York Psychoanalytic Institute in 1950 (including a translation of Tausk's paper of 1912), and fourteen other contributions concerning early childhood, latency and adolescence, among them a study of child-rearing some centuries ago. The papers here printed are without exception excellent and this series continues to be the only satisfactory survey of large areas of Child Psychiatry.

René Spitz offers a systematic classification of the psychogenic disorders of infancy based upon the maternal attitudes that engender them. This difficult type of study seems especially promising, and has been pioneered in by Dr. Spitz and by Miss Anna Freud who, with Sophie Dann in the present volume, contributes an investigation of a group of concentration camp children brought up without real or substitute parents. The children, whose early years were passed in an atmosphere somewhat comparable to Spitz's emotionally deprived infants, showed a strength of ego that is surprising when one considers the importance generally attached to the mother-child relationship early in life.

Bennett and Hellman compare the experiences of a child under close observation during its latency period with the material later derived from his analysis, an investigation rarely possible and of especial importance because of the light it sheds upon the ways of the unconscious in reworking the events of daily life. Selma Fraiberg presents a study of the sexual 'enlightenment' offered to a child and the child's understanding thereof. One wonders whether such enlightenment can be achieved by the methods commonly used. Martha Wolfenstein examines the mind of the child through analysis of his humor, managing incidentally to explain the puzzling fact that children often greatly enjoy jokes the points of which (as the adult understands them) they have entirely missed.

The analysis of the latency period is exemplified in several case reports, all beautifully presented, and with a discussion of transference. Unfortunately, analysis of the adolescent receives, as in the past, far less attention. A good theoretical review of the field is presented by Spiegel but it would be desirable to have in addition more case reports and studies of technique.

GERARD FOUNTAIN (SCARSDALE, NEW YORK)

THE STUDY OF INSTINCT. By N. Tinbergen. London and New York: Oxford University Press, 1951. 228 pp.

This is a very meritorious book. It does not, however, deal with the psychoanalytic concept of instinct (i.e. 'drive') but with the original meaning of 'unlearned behavior' (i.e. inherited neural mechanisms, similar to Pavlov's 'unconditioned reflexes'). This is a field analysts have side-stepped consistently because they have investigated the causes of acquired behavior based on the history of the individual. As motives of behavior psychoanalysis used the concept of *Trieb* which was sometimes translated into English as 'instinct', sometimes as 'drive'. Only the latter comes near to Freud's use of *Trieb* which means a hypothetical energy of biological nature with specific aims. Those aims were grouped in two classes, destructive and libidinal (sexual) ones, and accordingly sexual drive (libido) and destructive drive were the hypothetical pillars on which psychoanalytic theory of drives, i.e. energies with a purpose, was erected.

Pavlov on the other hand treated all acquired behavior as modifications of inherited mechanisms which he called unconditioned reflexes. The personal experience of the individual which modified this unlearned behavior he understood as a 'conditioning' process which he viewed as being entirely mechanistic because he eliminated subjective motivations (pleasure and pain, desire and rejection, hope and fear) as objectively not observable and, accordingly, 'unscientific'.

Pavlov thus eliminated an important part of psychology, namely subjective motivation, whereas Freud, as the reviewer has frequently pointed out,[1] used an untenable hypothetical figment, *Trieb,* on which to build his psychology. Freud felt that he had his hands so full with finding out how experience modifies the individual that he purposely left out inherited mechanisms, and consequently failed to respond to early overtures from Pavlov who had great admiration for Freud's first publications. He thus missed developing acquired behavior from hereditary behavior and had to resort to a

[1] Herold, Carl M.: *Critical Analysis of the Elements of Psychic Functions.* This QUARTERLY, X, 1941, pp. 513, ff.; XI, 1942, pp. 59, ff. and pp. 187, ff. Also, *Psychophysiology.* This QUARTERLY, XIII, 1944, pp. 418, ff.

philosophical basic concept of *Trieb,* whereas Pavlov got stuck in an extremely mechanistic empiricism.

The total neglect by psychoanalysts of the observation of 'unlearned', i.e. 'inherited', behavior did not help for progress toward a truly scientific psychology; nor was it helpful to use the word 'instinct' which meant, and still should exclusively mean, unlearned behavior, as a translation of *Trieb.* Lately I find that 'instinct' is used with increasing frequency in English psychoanalytic literature. It is therefore very welcome to find a book about instinct in its original meaning, written by a zoologist and biologist. It will remind us that inherited, or 'innate', behavior discloses a vast field of objective facts which should be tackled and not avoided by anyone who approaches psychology with a healthy appetite for objective observations and with the feeling that it is really a legitimate chapter of physiology.

Tinbergen draws from experiments and observations concerning the innate behavior of birds, fish, and insects. He can prove the interplay of external and internal stimuli. *The latter, he can demonstrate* (and this should make psychoanalysts somewhat thoughtful), *are not sufficient, usually, to produce (i.e. to enforce) innate behavior.* But these inner stimuli serve as hair-trigger mechanisms in alerting the nervous system, making it more sensitive to external stimuli. Thus a sort of searching behavior results from sufficient inner stimulation (chemical and nervous) which vaguely shows the primitive beginning of what we in ourselves know as 'purpose'. When now an appropriate external stimulus is elicited by the environment, the typical innate behavior pattern is released into action. The preceding alerted stage is about the same thing as Pavlov's 'investigatory reflex'. The whole theory of instinctual behavior as developed by Tinbergen is definitely a factual demonstration of the basic principles of psychophysiology with the help of objective observations, such as this reviewer postulated in his paper, Psychophysiology.[2] Acknowledging the superiority of the natural and laboratory observations, which Tinbergen used, over the chiefly logical and speculative method used by the reviewer, the latter cannot suppress a modest grunt of satisfaction as he recommends this very readable book to his colleagues.

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

[2] *Ibid.*

MENTAL HEALTH AND THE PREVENTION OF NEUROSIS. By Joachim Flescher. New York: Liveright Publishing Corp., 1951. 605 pp.

This book has broad sweep and a high aim. It is the credo of a sincere searcher into the human psyche. If Flescher had been content to present the principles of psychoanalysis and their application in the treatment of neuroses, based on many years of experience here and in Europe, the book would represent a commendable addition to psychoanalytic writing.

Where the book falls short, as this reviewer sees it, is in those chapters where the author tries to show how neuroses can be prevented. Some of the shortcomings may be found in his stressing theoretical aspects of psychoanalysis which are still highly controversial, as for instance the importance of the death instinct. In addition, Flescher's views on aggression and on the effect of parental restrictions in the development of neuroses, seem to be overemphasized. This is certainly important in view of the fact that the book is addressed to the public.

The book, which is well-indexed and which contains a glossary and bibliography, consists of five parts. Instincts and Environment in Childhood, gives an introduction to Flescher's view on aggression. Normal Psycho-Instinctual Development and Abnormal Development and Psycho-Instinctual Disorders, form the solid backbone of the book and give evidence of the author's wide experience in the theory and clinic of psychoanalysis. With Principles of Psychic Health, Flescher reaches the point where he has to make good his promise: Mental Health and the Prevention of Neurosis. It seems that he uses the term, 'mental health' and 'psychic health' interchangeably.

An important concept for Flescher regarding the development and prevention of neurosis is found in inhibitions, restrictions, and deprivations by parents. He uses the concept of the superego either explicitly or implicitly as a 'too-harsh superego', as a psychic instance which is as severe and interfering with the gratification of the child as he describes the parent prior to the formation of the superego. For instance, on pages 364 and 365 he makes a distinction between identification and introjection. He calls the former 'the internalization of a person which influences the formation and dynamism of the ego', which Flescher calls a 'positive' experience; he calls the latter the 'internalization of a person which leads to the

foundation or alteration of the superego', which he relates to restrictive and prohibitive experiences. One cannot help but read here that restrictions and prohibitions, per se, are a negative experience and are not advisable. This idea is confirmed where Flescher takes issue with permissiveness in parents (pp. 390, ff.): 'The claim for the inadequacy of permissive education certainly invites reflection. If we had to accept it as a basis for a general conclusion . . . it would imply the collapse of our whole concept of the pathogenesis of neurosis. . . .'

Flescher is rather inconsistent as he analyzes the effect of restrictions on the one hand against permissiveness on the other. Regarding prohibitions and restrictions of parents he considers the conscious attitudes. Regarding permissiveness he introduces the concept of 'valence' for the purpose of showing that behind the conscious permissiveness may be unconscious restriction. He states that the parent's influence on the child is most important in early infancy, that it is less the conscious attitude that matters than the 'extrasensory' element of the 'valence'. Nevertheless, in Practical Prevention of Neurosis, he gives instructions and recommendations, leaving the reader with the impression that unconscious drives can be curbed, directed and influenced through conscious control. Flescher foresees a time 'when expectant mothers will automatically receive preventative psychotherapy along with prenatal care'.

Flescher has had the courage to tackle a gigantic task. The fact that he has not succeeded should not be held against him. No one could have succeeded. If I have shown some of the book's shortcomings I do not question the directions, the hopes, and the rich harvest were the hopes to be fulfilled. What I do question are some of the principles. There is more to mental health than is contained in aggression; more than is contained in neurosis. It behooves the analyst to realize that his field of endeavor, as far as therapy and prevention is concerned, is merely one segment of an area called Mental Health. The criticisms should not deter us from considering the book very helpful in pointing to the fact that the principles of psychoanalysis and their application to the understanding of the child have become an important part of our lives. In so far as Flescher has presented a precise and exhaustive credo of psychoanalytic thinking, he has creditably contributed to the solution of the problem of mental health.

MARCEL HEIMAN (NEW YORK)

EN PSYKOANALYSE AF SØREN KIERKEGAARD (A Psychoanalysis of Søren Kierkegaard). By Sigurd Næsgård. Odense, Denmark: Psykoanalytisk Forlag, Poul Høymark, 1950. 149 pp.

There is little good to be said about this book, which reveals more intellectual and conceptual confusion than clarity and order. There is much good to be said about its author, who as an analyst is an example of the man who tried hard and failed.

By profession a psychologist, Dr. Næsgård has had very little training as a psychoanalyst. He became interested in Freud around 1915. The interest grew and became a fascination. For many years he has practiced psychoanalysis in Copenhagen. For many years one of the very few persons in Denmark who dared take Freud seriously, he was a courageous pioneer in psychoanalysis. Ridiculed and persecuted by an arrogant, ignorant, though at times extremely witty and hard-hitting press, Næsgård fought his long and hopeless battle. Stubbornly he refused to capitulate and in the process he became a very narcissistic man. In 1929 and 1933 he published two books, which were on the whole sober and objective presentations of Freud's findings and theories.

This volume, however, demonstrates how impossible it is for a person without thorough psychoanalytic training to maintain that emotional and intellectual self-discipline which alone makes it possible to function as an analyst or to apply psychoanalytic understanding to problems of human nature. The good analyst is 'tough-minded and tenderhearted' to use Oliver Allston's (Van Wyck Brooks's) words; i.e., he has integrity of character and can establish mature object relationships. It is a sad fact that circumstances did not permit Dr. Næsgård's talent and courage to achieve that final maturity.

A great deal of attention is paid in this book to Næsgård's instinct theory, which he developed in an earlier book: *Kend dig selv*[1] (1941). This theory does not lack originality. According to it there are altogether approximately thirty instincts, among them anxiety, pain, shame, fatigue, fainting and happiness. This makes for sad reading because it exemplifies the typical tragedy in the history of psychoanalysis: the talented analyst who has unanalyzed personal conflicts, rebels against Freud and produces a new theory, the presentation of which in this case can best be described as a narcissistic orgy.

[1] *Know Thyself* (not translated).

In *En Psykoanalyse af Søren Kierkegaard,* Næsgård applies his instinct theory to this philosopher. There are occasional references to psychoanalytic concepts. It is, for example, stated that Kierkegaard was sexually attached to his mother and that he hated his father. Pointing out that a person has an œdipal conflict means nothing. It is *how* he tried to solve his conflict and *why* he failed that fascinates us and makes it possible for us to understand and to help resolve it.

The problem of genius—and Kierkegaard was a genius—still evades our efforts at comprehending its nature. The preanalytic pathographists could do no better than describe and diagnose. Even the much refined psychoanalytic method for understanding human nature fails in attempts to grasp the essence of genius. As Freud stated, 'The nature of artistic attainment is psychoanalytically inaccessible to us'.

POUL M. FAERGEMAN (STAMFORD, CONN.)

DOGMA AND COMPULSION. Psychoanalytic Studies of Religion and Myths. By Theodor Reik. New York: International Universities Press, Inc., 1951. 332 pp.

This work makes available in English a collection of Theodor Reik's studies of religion, dogma and myth. The major work presented is Dogma and Obsessional Idea, in which dogma in the evolution of religion and the psychic mechanisms that govern it are investigated. The analogy between the obsessional neurotic activities and the detail of religious ritual serve as stimulus and point of departure for the study. The author demonstrates that 'religious dogma corresponds, in the history of human evolution, to the obsessional idea of the neurotic; . . . that it is the most significant expression of the obsessional thinking of the people'. This thesis is painstakingly elaborated, against an interesting and authoritative account of the genesis of dogma.

Further studies include The Prayer Shawl and the Phylacteries of the Jews, Psychoanalytic Studies of Bible Exegesis, Man the Mythmaker, Œdipus and the Sphinx. It is noteworthy that the author writes under the assumption that religion and religious institutions are losing their hold upon the minds and lives of peoples. Either despite or because of fundamental psychoanalytic studies, we are today seeing a militant Church gaining in influence, and a considerable movement toward reconciliation and coör-

dination of the effort and social aims of the religionist and the psychiatric clinician. Perhaps the author would see in this a strong defense of those battling against 'the decay of religion among civilized peoples' with which 'dogma must collapse, and with it rational theology, apologetics, and dogmatics must disappear' (p. 160).

The author's style is lively and, despite overelaboration and repetitiousness, at times sustains the suspense of a mystery in tracing sources and hidden meanings as in The Prayer Shawl and the Phylacteries. Only in the small work on the Insurance Policy does one have the impression of somewhat forced interpretations that fail to carry conviction.

The translation by Bernard Miall is excellent; editing and format are of high order.

GEORGE J. MOHR (CHICAGO)

THE CHEWING APPROACH IN SPEECH AND VOICE THERAPY. Edited by Deso A. Weiss, M. D. and Helen H. Beebe. Basel and New York: S. Karger, (Undated). 118 pp.

This is a book by a distinctive group of voice and speech therapists who are the pupils and followers of Emil Froeschels. It should be of interest to analysts and psychiatrists because it deals with problems not infrequently observed by them.

The 'chewing method' of treating various functional and organic speech and voice disorders was discovered by Froeschels, and is characterized as 'mainly psychological'. The patient is taught to phonate while making vigorous eating and chewing motions. He may first chew some food, or merely make the motions of chewing; then he interpolates articulated sounds and combines them with vigorous chewing motions. Thereafter, he is indoctrinated in the theory that the physiological pattern of chewing is the anlage of and identical with the production of voice and speech; hence, to regard the former as the model for the latter. Psychotherapy is mentioned only as adjunctive or catalytic, but its ways and means are not stated.

The method is founded on varied observations that purport this identity, such as, that one can eat and speak at the same time; that certain primitive tribes chew aloud, from which it is deduced that human speech began in voiced chewing; that there is one brain center for speaking and eating, corroborated by brain pathology in

idiocy and epilepsy; the ontogenetic observation that the baby begins to babble after satisfactory nursing; the therapeutic test of the chewing therapy itself.

The disorders treated by this technique include stuttering, phonasthenia, mutalional and other disorders of the speaking and singing voice, asthma, and such neurologic conditions as cerebral palsy, multiple sclerosis, and congenital deafness.

What manner of book is this? Dealing as it does predominantly with psychiatric syndromes and offering a therapeutic method which it calls 'mainly psychological', it really treats of both only in terms of the final anatomicophysiologic modality—muscular action. Such fundamental psychological phenomena as the nature and the meaning of communication, its development in relation to objects by contact and identification through a progression of proximal and distal sensory receptors, its utilization for different cathexes and perceptions of self and objects as well as for active and passive drives—none of these are considered. Nothing at all is mentioned of the seminal analytic findings about the meaning and development of voice and speech as described in the writings of Freud, Ferenczi, Jones, particularly Abraham, etc., or even the relevant contributions of such eclectic writers as Piaget or Sapier. Consequently no psychological interpretation is given for this chewing method of treatment, which constitutes a regression from a more definitive to a more primordial mode of expression, to explain how it cures voice and speech disorders. However, one need not doubt that speech and voice production controlled by the chewing idea can, as one of the authors states, 'become free of spasms at various points of the phonating or articulating apparatus, hence smoother, more intelligible and melodic'. But it must be evident that it is the permissive attitude which this therapy offers toward the regressive use of voice and speech for the expression of libidinal and aggressive drives that is, in essence, responsible for the removal of those spasms.

In lieu of psychodynamics a variety of rationalizations, evasions and defenses against insight is offered. One such, for example, using stuttering as a prototype, is that the stutterer suffers from a misconception that speech is difficult, and that the goal of the therapy is to convince him that speech is as easy as chewing. This statement is invalid on both logical and psychological grounds.

First, if the two functions are identical, as alleged, we are not told whence this misconception about one and not the other; second, from observations made by the reviewer while eating lunch with stutterers it became clear to him that many of them tend to dislike chewing, often preferring softer and liquid foods. These observations are confirmed by psychoanalytic findings of frequent inhibitions of chewing and preferences for drinking, both as oral activities per se, as well as anlagen for derivative character traits. To encourage a stutterer to chew is helpful, but to do it without insight into his inhibition limits the therapeutic result very materially.

Another illustration is the following observation made by the reviewer during one demonstration of the results of this method. A child was presented as having overcome his stuttering by the chewing method. There was no question about the improvement. After the demonstrator stated that she had taught the child to chew his words, someone in the audience asked the child what he was doing as he spoke. He quickly answered that he was 'chewing a Russian'. While this was greeted with laughter by the audience, composed mostly of therapists using this method, the psychological meaning of the method so aptly though unwittingly expressed by the little patient seemed to have been missed. One is left wondering how much, and how, the stuttering personality was affected. One of the more psychologically oriented of the contributors suggests to her patients that they form pleasant visual images of speech. Obviously, this can hardly suffice as an approach to the troublesome unpleasant images as long as they are allowed to remain unconscious.

These examples reveal only a part of the inevitable and deep chasm existing between therapies conceived in anatomicophysiologic terms and those based on psychological and psychopathological insights.

This book is of interest not because a group of authors essentially alienated from psychological orientation regard it as incredible that any therapy not applied directly and exclusively toward a symptom should be able to resolve it. It is of interest rather because, for diverse reasons, a number of psychiatrists and analysts, without any interest in or knowledge of the chewing method, believe also that at the conclusion of the analysis or psychotherapy of such patients, speech or breathing exercises are desirable. Because

advice for such supplementary treatment is unique in psychoanalysis and psychotherapy, and because it tends to resemble and hence lend support to a form of therapy with which they have nothing in common, a few clarifying remarks are in order.

Pearson, stressing 'the intrapsychic conflicts that need intensive and expert treatment for their solution', nevertheless advises because of the 'neuromotor habit . . . toward the conclusion of psychotherapy to supplement treatment by speech retraining, i.e., by breathing exercises—to reinstate a more rhythmic type of breathing—and by conscious practice in speaking slowly and clearly'. On the other hand, Coriat advised explicitly against any and all speech and oral exercises even including the use of pacifiers, chewing gum, 'all-day-suckers', as tending to deepen the oral fixation, and distract attention from the psychopathology.

It is the reviewer's practice not to advise supplementary speech retraining. He does not regard the stuttering conversion symptom as particularly unique because of neuromotor habit. The feature that impressed him is the early development of speech phobias, ubiquitous as are speech disturbances. He deals with them as one does with all phobias: by urging the patient to participate in phobic situations in his life and by confronting and analyzing them in the transference. It is the phobic factor and the startle reaction—one of its elements—which most often upset the respiratory rhythms, and seem to him to be the rationale for prescribing respiratory exercises in a disturbance that basically affects the articulatory apparatus.

In sum, the chewing method affects the speech and voice in so far as it addresses itself, though cryptically, to the unconscious psychopathology. Its scope, however, is quite limited because it avoids conscious insight and especially because it cannot approach the phobic and characterological aspects of the disorder, which are often the most important. Not to be forgotten also are the well-known general consequences of attacking a symptom without first removing the underlying psychic structures. All this is not to say that all functional speech and voice disorders should or could be treated only by psychoanalysis; but today, the utilization of psychoanalysis as a basic science for understanding these disorders is already in the category of an indispensable necessity.

I. PETER GLAUBER (NEW YORK)

LEHRBUCH DER ANALYTISCHEN PSYCHOTHERAPIE (Textbook of Analytic Psychotherapy). By Harald Schultz-Hencke, M.D. Stuttgart: Georg Thieme Verlag, 1951. 340 pp.

Every one of the three hundred and forty pages of this book is a reader's nightmare. While this will seem a prejudiced and unscientific evaluation, it leads directly to the central controversy of the book. Instead of stating complicated and complex problems in the accustomed or accepted language of psychiatry, psychotherapy, or psychoanalysis, or at least of medicine, the author develops his own terminology. The reasons for such semantic reorientation are given with German *gründlichkeit,* but stated in agonizing, exhausting, inexact, argumentative, and often defensive and pointless ways. It is as if the author tries to hang the framework of reference in the temple of science without ever unwrapping the picture to the eyes of the profane.

Schultz-Hencke is known to the German reading psychotherapist through his recent books, *Der gehemmte Mensch* (Stuttgart, 1940 and 1947), and *Lehrbuch der Traumanalyse* (1949). The present book grew out of these works and was intended to be a kind of technique of *Demo-Lyse.* It is not clear whether the author intends to give the philosophy, technique, or the psychology of such psychotherapy. It surely does not give clinical evidence in the usual sense of the word.

According to Schultz-Hencke, the younger generation of psychotherapists can ask for a systematic 'amalgam' which combines the 'good parts' of Freud, Adler, and Jung. According to the author, two thirds of his book is taken from 'Freud's position', and the other third has been taken from Adler and Jung. He considers everything he describes in this book as 'stolen', and takes it upon himself to bring the loot into 'correct methodological focus'. Significantly enough, the author is surprised that 'orthodox analysts' consider his 'position' as containing perhaps only ten per cent of Freud's work. On page 6 of his Foreword, he states that he has dropped only 'the libido theory and the so-called metapsychology'!

MARTIN GROTJAHN (BEVERLY HILLS)

THE RETARDED CHILD. By Herta Loewy. New York: Philosophical Library, Inc., 1951. 160 pp.

This guide for parents and teachers is full of practical suggestions in terms of management and teaching techniques. Some general

principles are presented about the care of the retarded child during infancy, followed by a discussion of training the senses, speech, and use of the hand. Finally, the techniques in elementary education are presented with an emphasis on music, rhythm, drawing, painting, and play.

The child to be helped by Miss Loewy's method is generally described as 'the child with a mental defect' in contradistinction to the mentally defective child. This leaves the door wide open to a heterogeneous assemblage of cases, from the 'high grade mongol' to psychogenic retardation, and from the spastic to cases of endocrine dysfunction. Miss Loewy valiantly rejects 'too easy classification' and correctly insists that observation of the individual offers the best clue to special education. But this reviewer failed to detect any principle by which some order could be brought into the various types of retarded children except by applying the author's general denominator of an 'injured connection from the brain' (p. 14). One child, a girl of six called N, who is frequently referred to in the text, seems to this reviewer to represent a 'behavior problem'; without any etiological or psychopathological data, handling this girl's tantrums by isolation, reasoning, or cold baths (fully dressed) is difficult to understand. No doubt Miss Loewy, by experience and devotion to her work, has developed a practical sense for the needs of 'retarded' children, but one misses in this presentation a reflection of that body of knowledge about 'atypical' children which has accumulated here and abroad during the last decades.

PETER BLOS (NEW YORK)

PSYCHOLOGY IN THE SERVICE OF THE SCHOOL. By M. F. Cleugh. New York: Philosophical Library, Inc., 1951. 183 pp.

The purpose of this book is to help parents, teachers, and welfare workers to understand the function of Child Guidance Centers in England. Since referrals to the Centers are made by the teacher, it is he who has to acquire a new knowledge of a psychological service which has started to supplement the work of the schools. Dr. Cleugh emphatically makes a case for the educator's continued responsibility for the difficult child, a responsibility which by no means became suspended through the advent of the clinical expert. Both have to understand each other better in the future than they

do at present. Many apt case illustrations help to concretize theoretical discussions.

Dr. Cleugh sets out to give a concept of maladjustment which in essence is a statistical one: '. . . undesirable variations from the normal to a degree which is reached by only one percent or two percent, should be considered maladjusted' (p. 38). Maladjustment is the result of two inadequate reactions, namely, rebellion ('fight') or withdrawal ('flight'). The problem, then, centers around the proper management of 'aggressive' or 'regressive' reactions, which is to say, around the prevention of such reactions from becoming an 'ingrained habit' (p. 99).

The psychoanalytically oriented educator will find nothing of interest in this volume which propounds Adlerian ideas flavored by an extraordinary amount of good common sense.

PETER BLOS (NEW YORK)

THE ORIGINS OF EUROPEAN THOUGHT ABOUT THE BODY, THE MIND, THE SOUL, THE WORLD, TIME AND FATE. By Richard Broxton Onians. London and New York: Cambridge University Press, 1951. 547 pp.

The author of this book is the Hildred Carlisle Professor of Latin at the University of London. Not since Jane Ellen Harrison have I read with such profound admiration anything in the field of Greek and Roman religion. Here we have the best tradition of European scholars, a worthy successor to Mannhardt, Frazer, Harrison, Murray, etc. Most modern books in this field try to refute their predecessors but give nothing in exchange. Onians shows among other things that the Roman genius is the equivalent of the Greek ψυχη, thus confirming a view I have long held on the phallic origin of the concept of the soul. One also learns something about sublimation, that is, how the phallic serpent-soul becomes what we now call a genius. It is based on the well-known, but nowadays seldom mentioned, mechanism of displacement from below upwards.[1] He derives the word cerebrum from the verb *cereo,* or *ereo,* (I beget, I engender); hence the goddess Ceres, or in the masculine form Cerus, the 'engenderer' (p. 125). A person who is frantic or possessed is *cerritus, cerebrosus* and this again is *kerus,* another word for

[1] *Cf.* Róheim Géza: *Sublimation.* This QUARTERLY, XII, 1943, pp. 338–352.

genius. Overwhelming documentary evidence is brought for the thesis that a direct connection was assumed through the spine between the head and the genitals. The chest was the seat of consciousness, the head symbolized the unconscious, the libido (pp. 119, 123). This explains the significance of masks *(oscillum)* and, beyond the Greek-Roman field, of head-hunting and many other customs connected either with the taboo of the head or with the head as a symbol of fertility. Genius is fire or flame and so is love (p. 125).

Psychoanalysts will be interested in the author's comments on food and genius (p. 225), on the sirens and the Sphinx (p. 369). In connection with Bunker and Lewin's A Psychoanalytic Notation on the Root GN, KN, CN,[2] psychoanalysts will be interested in what the author has to say about the knee and generation (p. 175). In fact, the book is full of data and hypotheses on subjects of interest to the psychoanalytic reader.

GÉZA RÓHEIM (NEW YORK)

AIR WAR AND EMOTIONAL STRESS. Psychological Studies of Bombing and Civilian Defense. By Irving L. Janis. New York: McGraw-Hill Book Company, Inc., 1951. 280 pp.

With the exposure of entire civilian populations to the destructive implements of modern war, new problems confront the medical and social sciences. Not the least of these problems is psychological vulnerability to the threat and actuality of bombing. This book is an instructive contribution prepared under the sponsorship of The Rand Corporation, as part of a research program for the U. S. Air Force, by Dr. Irving L. Janis of the Department of Psychology of Yale University.

The author attempts to identify the major reactive patterns of civilians to wartime dangers, and their modes of adjustment to attack. He devotes special attention to the psychological hazards of atomic bombing, as suggested by studies of the bombing of Hiroshima and Nagasaki, where complete unpreparedness for the attack increased the severity of the shock. The blast itself, the fact that every survivor was conscious of having just missed annihilation, the large numbers of burned and maimed bodies, were major sources

[2] In: *Psychoanalysis and Culture,* edited by George B. Wilbur and Warner Muensterberger. New York: International Universities Press, 1951, p. 363.

of emotional trauma. Although the psychological reactions were highly personal, evidences of overt panic or antisocial behavior on a mass scale are not persuasive. Fear often persisted for some time, but psychoses, traumatic neuroses and other severe psychopathology appear to have been rare. The acute emotional shock was the predominant effect of the atomic disasters. Elsewhere in Japan, demoralizing effects were inconspicuous, probably because there was little publicity about the bombing and the war came to a rapid termination.

The tentative conclusions from the few reliable data on atomic bombing are in accord with the numerous reports of conventional air warfare. The author examines this material in considerable detail.

The implications of the various observations made during World War II are well delineated throughout the book. The author examines the effect of severe fear reactions on wartime morale, and the adjustment mechanisms which operate under bombing. He deals with specific problems of civilian defense, disaster control, training and emotional inoculation, and education for survival, and outlines problems for research into methods of minimizing anxiety, pessimism, apathy, and disruptive behavior in time of anticipated danger. The book should be of considerable value for civilian defense planning, and warrants earnest psychiatric appraisal.

FRANCIS J. BRACELAND (HARTFORD)

THE EGO AND THE SELF. By Percival M. Symonds, Ph.D. New York: Appleton-Century-Crofts, Inc., 1951. 229 pp.

Symonds provides a very good survey of the literature on ego psychology in this book. Many of the contributions reported come from clinical psychology, particularly those which refer to that portion of the ego which is designated as the self. There are two hundred and eleven references in the bibliography.

Symonds does not explain why he feels it is necessary to differentiate the ego from the self and apparently assumes that it is the self which requires more careful consideration than it is generally given in psychoanalytic literature. There is little in the text which indicates that this differentiation is possible. The self is described as 'the subjective self as it is conceived and valued by the individual himself'. The fact that the word 'self' has to be used twice in the

definition of the self indicates the difficulties involved. It would appear that those who are concerned with the psychology of the self feel that its core contains those characteristics which the individual has differentiated as definite and fairly stable characteristics of himself as a unique individual different from everyone else. It is his own self evaluation, self concept, gained largely from how he feels others react to him. The self therefore would seem to be the conscious part of the ego—or the perceptual consciousness—and more closely related to the ego ideal than to the superego. Reference to the fact that 'the self is the core of all behavior and the factor which determines how strong the ego is . . . the concept of self depends on the success or failure of the ego . . . self depreciation is usually accompanied by a falling off of ego functioning . . . self is lost in states of dissociation, fugue states and splitting of personality' makes it appear that the self is a part of the ego.

Clinically, the concept of self has received much more consideration from therapists who are interested in short-term therapy. Rogers and his group, according to Symonds, consider self evaluation of extreme importance in determining whether or not an individual has been helped in treatment. Apparently Symonds feels that in psychoanalytic therapy most of the attention is focused on that part of the ego which is related to the id and to the superego, and that only after the tension from neurotic conflicts has been resolved is the individual capable of seeing himself as a worthy, efficient, and effective person.

One observes in psychoanalysis that all attempts at supportive therapy can fail with an individual who has a deep unconscious need to suffer. Such factors in therapy force the psychoanalyst to reject approaches to treatment which overlook unconscious factors. Although the psychoanalyst is concerned largely with the unconscious ego, he gives ample consideration also to the responses of the conscious ego.

It is obvious that all of the functions of the ego are not clearly understood and that much more research and study is needed in this important field. Leon Saul, in his book, Emotional Maturity, refers to the specific emotional vulnerability which varies considerably in different individuals and helps to determine to what specific stress or strain an individual will overreact or succumb. Perhaps as we get to know more about the various 'nuclei' of the ego, references to ego reaction in reality testing, integration, learning,

memory, and judgment will have more specific meaning. When one says that the ego of a neurotic delinquent or neurotic character is weak, we will be able to explain better how the ego of such an individual allows him to externalize aggression and work out conflicts in an aggressive, direct manner. Surely there must be differences between such an ego and the ego of the obsessional neurotic which is also described as being weak. The obsessional neurotic ego, however, behaves quite differently—is withdrawn, crushed, and unable to fight back except passively. More knowledge of ego function will also help to explain how an obsessional character can function in intellectual activity of the highest order when other functions are sharply limited.

In our work with children we are constantly faced with pathological manifestations of ego function. Many of these are primarily due to disturbances in the relationship with the parents, but some are probably not. Difficulties in concentration, reading disabilities, perfectionistic tendencies in school work, lack of capacity to relate to other children, and poor control of aggressive drives are a few of the everyday problems we meet which are related to ego function. There are two outstanding conditions which have been ascribed to ego pathology which are related to the fact that the child was rejected by the mother very early in life and thus unable to form object relationships. The behavior of the two types of individuals with this pathology is vastly different. In one there is uncontrolled and uninhibited aggressive, destructive behavior of the so-called psychopath. In the other the reaction is the opposite; the child is withdrawn, is almost totally unable to relate in any way either to people or to objects—the autistic child. We have insufficient facts at present to explain the great difference in these two reactions. Perhaps such research as is being done by Spitz and others on early infancy may throw some light on these problems.

Symonds is to be complimented on making this effort to bring the concept of self to the attention of students of behavior. It would seem to me that he would have better spent more of his effort with this phase of ego activity, and less time with the dynamics of the unconscious ego. His attempts to oversimplify this very complex subject often leave the impression of hastiness and superficiality.

HYMAN S. LIPPMAN (ST. PAUL)

PUBLIC OPINION 1935–1946. Under the editorial direction of Hadley Cantril. Prepared by Mildred Strunk. Princeton: Princeton University Press, 1951. 1191 pp.

Beginning in 1935 the results of public opinion polling on a national scale began to become available in the United States. In the following years polling spread abroad. All sorts of purposes were in the minds of the pollsters, ranging from the forecasting of election returns to the survey of the predispositions to be taken into consideration in the management of public opinion for economic, political, or humanitarian ends. The cost was too great to employ the method on a scale sufficient for gathering data systematically for either scientific or historical purposes; hence the results in the first decade were extraordinarily spotty and uneven.

Whatever the imperfections of conception and technique, the results obtained by the brief polling interview are useful for the information that they supply of an original kind about contemporary history. It is quite impossible to turn through the present logbook of the results obtained by twenty-three organizations without having one's imagination stirred by the potentialities of this instrument of observation. If the polling organizations were better financed, they might coöperate with psychiatrists and social scientists in exploring the structure of collective attitudes on a scale that would contribute in the same operation to science, history, and policy. Polls are by no means directed exclusively to the 'preference' perspectives of their subjects. They question such other demands as whether the respondent is going to vote for one candidate or another. Besides these expressions of 'determination', there are questions about the boundaries of the self, such as whether one is affiliated with one group or another in society. We might speak of these as 'identifications', even at some risk of confusing the meaning of the mechanism of identification. Many questions are designed to elicit factual assumptions about present, past or future factual 'expectations'.

There is no entry in the index for 'psychiatry' or 'psychiatrists'. Several entries are of direct interest to the medical profession, however, such as 'physicians', 'public health', 'medicine, state', 'medical economics', 'hospitals', 'medicines, specific', 'influenza and colds', 'children; management'. Anyone who imagines that his knowledge of the mechanisms of human personality provides him with a basis

for making correct inferences about collective perspectives can have an amusing time with the polls which are reported: how many British respondents claimed to sleep less than eight hours in 1939? What were the differences by sex and economic class in Sweden (May, 1946) in reply to the question, 'At what age do you think parents should no longer prevent a boy or girl from smoking?' What was the per cent distribution of responses among Americans in 1946 when asked, 'What do you regard as the ideal height for a man?' What was the 'fault' most commonly mentioned by Americans (1946) when queried, 'What would you say is your chief fault or shortcoming?' (As a reward of patience, I'll tell you: 14% said 'high temper'). Or, again, what per cent said 'satisfactory' when Americans were asked in 1942, 'In general when you go to a doctor, do you feel that the medical attention you receive is satisfactory or unsatisfactory?' (89%).

I think that a committee of psychiatrists and social scientists should consult with the polling agencies about questions that can be asked recurrently and which provide a basis for systematic inferences about significant changes in the tension level, and the factors contributing thereto; furthermore, the consequences of such changes can be assessed and to some extent foreseen. Can there develop a new form of collective psychiatry in which 'insight' and other forms of therapy are utilized on a vast scale in the interest of sound human values?

HAROLD D. LASSWELL (NEW HAVEN)

TRAINING IN CLINICAL PSYCHOLOGY. Edited by Victor C. Raimy. New York: Prentice-Hall, Inc., 1950. 253 pp.

In the vast field of mental health, clinical psychology is a new profession that expanded rapidly during and after the second World War. Its functions and delimitations are still virtually unknown to the general public and a matter of controversy among allied professions.

The function of the clinical psychologist has grown from its initial function of establishing an I.Q. to include diagnosis, therapy, research, training and consultation. To achieve 'the triple goal of teaching content, developing skills, and inculcating attitudes', the following twelve areas are considered essential: human physiology, theory of personality, developmental psychology, social relations,

psychopathology, appraisal of personality, clinical medicine and clinical psychiatry, psychotherapy and remedial procedures, methodology in clinical research, professional relationships, community resources and organization.

The discussion of all of these problems, their intricate interrelationships, and the 'honest differences of opinion' they arouse are rendered clearly, interestingly, and openly in this volume. This uncompromising honesty bodes well for the future of a profession which is bound to stand or fall with the integrity of its members.

GERTRUD M. KURTH (NEW YORK)

PSYCHOLOGICAL FACTORS OF PEACE AND WAR. Edited by T. H. Pear. New York: Philosophical Library, Inc., 1950. 262 pp.

This interesting and thought-provoking book was published on behalf of the United Nations Association, first in England and now in the United States. One American and eight British psychologists and psychiatrists discuss various social, cultural and psychological factors which, in their opinion, are active in war and peace. Instead of rehashing historical events, this volume deals with psychological approaches to international conflicts.

The general orientation of this book is guided by the recognition that wars are not natural phenomena like hurricanes or earthquakes, but that wars start in the minds of men. Consequently, any examination of factors which produce wars or are active in the maintenance of peace lead to an inquiry into psychological-cultural-sociological dynamisms.

T. H. Pear, the editor, concerns himself with peace, war and culture patterns. He discusses the culture-personality theory of human behavior and the possible ramifications this theory may have for an understanding of war and peace. His conclusions are not too definite because the concept of 'culture patterns' is ambiguous and not universally understood. 'Is culture pattern judged by reference to the common people, to their leaders, especially those who speak and write with authority, to their heroes or to their idea personalities?' In spite of semantic and ideological differences, he feels that students of culture patterns '. . . all seem agreed: modern warfare is not due to simple instincts, nor is it inevitable'.

Dr. Eysenck surveys war and aggression from recent studies on social attitudes. Starting with an introduction to attitude method-

ology, he examines studies of aggression, primary social attitudes and public opinion research. His remarks about war-mindedness and stereotypes are especially pertinent and touch upon basic psychological blind spots which are difficult to change. Dr. Eysenck is not too optimistic about quick social changes, but that does not prevent him from pointing out future areas of study concentration. War-mindedness should be studied so that we may know to what degree it is determined by sex, age, education, social class, rural and urban residence, job satisfaction, work history, and '. . . the thousand and one other factors that have been suggested as causative agents in the genesis of this particular social attitude'.

The second approach, according to Dr. Eysenck, should focus on the genesis of war-mindedness. Which factors favor or retard growth of war-minded attitudes? Investigations into school teaching, parental instruction, religious education, familial patterns of sibling rivalry, the œdipus complex, parental disharmony, aggressive behavior on the playground and in the streets, and many other aspects of development are needed for fuller comprehension. The third topic is the fundamental problem of the relationship between social attitudes and personality. 'It should be stressed again, that to be successful such research must get away from the all too frequent pattern of asking large numbers of people large numbers of questions . . . . The need is for a single, clearly stated, verifiable hypothesis.'

Madelaine Kerr discusses personality and attitudes toward warfare. She asks: 'What is there in the psychological make-up of people which allows or forces them to acquiesce in their own destruction? How do people make the adjustment of personality which enables them to cope with the changed social relationship of war conditions?' She examines various theories of personality and concludes that both freudian psychology and the culture pattern theory assume that '. . . ideational and affective processes are formed by the early interactions of the young child with the environment, especially the parents'. Since superego forces are also culturally determined, conflict results when individual ideologies clash with culture patterns. She quotes as an example the professed pacifism of Christian ideology and the belligerent thinking and actions of many Christian clergymen.

Dr. J. Cohen's articles on women in peace and war is a unique contribution because it explores an area almost unexamined by

social scientists but emphasized by dramatists, poets, novelists and anthropologists. He points out that ours is a man-made world, that until very recently women were excluded from legislation and administration, '. . . a fact which is attributable to the need for male leadership in defense'. Dr. Cohen speculates whether or not '. . . a complete emancipation of women leading to their full participation in communal and world affairs would entail radical changes in the structure and functions of man-made society. . . . Women's interests are naturally invested in life-giving and life-prolonging activities. Hence a diversion of human energies to the waging of war means a frustration of women's natural needs and tasks.'

Dr. Flugel takes up the problem of some neglected aspects of world integration. Wars interfere with peaceful integrative processes. The moral appeal is often helpless when powerful psychological or social forces domineer. The United Nations Organization is a body which works toward the development of organization of political, social and psychological unity throughout the world. The psychological aspect of war prevention must study the mental conditions that are conducive to war. Although very little is known about this vast field of interrelated forces which produce war, it should be possible to reduce their intensity or to modify their expression so that they can find another and less harmful outlet.

Gordon W. Allport, the only American contributor, writes about guidelines for research in international coöperation and pleads for an '. . . accelerated development of social engineering based on social research to the end that we may overtake and control the ravages of a rampant and amoral technology'. He suggests the preparation of a historical survey of the trend toward larger and larger units of collective security, determination of conditions for democratic mass participation, and of the effect of economic and psychological insecurity. International conference procedures, the direction of main efforts upon children, finding common grounds of understanding among people, measuring current opinion, clarification of race problems, the investigation of channels of communications and the working toward the development of international coöperation are equally important areas of research.

Hilde Himmelweit reviews recent experimental work on frustration and aggression. She concludes that even severe frustrations

have little ill effect if restrictions imposed are rationally explained, are shared by all members of the community, and if provisions are made for criticism of such restrictions and their possible removal. Danger arises when no opportunity for discharge of tension is given, or when frustrations imposed are too severe for tension to be readily discharged. 'It will then seek indirect outlets which may well take the form of displaced aggression directed against some individual or group in no way responsible for the situation.'

Dr. Dicks was one of the British psychiatrists who observed and studied Rudolf Hess when he was a prisoner of war. He also worked in a camp for captured prisoners of war. His thorough command of German enabled him to make a running survey of enemy morale. His contribution to psychological studies of the German character is of special interest because in research and in discussions there has been a tendency to beg the question by referring to 'national character.' Based on first-hand observations, Dr. Dicks offers a penetrating analysis of German character traits. Methodology of mass observation techniques are favorably blended with psychiatric knowledge and psychoanalytic understanding. He considers the understanding of our own and other societies as the most urgent tasks for our scientists as well as for our citizens. 'Physical science has developed so disproportionately to social science that we are literally threatened with extinction unless we learn to understand, and so control, the people who have the possibility of setting the enormous destructive forces in motion. . . . The study of national character is one tool for achieving this aim.'

The last two chapters by Dr. Richardson on Threats and Security and on Statistics of Deadly Quarrels approach the concepts of war and peace from a mathematical point of view. Threats and Security '. . . is not about wars and how to win them, but is about attempts to maintain peace by show of armed strength'. His second chapter examines the distribution of wars in time, their frequencies, and shows which nations have become most involved in wars of late.

Global hostilities ended six years ago. Instead of now living peacefully, mankind suffers from anxieties about sudden atomic attack, from fears of sudden destruction and annihilation, and from the dread of an insecure future. We have just ended one

war and already fear a new one. Do we have to live under such apprehensions? This book tackles the most fundamental problem of our times, the problem of how to avoid war. There is no single device that ensures permanent peace. Consciousness of the problem and an expression of possible measures to be taken to bring about peaceful integration on a global scale point toward a step in the right direction. It does not matter whether one scientist dismisses psychoanalytic theory and thinks in terms of culture pattern, while the next one formulates his hypothesis around psychoanalytic knowledge. It is important that each of us realizes that we all have a responsibility in this direction. We can build a more stable and secure future if we bring to life the blueprints outlined in this book.

This book is highly recommended for anybody who is interested in a peaceful future. It is not just another book on causes, but a serious attempt to study, learn about, and to understand why wars, like cancerous growths, develop and destroy individuals and nations. Expenditures for a continued race of armaments may be effective at present, but fractions of such expenses, devoted to international research, will bring more permanent, constructive results.

ADOLF G. WOLTMANN (NEW YORK)

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H. W., David L. Rubinfine, Sidney Tarachow, Martin Wangh, Jacob A. Arlow, R. A. Spitz, Paul Sloane & G. Pederson-Krag

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ABSTRACTS

International Journal of Psychoanalysis. XXXII, 1951.

Transference and Reality. Herman Nunberg. Pp. 1–9.

In this paper Nunberg attempts to clarify some of the basic mechanisms underlying the phenomenon of transference. He begins with the premise that 'transference is a projection', e.g., 'the patient's inner and unconscious relations with his first libidinal objects are externalized'. Transference must be differentiated from unsuccessful attempts to externalize unconscious object relationships. Nunberg gives contrasting clinical examples as illustrations: in one, the patient unsuccessfully 'tried [actually] to change her analyst according to the image of her father'; in the other, she 'succeeded in getting an identical picture of her father through the medium of a real person . . . she almost had a hallucination of her father'. Such a true transference called by Nunberg—following Freud—'identity of perceptions . . . forms the basis of the phenomenon which is called "acting out" '. With another clinical example the author shows how 'an urge to establish identity of perceptions through repetition of past experiences' is found in life situations other than the psychoanalytic one. Identification of perceptions is followed by projection; in fact at certain depths of analysis it is hard to differentiate between identification and projection, and the patient has difficulty in distinguishing his ego from the outside world. However, only in dreams, delusions and hallucinations is the 'identity of perceptions' fully gratified, is the old completely identified with the new.

Although repetition compulsion is the driving force behind transference, nevertheless the two are not to be confused. Repetition compulsion is regressive, backward-looking, fixed; while transference attempts to change present-day reality and to discharge the 'frozen' energy of past experience in 'a new and present reality and thus becomes a progressive force'. It is in this context that reality testing is furthered and the ego is gradually freed of its infantile involvement.

Finally Nunberg develops the thesis that 'through transference the patient is re-educated not only in respect to the instincts and surroundings but also in respect to the superego'. Again following Freud, he shows how in hypnosis—which is closely akin to the psychoanalytic transference situation—the hypnotist is identified with the superego of the patient, i.e., with the father image to whom he submits. Here is seen once more the 'tendency to establish identity of perceptions' in which the superego is projected onto the analyst. The all important task of the analyst—possible to him only if he has gained sufficient mastery over his narcissism—is to free the patient from his projected ego ideal.

H. W.

Ego and Reality. Hans Loewald. Pp. 10–18.

Freud considers the ego as the agency of defense within the psychic apparatus, differentiated from the id through the id's exposure to external reality. The ego has to defend itself against id, external reality, and superego. On the other

hand, in his elaboration of the concept of primary narcissism, Freud comes to recognize that at that early stage, psychologically speaking, ego and reality are still a unitary whole from which both become gradually differentiated as separate structures. Nevertheless, Freud understands even the synthetic function of the ego as basically a defense mechanism, and reality, in psychoanalytic theory, is essentially a hostile force, antagonistic to the psychic apparatus.

The original identity of ego and reality is connected, in experiential terms, with the original oneness of infant and mother. The view of reality as a hostile antagonist is connected with the emphasis on the hostile, castrating role of the father prevailing in psychoanalytic descriptions of the psychosexual development which culminates in the œdipus situation. The concept of reality as antagonistic to the individual is expressed in the predominant role which the hostile father figure plays in psychoanalytic theory.

The synthetic-integrative function of the ego must derive from the original identity between ego and reality in the primary narcissistic position, when there are as yet no boundaries between the two.

In order to further the understanding of the development of ego-reality integration, an attempt is made to clarify the elements entering into the formation of the œdipus complex. It is pointed out that a profoundly ambivalent relationship develops between child and mother, as well as between child and father. Neither is the relationship with the mother wholly positive, nor is that with the father only hostile-submissive. While the original identity with the mother develops gradually into a libidinal tension system between child and mother—into a positive libidinal relationship—there is also an equally powerful need for emancipation from the mother based in part on a dread of the womb, a dread of sinking back into the unstructured state of identity with her.

Correspondingly, before the time of the hostile-submissive relationship to the father coming to its climax at the stage of the castration complex, there exists a primary masculine identification of the boy with his father. Freud has described this constellation in his Group Psychology and the Analysis of the Ego, in which he states that this masculine identification helps to prepare the œdipus situation.

The original identity with the mother and its derivative, the libidinal relationship to the mother, remains the deepest source of the ego's synthetic activity in which it integrates with its reality. But reality is also characterized by differentiation and objectivity as it develops in the maturation process of the ego. The father is the figure who, through primary identification and through his interference with the libidinal relationship of the child with the mother, promotes the emancipatory and objectivating tendencies that lead to the organization of a reality which is distinct from the ego, a development that reaches its first phase of culmination in the œdipus situation.

Defense, then, would be directed against the loss of reality rather than against reality—and this in a twofold sense. Reality may be lost if the boundaries between ego and reality disappear—the threat of regression to identity of ego and reality, the threat of the all-engulfing womb. Reality also may be lost if libidinal objects, love objects, are cut off altogether—the situation of the paternal castration threat.

Schizophrenia, as Paul Federn, for instance, has understood it, is a clinical

example of the loss of boundaries between ego and reality. The essential phenomenon seems to be not a (defensive) withdrawal from reality but rather a loss of boundaries, so that both ego and reality regressively change to more primitive levels of organization in which they are less distinct from each other. This is the reason for the observation that there is no transference in narcissistic affections. There is not a lack of relatedness; rather the relatedness is of the narcissistic-magical type in which reality is as yet not objective. In this type neither the process of individuation of the individual nor the process of objectivation of objects—persons—has developed far enough to make transference in the œdipal and postœdipal sense possible.

The psychological constitution of reality is a genetic-dynamic process just as much as the progressive organization of the ego is such a process. Ego and reality, from a dynamic point of view, cannot be considered separately because they evolve together and in mutual interaction in successive stages of ego reality integration.

AUTHOR'S ABSTRACT

Some Criteria For the Timing of Confrontations and Interpretations. George Devereux. Pp. 19–24.

The writer's discussion of the timing of confrontations and of interpretations demonstrates that psychoanalytic technique is not mere craft lore, but a set of devices firmly anchored in classical psychoanalytic theory and compatible with, e.g., the theory of Gestalt psychology. The therapeutic effectiveness of psychoanalytic technique is a direct consequence of its being rooted in psychoanalytic theory.

Confrontations consist in a restatement of the patient's productions in such a manner as to elicit further productions of a type which will endow the rudimentary Gestalt produced up to that point with the quality of *Prägnanz.* Confrontations are timely when they consolidate existing gains and help elicit new material which can then be interpreted in terms of what had already been produced up to the time when the confrontation was made.

Interpretations add the quality of intelligibility to the patient's productions. They are properly timed when the patient is ready for them, i.e., when the patient experiences a 'push toward the closure' of the Gestalt which he had produced up to that point, only the closure element itself being repressed. The interpretation supplies this closure element. When several ways of completing the Gestalt in a system-adequate manner are possible, the closure element to be supplied by the interpretation is the one which is compatible with the patient's main current preoccupations. This explains the effectiveness of well-timed interpretations. The neurotic Gestalt becomes closed; an *Aufgabe,* in Zeigarnik's sense, is thereby completed and is thus disposed of psychologically. The psychic material and energy tied up in this neurotic Gestalt then disintegrates, and becomes available for reality-oriented Gestalten and activities. The 'neurotic closure' theory is substantiated by reference to Pötzl's experiments with tachistoscopically presented images.

AUTHOR'S ABSTRACT

On Countertransference. Annie Reich. Pp. 25–31.

Countertransference proper comprises the effects of the analyst's own unconscious needs and conflicts on his understanding or technique. The patient, in such cases, represents an object of the past onto whom past fantasies and wishes are projected. In this paper, countertransference is understood in a wider sense to include all expressions of the analyst's use of the analysis for purposes of acting out.

One of the most frequent forms of countertransference consists of overidentification with the patient who may be seen as a mirror of the analyst's own unacceptable unconscious. Reactions to the patient, technique, and understanding of the situation are then determined by the analyst's own conflict.

Countertransference phenomena may be of an acute nature due to a specific situation; or they may be chronic due to certain characterological problems of the analyst. Of particular importance apparently is the narcissistic countertransference which is characterized by the analyst's need to feel himself a 'magic healer' in order to balance his own shaky narcissistic equilibrium.

Whereas an 'acute attack of countertransference' can usually be handled by means of some self-analysis, the chronic countertransference problems necessitate additional analysis for the analyst.

While unconscious mechanisms result in countertransference, which interfere with the successful fulfilment of the analyst's task, analytic interest and ability are of course equally rooted in unconscious mechanisms. It is important to understand the conditions governing either of these developments. Some clinical material is given to demonstrate how a structure that might easily have led to pathology may be used for successful sublimation and serve as a basis for psychological talent.

AUTHOR'S ABSTRACT

Countertransference and the Patient's Response to It. Margaret Little. Pp. 32–40.

Little's paper begins with a clinical vignette designed apparently to illustrate, by means of an incorrect interpretation of a patient's behavior by an analyst, a type of mistake caused by a countertransference reaction. Subsequent to termination the patient, in a burst of insight, correctly interpreted not only his own behavior but also the analyst's countertransference.

The author then makes an attempt to define countertransference and raises the question of why this phenomenon is so rarely defined. She concludes that this is due largely to paranoid and phobic attitudes in the analyst toward his own feelings.

Quoting from Freud to the effect that technical progress was delayed by fear of interpreting the transference, Little wonders whether the same is not true of countertransference and suggests that we may find we have an equally valuable and indispensable tool in its correct use. The major theme of the paper is an attempt to establish the principle that correctly timed demonstrations of countertransference to the patient can 'have beneficial results, increasing the patient's confidence in the honesty and good will of the analyst, showing him to be

human enough to make mistakes and making clear the universality of the phenomenon of transference'. In another place she states: 'In my view a time comes in the course of every analysis when it is essential for the patient to recognize the existence not only of the analyst's objective or justified feelings, but also of the analyst's subjective feelings'. This Little feels belongs in the later stages of an analysis. 'Without it, patients may fail to recognize objectively much of the irrational parental behavior which has been so powerful a factor in the development of the neurosis. . . . It brings great relief to a patient to find that irrational behavior on the part of his parents was not intended for him personally, but was already transferred from their parents, and to find his analyst doing the same kind of thing in minor ways can give conviction to his understanding and make the whole process more tolerable to him. . .'.

It is of some interest to compare this statement with the formulation of Alexander and French who feel that the analyst should behave in exactly the opposite manner to that of the parents and thus provide the patient with a 'corrective emotional experience'.

Both these antithetical technical recommendations invade the still embattled arena of so-called 'active therapy'. The technical recommendation that countertransference reactions be demonstrated to the patient carries with it the danger of providing a rationalized method for acting out irrational impulses with or on the patient. Thus while such a device could perhaps be useful in the hands of a skilled and experienced analyst, it is certainly not one to be recommended to students.

The paper is a rambling one containing some remarkably stimulating and original concepts—for example, a formulation of 'working through'. There are also statements which seem positively naïve, e.g., a new edition of the fundamental rule which 'allows them [patients] to speak or withhold freely'. Also naïve is the implicit belief that if the analyst reveals his 'secrets', the patient will somehow 'take heart' and expose his own.

One technical recommendation in the paper calls urgently for a strong dissent: '. . . a good many . . . transference interpretations . . . are capable of extension to demonstrate the possibility of countertransference, for instance: "You feel that I am angry as your mother was . . ." can include "I'm not angry as far as I know, but I'll have to find out about it and, if I am, to know why. . ."' It seems to this reviewer that this technique emasculates the interpretation by casting doubt upon its validity, thus lending ammunition to resistance. If there is any likelihood that the analyst's behavior did provoke the patient's response, the transference interpretation should be withheld for a more propitious time. It has been said that the major function of a training analysis is to enable the analyst to deal effectively with his countertransference reactions so that they will not intrude into and interfere with his analytic work.

Finally, although this paper is entitled Countertransference and the Patient's Response to It, it actually deals with the theory of countertransference. It seems obvious that no real contribution to the study of countertransference is possible without publication of detailed clinical investigations of the natural history of countertransference reactions in the course of individual analyses. This in turn hinges on increased willingness among psychoanalysts to publish

such studies of their own responses. An alternative method is the analytic study of countertransference problems of students in training, or of analysts undergoing further analysis. Only when such studies become available will it be possible to decide whether countertransference reactions are utilizable as interpretations.

DAVID L. RUBINFINE

The Role of 'Displacement' in Agoraphobia. Anny Katan. Pp. 41–50.

Œdipal tendencies are not abandoned during the infantile œdipal period; they are abandoned at puberty and then only if the mechanism of displacement works successfully. Katan suggests a new term—'removal'—for normal, successful displacement, as against neurotic, agoraphobic displacement. Removal is the process by which interest is removed from incestuous objects and attached to outside objects. This is the acquisition of the ability to really fall in love with a concomitant relinquishment of incestuous objects. In neurotic displacement, incestuous features are retained. The patient still seeks the incestuous object (in the street) and then defends himself against it by anxiety. Thus agoraphobic anxiety replaces fear of incest. The critical point in interpretation is to help the patient see that his tenacious need for his phobia is a defense against retracing the path of his feelings back to incestuous objects.

In agoraphobic displacement the repressed incest wish incessantly returns in the defense mechanism itself. The agoraphobic patient replaces the incestuous object by strangers in the street, prostitution fantasies, or occasionally by real prostitution. The patient then seeks reassurance against anxiety, often precisely from objects onto whom incestuous wishes have been displaced and who are the sources of the anxiety. Katan gives clinical illustrations. In one case there was deceptive normality in a girl who fell in love and refused to continue treatment for fear (as Katan learned later) of facing the unresolved incestuous feelings which had been displaced onto a new object. In another case the street phobia was a defense against an incestuous search for father in the streets. In another example, fear of bridges was a reliving of an anally gratifying experience at the hands of father who had angrily beaten her in her crib when he found her witnessing parental intercourse.

SIDNEY TARACHOW

Psychoanalysis and the Problem of Æsthetic Value. Herbert Read. Pp. 73–82.

While the philosopher contents himself with defining works of art as symbols for the articulation of feelings, as patterns of sentience (Whitehead), the analyst has tried to explore those feelings and has spoken of the biological significance of the patterns articulated. Neither philosophers nor analysts could contribute to the problem of æsthetic value judgments and choice of form in art work.

An excellent historical review and a critical evaluation of analytic viewpoints about artistic creation hold one's interest in this paper beyond the exposition of Read's thesis. Rank, Freud, Schneider, Ehrenzweig, Fairbairn, and Rickman are the analytic authors whose viewpoints are discussed.

MARTIN WANGH

The Pan-Headed Moses—a Parallel. Eva M. Rosenfeld. Pp. 83–93.

In the element of the horns or the beams of light which emanated from the head of Moses when he descended from Mount Sinai, Rosenfeld sees further proof of Freud's contention that what Michelangelo depicted in his statue of Moses was not the scorning, angry man, but the silent, meditating spirit; not the man who smashed the tablets in his wrath, but the man who remembered his mission and renounced for its sake an indulgence of his feelings. His hand returned and saved the unsupported tablets before they had actually fallen to the ground. Whereas Reik elaborates the idea that Moses killed the totem God on Mount Sinai, Rosenfeld, following Freud, concentrates on the theory that the Jewish people killed Moses after his return from Mount Sinai. It is this internal image of the murdered father transfigured which Michelangelo has immortalized. This more reasonable father image has been introjected into the superego, taking its place historically with other good introjected objects. In this way the image of Moses has been of utmost significance in elevating the moral level of humanity.

JACOB A. ARLOW

Postscript to My Paper on the Moses of Michelangelo (1927). Sigmund Freud. P. 94.

This postscript is Freud's report on the discovery of confirmatory evidence of his earlier interpretation of the Moses of Michelangelo.

In 1914, an article with the title *Der Moses des Michelangelo* was published anonymously in the journal *Imago.* The editors justified the publication by stating that 'the author, who is personally known to them, belongs to psychoanalytic circles, and . . . his mode of thought has in point of fact a certain resemblance to the methodology of psychoanalysis'. The editors were vindicated when in 1924 Freud acknowledged his authorship of the article by including it in the first edition of his collected writings (*Gesammelte Schriften,* Vol. X, pp. 257–286) and one year later in the fourth volume of his Collected Papers. In this article Freud investigates a work of art without any reference to psychoanalytic terms or findings. He approaches it rather with the help of two basic psychoanalytic tools introduced by him, namely the genetic and the dynamic viewpoints. The results are gratifying: an understanding of the work of art is achieved which had not been possible to the art historian with the help of the traditional historical or æsthetic approach.

The conclusions Freud drew are: 'What we see before us is not the inception of a violent action but the remains of a movement that has already taken place'. He adds further that it is 'a concrete expression of the highest mental achievement that is possible in a man, that of struggling successfully against an inward passion for the sake of a cause to which he has devoted himself'.

This is not the place to elaborate an obvious parallel, namely how very closely that which Michelangelo's Moses represents resembles that which Freud achieved in his own work and life.

The finding of a statuette of Moses attributed to Nicholas of Verdun, 1180 A.D., representing Moses in a state of violent emotion, confirms Freud's assumption that Michelangelo's Moses is conceived in a later stage in which his rage

has already abated and only the remains of his emotion are still visible. Nicholas of Verdun's statuette shows Moses in a storm of passion, head thrown back, violently grasping his beard. Michelangelo's Moses has got hold of himself, the storm is over. Only the last evanescent traces of the subsiding anger are in evidence. Yet with their help Freud's vision reconstructed the happenings pictured in the earlier statuette.

In his 'Postscript' Freud welcomes this confirmation. To the present reviewer this is an encouragement to continue studies in the pursuit of which, to quote Freud, the 'mode of thought has in point of fact a certain resemblance to the methodology of psychoanalysis'.

R. A. SPITZ

An Unknown Statuette of Moses. Emilio Servadio. Pp. 95–96.

Servadio reports the finding of a statuette of Moses which bears a remarkable resemblance to the Moses of Michelangelo. It is obviously the work of a master, possibly of Michelangelo himself as a model for the larger statue. It differs from the latter in one essential aspect, however, the facial expression. Whereas the face of Michelangelo's Moses appears to show anger against the backsliding Jews, that of the statuette seems to look imploringly to Heaven, as if asking of God the relief and consolation which his people have refused him. According to Servadio, this confirms Freud's interpretation that the statue represents Moses, not in anger preparing to hurl down the tablets, but in the process of mastering his wrath. The statuette would then represent a subsequent stage of the emotional process wherein Moses, having subjugated his emotions and achieved complete success in his struggle against his own anger, seeks refuge in God.

An excellent photograph of the statuette accompanies the article.

PAUL SLOANE

A Dream, a Vision, and a Poem: A Psychoanalytic Study of the Origins of the Rime of the Ancient Mariner. David Beres. Pp. 97–116.

Coleridge's poem was based on the dream of a neighbor, John Cruikshank, who was not a poet. Wordsworth suggested the symbol of the Albatross with which so much of the poem is concerned. The author attempts in this study to search out the unconscious motivations behind this extraordinary collaboration. From evidence in the life histories of the two poets and from data in Coleridge's letters and notes, the author concludes that in both cases the Albatross symbolizes a lost love object, to Coleridge the ambivalently loved pre-œdipal mother whom the child kills in his fantasy, and to Wordsworth the betrayed and forsaken lover, Annette Vallon. The author describes the different defenses which Coleridge and Wordsworth utilize in their attempts to deal with their guilt. Coleridge with his basic oral character attempts in the poem to restore the lost love object and by submission to expiate his guilt. In life Coleridge failed and his biography is the tragic record of a futile struggle against addiction, hypochondriasis, and depression. Wordsworth with his defenses of isolation and repression succeeded in avoiding the distress of his colleague.

The author emphasizes the limitations of this study which deals particularly

with Coleridge's precœdipal conflicts because these were most evident in his writings. The overdetermination of the fantasies of the poem makes it a limitless treasure for further study. The author points out evidence of Coleridge's conflict in the œdipus complex and his resultant unconscious homosexuality.

AUTHOR'S ABSTRACT

A Psychological Study of Murder. Walter Bromberg. Pp. 117–127.

The case reported here is a clinical demonstration of murder in a severe alcoholic in which the act of assault represents symbolic suicide. The victim of the murder was the murderer's wife, who represented the feared female figure with which he was unconsciously identified. This mother figure was the castrator; therefore both suicide and murder represented solutions to the murderer's unconscious conflict. The suicidal impulses, symbolically expressed through murder, represented a defense against gratification of unconscious feminine impulses, while the actual murder was an expression of revenge against the introjected wife-mother figure.

This case is presented as an experience in psychoanalytic investigation of a murderer. Although this study was hampered by certain practical difficulties and is not anamnestically complete, reconstruction of the unconscious meaning of the murder described might aid in answering the pressing question: What evidences of demonstrable impending ego disturbance presage an outbreak of violent crime in a given individual?

The study demonstrated that aggressive behavior will ensue when ego strength is insufficient to combat the destructive forces derived from early oral aggression. Whether murder or suicide will occur depends upon the ability of the ego to withstand the exacting pressure of id and superego. The basis for this estimate will be derived solely from a psychoanalytic investigation of each case.

AUTHOR'S ABSTRACT

Sexual Symbolism in Industry. Merlin Thomas. Pp. 128–133.

This paper describes the tools and operations common in general engineering, steel making, oil refining, building and mining, and goes on to show that the names given them indicate a preoccupation with sexual thoughts on the part of those who use them. Advantage is taken of crude similarities between operations and bodily functions, shapes, and anatomical details. Thus parts which fit together are designated by their relative positions as male or female, a steel furnace is considered as though it were a parturient woman, and vulgar terms for virility, such as 'jack', 'ram', 'dog', or 'cock', abound.

G. PEDERSON-KRAG

American Journal of Psychiatry. CVIII, 1951.

Toward Unification of Training in Psychiatry and Psychoanalysis. Howard W. Potter and Henriette R. Klein. Pp. 193–197.

Questionnaires were sent to directors, teachers and residents of psychiatric residency training centers to investigate the status and problems of instruction in psychodynamics. The question was raised in particular as to whether there should be any actual difference in the teaching of this subject in such centers

as compared to that in Psychoanalytic Institutes. The views of the Psychoanalytic Institutes were also sought.

The questions were designed to illuminate the theoretical and practical issues involved. Since psychodynamics, including analysis, are nuclear to psychiatry, residents must be instructed in the fundamental principles. The investigators are inclined to believe that all psychiatric residents, unless specific contraindications exist, might benefit by personal analysis.

The responses to the questionnaire by both analysts and nonanalysts show wide diversities that suggest the need for review of certain prevailing concepts concerning these matters. The separation of psychiatric and psychoanalytic training creates undesirable cleavages and inevitable difficulties in integrating these fields. Potter and Klein conclude that this state of affairs arises in large measure from the artificially and historically determined exclusion of psychoanalysis from medical schools.

Objective Methods of Evaluating Process and Outcome in Psychotherapy. James G. Miller. Pp. 258–263.

Miller reviews various tests and criteria by means of which the objective value of psychotherapy may be rated, including the studies of Seeman (negative and positive attitudes toward the self), Sheerer (acceptance of the self and others), Grummon (grammatical changes in speech) and various uses of the Q-technique of Stephenson for quantitatively studying changes in many variables at once. He concludes that 'there is real promise for understanding the nature of the psychotherapeutic process in a precise way if these new methods are imaginatively employed'.

Psychotherapeutic Principles in Casework Interviewing. Jules V. Coleman. Pp. 298–302.

Coleman discusses the derivation and application of casework as developed under the influence of psychoanalytic concepts. Casework has become no poorly drawn imitation of the original model, but has been applied to the traditional problems of social work so that it has evolved terms and methods of its own.

In psychotherapy, attention is directed to the underlying dynamic processes; in casework, to the realities that underlie the emotionally distorted reports of the patient—i.e., the reality aspects of ego functions. The latter approach stimulates the automatic organizational and integrational impulses of the ego and maintains a positive transference relationship by concentration on current material and avoiding dependency reactions. Preconscious ideas are interpreted so that distortions and misconceptions can be eliminated.

MARK KANZER

Psychiatric Quarterly. XXV, 1951.

Psychodynamic Motivational Factors in Suicide. Herbert Hendin. Pp. 672–677.

Based on the material of over one hundred cases of attempted suicide, Hendin confirms Zilboorg's statement that there is a need for a differential diagnosis to

cover the varying dynamic motivational forces etiological among suicidal patients. He describes three groups.

1. Those motivated by spite and the desire to force affection. One may be dominant but evidence of the other will be present. Where there are approximately equal motivations the seriousness of the suicidal attempt is mild. This motivation is typical in cases of 'lover's quarrels'. These patients are classified in the reactive depression group in which emotional immaturity is the most characteristic feature. Children with the desire to punish their parents (Bender and Schilder) belong in this group. The same motivation is found in patients with character disorders who may act under the influence of alcohol and are characterized by a mild degree of intent. Their essential narcissism and their inability to form strong object attachments seem to be protective factors.

2. Those who suffer loss of a loved object. These patients attempted suicide after the breaking of strong love-object attachments. Their own neurotic behavior contributed to the termination of these relationships. Then they tried to establish other similar relationships and, when they failed, made serious suicidal attempts after an interval of six months to three years. Their problems centered in difficulties involving the expression of aggression which, after the loss of the loved object, turned against the self. Patients in their fifties and of a passive dependent disposition were particularly endangered when they lost the person without whom satisfaction was impossible.

3. Those who have guilt. This was outstanding in schizophrenic suicidal patients who showed the greatest degree of depression, evidence of incestuous longing, reactions to perverse sexual behavior and overt hostility to parental figures.

Hendin feels that the assumption of a 'death instinct' is unnecessary for the understanding of suicide; rather we are dealing with a quantitative weakening of what may be considered 'life instincts'.

BERNHARD BERLINER

Psychical Disorders Among Inmates of Concentration Camps and Repatriates. J. Tas. Pp. 679–690.

Tas describes his impressions, memories and personal recollections as an interned psychiatrist in a Jewish, so-called 'privileged' section of Bergen-Belsen, a German concentration camp. Inmates were meant to be exchanged for Germans in Allied countries and so were somewhat better treated. Seventy percent of the author's group of three thousand persons succumbed in a little over a year. Children, even of model families, quickly developed symptoms of delinquency as a result of loosened family ties, absence of guidance, and the undermining of parental authority. Many persons with prior neurotic and psychotic complaints became remarkably free of such symptoms. Others were unchanged or quickly succumbed. Reactive depressions and psychoses in persons with neurotic and psychotic histories were rare. However, depressive moods occurred frequently in previously healthy individuals. The frequency of suicide was low since death was easily obtained through a slight loosening of the will to live. Response to psychotherapy was usually prompt. Disorders often appeared months or years after repatriation. Tas attributes this to the accumulation and encapsu-

lation of affect in the camp which only a more tolerant environment could release.

JOSEPH BIERNOFF

Psychiatry. XIV, 1951.

Hysterical Manifestations in Schizophrenic Illness. Douglas Noble. Pp. 153–160.

Noble observed in six borderline cases an admixture of hysterical and schizophrenic symptoms. Only three of the patients, all of whom were women, were treated intensively with psychoanalytic therapy. The hysterical symptoms included conversion symptoms, fugue and twilight or somnambulistic states, and marked exaggeration of physical symptoms with dramatized behavior. Noble finds the central problem in these cases to be associated with unresolved deprivations and anxieties in relationships with the mother. The immature, dependent mothers of these patients frequently manifested conversion symptoms and demanded attention by hysterical outbursts. Fearing separation and loneliness these patients had strong wishes to be physically joined to the mother and the early rejection by the mother stimulated murderous retaliatory fantasies. The conversion symptoms of the patients are related to hostile identifications with the mother. 'The hysterical defenses were most effectively utilized in protecting the patients against intense oral anxieties.' Noble considers the hysterical manifestations as conflict solutions which helped ward off frank psychosis.

Characterological Significance of the Typical Anxiety Dream. Irving D. Harris. Pp. 279–294.

Previous observations derived from direct questioning of military draft selectees, military patients, and children and mothers at child guidance clinics regarding their dreams of falling from heights and of being attacked led Harris to speculate about the possible concurrence and relationship of predominantly falling dreams and certain characterological traits. Some of his data, he felt, suggested that the typical anxiety dream of falling might reflect the danger of loss of love or of separation from the loved one, or supporting object.

The clinical impressions in this paper are based mostly on conscious material derived during diagnostic interviews from the above sources. Comparing individuals who have predominantly unpleasant falling dreams with those having predominantly unpleasant dreams of being attacked, Harris finds three characteristics more frequently in the former group: 1, comparative inability to express overt defiance, especially in the mother-child relationship; 2, a tendency to express feelings in a full, naïve, uninhibited manner; 3, a tendency to use defensiveness as a method of protecting self-esteem. There are some tentative theoretical formulations offered by the author to explain the above impressions.

He submits these observations and impressions partly as a stimulus for more detailed psychoanalytic study since he realizes the limitation of the methodological approach in his study.

ALFRED GOLDBERG

Archives of Neurology and Psychiatry. LXVI, 1951.

Is There a Specific Personality in Tuberculous Patients? Edwin L. DeMuth. Pp. 30–37.

DeMuth reviews his three years of experience with the psychiatric problems of tuberculous patients at the Montefiore Hospital Country Sanatorium at Bedford Hills, New York. The psychiatric program in this hospital consisted essentially of a variable amount of analytically oriented brief psychotherapy. Similar psychodynamic mechanisms are visible in the case material of both tuberculous and nontuberculous patients. In the tuberculous patients themselves, the psychodynamics are shown to vary considerably. DeMuth concludes, as a result of his study, that there is no specific personality type but that the tuberculous infection is superimposed upon different pre-existing personalities.

Psychosis Occurring During Antabuse Administration. Gene L. Usdin and Kent E. Robinson. Pp. 38–43.

Usdin and Robinson review the literature of the occurrence of psychosis during antabuse therapy and add a report of a case of their own. The clinical picture of the psychosis which was produced in their patient was that of a toxic reaction to the drug. The psychotic symptoms subsided when the dose was reduced. A subsequent course of placebo treatment failed to produce the same reaction. During a second course of antabuse, the authors feel that a psychosis was averted by reducing the dose of the drug at the peak of the patient's subjective complaints. They stress the desirability of arriving at the minimal optimum dose for each patient.

Psychiatry Without Freud. Iago Galdston. Pp. 69–81.

Iago Galdston, in a lecture delivered at the Veterans Administration Hospital in Topeka, attempts to illumine some of Freud's contemporaries who he feels have been neglected due to their nearness to the brilliant light of Freud's work. He berates the 'far too many [people] among the freudians . . . who stomp the treadmill of orthodoxy' and who fail 'to reassess the formulations, to test the assumptions and to challenge the procedures by which they function'. Galdston observes that perhaps both the greatness of Freud as well as the opposition he aroused may lie in the fact that he demonstrated to the world of science and intellect the rationality of the irrational and the irrationality of the rational.

Of the important contemporaries of Freud who advanced the nosography of psychiatry enormously and contributed substantially to psychotherapy, Galdston chooses to elaborate on the lives and works of three, Janet, Pavlov, and Meyer who perhaps approached closest to Freud's thinking and work. With each of these he points out both the divergences and the points of confluence with freudian principles. From all of them he derives a plea for 'freer activity on the part of the therapist', because passivity in psychotherapy is 'too often the refuge of the bewildered, the insecure, and the indifferent therapist'.

Inheritance of Manic-Depressive Psychosis. David J. Merrell. Pp. 272–279.

Merrell reviews data concerning the role of heredity in manic-depressive psychosis. The literature confirms the cyclical nature of the disease and the fact that women are more often and more severely affected than men. As evidence for the important role of heredity in this illness, the author cites the significantly higher incidence of this psychosis in twins and among the relatives of persons with the disease, as well as the difference in frequency of the psychosis in different populations or in different areas.

Psychoanalysis and Dynamic Psychiatry. Maxwell Gitelson. Pp. 280–288.

In a precise and lucid presentation Gitelson discusses and clarifies the relationship between psychoanalysis and dynamic psychiatry. He attempts to show the derivation of the latter from psychoanalysis and to point out the significant differences between the two. Dynamic theories of personality are those which are based on the operation of forces or shifts of energy and such theories existed prior to psychoanalysis. Psychoanalysis is a dynamic theory but it is not the only one and there are psychodynamic theories of personality today which are not psychoanalytic. Gitelson traces the historical evolution of dynamic theories from primitive man up to the epochal contribution of Freud and Breuer in 1893, which in effect ushered in the discovery of the unconscious and the demonstration of its quality of dynamism.

In the historical development of psychiatry in America, the groundwork for dynamic psychogenesis was prepared independently in the last decade of the nineteenth century by the development of the psychobiologic school of Adolf Meyer. It was upon this fertile soil that psychoanalysis arrived and upon which it took root. As Gitelson points out, with all of Meyer's originally favorable analytic orientation, the one omission of the psychobiologic school was its failure to ever really accept the theory of the unconscious. By this omission, it limited itself and failed to evolve a unified theory which would explain the multitude of behavioral facts and which would enable it to develop simple pragmatism. American psychiatry has become dynamic psychiatry as we know it today through a synthesis of the psychobiology of Adolf Meyer and the psychoanalysis of Sigmund Freud.

The steady increase in the influence of psychoanalysis on the practice of American psychiatry, especially on psychotherapy, has made for so complete a rapprochement between psychiatry and psychoanalysis as to obscure the boundary between the two. Gitelson then carefully differentiates between psychoanalysis and psychotherapy but stresses the fact that each has its place and neither is to be minimized. Modern dynamic psychiatry will survive and continue to develop only if psychoanalysis survives as such and continues to develop.

Analysis of Prognostic Factors in Insulin Therapy. Max Cohen. Pp. 412–418.

In an attempt to determine prognostic criteria for insulin shock therapy of schizophrenia, Cohen subjects seventeen factors to statistical analysis in a series of one thousand cases. Weight and duration of illness were the only

significant factors found. Patients who gain over thirty pounds of weight during treatment were found to do twice as well as those who gain less than thirty pounds. This correlates with the observation that patients who lose weight immediately prior to the onset of a psychosis have a better prognosis. Patients sick less than one year did approximately twice as well as those sick more than one year.

Unilateral and Bilateral Lobotomy: A Controlled Evaluation. Alexander Simon, Lester H. Margolis, John E. Adams, and Karl M. Bowman. Pp. 494–503.

In order to study the importance of the psychic effect in the therapeutic efficacy of frontal lobotomy, as well as to compare the results of unilateral and bilateral operation, the authors studied thirty-three chronic psychotic patients. In these the operation was performed on one or both sides by chance selection and the extent of operation was kept unknown to the staff who were responsible for the postoperative care and studies. Six months after operation, beneficial results were obtained in sixty-eight and eight tenths percent of those who had undergone bilateral surgical intervention, as compared to seventeen and six tenths percent of the unilaterally-operated patients. In the latter group, a second contralateral operation was then performed on fourteen of the seventeen cases with a subsequent improvement six months later in eleven patients, or seventy-eight and six tenths per cent. The authors conclude that the psychic influence is not an important factor in the therapeutic results and that bilateral operation is the operation of choice.

LEO RANGELL

Mental Hygiene. XXXV, 1951.

A Public-Health Approach to Child Psychiatry. Gerald Caplan. Pp. 235–249.

A new orientation to child guidance has been employed at Hadassah community health centers in Jerusalem. Instead of providing treatment for patients seeking it, the program is geared to locating and treating parents before the child's difficulties reach the stage of overt neurosis or frank and advanced maladjustment. Parents seeking help and guidance in problems of pregnancy and child care have habitually turned to these centers, which were established thirty years ago. Public health nurses, visiting the homes, perform the functions of social workers as well as health visitors. Intensive efforts are directed at molding the attitudes of pregnant women. Group techniques are aided by the ease with which pregnant women identify with one another. At infant health centers, mothers who comment on difficulties with their children are brought the same day to 'one of our doctors who deals with such matters', without being told that they need psychiatry. Experience has shown that reassurance in this first contact may lessen anxiety to the point of terminating the relationship promptly. Therefore conscious efforts are made to heighten the mother's anxiety, without unduly frightening her. Increase in guilt, relieved by pointed discussion and active 'ventilation', strengthens the desire to return for further work, as does the planned attempt to build up the mother's hope and confidence regarding the child's future development. Subsequent interviews with

a social worker are then arranged. Caplan believes that this emphasis on prevention and treatment before there is a well-developed problem offers a considerably greater return on the investment of the personnel than one generally obtains if one focuses on the treatment of those seeking help, as in the conventional clinic. Since no community has adequate numbers of personnel, the essential problem is the most effective use of available therapists.

JOSEPH LANDER

Revue Française de Psychanalyse. XIII, 1949.

On Women's Sexuality. Marie Bonaparte. Pp. 1–52, 161–227, 321–350.

The first part of this study is devoted to bisexuality. Not only Freud but biologists like Gregorio Maranon have insisted on bisexuality and on the fact that women present a more regressive type of sexuality than men.

The most important phase of differentiation, according to Marie Bonaparte, is at the age of two. During this anal-sadistic stage the boy cathects his muscular system while the girl invests her libido in the passive anal mucosa. Thus takes place what Marie Bonaparte calls the 'premasculine' and the 'prefeminine' stages. However, the girl may develop an excessive erotization of her muscular system or the boy an overerotization of the passive mucosa, and this, too, reenforces bisexuality.

On the other hand, Marie Bonaparte follows the classical descriptions of Freud and Abraham on the development of the libido. She insists on the positive phallic phase that Abraham has omitted, and on many points she adds interesting details to speculations on the erotization of the different zones.

The author then discusses Karen Horney's and Melanie Klein's theories in which they claim that vaginal sensitivity appears much earlier than puberty, a contention which Marie Bonaparte disputes. Attempting to outline her own theory, Marie Bonaparte states that it would be better to call the anal-sadistic period, sado-cloacal. At this stage the vagina is only perceived as an appendage of the anus; it is the cloacal hole which dominates this libidinal organization. In that sense the feminine hole precedes, biologically, the protruding penis. A phase of exclusion of cloacal erotism would open the phallic phase. The exclusion of the phallus initiates the period of latency.

According to Marie Bonaparte, the girl gains her first knowledge of the vagina during the second period of masturbation only to repress it later. The passive phallus corresponds to a phase when the sensitivity of the mucosa is aroused without erection or without the desire for penetration. In the adult, the passive phallus needs peripheral and localized stimuli; in extreme cases such stimuli lead to orgasm without erection.

This phase of the passive phallus exists, of course, in the woman who is essentially passive. It has two moments, first during the oral phase and later after the castration complex. This explains why the adult woman still enjoys clitoral caresses.

Marie Bonaparte presents a résumé of the different factors which may alter the normal development of femininity. In so doing she often affords new insights into feminine psychophysiology such as: 'The centrifugal orientation of

aggression as well as of libido is essentially masculine; the centripetal orientation of aggression and libido are essentially feminine'.

Marie Bonaparte thinks that during the latency period a woman normally accepts waiting for the penis but in many cases masculine aggressiveness interferes and reinvests the clitoris, thus re-enforcing feminine bisexuality. Such a woman, frustrated by her small clitoris, covets the big masculine penis.

In the second part of her paper, Marie Bonaparte concentrates more on the erotic functions. Woman's sexuality offers many enigmas. For instance, she is less erotic than man and yet she has more instinctual intuition. The author suspects that the passivity of woman is largely due to what she calls her 'vitellinism' which is a reference to the vitellin membrane of the egg cell. During evolutionary development woman created egg cells which were heavier than spermatogenic cells. This situation was later counteracted by the development of mammillae which assumed an active role in nourishing the child. The active trends of human maternity characterize the active care that the mother gives to the child as well as the acceptance of a vaginal orgasm which is the foundation of this maternity. Marie Bonaparte describes three sources of feminine frigidity: 1, the feminine: her libido is weaker than that of the male; 2, the masculine: her strong bisexuality makes her tolerate her masculine tendencies which are later obstacles to her feminine adjustment; 3, the cultural: society requires more repression from women than from men.

It is difficult to do justice to a subsequent chapter on feminine masochism in a few words, for it is full of original remarks and deep speculations. A first masochistic act takes place at the cellular level where the passive ovum is penetrated by the active spermatozoa. The active aggressive phase of the clitoris seems to be limited to the short period of the girl's active sexual wishes toward her mother in the 'negative' œdipus situation, but the smallness of her 'penis' limits her aggression. She has to go back to various masochistic activities, all of which have a feminine character. These activities start with the desire to be devoured by the father and are followed by the wish to be beaten by him. Later she wishes to be castrated and finally to be penetrated by his big penis. This masochistic tendency is studied in a great number of fantasies. Feminine sexuality is threatened in three directions, each accompanied by a repression of masochistic drives: 1, when the masculine aggressive component is strong, the feminine masochistic one is repressed; 2, a biological law exists whereby any organism from the cell to the most evolved animal defends itself against intrusion, tending to cause a repression of penetration fantasies; 3, the prohibition against sexuality in general is strongly imposed upon women.

Marie Bonaparte classifies women into those who primarily assert the clitoris and those who primarily deny the vagina. There are, of course, all sorts of intermediary attitudes.

She distinguishes two types of homosexual and five types of heterosexual women, and studies the influence of the œdipal situation on the formation of these types. She then devotes a chapter to the role of man in the erotic initiation of the woman.

All sexual events leave an imprint on the sexual life, the earlier the event the deeper will be the impression. However, in spite of repetition compulsion,

the resultant behavior is susceptible to later adjustment if its causes are not too thoroughly repressed.

A last chapter relates the physical mutilations inflicted on women in primitive civilizations and draws a parallel between those operations and the fantasies of men in our civilization.

Psychoanalytic Treatment with Flower Dolls. Francoise Doldo. Pp. 53–69.

Two girls were retarded in their mental development and were successfully treated by analyzing their projections on flower dolls (dolls whose heads were in the form of a flower). The girls hated their dolls which represented human babies.

Psychoanalysis and Behavior Analysis. Daniel Lagache. Pp. 97–118.

This paper is a chapter from a book by Lagache on The Unity of Psychology. He analyzes some characteristics of modern psychology which are partly the result of the influence of psychoanalysis on that discipline. In all branches of psychology, Lagache finds a certain number of common principles. He feels that the aim of the psychoanalytic observation should be to understand the behavior of the patient toward the fundamental rule. Successive psychic steps are better appraised when described not as 'psychic processes' but as hesitation, withdrawal, inhibition, and trial and error, much like those of a rat in a labyrinth. Psychoanalysis relates behavior to four coördinates: the individual history, the present environment, the psychoanalytic situation, and the body.

The Obsession. Fernand Lechat. Pp. 119–143.

What makes it difficult to cure an obsession is the fact that it is a defense. The patient is afraid to lose it; if he does, he longs for it or he replaces it with another one. He constantly endeavors to improve its rationalization, so that nobody can take it away from him.

The interpretation of the obsession is without therapeutic result; what must be reached is the cause of the underlying anxiety. The patient, wavering between right and wrong, acts as though he tried to do what is certainly right in the public eye. Therefore, he wants to do more than well to insure his doing well enough. Hence, the scruple and constant control. Such notions of right and wrong are absolute and play a part in the normal thinking of the child.

In obsessional patients anxiety is related to sex and aggression, both forbidden. An interesting case history illustrates this theoretical survey.

Intellectual and Emotional Conditions of the Œdipus Complex. Germaine Guex. Pp. 257–276.

Guex warns the analyst that the patient often conceals a more primitive oral dependency behind the œdipus situation and that nothing is changed in the latter as long as the former has not been analyzed.

Poetry and Infantile Memories. Henri Flournoy. Pp. 342–349.

Flournoy links the rhythm of the early motions of the infant with the later pleasure of poetical rhythm.

From Homosexuality to Jealousy. Daniel Lagache. Pp. 351–366.

Psychoanalysis has established a sort of dynamic alternative between jealousy and homosexuality. On one side jealousy is a partial defense against homosexual tendencies; on the other, homosexuality is a defense against jealousy. However, jealousy and homosexuality may have other motivations. Thus it was possible for Lagache to observe jealousy in a manifest homosexual utilized as a defense against latent homosexuality. The latent homosexuality was motivated differently from the manifest. The paper presents an interesting case history and other theoretical developments anent the relations of jealousy and homosexuality.

Transference and Countertransference. Sacha Nacht. Pp. 367–380.

Transference is often expressed in a passive negative way—the repressed expression of a strong sado-anal tendency. In such a case, Nacht advises the mobilization of this aggression by prohibitions of infantile gratifications.

The Mirror Stage and Ego Formation. Jacques Lacan. Pp. 449–455.

Everyone knows Lacan's ideas on the importance of this narcissistic phase when the child not only identifies himself with others but reflects himself in others' behavior and vice versa. Lacan tries to demonstrate how large a role those primary processes play in ego formation.

Introduction to a Clinical Study of Narcissism. J. Leuba. Pp. 456–500.

Leuba distinguishes between a biological narcissism and a psychological one. The first has body integrity at stake and covers in a larger way what Marie Bonaparte has called 'cellular narcissism'. It is a defense against all body injuries. Leuba does not see the necessity of distinguishing primary from secondary narcissism.

Narcissism. H. G. van der Waals. Pp. 501–526.

This is a historical and general review of the problem of narcissism.

RAYMOND DE SAUSSURE

Revista de Psicoanálisis. VIII, 1951.

Some Observations of the Mechanisms of Sleeping and of Awakening. Alvarez de Toledo. Pp. 152–172.

Sleep is considered a vital and active phenomenon, a necessary sequel to being awake during which the tissue protoplasm repairs itself. This rhythmic cycle

of sleeping and waking is considered to be a property of all organic living matter which remotely descends from a similar principle of rotation in nature as seen in the alternation of days and nights. Sleep in the newborn is polyphasic, that is to say, during one day numerous phases of sleeping and awakening are seen, but later grows to be monophasic with waking during the day and sleeping at night. The author, following Jekels and Bergler,[1] also considers sleeping as a death disturbed by dreams since death itself is equated with sleeping without dreams. She carries this theory further as follows: the repeated wakenings in the polyphasic type are to overcome the dread of death. Dreaming represents an introjection of the external world in the transition from the polyphasic to the monophasic types. Thus while in the polyphasic sleep of the infant the dread of death is overcome by wakening, in the monophasic sleep of the adult it is overcome by dreaming in which there is contact with the introjected external world.

It seems to me that the author's formulations result in a paradox for if sleep is biologically an active and vital repair process, how does it come to be a state feared as an equivalent to death? The paradox is resolved in this rather speculative paper by postulating that sleep is always felt as a process of dying but of a dying which implicitly carries the possibility of rebirth. It is to this implicit expectation of waking after sleeping that the author attributes the automatism of repetition, otherwise called repetition compulsion.

BERNARD BRODSKY

British Journal of Medical Psychology. XXIV, 1951.

A Rorschach Study of Rosacea and Morbid Blushing. Egon Plesch. Pp. 202–205.

Rorschach studies of fifty patients suffering from rosacea or excessive blushing or both and fifty controls were undertaken. The greatest discrepancy appeared in the color responses of the two groups. Good form color responses were rare and weak color responses frequent in the patient group. The reverse was true of the control group. Though the total number of human movement responses was about equal in the two groups, there was a greater percentage of M-responses seen in small details in the patient group. Twenty-four percent of the patients mentioned 'eyes' in their responses, in contrast to four percent in the control group. (This suggests a paranoid tendency, according to Lindner.) Content analysis portrayed an excessive amount of castration anxiety and of sexual inversion in the patient group. Plesch concludes that the findings suggest a correlation between poor emotional impulse control and proneness to rosacae and morbid blushing, and that the poverty of erotic control denotes a faulty or undeveloped ego structure. These findings are not specific to rosacea and morbid blushing but are characteristics of psychosomatic states in general. Though Lindner's theory that eyes seen in the cards is a paranoid sign is not yet proven, the author finds some corroboration in the striking frequency of unusually violent homosexual and castration responses.

VICTOR CALEF

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[1] Jekels, Ludwig and Bergler, Edmund: *Instinct Dualism in Dreams.* This QUARTERLY, IX, 1940, pp. 394–414.

Journal of Neurology, Neurosurgery and Psychiatry. XIV, 1951.

Cessation of Dreaming After Brain Injury. Emmy Humphrey and O. L. Zangwill. Pp. 322–325.

Three cases are briefly reported in which cessation of dreaming is spontaneously described as an aftereffect of an occipitoparietal brain injury. The loss was permanent in two cases and temporary in one. The depression of dreaming was associated with impaired visual imagination and memory in the waking state with residual topographical loss. All three patients were of good pretraumatic intelligence and reasonable confidence could be placed in their testimony. It is tentatively suggested that dreaming is likely to be affected only in those agnosic states in which there is appreciable impairment of visual imagery.

NORMAN REIDER

Journal of Mental Science. XCVII, 1951.

Frontal Lobe Function and the African. J. C. Carothers. Pp. 12–48.

The only reason this paper merits review is that it is one of the more complete guides to the lowest levels of psychiatric thinking and writing, an example of psychiatry in the service of class prejudice.

To prove his remarkable conclusion, 'African peculiarities can be explained as due to a relative idleness of the frontal lobes', Carothers goes through the following maneuvers: first he summarizes observations made in a previous article on African (Kenya Colony) mental derangement, viz. (a) there is a low incidence of insanity among Africans living in their natural environment; (b) general paralysis, arteriosclerosis, paranoia and manic depressive insanity are rare; (c) involutional melancholia occurred but consistently without ideas of guilt; (d) 'frenzied anxiety' is common, and (e) obsessional neuroses are never seen. He then adds his current feeling that the African resembles the European psychopath in that 'his behavior is largely determined by his passing emotions, he lacks foresight, perseverance and sustained determination, and his unreliability and irresponsibility are notorious *from a European viewpoint*' (italics added). To illustrate the African's lack of 'social sense' the author cites an example: 'the attendants of a condemned murderer are quite likely to jest crudely about his future in his presence'.

The choicest part of the paper concerns a study of African 'reliability'. Employers of even the most intelligent and well-educated Africans are frequently 'let down' by them. Here are some examples with Carother's complaining interpretations in parentheses: A cook took a basket of vegetables out of a car and left the back door open so that it broke when the car was driven into the garage. ('From the cook's point of view the car door was merely something to open to collect the vegetables; the other aspects of the door's situation in space and time would hardly occur to him.') A good mental hospital attendant of fifteen years' service, after his normal home leave, asked for additional leave to visit a sick relative. This was not allowed and he was told if he insisted he would be discharged, sacrificing his high pay and a gratuity due him. He insisted on leaving, said he would return and begin again at the

bottom and in fact did so. ('This is an example of the precedence accorded to primitive custom even when it may ruin the subject's prospects within the European system and the latter is treated as quite unimportant and irrelevant when it conflicts with the African.') After listening to a scientific lecture the African student is apt to ask some trivial personal question. ('His interest is mainly egocentric and unacademic.')

It never occurs to Carothers that he and his fellow white men are engaged in interpersonal relationships with Africans in which the emotions of both groups are involved. He doesn't see the hatred and resentment of the African in 'unreliability' nor does he understand the already institutionalized processes through which Africans attempt to deal with white men. In good old colonial tradition he is astonished that a people rate their values above his. In short, the attitudes of Carothers himself provide a sadly revealing example of just the sort of person the oppressed African is struggling to cope with.

The final burst of psychiatric name-calling at these people who 'let one down' consists of showing that they are like leucotomized Europeans, hence they simply must not be using their frontal lobes. This lack of frontal lobe usage, in turn, explains the low incidence of insanity among Africans, including general paralysis, arteriosclerosis, paranoia, obsessional neuroses, etc.! One wonders how such a paper could receive audience in a scientific journal.

KENNETH MARK COLBY

Revista Psiquis. I, No. 3, 1951. Mexico, D. F., Mexico.

New Trends in Psychotherapy. Federico Pascual del Roncal.

In this paper the Mexican psychiatrist Roncal describes the ideas of V. E. Frankl about 'existential analysis' and 'logotherapy'. Before he describes these new theories of psychotherapy he attempts to define psychotherapy, but he believes that the only point of view about it which can be stated unequivocally is that any psychotherapeutic method and its theory is of necessity one and the same thing. '. . . the conception of the human personality and the psychotherapeutic method are, underneath, the same thing. The method is the application of the theory, the theory the justification of the method which has been, on the other hand, confirmed by the historical evolution of the different doctrines.'

He is aware of the dangers involved when those countries in which psychotherapeutic techniques were not part of historical medical practice are saturated with an outpouring of the latest books (translated). He gives as an example the translation into Spanish for Mexican consumption of Szondi's latest book, which should have been preceded by Szondi's earlier publications to enable the reader to understand the scientific basis of his test. To this danger there is added the belief still present, even among physicians, that psychology and psychotherapy should be left to the philosopher or the father confessor. The Malleus Maleficarum was the textbook of theologicians of the sixteenth century and the remnants of its medieval attitudes exist today in those physicians who think neuroses are the domain of religious ministry.

This introduction is followed by a brief and all too compact summary of the theories of Freud, Adler, and Jung, which are discussed together with

the philosophical ideas of Klages, Heidegger, and Hartmann. Finally, before he describes Frankl's ideas, Roncal warns of the pitfalls of a too rapid expansion and vulgarization of any new psychotherapeutic theories in our present age.

In a little more than five years Frankl has published several books. His first book, *Der unbedingte Mensch* (The Absolute Man), deals with the responsibility of man to himself. The conscience of the *'dasein Mensch'* the antithesis of 'man-and-its-essence', is the source of neurotic conflicts. The following book, *Die Existenzanalyse und die Probleme der Zeit* (The Existence Analysis and the Problems of Our Age), deals with the application of those principles to the conflicts that modern man has to face willy-nilly. In *Die Psychotherapie in der Praxis*, the successful application of logotherapy to actual cases is described. *Zeit und Verantwortung* (Time and Responsibility) is a book dealing with the responsibility of man in the face of the dangers and the great conflicts of this age. In *Der unbewusste Gott* (The Unconscious God) there is an attempt to show the unconscious in the existential sense, or 'if we prefer, the spirit as something that is beyond psyche or soma'. In his last book, *Ärztliche Seelsorge* (Medical Cures of the Soul), all his ideas are grouped to make them easily accessible to people in general.

Roncal stresses the Hegelian principle in Frankl's theories, namely that 'will' is the most important aspect of the individual psyche—'will' which is '. . . developed through reasoning' (logotherapy) without any deep unconscious dynamic explanations. Frankl does not explain clearly what he means by spirit without psyche. 'His ideas although derived from Hegel, had as forerunner the systematic expositions made by Kierkegaard . . .'; and from the Danish philosopher there are, in turn, two branches: the Christian one represented by Marcel, and the layman's, by Heidegger. The most popular of the existentialists, 'if not the most scientific', is Sartre.

In the final part of his article, Roncal illustrates how futile it is for the psychotherapist to stress any single aspect of human beings. 'To summarize, logotherapy may be an adequate form of psychotherapy when the need is to make the patient "fit", or to readjust him to his environment, but neurotics require a deeper therapy which will have to consider especially the unconscious dynamism of all the symptoms.'

GABRIEL DE LA VEGA

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Meetings of the New York Psychoanalytic Society

Leonard R. Sillman, Herbert F. Waldhorn & Joseph M. Krimsley

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NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

January 15, 1952. DEFENSIVE INSTINCTUAL GRATIFICATION. Leo A. Spiegel, M.D.

The attempt is made to understand an especially massive and chronic form of acting out. Sachs's theory of perversion as a transference of part of the infantile sexuality to repress other parts as formulated and amplified by Fenichel is discussed. Usually this consists of blocking genital drives by pregenital and partial drives which is termed 'defensive instinctual gratification'. During the analysis of a borderline, unmarried woman of thirty, she developed a transient psychotic episode the main trend of which was betrayal which did not exist except in the instances when she contrived it. The cancellation of two sessions caused her to feel betrayed by the analyst. Asked why she continued treatment if she felt betrayed, she became upset and wondered if she should quit. When she decided not to, she became psychotic, intensely anxious, and dressed like a 'tart'. This represented a defensive instinctual gratification which employed the mechanism of masochistic exhibitionism. She began to masturbate with powerful vaginal sensations accompanied by tender feelings, thoughts and images of the analyst.

This defense process is not considered the same as regression, and it is differentiated from defensive actions pressing 'downward'. Patients who employ defensive instinctual gratification have a wide area of relative lack of differentiation between ego and id. The patient referred to was exposed to fantastic indulgence and deprivation, had difficulties in learning as well as inhibitions in performing her daily ablutions. With a marked discrepancy between instinctual pressure and the possibility of appropriate genital gratification during the œdipal period, a modicum of safe instinctual gratification is achieved by means of defensive instinctual gratification. Patients utilizing this mechanism do not tolerate the frustration of analysis well, have difficulty in attaining a transference neurosis. The ideal interpretive constellation for these patients is one where both the defenses and the latent instinctual wish is formulated.

In the discussion, Dr. René A. Spitz stated that he was familiar with the clinical picture described by Dr. Spiegel, such clinical pictures not being incompatible with the perversions. Dr. Herman Nunberg considered the idea of defense against one instinct by another erroneous. The repressed material consists of direct derivatives of instinctual demands and the repressing agent is the ego. All our instincts appear in two forms, an active and a passive one, as exhibitionism-scoptophilia, sadism-masochism. If one instinct is repressed and thus inhibited, its counterpart appears. That does not mean that one instinct represses the other but that the counterpart becomes the leading instinct. Should we assume that one instinct represses the other we would have to assume that there is no difference between ego and instincts. In this instance the repression became sexualized, as Freud expressed it in the old days. Adler attempted to sexualize repression with his concept of the masculine protest. Dr. Spiegel stated that Freud, in Instincts and Their Vicissitudes, considered the possibility

that turning against the self and the change from activity to passivity may be viewed as defensive mechanisms of a primitive ego. This reaction is seen in infantile personalities who have an undifferentiated area of the ego.

LEONARD R. SILLMAN

January 29, 1952. SOME CLINICAL ASPECTS OF THE PATHOLOGY OF NARCISSISTIC OBJECT CHOICE IN WOMEN. Annie Reich, M.D.

Defining narcissism as the cathexis of self with libido, Dr. Reich elaborates the gradual process of finding external libidinal objects and the normal shifting of libido from the self to the object in infancy. The term narcissistic is appropriate when 1, body cathexis is predominant and is treated like a love object; 2, a fixation has occurred on a level in which the differentiation between ego and object is very diffuse, and primary identifications prevail instead of object love; 3, infantile ideas of, or longing for, omnipotence are either not outgrown or regressively revived, and problems of regulation of self-esteem are predominant; 4, a condition of narcissistic want exists, which was caused by a narcissistic injury.

Discussing the libidinal changes which take place at the end of the active-phallic phase of attachment to one's mother, there are cited cases who, under the impact of the final acceptance of castration, withdraw libidinal interest from the disappointing objects (mother, clitoris, etc.) to their own bodies, and who thereby overcompensate for the narcissistic injury of castration by an overvaluation of the self. When this is combined with sexual fantasies about the body, the dominant sexual aim of this period is exhibitionism of the body as a phallus by which objects are to be pleased or seduced. If this technique of undoing the feeling of castration is unsuccessful, unconscious masculine longings may persist, giving rise to feelings of inferiority and unrealizable ideals. Such conflicts may be solved in some instances by falling in love with a man who represents what the woman originally wanted to be, thus undoing a state of narcissistic want. Many normal women love men who represent their externalized former identifications.

Dr. Reich discusses the distinctions between identification and object love, and between the formation of the ego ideal and of the superego, with particular reference to the capacities for reality testing and tolerance of frustration. Where a weak ego, immature superego, and disturbed object relations coexist, infantile traumata, including the fantasy of being castrated, may lead to a regressive clinging to the ego ideal, which is often the paternal phallus. Traumatic experiences can reactivate other infantile grandiose ideals and relations to compensate a sense of narcissistic loss. Such regression imposes a moral dependence and a lability of mood, due to fixation at the level of primary, transitory identification by way of imitative gestures. Immaturity of the superego leads to dependence on the object, or to a diffuse dependence on other people's opinions.

The two clinical entities representing pathological narcissistic object choice include, first, the group of women who are in a relation of dependent subservience to one man whom they consider great and admirable, and without whom they cannot live; second, women who have short-lived dependent infatuations during which they completely take over the man's personality, drop him

after a short time and 'deify' another object. In both, the pathology is based on the unconscious pathological identifications which have become externalized.

Clinical observations illustrate extreme submissiveness in women whose identifications and personality patterns were evident in their object relations and active conflicts. Contrasted with this submissive, dependent, clinging to one object were the women who had transitory pseudo-infatuations, and who closely resembled the 'as if' types described by Helene Deutsch. For both types, overvaluation of the object is a defense against aggressive castrative impulses; also, it serves to salve their wounded self-esteem. All these women had had pregenital homosexual attachments to their mothers, which only later were transformed into a conspicuous preoccupation with the phallus or a glorified love partner. The ego ideal is primarily an identification with the glorified maternal object, and the disturbances in the character of these women relates to the developmental influences of this period.

Dr. Phyllis Greenacre commented on the role of trauma in ego and superego development, and stated that even a single trauma could appreciably contribute to the formation of megalomanic ego ideals, if its timing verified latent fantasies or was propitious for forming new ones. She described a special problem of 'penis awe' which promotes an expectation of magic and a hopeless dependence on the man who represents the erect or erecting penis that was seen in infancy and which still holds the woman spellbound. In the development of the body-phallus identification, the skin and oral erotism is significant. Dr. Ernst Kris noted that the yearning of these women for the feeling of mystical union with the mate was basically the remnant of the oceanic feeling of the oral phase, and identified the sexual partner with the pregenital mother. The frantic search for objects of the 'as if' types is like the efforts at restitution of schizoid types whose withdrawal makes object relations shallow and untrustworthy. Dr. Herman Nunberg also commented on this point, stating that the woman does not feel she is loved tenaciously enough nor really attached to the object, since the object is only an appendage of the penis. Dr. Edith Jacobson spoke of the origins of the ego ideal and of its development as part of the superego system, which normally undergoes a process of maturation, internalization, depersonalization and integration, but which may fail to mature completely as a consequence of œdipal disappointments. Dr. Melitta Schmideberg noted the part played by narcissistic phenomena in all aspects of pregenital development and cited the significance of masochism and inhibited sadism in the extreme submissiveness of the women studied.

HERBERT F. WALDHORN

February 12, 1952. AN IMAGINARY COMPANION. Otto Sperling, M.D.

A three-year-old boy was brought for treatment because of his parents' concern about an imaginary companion he had acquired at thirty-three months of age. Imaginary companions are observed in about twenty percent of children as a phase in normal development between three and six years of age. These companions may be animals, children, or adults, and may represent scapegoats, playmates, or protectors. A special type of imaginary companion frequently

appears during the analysis of children, invented as a projection of the child's fears and hopes, to facilitate communication with the analyst.

In the case reported, the imaginary companion represented an intermediate stage in the development of the superego, affording an opportunity to study the child's ego defenses and early methods of identification.

Rudy, the child, turned to Rudyman, the companion, for permission and sanction to do what he wanted to do instead of obeying his parents directly. The companion was an exaggeration of Rudy's father, Herman: he was taller, had a louder voice, and was critical of Rudy. The device of the companion permitted Rudy to avoid direct obedience of his parents, and gave him a measure of independence. By endowing his companion with qualities of command and leadership, which were, in fact, derived from his father, he avoided the narcissistic injury of being restricted or criticized by his parents. When Rudyman, the companion, chided him, the reproach came from Rudy himself rather than from his parents.

Six months later, the fantasy of Rudyman was abandoned and replaced by other playful identifications: first he imitated a train, later a dueling knight. Ten years later, when his character was formed, the boy was a replica of his father.

Dr. Sperling traces the development of this companion as a reaction to primary narcissism. At ten months, the boy had reacted to frustration at feeding by angry crying and refusal to take the nipple. He had reacted later to impositions of discipline with similar anger. When, however, he found a means of transforming deprivations as a challenge from within himself, he ceased feeling frustrated. The threat to his infantile omnipotence was mastered by accomplishment, and by making the authority part of himself (ego ideal). The companion is the intermediate stage in this development, a means of defying the parents' authority without incurring their anger, at the same time yielding to their demands. The companion is a narcissistic exaggeration of the father image, fused with the values of the mother. Through this agency, the superego becomes integrated. That it has the quality of a game, lends to its utility in the process of maturation. At times the commands and reproaches of the introjected parental authority has the force of hallucinations as in paranoia; but with further development they become controlled illusions which strengthen the ego, and help in adaptation to reality. The anlage of paranoia occurs in this prestage in the development of the superego in the late anal phase. Reviewing the various forms of identification, the opinion is stated that the most important mechanism in the development of the superego is a primary narcissistic identification. After the passing of the œdipus complex the paternal object is taken as a model. The child's ego can yield to the father's authority by incorporating it as an ego ideal and get libidinal and ego satisfaction from it without narcissistic injury.

In the discussion, Dr. Margaret Mahler, commenting on the differences in the role and function of imaginary companions, stated that usually imaginary companions are playmates, devices to redress unpleasant realities and act as ego defenses, and facilitate mastery. The normalcy of the phenomenon depends on the age of the patient, the duration and the cathexis with which the com-

panion is invested. In the case presented, the vividness of the illusion, she felt, was due to the child's low threshold of frustration and his greater need for this autistic defense; also, extreme aggression and fear of retaliation played a role in its creation. Dr. Phyllis Greenacre agreed that this phenomenon is a function of normal psychopathology to support the ego and superego. She characterized it as a shy way of communicating with adults, as an intermediary between generations, arising in the late anal phase and disappearing at about the age of six. Dr. Judith S. Kestenberg introduced the idea that this game facilitates mastery of concepts of time and space.

February 12, 1952. THE PROBLEM OF SEX DIFFERENCE FOR A THREE AND A HALF-YEAR-OLD CHILD. Z. Alexander Aarons, M.D.

A boy of three and a half developed the symptoms, six weeks after the birth of a sister, of holding his penis throughout the day for a two week period, and of having nightmares. The boy was bright, outgoing, and had been very curious about his parents' genitals. He was once permitted to pull his father's penis. During his mother's confinement, while playing with two older boys, he wet himself and was very humiliated.

Treatment consisted of several interpretations to the effect that he was afraid of losing his penis, or having it hurt, of a great deal of reassurance, and was soon followed by the disappearance of the symptom. Subsequently he became aggressive toward his mother, resentful of the baby, and closer to his father. During this period he refused to wear pants, and wanted to wear dresses. This alternated with possessiveness toward the mother and play which might indicate a wish to rival his father.

Dr. Margaret Mahler stated that the treatment of this case was analytically oriented therapy rather than child analysis; although this type of therapy might alleviate symptoms, it would not affect basically the child's personality. A clue to the boy's choice of symptom, she believed, was the unusual fact that the boy had been permitted to pull his father's penis. The symptom, she said, might represent a defense against his passive wishes toward his father, and this was confirmed in his subsequent wish to wear dresses. She emphasized that this type of therapy was of value in treating incipient symptoms in preschool children. Dr. Bela Mittelmann suggested that the symptoms might be derived from problems concerning child bearing, and the boy's wish to have a child.

JOSEPH M. KRIMSLEY

THE AMERICAN PSYCHOSOMATIC SOCIETY will hold its Tenth Annual Meeting at Chalfonte-Haddon Hall in Atlantic City on Saturday and Sunday, May 2 and 3, 1953. The program is planned to present investigations in the theory and practice of psychosomatic medicine as applied to adults and children in all the medical specialties, and contributions in psychophysiology and ecology. There will be one panel devoted to the adrenal cortex. Dr. Sydney G. Margolin, 551 Madison Avenue, New York 22, New York, is chairman of the program committee.

DR. GÉZA RÓHEIM sends the following comment about ODYSSEUS: THE RETURN OF THE PRIMAL FATHER by Joel Friedman and Sylvia Gassel, published in this QUARTERLY, XXI, 1952, pp. 215–223.

Friedman and Gassel present Odysseus as the Father who returns to kill the visitors who represent the sons of the brother horde. The authors speak of a 'definite evolution in the collective unconscious' as represented by the sequence Œdipus, Orestes, Odysseus. Odysseus is the primal father accepted by the community with 'the promise of peace and happiness'.

Another version of the myth makes Odysseus the illegitimate son of an archrebel like Sisyphus,[1] and the further possibility of an Odysseus-Hermes parallelism presents this hero in a different light.[2]

In the post-Homeric tradition Telegonus, son of Odysseus and Circe, is sent by his mother to find his father. A storm drives him to Ithaca where, starting to devastate the fields, he is opposed by Odysseus and Telemachus. Odysseus is killed by his son as had been prophesied. Pallas Athene then orders Telemachus and Penelope to remain in their country; the dead Odysseus is taken back to Aeaea, the island of Circe, and buried. Pallas Athene further decrees that Telegonus marry Penelope, and Telemachus marry Circe.[3] Sophocles too wrote a play in which Odysseus is unwittingly killed by his son.[4] Kerényi regards Circe and Penelope as parallel mythological beings comparing both with the Moirai.[5] Since Odysseus is the hero who, aided by the magic plant brought by Hermes, masters the goddess who transforms (castrates) his companions into animals, it is evident that we have here a parallel to the 'Medusa-Witch' episode in the tale of the Two Brothers.[6] The same story is told twice, first with a happy and then with an unhappy ending.

In some of the episodes of the Odyssey, Odysseus is the hero who masters castration anxiety.[7]

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[1] Roscher's Lexikon: *Odysseus*, p. 614.

[2] *Ibid.*, p. 653.

[3] Hartmann, A.: *Untersuchungen über die Sagen vom Tod des Odysseus.* Munich, 1917, p. 41.

[4] *Ibid.*, p. 121.

[5] Kerényi, K.: *Töchter der Sonne.* Zurich, 1944, pp. 65–90.

[6] Hartland, E. S.: *The Legend of Perseus.* London, 1895, III, Medusa Witch.

[7] *Cf.* Róheim, Géza: *The Song of the Sirens.* Psychiatric Quarterly, XXII, 1948, pp. 18–44.

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