The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

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To cite this article: Otto Isakower (1954) Spoken Words in Dreams, The Psychoanalytic Quarterly, 23:1, 1-6, DOI: 10.1080/21674086.1954.11925930

To link to this article: https://doi.org/10.1080/21674086.1954.11925930

SPOKEN WORDS IN DREAMS

A PRELIMINARY COMMUNICATION

BY OTTO ISAKOWER, M.D. (NEW YORK)

In The Interpretation of Dreams, Freud stated it as an invariable rule that when a spoken utterance occurs in a dream, it has originated from a remembered speech in the dream material, and that the wording of the speech has either been preserved in its entirety or has been slightly altered in expression.

While Freud made no attempt to integrate this statement with his dream theory, leaving it in a completely descriptive state, his subsequent systematic presentations regarding the structure of the personality afford a tactical advantage to a renewed investigation of this special problem.

In a previous paper[1] I have traced the psychological correlations of the static apparatus, the organ of equilibrium, and of the auditory apparatus. Certain crustaceans 'incorporate' particles of sand to use them as otoliths, that is, to aid their orientation in space. The human being's need for orientation, in the widest sense, is met by speech, which also is based upon material taken in from the outer world, through auditory incorporation. Here it is not only the verbal elements themselves, but also the assimilation and correct combination of verbal images, the development of a grammatical and logical order in the processes of speech and thought. This auditory incorporation then becomes of fundamental importance for the functions of the superego, which later in a similar way serves to orient the individual in the outside world as well as in his inner world. 'The following formula', I stated, 'then suggests itself: just as

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Read at the meeting of the American Psychoanalytic Association, New York, December 1948.

[1] Isakower, Otto: *On the Exceptional Position of the Auditory Sphere.* Int. J. Psa., XX, 1939, pp. 340-348.

the nucleus of the ego is the body ego, so the human auditory sphere, as modified in the direction of its capacity for language, is to be regarded as the nucleus of the superego'. Proofs for this origin of the superego are found in delusions of observation, and in certain other schizophrenic phenomena. In that paper, I suggested it to be worth-while to examine the relation of the auditory sphere to dreams. While dreams, in general, are usually visual, outside the realm of language, I pointed to a peculiar exception, a phenomenon which occurs while falling asleep: '. . . linguistic phenomena connected with going to sleep often show an almost exaggeratedly elaborate grammatical and syntactic structure. The speech flows along in complex phrases, with strongly accentuated sentences of an animated and changing form; but it loses its clarity more and more as it proceeds, and at length there remains only an impression of lively and complicated periods without any verbal elements which can be clearly grasped . . . until at last the periods gradually pass over into a scarcely articulated murmur, which stops, starts again, and finally passes over into sleep. One might say that going to sleep itself is a case of "crossing the frontier of speech" . . . . Perhaps all this is only another aspect of the fact that before the "censor" . . . withdraws, he seizes the opportunity of making his voice heard once more very forcibly. What we see here is not so much *content* that is characteristic of the superego but almost exclusively the tone and shape of a well-organized grammatical structure, which is the feature which we believe should be ascribed to the superego. At the moment of waking, the linguistic auditory phenomena present themselves in a much briefer and more succinct form. It often happens in this way that a word or short sentence still reaches a dreamer while he is waking up, like a call, and this call has very often a superego tinge, sometimes threatening, sometimes criticizing—words for which the dreamer, as he wakes up, feels an inexplicable respect, although they are very often a quite unintelligible jargon.'

In that publication I did not carry the argument to what seems to me the logical conclusion: that *speech elements in dreams are a direct contribution from the superego to the manifest content of the dream.* For heuristic reasons I propose to regard this hypothesis equally as apodictic as Freud appears to have presented his original concept of the provenance of speech elements in dreams. An accumulation of observations has confirmed me in my assumption. It may be said that, from a practical point, this view has proved its usefulness; when used as a key, it very often has made possible the interpretation of otherwise refractory dreams. However, the purpose here is not to recommend the usefulness of a rule of thumb, and I shall refrain from giving more than one example which has been selected for its somewhat atypical character.

A thirty-year-old man whom I analyzed in Vienna had marital difficulties. His extramarital escapades caused him a lot of trouble. He was very fond of housemaids and Wagner operas. He dreamed

> I and some party members [he was also a very active socialist] are going along the sidewalk of a street which is unfamiliar to me. I say: 'How much this Lohengrin is costing me already!' (It is as if we had been planning to arrange a private performance of Lohengrin, and that I had gone to see it at the State Opera House for the purpose of study.) Then I am enumerating the whole cast of the opera accurately and correctly, and I tell them how wonderful it had been. [He had attended a performance of Lohengrin the night before the night of the dream.] I wake up. While recalling my dream, I somehow half hear, half say to myself the phrase: 'Your swinish love life [more literally: love-swinishness] shall yet come into the open!' [*'Deine Liebesschweinereien werden schon noch herauskommen!'*] Immediately I see that this is *nonsense.*

It will be recalled from the opera that when Lohengrin is alone with Elsa in the bridal chamber, he solemnly bids her never to question him nor otherwise try to find out whence

he came, nor what his name and kin. Suffice it to state, that up to the point of waking, the dream is of the most ordinary structure, as dreams go. It also contains a clear-cut linguistic passage ('How much this Lohengrin . . .'), the meaning of which is readily understood; it conveys, among other things which do not interest us at the moment, a rather mild dose of self-criticism. But now a curious thing happens. After waking up, and while he is engaged in retrieving the dream, a very forceful pronouncement is made by himself and yet not by himself. A directed effort did not succeed in tracing the origin of the sentence about *Liebesschweinereien*. Only when the dream had been analyzed to some extent was the patient able to see that the sentence was a very forceful reproach from his conscience, directly referring to the *latent* content of the dream. Immediately upon hearing it, however, he had tried to dismiss it as nonsense.

This example was selected for various reasons. It offers, in one dream, two separate elements of speech, differing in character, yet both with the same meaning. The first one is integrated with the rest of the dream, conveys its meaning in a disguised and, in retrospect, rather witty form. Yielding its meaning only when analyzed, it clearly had been subjected to the process of secondary redaction.[2] The second one is undisguised, straightforward, emphatic, blunt, threatening, vindictive. It is, however, sufficiently cryptic to be dismissed first by the dreamer as entirely unconnected with the dream, and as nonsensical. Or better perhaps, the dreamer, engaged in recrossing the barrier of speech toward wakefulness, succeeded in playing dumb and thus warding off the abortive attempt of the superego at a first interpretation of his dream. Under ordinary circumstances, when the dream work has its way, the secondary redaction takes care of the superego contributions also. It is understood that the secondary redaction is largely a function of

[2] As used here, 'redaction' represents a third attempt to render the German *Bearbeitung*, after Brill's 'elaboration' and Strachey's 'revision'.

the superego anyway. The example presented is one of a miscarriage of the integrating function of the process of secondary redaction.

One might say that focusing the mental eye on the dream during (and immediately after) the process of waking up assists in reinstating the regime of waking reality. In this phase of transition the superego may assert itself with exaggerated vigor, and may appear giving off an emphatically condemning comment on the whole dream. 'Taking over again' by the superego may sometimes manifest itself as noisily as at the time when it steps down (see the reference made above to hypnagogic and hypnopompic speech production).

In the second edition of his *Die Traumdeutung*,[3] Freud adds a footnote to what he presented as an 'invariable rule' concerning the origin of spoken utterances in dreams. This footnote, I think, goes very far in the direction of my thesis. It says: 'In the case of a young man who was suffering from obsessions, but whose intellectual functions were intact and highly developed, I recently found the only exception to this rule. The speeches which occurred in his dreams did not originate in speeches which he had heard or had made himself, but corresponded to the undistorted verbal expression of his obsessive thoughts, which came to his waking consciousness only in an altered form.'

What Freud then called 'the only exception' may well have been the first to challenge the rule. The next reference to this topic appears in his paper, On Narcissism: An Introduction.[4] There, introducing the concept of the superego, Freud mentions for the first time explicitly that self-observation, in the sense of the paranoiac's delusion of being watched, plays a part in dream formation. Then he adds: 'This part is not invariable; probably I [Freud] overlooked it because it does not appear in my own dreams to any great extent; in persons who

[3] Freud: *Die Traumdeutung.* Leipzig and Vienna: Deuticke, 1909, p. 222, fn. Trans. by A. A. Brill: *The Interpretation of Dreams,* Revised Edition. London: Allen and Unwin; New York: Macmillan & Co., 1932, p. 292, fn.

[4] Coll. Papers, IV, p. 54.

are gifted philosophically and therefore accustomed to introspection it may become very clear'. Freud did not link these two observations together, viz. 'the only exception' and the part that self-observation plays in dream formation. It should be particularly noted here that Freud does not just say that self-observation plays a part in dreams, but rather in dream *formation.*

All this may serve to emphasize that vestiges of the present thesis are clearly recognizable in Freud's structural concepts.

It must be left for other occasions to study the ambiguity and obscurity of oracles, the spell of quotations, to name only a few of the phenomena which have an obvious bearing upon this topic. For the present we refer briefly to the well-known fact that speech phenomena in dreams not infrequently have a portentous, awe-inspiring character and tone, peculiarly reminiscent of oracles or quotations, and thus suggesting a common origin.[5]

I am aware that a renewed approach to the structural problems of the dream theory, like the one which is herewith briefly introduced, calls, in turn, for still more far-reaching suppositions regarding the nature of the superego.

[5] Very much to the point of our disquisition, and closely adumbrating its conclusions, Wolf von Siebenthal writes in his recent book, *Die Wissenschaft vom Traum,* Berlin: Springer Verlag, 1953, p. 222: 'In considering the linguistic elements of the dream one has to bear in mind the enchanting and exorcising function which is an inherent primal character of words. This function asserts itself all the more in the state of the spontaneous dream experiences, which are so entirely rooted in subjectivity. Then we may see more clearly that the exorcising incantation is directed against the dreamer's own affects, and that an encroachment upon the dream is "intended" by way of an "insinuation". This is particularly valid for absurd and nonsensical words.'

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ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

Psychoanalytic Observations on Cardiac Pain

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To cite this article: Catherine L. Bacon (1954) Psychoanalytic Observations on Cardiac Pain, The Psychoanalytic Quarterly, 23:1, 7-19, DOI: 10.1080/21674086.1954.11925931

To link to this article: https://doi.org/10.1080/21674086.1954.11925931

Published online: 05 Dec 2017.

PSYCHOANALYTIC OBSERVATIONS ON CARDIAC PAIN

BY CATHERINE L. BACON, M.D. (PHILADELPHIA)

Cardiac pain, frequently radiating from the precordial area down the left arm, has been observed to occur in patients during analysis coincident with the appearance of an acute conflict between receptive help-seeking drives and hostile aggression and fear. The drive toward dependency produced unconscious fantasies of eating, digesting, and robbing, and corollary but opposing fears of starving, being poisoned or drowned. The aggressive impulses were both conscious and unconscious. These observations were made during the analyses of eight men and four women who had frequent or rare cardiac pain. Only two of these patients came into analysis for the treatment of a cardiac neurosis.[1]

A simple example is of a man who was interviewed only once before he was referred to an analyst in another city, to which his firm was transferring him. He was the son of a minister and an affectionate but sexually prohibitive mother who openly resented his growing up. At the age of twenty-eight he had never had sexual intercourse. He had recently become engaged, and being transferred to another city involved a promotion which made it possible for him to plan marriage within a few months. At this time an episode occurred which caused him so much anxiety that he came for a consultation. He had kept his engagement a secret for several weeks before he had the

Read at the meeting of the American Psychoanalytic Association, Atlantic City, May 9, 1952.

The author wishes to thank Dr. Emmet Bay of the University of Chicago Medical School for valuable help in formulating the cardiac physiology and Dr. Franz Alexander for his aid in the psychoanalytic formulations.

[1] With a single exception all patients reported here had either one or two parents with a history of coronary disease.

courage to invite his fiancée to dinner to introduce her to his family. Everything went well; in fact, much better than he had expected. While he was eating heartily, he for the first time got the idea that he would not wait until the wedding to have intercourse with his fiancée, but would attempt it later that evening. At that moment he experienced severe cardiac pain. Physical examination and electrocardiogram were negative. The pain occurred when he had a defiant impulse which would have shocked both his parents at the time he was eating their food.

A similar example is a man in analysis who because of his competitive and hostile feelings toward his father despaired of getting help from him. This patient experienced cardiac pain when he heard that his father had offered to buy a car for his younger brother. The pain started with a feeling of gnawing hunger in his stomach. The analytic material showed that he was extremely jealous of his brother (oral envy) and wished that he, too, could be given a car; but he despaired of this and was furiously angry at both his father and brother.

Another analytic patient, the son of a jealous mother, had an attack of cardiac pain as he was preparing to go home to his mother after making love to his girl. During the attack he raised his hands as though to push something away from him. He was at the time analyzing the deep guilt he felt toward his mother, who fed and cared for him, and toward the analyst, because of his sexual interest in the girl which seemed to him a great disloyalty to them both. He associated 'pushing away' with his little nephew whom he had recently seen pushing away his mother's breast. Deeper analysis showed he was fearful that his mother would be jealous and would therefore wish to poison him with her milk. This recalled a story he had heard as a child that at about the time he was weaned his mother had left him with an aunt, and on returning to pick him up was outraged to find him eating a sausage the aunt had given him. Even as a small child when he heard this story he was aware that his mother was jealous of his affection for

his aunt. The pain occurred when he feared his mother would be angry and jealous because of his interest in his girl and therefore would wish to poison him.

A THEORY OF THE GENESIS OF PSYCHOSOMATIC CARDIAC PAIN

These psychological observations are in conformity with our current knowledge about the affinity of oral strivings to the parasympathetic *(1)* nervous system and of aggressive hostile impulses to the sympathetic *(2, 3, 4, 5)* portion of the autonomic nervous system. In those psychodynamic situations in which hostile aggressive and oral-incorporating tendencies appear at the same time, the heart is under the influence of increased simultaneous stimulation of both parasympathetic and sympathetic impulses.

Normally when the stomach is empty, the cardiac reserve is great; but as soon as the vagus is stimulated by digestion or otherwise, it falls markedly. It is for this reason that athletes eat lightly, or not at all, before a contest and do not drink during it. It is also well known that people with coronary insufficiency are more apt to get an attack from quarreling or from physical exertion during or just after a meal. Two physiological factors operating during digestion are: first, the blood stream is diverted from the skeletal musculature into the splanchnic area and the cardiac output is increased to facilitate digestion by increasing the circulation of the splanchnic area; second, vagal stimulation starting in the stomach, intestine, gall bladder or lungs may have a reflex effect of slowing the heart *(6)*. In addition, the weight of evidence indicates that the vagus constricts the coronary arteries *(7)*, which would make the heart even more unable to react efficiently to the stimuli of rage and fear. During the emotional conflicts we have described, it is quite possible that cardiac anoxia, which is known to cause pain, may develop.

THE ORAL ORIGIN OF THE SENSE OF OBLIGATION

A very common psychodynamic situation in which the development of cardiac pain is observed is the coincidence of oral

desires with anxiety aroused by oral guilt. It is well known that incorporative orality has various psychological connotations. Here, only one, the wish to eat, learn, or otherwise take in, in order to grow up and become aggressive and independent, is considered. Because the infant investigates the world by putting everything into its mouth, the belief often persists in the unconscious that everything one has learned or has been given has been eaten. These are receptive gratifications; yet the individual who is learning is doing so to achieve a goal such as becoming able to earn his living, and a young man who is given an automobile experiences not only a passive, receptive gratification but plans to put it to practical use, such as taking his girl riding. Some types of dependent gratification may be sought also as ways of attaining active goals in the service of ambition and mature strivings.

Naturally the child's parents, and later parent surrogates, have definite ideas as to how and when the knowledge they impart and the gifts they give shall be used. For instance, many parents who give their children sex education are horrified if they know their children put this knowledge into immediate practice, or if the toys they give them are thrown at another child. This rational fear is greatly enhanced by the unconscious anxiety the parent feels over the child's growing up. The mother who gains too much gratification from her relationship with her son becomes neurotically disturbed when he tries to develop a close relationship with others, especially with other women. Unconsciously she feels that all she has given him is then given to a female rival. The neurotic father who gives too much to a son feels threatened if the son utilizes what he has gotten (or learned) to compete with him, especially for the favor of the mother or of women in general. A child with jealous parents finds more strings attached to the 'gifts' it receives from them than other children do.

In such neurotic situations in which the child strives to free itself of the domination of the giving parent, it may not only feel guilty about what it intends to do but also about what it

wishes to get. The guilt about receiving is compounded by the uses to which the patient intends to put his acquisition. Society has always tried to protect the donor. For instance, among the Arabs it is forbidden to harm anyone of whose salt one has partaken. Aggression against a parent has always been particularly condemned: 'How sharper than a serpent's tooth it is to have a thankless child'. The poignancy of Lear's exclamation lies in the fact that it carries with it all his disappointment in Cordelia to whom he had given so much love and yet who would not promise to give him all her love in return.

There are times in analysis when a patient, having received an important oral gratification, has toward the giver a feeling of obligation against which unconsciously he revolts. The patient feels a tremendous debt of loyalty and obligation to the donor who is identified with the jealous parent. If he revolts, he feels fearful; if he complies, he is outraged because he loses his freedom. Either choice may be accompanied by cardiac pain if the conflict is severe and if it occurs while the patient is in the vagal (anabolic) phase.

SPECIFIC DYNAMIC PATTERN FOR THIS TYPE OF CARDIAC PAIN

oral gratification → obligation to donor →
→ defiance → fear of retaliation → cardiac pain
anger → compliance to obligation → { rage at effort involved, or / rage at loss of freedom } → cardiac pain

The following instances illustrate cardiac pain arising from such unconscious conflicts.

A man in his early thirties was the son of an indulgent but jealous and possessive mother. He was nearing the end of his analysis and for the first time in his life was seriously interested in a girl whom he later married. He awoke from the following dream with cardiac pain.

> I was in a basement. In looking around I saw a little Negro boy cowering in a furnace. I quickly rescued him. Hidden in his pocket I discovered an obscene picture of a baby at his mother's breast. This baby was doing something sexual

with another child, who was doing something sexual with a third child like a daisy chain, starting with the mother's breast.

The analysis of this dream in the transference indicated that the patient felt guilty over his wish to receive help from the analyst and then to have intercourse with another woman. His conscience told him that if he received help from the analyst he should give all his love to her. Partial analysis of this conflict had enabled him to take an increasing interest in younger women, and it was at this point that his anxiety broke through in this dream. Having broken away from his fantasied obligation to the analyst, he suddenly felt guilty about his dependence and was fearful of the analyst's anger and retaliation, symbolized in the dream as the danger of being burned in the furnace.

The father transference in men follows a similar pattern. The oral fantasy is 'I want to learn or take from you so I can become more masculine'. If the active result of the learning is competitive—to learn from the father and compete with him—the resultant behavior will be considered aggressive by the conscience and fears of retaliation will result.

The following is a dream from which a patient awoke with cardiac distress.

My father was dying. I went in and asked to borrow twenty dollars, which he gave me. I felt good in the dream because I knew I wouldn't have to pay it back, since he was dying. As I left the room my younger brother stood in the door and held out his hand for the money. I handed it to him.

Here the patient instead of making restitution to the father gave the money to his younger brother. His association to the twenty dollars was that it was what he would like to pay the analyst. His wish to pay a larger fee was based on a wish to be a 'big shot' and compete with his father who was stingy with his mother. He did not allow himself the pleasure of showing off to a mother figure with what he received from his father but instead handed it on to his brother. The dream with this

missing element added means: 'I want to get twenty dollars from father and compete with him as a big shot in mother's eyes (show father up as stingy), but instead I give it to my little brother and he will compete against me'. The cardiac pain coincided with strong oral guilt felt toward his father and the giving of the money to his brother, also from guilt. The brother's great competitiveness with the patient aroused the latter's rage and fear. Once during his childhood an older brother picked up the naked baby brother and sat him on the patient's face; the patient subsequently reacted to his brother's competitiveness with a fear of being soiled. In his dream the patient's renunciation of active competition with his father did not save him from fear, because giving the money to his brother made him face again a competitive rivalry which aroused fear and anger.

In women, defiance of the mother frequently centers around the wish to compete with her sexually and maternally. The fantasied restitution to the mother therefore involves a need to give up such competition and to love only the mother.

The following incident from the analysis of a married woman of thirty-four shows cardiac pain occurring with the release from repression of increasing competitiveness with her mother at the time of emergence of great oral guilt. The patient had been working through her guilt to her mother over the birth of the patient's baby a year previously. The analysis showed that this was related in the patient's unconscious to her competition with her mother, centering around her sister's birth when the patient was three. She felt guilty because she could now have children and her mother no longer could. In her unconscious, fertility and sexuality were something she had robbed her mother of. This guilt was re-enforced by two recent events. The year the patient was engaged the mother had had radium therapy for cancer of the cervix. This coincidence engendered the unconscious fantasy that her maturity was at her mother's expense, that somehow in becoming engaged she had robbed her mother of her sexuality. While the patient was pregnant,

her father was retired on half his previous income. Her parents had to move from their house into an apartment, whereas the daughter and her husband had a house; moreover, her mother was overtly jealous. She was a critical woman, and nothing the patient did about her household or the care of the baby suited her. The patient during the course of her analysis had been able to defy her mother with increasing success. One Friday the analyst interpreted the patient's feelings of guilt toward her mother because she could have children and her mother no longer could. That night she had a dream.

> I had an enormous bowel movement. It was six inches in diameter and looked like a section of pipe.

The following night she dreamed.

> I was dead. Yet I was saying good-bye to the baby and told him to go to an orphanage. I hoped the people there would treat him well.

Sunday her mother and father came to dinner. Her father stayed in the living room, but her mother followed her into the kitchen where she was feeding the baby and getting dinner. At the same time the patient was nervously eating some of the food as she prepared it. Her mother was critical of her and tried to dominate her, but the patient persisted in doing things her way in spite of her mother's criticism. Her mother said, 'If I had what I used to have you wouldn't treat me like this'. She replied, 'Mother, you make it impossible for me to live'. Suddenly the patient felt pain in her stomach which quickly became precordial, radiating to her left arm. She felt weak and sat down, letting her mother take over the preparation of the meal.

The analysis of the first dream was as follows. The hollow pipe was associated to the vagina. The diameter of the pipe, six inches, was related to a baby's head. The patient as a child had been told that her sister was nearly born in the toilet. The dream was one of anal-genital defiance of the mother. 'I will

have a baby and be a woman whether you like it or not.' The patient was anxious and disgusted during this dream and on waking. The second dream was a punishment for the first. The dream of dying and giving the baby to an orphanage meant, in the deeper layers of the unconscious, giving the baby back to her mother.

When her mother came for dinner the day after the second dream, the patient set out to defy her and act independently of her advice. At the time the patient was eating aggressively, but not expressing adequately her irritation at her mother. The mother's reproach aroused the patient's oral guilt. The fear of the mother's magical, witchlike revenge appeared in the statement, 'You make it impossible for me to live'. The unconscious reproach was, 'You are killing me'. The patient was consciously angry and unconsciously fearful. It was then that she developed cardiac pain and turned over to her mother the care of the baby and the preparation of dinner.

In summary, the attack of cardiac pain occurred in this patient following dreams on consecutive nights; the first representing the break-through of the greatest anal-sexual defiance she had shown in the analysis in a form that was ego alien, and the second, a restitution dream of dying and giving her baby back to her mother. Following this her mother visited her and exhibited a need to control her, showing a repressed oral envy which aroused all the daughter's oral guilt. The patient expressed hostility to her by defiance and aggressive eating. At the same time she had a fear the mother would kill her. In this setting the pain occurred.

THERAPY IN THE LIGHT OF THEORETICAL CONSIDERATIONS

If the author's thesis is correct—that intense oral impulses when accompanied by intense sympathetic stimulation resulting from rage or fear are the source of anginal pain in some instances—it follows that therapy should be aimed at diminishing the intensity of the conflict that causes these tensions. It is true that the normal heart has no difficulty in withstanding the stress

of a rage attack alone, nor is it disturbed by digestion alone. Where there is some degree of coronary insufficiency these stimuli occurring singly may cause symptoms, but of course they are much more likely to do so when both are present simultaneously. Theoretically, therefore, if the tension could be diminished in one system (vagal) or the other (sympathetic) the pain should cease.

The author has seen relatively few attacks of pain occur during analytic sessions, but these instances are suggestive. The woman patient who sat down and rested after turning over the care of the baby and the preparation of dinner to her mother, quickly overcame her pain. Here the aggressive competition with the mother was renounced. What happened to the oral guilt is not clear, but since that was the main subject of the next two hours in her analysis, it may be presumed it was still effective at the time. There was no evidence that the actual amount of energy she was using in getting dinner was any greater than usual and so it must be presumed that the partially repressed anger and anxiety over her defiance of the mother was the precipitating factor from the point of view of sympathetic stimulation.

The young man who dreamed of a baby at the breast developed cardiac pain while discussing giving up the dependent analytic situation to get married. It gradually developed that the source of his anxiety was that he fantasied the analyst would replace him with an acquaintance whom he disliked. Finally he drew a deep breath and said, 'Gee, I hate that guy!' Then he laughed and said, 'I feel better now'. The pain disappeared after he was able to express his hostility without anxiety. Since nothing was said to diminish the dependent feeling during the hour, it is probable that the discharge of anger, and its relief through understanding its source, diminished the sympathetic tonus.

A third patient having pain felt relieved when he was reassured that he did not have to try so hard to please the analyst

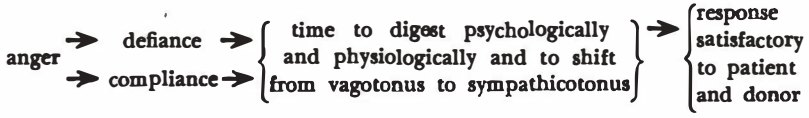
in response to the warmth she gave him.

A fourth patient was markedly relieved when it was pointed out to him that his exaggerated need to repay others for favors was due to a tremendous unconscious overestimation of what he was given. With this patient the relief of symptoms seemed to result from relieving the oral guilt (vagal tension), whereas with the three others the relief of pain came from the cessation of effort or the release of hostile tension.

Patients who suffer from this type of cardiac pain behave at the time of the pain as though there were only two possible responses to oral gratification: pleasing oneself (defiance) or pleasing the giver of the satisfaction (compliance). What is more important is that there is apparently a need for an immediate response. If anabolic oral gratification—whether it is physiological (food) or psychological (information) or emotional (love)—operates on the same physiological principles as digestion and metabolism, it is obvious that an immediate response is unphysiological. Time must be allowed for digestion and absorption before the organism is ready to shift the parasympathetic tonus of digestion to the sympathetic tonus which governs effort. By analogy, the time allowed for psychological 'digestion' allows the individual to develop a more appropriate response than the rapid response of compliance or defiance that has been described. It is possible, and therapeutically desirable, for a response to occur that pleases both the patient and his object and allows a normal amount of aggressiveness and self-expression; but this response takes time and psychological consideration ('digestion') to be worked out. The therapist must make it clear to the patient that he need not feel he must respond immediately psychologically and physiologically to an anabolic gratification. In most receptive gratifications, if the response is too quick it is forced and therefore not physiologically normal, and it can quite possibly interfere with digestion. Psychological study of these patients indicates that what they have taken in is not fantasied as digested, but is

immediately got rid of defiantly or compliantly.

DYNAMICS OF THE RESOLUTION OF THE ORAL OBLIGATION



SUMMARY

Cardiac pain can arise when, in a patient's unconscious, receptive impulses conflict with combative ones or with anxiety. It is well known that oral impulses cause vagal stimulation as in eating and digestion or as in noxious stimulation of the gastrointestinal tract. Vagal stimulation of the gastrointestinal system by reflex action slows the heart and redistributes the blood away from the skeletal musculature and into the splanchnic area for the purposes of digestion. It also probably constricts the coronary arteries and arterioles. If this anabolic type of circulation with vagal preponderance is suddenly disturbed by rage or fear, or both, the increased sympathetic stimulation interferes with the vegetative balance. This can result in a functional disturbance of the heart which may lead to ischemia and cardiac pain. Psychoanalytic data are given to illustrate such emotional reactions.

Psychotherapy should be aimed at diminishing the patient's oral guilt and anxiety arising out of hostility or competition, as well as encouraging him to slow down his reaction time to receptive stimuli.

Such psychological conflicts may interfere with digestion, since these patients seem to react so quickly to oral stimuli that they do not allow themselves time to digest.

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The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

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To cite this article: H. Robert Blank (1954) Depression, Hypomania, and Depersonalization, The Psychoanalytic Quarterly, 23:1, 20-37, DOI: 10.1080/21674086.1954.11925932

To link to this article: https://doi.org/10.1080/21674086.1954.11925932

Published online: 05 Dec 2017.

DEPRESSION, HYPOMANIA, AND DEPERSONALIZATION

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The patient whose analysis forms the basis for this study experienced throughout her life symptoms of depression, hypomania, and depersonalization. These varied in severity, were associated with many hysterical symptoms, and frequently occurred in attacks, both before and during treatment, the causes and meaning of which could repeatedly be ascertained.

When she began treatment, Mary was a twenty-three-year-old girl of middle-class New England Protestant background, the father an architect and the mother a graduate of a liberal arts college. Mary was emphatically the middle one of nine children, with three older and three younger brothers and one older and one younger sister, the children born at intervals of twenty to forty months. The fact that she stood in this position in a large family was most significant in determining the prominent roles of pregnancy and babies in Mary's symptoms and psychopathology. She could not remember being the youngest child; rather she was the oldest of the younger group.

Mary's chief complaints were increasing feelings of depression, inadequacy, and unreality dating from adolescence, although history obtained later revealed symptoms that began before she was five years old. Her relationships with others were almost always sado-masochistic, the masochism pre-eminent. Several weeks before her first analytic session she became pregnant, sleeping with one of her two friends on Saturday, with the other on Sunday, and both times 'forgetting' her diaphragm.

As far back as she could recall, Mary had regarded herself as

Read at the meeting of the New York Psychoanalytic Society, April 7, 1953. From the Treatment Center, New York Psychoanalytic Institute.

fundamentally bad and unworthy, always feeling that she had to put on a show of goodness to gain approval. 'Even today my relatives tell me what an unusually good child I was. This gets me into a rage inside.' The good outside versus the bad inside might be called the masochistic body image. This concept makes it easy to understand how Mary could never fully accept her good qualities such as her very good appearance, high intelligence and obvious popularity. Everything good and favorable was superficial, an act, and unreal; the inside reality was bad, evil, destructive, or empty. She therefore needed to keep people at a distance, to control herself and others, lest the bad inside be exposed. She was terrified by a Rorschach test before treatment; two hours after the test she broke out in giant hives covering her entire face and body. In spite of her severe symptoms, Mary had managed to graduate with an excellent record from a college of very exacting standards one year before analysis.

A concise insight into the psychopathology as well as analytic difficulties to come was provided by the patient's first dream, after the third session. 'I was sitting at a table like a picnic bench and food came down in great abundance. There was much more than was required for complete satisfaction. My brothers and sisters too were completely satisfied, playing happily; there was more than enough for all of us.' Here was denial of deprivation, of emptiness, and of raging hatred for siblings. Here was what she wanted from the analyst.

The analysis soon revealed that frustration evoked repressed feelings of total deprivation and limitless rage, and intolerable reactive anxiety. Mary reacted to any wish, impulse, or desire as directly traumatic, as the equivalent of devouring or destroying the object or herself being destroyed. This traumatic quality of impulse is implicit in her masochistic body image, that is, in the image of the bad inside which must be controlled and hidden by a good outside. Her phallic strivings and heterosexual experiences were weak, poorly integrated attempts

to get by the masochistic impasse; they failed because of her ambivalence. This ambivalence related primarily to oral impulses, secondarily to anal ones. Early in analysis she pessimistically epitomized her relationship with men as follows: 'The man is either a big blob of fat crushing me or he is a tiny mosquito trying to get into me'. (She frequently recoiled from the idea of becoming a big fat cow like her mother.) Swallowing or being swallowed seemed to her the only real possibilities in a relationship; the concept of a mutually respectful give and take relationship was dismissed as attractive but theoretical. Men, for Mary, were classified in two groups, the powerful sadistic and the weak homosexual. It was typical for her to be involved with two men at once who differed greatly in self-assertiveness and sadistic tendencies. The pair were used as a defense against Mary's becoming too intimately involved with either; that is, against her getting too close to castrating and devouring the weak one or being destroyed by the other. Her identifications with the homosexual man were conscious; with the sadist, primarily unconscious. Her homosexual defenses against heterosexual danger never went beyond conscious feeling and fantasy because homosexual acting out could not be adequately controlled. It was too close to the 'reality' of the dangerous repressed ambivalence toward mother. Mary's heterosexuality was used as a defense against her primitive oral homosexuality, which precluded the establishment of a safe phallic homosexuality. Her relationships with other men, such as her employers, although a source of conflict, were easier and more satisfying than her relationships with women.

Throughout the first three years of analysis, Mary continually tried to make the analyst into the image of her 'tyrannical sadistic' father, who was referred to as Daddy. She persisted in this although it was easy to demonstrate that she unconsciously and often quite consciously sought maternal love and protection from the analyst, the good mother, while expecting that he would act the punitive depriving mother. From what

we could reconstruct of her development in early childhood, it appeared that she had turned against her father when she was about four years old precisely because he could not compensate for mother's deprivations, and not primarily because of his objectionable traits, although these had unquestionably contributed to Mary's alienation. Accompanying and mediating this alienation there occurred a strong unconscious identification with father. Mary recoiled with self-contempt and hatred from such conscious manifestations of this identification as her own and her father's preoccupation with anal symptoms. She castigated her father and the analyst most savagely for those traits and attitudes which she hated most in herself.

I will now present the specific material of this study, a description of five acute attacks (selected from dozens) manifesting the patient's major symptoms.

The first attack occurred when the patient was six years old. 'Something evil was in the house. Mother was crying; I felt that everything was black. I believe that was the first time I had an unreality feeling. It felt dreamlike. I and the two younger children (the youngest wasn't born at the time) were home when Father took us for a ride in the country, leaving Mother alone, crying. I recall that I didn't want to go, but it seemed to be arranged between Mother and Father that he was to take us out. I don't know what the crying was about.' Although the analysis could not fully clarify this episode, it is obvious that the mother was pregnant with the youngest child, and possibly was at term, at the time Mary had the attack. The patient recalled that she had suffered a keen disappointment with the birth of her next to youngest brother when she was five years old. She had somehow expected mother to give her this baby, just as she later expected to be given the youngest. (I am convinced that the patient's memory of the attack screened both her actual witnessing of the primal scene and a probable seduction by an older brother.)

The next major attack occurred in college. It was her junior

year and she was 'successfully' resolving a long period of conflict, which had begun in her freshman year, about masturbation and homosexual feelings and fantasies. She was enthusiastic and excited by her school work, new fields of creative activity were opening up for her, the future seemed bright in terms of intellectual and cultural achievement; yet there existed an admixture of anxiety and of feeling 'hopped-up'. One week end her brother, two years older, visited her at college; the visit made her anxious, guilty, and depressed. 'I am and was very fond of him, that is, on home territory. He is very bright, but I was ashamed of him there in school. I don't know why. I imagine it was because of his lack of background in the [*avant-garde*] environment of the school. He was an accountant and didn't have the wider background of my particular friends.' Two days after he left, while she was going to a seminar, she suddenly felt as though the world were unreal, and she were unreal and receding from it. The feeling increased in severity and she became aware of fear mounting to almost overwhelming terror. It lasted for several hours, and she 'saved' herself by getting to the seminar where, in the presence of other people, she gradually returned to contact with reality. This was the worst attack the patient ever experienced, and throughout the analysis she referred to the episode as 'my trauma'. Before the attack, in spite of severe symptoms, Mary had maintained a hope of recovery and productive accomplishment; after the attack she gave up this hope and directed her energies to 'holding on', that is, to keeping her sanity.

In connection with this attack we should note that Mary recalled in analysis suggestively conscious erotic feelings for this brother as early as age ten. Even late in her adolescence the family jokingly accepted the fact that she was this brother's girl and that the older brother had her younger sister as his girl. It was moreover clear that she had rushed into college as an escape from her terrifying and depressing incestuous conflicts in the family. The attempted sublimations broke down first in her freshman year with the onset of masturbation and

homosexual feelings, then again with the visit of the brother which precipitated the attack of unreality.

The next attack occurred in the fifth week of analysis. Four days previously Mary had gone through abortion of pregnancy discovered in the second week of analysis. The abortion was on a Thursday afternoon; I called her that evening and learned she was feeling fine, the surgeon had treated her very well in contrast to her dread expectations. Sunday she felt well enough to go to the country with her friend Bill and had a 'wonderful' time; that is to say, she had a hypomanic attack. She recalled that she was 'sort of confused', that she repeated things, that Bill was aware of this, and that she tripped and bruised her leg. When they returned from the country, Bill brought her to his home and introduced her to his parents and his sister. He then took her home, and she recalled kissing him very passionately; in fact the patient could not recall ever before feeling so passionate. Then she went to sleep and was awakened Monday morning by the telephone. It was Bill, who gave her news of the marriage of a friend whose name was also Bill, and whom we will refer to as Bill No. 1. She was overjoyed to get this news; Bill No. 1 was a college classmate of hers, the first man with whom she had had sexual intercourse. Although they had broken off after a friendship of a year because he had problems, including homosexuality, they remained on very good terms, and he had been analyzed subsequently. The patient also knew the girl he married, and she felt good when she heard the news that Bill No. 1 had overcome his difficulties. In the middle of this good feeling, she was suddenly seized with a feeling of unreality. She and everything around her seemed to be unreal, and she was 'moving away' from everything. She became terrified, thought of calling me, could not remember what she had done with my telephone number, then realized that she could not remember anything that had happened the preceding week although she knew a great deal had happened. The terror increased, and she believed she was going insane; however, she

sat down with a pencil and paper and went over the days of the week, beginning a week previously, recalling one specific thing each day. By the time she got to the end of the week the attack was over. It lasted approximately one hour.

During the attack Mary felt she would prefer anything, even dying, to this suffering, but would most prefer a strong narcotic to put her to sleep for a while. She reviewed the attack she had had in college two years previously, recalling an additional significant detail. Several days before that attack she had told another boy that she could no longer go with him because she was 'going steady' with Bill No. 1. At the time Mary was telling me this she had for several weeks been ruminating over the problem of telling one of her two lovers that she could not see him again because she was 'going steady' with Bill No. 2, her current lover. In this session Mary also reported a dream of the preceding night which clearly showed her wish for a baby, a complete one in contrast to the aborted defective one.

To summarize, the sequence in this attack was as follows: loss of baby—depression—denial by the hypomanic episode, facilitated by surgeon's and analyst's considerateness plus reassurance of Bill's love—breakdown of the denial in face of the reminder of loss of Bill No. 1—sense of depersonalization, serving to prevent the eruption of overwhelming painful feelings.

The fourth attack occurred close to the end of the second year of analysis as we were working through a hostile resistiveness and masochistic acting out which the patient repeatedly employed to keep repressed her positive feelings toward the analyst. She told of a dream in which two girl friends from her childhood home had babies. Upon awakening she had spots before her eyes followed by a headache, one of her frequent 'migraine attacks'. (We had been able clearly to correlate the migraine attacks, which began when the patient was six, with her feelings of unreality which also began at approximately that time, her mother's having a baby, her early sibling rivalry, and

her thumb-sucking which she stopped at six and a half years of age.) Mary now recalled for the first time that she was cured of thumb-sucking by her mother, who put on her thumb a thimble which 'got so tight it had to be sawed off'. This was the first actual memory of mother in an actively depriving, punitive role. Heretofore it had been the father who was pictured as the strict one, the mother as masochistic, indulgent, and protective. Moreover Mary was angry with the analyst because he was depriving and frustrating like mother—one fact among many that she did not want to see. Hence the spots before her eyes and her guilt about imposing on me.

The evening following this session Mary went to a friend's home for dinner where she was to meet her lover. When she arrived, she unexpectedly met the other guests, a couple whom she knew casually. The woman, Mrs. X, was pregnant and practically at term. Mary previously had declared she could not stand Mrs. X because the woman passively accepted the degrading remarks her husband made, such as, 'If the baby is a boy, it will be all right; if it is a girl, she will be used for experimental work'. Shortly after she saw Mr. and Mrs. X, Mary felt it was too much to take all this. Half an hour later she experienced the 'dead feeling'; the world was suddenly altered and she felt unreal, as if walking in a dream. She became very anxious, thought she was going to die or go crazy. She sat at the dinner talking and could not follow what was being said. Continually strange ideas kept popping into her head; it was weird, she could not recall any of these ideas. It felt like living through a nightmare, as though she had slept and dreamed earlier for five hours, and now the dream was coming back piecemeal. Yet terrifying as all this was, somewhere she had the belief it would pass; it would not get worse. She tried to establish contact with reality by saying to herself things like 'today is Thursday'. This attack lasted two and a half hours, and seemed to be over as she entered her own apartment; at this point she suddenly became aware of hating me, with no awareness of any reason for it. Thus toleration of

conscious hostility toward the depriving analyst (Mrs. X, mother) seemed to be a precondition for the re-establishment of 'normal ego awareness'.

The fifth episode occurred approximately six weeks after the fourth in a context that was highly traumatic because apparently so frustrating. Mary had decided to part company with her 'temporary' lover, J, in favor of her lover, P, who was returning from an extended trip abroad. She had expected that this would not be hard on J, inasmuch as he did not love her deeply and had gone into the affair with his eyes open—all this in spite of the analyst's interpretations to the contrary. J reacted to the news with intense anguish, crying and imploring her to change her mind. This produced an almost devastating depression in the patient, with profound guilt and self-condemnation. Then, two days after his arrival, her lover P told her quite suddenly that it was all over between them, he had fallen in love with a French girl who had gone into a convent, and he could never love anyone else. In addition to this double blow, Mary was struggling to control her feelings about the impending analytic vacation of five weeks.

During the session in which these facts emerged, she stated that she knew that what she wanted from me was impossible because she was not a baby and I was not a parent, yet she was hopeless of working out her confused feelings. Following the session, Mary had to telephone to an analyst-employer for whom she did part time work in order to learn whether he wanted her that afternoon. There was a half-hour delay before she could reach him, so she stepped into a five-and-ten-cent store. Although she had felt depressed and angry with me on leaving the session, in the store she suddenly felt a strange freedom, an urge to spend money on lipstick and a lot of trinkets that she did not need; she was 'hopped up' and elated. As she left the five-and-ten to make the call, Mary was suddenly overcome by a feeling of unreality, the typical 'dead' and 'dreamlike' feeling. She called her lover, which reassured her, then called the

employer who told her he had been trying to reach her and wanted her to come to work, and soon she was over the attack, which had lasted a half hour.

The patient's associations to the elements of the entire episode were obtained. To the five-and-ten where she had the hypomanic attack, she promptly associated, 'my great delight when I was five or six spending money at the five-and-ten. I would ask Mother for a dime, which she gave me.' Mary would buy rings, which she put on her finger so she might pretend she was married just like her mother. Her mother's only jewelry was a double marriage ring (perhaps a reference to 'double lovers').

In this attack the following sequence is plain: intense feelings of frustration and deprivation—anger and depression—denial of the deprivation by the hypomania with its elation and clear content of love from and identification with the good mother—restoration, by her leaving the store, of the disillusioning reality of her multiple responsibilities, the analyst's deserting her, the employer analyst's being unreachable—blotting out of the threatened overwhelming painful reaction by acute depersonalization.

In this episode there was evident a greater capacity for toleration of frustration, anger, and anxiety. Not only were the depersonalization and its associated anxiety relatively short-lived and less intense, but, at the height of her distress, Mary was aware of this improvement and 'knew' she would re-establish contact with reality.

DISCUSSION

In our patient the symptoms of depression, hypomania, and depersonalization were the major defenses against anxiety arising from unresolved oral conflicts. Mary's basic mood was depression. She was usually somber, subdued, self-critical, and self-condemnatory, with multiple somatic complaints; defensive and ready to criticize others; meek, even terrified, at asking someone for a minor favor or even for something due her; unable to accept a small favor or gift without suffering intense

guilt. She had a profound disturbance of sleep and wakefulness, spending many anxious hours night after night trying to fall asleep, intermittently eating, drinking beer, and reading in order to put herself to sleep. The insomnia was convincingly analyzed as due to fear of falling asleep, fear of loss of control of dangerous impulses (to masturbate, for example) in sleep, and fear of losing herself in sleep. Coitus too was a poor sedative even with her most satisfying lover; repeated unsatisfying intercourse, sometimes with intermittent masturbation, was typical.

Corresponding to the insomnia Mary had great difficulty in waking up, remaining in a partially stuporous state for hours before she was wide awake. Her most frequent acting out in the transference was lateness for sessions and not arriving for sessions because of oversleeping, which she significantly referred to as 'sleeping through the session'. The intense guilt over missing sessions almost terminated the analysis several times and required the most taxing analytic activity. Almost invariably her missing a session, sometimes two successive ones, was a defense against newly erupted positive feelings toward the analyst—it occurred, for example, after she had looked forward during an evening to the next day's session. When these feelings broke through her more subtle intrapsychic defenses (emotional detachment and compartmentalization, rationalization, confusion, and identification—projection), sleep, an equivalent of flight, was resorted to as an emergency measure.

From the depressive base line the patient made excursions into deeper depression, hypomania, and depersonalization, or into periods, at first very brief, of 'normal' feelings and behavior. As treatment advanced these normal episodes became more prominent while the symptoms and inhibitions diminished in frequency and severity. When her defenses had been re-established, Mary would characteristically refer to these normal periods as 'dreamlike' and 'unreal', whereas she said, 'my suffering is real'.

The hypomanic attacks, often so subtle as to be recognized

with difficulty yet often dramatically defined as in the example cited, varied greatly as to the admixture of anxiety and depression. In the fifth attack the elation was clear-cut and the subsequent memory of the mood entirely pleasant. More frequently, anxiety and depressive rumination were intertwined with pressure of activity and flight of ideas; such a state corresponds to the 'mixed manic-depressive' category. Mary herself differentiated the 'good hopped-up feeling' from the 'anxious hopped-up feeling'. The 'mixed' hypomanic reaction seemed to represent a partial failure of the hypomanic defense; I am not satisfied that this is the complete explanation of the mixed reaction.

These hypomanic episodes confirm Lewin's major thesis that hypomania represents a denial of the deprivation basic to depression, elation signaling gratification by and fusion with the mother. Lewin's concept of the 'oral triad'—the wish to sleep, to eat, and to be eaten—finds ample support in this patient's symptoms and dreams. In the third year of analysis, the patient 'slept through' a session which she had eagerly looked forward to with so much to tell me. In the next hour she reported a long dream with many disjointed sequences, including this core: 'I was going up a narrow stairway—it looked like the church at home where I used to play with the minister's son. The footing was uncertain and I had a claustrophobic feeling, yet I wanted to go on and not run away. I finally reached the top. It looked like this . . . .' Here Mary outlined with both hands a dome-shaped vault directly over her body. Her first comment at the end of the complicated account was, 'There is a lot of gingerbread here', meaning 'window dressing'. She knew what the core of the dream was, knew it had to do with her conflicts about the analyst and her sleeping through sessions. To gingerbread she associated the gingerbread man who ends up by being eaten. She recalled this association to a dream two years earlier in which her fear of being devoured had been analyzed. The present dream was interpreted as meaning that her attraction to the analyst evoked the repressed

wish for complete gratification by mother, for being inside mother (church vault stands for mother's breast and abdomen). At the same time there is evoked the phobic reaction to this wish, the fear of being eaten and trapped. I should attribute this anxiety primarily to a projection of the infant's hostile biting (a reaction to deprivation) rather than to secondary erotization as Lewin suggests. Mary was frequently preoccupied with her teeth and her conflicts about dentists continually sabotaged her dental treatment.

Depersonalization is a greater riddle than depression and hypomania. If we confine consideration to the acute attacks of feelings of unreality, the problem appears to be deceptively simple. What better way is there of coping with a sudden overwhelming painful reality than to make it unreal, to withdraw cathexis until the ego gradually, piece by piece, can tolerate the traumatic affects? This view is reminiscent of Freud's formulation of the dynamic process in mourning, in which the highly cathected memories of the lost object are brought up to consciousness one by one and decathected, a process too painful for the ego to bear all at once. In depression the external objects are decathected and the cathexis surcharges the ego and its internalized objects; hence the painful battle within the ego. In depersonalization the cathexis is withdrawn from the ego and thus there is established a regressive state of defective differentiation between ego and external world. The complaint then is heard, 'I feel unreal, the world is unreal, and I am receding from it'. It should be noted that timing is most important in the production of and recovery from depersonalization, in the total functioning of the patient (and other masochistic characters in whom the problem of control of traumatic impulse and feeling is the central intrapsychic task), and in the treatment of these patients.

A more definitive clinical picture of the patient's unreality feelings is now indicated. While the acute attacks came on suddenly, the full intensity of the feeling of unreality did not appear suddenly; there was a distinct increase of intensity until

the feeling reached its peak. Moreover, the terrible anxiety and fear of insanity in the attack did not arise at the onset but developed as the feeling of unreality increased. This is possibly the most direct clinical proof that the acute attack of depersonalization is a defense against anxiety, an interpretation supported by the facts that the patient had frequent minor attacks without anxiety, and that depressive rumination was a constant precursor of the attack. What then is the origin of the anxiety that accompanies the increase in feeling of depersonalization? It is simplest to assume that this anxiety represents the failure of the defense, which permits the precipitating anxiety to break through to consciousness. It might be nearer the truth to view this anxiety as more archaic, caused by the fact that feelings of unreality threaten the ego with disintegration. Ostensibly this is what happens when depersonalization precedes frank schizophrenia. Depersonalization is, properly speaking, partial depersonalization; the patient's complaint of 'feeling of unreality' is a more accurate description. As the feeling waxes, she becomes fearful of depersonalization, that is, of 'going crazy' or 'exploding'. Oberndorf's term, derealization, seems preferable to depersonalization. The acute attack of feeling of unreality appeared to be not only a defense against overwhelming anxiety, but also an emergency defense when the hypomanic defense failed: 'I always felt hopped-up just before the attack began'. The patient's minor episodes of depersonalization could not be studied fully enough to demonstrate the mechanism found in the major attacks.

The unreality feelings of less intensity, some difficult to recognize, occurred much more frequently than the major attacks. Mary often felt 'strange', 'unreal', and 'out of this world'. Early in treatment it became clear that this feeling was a direct defense against recognized hostile feelings. As the analyst tried to discover the object of the aggression, Mary sometimes simplified matters by indicating the object, saying, for example, 'I feel strange being here today' or 'It wasn't you I was talking to: it felt unreal'. Usually, however, the patient

remained defensive and withdrawn or spoke only tangentially of the problem after stating the complaint, until the reality of the analytic relationship enabled her to associate more directly to the feeling of unreality.

Depersonalization has to be differentiated from phenomena which often are described in terms suggesting feelings of unreality, for example, 'confusion'. Mary frequently complained of feeling confused, of not understanding what was happening or what had happened in a session or outside. She herself emphasized that her feeling confused was different from feeling unreal. Invariably confusion occurred when she was with another person or in a group, and it was accompanied by anxiety and a desire to get away and be alone; this was in sharp contrast to the attack of unreality, in which she invariably wanted to maintain or re-establish contact with someone she liked. Analysis of Mary's confusion proved it to be a defense specifically against scoptophilic and exhibitionistic impulses; it was the defense equivalent of her migrainous spots before the eyes. One day she sheepishly confessed, 'In seminar yesterday everything was going fine when suddenly I had the feeling I didn't want to understand what was going on'. This followed months of strong resistance to the interpretation that her confusion was not physiological or something that 'just happened' to her, but was motivated by her not wanting to see certain things and not wanting certain thing to be seen by others.

In Federn's terminology, confusion represents interference with the perceptual functions of the ego—it is an 'ego boundary' problem, whereas depersonalization strikes at the 'core' of the ego, leaving relatively intact the perceptual and intellectual functions. In these terms, a combination of confusion and depersonalization would mean ego fragmentation, schizophrenia. In fact one may ask: why did not our patient become frankly schizophrenic? The answer assuredly is that her 'decathecting mechanism' was strong and efficient, but her mechanism of denial was weak; this meant that the perceptual and intellectual functions of her ego were relatively intact.

The patient's most frequently observed and successful defense was emotional detachment; it was epitomized by her reiteration of 'so what?'. During the first three years of analysis one could safely predict the onset or imminence of menstruation by Mary's falling back on the resistive use of 'so what?', which often followed several weeks of productive working through and clinical improvement. 'So what?' was interpreted as follows: 'Everything good that seems to be happening to me and that you tell me sounds convincing and real until this bleeding begins; then I know all your talk is theory and unreal. Remove this stigma, restore my intactness (my penis, my baby, my mother's breast), then I'll give up my defenses and really believe you.' This emotional detachment may well have represented a minor, partial, or more localized manifestation of the mechanism of depersonalization. The degree of emotional detachment (decathexis) was determined by the libidinal economy of the patient and by the strength of her tendency to regress.

Possibly the most important theoretical question in this case is the relationship of depersonalization to sleep. The patient's 'sleeping through' sessions was interpreted as an emergency defense against positive feelings for the analyst which she could not control by her usual devices, masochistic distortion and rationalization. Sleep enabled her to exploit, in a regressive way, the good feeling, to obtain the maximal gratification in fantasy from the analyst whom she 'had' with her; hence the expression 'sleeping through'. That sleep may be a defense is generally accepted by analysts, but here we find that defensive sleep is a denial, as is hypomania. Here is evidence to support Lewin's superb formulation that hypomania is equivalent to sleep as a state of oral gratification and fusion with the mother.

Depersonalization was also an emergency defense; it served to keep repressed a massive complex of feelings of deprivation, rage, and anxiety, provoked by a minor or relatively minor conscious disappointment. But the patient's repeated descriptions of her attacks of unreality suggest a direct connection

with sleep. She spoke of her state as 'dreamlike', 'weird', 'walking in a dream', and 'I am unreal, the world is unreal, and I am receding from it'. This is reminiscent of commonly observed hypnagogic phenomena. Moreover, receding from the world could well have as its normal prototype the universal experience of receding from the breast as the satiated infant falls asleep. With reference to these phenomena in our patient, Lewin has suggested that depersonalization was a compromise between sleeping and waking. This concept could be based on the patient's defensive needs in general and her antithetical attitudes toward sleep in particular. Sleep would be her defense of choice were it not for the 'bad' sleep which means loss of control, disintegration, and insanity. The need in the face of suddenly emerging painful feeling is for more control, not less control; wakefulness, not sleep. But being fully awake with intact consciousness (cathexis) would be too painful. A compromise therefore occurs: the patient experiences depersonalization in an attempt to maintain control (wakefulness) and simultaneously eliminate the pain (unlust)—the latter result being ordinarily attained through the anesthesia of sleep.

SUMMARY

Depression, hypomania, and depersonalization in a girl of twenty-three are described and interpreted as major related elements in a pattern of defense. The hypomanic episodes, which were less frequent and severe than her depressive symptoms and feelings of unreality, were a defense by denial. Such a defense appears clinically as impairment of perceptual and reality testing functions of the ego. Depersonalization seemed to be an emergency defense against the threatened eruption into consciousness of a massive complex of feelings of deprivation, rage, and anxiety. The data suggested moreover that depersonalization was called into play when the hypomanic defense failed to keep dangerous affects in repression. An attempt is made to correlate the symptoms selected for special study with the patient's other prominent symptoms and char-

acter traits, notably her severe masochism and sleep-waking disturbance, and with the phenomena of normal sleep.

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The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

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To cite this article: Louis Linn (1954) The Discriminating Function of the Ego, The Psychoanalytic Quarterly, 23:1, 38-47, DOI: 10.1080/21674086.1954.11925933

To link to this article: https://doi.org/10.1080/21674086.1954.11925933

THE DISCRIMINATING FUNCTION OF THE EGO

BY LOUIS LINN, M.D. (NEW YORK)

In his essay, Æsthetic Ambiguity *(3)*, Kris states that the meaning of a concept can rarely be described as a single, rigidly fixed entity. Much more often one will define a concept in terms of a 'cluster' of concepts, that is, in terms of a group of ideas that differ among themselves but which are nevertheless related or linked to each other by some common denominator of meaning. Kris suggests that one can characterize such a cluster by the fact that a definition of any element in the cluster evokes all the other related elements. In varying contexts different elements in the cluster wax or wane in importance. With these changes previous meanings may persist as components or determinants of a present response. One cannot speak therefore of the meaning of a concept but rather of its range of meanings and the clusters into which they tend to be grouped. In other words, there is an element of ambiguity in all concepts. This phenomenon of ambiguity carries over to all levels of communication, verbal and nonverbal. A person will show it, for example, if asked to define a chair, or to describe what he sees when shown a chair, or in trying to draw a chair.

The size of the cluster which is evoked by a stimulus concept is determined by two sets of factors; first by the character of the stimulus itself. Some stimuli are more abstract, more unstructured than others, and elicit correspondingly larger sized clusters. It is possible to visualize a spectrum of stimuli in which a precisely defined mathematical symbol would be found at one extreme and a Rorschach card, for example, at

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the other. The second set of factors is to be found of course in the subject who responds to the stimulus. The size and nature of clusters evoked in him by stimuli are determined by his previous personal experiences, his current emotional state, his level of awareness, his age, his intelligence, his creative ability, artistic or otherwise, his motivation, and other qualities.

When one perceives something therefore, whether that something is a word or an object in the outer world, one perceives in effect a cluster. Because in varying contexts different elements in the cluster vary in importance, the ego has as one of its main functions the task of scanning each cluster in the course of adjusting to reality. It must scrutinize, as it were, each of its elements and bring into the focus of conscious awareness that element of meaning which is most pertinent to the immediate demands of reality.

According to this hypothesis, the ego recognizes a given stimulus in two operations. First, it focuses attention on the appropriate cluster in the psychic apparatus. Second, it scans the cluster, making a series of 'yes-no' decisions for each element until it settles on the appropriate one. What takes place, in effect, is a 'matching-up' process in which the ego compares the presenting stimulus with a series of memories (elements in the cluster) until it arrives at the one which corresponds best to the stimulus. It registers 'yes' only for the 'correct' element. This decision is often associated with a conscious feeling of recognition. Whereas there is no 'no' in the unconscious system of the psychic apparatus, the discriminating function of the fully alert ego provides the 'no' which is necessary in a variety of psychic functions associated, for example, with reality testing and judgment.

In the mature, fully alert ego each cluster is scanned completely (at least relatively) before the definitive element is selected. The resulting mental functioning corresponds to what Freud described as the secondary process *(1)*. Under certain circumstances the ego seems to scan the cluster incompletely or not at all. According to our hypothesis, what emerges under

these circumstances is a manifestation of the primary process (*1*). The response to a stimulus is then not a definitive element but rather one that is contaminated by qualities derived from other elements in the cluster. One can frequently show that these contaminations are not haphazard or accidental, but tend to follow a specific pattern, in which an attempt at wish fulfilment is the molding force. A few examples taken from observations of patients with disturbances of consciousness from injury to their brains will clarify this point.

One patient called a wheel chair a chaise longue. Here the cluster is about the word 'chair'. The patient does not discriminate this chair from chairs in general; so she selects from the common denominator 'chair' one which helps her deny her illness. It is worth noting that the erroneous or inexact response cannot be described as a 'simpler' response than the correct one; indeed, it sounds more complex; yet it is simpler in that it is a product of the breakdown of the 'discriminating function of the ego'. The patient scans the cluster 'chair' incompletely and reacts only to part of the qualities of the entity to give it its name. The perception is a distorted one; the direction of the distortion is understandable in terms of denial of illness. The same patient called a tongue depressor an 'emery board'. Here the cluster depends on the general shape of the object, but the transformation is still in the direction of the denial of her illness.

Sometimes the wish fulfilment is not as obvious in the transformation as it was when a parsimonious patient called a wallet a 'bankbook'. One patient when asked to give the name of the hospital, Mount Sinai, thought for a while and answered, 'Two words, high place'. Another patient referred to a physician whose name was Joselson as 'Rothchild', commenting that he believed that the last half of the name was correct (son-child), but that the first part was probably wrong. A patient referred to one of his examiners named Ressler as 'the boxer' or 'the prize-fighter'. At other times he would refer to him erroneously as Krieger (German for 'warrior'), the name of one of his physi-

cians. This paraphasic type of perceptual disturbance has been the subject of detailed reports by Weinstein et al. *(9, 10, 11)*.

One of our patients insisted that he was in 'the Fulton Fish Market'. When his brain function improved, he was able to explain to us that the doctors in their white coats reminded him of the costume of the men who sold him fish in his favorite fish market. This time a cluster was formed about the concept 'men in white coats'. The patient saw what the doctors and fish peddlers had in common but did not analyze the cluster to the point of seeing where their paths parted. It became possible by this maneuver to indulge in a wish fulfilment: 'I am not sick in a hospital. I am purchasing fish for a delicious meal.'

Allied to paraphasia is another phenomenon which has been called reduplication *(5, 10)*. The patient may see in a person certain qualities which remind him of someone else. A cluster is formed which is then scanned incompletely. The patient does not discriminate between the two individuals but will combine both sets of qualities in responding to one of them. For example, one patient found a physical resemblance between her physician and her insurance agent. While she was denying completely that she was sick, she insisted that the physician was indeed her insurance agent. As her sensorium cleared she acknowledged that her physician was a doctor but continued to refer to him by the name of her insurance agent. In the midst of a discussion of her illness she would suddenly ask him about his insurance business.

Connected with this difficulty in discriminating the ego of one individual from that of a related individual is the difficulty some patients showed in discriminating their own egos from other egos in their environment. For example, if we addressed someone in the vicinity of the patient, the patient responded as if he himself had been addressed. Also, perceptual disorders have been observed in which the patient seemed to have difficulty discriminating between tactile stimuli applied to his own body and those applied to other people or inanimate objects

in his field of vision (exosomaesthesia [8]). In all these instances it is our conception that the patient forms a cluster which contains various egos: his own, those of other persons, and, in a regressive animistic way, those of objects in the environment. In the disturbed awareness of his brain-injured state he does not scan this cluster completely, and therefore does not separate with normal precision the various egos which constitute the cluster. The result is condensation and displacement, phenomena which characterize the primary process. At times a patient will condense into a single cluster all the hospitals in which he was treated. There seems an element of wishful thinking in this contamination as if the patient is trying to reassure himself that he will survive this hospitalization as he did the previous ones. In the incompletely scanned cluster, the element of time is disregarded. Past and present merge in the contaminated responses. This is the 'timelessness' which is characteristic of the primary process.

One could multiply these examples by referring to the analysis of dreams or to the speech of the young child, who refers to men indiscriminately as 'daddy', to pictures of women as 'mommy', or to a leopard in the zoo as 'pussycat'. In each instance the child forms a cluster but is unable to scan it like a normal adult. One could cull many examples from the productions of patients with schizophrenia or other psychopathologic states. Where xenophobic attitudes exist people will say that all Negroes or all Orientals look alike; here again, clusters are perceived but not adequately scanned. As a corollary one may suggest the generalization that in a manner of speaking the ultimate measure of emotional and intellectual maturity is to be found in the capacity of the ego to scan all clusters completely.

So far the topographic aspect of the problem has scarcely been considered. Where are the elements in the cluster situated in the psychic apparatus? It was stated that the ego in adjusting to reality scans each cluster and brings into the focus of conscious awareness that element of meaning which is most pertinent to

the immediate demands of reality. In this sense the cluster is a dynamic, constantly altering entity, presenting to consciousness now one element, now another. To the extent that the scanning process deals with elements that are available to the ego for conscious awareness, this process takes place in the preconscious. However, each element in the cluster is linked associatively to other elements which derive from successively older layers in the individual's memories. When the scanning process brings a preconscious element or memory in the cluster into consciousness, it simultaneously brings into consciousness feeling tones which can be understood completely only if one learns the unconscious cluster elements or memories from which these feeling tones are derived *(4)*. For example, some adult intellectual activity may be charged with a special intensity of pleasure because it is linked associatively to certain pleasurable experiences from early childhood, the unconscious memory of which contributes pleasurable affect to the adult activity. On the other hand, certain adult activities which in themselves seem innocent enough are capable of evoking considerable anxiety because they are linked to disagreeable memories which are not accessible to consciousness. Although the scanning process seems to operate in the preconscious, the affective reverberations of the process involve the unconscious as well.

The scanning process does not deal with the elements in the cluster as equal entities. If a visual stimulus is very briefly presented by means of a tachistoscope it will be recognized more rapidly if it coincides with the wishes and interests of the patient. Stimuli which do not have this positive meaning for the subject require significantly longer exposures for recognition *(7)*. It is not unreasonable to infer from this that wished-for elements in the cluster are scanned first. It is part of our hypothesis about the scanning process that it turns first to those elements in the cluster capable of evoking the greatest pleasure, then to those elements associated with less pleasure, and finally to those which evoke anxiety. Indeed, if an element is capable of arousing a quantity of anxiety intolerable to the individual,

it may be skipped completely by the scanning process. In that case we say that the element in question has been repressed.[1] This hypothesis helps us to understand why pleasurable elements, for the most part, are preserved for reproduction in consciousness while dysphoric elements tend to be repressed in those conditions where scanning takes place incompletely. The tendency to 'wishful thinking' of the brain-injured patient is the same tendency, but in an exaggerated and inflexible form, that exists in the normal and in a variety of so-called functional psychopathologic states.

We can apply these ideas to an understanding of the Gestalt psychology principle of 'closure' or *prägnanz.* If one looks at a square, for example, one corner of which has been left open, the primary tendency is to perceive this ambiguously, as a generalized 'cluster-square'. The ego must scan the cluster and separate this open-cornered square from squares in general. If the cluster is scanned incompletely, then the ego selects from the cluster square that element in the cluster which it wishes to see. It is our conjecture that the wish on such occasions is a product of the conflict-free sphere of the ego *(2).* It is a wish primarily to see that which is easiest for the ego to see, in this case a closed square, one which is most familiar. The wish of the ego in this instance is to expend as little energy as possible in making the perception *(12).* Other more complicated factors are probably also involved. However, this view of *prägnanz* allies it to the primary process. Both become a product of interference with the discriminating function of the ego. One could predict, for example, that conditions which tend to elicit the primary process will tend to facilitate *prägnanz.* Here is a field for research.

The question arises whether any neurophysiological system might conceivably correspond to the ego activity we have described. Electroencephalographic observations in brain-injured

[1] In psychoanalytic terminology, we may speak of the pleasure potentially evocable from each element in the cluster as a measure of the cathexis of that element.

patients show that disturbances in what we have called the 'discriminating function of the ego' occur primarily where abnormal slowing of the electrical rhythm is diffusely present over the cortex *(9, 11)*. Pitts and McCulloch *(6)* have suggested the theory that this rhythmic electrical activity corresponds to a scanning circuit of neuronal impulses in the cerebral cortex; that these neuronal impulses serve the function of augmenting the effect of volleys of impulses arriving in specific afferent pathways; and that such afferent impulses may be able to pass a critical synapse only during the time that this specific area is facilitated by simultaneous impulses from the scanning circuit. A summation of impulses must take place and must exceed a certain minimal value during a given time interval in order for that synapse to be traversed. In other words, whether a volley of afferent impulses can pass a critical synapse depends upon two sets of factors, first, the intensity of the elements in the afferent volley, and second, the frequency with which the critical synapse is fired by simultaneous impulses from the scanning circuit.

If we hypothesize that the intensity of the elements of a volley is a function of the cathexis associated with the ideas behind these elements (see footnote 1), it becomes possible to visualize how the most highly cathected ideas will be the ones most likely to pass critical synapses, and how with pathological slowing of the scanning rhythm this tendency will become exaggerated. For example, ten impulses per second from the scanning circuit may suffice to augment most of the elements in a volley above the critical firing level of the synapse, whereas four impulses per second from the scanning circuit may permit passage of only the most intensely discharging elements in the volley. In terms of our previous discussion, each afferent volley corresponds to an element of the cluster presented to the ego, and the electrical scanning activity is the agent of scrutiny of these elements by the ego. In cases of brain injury, the discriminating function of the ego is impaired because the scanning circuit functions improperly and the scrutiny by the

ego is incomplete. Such a hypothesis may help us to visualize what takes place when the discriminating function of the ego breaks down in brain-injured patients. Unfortunately it does not help in those instances in which impairment of the discriminating function is 'functional'. In any event, the current primitive state of our knowledge does not justify more elaborate hypothetical formulations.

SUMMARY

The 'discriminating function of the ego' is described and its probable psychological mechanism discussed. Breakdown of the function leads to errors in evaluation of reality characterized by wish fulfilments, condensations, displacements, and other mechanisms suggestive of the primary process. Both the preconscious and the unconscious seem to be involved in this function. A partial theory of how the function operates in terms of neurophysiology is presented.

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The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

The Structure of Homosexual Acting Out

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To cite this article: Gustav Bychowski (1954) The Structure of Homosexual Acting Out, The Psychoanalytic Quarterly, 23:1, 48-61, DOI: 10.1080/21674086.1954.11925934

To link to this article: https://doi.org/10.1080/21674086.1954.11925934

Published online: 05 Dec 2017.

THE STRUCTURE OF HOMOSEXUAL ACTING OUT

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The alternation between working through on the one hand, and the mobilization of various defense mechanisms with outbursts of homosexual gratifications on the other, is a striking feature in psychoanalysis of homosexuals.

The defense mechanisms most frequently encountered are introjection leading to total identification, denial, turning against the self, narcissistic withdrawal, and pseudosublimation. True sublimation in the course of the therapeutic process becomes possible only after these defensive measures of the ego have been successfully analyzed. Yet this progress is far from continuous. To a much greater extent than in the analysis of a neurosis, defenses which have seemingly been abandoned are reinstated, and outbursts of gratification of the perversion demonstrate time and again the reluctance of the ego to renounce its habitual mode of libidinal discharge.

After the patient has been for some time in analysis and has in consequence considerably restrained his homosexual activities, the defensive and regressive processes bring about a revival of the perversion. Data are selected from a study of two patients.

The first is a professional man in his thirties, with a long history of promiscuous homosexuality. Two consecutive dreams illustrate the interplay between narcissistic pseudosublimation and autoerotic gratification. In the first dream, the patient is worried about Bobby, an unhappy boy of ten whom he would like to help. In the dream the patient wears a wig to cover his baldness. This, according to him, symbolizes his own weakness (castration and feminine identification). His comment is, 'Look, how artificial I am!' In the second dream of the same night the

patient commits autofellatio. Here pseudosublimation is promptly replaced by the original oral drive with himself as subject.[1]

Shortly after this session, the patient presented the following sequence: dream, mood of elation, and, finally, homosexual activity.

In the dream the patient brings together his family and the analyst. His father is red with embarrassment as he tries to extricate himself from the analyst's embrace. The patient commented that apparently his father was so small, he felt uncomfortable with the analyst who was so strong. (The father had been dethroned by his domineering, castrating wife and consequently belittled by his son.) The patient was becoming aware that there was not room within his own ego for the two opposing father images, the one represented by his emasculated father, the other, in the transference, by the original powerful father of his early childhood. Moreover, in this dream the patient was trying to shake off his passive homosexual transference.

These factors were responsible for the mood of elation in which the patient spent the day following the dream. By this elation he was denying the weakness represented by his identification with the weak father. This denial helped him build resistance against the analytic process, which he felt he no longer needed.

Unfortunately, this resistance by denial proved of very short duration. The evening of the following day the patient, disregarding his bad experiences and contrary to his solemn pledges, had a few drinks by himself, then went out to one of the bars frequented by homosexuals and well known to him. He picked up a man and took him home, engaged in some preliminary embraces but could go no further, feeling impotent.

The patient commented that he wanted to prove his aggres-

[1] In his discussion of this paper, Dr. Eidelberg suggested that this dream could be also interpreted as a kind of undoing: 'Leave this boy in peace, and turn your oral wishes against yourself'.

sion according to his old pattern, but failed as a result of the analytic work. It was also evident that by his actions he wanted to defeat in more than one sense both his analyst and his father. This childish rebellion was also an expression of his wish to throw off the yoke of the analyst who was assuming the role of his restraining, unrelenting mother.

In the course of analysis, introjected parental images become released and may provoke acute anxiety. For a while our patient felt at night in his bedroom the definite presence of a malevolent father, who was threatening him 'like a revenant'. Such experiences, which in a more outspoken, definitely hallucinatory form can be observed in the course of analytic treatment of latent schizophrenia, point to structural kinship between homosexuality and psychosis.

In another sequence of dreams the patient was trying to shake off his dependence on his mother and his feminine identification. In so doing he was taking over his mother's aggression and fusing it with his own oral aggressiveness.

Time and again his oral impulses led to oral sexual acts, in which he played the part of the child submitting to the phallic mother, while at the same time he was enacting the tender mother either nursing the baby or masochistically submitting to the demanding boy. In all these acts the objects of his sexual activities represented narcissistic projections of his own person. Thus he could re-enact various aspects of his mother fixation with individuals representing various aspects of his own ego.

The fierce struggle of his ego for mastery of his homosexual impulses was dramatically expressed by the following sequence of events.

One night, a dream showed the perfect blending of the attempted defense mechanisms with the original instinctual impulses, a blending made possible by the unstable nature and artificiality of the defense mechanisms. In this dream the patient was called by God to embrace the monastic vocation which he had several times in the past more or less seriously

considered. However, both monks and nuns were having 'dates', and the monks had long hair with hairpins, like girls. The following night the patient was awakened by a violent passive anal urge; he wanted to go out immediately in search of a proper partner. He mustered all his strength and prayed, 'Let me have an orgasm by myself, but as a male, rather than succumb again to homosexuality'. He was able to masturbate with a heterosexual fantasy.

Elements of transference can be easily detected in many homosexual relapses. The imminent departure of the analyst for a two weeks' vacation led to a flare-up of homosexual activities. In a period of analytic rediscovery of the strong father, the reactivated homosexual urges led to an active search for gratification; thus homosexual partners became substitutes for both the past and the present analytical father, who was now repeating the frustration imposed upon the patient in childhood. Unusual sensitivity to any 'disappointment' inflicted by the analyst points to a core in the ego of extreme, largely oral dependence. This trend the homosexual shares with other orally dependent individuals such as the depressive and the drug addict.

In his attempts to master flare-ups of homosexuality, the patient sometimes succeeded in stopping at the initial stages. He would go into a bar, order a drink, and sit for a while in a booth by himself. 'I was there and I was not', he reported. On one occasion he went to Rockefeller Plaza, a favorite spot for his 'cruising expeditions', but limited himself to looking at the tulips. The following day, in a gesture of surrender, he sent his analyst a bunch of those beautiful flowers.

Fellatio had been one of his major sexual objectives. In his attempt at sublimation he felt a wish to substitute spiritual intake for literal incorporation. In the pursuance of this wish he bought a book, of which the analyst was the author, and read it during one particularly dangerous and tempting, lonely week end. With his fully awakened ego he saw the meaning of this action by himself. He expressed a determination to devote

himself professionally to the care of adolescents instead of acting out his identification with them in sexual embrace. Yet the dream which he brought in the same session showed that this wish for sublimation was by no means equivalent to sublimation as an accomplished step. In this dream he saw himself forced into a passive homosexual relationship by the analyst. In his associations he compared the entire analytic situation to his being forced by his mother to sit on the pot till the desired effect was obtained.

In the course of our observation we could detect a sequence of steps which might be called planning for homosexual acting out. After a few months of seemingly successful analytic work, during which the patient developed some friendships with women, he purchased a convertible roadster supposedly in order to take week-end trips with his friends and eventually a vacation trip with his prospective girl. The automobile was kept spick-and-span by a neighborhood adolescent boy of a poor family, to whom the patient took a fancy and whom he wanted to guide and to help. He took him to ball games and, like his illustrious predecessor Walt Whitman, bought him a few shirts.

The end of May came and, for the first time, the patient missed a session. It came out that during the week end he had resumed his homosexual activities. He had created a situation of loneliness and libidinal deprivation by making no arrangement to see his friends or his girl. He had, moreover, for weeks been subjecting himself to oral deprivation by strict and unnecessary dieting. Since in addition he daily saw his little protégé, the homosexual stimulation he created was too much for him to bear. Yet he had to use liquor to eliminate what remained of his ego control.

Shortly after this relapse he dreamed that he witnessed the crash of a modern airplane. This he interpreted as destruction of his model boy who, he had hoped, would some day be proud of him. The destruction, he said, was the corruption of his little friend, which he was unconsciously preparing. Now it dawned on him that his true unconscious purpose in purchasing

the convertible was to use it as a means of daily contact with the boy. In this way, he explained, he was preparing the destruction of his young friend as well as himself: a relapse into homosexuality would wreck his whole life situation which he had built up with great effort after previous catastrophes.

One might expect that such insight would save the patient from further perils. Yet a month later he confessed that he had been deceiving the analyst for two weeks. His relationship with his young protégé had ended in sexual activity. The patient felt guilty and contrite and expected, and even hoped, to be 'thrown out' by the analyst. In discussing his behavior he explained that he wanted to do things in his own way, for the analyst was too hard on him, pushing him and expecting too much. He had heard, he said, that psychoanalysis was a long process, and here he was doing so well after only two years of treatment. The fulfilment of his unconscious wish to be 'thrown out' by the analyst would justify his resentment of his strict mother and his subsequent deterioration.

In defying the analyst, the patient was defying his parents as so often in the past. The boy, who was fifteen, represented the patient himself at that age, a period of his life when he had felt particularly happy, mainly because of a few successful homosexual friendships. Through this homosexual affair he was invalidating any libidinal value of his relationship with his girl. In her person he was defeating his mother of the past and his analyst-father whose power he annihilated.

In the struggle against the woman, he used his characteristic defense mechanism. She seemed to him a big mother who would crush him with her breasts, or he would wake up with a fantasy of complete passivity in which he, as a woman, was being raped by a man. When she invited him for a small snack he interpreted this as her attempt to impress him by her cooking. In his fantasies he saw her burdening him with her excessive economic demands, though she was in reality a successful, self-supporting young woman.

The patient ended his homosexual affair but at the same time terminated his promising relationship with his girl. The automobile had now outlived its usefulness and was promptly disposed of. Having thus renounced sexual gratification in either direction, the patient contrived a quite unexpected attempt at sublimation. During his vacation he went abroad and visited for the first time the country of origin of his parents and felt great closeness to these unfamiliar surroundings; this helped him to alienate himself even more from his habitual environment. At last he visited an orphanage and selected a boy for adoption. In his fantasy he planned to adopt one boy after another. In this way he hoped to realize a family without a mother, in which he himself would play both parental roles to little boys representing his own juvenile ego. In identifying himself with his mother he was frustrating his father (and the analyst), while at the same time, in playing the paternal role, he was defeating his mother. This aspect of acting out has been described recently by Johnson and Szurek.[2]

This façade seemed so satisfactory that the patient could persuade himself that from now on he had reached perfect equilibrium, making further analysis superfluous. Yet he yielded to a minimal pressure and tentatively resumed analysis. It took him only a few days to find out that in his dreams this façade hid his old unresolved conflicts. The wisdom of the unconscious ego became apparent in his first dreams. In one of them women were trying to accost him. They appeared to him to be prostitutes, and he passed them without paying any attention. In another dream a young girl, in whom he had been interested some time before, came to see him while he was sick in his mother's home. He was mentally ill, and his mother explained to the visitor that he was so ill and so confused that he must remain for the rest of his life in a mental institution.

[2] Johnson, Adelaide M. and Szurek, S. A.: *The Genesis of Antisocial Acting Out in Children and Adults.* This QUARTERLY, XXI, 1952, pp. 323-343.

A survey of our observations shows that patients use the objects of their homosexual activities as substitutes either for their own egos or for the parental images. It becomes clear that the scheme of perversion is originally built up as an externalization of libidinal patterns established between the ego and internalized parental images.

Homosexual activities recurring despite the progress of psychoanalysis demonstrate the power of countercathexis invested in defense mechanisms built up by the ego against the original instinctual impulses.

Moreover as a basis of resistance against the change of sexual pattern we inevitably find a core of strong narcissism. The ego refuses to surrender its claims to magic omnipotence and to admit the necessity for a progressive conquest of a love object. For this very reason, indifferent individuals are picked up at random, who serve as puppets to play parts assigned to them by the unconscious ego of the patient. In the laborious process of shifting to heterosexuality the slightest obstacle or 'disappointment' is used as a justification for depreciating the woman and inviting the libidinal withdrawal. The possibility of sublimation depends largely on the ability to restrain narcissism and to accept to some extent the reality principle.

The patient I have described was able to achieve considerable success in his work despite his homosexual activities. Other homosexuals, in whom the ego has remained fixated in the stage of early narcissism, find it impossible to substitute consistent and successful dealings with reality for homosexual acts which they invest heavily with magic. The structure of these individuals is in many respects close to schizophrenia.

A twenty-one-year-old highly intelligent law student had to quit school because during the day he was absorbed in his fantasies while his nights were spent in bars frequented by homosexuals among whom he was constantly searching for new adventures.

His fantasies were either of a childish grandiose and exhibitionistic nature or, if sexual, of sadistic and masochistic practices

with sailors. He believed that greatness must come to him by sheer miracle by the will of God, who had him under his special protection. To achieve anything through real effort would make it far less admirable, and this his narcissism could not bear. In his early childhood he had become convinced that his father was disappointed in him, since he was not athletic, though a good student. Thus to him intellectual effort became equivalent to renouncing his masculinity.

Nor was he able to assert himself in any social contact. Whenever he heard of some social injustice, he fantasied himself as a fighter for the good cause, but in reality remained meek and submissive. His aggression could be discharged only in a childish way by jumping and rubbing his hands, in lieu of effective action. This was in perfect analogy with the angry excitement he used to feel in childhood when reprimanded or otherwise 'humiliated' by his parents.

Sexual activities of the patient were aimed at achieving magically some of the many goals of his infantile ego; at the same time they served as a defense against some of his original instinctual impulses.

His psychosexual development could be described as proceeding in four phases of successive internalization and externalization. Having been frequently subjected to anal stimulation by his mother (enemas and insertions of the thermometer), he proceeded to autoerotic play in which he applied similar stimulation to himself. This was followed by a phase of externalization in which he continued this play, but with other boys as partners. The assumption of roles in this play was diffuse, since he frequently shifted from activity to passivity and vice versa. In further development the play became internalized, with father and older boys assuming various roles in his fantasies. Finally, in a last stage of externalization, he acted out his fantasies, mostly with young sailors.

In approaching them he almost invariably followed a rigid sequence of action. Each time he hoped at first to be sadistic, to torture or to humiliate them. However in a rapid turnabout

he let them assume the active role, and would subject himself to the humiliation of fellatio and anilingus. The latter act was of particular significance, since in his fantasy it represented both active and passive humiliation: not only did he submit to the young navy men but, in enacting the role of the mother of his early childhood, he 'humiliated' them by anal maneuvers reminiscent of his mother's treatment of himself.

In a differently determined activity with sailors he idealized them as representatives of virility, potential objects for his father's love. Since he could not become one of them, he wished to conquer them in assuming the role of his father. As a father, he also wished to love them and to be loved by them. In his enactment of the parental figures he humiliated them as well, since in his sexual acts he, as deputy for his parents, submitted to the sailors, who then represented an idealized image of his virile self.

In his nonsexual fantasies the patient realized some of his grandiose goals sheerly by virtue of his prestige and power. These achievements in fantasy interfered constantly with real effort; it seemed incongruous to be content with pedestrian plodding as a diligent student of the law, when one could fantasy oneself a Justice of the Supreme Court.

It is easy to imagine the level of ego development corresponding to such an attitude toward reality. Indeed, we may say that the patient had never given up, except on a very superficial level, his belief in magic. In his childhood fantasies he believed that he was a repository of God's power, and as such destined for infinite greatness. He was deeply impressed by God's aggressive power as expressed in the Old Testament: 'I will consume you'. In his early œdipal struggle he ascribed this power to his father and then, in identification, to himself. Thus he could direct his wrath toward both parents and destroy them whenever he wished.

As a reaction against this wish he had formed a fantasy in which he was an angel watching over his parents instead of destroying them. In this way he need not feel obliged to and

'humiliated' by their superior power; on the contrary, they owed their existence to him.

In his old solipsistic fantasies reality seemed a mere construction, created by God according to his childish wishes and for his special gratification. Thenceforward his concept of the relationship of his ego to reality evolved in two contrasting forms, oscillating between the ego feeling of magic narcissism—that is, the ego as the center of the universe—and the dependent ego of an infant.

Fantasies in which he was being watched and admired, or even simply noticed, helped him to emerge from the feeling of infantile weakness. They would start with the resolve, 'We will make a decision', and he felt that he existed, as it were, through the good graces of his admirers. In other experiences he exulted in the feeling of himself as an independent ego. He was happy to feel, 'I can do this, can lift my arms, move my legs'. He would look into the mirror and think, 'How wonderful that this is I, not another person!' We see that his ego feeling still flowed, as it were, from the ego to the outside world and vice versa.

This, and other material not mentioned here, allows the conclusion that in this patient there persisted all the possible stages of ego formation with corresponding instinctual (both libidinal and aggressive) attitudes and their various modifications. The defense mechanisms evolved by the successive ego formations were utterly inadequate to prevent the breaking through of former stages of development. Thus from beneath the early superego formation which aimed at protecting the parents or, at a later time, at fighting for the oppressed, there emerged both the primitive sadistic urges and their passive counterparts.

Under these conditions it is only natural that sexual impulses were characterized by a similar vagueness and diffuseness, and that they were largely used by the ego to try to achieve some of its unattainable goals of restoring its integrity and omnipotence.

In conclusion I should like to outline the structure of homosexual acting out as suggested by our observations.

The basic prerequisite seems to be a weak ego structure based on the narcissistic and the prenarcissistic disposition. This accounts for the fact that, as we have seen, narcissistic projection plays an outstanding part in the choice of homosexual partners: they owe their high though transient value to their function as substitutes for the ego and the archaic parental images which were introjected early in life.

The archaic narcissistic ego structure makes the ego vulnerable to the impact of libidinal stimulation. Complete renunciation of primitive gratifications with original objects becomes impossible. In terms of Freud's economic formulation we may say that the weak ego of these individuals is hard put to the task of binding the original instinctual energies and of transforming them into a potential of tonic energy available for secondary processes.

In Beyond the Pleasure Principle, Freud assumed that 'the excitations proceeding from the instincts do not conform to the type of the "bound" but of the free moving nerve processes that are striving for discharge'. These excitations are the source of the free, mobile charge which can be discharged according to the patterns of the primary process. The failure of the ego to bind the libidinal excitations results in the overwhelming of the mental apparatus by instinctual charges. This disturbance, in analogy to the traumatic neurosis, leaves open the more primitive discharge pattern only. Here then the ego tries to 'obtain control of or to bind the excitation, not in opposition to the pleasure principle, but independently of it and in part without regard to it'.[3]

Repetition compulsion, which is the most characteristic feature of the homosexual activities we have described, appears to be an expression of such a repeated unsuccessful attempt of the ego to achieve mastery of libidinal and aggressive impulses

[3] Freud: *Beyond the Pleasure Principle*. London: Hogarth Press and the Institute of Psychoanalysis, 1922, p. 42.

and of the original archaically cathected objects.

On the level of primitive ego organization the attitude toward other persons is based largely on ambivalence and narcissistic object choice. On this level incorporation, turning against the self, the change from activity to passivity, and vice versa, are the main mechanisms used. In the future homosexual, further development of the ego does not abolish this primitive ego organization which remains as a basic nucleus. As pointed out by Freud,[4] the synthesis of conflicting attitudes cannot be achieved on this level.

Conflicting identifications with various parental images are followed, each time they are made, by their dethronement. This weakens the ego, since considerable countercathexis must be used to maintain these various identifications which have become not only unconscious but dissociated (split off) from each other, and from the conscious ego as well. In consequence of all these processes, less libido is available for any attempt at object cathexis. Moreover, in repetition of this genetic process, whenever the ego is faced with the task of object cathexis, it experiences this as the threat of a new impoverishment. Accordingly the ego flees from such tasks, and seeks instead gratification in short-circuit acts occurring between itself and pseudo objects, in reality between various substitutes for the ego and for paternal images.

Because of the low potential of free ego libido, there is a lack of the neutralized mental energy indispensable for control, postponement and anticipation of gratification and for sublimation. Therefore even identification cannot be maintained on a purely intrapsychic level. Acts of motor and genital discharge take care of libidinal energies which can neither be bound nor properly neutralized.

Finally, we may try to express the economic formulation of our findings by borrowing from the concepts of modern physics,

[4] Freud: *An Outline of Psychoanalysis.* New York: W. W. Norton & Co., Inc., 1949.

which show us that a living system avoids rapid decay into the inert state of equilibrium called the state of maximum entropy. A system that is not alive, when isolated or placed in a uniform environment, reaches this state inevitably. 'After that the whole system fades away into a dead, inert lump of matter. A permanent state is reached in which no observable events occur.'[5]

The living organism avoids decay through metabolism, the merit of which is the decrease of entropy. 'The essential thing in metabolism is that the organism succeeds in freeing itself from all the entropy it cannot help producing while alive.'[6] The increase of entropy, which is the natural event occurring in every system that is isolated or in a uniform environment, results in the transformation of an orderly state into a state of chaos. 'The device by which an organism maintains itself stationary at a fairly high level of orderliness (= fairly low level of entropy) really consists in continually sucking orderliness from its environment.'[7]

If we apply these principles to the consideration of the mental system of the individuals we have studied, we may come to the following conclusion. Because of the particular distribution of instinctual energies prevailing in their mental apparatus, they are threatened by a more rapid standstill of dynamic processes, that is, by a rapid increase of entropy. In spurious attempts at avoiding this disaster they produce discharges of energy which occur in a disorderly fashion. In this way, while trying to prevent the increase of entropy, the patient in reality helps to create a situation that he was trying to avert. He may believe that his acts are an expression of freedom, but in reality he mistakes disorder for freedom, and accordingly produces disorder; in this way instead of enriching his life, he plays into the hands of the death instinct.

[5] Schroedinger, Erwin: *What Is Life?* New York: The Macmillan Co., 1946, p. 70.

[6] *Ibid.*, p. 72.

[7] *Ibid.*, p. 75.

The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

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To cite this article: Joseph G. Kepecs (1954) Observations on Screens and Barriers in the Mind, The Psychoanalytic Quarterly, 23:1, 62-77, DOI: 10.1080/21674086.1954.11925935

To link to this article: https://doi.org/10.1080/21674086.1954.11925935

Published online: 05 Dec 2017.

OBSERVATIONS ON SCREENS AND BARRIERS IN THE MIND

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INTRODUCTION

' "Oh, Kitty, how nice it would be if we could only get through into Looking-Glass House. I'm sure it's got, oh! such beautiful things in it. Let's pretend there's a way of getting through into it, somehow, Kitty. Let's pretend the glass has got all soft like gauze, so that we can get through. Why, it's turning into a sort of mist now, I declare! It'll be easy enough to get through . . .!" She was up on the chimney-piece while she said this, though she hardly knew how she had got there. And certainly the glass *was* beginning to melt away, just like a bright silvery mist. In another moment Alice was through the glass, and had jumped lightly down into the Looking-Glass room.'

Thus Alice passed Through the Looking-Glass from the domain of her daily life into a land of dreams and fantasy, free of the ordinary waking logic we call the secondary process. The looking glass is the waking limit of consciousness, and as Alice seeks to go directly through it, it ceases to be a mere reflector and becomes a soft mist which she can traverse.

Of what does the boundary of this borderland between consciousness and the unconscious consist; how does it operate either as a barrier or a pathway between both?

In the course of therapy the attention of the analyst is directed to the patient's associations, feelings, problems, conflicts, resistances, the transference, etc. Sometimes the patient

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Presented at a meeting of the Chicago Psychoanalytic Society, November 25, 1952.

reports that he is thinking of nothing, that his mind is a blank. It is customary to regard and interpret this state as the expression of resistance. Usually, and correctly, the patient is told he is not expressing some thoughts or feelings about the analyst. I have departed from this method and have asked patients to describe this psychological state. They were questioned as to how the state of mental blankness seemed, felt, and looked.[1]

CLINICAL DATA

I

A woman is talking about her parents. She pauses and then says that her mind is a blank. Asked to describe this, she says, 'It is a wall—gray—a block and a barrier. No masonry—just a block. I am there with my arms outstretched. Now I'm going to cry. I feel I needed more love from my parents which I didn't get.' She weeps. I comment, *You with your arms outstretched before this gray wall.* She then says: 'Trying to penetrate it or scale it—a child reaching up to a big parent. A parent shouldn't be a wall.' *Why gray?* 'Gray would have less feeling than most colors—neither good nor bad—in between.' *Describe it further.* 'It's solid to me, yet I could get through it. It's something I only think is solid. It's like a fairy tale where someone faces an impenetrable wall, and if they could just find the key they would get in. My brother was born when I was eighteen months old. I was removed from the breast before this. . . . I wonder about this gray wall. It just comes to me—my father's trousers were gray. He wore a lot of gray. Sex rears its ugly head again.'

A resistance to speaking about her parents expressed itself as a blankness of mind which, when the patient's attention

[1]A woman patient had a great and continuing need to keep away from all awareness of her inner sensations and feelings. Very often when she had run out of light conversation all she could recount of her mental content was that she was thinking of nothing. This highly developed state of mental blankness became very important in her therapy; indeed, she came to speak of it as 'a nothing'.

was called to it, turned out to be a gray wall or barrier. Associations indicate that this wall represents her inability to come close to her parents; in the case of the mother, to the breast; in the instance of the father, to his penis. At least one element in the composition of this wall is a memory of a real barrier, her father's trousers. The exploration of this wall was accompanied by an affective response.

II

A young man says he has had a dream but does not remember it. *What,* he is asked, *is between you and remembering the dream?* He replies: 'A filmy, ghostly, out-of-focus picture of my mother. I'm getting awfully mad at you. I'd like to run to mother and put my arms around her. I want to get away from you, but I get no warmth from her and she is not responding.' *Why run away?* 'I'm digging and it's not safe. I think of me and my sister running around nude as babies. This I want to cover up.' *And the filmy image of your mother?* 'It's opened up now like a theater curtain and my sister and I are playing nude. I feel sick to my stomach now, so I want to retreat into bed and have somebody nurse me.'

Examination of the barrier between this patient and his forgotten dream reveals the obstacle to be an out-of-focus picture of his mother which is like a curtain which parts, showing the patient and his sister nude, playing together. This memory evokes guilt toward the mother which is countered by a regressive desire to be nursed. Thus the barrier consists of an image of the mother in her maternal nursing role. The investigation of this barrier was accompanied by nausea. The major element in the formation of this screen between the patient and his unconscious is an early 'out-of-focus' memory of his mother.

III

A woman says, 'Nothing comes to me'. *What is in your mind?* 'Nothing definite. A name will come to mind but it's

just like forcing.' *What does it feel like when nothing comes to mind?* 'Dull, grayish, black and white, life and death.' *What is it like?* 'Like a curtain—the iron curtain—impossible to get to what is behind the curtain.' *Describe the curtain.* 'Soft material—a dress—a gray dress—I have one.' She laughs. 'A dress covers a body. There we are, back to sex again.' *Your body?* 'I relate it to sex immediately. I remember one experience I had when I was just starting to develop on top. I wanted to wear a brassiere, but mother said it was not necessary.' She then described an adolescent experience in which she was embarrassed by a man's comments about her breasts. 'I just thought of nursing my baby. Now I have a sharp pain where my gallbladder would be. Several times I've had pains in my breasts and feared cancer. After I nursed the baby my breasts got very small. I thought, "I bet I resent the baby because of this". If I have another child and nurse it I'll have nothing left. I think of an article I read about analysis; that there is a little of the homosexual in all of us.' *Why does this come up?* 'Talking about my body. I love myself so I love people of the same sex. My baby has a balloon like a bunny. It looked like a perfect breast to me. I wonder what these pains [mentioned earlier in the interview] were? Mother had her gallbladder removed. The gallbladder is right under the right breast. Mother said I should be careful of what I ate because of the family history of gallbladder disease.' Her associations then led to awareness of sexual feelings toward her father which she had been avoiding.

When her attention was directed to it, the 'nothing' in this patient's mind was first described as a grayish curtain. Associations indicated that this curtain represented cloth covering her breasts, which were threatened by the cannibalistic attitudes she attributed to her child. These attitudes were a projection of her own feelings toward her mother's breasts. As she described her feelings, there appeared a 'gallbladder pain' apparently related to guilt, motivated by identification with her mother. The 'nothing' thus appears to refer to the mater-

nal breast. The nothing = breast has served to keep her unaware of sexual feelings toward her father.

IV

During many interviews, a woman was unable to communicate anything about her inner life. She had to live and feel on the surface and, appropriately, she suffered from a severe dermatitis. She said that she went around in a daze, and that if she tried to pierce the daze it became a void. She was unable to find her own thoughts because of a wall which she likened to veils, clouds, or fog, which she was unable to penetrate. On one occasion when she was urged to try to traverse this barrier she said it was 'almost matter—pressing on my stomach'. Requested to elaborate, this ordinarily self-controlled woman said violently, 'Don't do that!', and involuntarily flung her cigarette lighter to the floor. On another occasion she was able to recall a number of adolescent fantasies.

The determinants of this blankness became apparent during therapy. One was of recent origin, the other from early childhood. During the course of a recent illness, she had suffered an excruciating pain which she could endure only by 'breathing with its rhythm', until by a kind of autohypnosis she made her mind a blank. This reaction to pain had become her defense. When she was able to visualize it, the blankness was like black paper.

Her mother died before the patient was six. Her childhood was largely an attempt to fulfil demands to act as an adult. After a period of treatment, she described the 'nothing' as being occasionally associated with a hunger pain. Later, she compared the blank to 'fishing through the ice; the ice is the blank, and when you look through the hole in the ice all you see is dark, cold, and black'. *No wonder you don't want to look.* 'Yes, I'm afraid to know and feel myself.'

This patient developed a blankness of mind to enable her to endure physical pain. She then employed it to keep her from knowing her dark, threatening interior which repre-

sented hunger, cold, and death. This capacity for denying her inner feelings had probably developed very early, and had been re-enforced later as a defense against pain. Since the feeling of blankness was associated with visceral sensations, hunger and sensations of pressure on the stomach, and since it was often referred to as a veil or haze, it is likely that it is in part a representation of the breast, albeit a frozen breast (ice over water), dead and ungiving.

V

A woman came to her session in a mood of resistance. She wanted less frequent analytic hours. She had dreamed, but had forgotten the dream. She was asked, *Try to look at the dream.* She replied, 'I see a dark curtain closing up something I want to get to'. *A dark curtain?* 'A bathroom door closing.' *Your association to this?* 'My father is undressed and I can't see him. I see a picture and it frightens me—something I don't want to see. When my husband goes to the bathroom my baby wants to go in. I tell him to open the door. I don't want her to feel shut out.'

The curtain which shuts her off from something she wants to see proves to be the bathroom door with which her father prevented her from satisfying her curiosity concerning his genitals.

VI

A man describes a wall or curtain which always closes on him as he leaves the analyst's office. It separates his mind, keeping him from being one with himself. It separates the part of himself he considers acceptable and the part he considers bad. He was asked to describe this wall, and after thinking about it briefly, he said: 'It is not a wall. There are vertical lines in it—a cage—my crib. Mother said I was a good baby. I'd sleep for hours in my crib while she was away. She'd say, and I never liked to hear her say it, that she kept me in this crib until I was quite old. It had bars all around, an old-fashioned crib.' Another association to the curtain: 'It

is something that strangles me, like my fears of wrestling, that I couldn't breathe. It reminds me of hiding under the covers when I wet the bed as a child; also of hiding in the closet with my cousin for sexual play.'

Several memories have contributed to the formation of this curtain. They are all of obstacles which shut him off from something: the crib from his mother; wrestling from air; the covers and the closet from being detected wetting the bed or engaging in sexual play.

BREAST SCREENS

Certain of the screens or curtains described appear to be derived from memories of the maternal breast. Others refer to later experiences of being walled off from some person or place. Generally, the breast screens are described as gray, hazy, filmy, or misty. Close scrutiny does not delineate them more clearly; yet they are an extremely common part of daily experience in the form of the dull, cloudy, or hazy mental states which appear with fatigue, boredom, or great dependent needs. A cyclothymic patient alternated between periods of tremendous activity and mental clarity in which he became exclusively engaged in doing things for others, and episodes of fatigue, with a fogged, hazy mind, accompanied by feelings that all effort was too much for him and that he wanted to be cared for. He recovered from the fatigued states by napping and eating. The active, giving period basically signifies an ever-flowing breast. Ordinarily it is the breast that is represented when the subject reports, 'I am thinking of nothing'.

This is precisely what Lewin has described as the dream screen *(11)*: 'The dream screen appears to represent the breast during sleep, but it is ordinarily obscured by the various derivatives of the preconscious and unconscious that locate themselves before it or upon it'. I have reported a waking screen in which a disturbance in perception occurred due to a breast screen which had moved forward into the patient's perceptual system *(6)*.

These phenomena which might be collectively called breast screens do not ordinarily intrude into the perceptual field either in waking life or in dreams. The breast screen may sometimes appear in the P system as an interference to perception of external reality; or it may pervade the P system, engaging its cathexes, depriving it of its attention to external reality in favor of a preoccupation with the breast. Metapsychologically, the ordinary psychic locus of the screen was clearly stated by Freud (*3*, p. 544): '. . . the system Pcs is like a screen between the system Ucs and consciousness. The system Pcs not only bars access to consciousness, but also controls the access to voluntary motility. . . .'

If the screens are actually internalizations of the breast, or other barriers, situations should arise in which they undergo a re-externalization or projection analogous to the externalization of the superego in paranoia. The following clinical data suggest that this can occur.

A man, talking about his childhood, has always described his parents as being distant from each other. I suggest that maybe they were closer than he believes; after all, they had two children. He says that when he tries to consider this possibility his mind becomes a blank. What next comes to his mind is a business matter which occupied him shortly before he came to see me. Asked to recall what this business matter was, he is unable to remember. Then, as he lies on the couch, he has a feeling that he is lying under a pane of frosted glass. He speedily associates this to frosted glass panels in the doors of old-fashioned offices of doctors. He thinks of the door to a dentist's office. His previous and recent associations to dentists are related to childhood fears of the dentist (castration anxiety). At the next session he was asked to give further associations to frosted glass. He at once revisualized and re-experienced what he had mentioned in the previous session: the glass was over him; something between himself and the world outside. Being under it he felt hemmed in and constricted, correspond-

ing to his principal symptoms which were claustrophobic. He described it as living a 'vegetable existence' like an embryo; then he said that the glass now seemed to be round with curved edges, like a pie plate. Later he said the shape was more like the glass in an automobile headlight. Unpleasant as life was behind or under frosted glass, it was somehow less dangerous than life would be outside it; therefore, though he wanted to, he was unable to break through the glass. His associations then led to his problems of competitiveness with other men and the fears that this competition engendered.

This patient was struggling to repress awareness of the primal scene which I was pushing him to recognize. Repression manifested itself as a blank. The frosted glass, which appeared above him as he lay on the couch, was immediately associated to a door of glass through which he could not see. A preconscious blankness had here been projected forward into the P system, and localized outside. The pie plate both by shape and by oral connotation strongly suggests that the image of a breast contributed to the formation of this screen. What is significant is the re-externalization of a preconscious blankness which had been utilized for repression.

The clinical examples cited (e.g. II) indicate that generally the breast screen serves to cover a memory which has been excluded from consciousness. When the screen has been penetrated, the memory is revealed. The screen would therefore seem to be the agent which prohibits a view of that which has been repressed. Fenichel *(2)* states: 'Thus repressions may . . . betray themselves by voids . . .'. Lewin *(9)* found that the association, 'I am thinking of nothing', sometimes refers to the female genitalia. It requires little extension of Lewin's *(10)* recent suggestion, that undisturbed sleep and successful repression may be equated, to equate the dream screen and some states of mental blankness.

The development of a blank during an analytic hour must also be considered in the framework of the transference. Fre-

quently a patient will repress heterosexual strivings toward the analyst. A sexual thought may have been conscious or nearly conscious, and suddenly the mind is blank. This experience is often described as if a curtain had dropped, or as if something had closed up. In the first clinical example, the blankness served to repress sexual feelings toward the father, and of course toward the analyst in the transference. The screen thus functioned in the service of repression, and in relation to the analyst could be considered to serve as a resistance; thus, in the transference, a memory prevents the emergence of erotic fantasies, recapitulating experiences during childhood in which heterosexual feeling toward the father had to be repressed.

Close inspection of these voids shows them to be screens formed from memories which serve the defense of repression. How does the breast come to function as a cover over memories which are held in repression? There are two possible ways. One is that for the infant the breast relieves its instinctual tensions. This is ordinarily followed by sleep. The breast thus represents a reducer of tension which produces undisturbed sleep, the equivalent of repression, and a memory (hallucination) of it serves this purpose. The memory of the breast may thus become a means by which the primal, overwhelming instinctual drives may be overcome or repressed. This development, occurring prior to the emergence of the ego and the superego, corresponds to primal repression. If experiences at the breast have been satisfying then, perhaps, the primal repressions may be maintained successfully throughout life because deep in the unconscious is the memory of such experiences and consequently of 'good' sleep. If the experiences at the breast or its equivalent have been unsatisfactory, this stable, basic regulator of turbulent early impulses is not developed, and the individual has to employ what later devices he can evolve to control and repress his instinctual drives. Malmo and Shagass *(12)* suggest that in 'psychoneurosis there may be a basic deficiency in some regulatory mechanism which normally operates to check excessive rise in blood pressure'.

Primary repression could be such a deficient regulatory mechanism—deficient because experiences in infancy did not endow it with sufficient libidinal cathexis.

The other manner in which the breast screen may serve repression is through regression to the mother (breast, mother's body) in the face of external or internal threats. This process of regressing to the breast to exclude a threat corresponds more closely to afterexpulsion or repression proper. The possible significance of the breast in primary or secondary repression is actually quite similar: turning to the breast to avoid feelings which would arouse anxiety.

Whether the breast screen in any given instance is a fixation or a regression is difficult to determine. This is evaluated by an estimation of an individual's orality.

SCREENS BASED ON MEMORIES OF LATER BARRIERS

In the clinical examples it will be noted that some of the screens are not related to the breast. They are derived from memories of other objects which shut the individual off from something he wanted to see or reach. Instances of this are the bathroom door (V), the crib slats (VI), the father's trousers (I). In these instances the memory of the barrier serves to screen memories of the forbidden impulses from conscious recognition. A little girl wishes to follow her father into the bathroom to see his penis. The door is slammed in her face. The memory of the closed door serves to seal from consciousness the wish to see the penis.

REPRESSION AND THE SCREENS

Freud *(5)* states that 'the essence of repression lies simply in the function of rejecting and keeping something out of consciousness'. Repressions are maintained by the continuing expenditure of energy (countercathexis) by the ego. The act of repression is described by Freud *(4)* as the consequence of shifting distributions of psychic energy. Thus in repression he speaks of Pcs cathexis as withdrawn from the instinct repre-

sentations and utilized in the release of anxiety, being placed at the service of the ego for this purpose. Alexander *(1)* considers repression a reflex inhibition, a conditioned reflex.

Repression is the exclusion of an impulse or idea from consciousness to avoid the anxiety it would cause by a conflict with the superego or external reality. I believe that though repression can be described either in terms of psychic conflict or in terms of conditioned reflexes, these descriptions do not adequately account for the phenomena here described.

The structure of the mind is determined by its interaction with external reality. The form of this structure depends upon experiences. A universal experience is that of walls and barriers. The first wall is the mother's body, and later experiences with walls and doors contribute to the building up of the great division of the mind into the accessible or conscious and the repressed unconscious. The ego has at its disposal some memories of early barriers which it can employ to keep ideas in repression. The expenditure of countercathexis by the ego might be likened to the continuous effort to hold a door closed against the efforts of an importunate child to gain entry to a forbidden room. The door is the screen.

The role of these early memories in repression resembles the part memories play in anxiety. Freud *(4)* states, 'Affective states are incorporated into the life of the psyche as precipitates of primal traumatic experiences, and are evoked in similar situations like memory symbols'. Lewin *(10,* p. 311*)* points out that anxiety 'is not merely a signal. It has a content and it is a sort of "memory". That is, anxiety attacks not only serve as warnings; they also reproduce earlier life events.'

That these screens cover important early memories is suggested by the frequency with which their penetration is associated with visceral symptoms, the gut memories which Kubie believes *(8)* indicate the revival of genuine infantile affects. The visceral symptoms include weeping (case I), nausea (case II), abdominal pain (case III). In the fourth clinical instance there was a powerful, unwonted motor response.

The screens appear to exert their maximal effect in the sphere of visual repression. They are analogous to the chronic muscular tensions (character armor) which serve to inhibit at the same time that they partially express all sorts of prohibited activities. Here, as with the screens, the subject is usually unaware of his chronic muscular tensions until his attention is called to them.

Koffka *(7)* describes a state of 'good articulation' in which objects are clearly perceived, and a condition of minimum articulation in which objects fuse with the background producing maximum uniformity: '. . . when the organism is active, at a high degree of vigilance, to use Sir Henry Head's term, it will produce good articulation; when it is passive, in a state of low vigilance, it will produce uniformity. . . . Simplicity of the maximum kind, high articulation, will occur when the disposable energy of the organism is great, and simplicity of the minimum kind, uniformity, when it is small. . . . That fatigue, low vigilance, is a condition of lowered energy has been our starting point. The . . . case where the attitude of searching for a meaningful picture produced articulation is also clearly a case of greater disposable energy, since here the ego system with its store of energy is brought to bear on the organization.'

This condition of loss of articulation affords a possible mechanism to account for the evolution and devolution of those screens (as a door slammed in the face) developing later than the breast screen. The screen ceases to be a homogeneous nothing and becomes a more or less well articulated memory of an object when attention is called to it. 'The act of becoming conscious depends upon a definite psychic function—attention—being brought to bear.' And attention is 'mobile cathectic energy' *(3)*. Thus an investment of attention (energy) causes the memory to emerge; it no longer remains merged with the field. This suggests that originally articulation is lost and the screen is formed as a result of withdrawal of energy from perception because of the conflict engendered. It then remains

as a kind of ghost in the background of consciousness (Pcs), perhaps forming a usually unrecognized field on which the figures of consciousness are perceived.

THE EXAMINATION OF THE SCREENS AS A THERAPEUTIC ADJUNCT

The analyst's interest during the analysis of patients is centered on the stream of associations, for it is by free association that resistance is overcome. Focusing attention on the field of consciousness to the widest limits possible stands in contrast to concentrating on the stream of consciousness. Attention to the field of consciousness may at times be helpful in breaching resistances and in furthering new insight.

Making the patient aware of his continually existent, often subliminal field of proprioceptive and interoceptive stimuli is one way in which this can be done. Another method, utilized in obtaining knowledge of the screens, is to make the patient aware of the memories which are immanent in the 'blanks' of his thinking. Asking the patient to describe the 'nothing' may simply result in new associations, or it may produce a description of the screen from which further associations may then be derived. A patient in a long analysis one day said he felt something was blocking him from speaking. Encouraged to describe the block, he depicted it first as a brick wall which he then recognized to be a certain wall in the cellar of his childhood home. This was followed by a detailed description of the forgotten cellar, and then by the recollection of a forgotten sexual experience which had taken place there. What is important is that the block was not simply the product of opposing forces; it contained a repressed memory.

This technique of examining the field of consciousness is an adjunct to free association, which in certain instances may be helpful.

SUMMARY

Mental states described as blankness, a void, or by the phrase, 'There is nothing in my mind', may be investigated by request-

ing the subject to describe the experience. Often this will arouse memories or associations which indicate that these states of mental 'blankness' contain visual memories which have lost their outlines and distinctness. The memory has become a homogeneous part of the perceptual field. The application of attention may cause the memory to emerge from the field. Many of these memories which have become lost in the field are of the maternal breast. Others are memories of later screens which have served to prevent the child from carrying out some action or satisfying some curiosity. These memories which have lost their outlines continue to exist in the preconscious, but are recognizable only when there is a drying up of associations and the subject reports a state of mental blankness. They seem thus to exist as a field on which the figures of consciousness are located. They function as screens or barriers between what is conscious and what is unconscious. This function places them at the service of the forces leading to repression. The repressive forces thus have at their disposal early memories of walls or barriers which have lost their outlines because attention, 'mobile cathectic energy', was withdrawn from them. The breast which served to exclude frustrating reality, or the door which shut out a curious child remain as immanent memories. They continue to function internally as they once functioned externally, to exclude painful or conflicting feelings and thoughts from consciousness.

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The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

Notes on the Theory of Transference

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To cite this article: Heinrich Racker (1954) Notes on the Theory of Transference, The Psychoanalytic Quarterly, 23:1, 78-86, DOI: 10.1080/21674086.1954.11925936

To link to this article: https://doi.org/10.1080/21674086.1954.11925936

NOTES ON THE THEORY OF TRANSFERENCE

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The following pages contain some considerations on the dynamics of transference and the part it plays in the psychoanalytic process. I do not claim to say anything essentially new, but endeavor to clarify the theoretical basis of certain ideas that in practice are accepted and utilized by many analysts.

THE DYNAMICS OF TRANSFERENCE

Freud (1) deals with the problem of the dynamics of transference from two points of view: first, transference in general and its causes, and second, transference in psychoanalytic treatment and the reasons for the special intensity it there assumes. He gives two causes for transference in general, (a) the fact that every person acquires in childhood certain characteristic ways of 'living his love', from which arise patterns regularly repeated throughout his life, and (b) the fact that lack of libidinal satisfaction, caused by unconscious fixations, creates a libidinal need and expectancy which is directed toward the persons he meets. The special part played by transference in psychoanalytic treatment is to be explained, according to Freud, by its relation to resistance. The transference becomes so intense and long-lasting because it serves the resistance; the analysand reproduces and acts upon his unconscious impulses in order not to 'remember' them.

Everyday analytic experience corroborates Freud. But one may ask whether the relationship between transference and resistance discovered by Freud is the only one, whether other factors besides resistance influence analytic transference, and whether analytic is distinguished from general transference by other characteristics in addition to greater intensity.

The specific character of analytic procedure begins with the 'free' association and the fundamental rule.[1] These signify the abolition of rejection which, in a wider sense, as the overcoming of resistances and pathological defenses, constitutes the essence of analysis. In consequence, there begin to emerge rejected ideas and corresponding rejecting ideas. Experience shows that a part of these ideas is projected (latently or manifestly) upon the analyst. At a superficial level either class of idea may be projected; fundamentally, however, it is always the rejecting ideas that are projected.[2] The reason probably is that originally the subject, the primitive ego, identifies himself with his impulses and then rejects every interference with gratifying these impulses, every frustration and prohibition. He deals with all such interference by projecting it; therefore he likewise projects his 'rejecting ideas' so that those 'internal objects' with which the analysand identifies the rejecting action are transferred onto the analyst. This transference, then, arises not from the resistance but from its being partially overcome; it is not rejection of ideas but the gradual giving up of rejection that here produces a specially intense transference. This is transference of the rejecting internal objects—the superego that is projected upon the analyst—which are the introjected parents, the mother and father imagoes with which the most intense instinctive and affective ties have existed since early infancy.[3] The 'abolition of rejection' inherent in analysis, which causes the specially intense transference of the rejecting internal objects, is thus also one of the causes of the specially intense

[1] For us here it is immaterial whether the fundamental rule is imparted to the analysand or not. It is the basis of treatment; all that differs is the way in which the analyst gets the analysand to know the rule and abide by it, that is, to accept in his conscious what he had rejected and to communicate it, 'communicating' in this way separate parts of his personality.

[2] We use the term 'rejecting' in its widest sense, including all forms of moral, affective, and instinctive rejection, even the primitive kind of rejection seen when the unconscious experiences frustration as destruction or persecution.

[3] The ego evidently also participates in these rejections because of the identification and other relations with the internal rejecting objects; but I think that for our purposes we can ignore this complexity for the moment.

transference of the first libidinal objects. The rejecting internal objects, the ones that frustrate, attack, threaten, forbid, and recriminate, are at the same time those that are desired, loved, hated, and feared.

The 'abolition of rejection' explains, moreover, another aspect of the dynamics of transference and its special intensity in analysis. Freud points out the neurotic's need for love as one of the causes of transference in general, without ascribing to this factor any special role in analysis. We have seen, however, that the very nature of analysis leads to an especially intense transference of the rejecting internal objects. These are, at the same time, the objects that are most needed. Now, the more the analyst becomes a rejecting object, the greater will be the analysand's need of being accepted and loved by him. The need for love explains, according to Freud, the transference of the conscious and unconscious libidinal imagoes onto the analyst; the intensification of the need for love, arising from the very nature of analysis also explains, then, the intensification of these transferences.

Another specifically analytic factor determines the dynamics of transference. We have seen that the principles of analysis lead to an intensification of the conflictive object relations which in the infant were external and are now internal. In this regard, psychoanalysis acts as aggression, attacks existing states, makes latent schisms manifest, and converts internal conflicts and separations, in the transference, into external ones. In this way analysis produces anxiety, tension, pain, and the need for love. But there is another side to the psychoanalytic process: it unites what is separate, connects what is disconnected, and is thus essentially an expression of eros. The fundamental rule, the tolerance it implies, and, in general, the principle of abolition of pathological rejection, i.e., of all irrational aggression directed against parts of the subject's own ego, is in itself an expression of eros. The analyst's continuous empathy and tolerance, and the interpretations that reduce tension and anxiety, are all reacted to as manifestations of affection. The

libido mobilized by this affection directs itself in the first place to the analyst. Not the need for love but the capacity for loving is what is thus intensified and oriented toward the analyst. This process is the foundation of therapy. Frustrations and distortions of the past are in some measure rectified, and the repetition compulsion, one of the basic characteristics of neurosis, is interrupted or modified in the analysis of the transference. But, since the archaic imagoes continue to exist, this very mobilization and intensification of the libido intensifies the archaic paranoid and depressive anxieties; the analyst seems, for instance, to be a seducer and the analysis a trap. Thus the transference of the internal, infantile object relations onto the analyst is intensified. It is then psychoanalysis itself that also leads, because it contains eros, to a greater intensity of the transference.

In addition to its greater intensity, analytic transference is also characterized by its greater depth. The analysis of defenses compels the patient to experience situations otherwise avoided. For instance, the analysand who has the habit of defending himself by the use of recrimination will become aware little by little, as a result of interpretations, of the underlying paranoid mechanisms, the analyst becoming the persecuting superego. This superego blames the analysand for those things for which previously he blamed other people, including the analyst himself. The new situation proves, in its turn, to be a defense against a deeper transference, and so on.[4]

The analyst is now the 'rejecting' superego and it is easy to

[4] In this way the transference neurosis affords an excellent approach to the study of psychopathological stratification. See my two papers, *A Contribution to the Psychoanalysis of Transference Neurosis*, read before the Argentine Psychoanalytic Society in 1950, and *On Psychopathological Stratification*, in 1953.

Ida Macalpine *(2)* mentions a series of factors which in analytic treatment create an 'infantile setting' and so induce regression and the establishment of the transference. I quite agree with her that such factors as lying on the couch and the analytic 'discipline' are influential in the development of transference, but I nevertheless consider transference an essentially 'spontaneous' process. Its intensity and depth in analytic treatment are in the main to be explained by the very nature of analysis, the resistances and their abolition.

observe that the 'abolition of rejection' leads to projection of the 'rejecting internal objects'. But we also know that the superego helps in the œdipus fantasy to prevent being castrated by the father, or killing or castrating the father. These impulses arose as a consequence of genital frustrations by the 'rejecting parents'. Therefore, when the boy is forced to abandon his œdipal libidinal and aggressive impulses, the rejecting action of his ego becomes linked with the objects that caused those impulses. Thus the parents, especially the father, become 'rejecting objects' in this way too. The 'abolition of rejection' which superficially leads to the intense transference of the rejecting superego leads fundamentally, therefore, to the intense transference of the 'rejecting' internal libidinal objects.

THE ROLE OF TRANSFERENCE IN THE PSYCHOANALYTIC PROCESS

Freud made two principal observations on the part played by transference in analysis. 1. Sublimated positive transference is the most important motivating force in overcoming resistance. Transference when it becomes negative or sexual turns into a resistance which must be analyzed and dissolved if the work is to continue. While transference becomes, as resistance, the greatest danger to the treatment, it constitutes at the same time its most important instrument; for only by reliving the infantile neurosis in the transference can the analysand remember the repressed experiences of childhood. 2. Freud says in the Introductory Lectures *(3)*: 'The person who has become normal and free from the influence of repressed instinctive tendencies in his relationship to the physician remains so in his own life when the physician has again removed from it'. The part played by transference is the reliving of childhood under better conditions; what was formerly pathologically rejected is now able to find admission into consciousness. This is possible because of the greater strength of the adult ego and the understanding and objective behavior of the analyst.

These two observations of Freud both emphasize that the

basic function of analytic treatment is to make the unconscious conscious or to overcome resistances. But they differ principally in this, that in the first, the repressed, the rejected past, becomes conscious as something belonging to the past, whereas in the second, the repressed emerges as belonging to the present, to the relationship with the analyst. The practical consequence of this difference lies in the fact that in the former view the transference (negative and sexual) is regarded and interpreted as a resistance to the work of remembrance, and is utilized as an instrument for remembrance, but in the latter the transference is itself regarded as the decisive field in which the work is to be accomplished. The primary aim is, in the first case, remembrance; in the second, it is rectified re-experiencing. Psychoanalysts have inclined toward one or the other of the two points of view, without first making clear the divergence between them.[5]

The two points of view may also be said to differ in that in the former transference is regarded predominantly as arising from resistance, whereas in the latter resistance is mainly a product of transference. In the first, the analysand repeats so as not to remember; in the second, he repeats defenses (resistances) so as not to repeat traumatic or anxious experiences.

Experience fully confirms that both 'negative transference' and 'sexual transference', as described by Freud, appear or increase as products of the resistance. But it is doubtful whether they are primarily to be understood as resistances to remem-

[5] Thus, for example, Richard Sterba *(4)* follows the first point of view; Ferenczi and Rank *(5)* emphasize the second one but finally accept remembrance as the decisive factor; Wilhelm Reich *(6)* and James Strachey *(7)* seek to unite the two points of view. Freud himself seems to stress the first, he advocates (even in papers subsequent to the exposition of the above-mentioned ideas) limiting repetition in transference and encouraging remembrance *(8)*. He modifies his position somewhat, however, admitting that remembering the past or recovering it in dreams causes less pain than reliving it as a new experience. This admission, in my opinion, casts doubt on his previous statement that the analysand prefers repeating to remembering, and seems to ascribe greater importance in the dynamics of transference to the repetition compulsion at the expense of the pleasure principle.

brance or to the return in the transference of even more anxious or painful childhood situations. Experience suggests that the latter occurrence is far more frequent. Rejection of the analyst or falling in love with him frequently arises or becomes intensified in the face of imminent paranoid or depressive situations in the transference. But empirical findings cannot settle such a question; personal preference might cause one to interpret the situations either one way or the other. Perhaps Freud viewed these situations most often as resistance to remembrance because, in accordance with the conceptions he held at that time, he was seeking the recovery of memories and the transference opposed this search.

On this doubt some light is thrown, I think, by what we have seen about the dynamics of transference. Analysis stirs up and overcomes resistances; the transference consequently becomes intense and deep, anxiety-producing and painful. When rejection is abolished, the ego is threatened with the return of what had been rejected. Hence it follows that the resistances were to prevent precisely this, i.e. the re-experience of unbearable object relations in transference. If, in particular, the overcoming of the 'transference resistance' leads to traumatic or anxious experiences in transference, then these latter must be what the former aimed to reject. This repetition of latent object relations must therefore be the first great task of therapy. Attention should mainly be focused on the transference as the field in which the old experiences are to be rectified, and on the resistance to emergence of those experiences. In this sense, the factors we consider determinant for the dynamics of transference also explain why that repetition is what is most rejected and hence the accomplishment of these re-experiences and the change of their destiny is the path indicated.

This exposition poses a series of problems, two of which I deal with briefly.

The apparent contradiction in the statements that the transference becomes intensified by resistance and also by overcom-

ing resistance is resolved by the fact that defensive transferences are intensified by resistance (i.e. as the analysis becomes dangerous) and the rejected transferences are intensified by the overcoming of the resistances. What Freud denotes as 'negative' and 'sexual' transferences are defenses that are intensified by resistance; paranoid and depressive states are frequently rejected situations that are intensified by the successive overcoming of resistances. An example cited by Freud *(9)* illustrates this point.

> With one type of woman, to be sure, this attempt to preserve the love transference for the purposes of analytic work without gratifying it will not succeed. These are women of an elemental passionateness; they tolerate no surrogates; they are children of nature who refuse to accept the spiritual instead of the material; to use the poet's words, they are amenable only to the 'logic of gruel and the argument of dumplings'. With such people one has the choice: either to return their love or else to bring down upon oneself the full force of mortified woman's fury. In neither event can one safeguard the interests of the treatment. One must acknowledge failure and withdraw; and may at leisure study the problem how the capacity for neurosis can be combined with such an intractable craving for love.

But we are not dealing, in my opinion, with 'children of nature', nor (or at least not only) with 'elemental passionateness', but with neurotic passion of an erotomanic type. Behind this lie paranoid and depressive situations which have been transferred because of the breakdown of the resistances.[6]

Another problem that here presents itself refers to the part played in analysis by remembrance, the making conscious of the repressed past. For is it then the case, one may ask, that everything rejected is, in the analysis, part of the transference situation? Will not also merely internal situations, 'states of consciousness', be rejected, without the analyst's playing any

[6] It seems to me that these and other words of Freud testify that at the time he developed and established these concepts, he saw 'transference resistance' rather as a resistance to remembering than as a resistance to re-experiencing trauma and anxiety in transference, and did not regard these two resistances as one and the same thing.

part in this? Every situation is, actually, 'internal', including the transference situation. The question is only whether an analysand refuses to remember, for instance, that he wished to kill his father because his paternal superego condemns and persecutes him for this or because the analyst already latently represents the father and will condemn and persecute him. The answer is that both things are true. The 'past' is not felt as such but as present and the danger, therefore, is also felt as something present. In so far as the past may be felt as something past, its remembrance is, broadly speaking, a resistance to the present. But if the past is felt as something present, the past and present images fuse into one: to the unconscious, the analyst *is* the father and the father *is* the analyst.

Making something conscious always involves a change in the relationship with an internal object and a change in the relationship with the analyst too, for transference, in essence, is nothing but a manifestation of the relationships with internal objects. When the analysand makes his infantile œdipus complex conscious, it is the father who is sitting behind him and threatening him with castration. Hence in 'remembrance' too the resistance is directed against the re-experience of a dangerous object relationship.

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The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

King David's Anger

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To cite this article: Henry P. Laughlin (1954) King David's Anger, The Psychoanalytic Quarterly, 23:1, 87-95, DOI: 10.1080/21674086.1954.11925937

To link to this article: https://doi.org/10.1080/21674086.1954.11925937

Published online: 05 Dec 2017.

KING DAVID'S ANGER

BY HENRY P. LAUGHLIN, M.D. (CHEVY CHASE, MARYLAND)

For the original account of 'King David's anger', we turn to the familiar Biblical story of David and Bathsheba.[1] David spied the beautiful Bathsheba bathing while her husband Uriah was away at war in the King's service. David took Bathsheba for himself and arranged for Uriah to be killed on the battlefield. Nathan, the wise prophet, forcibly pointed out the King's conduct to him by a parable.

> There were two men in one city, the one rich and the other poor. The rich man had exceeding many flocks and herds. But the poor man had nothing, save one little ewe. . . . It grew up together with him . . . eating of his own meat and drinking from his own cup, and lay in his bosom and was unto him as a daughter.
>
> A traveler came to visit the rich man; but the rich man would not prepare for him an animal from his own large herds. Instead he took the poor man's lamb.

The King's reaction to hearing this parable was immediate and strong: '. . . David's anger was greatly kindled against the man; and he said to Nathan, . . . "As the Lord liveth, the man that hath done this thing shall surely die. And he shall restore the lamb fourfold, because he did this thing and because he had no pity."

'And Nathan said to David, "Thou art the man". . . .'

The pitiless and powerful rich man as described by Nathan

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Read at the annual meeting of the American Psychiatric Association, 1952, and before the Maryland Psychiatric Society and the Southern Psychiatric Association.

Acknowledgment is made to Dr. Sidney Berman, Dr. Jean G. N. Cushing, Dr. George C. Ham, Dr. Robert T. Morse, Dr. Wendell S. Muncie, and Dr. Douglas Noble for their helpful comments and discussion.

[1] II Samuel, 11, 12.

kindled great anger in the heart of David. In other circumstances he might have had some hostile feelings toward the rich man—even as we might also. It is unlikely, however, that such intensity of anger—accompanied by a judgment of death for the offender—would ordinarily appear in a person accustomed to being a judge and hearing frequent recitals of all manner of crimes. This is so despite the relatively greater seriousness of wrongdoing involving livestock in a largely pastoral people.

It seems clear that David's real anger was toward himself. He already bore a large burden of self-disapproval, which he may have attempted to deny, for his actions with Bathsheba and Uriah. This repressed condemnation of himself could be freely expressed as hostility toward the rich man in whom unconsciously he saw himself. The harsh judgment resulted. Nathan wisely, perhaps intuitively, understood this and so constructed the parable that David was made to recognize consciously how much he really disapproved of what he had done.

This anger and indignation of David toward the rich man is the classical example of a clinical and social phenomenon which is fairly common in less striking forms.

It often happens that we suppress awareness of disapproved traits or behavior in ourselves and at the same time have an acute or even hyperacute awareness of and condemnation for the same traits or behavior in others. We see such suppression of awareness, for example, in the driver who condemns others for the same errors on the road that he is oblivious to in himself, and in the business man who denounces others as slow to pay their bills, forgetting his own occasional delinquency in repayment of loans. In other more marked instances the disapproved segment of oneself is repressed, and this repression may be accompanied by conscious forces in direct opposition to the repressed drives. For example, the person with a strong, repressed homosexual drive often is particularly vigorous in his denunciation of homosexuals. At times such persons have led

campaigns against homosexuals in civil and military life. It is not entirely by accident that certain enforcement officers are selected by homosexuals for advances which lead to their apprehension. Here the outward and conscious efforts reenforce the repression.

Attributes or motives may be assigned to another person by projection. These may be approved or disapproved characteristics of oneself. This projection may be facilitated when identification occurs because of unrecognized physical resemblances or similarities of character and behavior.

These two processes, suppression or repression of self-criticism and projection, are combined in 'King David's anger', which may be defined as *a reaction in which the unconscious disapproved segment of oneself is consciously experienced as dislike for another.* X unconsciously recognizes similarities to himself in appearance, character, and behavior, in varying proportions, in Y. X then unconsciously identifies himself with Y. X has conscious feelings only of unexplained dislike for Y; he has unconsciously transferred some of his own self-disapproval to Y. In this manner the hostility and negative feelings may more 'safely' be allowed expression than if they were directed against the self. The dislike of X for Y can amount to hatred, disgust, or revulsion. Aware only that he dislikes Y, X may rationalize this dislike by imputing to Y undesirable motives, attributes, or feelings. Careful observation will often reveal that these characteristics imputed to Y are in reality the very qualities that X unconsciously recognizes and disapproves of in himself. He projects them upon Y.

Concealing recognition from ourselves of something we disapprove is protectively intended. But regardless of the degree of success of repression, it is doubtful whether we really achieve freedom from self-disapproval. Successful repression of the cause may instead leave us with unattached self-critical feelings. They contribute to the lowering of self-esteem. When the cause is lost to consciousness, its recall is a prerequisite to resolution.

Sometimes pointing out this reaction may be helpful in treatment.

A thirty-five-year-old patient brought an alumni bulletin to a treatment hour. Showing me a picture of a man of about his own age, he expressed the inexplicable repugnance he felt toward the man pictured—hitherto unknown to him. The picture was of a rather pleasant but determined appearing person with strong features and a prominent high-bridged nose. He was cited for his work in directing a fund raising campaign. There was a distinct physical resemblance to the patient, of which he was not aware. Speculating about his repugnance, the patient thought the man too aggressive, contemptuous of others, too much interested in money, and one who would bear watching as a sharp dealer. Perhaps his success in the campaign was due to chicanery.

When I told my patient of the similarity in appearance, I was met with denial. His initial strong resistance to seeing the likeness gradually turned into surprised recognition. Only after some time was he able to understand that he had transferred parts of his own self-disapproval to the man pictured. The characteristics ascribed to the unknown man were actually his own. Unconscious recognition of the physical resemblance led to identification. The patient's attributing his own unlikable characteristics to the man seemingly occurred as a rationalization of the otherwise unexplained feelings. Understanding this process was an important milestone in his therapy.

A brilliant professional worker, although highly competent in his field, alienated many influential people by difficult character traits. He pushed people aside, misused power, and secured special privileges. All this he attempted to keep acceptable to himself since 'the end justifies the means'. He resisted awareness of the destructive effects to himself and to others. One day he reported to his therapist[2] his resentment toward an entertainer. In angry tones he described the singer as forward, overbearing, and subjugating other singers; as seeking power

[2] Dr. Lester L. Burtnick, who contributed this example.

and position at the expense of others; and as striving for status. These traits he repeatedly condemned in strong terms.

The patient was able to acknowledge his facial resemblance to the singer. He reported the shame he had felt about his own large mouth, particularly in early life. In compensation, he had developed a habit of sucking in his lips. He was much less ready to see how the personality of the singer resembled his own. He was later able to report, however, 'It's my resentment toward myself. Something I don't like about me that I'm seeing in him.'

Sometimes it is difficult or impossible to secure insight. Attempts to do so may best be deferred, particularly if the initial denial has been violent.

A patient whose personality was marked by aggressiveness, domineering relationships with others, and arbitrary interpretation of regulations, came to a treatment hour visibly agitated. Torn by thinly veiled rage, he described his angry response to the movie, Detective Story. His relaxation on entering the movie theater was quickly dissipated with the appearance of Kirk Douglas as the principal actor. Douglas, a middle-sized, athletic, rather serious man, with regular features, who often plays tough 'he-man' roles, bore considerable but unrecognized physical resemblance to the patient. In the movie Douglas plays a tough detective, vigorously engaged in stamping out crime. Obsessed by his prejudice against any kind of crime, he is relentless in handling the wrongdoer. The law is dispensed in a highhanded manner.

As the movie progressed, the patient became increasingly enveloped in a bristling cloak of hatred for the detective. He became agitated and could hardly keep his seat. The movie became reality to him. He had ideas and impulses about various kinds of violent death for the detective portrayed. Unable to continue watching, he rushed out. That night he could not sleep. He felt tense and was overheard by others grinding his teeth. He reported with intense feeling how he entertained fantasies of killing the detective. His agitation subsided after several days. It was not considered advisable to

deal directly with this episode in therapy. After six or eight months, other data relating to these elements of character structure had been observed. The patient was able to tolerate the incident sufficiently by this time to consider some of its importance to himself.

The patient unconsciously established identification; the physical resemblance responsible was strongly fortified by similarities portrayed in the character on the screen. The rejected part of the patient was seen in the screen characterization which then became the object of his anger. This anger could more safely be recognized in relation to an externalized self. In this instance the response was undoubtedly re-enforced by further identification with the father who had been regarded as dispensing family rules arbitrarily.

Several physicians at a social gathering were watching a television program. When a certain quartet was announced one of the audience became flushed and clenched his fists. Turning his back to the television set, he stated in angry tones that he could not bear the leader of the quartet. He could not quite understand it, but something about the man was repugnant. As he expressed his strong feelings, the other watchers were struck by the close similarity of appearance in the two men, both of whom have unusual features and mannerisms. The physician told how his dislike had grown until he could no longer stand the sight of the man. He found his voice very disturbing. The audience was startled by the bitterness of his feelings, accompanied as it was by the marked resemblance. The doctor was oblivious to this resemblance.

In other examples, physical resemblance does not exist, or plays only a minor part. Instead, similarities in character traits and behavior initiate an intense response, as in the story of King David.

A patient had reported incidents in which he had 'taken the law into his own hands'. He had behaved in highly arbitrary fashion, often riding roughshod over others. He defended this behavior by saying, 'this is best for all concerned', or,

'I know what is really the best thing to do'. While visiting the Smithsonian Institution, he heard a guard scolding a group of adolescents for running through the revolving door. He was instantly furious. He wished to assault the guard and could hardly restrain himself. Reporting the incident later, he fumed at the guard for his 'misuse of authority'. The guard was 'crude and loud, and wasn't conducting himself in a way consistent with his position'. It was 'a breach of dignity'. He was 'behaving like a bulldozer—riding roughshod over others in a damn arbitrary fashion'. Everything had seemed fine that Sunday, 'but you know, Doctor, that incident spoiled the whole day for me'.[3]

This patient was most resistant to seeing that the hated characteristics he angrily ascribed to the guard were also present in himself. Finally he said, 'It was like me talking. It was like me seeing myself in the guard and I guess I was seeing how foolish I looked and what I hated in me.' The authoritarian behavior of the guard had triggered the intense emotional response. He hated the guard for manifesting a tendency he unconsciously recognized in himself.

One person may consciously or unconsciously provoke 'the king's anger' in another to achieve some end. In the following example an apparently meek and docile patient did so partly to 'punish' an aggressor.

A woman patient aged thirty-four was involved in a destructive affair in which she suffered many kinds of indignity. One night she felt 'impelled' to tell her friend Joe of an earlier relationship with a man, adding that he had once been convicted of a sexual offense. Joe falsely assumed that the offense had been forcing sexual relations upon a woman. He was instantly furious. He berated the man in harsh and exaggerated terms. The angry tirade was occasionally interrupted to condemn the woman for associating with so evil a person.

I believe my patient must have been unconsciously aware of the effect her revelation would have on Joe, who had himself forced her into sexual relations several times by violence and

[3] This example furnished by Dr. Arthur G. Law.

threats. He had shown no self-reproach. His anger on this occasion, however, was the external manifestation of his basic attitude toward his own aggressive and punitive behavior. He was reacting to a picture of himself presented to him with intuitive understanding by the patient.

Positive and negative feelings toward another person caused by the King David reaction are usually hard to see. The mechanism is unconscious, and has a protective and defensive function; hence it is difficult to work out with our patients.

Positive responses of a similar kind exist. Narcissus fell in love with his image, and died unaware that it was his own. Positive responses may be less striking, or perhaps they seem less frequent since they are less disturbing and are taken for granted. Less emotion and conflict are involved about things in ourselves of which we approve.

This suggests the hypothesis that *our attention is selectively directed toward those qualities in others over which we have greatest concern or conflict in ourselves.* This principle may perhaps also in part determine what sorts of person we interest ourselves in.

The King's anger involves a channeling of hostility, the re-direction of negative feelings outward. Hatred is drawn away from the infantile, the demanding, the dependent, the disliked parts of ourselves, and from the internalized 'bad' parent, and is directed instead with all possible vehemence toward another person. The King David reaction may be regarded as a complex process designed to re-enforce repression.

What are the limits for expression of this projected hatred? King David decided the rich man must die. The patient who identified himself with the detective in the movie entertained fantasies of murder. We know that often the suicide kills himself partly because he feels guilty and hates himself. In murder an unconscious factor can be destruction of the hated but projected segment of the self. This mechanism may enter

into the occasional instances where there has been an impulsive murder of a total stranger.

SUMMARY

King David's anger derives its name from the Biblical story of how David was led by a parable to perceive his own iniquity. The King David reaction is a complex psychological process which involves the unconscious employment of several mental mechanisms. These are primarily identification, projection, and rationalization. By their use, repressed self-condemnation and disapproval are transposed into feelings experienced subjectively as dislike for another person. The strength of these feelings may be poorly understood by the person concerned, who may explain them to himself or to others on the basis of ascribed attributes (projection) which then appear to be the basis for his condemnation and dislike, or even hatred.

This pattern of reaction may also be the basis for certain otherwise unexplained positive feelings and attractions toward another person. In both, the process may be facilitated by unrecognized elements of physical resemblance, as well as by actual similarities in character and personality traits. The King David pattern of reaction is not very common in its more pronounced form, several clinical examples of which have been presented in illustration. Their recognition and interpretation can, however, be useful in psychoanalysis. This reaction can help explain a hypothesis offered as to the selectivity of direction of our interests in and toward other persons.

The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

Selected Papers. By Ludwig Jekels, M.D. New York: International Universities Press, Inc., 1952. 201 pp.

Edith Weigert

To cite this article: Edith Weigert (1954) Selected Papers. By Ludwig Jekels, M.D. New York: International Universities Press, Inc., 1952. 201 pp., The Psychoanalytic Quarterly, 23:1, 96-134, DOI: 10.1080/21674086.1954.11925938

To link to this article: https://doi.org/10.1080/21674086.1954.11925938

Published online: 05 Dec 2017.

BOOK REVIEWS

SELECTED PAPERS. By Ludwig Jekels, M.D. New York: International Universities Press, Inc., 1952. 201 pp.

The first of Ludwig Jekels' selected papers is a pathographical sketch, The Turning Point in the Life of Napoleon I, first published in 1914. According to the author, Napoleon's passionate and ambitious patriotism stemmed from a deep incestuous mother fixation. A suspicion that his mother might have had an illicit relation with the French governor of Corsica, Marbeuf, nourished Napoleon's lack of respect for feminine loyalty, his need to be betrayed, his vindictive contempt of women. The relentless zest for conquest had its roots in Napoleon's œdipus conflict; an intense ambivalence in his relation to paternal heroes made him turn from intense adoration to ruthless competition. This pathographical paper throws interesting lights on the development of Napoleon's extraordinary personality.

The Sense of Guilt was first published in 1932. It is based on reported episodes of two masochistic patients. Jekels comes to the conclusion that the sense of guilt is not only a source of pain, a masochistic gratification, but also the carrier of a highly important social function. It provides the impetus for renewed efforts of Eros in its struggle with the death instinct. It stimulates the instinct of mastery or aggression which is active in work, and redeems the selfish individual by reconciling him with the goals of humanity. Loved by the gods, by his superego, the individual is freed from guilt.

In The Psychology of Pity (1930), Jekels differentiates between a passive, masochistic, sentimental form of pity which submits to castration anxiety, and an active reaction-formation which heroically surmounts the course of suffering.

On the Psychology of Comedy (1926) points out the victory of the son over the father in a variety of comedies. Comedy is related to tragedy as mania to melancholia. The guilt of the œdipus conflict is dissolved in an experience of liberation from tyranny, in a very ecstasy of freedom.

Two papers (1933, 1943) are devoted to a psychoanalytic study of Shakespeare's Macbeth. The legend of Macbeth contains the contrast between sterility and generative power. The guilt in relation to the father is vindicated in relation to the generation of sons. Shakespeare had experienced the loss of his son as a retaliation of fate. The sterility of Queen Elizabeth is interpreted as a punishment for the murder of the mother substitute, Mary Stuart, whose son succeeded Elizabeth on the throne of England at the time when Shakespeare wrote the tragedy of Macbeth. In this tragedy both Macbeth and Macduff are rebellious sons who experience fate's retaliation in being deprived of a male descendant. In psychoanalyses the duplication of psychic scenes is frequently expressed in remembering and acting out. The synthesis strengthens the ego.

The Psychology of the Festival of Christmas (1936) illustrates the great cultural revolution of Christianity, the ascendance of God, the Son in competition with God, the Father. This struggle is reflected in the discussions between Arius and Athanasius; and the setting of Christ's birth at the end of December identifies the Son God with the renewed sun, the Christmas festival with the Saturnalia, the Roman feast of ecstasy, the victory over the paternal deities.

The last two papers of this selection were written with Edmund Bergler. Instinct Dualism in Dreams (1940) uses the dreams of wish fulfilment and the dreams of punishment as proof for the instinct dualism, Eros versus Thanatos. In Transference and Love (1934) both authors see in love, as well as in transference, an attempt at recapturing narcissistic unity which transcends the sense of guilt and separation anxiety. In the experience of love the ego ideal, a displaceable, neutral or desexualized energy, is projected onto the object and reintrojected into the ego, thus strengthening the ego and disarming the cruel demon superego, characterized by 'you ought to' and 'you must not'. In the transference, not only the ego ideal but also the demonic part of the superego is projected onto the analyst. In the analytic process a reshuffling of narcissistic and object libido takes place with the aim of strengthening the ego.

This selection shows Jekels' masterful integration of his psychoanalytic with his philosophical and literary knowledge.

EDITH WEIGERT (CHEVY CHASE, MARYLAND)

THE GATES OF THE DREAM. By Géza Róheim, Ph.D. New York: International Universities Press, Inc., 1953. 554 pp.

A certain personal interest is attached to the fact that Géza Róheim saw the first copy of this book just before his death, and that he begins his Introduction to it with a query, Has my life really been in vain? For he had been seriously asked by one of his oldest friends, Is there such a thing as psychoanalytic anthropolgy?

That was a question which must have continually exercised him, for he made repeated attempts to get anthropologists to understand what psychoanalysis might mean for them, and to get analysts to see the richness of anthropological data. Consistently psychoanalysis for him provided a store of basic theory, empirically established, and anthropology seemed more a field for its practical application. Yet, he did not admit that clinical analysis was the sole font of analytic knowledge, maintaining that even fine points of instinct psychology, ego psychology, or the dream, might be learned as readily from myths and folkways.

The Gates of the Dream shows an awareness of this, for the material presented, save for the first chapter, is largely anthropological. Whereas the first chapter is called The Basic Dream and deals directly with the problem implied in that phrase by an attack on clinically collected dream material, the other chapters are entitled and have as their subject matter, Animism, Dreamers and Shamans, *Descensus Averno,* The Song of the Sirens, The Nature of Ogres, The Way Back (in certain myths of the other world), Mythology (The Creation Myth, Castor and Pollux, Vesical Dreams and Myths, The Water Carriers in the Moon), The Danaids, Ghosts at Midnight, and Œdipus Rex. The mention of these headings alone reminds us of the breadth of Róheim's culture. Their contents are as vastly erudite as all of Róheim's previous writings have led us to expect.

The reviewer first heard of Róheim's theory of the 'basic dream' privately and in a way very characteristic of Róheim, for it combined his fencer's directness and his love of the classics. 'What do you mean', he said, 'that dreams come from the mouth? Don't you know about sleep and the two gates of horn and ivory? That's the uterus!', and he quoted Vergil's beautiful lines. Elliptically, this is the theory of the basic dream outlined in the first chapter. According to Róheim's assumptions, there is in dreaming, under

all the obscuring manifest content, a more or less clear reference to the fact that the dreamer has fallen asleep. This reference, moreover, has a very specific content, for the dreamer is always depicting the going to sleep as a return to the mother's womb with himself as a phallus. The raw stuff for this idea is the experience of going to sleep, to be found in hypnagogic fantasies, which if not interrupted by anxiety or not repressed, 'reveals the existence of a basic dream valid for mankind in general and also gives us new insight into the nature of dreaming'. The clinical and anthropological material which he then presents does in fact demonstrate the presence of such fantasies.

The explanation of them brings him head on into some ideas propounded by the reviewer, and Róheim meets them vigorously and fairly. He believes with Ferenczi that the body-phallus equation is something unshakeable in the unconscious, and presumably due to the inherent biological nature of man. He believes the same for the idea of being in the uterus, and he frankly states that he does not understand why Freud used the word *fantasy* in the passage, 'In many dreams, usually connected with anxiety, we find the narrow passage into a room or water. They are based on fantasies of intrauterine life or birth.' For Róheim it seems obvious that this was a description of sleeping or dreaming itself. Ferenczi's idea seems to him to be practically a datum. Thus it is that he objects to alternative oral interpretations of Abraham, Fenichel, and the reviewer. It appears to the reviewer that Róheim here did not appreciate the special significance of the empirical material with which the three persons mentioned were dealing, where the phallic material was either absent, minimal, or secondary, nor was he impressed as much as they by the problems centering about the nursing situation. He lays greater weight on genital symbols than on such data as appear in one of the dreams he recounts where a man is in a river of milk, and he is apparently more impressed by the reports of Halverson, Greenacre, and others, which establish that erections are present at birth, than he is by the predominant role of orality in early infancy. The clinical material he marshals does yield to his interpretation of phallic intentions and intrauterine fantasy; whether it really proves his basic thesis of the meaning of sleep and the dream, each will have to judge according to his thoughts and experience, though the reviewer's would be contra. In this chapter are included many descriptions of myths

and dreams of savages, primitive theories of the dream, related or interpreted from the myths, the perusal of which is most enriching.

The chapter on Animism contains an interesting collection from the literature and of the author's own field-work concerning the spirit or soul, which is supposed to leave the body during sleep and engage in magical and other activities; that is, the soul is the person in a dream, and this experience is said by some of these people to be the reason, apart from what their fathers have told them, that they believe in the existence of their own spirit or that of others, including the dead. For they meet them in their dreams. The dream therefore tells them what the soul can do and what dangers the soul may run. But this soul may be represented by a snake or other phallic symbol and engage in genital actions, real or symbolic. There is quite a bit of primitive awareness, in many different lands, that the phallic symbol is both self and phallus. Róheim believes that his idea of the basic dream is corroborated by this widespread agreement.

Prevalent ideas, that there are many souls of different form and function in the same individual, seem to fit the well-known circumstance that the dreamer may be represented more than once in a dream, and in the next chapter, Dreamers and Shamans, the role of the shaman as religious and dream interpreter, and the myths derived from this fact, are elucidated. The appearance of animals in dreams, given totemic or mythical interpretations here, are little different from the animals in the dreams of all of us. This should not sound strange to analysts, for it was due to the similarity between certain infantile zoöphobias and certain savage attitudes to animals that Freud could formulate Totem and Taboo. In both of these chapters, as in some to come, the material is almost entirely anthropological, presupposing in the reader an acquaintance with the theory of dreams. There are many dream interpretations, made in the field, on the basis of the medicine men's free associations, which link very well the folk beliefs with what we know of dreams. The reviewer has no special authority in anthropology, but suspects that Róheim's method and results deserve the closest attention of his colleagues in that field. In the ensuing chapters the author continues pointing out how much of the primitive's culture is derived from dreams.

'If we regard the soul as a concept derived from the dream, it follows that our ideas about the other world must also be based on

our dreams', he points out, and documents this impressively in the chapter on the *Descensus averno,* the journey to the Underworld, so often met with in legend, epic, and in unconscious fantasy. The Underworld, again, is fundamentally the place where we go in a dream, the mother's body, or perhaps one's own body later on. But Róheim's special point of view in no way obtrudes itself in this splendid and informative exposition.

The interesting legends and stories collected under the other chapter headings are also used to point out in what way they refer to sleeping, dreaming, and waking. The river that must be crossed is a threshold in Silberer's sense; the mystic lakes, and the sleep and death fantasies clustering about such figures as the Sirens, and the Ogres who go about at night, devouring and castrating and otherwise producing anxiety, sometimes with their female colleagues, the witches, and the obstacles set in the path of those who are on the Way Back (like Orpheus) picture oneirically important situations, including waking stimuli, and in fact many situations described in The Interpretation of Dreams. So too for the Creation Myth, whose core is a dream, 'actually dreamed once upon a time by one person' and then passed on by tradition to become a myth or a creed. Castor and Pollux and their analogues, as in dreams, are convenient for double representation (here the reviewer misses what has been said of *twins* and their meaning in free associations). Vesical dreams are set alongside of their mythic parallels, and here Róheim uses excellent examples from both areas of his knowledge. Myths concerning the Water Carriers in the Moon are recorded from sixty-four sources, which Róheim uses to test the idea of the diffusion of myths as compared to his idea of dreams. He concludes that the moon myths are essentially versions of genital and oral regressive dream fantasies. The Danaids are acting out a punishment dream. Dream interpretations are given of Ghosts at Midnight, the Wild Huntsman type being related to the primal scene, as are the Haunted Mills, especially those haunted by virgins, which are full of castration menaces for nighttime doings and full too of hints at the primal scene. Finally, and very properly, Œdipus Rex appears in a special chapter, for it was this mythical figure who did so much for the theory of dreams.

The reviewer is again profoundly impressed and instructed by the vast amount of material packed into these chapters, of which the bare and compressed statements of this review can give no inkling.

Róheim did himself an injustice by insisting that he was documenting a special theory; for whether his particular idea of the 'basic dream' is correct or not, the book will stand on its own feet. It is a masterly application of dream theory to mythology, with many new special interpretations and ideas. In this, alas, final volume he has taught us many things.

B. D. L.

DYNAMIC PSYCHIATRY. Edited by Franz Alexander, M.D. and Helen Ross. Chicago: University of Chicago Press, 1952. 578 pp.

Had this substantial volume been published without a title, most readers would close it with the impression that it was intended as a compendium of psychoanalysis; for with the exception of two chapters, one on the principles of psychiatric treatment and the other on some relationships between social anthropology and psychiatry, the book consists almost exclusively of a general account of psychoanalytic concepts and theories, a review of the application of these concepts and theories in the field of clinical psychiatry, and a broad assessment of the influence of psychoanalysis on psychosomatic medicine, clinical psychology, animal psychology and contemporary thought, including among this last the fields of religion, literature and economics.

Apparently this was not the first intention of the editors, who not only elected for the title Dynamic Psychiatry but maintain in their introduction that dynamic psychiatry is a new and multidisciplined science, the outgrowth of a 'sixfold scientific cross-fertilization' between clinical psychiatry proper, social psychiatry, experimental psychology, animal psychology, psychosomatic medicine, and child psychiatry. Further, the editors hold that the advent of this dynamic psychiatry is liquidating the isolated existence of psychoanalysis.

These claims put the psychoanalytic reviewer in something of a quandary. If he takes the editors at their word, it is his duty to give the reader some brief outline of the new science. And here he is handicapped by the fact that whereas the principles and methods of psychoanalysis are exhaustively set forth in this book, there is only the most sketchy account of the theories and practices of the other disciplines, with the possible exception of the section on social anthropology which, being written by Margaret Mead, gives

an adequate idea of the configurationist and culture-pattern approach on which a good deal of modern school-anthropology is based. He is further handicapped by the fact that no account is given of vital differences in principle and approach as between the various disciplines enumerated.

If, on the other hand, he comes to the conclusion that a multidisciplined approach to any given subject is no more than a multidisciplined approach, an organization of method which does not so far constitute a new science, and, if further, he believes that the strength of a multidisciplined method is the strength of its weakest link, the reviewer has no alternative but to regard the book as the latest and most ambitious of many attempts at a comprehensive presentation of psychoanalysis, and to review it accordingly.

On due consideration it would seem that the editors' claim to have assisted at the birth of a new science must be disallowed, and that, however desirable it is to continue to encourage the infiltration of general psychiatry, psychology, and sociology by psychoanalytic concepts, it is no particular service to any of the sciences concerned to imply the existence of a new consensus which, closely examined, is largely a reiteration of the multifarious uses of psychoanalysis. For if the editors of Dynamic Psychiatry will excuse the homely comparison, the book is strongly reminiscent of the excursion of the lady which, it will be recollected, ended with a smile on the face of the tiger, in this case of course six lusty but rather reluctant maidens.

The choice of title is the more unfortunate in that, taking it all in all, the book contains some very good resumés of different aspects of psychoanalysis, and should find a permanent place among books of psychoanalytic reference. In spite of being what the editors, with barbarous disregard of our common tongue, describe as 'a multiauthor book', it has only a few of the disadvantages of the encyclopedic approach. The various contributors are equally well versed in psychoanalysis and in their special subjects, write well and clearly, give evidence of having thought along common lines, and provide copious lists of references chosen with more discrimination than is usual in a book of the kind. And it has clearly been edited with care, and a consistent idea of its own purpose.

Of Part I, which is intended to cover the concepts of Dynamic Psychiatry, it may be said with fairness that it gives a pretty

sound outline of psychoanalytic theory. Here and there controversial material is introduced, as in the first chapter by Alexander where he introduces theories covering certain modifications in classical analytic technique which he described in conjunction with French in their Psychoanalytic Therapy. Otherwise the only criticism that might be made of the section as a whole is that it holds almost too conventionally to standard patterns, and does little to fill in the gaps left by Freud in his first great outlines of mental development. The limitations of the clinical approach are most obvious in the case of Therese Benedek's survey of Personality Development.

Part II on Clinical Psychiatry begins rather weakly with a brief survey by Alexander and Shapiro of Neuroses, Behavior Disorders and Perversions. For a book of its size this chapter is much too scrappy and omits to give any outline of the *processes* of symptom formation without which the student can form no idea of the essential distinctions between these types of disturbance. In any case the time is past when we can be content with such vague subdivisions of behavior disturbances as 'neurotic character', 'fate-neurosis', 'psychopathogenic personality', and 'impulse ridden character'. These two particular pages of definition show psychoanalytic classifications at their most academic.

A similar lack of clinical perspective is shown in Gerard's section on Emotional Disorders in Childhood. To be sure she does outline briefly the various clinical groups of child disorder, but the greater part of the chapter is devoted to a rather amorphous description of disturbed reactions, strung on the general theme of developmental phases, which is very good as far as it goes. It does not, however, go far enough to rescue the student from confused impressions.

For the rest an excellent article by Brosin on the contributions of psychoanalysis to the study of organic cerebral disorders is followed by two chapters on the psychoses, one by Whitehorn, the other by Brosin, and a lengthy discussion of principles of psychiatric treatment by Levine. Whitehorn's description of the 'psychodynamic' approach to the psychoses, though not very clearly documented, boils down to a plea for an individualized approach to the total personality of the psychotic with a view to making understanding contact with his special emotional problems and weaknesses. His claim that such an approach has a beneficial effect will

scarcely be contested; although by the end of the article it will be clear to the reader that psychodynamic influence 'along the lines of the general dynamics of human nature', however much it may be regulated by psychoanalytic understanding, must be rated primarily as 'countertransference' or 'rapport' therapy.

This stress on a current 'dynamic' as distinct from an exclusively 'genetic' approach is really the text of Levine's article on the principles of psychiatric treatment. The scope of the article, as the author clearly indicates, is much wider than that of psychoanalysis, which is classified, incidentally, as one of the forms of 'expressive psychotherapy'. But Dr. Levine is at pains to indicate how transference and countertransference operate in all types, and to emphasize in all cases the importance of the 'corrective emotional experience' the patient may gain in the theraputic situation. In this connection he advances a 'three-layer concept' of defenses and indicates the varying policies that should be pursued by the therapist when dealing with each of these layers. From the point of view of psychoanalysis, however, Dr. Levine's rather elaborate subdivisions tend to obscure a more fundamental and more essential classification of psychotherapy into two main groups, viz.—transference therapy and psychoanalysis; and, as has been hinted earlier, this is one of the chapters in which psychoanalysis takes a back seat. One is left with the uneasy feeling that his gentle gradation of technical approaches will more likely than not have the ultimate effect of obliterating the fundamental dynamic distinction between psychoanalysis and all other methods of treatment (including such pseudoanalytic devices as 'brief psychotherapy', 'psychoanalytically oriented psychotherapy', 'narcotherapy', and 'hypnotherapy'). For example, when describing the rationale of the 'corrective emotional experience' in the case of 'relationship therapy', Levine says that 'fundamentally, a relationship therapy provides the therapist with an opportunity to behave in a fashion different from the behavior of the patient's parents'. Yes, but the patient's next door neighbor has similar opportunities and often exercises them without, however, providing the patient with a 'corrective emotional experience'. In short it is essential to distinguish the 'corrective emotional experience' pursued as a form of 'rapport therapy' from, on the one hand, purely social influence and, on the other, the 'corrective emotional experience' that may develop in the 'psychoanalytic situation' without any active behavior on the part of the analyst

and subject to transference analysis and resistance analysis. This is no criticism of the relative therapeutic merits of a 'dynamic' and of a 'psychoanalytic' approach. In many cases no doubt a 'dynamic approach' is all that can be achieved; and in many cases no doubt the therapeutic result is entirely satisfactory. Nevertheless it is essential to preserve the distinction between transference therapy and psychoanalysis.

The last part of the book, Part III, entitled The Influence of Psychoanalysis on Allied Fields, should have been divided into two parts, the first of which, on psychosomatic medicine and on clinical psychology could have been included in Part II, and the second relegated to an Appendix, or perhaps dealt with in a separate volume. The relation of psychiatry to anthropology (Mead), to animal psychology (Levy), and the influence of psychoanalysis on current thought (Brosin), though fascinating subjects with which the 'dynamic psychiatrist' should have at least a nodding acquaintance, have no close bearing on the problems of 'dynamic psychiatry' with which the book is mainly concerned. There is, however, some advantage in ending the book with a chapter which describes how psychoanalysis can interpenetrate other fields rather than with a description of how 'dynamic psychiatry' can infiltrate psychoanalysis. In fact the 'sixfold scientific cross-fertilization' described by the editors proves on closer examination to be an experiment in compulsory symbiosis, the result of which remains to be seen but can be readily surmised.

EDWARD GLOVER (LONDON)

THE PSYCHOANALYTIC STUDY OF THE CHILD, VOLUME VII. New York: International Universities Press, Inc., 1952. 448 pp.

Those of us who have come to depend on the volumes of The Psychoanalytic Study of the Child as essential reading will find Volume VII equally indispensable. It follows the standard of diversity of subject matter, creativeness of research, and excellence of writing and editing. Among the eighteen contributions, many of multiple authorship, the majority are primarily clinical, the case presentations precise and instructive, and several superbly blend clinical data, theory, and technique. The last quality is conspicuous in Margaret Brenman's On Teasing and Being Teased: And the Problem of Moral Masochism.

It would be impossible meaningfully to summarize the contents of this volume, and to review the contributions of the old 'reliables' in this journal might be superfluous. I have in mind particularly the first section devoted to the symposium, held at the Seventeeth Congress of the International Psychoanalytic Association in Amsterdam in 1951, entitled The Mutual Influences in the Development of Ego and Id, in which the participants were Heinz Hartmann, W. Hoffer, Anna Freud, Melanie Klein, S. Nacht, W. Clifford M. Scott, and H. G. van der Waals.

There are four stimulating papers on the emotional problems related to illness and hospitalization of children for common surgical operations. Bowlby, Robertson and Rosenbluth's A Two-Year-Old Goes to Hospital is of particular interest as part of a wider research at the Tavistock Clinic on The Effects on Personality Development of Separation from the Mother in Early Childhood.

Selma Fraiberg's A Critical Neurosis in a Two-and-a-Half-Year-Old Girl is a lucid exposition of overdetermination of symptoms and the importance of timing in determining the pathogenicity of traumatic events. Within a short span of time a brother was born and the little sister observed her mother's use of a sanitary napkin. She was given an explanation of the napkin which confirmed the child's belief that females are mutilated. This study moreover makes a valuable contribution to the development of depersonalization from disturbances of the sense of reality.

The Œdipal Problem of a Fatherless Child by Margaret L. Meiss is a unique report of the analysis of a five-year-old boy whose father died two years previously. The child's conception of an angry father dovetailed with his belief that his father lived in Cockadoodle Land (a kind of heaven) where the mother met the father at night and they kissed: 'With this information, it was easy to understand why Peter could not sleep but prowled about the house after his mother had retired'. While Peter's insomnia and fear of his father stemmed from a rivalry antedating the father's death, his fear that his mother would die seemed to be directly related to dread that the mother would join the dead father, deserting the son.

Gerald H. J. Pearson's A Survey of Learning Difficulties in Children is a monographic work which will probably become a standard reference for psychiatrists, psychologists, and educators. Psychoanalysts may well ponder over Pearson's sober reminder that '. . . when there is so much emphasis on the importance of intra-

psychic processes in all phases of medicine and education, psychiatrists tend to become overenthusiastic about dynamic intrapsychic processes to the complete neglect of physiological and organic processes, for which they seem to have a psychic blind spot'.

The Use of Psychoanalytic Constructs in Preventive Psychiatry by Lindemann and Dawes is recommended as a pioneer type of research in psychoanalytic mental hygiene.

The writers and editors of The Psychoanalytic Study of the Child are again to be congratulated.

H. ROBERT BLANK (WHITE PLAINS, NEW YORK)

THE YEARBOOK OF PSYCHOANALYSIS, VOLUME VIII. Edited by Sandor Lorand, M.D. New York: International Universities Press, Inc., 1953. 383 pp.

Following the pattern of its seven predecessors this eighth volume offers a number of previously published works portraying implicitly a cross section of the psychoanalytic literature of 1951. It contains twenty-four scientific contributions including delightful historical spotlights, stimulating theoretical formulations, valuable clinical advice, and intriguing excursions into allied fields. One might perhaps undertake a more detailed appraisal of the individual papers, but the critique of the present book appears to rest more profitably with the question of its value as a total unit and its intended service to the reading public.

When the first yearbook was introduced in 1945, the late A. A. Brill suggested in the one and only foreword that has ever prefaced any volume of the series: '. . . we agreed with Doctor Lorand that it would be wise to publish annually a volume consisting of psychoanalytic works which would be of interest to physicians, psychologists, anthropologists and laymen who have no access to all of the psychoanalytic publications'. Considering the exacting standard of the Yearbook, with most of its articles covering highly technical and specialized topics, it would seem that a reader would have to be actively engaged in psychoanalytic work and thoroughly acquainted with the current literature to profit materially from its intricate contents, and that conversely a reader without these prerequisites would gain but superficial impressions. It is plausible therefore to assume that an individual belonging to Dr. Brill's category had become familiar with most if not all of the papers when they were

first published in the professional journals, particularly since eighty percent of the twenty-four reprints had originally appeared in three periodicals of international renown. There can be no doubt that these were within easy 'access' to anyone through private subscription or library service thus assigning the volume largely to the status of mere duplication and hence presumably lessened demand. I cannot agree with a previous reviewer who hailed the yearbook's 'ample justification' from the premise that only few analysts have 'sufficient time and diligence' to peruse the yearly volume of the literature thus saving the yearbook from 'what might otherwise appear unnecessary duplication of labor and material'.[1] Actually, the experienced reader need spend but little time and effort to scan a journal for the most adequate selections, while the novice should welcome the opportunity to enrich his knowledge through ample reading and thereby develop his own acuity of judgment and election. To be sure, the student may confidently follow the yearbook's literary recommendations, but one wonders whether he could not obtain a more complete and economic guidance through the literature, possibly in the form of an official reading list from which expert advice concerning the merit of a given paper would be available currently instead of one to two years after its publication.

The chief value of this and subsequent volumes accrues perhaps from the fact that the yearly compilation of pertinent papers allows one conveniently to compare the annuals with each other and thus appreciate historically the progress and development of the various spheres of psychoanalytic interest and endeavor.

GERT HEILBRUNN (SEATTLE)

PSYCHOANALYSIS AS SCIENCE. The Hixon Lectures on the Scientific Status of Psychoanalysis. By Ernest R. Hilgard, Ph.D., Lawrence S. Kubie, M.D., and E. Pumpian-Mindlin, M.D. Stanford, California: Stanford University Press, 1952. 174 pp.

Five lectures 'to acquaint an audience of scientists from other fields with the basic principles underlying, and the basic evidence for psychoanalytic concepts' were delivered in 1950 under the auspices of the Department of Biology of the California Institute of Technology. The lectures fulfil their purpose admirably, and should convince any impartially sceptical scientist that psychoanalysis is

[1] Needles, William: This QUARTERLY, XXI, 1952, p. 107.

indeed to be considered one of the scientific disciplines, as well as to inform him in a general way of its principles and methods. The psychoanalyst who is interested in the problems of psychoanalytic theory and methodology will find in this little volume a stimulating and provocative presentation of the several authors' conclusions and speculations on these subjects.

The author of the first two lectures, Dr. Hilgard, is now dean of the Graduate Division, Stanford University, and was formerly chairman of its Department of Psychology. He presents experimental studies on humans and animals which he feels in general confirm or illuminate psychoanalytic observations or theories (not always completely correctly understood) on psychodynamics and psychotherapy. To read these two lectures is to realize anew what a revolution has been caused by the impact of psychoanalysis in the field of academic psychology in the United States in the last twenty years.

Kubie, author of the third and fourth lectures, and Pumpian-Mindlin, author of the fifth and editor of the whole book, are both psychoanalysts. The former, after a reminder that there is little value in having research workers demonstrate in the laboratory what any trained and unbiased observer can see for himself in nature whenever he takes the trouble to look, goes on to a lengthy list of research studies which he feels are needed to revise our present crude and unproved theories regarding the healthy and neurotic functioning of the human mind. He makes it quite clear that he himself has no specific protocol to offer for such research, but rather sets down the general minimal standards and criteria which any such protocol must meet. In his opinion the greatest boon to progress in this important field of research would be the establishment of a well-endowed institute of psychoanalytic research, staffed with analysts, psychologists, biologists, anthropologists, sociologists, biochemists, physiologists, and biophysicists who would be free to work out new methods to solve the problems which await solution. The reader will follow Kubie's discussion more readily if he realizes that it is based on Kubie's own theories of mental functioning. These theories differ considerably from Freud's latest formulations. As an example, Kubie characterizes the concept of defense mechanisms as fallacious and 'wholly unjustifiable'. In his opinion they are 'some of the many forms which the disguising process can assume'. Likewise, the entire structural hypothesis

(id, ego, superego) seems to him an unwise assumption. He feels it is more advantageous to follow Freud's earlier hypothesis concerning psychic systems: Cs, Pcs, and Ucs, and in his opinion neurosis results when the Ucs processes 'play a dominant role', whereas mental functioning is normal when Cs and Pcs processes play the dominant role.

Pumpian-Mindlin devotes himself more closely to the task of the exposition of the basic principles underlying, and the basic evidence for psychoanalytic concepts. He emphasizes particularly that psychoanalysis 'deals primarily with the nature and characteristics of "nonrational" elements in the human being'. In making this necessary point he goes rather too far, but probably the degree of exaggeration he employs is useful for the purpose for which these lectures were intended. For example, he says, 'the very thing [rational thought] which other fields use as a means of observation, psychoanalysis chose to exclude from its observation'.

In Pumpian-Mindlin's opinion, psychoanalytic data and theory are not at present subject to direct verification in the laboratory. It is rather 'the whole analysis' which is the experimental unit. As a valuable extra-analytic source of verification of some aspects of analytic theory, he recommends particularly the field of child development.

CHARLES BRENNER (NEW YORK)

THE MARK OF OPPRESSION: A PSYCHOLOGICAL STUDY OF THE AMERICAN NEGRO. By Abram Kardiner, M.D. and Lionel Ovesey, M.D. New York: W. W. Norton & Co., Inc., 1951. 396 pp.

This book is intended by the senior author as a further contribution to his studies in basic personality structure in general and to the basic personalities of the United States, specifically. His claim to originality in studying the effect of societies and institutional phenomena through the study of the individual is correct, however, neither for anthropology nor sociology. Indeed, even in the field of the sociology of the Negro, Dollard, in Caste and Class published in the early 1930s, took the individual as his starting point and used the method of the psychoanalytic interview.

The first chapters deal with the sociology of the white and of the Negro in America. The data are drawn from secondary sources. While those for the white are largely correct, they are thin and their

interpretation is oversimplified. To say, for instance, that the family is the one institution in our society where 'positive feeling and not utility, is the basis of interaction' (p. 21) is to overlook the role of other primary groups. The statement that in all Western culture sexual activity in childhood is denied and that this state of affairs is as old as Western culture itself is true only if one thinks of modern Western culture in urban areas.

The authors then present twenty-five studies of adolescent and adult Negroes and an analysis of the 'basic personality', which includes evaluations of Rorschach protocols and of some thematic apperception test material. A final chapter on the psychology of oppression deals in rather summary fashion with the effects on both groups of discrimination against the Negro by the white.

The core of the book is made up of the studies of the twenty-five Negroes of whom all but one were interviewed by Dr. Ovesey. On the basis of these studies the authors have drawn conclusions about the effects of oppression on the Negro and formulated their picture of the basic personality of the Negro. Twelve of the subjects were patients in psychotherapy, eleven were paid, and two were volunteers. From the information given it is not possible to reconstruct the number of hours each of the subjects was seen, but it appears that only one was seen for less than twenty hours.

The discussion is organized in terms of the social classes to which the subjects belong. The distribution appears to be: adults, lower class, five male and five female; middle and upper class, five male and six female; adolescents, middle class, two male and two female. There is no indication of how the subjects were selected beyond that a sufficient range of age and class was desired. An unknown number were West Indian and not American Negroes.

In several places the research is referred to as a pilot study and as a study of process rather than of incidence. However, the conclusions are presented without reference to the self-selection of the group, and as if they were final and not tentative. Statements, for instance, like 'the sexual drive of the adult Negro is relatively in abeyance' (p. 312), or 'the incidence of frigidity in the women is very high' (p. 316) may properly apply only if the sample is representative. They are not statements of process. Even if the comment that 'Freudian psychodynamics were set forth on the basis of five published case histories' (p. xv) were true, it would not justify the conclusions of the authors, for the case histories referred to deal

with the dynamics of the psychic structure and not with statistical data. One further quotation will show how much the assumption of a representative sample permeates the authors' thinking: 'This triad—the conviction of unlovability, the diminution of affectivity, and the uncontrolled hostility—is hardly limited to Negroes. All three occur in whites as well, although it is apparent from the case studies they are much more frequent in Negroes' (p. 290).

The picture that Kardiner and Ovesey give of the Negro is a most dismal one. They almost deny the possibility of a decent life for the Negro in any area unless the causes of his inability to adapt are removed. These causes they see in the caste division between white and Negro, as a result of which the Negro experiences both social and economic discrimination; this in turn destroys his self-esteem, and creates a family structure that brings about the basic maladjustments of the Negro personality and character; and thus the basic personality of the Negro in the United States must make for unhappiness and maladaptation.

The task that the authors set for themselves is one of utmost importance and deserved the work of five years. The need to bridge the gap between culture, institutions, and personality, to show how each impinges upon the other and to formulate a reciprocal relationship between the two levels of human activity is crucial. The book is permeated by a vehement protest against the injustice of the treatment accorded to the Negro, and I am in agreement with the criticisms made of that work on national character which is not based upon psychoanalytic interviews of cultural specimens. Unfortunately, the usefulness of the book may be limited by the extravagance of some statements and the failure of the authors to direct their argument to a specific audience. The 'psychodynamic' vocabulary is not appropriate for the general reader, the statements about American society and the background of the Negro are too derivative for the sociologist, and the theory of personality is too superficial and too much in terms of consciousness for the freudian psychoanalyst. Kardiner's categories for basic personality are essentially social rather than psychological. That is, there is culture on both sides of the equation. The relation between the culture in which the Negro grows and lives and his personality would have been clearer if the way in which the specific cultural factors impinge upon the typical genetic conflicts had been laid bare, and if the material had been organized dynamically, in terms

of unconscious conflicts and defenses.

The authors' statements about the pernicious effects of being a Negro in America are not incorrect, but those statements could almost have been made without reference to case material, and reliance upon their case material has led them to generalizations, for instance about the psychosexual life of the Negro, that are far too sweeping. Essentially, the thesis amounts to a statement that the American Negro, because of the way he is treated by the whites, is forced to dissipate his psychic energies in defending himself against aggressive impulses and self-hatred. This the book illustrates.

SIDNEY AXELRAD (NEW YORK)

DIRECT ANALYSIS. SELECTED PAPERS. By John N. Rosen, M.D. New York: Grune & Stratton, Inc., 1953. 184 pp.

This is a collection of papers, of which all but one have either been published in periodicals or read before professional groups. In view of the wide interest, publicity and controversy aroused by Rosen's methods and communications, the appearance of this book should be most welcome. It gives the opportunity to evaluate once more his approach from the theoretical as well as the practical viewpoint.

The adjective 'direct', which originally meant merely direct interpretations of the unconscious, is now used to describe the total approach to the patient. This approach is characterized by its 'forcefulness, closeness and lack of formality'. It is through this approach that the ego of the schizophrenic, which has been weakened in various ways and is being harassed by formidable anxieties on various levels, gains strength and can be nursed back to life. The most eloquent illustration of this role assumed by the therapist is provided by Rosen's first publication in which he described 'the resolution of acute catatonic excitement'. Here the author entered most actively and with true dedication into the psychotic world of the patient and enacted dramatically the parental figures which were threatening the patient. In this way, to use his own words, 'there was established a symbiotic relationship between the weak ego of the catatonic and the strong ego of the therapist'.

The second cornerstone of Rosen's technique is based on the direct interpretation. It is applied to all verbal and nonverbal

manifestations of the patient, including the transference. He forbids, for example, a young man, who imagines himself to be an attractive girl, to marry anybody but himself, but then adds: 'I want you to be my son'. When female patients pull out their hair, he denounces their act with fury, announcing '. . . that if they become a boy, I will hate them. As a man, I only love daughters.'

Rosen's activity involves also a bold manipulation of environment, according to his concept of pathogenesis. Thus he forbids Mary's mother (Paper No. 6) to visit her in the hospital and then calls Mary's attention to this neglect. 'The patient fainted dead away', and the author comments: 'My purpose was to focus the patient's attention on the pathogenic lack of love, rather than to allow her to be confused by the mother's loving attitudes'. The shocking character of this procedure is obvious; much less apparent, however, is its contribution to verifying the pathogenic hypothesis.

The whole question of direct interpretation is, in this reviewer's opinion, the most controversial point in Rosen's technique. The author himself avoids discussion of the theoretical implication, assuming that the direct interpretation is his most potent therapeutic tool. To be sure, he must be given credit for a great deal of imagination and ingenious resourcefulness.

In the reviewer's opinion it can at times be helpful to the patient's ego to see himself understood without further ado; in other instances, the direct interpretation can act as a powerful shock, scaring the patient into abandoning some of his psychotic behavior since it becomes useless upon being detected. However, at other times the shock to the ego may be so overwhelming that a further regression may result. The resistance may be increased to the point that the patient withdraws into complete mutism or stupor; or anxiety may become intolerable and manifest itself, for instance, in catatonic excitement with an onrush of destructive hostility relentlessly attacking the therapist or other persons.

Obviously all these problems deal with the preparedness of the psychotic ego for the interpretation and with the function of psychotic manifestations as defenses and protective devices. Paper No. 8, reporting the first interview of a patient before a large hospital group, illustrates the dubious value of throwing at the patient, almost indiscriminately, interpretations for which there is not sufficient clinical evidence and where the timing is not even considered. Though a grateful disciple of Bleuler, this reviewer

cannot subscribe to the characterization of Kraepelinian dementia præcox as a 'hodge-podge'. Who knows whether in some future generation our own systems and concepts will not be similarly dismissed?

The book sheds a favorable light on the personal development of the author, who admits that he was able to modify his initial point of view. He no longer believes, as he did at first, that his direct approach cures the psychotic, and he recognizes that '. . . in order to secure the patient against a recurrence of his illness, it is necessary to follow the resolution of the psychosis with an analysis'. It seems questionable whether it is not too easy a device to describe relapses during the treatment as transference psychoses. Could it not be rather that the psychotic, seemingly recovered but in reality covering up his psychosis while fed by Rosen's 'ego infusion' and cowering under the bombardment of his direct techniques, explodes again when his new, precarious defenses prove insufficient?

Some of the theoretical discussion in the book strikes the reviewer as being the result of interesting but rather one-sided generalizations. Certainly it is true that deprivations at the oral period, and especially of maternal care, play a great role in the development of many patients; yet, to state bluntly that 'a schizophrenic is always one who is reared by a woman who suffers from a perversion of the maternal instinct', seems a sweeping generalization. The word 'always' can hardly ever be used in our still so imperfect science. We have all been impressed by the importance of orality and by Lewin's oral triad; yet, in addition to oral fixation, many other factors must be responsible for psychotic regression.

With all these reservations, Rosen deserves recognition for his keen perception of the unconscious and his enthusiastic dedication to understanding and helping the psychotic.

GUSTAV BYCHOWSKI (NEW YORK)

PSYCHOANALYSIS AND SOCIAL WORK. Edited by Marcel Heiman, M.D. New York: International Universities Press, Inc., 1953. 346 pp.

This is an excellent book which summarizes the contributions of psychoanalysts to the theory and practice of social work. It contains so many valuable clinical discussions of subjects not easily dealt with that it would seem best in a brief review to summarize the individual chapters.

Lawrence S. Kubie and Henry Alden Bunker start the book well with a discussion of the theoretical concepts of unconscious psychology that play a role in social work. Samuel Klein's chapter on the ego and its functions is outstandingly clear and brings together early research and more recent contributions. His discussion of defense mechanisms is excellent.

David Beres discusses object relationship including transference in a way that will have real meaning to caseworkers who have been confused regarding their use of relationship therapy and their dealing with transference situations. Adelaide M. Johnson, in her usual clear manner, discusses the unconscious aspects of the parent-child relationship, particularly the need in the parent to keep the child in a state of conflict to gratify unconscious needs in the parent. This theory elaborated by her and S. A. Szurek has stimulated a good deal of research. It may be well at this point to emphasize the fact that this approach to the treatment of delinquents must be done by analytically trained therapists or under the close supervision of an analyst.

Peter Neubauer's article on the family agency is sparkling and has many illustrations of clinical material which family agency workers and psychiatric consultants will find valuable. Abraham Fabian's discussion of psychoanalytic contributions to child guidance work is excellent and strikes boldly at the key problems. Fabian has a capacity to be direct and forceful and yet not attacking. Lillian Kaplan's chapter on foster home placement contains useful suggestions regarding child placement but does not emphasize the role of the unconscious as much as one would like. The same may be said of S. Mouchly Small's discussion of medical social work.

Raymond Sobel makes a real effort to relate residential treatment to psychoanalytic psychology. The manipulations of the environment in the residential center is given meaning through Sobel's discussion of the unconscious as well as the conscious needs of the adolescent. The way in which the understanding of countertransference on the part of all the staff members can break the vicious circles formerly operative to intensify acting-out, as well as character problems, are nicely described. Viola Bernard also makes a sound contribution in her chapter on adoption. Social agencies will be particularly interested in her discussion of the unconscious forces at work in the adopting parents and also in the caseworker. The prin-

ciples she emphasizes will be useful to all workers who deal with emotional problems.

Peter Blos has an excellent chapter on the treatment of adolescents. His discussion of the ego weakness characteristic of this period of life and the adolescent's fight to attain or regain a state of equilibrium is well stated. His emphasis on the treatment of the ego defenses, instead of the use of deep interpretations which the weak ego has difficulty in accepting, is sound. This applies to the larger percentage of adolescents in conflict; it does not apply to those whose adjustment in life requires intensive analytic therapy.

Felix Deutsch describes the way the social worker can utilize the understanding of psychosomatic symptoms. His approach to this subject helps to clarify the confused thinking that characterizes much of the literature in this field. The book closes with an interesting summary of the problems of the aged by Joost Meerloo. His chapter contains useful clinical material generally less well known because research on emotional problems of the aged is relatively recent.

It is apparent that the reviewer has a good deal of enthusiasm for this book. To some extent this may be due to the fact that he had expected a summary of familiar material and was pleasurably surprised to find much that is original and provocative.

HYMAN S. LIPPMAN (ST. PAUL)

THE REVIVAL OF INTEREST IN THE DREAM. A Critical Study of Post-Freudian Psychoanalytic Contributions. By Robert Fliess, M.D. New York: International Universities Press, Inc., 1953. 164 pp.

This book consists of capsular summaries and critical discussions of over fifty psychoanalytic papers published in the past two decades on the nature of sleep, dreams, and dreaming. Most of the major contributions in this period are included, with the notable exception of several important ones by Thomas French. This omission reflects the author's point of view, apparent at different places in the book, his opinion that ego psychology does not find expression in dreams.

Dr. Fliess 'felt that a path ought to be cut for the students of psychoanalysis through the literature overgrowing The Interpretation of Dreams'. He sets about to do this in a most regrettable

fashion. Instead of allowing each paper to speak for itself, through complete reproduction of it, he speaks for the paper, which is represented by a brief abstract. What emerges is not always an accurate representation of the paper, but only a summary which is colored by the author's positive or negative evaluation of the work. The censored summary is then sometimes subjected to critical evaluation. The reviewer found himself in accord with the author regarding many papers, but in sharp disagreement with him on others. This is the major reason why this book does not cut the desired path for students of psychoanalysis. It does not allow for other points of view, and would leave the student with an erroneous impression regarding certain papers. The best example of this is the single article by French included in the list. This is accorded an unrelenting negative treatment, highlighted by an unjust accusation of an error in fundamentals, i.e., confusion of manifest with latent content. This is a serious matter since French's work combines a careful scientific thoroughness with refreshing, imaginative thinking regarding dreams and their interpretations. The student would never suspect this from Fliess's review.

The evaluations reflect, therefore, only Fliess's particular framework of thinking regarding the why, how, what, where, and when of dreaming. He carefully bases them on minute references to Freud, but fails to realize that the result is sometimes only *his* interpretation and usage of Freud's writings. The student might confuse this with *the* interpretation. His material could much better be presented by listing contributions which Dr. Fliess feels have corroborated, amplified or corrected Freud's basic writings. His evaluation of the contributions could be synthesized, and the student would then be free to turn to the articles mentioned or omitted, to judge for himself. The method of critique employed in this book could only have value if it included the entire article referred to, and space be given for another discussant's opinion regarding the merits or demerits of any given idea.

There is a chapter, General Observations, on the nature of dreams which is well worth adding to a student's bibliography on the subject of dreams.

The book contains an original paper by Dr. Fliess on the problem of whether the superego alone expresses itself exclusively by speech in dreams. He fails to find evidence to substantiate this idea.

RICHARD RENNEKER (CHICAGO)

CHILD TRAINING AND PERSONALITY: A CROSS-CULTURAL STUDY. By John W. M. Whiting and Irvin L. Child. New Haven: Yale University Press, 1953. 353 pp.

The research reported in this book is concerned in general with the relationships between personality and culture, specifically with the testing of certain hypotheses about human behavior derived from psychoanalytic theory 'in any and all societies'. The authors, an anthropologist and a psychologist, have been profoundly influenced by 'Dollard and Miller's efforts at extensive restatement of freudian principles in terms of general behavior theory'.

The sources consist of extracts from ethnographic reports of seventy-five primitive societies. These extracts were painstakingly and systematically analyzed with reference to practices in child training on typical adult behavior. The resulting data were then used to test predictions implicit in psychoanalytic theory (restated in terms of behavior) on the subjects of fixation, origins of guilt, and the unrealistic fear of other persons and spirits. The authors' conclusions support, for the most part, psychoanalytic theory on the effects of child training in determining adult personality. For fixation, they found strong evidence supporting the theory of 'negative fixation', their term for fixation due to 'frustration of a particular form of behavior'. For 'positive fixation', i.e. fixation due to overindulgence, they found only tentative confirmation. For guilt, they found 'support for the interpretation of guilt as a consequence of identification' with the parents. For irrational fear of others, they found strong support for the concept of its association with anxiety about aggression and with the mechanisms of displacement and projection. In general, they find convincing evidence of common basic psychological processes underlying the great variability of human behavior from culture to culture.

The authors' meticulous attention to statistical considerations will make a good deal of the book hard reading for the academically and statistically unsophisticated psychoanalyst. The chief defects of the book are the authors' poor grasp of and ambivalence toward psychoanalysis which obtrude themselves in spite of their consciously favorable attitude and their heroic attempts at scientific objectivity. They oversimplify and distort psychoanalytic theory in their need to restate it 'in terms of general behavior theory'. For example, they attribute to psychoanalytic theory the belief that the

effects of frustration are identical with those of overindulgence; the belief is then disproved by their data. While one can correlate, for purposes of study, individual oral frustration with a culturally established orally depriving child training, one cannot with equal validity correlate an instance of pathological oral overindulgence with a culturally established practice of oral indulgence. Overindulgence is a very complicated clinical phenomenon. The authors (and unfortunately too many clinical workers as well) do not realize that the important factor is not when the child is weaned from nursing, soiling, etc., but the fundamental conscious and unconscious attitudes of the parents toward the child. The lack of understanding of unconscious psychic functioning, particularly of ambivalence, accounts, I believe, for the authors' repeated difficulties with psychoanalytic theory.

Their zeal for scientific proof leads them into considerable hedging and at times almost ludicrous positions. In discussing the clinical fact that 'aggressive fantasies are satisfying or rewarding', they state in a footnote, 'This assumption is so commonly made by psychiatrists and psychologists that to many it may seem a truism; direct evidence in favor of this assumption was, however, lacking until Feshbach (1951) obtained direct experimental evidence in support of it'. We psychiatrists do not know how lucky we are!

Much of the discussion is anthropologically and psychologically lucid, stimulating, and rewarding. The book as a whole will be of value to anthropologists, social psychologists, and those psychoanalysts well-grounded in anthropology and interested in experimental methodology. I fervently hope that in further research on their veritable gold mine of data, the authors, no longer needing the judges they employed to evaluate the source material, will augment them with a biased psychoanalyst or two. Their cross-cultural method and interdisciplinary activity can only stand to gain from such help.

H. ROBERT BLANK (WHITE PLAINS, NEW YORK)

PROBLEMS OF INFANCY AND CHILDHOOD. Transactions of the Fourth Conference, March 6-7, 1950. Edited by Milton J. E. Senn, M.D. New York: Josiah Macy, Jr. Foundation, 1950. 181 pp.

SYMPOSIUM ON THE HEALTHY PERSONALITY. Transactions of Special Meetings of Conference on Infancy and Childhood, June 8-9

and July 3-4, 1950. Edited by Milton J. E. Senn, M.D. New York: Josiah Macy, Jr. Foundation, 1950. 298 pp.

FAMILY CENTERED MATERNITY AND INFANT CARE. Supplement I to Problems of Infancy and Childhood Transactions, Fourth Conference, 1950. Edited by Edith B. Jackson, M.D. and Genevieve Trainham, R.N., with the assistance of members of the Rooming-In Committee. New York: Josiah Macy, Jr. Foundation, 1950. 29 pp.

These volumes constitute the further proceedings of the conferences sponsored by the Josiah Macy, Jr. Foundation, some of which have been reviewed in This QUARTERLY.[1] Drawing from research in the biological, sociological, and psychological sciences, a group of some fifty professional workers and scientists aim to arrive at some unified criteria applicable in our society to the furtherance of a program for promoting mental health. Two main problems confronted the Conference: to determine what essential factors constitute and promote mental health, and to derive conclusions useful for the specialist in his applied science and valid also for the education of the layman. This involved clarification and definition of concepts and terms in order to effect some semantic unity between the sciences.

The positive factors causing mental health, rather than prevention of mental disease, put the discussions in a broad frame of reference. The themes of the papers and the discussions centered around three main issues: first, the nature of constitutional factors and prenatal environmental factors in the human organism; second, the postnatal developmental process in the individual in relation to the immediate parental and familial environment; third, the larger cultural and societal factors.

The task of summarizing for the public the many-sided discussion was undertaken by the Mid-Century White House Conference on Children and Youth, with which this Conference coöperated. The professional reader, however, will get an overall picture of the comprehensive approach to the problem from reading M. F. Ashley Montagu's Constitutional and Prenatal Factors in Infant and Child Health, Erik Erikson's Growth and Crises in Human Development, and Marie Jahoda's Toward a Social Psychology of Mental Health.

[1] Volume XIX, 1950, pp. 271-273, and Volume XXII, 1953, pp. 115-118.

The common approach could be stated in terms of Erikson's definition of his 'epigenetic principle'—'that anything that grows has a *ground plan,* and that out of this ground plan, the *parts* arise, each part having its time of special ascendancy until all parts have arisen to form a *functioning whole*'. Erikson's presentation is a preview of part of his book, Childhood and Society, and forms a major contribution to the symposium. The growth of the essential feelings contributing to the child's 'sense of identity' is traced in relation both to the libidinal stages and to the expanding social radii of its environment. Thus pointing in the directions of constitution and environment, Erikson's criteria for development of the personality help to unify the ideas set forth on constitution and instinct on the one hand, and social and cultural influences on the other.

In Ashley Montagu's presentation two old 'bogeys' are finally laid: the idea of constitutional predestination, and the spurious comparisons of the relative importance of heredity and environment. 'Constitution is a *process* and genes determine not traits and characters, but the responses of the developing organism to the environment. . . . Heredity is the dynamic integral of the genotype and its environment. . . . While genes will be *more* or *less* broadly realized to a determinate pattern in all environments, the same genes may be influenced to have different end effects as a consequence of the different environments in which they function.' Montagu cites experimental work on the factors in the mother influencing intra-uterine life which seems to corroborate psychoanalytic theories (Greenacre) of the existence of preanxiety reactions in the fœtus. Much can be done, therefore, for the mother during gestation, to affect favorably the constitutional development of the child. Although the field of infant constitutional psychology remains almost unexplored, some organic facts are known regarding the neurohumoral interchange between mother and child through which the fœtus may be affected in irritability by the mother's emotional state.

An interesting paper by T. C. Schnierla—Some Problems in the Ontogeny of Family Life and Social Adjustment in Infrahuman Animals—seems to corroborate this wider view of constitution as a *process* instead of as a static entity. 'Recurrent patterns of behavior, sometimes called "instinct", occur because we have recurrent patterns of environment into which the organism is thrust or born.'

In ants, the so-called 'predetermined' pattern of social life will fail if the narrow set of extrinsic conditions, ordinarily present, fails in some essential condition. In birds and cats the feeding and care patterns are not 'total' instincts, but arise from interaction between the mother's 'accidental' behavior and the young's random movements. The organization of patterns arises from ontogenetic processes; there is a nuclear process which is affected and integrated not alone by maturation, but by extrinsic stimulation producing conditioned reflexes. In spite of the biologist's objection to the term 'instinct', there seems to be no contradiction between the analytic concept of instinct and this elaboration of the mutuality between mother and young stimulating the development of a nuclear unspecialized tendency into specialized patterns. This 'pushing back' of the concept 'instinct' seems to fit the observations of analytic observers of early infancy (Spitz) where instinctual patterns fail due to lack of maternal environmental stimulation.

In selecting what appears to the reviewer as a line of common agreement, it should be pointed out that the lively discussions on these papers raised innumerable issues for further research and interpretation.

In the problems of interaction between the individual and environment which belong to the sociological and anthropological sciences, e.g., selecting the cultural determinants of personality, as many, if not more, difficulties challenged the Conference in pinning down exact, generally acceptable, valid and applicable factors in the development of the healthy personality. Psychoanalysis seems to be the coin of exchange by which anthropologists, for example, are seeking to evaluate cultural determinants of parental and social attitudes affecting mental health within a culture. Murdock and Whiting studied parental attitudes in forty-eight societies, measuring and rating Indulgence During Infancy and Security of Subsequent Socialization, under which headings they included feeding, toilet training, sex, independence, and control of aggression. Their 'tentative' conclusions about what factors in these areas cause different parental attitudes in monogamous and in sororal and nonsororal polygamous societies elicited considerable criticism of the methodological approach, viz.: their use of psychoanalytic concepts singly and out of context of overall relationships, oversimplification in interpretation of manifest material, and insufficient accounting for variables by the statistical method.

Thus, anthropological optimism regarding the value of qualitative cross-cultural studies to replace more intensive studies of individuals and individual societies was not shared generally, areas of research remaining open, especially methodological, for *rapprochement* between the two sciences.

Two papers by Lawrence Frank and Marie Jahoda deal with social psychology in our Western culture. According to the latter, social psychology has to ascertain and then 'apply to groups rather than to one individual' the factors in the interaction of community influences and mental health which, briefly stated, include: 'active adjustment' to environment, 'unity and internal integration' of personality, 'ability to perceive' the world and self correctly. Varied viewpoints emerge from the discussion. Is Kardiner's concept of 'basic personality' applicable to American culture as a whole? Is it 'adjustment' to accept with passivity a community condition of unemployment? Does 'playing a role' denote flexibility in a changing environment, is it an 'as if' trait characteristic of 'American superficiality', or should we rather speak of 'functioning' in one's role?

Erikson's concept of 'the sense of identity' is useful in binding together the various aspects of the question 'What makes an integrated personality?' Jahoda's complementary question 'What features of social life make for the ability to work and love?' is less successfully investigated in the opinion of the reviewer. Jahoda mentions 'the unanimous acceptance' of the 'damaging effects of hunger, unemployment, bad housing' and other social evils which for her, therefore, requires no particular emphasis here. One must wonder if the basic responsibilities of society are adequately dealt with, even in such an excellent concept as 'helping people, especially children, to learn to cope with their environment', and in the elaboration of one factor in this concept: the gap that exists between our educational ideals and the low social and financial status of the teachers to whom we entrust them.

The members of the Conference might well have been extended to include economists and political scientists whose knowledge of the socioeconomic and political environment might have helped direct the discussion to the actual workings of institutions in our society.

Do not social psychologists tend to overemphasize psychological concepts and to apply them within an only fragmentarily studied

social framework? Psychoanalysts often fail similarly by ignoring the far-reaching social forces affecting personality. One analyst doubted whether cultural attitudes (e.g., toward breast feeding) could be mediated through the pediatrician to the mother, for there would remain that type of mother 'who doesn't want to nurse'. To this Dr. Fremont-Smith, moderator of the Conference, rightly pointed out that analyzing patients and improving social conditions are not separate frames of reference; witness the 'beautiful' example of child analysis where 'it is impossible to deal with the individual alone'.

The pamphlet, Family Centered Maternity and Child Care, demonstrates exactly how a cultural condition has been modified in recent years through the medium of analysts, obstetricians, and pediatricians passing on to parents and to hospitals the newer developments in the fundamentals of parent-child relations. Further proof of the effectiveness of applied social psychology is in the chronological list of hospitals in the country which have adopted rooming-in practices.

The Conference's purpose to enlarge the frame of reference in which the development of the healthy personality should be considered, and to mediate the concepts evolved to society through its professional workers, is itself a course of action within this very framework, and thus to be commended.

One weakness of the Conference lies outside itself. It has no means of applying its conclusions or recommending them to existing institutions in our society. It must be satisfied with the slow seepage of ideas into the public mind and with whatever application some inspired individuals, agencies or institutions will make of them.

MARIE H. BRIEHL (LOS ANGELES)

THE PSYCHIATRIST AND THE LAW. By Winfred Overholser, M.D. New York: Harcourt, Brace and Co., 1953. 147 pp.

Dr. Overholser, first recipient of the annual Isaac Ray Award of the American Psychiatric Association to the individual 'most worthy by reason of his contribution to the improvement of the relations of Law and Psychiatry', gave the four lectures published in this book at Harvard University in 1952.

The Substance of Psychiatry is a remarkably succinct and compact

summary of basic concepts of modern psychiatry, with constant emphasis on the common concern of law and of psychiatry with human behavior and relations. The advances in understanding of human personality and the position of the law and of legal thinking in relation to this understanding are clearly stated.

In Some Differences of Viewpoint, the author notes divergences of legal and medical approaches to the human problems with which the court is confronted. The tendency toward maintenance of the *status quo* in law, the legal assumption that most acts are done 'on the basis of reasoning and the weighing of pros and cons', and the restrictive effect of lack of knowledge or understanding of modern psychology and psychiatry, are clearly stated. It is made equally clear, however, that progressive legal minds have for years pointed out these discrepancies. Justice Cardozo, for example, inveighed against the 'defective and unreal psychology' operative in the framing of statutes (p. 44). The unrealistic motivations in determining the current epidemic of so-called 'sexual psychopath' laws, and the emotional rather than reasoning attitudes of juries and of judges in determining their decisions, are graphically described.

The complicated legal and clinical problems involved in the public responsibility for provision of care for the mentally ill, and the need to protect the public interest and safeguard the civil rights of the patient, are the subjects of the third lecture. First, the evolution of mental hospitals and the attitudes of the public and of the law toward the confinement of patients is traced. Scruples about the abuse of civil rights, the role of legal and lay authorities, the tendency to equate commitment with criminal procedure, and the undesirability of trial by jury in commitment are discussed with great clarity.

In The Psychiatrist as Witness, Dr. Overholser explores thoroughly a subject to which the public and the medical profession are highly sensitive. The negative attitudes of jurists toward 'expert' testimony and toward scientific as opposed to 'commonsense' observations, the untenable position of the expert as protagonist or antagonist, the efforts of courts to establish adequate procedures by the use of experts, the examination of offenders before trial, and the recommendation of the American Law Institute regarding a Uniform Expert Testimony Act (largely neglected for fifteen years), are some of the many topics covered in this chapter.

This work by Dr. Overholser deserves high praise. It is indeed a

classic. In compactness, clarity of perspective, and elucidation, it leaves nothing to be desired. It documents the conviction of most students of the subject that only through better psychological understanding on the part of lawyers, lawmakers, and jurists can adaptation of the law to the psychological realities of our current society be effected. To be sure, we are now in a new day as compared with a generation ago. While schools of law have been even more laggard than schools of medicine in incorporating medical and psychological principles in their research and training procedures, this defect is now being vigorously repaired in the progressive schools of law as it is in most schools of medicine.

This book should be required reading for all students of law and medicine. It serves well its purpose of providing an appropriate meeting ground for medical and legal minds in the service of more rational, humane, and effective functioning of legal and psychiatric services in their common responsibility toward people who need both.

GEORGE J. MOHR (CHICAGO)

PSYCHOLOGICAL DISORDER AND CRIME. By W. Lindesay Neustatter, M.D. London: Christopher Johnson, 1953. 248 pp.

The author, who has had much experience as a psychiatrist in courts and correctional institutions, has presented here, primarily for the benefit of judges and magistrates, a clearly written and authoritative statement of the elementary principles of psychiatry as they apply to delinquency and crime.

First, he points out that judges are trained primarily to sift evidence rather than to deal personally with individuals; hence that a panel of experts (including a psychiatrist) can be of assistance in advising the judge before sentence is passed. He then discusses psychiatry and the various psychiatric groupings—schizophrenia, the psychopaths, head injury, alcoholism, sexual perversions, and so on. There are chapters on murder, theft, and juvenile delinquency. A number of illustrative case histories is given, and add much to the effectiveness of the author's presentation.

The concepts he presents are generally sound and are given in nontechnical language, well suited to the audience to which the book is directed. His attitude is one of helpfulness, not of carping, a fact that will promote its readability by lawyers and judges. Not

that he is satisfied with the *status quo;* he says, for instance, that it is not that the McNaughten Rules are satisfactory as that they are sensibly applied (p. 70). He affirms that psychiatry has an important role to play in dealing with the abnormal offender, 'but', he adds, 'the approach of the psychiatrist must be realistic with an appreciation that, as crime affects the community generally, the problem it raises must be viewed in wide perspective. If this is done and psychiatrists realize that even psychiatry has its limitations and do not claim more than they can achieve, they will have gone a long way toward allaying suspicion and overcoming prejudice.'

A selected bibliography, together with statements of three psychiatrists closely connected with problems of delinquency, are appended. This volume can be read with profit and enjoyment by judges and lawyers as well in this country as in England.

WINFRED OVERHOLSER (WASHINGTON)

PSYCHOSIS AND CIVILIZATION: TWO STUDIES IN THE FREQUENCY OF MENTAL DISEASE. By Herbert Goldhamer and Andrew W. Marshall. Glencoe, Illinois: The Free Press, 1953. 126 pp.

Esquirol, who first applied the statistical method to the study of mental disease, presented a *'memoire'* to the Academy of Medicine in 1824 in which he asked, 'Are there now more mentally ill than there were forty years ago?' The question is often repeated today, but until now most of the replies have been given in the name of Echo.

This study, compiled by two social statisticians of the Rand Corporation, is a careful investigation of a century of rates of admission of patients to mental hospitals in Massachusetts, a state in which detailed data are available, thanks to such early workers as Pliny Earle, Samuel Woodward, Edward Jarvis, and in more recent times Dr. Neil Dayton. The authors have been able thus to compute age-specific rates for first admissions for the five-year periods 1840-1884 and for 1885, which they compare with those for the period 1917-1940. Briefly, they conclude that in the age groups thirty to fifty there has been no increase in the frequency of admissions among men and women between 1885 and the contemporary period (p. 57). Comparing the period, 1840-1844, they find the 1940 female first admission psychosis rates for the United States as a whole, for

the age groups thirty to fifty, have increased only thirteen percent in a century!

Per contra, the authors emphasize that there has been a very marked increase in the age-specific rates in the older age groups (p. 91), but they attribute this increase in large measure to an increased tendency to hospitalize persons suffering from the mental diseases of the senium.

The second part of the book presents a new method of estimating the expectancy of mental disease by calculating the chance of a first admission *if* the subject survives to a specified later age rather than calculating the combined expectancies of survival *and* first admission, as has generally been done hitherto. By the authors' method the expectancy of first admission at age sixty-five is 1:15, at age seventy-five is 1:10, and at age eighty-five is 1:6. They remind us that the implications of these figures, in view of increasing longevity, are no occasion for 'festive celebrations'. They demonstrate 'not that mental health is just as good today as it was in the past, but rather that mental health was just as bad in the past as it is now' (p. 12).

The volume corrects much misinformation about the increasing incidence of mental disorder, and adds much that is of value to hospital administrators and all who are interested in social planning.

WINFRED OVERHOLSER (WASHINGTON)

PSYCHOSOMATIC RESEARCH. By Roy R. Grinker, M.D. New York: W. W. Norton & Co., 1953. 208 pp.

Grinker's critical evaluation of the field of psychosomatic medicine is timely. The prevalence of somatic reactions to anxiety in World War II provided a seductively easy and superficial approach to disseminating psychodynamic concepts to a receptive public and large group of clinicians. The net result was the overselling of an idea which led to unwarranted therapeutic anticipations. In addition, historical events led to clinical studies and investigations according to formalized patterns based on early theoretical and stereotyped concepts. Repetitious incantations of belief in the unity of mind and body (while worshipping graven images of both) have not at all clarified the situation.

Cognizant of these and other unpropitious signs, Grinker examines the history and content of past and present concepts of psycho-

somatic research. Most of the book is an excellent exposition of some clinical and theoretical studies, primarily recent ones, which are scrutinized with a view of how their conceptual framework meets the *total* problem involved in 'behavioral science'. The summaries of such works, their relation to each other and their evaluation are certainly a valuable didactic contribution, especially when they indicate the need for further research.

As may be expected, any critique of conceptual framework concerned with the *totality* of a phenomenon is sure to find most working hypotheses not inclusive or roomy enough. Accordingly, the last part of the book propounds a holistic theory of psychosomatic medicine, a multidisciplined approach which would study the total process of a phenomenon in many systems: somatic, psychic, social and cultural. The conceptual advantages of this unified field theory are made obvious in a chapter on anxiety; how advantageous it will prove to be in operation must await further work. Especially unclear is how the concept of 'transaction' will benefit research. We shall have to wait to see what comes out of the additional realization that the parts of an organized whole are not only 'continually acting, reacting, interacting', but also 'transacting'.

Grinker's dissatisfaction with current psychoanalytic formulations impels him to wish 'to use the concepts of transactional communications with signs and symbols as more suitable for our present intellectual needs'. For example: 'Primitive man's mythology or interpretation of his own position in the universe was mostly oral (internalized or projected); modern man's view of the world is, in addition, transactional and communicative'. Why this discriminating aspect of mutual exclusion so far as primitive man is concerned? Surely it has no place in a field theory.

Such parts of the otherwise excellent book make one yearn for the halcyon days of our early conceptual immaturity when the skin wept, the bowels gave gifts, the heart leapt for joy or turned to stone; the theoretical construct behind such metaphors could not possibly provide an all-inclusive frame of reference, but they certainly played a role in many a satisfactory transaction and communication.

NORMAN REIDER (SAN FRANCISCO)

THE MAKING OF A SCIENTIST. By Anne Roe. New York: Dodd, Mead and Co., 1952. 244 pp.

The study of genius and special capacities in the various fields of human endeavor is a relatively neglected area of psychological research. Another relatively unexplored area lies in the systematic study of the factors involved in the choice of a vocation. Dr. Roe is apparently attempting to gather data on both of these problems in her present study. Her subjects are sixty-four leading American scientists in the fields of biology, physics, and the social sciences, many of them Nobel prize winners. All of them were adjudged outstanding, original contributors to their special fields by a group of their peers. Dr. Roe is to be commended for the audacity of her plan of research and for the evident ingenuity and persistence with which she pursued it. However, several aspects of her book make it difficult to evaluate her method and her conclusions.

The book was written before the author had the opportunity for complete examination and scoring of her data. She tells us that this was done to enable her to review her research experience as a whole, as a responsibility to her subjects who sacrificed valuable time in coöperating with her project, and to make it possible for others (presumably interested but technically uninformed laymen) to become acquainted with her results. One can have no quarrel with the educational and social usefulness of making scientific research comprehensible to the general public but one can question the appropriateness of publishing a popular version of a research project before all the implications of the material collected are quite clear to the research worker himself.

A further difficulty is her failure to differentiate and clearly circumscribe what appears to be two major problems under investigation. One has to do with the factors that make this particular group of subjects eminent in their fields. The other seems to be a search for psychological characteristics which differentiate the members of the three scientific disciplines being studied. Since Dr. Roe went to such lengths to include only the most eminent scientists in each field it would seem that this group would lend itself best to a study of what makes for success in scientific research. The second problem could be better attacked by a study of men who had chosen one of the three areas of science in question, regard-

less of their levels of attainment. Dr. Roe appears to be in danger of uncritically merging these two important studies in such a way that her conclusions will be lacking in clarity.

Lastly, there is the question of what would be the most fruitful way of utilizing the biographical material and psychological test batteries that Dr. Roe has collected. It appears to one who has studied a somewhat related problem that unless these are brought into relationship with the intrinsic characteristics and unique qualities of each of the subject's work we will be missing the most important contribution that such a study can make. There can be no test devised which is a better measure of a specific psychological function related to special capacities in an individual than his creative work itself. A series of profiles which neglects the content and the unique approach of each to his actual work is likely to end by being merely a general profile of a group of intelligent and highly specialized men. Dr. Roe states she has read the important contributions of each of the individuals she has studied. There is no indication in this book that she has attempted to bring this into relationship with her other findings. Perhaps this deficit will be repaired when her data are amplified in a technical paper. Without such a treatment of the material one has the feeling that Dr. Roe's work will remain of minor anecdotal interest and not achieve the full status of an original contribution to the study of special capacities.

VICTOR H. ROSEN (NEW YORK)

PSYCHOANALYTIC THEORIES OF PERSONALITY. By Gerald S. Blum. New York: McGraw-Hill Book Co., Inc., 1953. 219 pp.

This title is misleading. It becomes immediately apparent to the psychoanalytic reader that the author's understanding of psychoanalysis is academic, limited to a degree that betrays him into such a brash statement as, 'Freud's outmoded concern over polarities . . .'. Although eighteen of Freud's works are listed in the bibliography, 'the historical features in the development of his [Freud's] thinking are clearly outlined in Thompson and need not concern us here'. It seems incongruous at best for a book, allegedly psychoanalytic, to lean on such questionable authority.

DAVID L. RUBINFINE (CAMP LEJEUNE, N. C.)

CHILD PSYCHOTHERAPY. By S. R. Slavson. New York: Columbia University Press, 1952. 332 pp.

The author's discussion of development and pathogenesis is too elementary for anyone sufficiently trained to undertake psychotherapy of children, and too sketchy and inaccurate for those who are less sophisticated. He uses many classifications which may be valuable in teaching but oversimplify. The introduction of new terms makes the reading difficult. There are few references except to the author's own work and there is poor documentation of ideas which are not his own. The last part of the book dealing with his personal experiences with patients and punctuated with clinical case material is interesting and worth-while though replete with controversial statements.

CHARLES A. MANGHAM (SEATTLE)

The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

International Journal of Psychoanalysis. XXXIII, 1952.

Charles Brenner, Milton Gray, Leon L. Altman, Milton Gray, Isidor Bernstein, Milton Gray, Paul Sloane, Samuel P. Hunt, Milton Gray, David L. Rubinfine, William F. Murphy, Lincoln Rahman & Milton Gray

To cite this article: Charles Brenner, Milton Gray, Leon L. Altman, Milton Gray, Isidor Bernstein, Milton Gray, Paul Sloane, Samuel P. Hunt, Milton Gray, David L. Rubinfine, William F. Murphy, Lincoln Rahman & Milton Gray (1954) International Journal of Psychoanalysis. XXXIII, 1952., The Psychoanalytic Quarterly, 23:1, 135-150, DOI: 10.1080/21674086.1954.11925939

To link to this article: https://doi.org/10.1080/21674086.1954.11925939

Published online: 05 Dec 2017.

ABSTRACTS

International Journal of Psychoanalysis. XXXIII, 1952.

Re-Evaluation of the Role of the Œdipus Complex.[1] Jeanne Lampl-de Groot. Pp. 335-342.

Lampl-de Groot states that serious physical and psychic consequences to the child undoubtedly result from disturbances in the pregenital phase and that such disturbances have importance in the genesis of various symptoms and anomalies of character in later life. She asks whether we must therefore disagree with Freud's idea that the œdipus complex is 'the central point' of both healthy and neurotic development. From her clinical experience she concludes that the pregenital phase is very important in the formation of the œdipus complex and in determining the occurrence and nature of regressions to pregenital fixation points. The œdipus phase itself is, however, of unique and fateful significance for later life for at least two reasons: 1, a 'consolidation of affect relationship' occurs when the child, who in the pregenital phase simultaneously loved and hated the mother, is in the œdipal phase better able to solve its conflict over ambivalence by loving one parent and hating the other; 2, the conflicts of the œdipal period are linked to castration anxiety, which 'has a very exceptional character' and consequence for the psychic life of the individual. Among the newer theoretical formulations, Lampl-de Groot emphasizes principally that true superego formation occurs only during the œdipal period, though it has pregenital precursors.

In summary she says that despite the importance of the pregenital phase in determining 'the shape of the œdipus constellation', it is the œdipus complex itself that 'is the example for the adult love life and, because it is linked with the castration complex, is the starting point for the "coming into being" of neurotic disturbances in children in the latency period, adolescents, and adults'. She cautiously concludes that 'neuroses and other psychic disturbances may arise from several nuclei of maldevelopment to be found in the œdipal and in the preœdipal phase'.

The 'King Œdipus' of Sophocles. H. A. Van Der Sterren. Pp. 343-350.

Sophocles portrayed Œdipus as incited by the gods through their oracle to commit acts he consciously desired to avoid, parricide and incest. That he

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[1] This paper and those of Drs. Van Der Sterren and Gitelson which follow, together with the paper by Paula Heimann (abstracted in This QUARTERLY, XXII, 1953, pp. 598-599), comprise a symposium on Re-Evaluation of the Œdipus Complex, held at the Seventeenth Congress of the International Psychoanalytic Association, Amsterdam, August 1951. Dr. Van Der Sterren's paper opened the discussion.

unconsciously *wished* these acts is indicated by the fact that in Greek 'to consult an oracle' also means 'to crave' or 'to desire'. The drama expresses the 'complete œdipus complex', for it includes murderous hostility between mother and son (Œdipus and Jocasta). Van Der Sterren finds evidence that Œdipus's killing of the Sphinx is both intercourse with the mother, sadistically conceived, and disguised matricide. He points out how the disguises and distortions of the main theme that occur throughout the drama have the same motive and effect as the defenses we encounter in patients in our analytic work.

Re-Evaluation of the Role of the Œdipus Complex. Maxwell Gitelson. Pp. 351-354.

Gitelson avoids detailed discussion of points of disagreement with Heimann, but objects to her 'foreshortened chronological scale' of the development of instinctual impulses (in particular, genital ones) and ego functions in the infant. He agrees with her that conflicts arising in the earliest, pregenital years of life are the most severe and lie at the core of many adult neuroses. Gitelson believes it untrue that such patients' pregenital conflicts are a regression from œdipal (phallic) ones; more probably the conflicts of these patients were established in the first place by pregenital constellations. He calls such cases 'narcissistically injured pregenital types', while in cases of transference neurosis the œdipal conflicts are of central importance. In conclusion he suggests that the œdipus complex be considered not as the nucleus of neurosis, but rather 'as the nucleus of normal character structure and as the basis of mature life'.

CHARLES BRENNER

On Love and Hate. Michael Balint. Pp. 355-362.

The author notes a difference between primitive pregenital infantile love and mature love. He regards as complementary the various explanations of the difference between the two forms of love. In his view the important element in primitive love is the proper and timely satisfaction of all needs because of the individual's almost absolute dependence on the object; object and gratification are all-important. No consideration can be paid to the object's interests, sensitivities, or well-being. The object is taken for granted. Gratification brings only a state of tranquil comfort.

The sense of omnipotence is a desperate attempt to overcome a feeling of helplessness and impotence. Omnipotence and 'oral greed' are almost constantly associated.

All primitive object relations contain three ingredients: 1, despondent dependence; 2, denial of the dependence by omnipotence; and, 3, taking the object for granted, treating it as a thing. In this primitive relationship, only one partner can make demands. The basis for all such pregenital object relations is faulty reality testing. We must learn in our development that we can no longer expect automatic satisfaction by our objects but have to give something to change the object into a coöperative partner. The object must be induced to enjoy giving and getting satisfaction in the same mutual action. The author calls this 'the

work of conquest'. The genital or adult relation is always sexual whereas the pregenital relation is sexually nondimorphous.

A healthy man must be able both to love and hate. In health hate should, like acute anger, be easily and speedily dissipated if the situation changes. Hate is the denial of and defense against primitive object love. Persistent hate always reveals itself as a derivative of frustrated love. Love and hate have no equal status; love is the more general notion because hate has the additional condition of denial of dependence. These ideas lead to a re-examination of the problem of the death instinct, as well as of primary aggressiveness, primary sadism, primary narcissism, and masochism. The author rejects the idea of a primary relation which is neither love nor hate nor narcissism.

In analysis the analyst becomes the object of the primitive love and the patient shows all the characteristics of the pregenital attitude. With analytic work the pregenital transference changes to genital transference. The patient accepts the analyst as a 'real' person and tries to find pleasure in the analyst's approval. The last step toward health is transference to real objects when the patient turns to the external world for a partner.

The author further discusses his ideas about the origin of hate in connection with the termination of analysis.

In Support of Freud's Syndrome of 'Actual' Anxiety Neurosis. Abram Blau. Pp. 363-372.

This paper is a plea for the recognition of Freud's syndrome of 'actual' anxiety neurosis as a significant and frequent psychiatric syndrome. After a short historical account of Freud's concept of anxiety neurosis and of his distinction of it from the psychoneuroses, Blau describes the signs and symptoms of the anxiety neurosis and states that such actual-neurotic syndromes are extremely common but are 'currently hidden under other diagnostic names which mask the generic anxiety syndrome'. The author then considers traumatic neuroses, military anxiety neuroses, childhood anxiety neuroses, visceral anxiety neuroses (psychosomatic disorders), and experimental anxiety neuroses (in animals) in the light of the anxiety neurosis syndrome.

He discusses the relationship between anxiety neuroses and psychoneuroses. The psychoneurotic mechanism is but one special way of relieving anxiety. To the extent that a psychoneurosis is unsuccessful in this regard, an anxiety neurosis remains; and even in an established psychoneurosis any upset in the adjustment will lead to an anxiety state. This type of anxiety state is one of the most frequent and might be called a decompensated psychoneurotic anxiety neurosis.

Freud at first believed that suppressed libido is directly changed into anxiety; he later discarded this concept. The precipitating cause of anxiety neurosis is a threatening development in the life of the individual. 'The problem is one of maladjustment in a particular situation—so much so that these might be called situational neuroses.' The basic personality must be taken into account as a possible predisposing or contributing factor.

Freud said, 'whether a neurotic illness occurs at all depends upon a quantitative factor, upon the total load on the nervous system in relation to its capacity for resistance'. This statement suggests that two courses are open in treatment:

either the individual's tolerance should be increased or the threats from the environment decreased. As to the first course, the technique of choice is analysis, but at times this is impractical for relieving the immediate situation and supportive reassuring anaclitic measures are indicated, to be followed later by analysis if possible. The second course is to give relief by decreasing the threat from the environment; this offers only immediate symptomatic relief and is the area in which social work contributes much.

An anxiety neurosis is not only at the core of every psychoneurosis but an unresolved degree of anxiety neurosis generally continues along with every psychoneurosis, and this poses the technical problem in psychoanalytic practice of maintaining the anxiety at an optimum level.

MILTON GRAY

Some Biopsychical Aspects of Sado-Masochism. Marie Bonaparte. Pp. 373-384.

Bonaparte reviews the development of Freud's theories of sado-masochism contained in Three Essays on the Theory of Sexuality (1905), Instincts and Their Vicissitudes (1915), Beyond the Pleasure Principle (1920), and The Economic Problem of Masochism (1924). She quotes the Marquis de Sade, in his *Histoire de Juliette*: *Les Prospérités du Vice,* on the theory of erotogenic masochism; he noted that any excess quantity of excitement, even painful excitation, produces erotic pleasure and such pleasure is reproduced when the sadist inflicts pain on an object and concomitantly identifies himself with it, experiencing the painful pleasure himself in the masochistic version. The Marquis also spoke of life and death instincts which are part of nature and cannot be gainsaid, so that pain, suffering, and destruction are natural necessities, beyond good or evil. His disquisitions offer interesting points of agreement with Freud on the subject of Eros and Thanatos.

Bonaparte goes on to consider the biological fact that mammalian physiology, particularly its nutritive and reproductive aspects, is characterized by penetrative necessities. In the human imagination, psychic confusions arise about the consequences of these biological facts. Such confusions receive a further contribution from childhood perceptions or fantasies of the primal scene. The fact of internal propagation is a sado-masochistic fact, phylogenetically, biologically, and later ontogenetically and psychically, and is the archetype of erotic aggression.

The paradox of pain associated with pleasure is in part also accounted for by experience of life itself which spares no creature some suffering. Bonaparte also points out that self-preservation sets limits to masochism, and sadism is likewise inhibited since, through identification, it is experienced masochistically. 'The less [one is] masochistic, the less sadistic.' Moralization and sublimation further limit or refine sado-masochism, but a sufficient amount remains unmodified to make any true aversion to war unlikely.

LEON L. ALTMAN

Technical Problems in Analysis of Psychosomatic Disorders with Special Reference to Precision in Short-Term Psychotherapy. Flanders Dunbar. Pp. 385-396.

Dunbar discusses selection of cases for brief psychotherapy. Psychosomatic

disorders frequently are suitable but this partly depends on the accompanying character neurosis. Use of the 'personality profile' is discussed.

The author takes up difficulties in brief therapy such as 'empty sessions', 'black-out', 'exploiting the analyst', the 'filibuster', the 'all or none reaction', impatience in the patient, and the timing of appointments. She stresses the fact that a skilled psychoanalyst can by brief therapy help many patients who would otherwise remain untreated.

Notes on the Analysis of Sexual Perversions. W. H. Gillespie. Pp. 397-402.

Gillespie in this interesting paper discusses certain dynamic mechanisms in perversions. He rightly emphasizes the role of the castration complex and the consequent regression to oral sadistic and early anal levels. The regression to the earlier levels reveals a splitting of the object and of the ego, the latter of the kind referred to by Freud in his paper, Splitting of the Ego in the Defensive Process. One part of the ego remains in good contact with reality, while the other part employing denial is virtually psychotic. The fact that the first part acts as a sort of liaison officer with reality prevents clinical psychosis. This special way of exploiting the mechanism of splitting of the ego distinguishes perversions from neurosis and psychosis. The pervert operates on two levels at once: the oral sadistic level corresponding to psychosis, and the phallic level resembling a neurosis.

The anxiety of the castration complex is not only aroused by the shock of finding no penis and the danger implied by this, but is contributed to also by the regressive activation of the latent pregenital sadistic factors.

Four cases from the author's experience are cited.

Research Methods in Psychoanalysis. Edward Glover. Pp. 403-409.

The author discusses research methods in psychoanalysis and hopes to promote development of an international psychoanalytic research organization. Certain conditions hinder research in psychoanalysis. Customary scientific controls cannot be applied to analytic situations, and there is a tendency not to apply such controls as are available. Candidates are selected as therapists rather than as research workers. Certain elements in analytic training are conducive to conformity. Attrition of proved theory and adherence to slogans results from these conditions. Therapy is confused with research.

As to methods of research, the author draws attention to the need for definition of basic concepts and the lack of defined units of statistical comparison. Standards for the control of interpretation and statistics of results and follow-up investigations are needed. Such studies would strengthen established theory and shed light on problems of duration and termination of analysis and on technical procedure. All psychoanalytic groups should coöperate, with complete frankness about results. Establishment of special research committees in each branch of the International Association staffed by research personnel with some security of tenure is suggested. Research students and teachers should be selected and trained.

The urgency of the need for organized systematic research and the dangers inherent in its lack are stressed throughout the paper.

Pregenital Patterning. Phyllis Greenacre. Pp. 410-415.

Certain precœdipal events distort the orderly development of libidinal phases. Very early stimulation increases somatization of the memories and symptoms caused by the stimulation. Massive or very severe stimulation suffuses the infant with excitement that utilizes all possible channels of discharge. When this occurs, instinctual drives from phases not yet mature may be aroused as well as drives from already matured phases. Genital arousal occurs from an early age in states of frustration or overstimulation. The nature of this premature genital arousal influences the character of the genitality later, both as to performance and pleasure.

Interest in pregenital development is widespread. While the œdipal period is the most momentous era of psychic and emotional organization, and the œdipus complex the most significant network of conflicts throughout the entire life, we are beginning to be aware that experiences already accumulated may determine the fate of the œdipus complex as much as do outer circumstances in the œdipal period itself. In the overt psychotic or neurotic illness the symptoms will unfold the hidden precœdipal history.

The importance of the libido theory is stressed; its various phases are confirmed by studies of the biological maturation of infants.

Special events of the individual life are examined in relation to maturation of the infant. This investigation is in harmony with Freud's emphasis on the biological foundation of psychoanalysis. When trauma affects the developing organism, the maturational phase at which it occurs is important. So is the nature of the trauma, which may re-enforce the libidinal phase dominant at the time, may inhibit and interfere with it, or may reinstate a previously developed phase. It may call for a response from a phase close to maturity or from one as yet quite immature. Severity and duration of the trauma are also important. The author considers the effects of premature stimulation, of massive stimulation, and of severe and long frustration. She does not believe that the prephallic child is unconcerned about the genital.

Traumatic stimulation in the first year or two of life leads to increased primary narcissism and deformation of ego development. Without analysis of these elements, work with the œdipus complex as such may be unsuccessful.

Stages in the Development of Control Over Fire. Alexander Grinstein. Pp. 416-420.

Freud wrote: 'in order to possess himself of fire, it was necessary for man to renounce the homosexually tinged desire to extinguish it with a stream of urine'. Grinstein discusses three questions.

1. What forces were responsible for the renunciation of the urge to urinate on the fire? Grinstein suggests that the parents were the important agents. He cites numerous myths in which woman is regarded as the original owner of fire and her phallic power has to be destroyed for man to obtain the secret of fire. The emphasis on the aggression against the mother suggests that it was she who originally demanded instinctual renunciation from her children.

2. Does our knowledge of the stages of libidinal development suggest that

any pregenital or preurethral controls were associated with the development of control over fire? Here the author offers much material relating the control of fire to the control of impulses, both libidinal and aggressive, characteristic of oral and anal levels of development. This is related to the gratification the mother supplies, and the renunciation she demands, of the pregenital impulses of the child. At the time of final attainment of the urethral inhibition emphasized by Freud, there had already developed a synthesis of the pregenital impulses with those of the higher phase.

3. What were the psychic reasons for man's learning the secret of starting a fire? Grinstein refers to the making of fire by striking objects together or by friction. The first method is related to the control over aggressive impulses. The second, the friction method, is related to the platonic version of the Prometheus myth which is suggestive of the primal scene. Only after man was able to inhibit and sublimate some of his phallic impulses could he work out with tools an expression of his incompletely gratified sexual longings, and thus learn to kindle fire.

The fact that in many myths it is the father figure from whom fire is stolen is related to the history of human development. Characteristically, in the myths in which fire is stolen from the father there is no allusion to pregenital functions, and hence these myths may be regarded as developmentally of a later stage in the control of fire than those in which fire is taken from a mother figure. These myths may refer to different stages in the development of civilization, when the tribe was under the domination of an omnipotent woman, or an omnipotent man, as in matriarchal or patriarchal society.

Freud's Conception of Love. Edward Hitschmann. Pp. 421-428.

In this paper Hitschmann notes the reluctance to investigate and seriously consider romantic love. He raises the question, What is love?, and confines his considerations to love in the male. Freud's ideas and conception of love are reviewed. Some positive and negative reactions in psychoanalytic circles to Freud's ideas are commented upon. Reference is made to numerous figures prominent in the arts and letters. The problem of the relation of the state of being in love to certain states of religious feeling is discussed. Freud's comprehension of love is compared with certain attempts to define love as a mystic religious experience.

MILTON GRAY

Further Remarks About Schreber's Hallucinations. M. Katan. Pp. 429-432.

In a previous paper dealing with Schreber's hallucinations, the author developed the theory that a hallucination is based upon the anticipation of a danger. When psychosis occurs, there exists, alongside of the psychotic part of the personality, another part which tries to maintain contact with reality. Whenever the nonpsychotic ego anticipates a situation in which homosexual feelings might gain the upper hand and lead to orgasm—which would mean the breaking off of contact with reality—the ego interferes. The cathexis of the dangerous homosexual urge is withdrawn, and its energy is used in forming the hallucina-

tion. As this happens, the energy evaporates; the hallucination is therefore a discharge phenomenon.

But if the hallucination serves to prevent a danger, why is it nevertheless accompanied by anxiety? A particular hallucination is discussed in which Schreber observed the sun following his movements, an observation that caused him extreme anxiety. The author interprets the sun as symbolizing Schreber's penis as well as the person of Professor Flechsig, who excited Schreber homosexually. The movements of the sun symbolized the movements of Schreber's penis as a result of his being sexually aroused by Flechsig, and they *appeared* to give rise to anxiety such as he would have felt if his penis had reacted. The anxiety demonstrates the relative weakness of the defensive function of the hallucination. Schreber's unconscious homosexual attachment to Flechsig was so strong that it formed a resistance against being given up. This resistance prevented, in so far as it was able, energy from being withdrawn from the homosexual urge. There accordingly remained in the unconscious of the nonpsychotic layer of the personality a certain cathexis of the attachment to Flechsig, and this cathexis continued to constitute a danger to the ego. The energy of this remaining cathexis evaporated in the form of a hallucination. The ego in the nonpsychotic layer was then able, through anxiety formation, to cope with the remnant of the unconscious urge. Psychotic symptom formation (the hallucination) therefore coöperated with a nonpsychotic phobic mechanism to overcome the danger.

From the content of another group of hallucinations, the author deduces that Schreber's nonpsychotic ego was aware of its own state of disintegration and was therefore too weak to ward off in real life the danger arising from the homosexual urge. For this reason hallucinations were formed in anticipation of the danger.

AUTHOR'S ABSTRACT

The Origins of Transference. Melanie Klein. Pp. 433-438.

In this stimulating paper, read at the Seventeenth International Psychoanalytic Congress in August 1951, the author develops the theory that the origins of transference may be traced to early infantile object relations. She postulates that object relations begin at birth, a view, as she says, that disagrees with Freud's concept of narcissistic and autoerotic stages as precursors to the establishment of object relations. She points out, however, that Freud was not definite about this and adduces the equivocal and somewhat contradictory nature of his remarks as evidence to support her belief. Freud spoke of libidinal attachment to an object, the breast, as preceding autoerotism and narcissism. Mrs. Klein notes that her use of the term 'object' differs from Freud's, who meant by it the object of an instinctual aim. She finds further support in Freud's statement that the ego ideal is derived from identification with the father or with the parents. Mrs. Klein feels that this corresponds to her own formulation regarding introjected objects. She declares that she differs more from Anna Freud's ideas about the development of object relations than from the formulations of Sigmund Freud. This is so, she says, because Anna Freud emphasizes the precedence of

narcissistic and autoerotic stages and ignores other possibilities in Sigmund Freud's statements.

Recapitulating the theories detailed in her earlier papers, the author summarizes the earliest stages of development of the individual. In the first three or four months of life, anxiety is of a persecutory nature because of projection of the infant's death instinct and destructive impulses. Comfort and care are felt as good forces or as coming from a good object. The external object, the breast, is perceived as if split into a good breast and a bad breast, and good feelings are directed toward the good breast while destructive impulses and feelings of persecution are directed toward the frustrating bad breast. The splitting, denial, sense of omnipotence, and idealization involved produce the 'paranoid-schizoid position'. Projection and introjection initiate object relations. Growth of the capacities of the ego leads to synthesis of good and bad aspects of objects and gives rise to depressive anxiety. This is intensified by the increasing tendency of the infant to introject the mother as a person and to feel it is destroying the loved object by uncontrollable greed and aggression. This process reaches a peak at about six months, at which time the œdipus complex sets in, aided by the drive for new aims and objects as well as the process of symbol formation.

The author states that these fomulations have helped her in analyzing very young children, and proceeds to describe their application to the analysis of schizophrenics and to analytic technique in general. She particularly emphasizes the importance of analyzing the negative transference, describing a splitting of transference into negative and positive, like the splitting of instincts into life and death instincts and of feelings into love and hate; splits and fluctuations characterize earliest object relations. It is necessary to analyze the negative as well as positive aspects of transference in order to analyze deeper layers of the mind and to distinguish reality from fantasy regarding the patient's past. It is also important to recognize total situations transferred from past into present. By consistent analysis of the splitting of objects, instincts, and feelings, by bringing past and present together, and by uniting loved and hated objects, the analyst succeeds in reducing guilt and anxiety, in diminishing defensiveness, and in establishing whole object relationships. Such integration strengthens the personality; in other words, synthesis takes place to make the personality richer and more effective and adequate.

Most of what Mrs. Klein describes as technical modifications resulting from her analytic work is today accepted analytic practice. Many will not agree that this fact necessarily confirms the reconstructions and formulations and chronology of development which she postulates. This article supplies no analytic evidence to support her views. Her contribution is nonetheless challenging and provocative toward further study and observation.

ISIDOR BERNSTEIN

Metapsychological Considerations on the Concept of Work. Barbara Lantos. Pp. 439-443.

This paper is a consideration of what work is in terms of psychoanalytic concepts, especially structural ones. The author distinguishes between the

activities of animals and of man—the activities of the former being always direct responses to need, instinctual responses, whereas with man this is not always so. Certain human activities have broken out of the sequence: need, urge, activity, gratification. The breaking of this sequence in man is related to the long period of dependence in infancy and childhood. The energies used by animals in the satiation of their needs are in man set free by this period of dependence. The energies so freed are placed largely at the disposal of the ego, but a certain part of them, mainly aggressive, goes into superego formation.

The period of purely pleasure-seeking activity of childhood play gradually becomes changed with the appearance of the superego, and the child slowly becomes able to endure. It is the participation of the superego that changes play activities into work activities. Work is a highly integrated ego activity aimed at procuring from the environment all possible means for the gratification of innate and culturally developed needs. This ego activity derives its energies from libidinal and aggressive sources that operate in a neutralized form in the mature ego. These instinctual energies need supplementation by aggressive drives turning inward against the ego and directed by the superego. The superego forces, however, are no longer destructive but act on the ego in a constructive self-disciplinary manner.

MILTON GRAY

The Problem of Defense and the Neurotic Interpretation of Reality. Hans W. Loewald. Pp. 444-449.

The clinical and theoretical importance of the fact that in the neurotic reality regresses just as the ego regresses has not been generally recognized. Psychoanalysis has accepted the neurotic's view of objective reality—of stimuli, the world, the culture—as something hostile that has to be combated. This tendency to interpret development in terms of defense has confused our understanding of the early precœdipal, magical, narcissistic processes of introjection, projection and identification. It has also confused for us the later phases of development, which raise problems of transformation of primary into secondary processes, 'translation' from unconscious to preconscious language, and the nature of the processes of sublimation. The clearer our distinction between precœdipal and œdipal (defensive) types of development, the more apparent is the difference between reality perceived as an alien, hostile, finished product, and reality perceived as integrated, dynamic, and forever unfinished.

PAUL SLOANE

Oral Components of the Castration Complex. René De Monchy. Pp. 450-453.

De Monchy calls attention to analytic writings describing pregenital energy sources for the castration complex. Freud, in contrast, stated in Analysis Terminable and Interminable that when castration anxiety has been analyzed, 'bedrock' has been reached. De Monchy feels that Freud's remark draws attention away from highly important pregenital determinants. He attributes Freud's idea to the biological concept of primary and fixed instinct-response patterns which are independent of earlier (learning) experience, known to animal psy-

chologists as 'congenital reaction schemes'. De Monchy considers the 'sucking instinct' rather than the castration complex an example in human beings of congenital, unlearned behavior. He points out that such patterns in human beings, in contrast to other animals, are open to a wide range of developmental variation, as to both stimulus and response, during the process of adaptation and maturation. For example, if the original stimulus is the nipple, the variant may be the penis. The author gives a number of clinical examples of clear associative connections between orality and genitality. He underscores the idea that the catastrophic pathogenicity of the castration complex has its origin in repressed associative connections with the oral trauma of weaning. He therefore questions whether the castration complex should retain its central position in psychoanalytic theory.

The importance of De Monchy's interesting short paper is that it represents an attempt to bring psychoanalytic theory more specifically into line with the biological continuum according to the data of animal psychologists, such as T. C. Schneirla. For the understanding of both ego and instinct psychology this is a neglected but potentially fruitful area of research already developed extensively from another point of view by Ferenczi (amphimixis) and more recently by E. Erikson (modes and zones). Premises regarding congenital reaction schemes should, however, be checked with empirical observation. For example, it has not been demonstrated that a behavioral response such as even sucking in infants actually represents 'bedrock'. By analogy, the work of Z. Y. Kuo shows that the pecking response in chicks, supposed by De Monchy to represent a fixed reaction pattern uninfluenced by environment, actually is shaped and formed in embryo by a number of specific environmental factors. This indicates that the pecking response itself is already a complex built up from simpler stimulus-response patterns. Also it should be kept in mind that the pathogenicity of both the castration fear and the weaning trauma depends not only on possible congenital reaction patterns but also on the 'quantity' of instinctual energy (aggression) in the responding subject. The fact that there are of course powerful pregenital determinants to castration anxiety would not, without much more data, persuade many analysts to remove the castration complex from the position it has always held in psychoanalytic theory.

SAMUEL P. HUNT

Discussion of M. Katan's Paper on Schreber's Hallucination. Herman Nunberg. Pp. 454-456.

Nunberg considers certain problems presented by the phenomena of hallucinations. He uses the Schreber material as presented by Katan in his paper, Further Remarks About Schreber's Hallucinations. Nunberg emphasizes that the patient's weak ties with reality are a reason for the hallucinatory phenomena.

Freud pointed out that delusions and hallucinations always contain a fragment of historic truth; this is what gives strength to the patient's belief in his hallucinations. Two difficulties arise from Freud's observation: first, all neuroses have a kernel of truth, and second, this fact tends to eliminate the barrier between neurosis and psychosis. Nunberg says we should try to find out 'what

exactly is the difference in the manner in which the ego treats the "historical Truth" in neurosis and in psychosis'.

MILTON GRAY

Transference Phenomena and Transference Analysis in an Acute Catatonic Schizophrenic Patient. H. Rosenfeld. Pp. 457-464.

The author observes that most analysts avoid treating schizophrenic patients because of the belief that such patients, having regressed to an objectless, autoerotic state, are incapable of forming a transference. He summarizes those reports in the literature dealing with transference phenomena in schizophrenics. Alluding to the great stimulus that Melanie Klein's research has given to the treatment of psychotic patients, Rosenfeld devotes the remainder of his paper to an elaboration of the Kleinian formulation of the role of the 'paranoid schizoid position', 'projective identification', and ego splitting in the schizophrenias. 'The schizophrenic . . . seems to become confused with [his] object . . . due not only to identification by introjection, but to impulses and fantasies of entering inside the object with the whole or parts of himself in order to control it.' These impulses 'may be regarded as the most primitive type of object relationship, starting from birth. . . . The schizophrenic has never . . . outgrown this . . . and in the acute . . . state he regresses to this early level.'

The author mentions in passing the defenses of the ego against these impulses and cites negativism as an example. He then presents in some detail clinical material from a twenty-year-old schizophrenic whom he 'treated by psychoanalysis' for four months. 'One may say that the analytic procedure in this case was in all essentials the same as in neurotic cases.' How this is compatible with a subsequent statement, 'I had at times to understand and interpret quickly with very little material', is left to our conjecture.

The case material presented does strikingly illustrate schizophrenic 'ego splitting', the confusion of subject and object, and the sweep of introjection and projection in the transference, and is well worth reading.

The author concludes that he has endeavored 'to illustrate that the withdrawn state of the schizophrenic patient cannot be considered simply as an autoerotic regression'. He also suggests that the concept of projective identification is opening new fields of research and has made it possible 'to understand and interpret the transference phenomena of this patient'.

DAVID L. RUBINFINE

Patients Who Sleep or Look at the Psychoanalyst During Treatment—Technical Considerations. W. Clifford M. Scott. Pp. 465-469.

The author's observations and a review of the literature lead him to conclude that sleeping or sleepiness during analysis is a regressive defense which reactivates primary conflicts over the wish to sleep. Analysis of this defense may result not only in better nocturnal sleep but also, for a while, increased sleeping during the analytic sessions. States of blankness, or 'nothing to talk about' are often defenses against a wish to sleep. The aim of the impulse is most easily determined by associations to the question, 'If you slept, how would you like to be wakened?' The state of waking is allied with omnipotent creative wishes and

should be studied more in detail. Sleep dreams may be defenses against immediate sensory experiences such as occur going to sleep or waking. The associative material recurrently leads to a wish to look at, touch, or have the analyst. In a case of the author's, analysis of sleep as a defense led to primary oral deprivations' becoming conscious and to what appeared to be a primary sleep and wake wish.

Waking and looking are usually connected with anxieties concerning the body surface and the inner situation, and with the acting out of desires, such as touching. Analysis of these wishes may also lead to more looking, for a while, but also to more progress. Looking may serve to avoid remembering or verbalizing, or may symbolize eating or vomiting. Mutual looking fantasies may be substituted for kissing or fighting. The author concludes that greater use of movement and posture analysis may increase the speed and depth of analysis and help to prevent the occasional long-term regressions that occur during psychoanalytic treatment.

WILLIAM F. MURPHY

Beethoven and His Nephew. Richard and Editha Sterba. Pp. 470-478.

See Abstract of this paper in Notes, This QUARTERLY, Vol. XXII, 1953, pp. 317-320.

(ED.)

The Criteria of Progress in a Patient During Analysis. H. A. Thorner. Pp. 479-484.

Thorner reports the analysis of a middle-aged spinster. Changes in the patient's relationship to the 'good object' indicated progress. At the start, she regarded the analysis as a delousing process, had persecutory anxieties connected with her fear of being full of bad things, could not accept or use good or whole things, and was fond of using broken or makeshift things instead. She felt she had to give up good things to others who needed them, and imagined that the analysis would end when she had nothing left to say and was thus totally exhausted and depleted. In the early stages, the patient could not introject a good object, since this would have meant its destruction. Progress was shown when her anxieties over her own dangerousness became diminished and it became possible for her to introject the good object represented by the analyst without fear of destroying him.

LINCOLN RAHMAN

Mahatma Gandhi. A Contribution to the Psychoanalytic Understanding of the Causes of War and the Means of Preventing Wars. F. Lowtzky. Pp. 485-488.

In an attempt to understand how Gandhi achieved without bloodshed Indian independence and the abolition of the caste system, Lowtzky traces the connection between Gandhi's relationship to his father and his relationship to Great Britain and British control over India.

During the First World War, Gandhi supported the British government in its war efforts and did not feel that this violated 'Ahimsa', with its belief in

nonviolence. Gandhi believed it the duty of the son to defend the father with 'whatever means were at his disposal'. When, however, India did not get promised independence, Gandhi's trust in Great Britain was shattered and he began his advocacy of passive resistance to the British administration. He drew an analogy: when a father does wrong it becomes the duty of a child to leave home. In India it became the duty of the subject to disassociate himself from an erring government, in order to make the government aware of doing wrong. It was 'an object lesson in Ahimsa'.

Lowtzky relates these attitudes to an incident between young Gandhi and his father, in which the father was devoted and loving instead of unforgiving, as Gandhi had expected. Gandhi learned that it is not the sinner who is evil, but the sin. This freed Gandhi from his guilt feelings and need for punishment. Similar attitudes were operative in Gandhi's successful campaign to abolish caste inequality in India.

Lowtzky says 'we can conclude that there are means to prevent war and violent revolution, such as the freeing of a child by means of right education from its hatred toward its parents'. He believes the causes of revolution and war are psychic in origin and unless the child's aggressive feelings toward his parents are successfully dealt with, the hostility remains in the adult and extends in scope and magnitude.

Some Sidelights on Free Associations. Gregory Zilboorg. Pp. 489-495.

The author points out and discusses the contrast between the process of psychoanalytic observation, which is spontaneous nondirected ideation, and the usual process of scientific observation which is concentrated directed thinking. He says 'a true psychology of psychoanalysis will therefore become possible only if and when the processes involved in free associations are fully understood'. He discusses the work of Hartmann and Anna Freud, and notes that their consideration of the problem of free association has been almost the only attention devoted to it.

He deals with Freud's choice of free association in preference to other therapeutic devices and connects this with Freud's 'humanistic individualism', which would make it seem natural to Freud to choose a method that gives to the patient a minimum of interference with his life from without and a maximum sense of having his inner life in his own hands. In the various deviations from Freud and from the use of free association, Zilboorg notes a constant antagonism to the 'unconscious'; finally free association comes to be regarded as an aggressive weapon to be used against the unconscious. Actually free association is a tool for the broadening of our consciousness and for reintegration of the ego.

Zilboorg examines the history of the interest in free association, referring to John Locke and the pervasive influence of association psychology. Galton attempted to practice free association while alone, as reported in his paper of 1879 in Brain. Whether Freud was aware of this article or not matters little. The point is that the free association method is not to be looked upon as an invention of Freud's, but rather as an embryonal tendency in the history of psychology which was caught and made fertile by Freud's intuition. The more significant and original Freud's work appears, the more does it seem a link in

the historical continuity of scientific thought. His work is new and yet rooted in that which it uprooted.

MILTON GRAY

Revista de Psicoanálisis. IX, 1952.

Aportacion al psicoanálisis de la musica. (Contribution to the Understanding of Psychoanalysis of Music.) Enrique Racker. Pp. 3-29.

The author describes what music meant to one of his patients. Like a neurotic symptom, it represented simultaneously a defense against and gratification of libidinal impulses. Music is like forepleasure; it serves to discharge libido in a substitute form. The sounds of music give narcissistic, autoerotic gratification. The author substantiates by clinical studies the magic, omnipotent, and animistic qualities of human breath and singing. He uses Reik's hypothesis about the *shofar,* and other mythological and anthropological studies, to corroborate his conclusions, namely:

1. Musical sounds, regardless of words or manifest content associated with them, are derived from shouting as a manifestation of or defense against anxiety. 2. Repressed oral sadistic impulses underlie both music and shouting. 3. Pleading, praying to the gods, and singing have been associated in the human mind since the beginning of history. 4. The cry at birth is the model for all crying, shouting, and singing in future anxiety-ridden situations. 5. Music is somewhat analogous to wit because in enjoyment of music the superego is bribed by intellectual pleasure. 6. Music helps to maintain a reactive defense against patients' persecutory and paranoid fears. 7. It is similar to melancholic and maniacal states, in which feelings of inferiority are but a façade for guilt over oral cannibalistic, anal-sadistic (flatus, the expulsion of gas), and homosexual feelings, all related to the œdipal situation. 8. The cry (shouting or sobbing) becomes subjugated, as happens in melancholia, to a severe superego and is then transformed into music. 9. In the elaboration of music we see operations resembling the primary process, such as displacement, condensation, inversion, and representation by the opposite. The form of melody is, essentially, an orderly construction, followed by repetition of it and variations of it.

An abstract cannot do justice to the author's clinical substantiation of these hypotheses nor to the well organized anthropological data to be found in the original article.

Psicoanálisis de una melancolia ansiosa: elaboracion tardia de un duelo. (Psychoanalysis of an Anxious Melancholic Patient: Delayed Mourning Reaction.) Leon Grinberg. Pp. 30-54.

This article describes a patient who postponed mourning the death of her mother, which occurred because of an abortion. Nine years later, when she herself became pregnant, the patient could no longer negate the loss of the loved object, and finally began the process of mourning. The paper is most instructive in revealing the working through of certain processes in transference. A final résumé of four dreams and their associations shows how the patient became bolder in manifesting her anxieties, death wishes, and oral rage against the frustrating mother at a time when she was herself about to become a mother.

Depresion, introyeccion y creacion literaria en Marcel Proust. (Depression, Introjection, and Literary Creation of Marcel Proust.) W. Baranger. Pp. 143-171.

The author presents conclusions drawn from study of Proust's life and works. 1. Proust's asthma was a direct reaction to the loss of a loved object, his mother. Secondarily, it was a means of gaining her back. 2. His jealousy—at times he was almost paranoid—shows his homosexual fixation, expressed as 'bad impulses' toward the object. The homosexual object was split, because his image of his mother was likewise split, into good and bad objects. 3. His phobias and obsessions were a defense against deep feelings of depression. They were an attempt to control and dominate the loved object in an anal way (with money) or orally (by food fads). They also protected him against being abandoned. 4. His depressive tendencies were countered by a mechanism resembling that of hypomania, with use of drugs and alcohol. Narcissistic libidinal gratification was permissible only after the mother had been introjected; Proust could then gratify his scoptophilic and exhibitionistic wishes by his famous *pastiches* and vivid imitations. 5. All his defenses arose from the loss of a loved object and from death wishes probably experienced when he witnessed a primal scene.

These conclusions have recently been corroborated by Proust's descriptions of introjection and identification in his letters and stories.

Estudio psicoanalítico de un caso de depresion hipocondrica a traves de su tratamiento por la electro, y la psico-terapias. (Psychoanalytic Study of a Hypochondriacal Depression Treated With Combined Electroshock and Psychotherapy.) Fidias R. Cesio. Pp. 172-181.

This paper is a clinical presentation of the evolution of a hypochondriacal syndrome with depression which progressed to frank paranoid delusions about the psychiatrist. The patient received twenty electric shock treatments. Psychotherapy was given—more than two hours on some days—and the homosexual component of the patient's libidinal attachments was interpreted. Thinly disguised œdipal masturbatory fantasies emerged in which the mother-in-law was the fantasied partner. The patient meanwhile improved. As usually happens in hypochondriasis, the patient's ego had surrendered to an aggressive, sadistic superego, which represented the father. The patient recovered and remains well three years later.

GABRIEL DE LA VEGA

The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

Ruth Burr 1891-1953

To cite this article: (1954) Ruth Burr 1891-1953, The Psychoanalytic Quarterly, 23:1, 151-165, DOI: 10.1080/21674086.1954.11925940

To link to this article: https://doi.org/10.1080/21674086.1954.11925940

NOTES

RUTH BURR
1891-1953

With the sudden, unexpected death of Doctor Ruth Burr, on December 14, 1953, at the age of sixty-two, the Boston Psychoanalytic Society and Institute lost a devoted member.

Dr. Burr was born in Sacramento, California, where her family had lived for several generations. She graduated from the University of California Medical School in 1920 and began to specialize in psychiatry at the State Hospital of Warren, Pennsylvania, in 1927. Her analytic training was begun at the London Institute of Psychoanalysis in 1929 where she spent two and one half years, and was resumed in Boston in 1933. Dr. Burr became a member of the Boston Psychoanalytic Society in 1942, and of the American Psychoanalytic Association in 1943.

During the Second World War she was an active contributor to the work of the Clinic of the Boston Psychoanalytic Institute.

Dr. Burr's major professional work during her last twenty years in Boston was her private practice in which she demonstrated a fine talent and unflagging patience in the treatment of some especially difficult cases.

Dr. Burr will be remembered as a kind, generous person of rare integrity and as a skilled psychoanalyst who was deeply and effectively devoted to her patients.

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

February 24, 1953. ON THE PSYCHOLOGICAL ORIGIN AND FUNCTION OF SYMBOLS. Sydney Margolin, M.D.

Margolin defines the symbol as the only form of communication whose content and structure are directly related to processes and events in the unconscious, thereby differentiating it from other terms, such as sign, signal, simile, metaphor, allegory, which are loosely used as synonyms. This distinction is of practical importance; for example, an allegorical interpretation is not only of no therapeutic value in psychoanalysis, but may intensify some of the patient's defenses. He states that symbol formation tends to take place about concepts which have significance for biological survival and which are associated with a somatic sensory component. Symbol formation takes place later in life only exceptionally, and then in association with certain unprecedented life situations as, for example, the appearance of diabetes in an adolescent who was treated as a young adult. This patient became so much preoccupied with the function of his pancreas, the failure of which represented rejection by his mother, that taking insulin came to represent doing for himself what he felt

his mother ought to be doing for him. These unconscious determinants motivated his intermittent difficulty in managing his diabetic treatment, and his explosive conflicts with his mother. In short, his disease, its treatment, and his knowledge about the disease were structured as symbols representing various aspects of his pregenital relationship to his mother. His tendency to mismanage his diabetic therapy resulted in loss of weight which to the patient at times symbolized consuming his own insides as an act of independence from his mother. At other times it symbolized consuming his incorporated mother, thereby re-establishing his earlier dependent relationship with her. Taking insulin symbolized a weaning process representing his independence from his own internal organs, ultimately from his mother. The hypodermic represented the phallic mother with oral-sadistic aims and with penetrating, smothering breasts. These symbolizations had the effect of restating the immediate threat of his illness in terms of previous situations of anxiety which had been successfully mastered. Symbol formation thus takes place in a setting of anxiety as a defensive maneuver. This corroborates Melanie Klein's contention, in opposition to Freud's view, that the function of symbol formation is to gain instinctual gratification. Margolin concludes that a synthesis of both views comes closest to the observed facts, and presents examples, from the observation of an infant, in which symbolism relieves oral tensions. He concludes that a symbol is built upon a tetrad of basic elements: first, an instinctual need, partly of bodily origin; second, gratification of that need; third, an organ of the body through which this is achieved and, finally, an object which furnishes the gratification. The prototype of the concept to be symbolized, and of the inherent elements of the symbol, is to be found in the relief of oral tensions. With psychophysiological attainment of the phallic level of libidinal organization, changes in the structure of symbols occur which reflect that maturation. For example, the original oral model is conceived of as being two-dimensional, whereas three-dimensional conceptions characterize symbols formed at later stages. The basic tetrad is linked invariably to a number of associated sensory modalities each of which can originate the symbol which will represent the tetrad itself. The symbolic process thereby increases the number of ways that an anxiety provoking idea can be symbolized. In this way the symbolic process, according to Klein, participates in the process of sublimation. Margolin points out that periods of transition from one phase of psychological development to another are particularly likely to be periods of stress; hence of symbol formation. He compares the profusion of symbols which characterize these periods of transition with the *'rite de passage'* of the anthropologists. The need to ceremonialize a potentially traumatic change in status operates in both and serves simultaneously in each case a defensive function as well as one of instinctual gratification. The symbol represents a means of clinging to the past, at the same time preparing the way for the next stage of psychological development.

In the discussion, Kubie emphasized first what he calls the multipolarity of the roots of the symbol: the internally derived data in the symbol versus the externally derived data; the body language content versus the verbal language;

the concrete aspects versus the abstract; the conscious (literal) meaning versus the preconscious (allegorical), versus the unconscious. All of those poles of meaning are to be found in every symbol. Kubie then took issue with Margolin's narrowly delimited definition of the symbol, inasmuch as every experience has its unconscious connotations, side by side with its meanings on a reality level. Jacobson presented an observation of a two-year-old boy in which anxiety due to excessive genital tension seemed to be relieved by symbol formation. She suggested that this was accomplished in a series of steps involving repression, substitute instinctual discharge, culminating in a new phase of ego functioning characterized by a greater capacity to master genital tensions. Lewin felt that Margolin had contributed an important clarification in distinguishing between the problem of the origin of the symbol and the problem of the function of the symbol. He did not share Margolin's opinion of the importance of Klein's formulations because they lack documentation. Róheim presented examples of the readiness with which primitive children attribute sexual qualities to inanimate objects; also their use of symbolism to master an anxiety generated by the environment. He disagreed with Margolin's analogy between *'rite de passage'* and symbolism, stating that transition rite deals with change by dramatizing it, whereas in symbolism the change is denied. Referring to Margolin's distinction between the origin and function of the symbol, Hartmann stated that what originates as an instinctual demand may later become a defense against an instinctual striving; or defense against an instinct may become a character trait. He also pointed out that much of what Margolin said about symbolism is true about the primary process in general, and that it is the associated mobility of cathexis which permits the ego to utilize the primary process to its own advantage.

LOUIS LINN

March 10, 1953. THE PSYCHOANALYSIS OF A GAMBLER. Edward E. Harkavy, M.D.

The case reported is that of a twenty-five-year-old man who had gambled with his father's money since the age of twelve. He was depressed when not gambling, and after gambling terrified of his father. He said he had never masturbated and had never tried intercourse. He was also depressed because of failures in school and in his vocations. Epileptic seizures and an intense fear of dying were also features of this case. Anal character traits were employed as defenses to gain narcissistic reassurance by attempting to achieve control over his bowel contents, later over his parents, and finally over reality. Control of reality was exemplified by his body movements which were meant magically to control ballplayers and prize fighters. The patient's need to control was, without his being aware of it, aimed at winning or subduing his mother into giving him the love he needed to keep on living. The father, a wealthy business man, had lived a dashing life in his earlier days. The patient wished to have people talk about him as they talked about his father's exploits. But his greatest envy was the gambling coup by which the father acquired his first million. The mother, a successful business executive, was a frugal, conservative woman, who often quarreled with her husband over his gambling and

sexual infidelity. The last of many separations occurred many years ago. As a child, the patient simulated fits to gain his mother's anxious attention. At the age of twelve he was beaten by his mother because he had called her a whore for trying to conceal a man's visit to her. After this incident the patient took money from his mother's purse and started to gamble. The psychopathology is described as narcissistic omnipotence, latent homosexuality, and exhibitionism, or defenses against it. In this patient the use of the penis for penetration was inhibited because of an excess of sadism. This anxiety inhibited him from 'getting into something'. But since neither repression, reaction-formation, nor neurotic compromise could be sufficiently mobilized as defenses, there was resort to regression and self-destruction, as suicidal depression, or erotized as masochism—representing the internalized struggle between the parents with whom he was identified. The failure of repression is accounted for as follows: the repeated quarrels and separations of the parents forced him to identify with both abandoning (abandoned) objects and to perpetuate an early introjection-projection mechanism of defense. The fusion of good and bad introjects, which is normally implemented by repression, could not be achieved because of the excessive frustration he had to suffer so early and often from the disappearances of the angry parents. His ego could not repress the sadistic aggression which he took to be his own by his identification with the frequently embattled parents. The compulsive identification, moreover, resulted in a blurring of his ego boundaries and ego feelings and threatened him with loss whenever he loved anybody. Another result was to emphasize sphincter control with its fluctuations between possession and loss as a technique of narcissistic control over his 'fluctuating' parents. Such patients, whether they comply or defy, present only a new dramatization of an earlier somatic compliance which becomes invested with narcissistic aims. What makes them poor analytic risks is the unanalyzed conversion dramatization, typically regressive and within a narrowed consciousness, which renders the narcissism unavailable for analyzing. This patient at an early age deflected his hatred of his mother to his father; but his need for love, accentuated by oral fears, induced a passive attitude toward the father. However, out of fear of this passivity, he tried to identify himself with his father as an apprentice-gambler. In this he failed because of his sadism and because the father needed a scapegoat. Thus, the regular return of repressed aggression foretold that anxiety would not be developed into a mere signal, but into an acting out such as gambling. This activity took place within a narrowed consciousness in which only its pleasurable aspects were entertained, and not its direful results. The narrowing of consciousness was the result of regression, just as in falling asleep regression paves the way for withdrawal of cathexes and dreaming. This demonstrated itself on the analytic couch to be a dreamlike removal from reality while masturbating. It maintained itself by regressively activated anality which had been used in the first place to gain the love of the mother who hated him. The regression was to the reactivated œdipus complex, masochistically re-enacted.

Dr. Bychowski observed that the constant repetition of the sequence, active

discharge with great gratification followed by self-punishment and depression, seen in this case is shared by the manic-depressive cycle and the various phenomena belonging to the epileptic group. The literature indicates that there is a deep connection between dynamic factors, especially masochistic guilt and epileptic manifestations. The challenging of destiny is found not only in gamblers but in many other patients. In these cases the element of provocation is as important as the element of intense pleasure through erotization of anxiety. The provocation is connected with primitive, magical narcissism. Narrowing of consciousness is an important defense and would, by itself, be sufficient justification for speaking of a hysterical component in this case. A significant part of the presentation is the factor of internalization of parental conflicts with an important defense against the superego, often observed in schizophrenics. Also seen in latent and manifest psychotics, as in this case, are anal play with feces and introjected objects. From the technical point of view, Dr. Bychowski commented on the self-observation or split transference which is often used in work with latent psychotics and schizophrenics and the skilful mobilization of anxiety. He noted that in this case, as in the analysis of children and adolescents, the persistence of the immature ego is demonstrated in an almost symbiotic connection with the parents. Therefore, he believes that there is an absolute necessity for some kind of analytic work with the parents, thus involving the whole family in psychotherapeutic teamwork. Dr. Bak pointed out that the gambler's challenging of fate which ultimately ends in misfortune is due not only to the various pregenital elements and the unconscious feeling of guilt but also to certain formal disturbances in the ego's capacity to judge reality. In creating a situation in which he has to lose, he repeats the œdipal constellation, in which he never fully realizes the hopelessness of defeating his opponent and escapes castration because, by some more or less magical means, the danger of castration has been circumvented. Ultimately, the oral sadistic attitude, primarily toward the mother's breast, is transferred to the father's penis. The attitude of oral incorporation of the father's penis then returns as an extremely strong retaliatory castration fear. With regard to repression, Dr. Bak believes there is no failure. Genitality is repressed and in the gambling flows back to the anality and the magic. With the idea of narrowing of consciousness he is also not in agreement. Functionally what we see is the disturbance of an ego function due to erotization because of the motives ascribed to gambling. Dr. Spitz addressed himself primarily to the factor of the role of the primal scene for this patient. It is the primal scene that is referred to in the latter's dream in which a pilot flies alongside a plane and lets the patient do the steering, and which ends with the patient in pain, bloody and bandaged, but with a feeling of liberation. The primal scene is here represented as violently sado-masochistic, a constellation which governs the whole life of the patient, including gambling. Moreover, since the quarreling between the parents started before the actual understanding of sex in terms of genitality, it was considered as a form of love activity. In other words, relations between the parents were understandable only in terms of fighting. The patient's gambling, Dr. Spitz notes, followed a quarrel about the mother's relationship with a man and her beating of the patient which, to the latter, was really a re-enactment of his primal scene fantasy.

Dr. Schur cited the case of a gambler whose gambling culminated in a scene representing a re-enactment of his œdipal conflict and his wish to be defeated in it.

NORBERT BROMBERG

March 24, 1953. BRILL MEMORIAL ADDRESS: THE HOMEOSTATIC REGULATORY FUNCTION OF THE EGO. Karl A. Menninger, M.D.

Dr. Menninger proposes a revison of psychiatric nosology based upon fundamental psychoanalytic theory. The lecture was devoted to the first part of this study which is organized in two sections. Structural, economic and genetic aspects of psychoanalytic theory are integrated around the homeostatic regulatory functions of the ego as the starting point. Homeostasis is first defined in closed and open systems. The psyche is an example of an open system. Freud recognized the principle of psychic homeostasis as a basic concept of his metapsychology in The Interpretation of Dreams. This was later revised and elaborated in Beyond the Pleasure Principle. The theoretical biologist, von Bertalanffy, arrived at a similar conclusion from another direction. For 'open systems', von Bertalanffy prefers the term 'steady state' to 'homeostasis'. 'Open systems' are defined as energic systems which maintain themselves by an exchange of materials with the environment, in contrast to 'closed systems' which tend to run down. The former have the capacity not only to maintain themselves, but of transition to states of higher heterogeneity and complexity. Homeostasis is a principle in direct opposition to the 'Nirvana principle'. The paper contains a detailed discussion of considerations from the point of view of physics, biology, psychology and philosophy for affirming or dispensing with Freud's theory of a death instinct. Menninger considers the 'dual instinct' theory as not coextensive with the death instinct, but considers the two as synonymous for purposes of practical application. Under the heading, Ego Functions, the author proposes the similarity between Weiner's cybernetic feedbacks and the freudian concept of instinctual delay and modification in response to outside stimuli favoring controlled release of instinctual drives. The ego's apparatuses and its interrelations with other psychic structures are redescribed from this vantage point as a dynamic 'metaphorical' institution of many parts all subserving the maintenance of the 'steady state'. Menninger considers physiological homeostasis as one part of the broader concept of the 'steady state' mediated by the ego, which is then redefined as 'that state of (organismic) balance striven for by a reconciliation of the various demands operating upon the total organism whereby a maximum of satisfaction is achieved at minimal costs in a variable environment'. Illness and symptom formation is discussed under the heading, Ego Stress, and represents a shift in the 'steady state' level and a 'reorganization of the homeostatic pattern of the organism involving various extrapolated maneuvers'. The energic redistribution within the system is described in terms of the mobilization of aggression and its vicissitudes in relation to subject and objects with the superego considered as an 'incorporated internal aggressor'. Stress is considered as an excessive rise in the level of ego tension requiring emergency measures to restore homeostasis. The first line of defense is con-

sidered the most primitive and is discussed under the heading, 'Normal' Minor Emergency Devices. These include the strengthening of *ad personam* cathexes and supportive relationships, increased pride through self-restraint, discharge through humor, 'crying it out', excessive or unusual sleep states, 'talking it out', 'thinking through', 'working off' through the muscular system, acting, play, exercise, fantasy, slips of the tongue and parapraxes, reaction-formation, involuntary somatic pathways of tension discharge, i.e. 'organ language'. The sustained necessity for such devices becomes patterned in the ego as character. Symptom formation is then conceived as the result of extraordinary measures necessitated by the failure of the 'minor' methods to restore the 'steady state' in stress. It is the author's thesis that one can follow this process 'as the threat of disintegration becomes greater, the regulatory functions of the ego are increasingly taxed and are obliged to resort to increasingly radical and costly expedients . . . it is possible to arrange these in an hierarchical order, grouped according to distinguishing characteristics'. This will form the basis of the nosological section of Dr. Menninger's monograph.

VICTOR H. ROSEN

May 12, 1953. A PSYCHOANALYTIC CONTRIBUTION TO THE STUDY OF BRAIN FUNCTION: I. THE FRONTAL LOBES. Mortimer Ostow, M.D.

This first paper in a series on the correlation of psychoanalytic metapsychology and neurophysiology presents a study of the frontal lobes, their structure and their function. Following a review of the anatomy of the frontal lobes, an outline is given of those areas whose function is known to some extent. In the main the frontal lobes are without known functions and studies of lobotomized patients have presented little conclusive evidence to clarify this unknown portion of the brain although phylogenetically certain changes are noted. As we ascend the scale of animals, the premotor frontal cortex expands in size so that it finally is larger than the motor area in the chimpanzee and in man. Concomitant with the expanding premotor cortex, the dorsal medial nucleus of the thalamus sends more and more of its fibers into the anterior frontal lobes. In lower mammalian forms these fibers extend to the striatum, the old motor system. The dorsal median nucleus receives impulses from the viscera through the hypothalamus and sends them on to the anterior frontal lobes. In psychotic patients, lesions of this nucleus produce effects comparable to prefrontal lobotomy. From a review of the literature on frontal lobotomized and lobectomized humans and animals, the findings are indifference, poor judgment, loss of higher sentiments such as friendship, gratitude, jealousy, sociability, while the more primitive emotions dealing with hunger, thirst, and other primitive needs persist. Through correlation of the anatomy, the literature on frontal lobe damage and psychoanalytic theory of instincts and their derivation in fantasy formation, Dr. Ostow postulates that one of the functions of the frontal lobes is the creation of derivates of instinctual drives. This liberates the human from the stereotyped instinctual gratification seen in animals and results in the creative activities characteristic only of humans. In addition, the frontal lobes determine the derivation of the dominance of each fantasy

and the order of procession of fantasies, as is seen in analysis. The frontal lobes receive data from the transcortical association pathways on the environment and from the dorsal median nucleus on the viscera. These data are integrated with the fantasies derived from the instinctual drive that has been activated and an appropriate solution is executed by the motor apparatus through the motor cortex in the frontal lobes. On this formulation, damage to the frontal lobes as in lobotomy will impair fantasy formation and utilization, and consequently the maintenance of symptoms.

Dr. Lewin pointed out that the function attributed to the frontal lobes is in analytic concepts attributed to the ego. Dr. Sillman expanded the formulation of the paper and called the frontal lobes the organ of reflection or reminiscences. This organ calls on all parts of the brain for information and correlates them to produce concentrated and organized activity. In the absence of or inhibition of instinctual gratification, reflection sets up fantasies as substitutes. Dr. Louis Linn objected to the localization of the higher functions of the brain in any one part. He ascribed the distortions of the higher functions in frontal lobe damage to disturbances in consciousness. He cited cases where the same distortion of function occurred in damage to other parts of the brain. Dr. Ernst Kris considered the concept of time that is lost in lobotomized patients as a function of the ego and related the functions of the ego to the postulated function of the frontal lobes. Dr. Meyer raised the question of whether the frontal lobes are essential to the elaboration in fantasy of instinctual urges or whether fantasy formation originates in the frontal lobes. In conclusion, Dr. Ostow stated that it was too soon to speak of the frontal lobes as the seat of the ego. He described certain functions of the frontal lobes which are also functions of the ego. In his next paper, on the temporal lobes, other functions which may also be considered in the realm of the ego will be presented.

HOWARD SCHLOSSMAN

May 19, 1953. THE GENESIS OF MAN. Leonard R. Sillman, M.D.

Man shows a striking disparity between his awareness and control of the outer world, and his self-understanding and self-control. Only when man understands the reactions of his mind as well as he perceives the reactions of the world around him will he bring under control his powers of destruction. One significant missing link in man's knowledge of man is the unsolved problem of how he came into existence. As an animal, man displays aggressive destructive instincts which make him 'king of the tooth and claw kingdom'. As a mammal he has erotized body areas as has no other mammal, and has abandoned a merely cyclical sexual interest. As a primate, he has inherited fearfulness (flight to the trees, originally in escape from carnivores), manual dexterity and foveal vision. Early prehuman forms, dating back about a half million years, left the trees and became aggressive and omnivorous. The timid frightened herbivorous monkey became a stalking predatory killer and ultimately developed into 'that heroic coward known as man'. The cave art of prehuman forms indicates that the brain had acquired the ability to recall, and the hand the

ability to re-create, concrete pictorial images. About eight thousand years ago neolithic man began plant and animal domestication, a most significant step, paving the way for much greater stability of food and development. The basis for the transformation from paleolithic to neolithic man rests on a number of reactions. He must have had the capacity for modification of oral drives in such a way that the interest in food was maintained even when satiation was reached. He must have developed the memory of hunger, so that even when full he could plan for the time when he would be hungry. This meant the capacity to perceive and respond to pressures other than immediate physical need. For horticulture there had to develop an awareness of the relationship between seed and plant, and the capacity for saving seeds. For the domestication of animals, man had to inhibit his fear and aggression. The more primitive response had been to flee or to destroy. The renunciation of instinct, therefore, played a major role in enabling man to evolve from the paleolithic level. The genesis of man was achieved by a splitting in two of instinctual drives. One part retained its original direction toward the external world, the other turned against the self. The turning of consciousness inward creates the distinctive human characteristic of self-consciousness and reflection. Aggression turned against the self is viewed as the primary instinctual change responsible for the transformation of paleolithic into neolithic man, as well as the basis for the sense of guilt from which spring other instinctual renunciations. Guilt about destroying and consuming food led to the sparing of seed and stock, and the development of totemism. Oral reaction-formation, following guilt about gorging, led to the transformation of envy and greed to altruism and generosity. The anal reaction-formation converted the impulse to expel feces into the urge to hoard and retain. The urge to perceive turned inward, producing self-consciousness and reflection, and ultimately led to the establishment of causalities and other interrelationships. Language resulted from the transference of image evaluation of all modes of experience into the auditory vocal sphere. Auditory memory and vocal skill became connected with every possible experience; words became 'the wires between consciousness and memory'. The inward turning of instincts parallels ectodermal (nervous system) invagination. Ambivalence is viewed as a derivative of bimentality (instinct and counterinstinct, conscious and unconscious). The counterinstincts produce a whole series of derivatives. In this theory, contrary to that postulated in Totem and Taboo, the superego derives from parental imagoes dominating the primary instincts through the medium of the counterinstincts of guilt, narcissism, anal reaction-formation and the castration complex. Counterinstincts, inhibiting primary impulses, are the main motive force behind repression. Guilt and narcissism make each man a compliant member of the group by taming his primeval instincts.

Dr. Nunberg characterized this paper as poetic in its perceptiveness. He doubted, however, that it represented an improvement over Freud's theory of life and death instincts. He favored the conception of defense as being derived from ego activity rather than from the counterinstinct (id). Dr. Lewin stressed the grave uncertainties in our knowledge of what is instinct, what part of it is psychologic and what organic, and how to distinguish between assumption and

fact in theorizing on the nature of instinct. Dr. Hartmann raised the question of how far one may hope to go in applying psychoanalytic concepts to phylogenesis. The evolution of the ego is a most crucial and unclear aspect in much analytic theory. He looked on defense mechanisms as essential and primary, not secondary, as Dr. Sillman had suggested. He did not agree that denial of instinct was due only to guilt. Dr. Loewenstein disagreed with the thought that man appeared only in the neolithic period; significant aspects of his Cro-Magnon predecessors were strikingly human, and therefore the turning of aggression against the self (by neolothic man) cannot be accepted as the basis of man's genesis. Dr. Shorr compared the paper with 'Thalassa' as interesting fantasies. He referred to recent neurological research bearing on the possibility that genetic mutation may have led to a redirection of instinctual energies into neural rather than vegetative areas. Such a new evolutionary quality may explain the genesis of man. In closing, Dr. Sillman denied that his comments contradicted Freud's formulation about the two primary instincts, and discussed further the implications of some of the remarks brought out by the various discussants.

JOSEPH LANDER

June 9, 1953. ON PSYCHOTIC IDENTIFICATIONS. Edith Jacobson, M.D.

The author purposes to compare the narcissistic identifications of schizophrenia with those of the manic-depressive psychoses. She briefly reviews the developmental stages of the identification mechanism. She postulates that at first, in the very young infant, we are dealing with 1, self-representations; 2, object representations. In the psychoses not only the object world but also the world of the self as an integrated entity is apt to break down and to be replaced by unrealistic concepts. In early infancy, there is no clear delimitation of the boundaries between the self and the love objects. Magic fusion and refusion between self and object is experienced upon close physical contact. Thus, the infant participates in the parental omnipotence. To imitate the parent is to be him. Ego and superego identifications arise from the striving not to be one with, or to be, the love object, but to become like him in the future. Ego identifications are realistic and they achieve real changes in the ego which justify, at least partly, the feeling of being like the object. In her paper the author intends to study the breakdown of object relations and normal identifications and their replacement by regressively revived magic identification mechanisms in a manic-depressive and in a schizophrenic case. The manic-depressive *treats* himself in his delusions of grandeur or worthlessness as though he were, respectively, the good, aggrandized or bad, devaluated object. The schizophrenic, on the other hand, in the prepsychotic state tends to *behave* as though he were the admired love object and, when delusional, may consciously believe he has *become* another object. Dr. Jacobson illustrates the first group by the case of a woman at the start of her depressive episode. Endless complaints about her husband, stressing his aggressiveness and worthlessness, insiduously turned into complaints about herself. One day the patient said: 'I am so confused, I don't know whether I complain about my husband or myself.

We cling to each other like babies, expecting the other to be a good mother.' The patient had perceived her impaired sense of reality and the resulting fusion and confusion; moreover she indicated her fixation at the infantile stage of magic participation in an overvalued love object as predisposing her to the regressive process. Her disappointment had kindled hostility, and her fear of annihilating the good image of her love object had led her to turn the hostility toward herself. A process of pathological identification had been induced which one might better describe as a gradual adsorption and replacement of the 'bad husband' image by the image of her own worthless self than as an introjection of the love object. In another session, the patient said that her self-reproaches sounded to her like the voice of her good, strong, but severe and disapproving mother. This points to changes in the restitutive function of the superego during the periods of depression. At first an attempt is made to maintain the libidinous cathexis of the love object by placing the deflated, bad love object within the self; when this fails, all object relationships deteriorate and ego functions become inhibited. Instead of the dissolving *realistic* object, a powerful, punitive, indestructible, *archaic* love object is resurrected and set up in the superego, which thus becomes personified. In the intrapsychic struggle with this love object, the self maintains its utter dependence on the latter. In the manic condition, a reunion—presumably after a period of atonement—with the all-powerful archaic love object confers unending bliss. A reprojection of this onto the real object re-establishes spurious object relations. The author takes as an example of the second group a schizophrenic girl whose acute catatonic excitement was precipitated when she abandoned her husband after a fit of rage. She had previously feared that he would die should she desert him. Her relation to him and to other men had been of the 'as if' type. In her fantasies her lovers and their past mistresses appeared as composite figures that undoubtedly represented 'units' to her, that is, mixtures of infantile, omnipotent, paternal and maternal images as well as projections of her own grandiose self. By a sudden disruption of reality, the patient resolved the fatal inner struggle between extreme masochistic strivings and severely sadistic impulses: either she or the love object must die. This struggle was magically acted out by at first destroying his books and believing herself to be a genius, then by beating the doctor and handing to her an amulet representing the patient's own soul. Before that episode, the patient had asked the doctor to sit close to her, and had said: 'Do you know the difference between closeness, likeness, sameness and oneness? Close is close, as with you; when you are like somebody, you are only *like* the other; sameness, you're the same as the other, but he is still *he* and you are *you;* but oneness is not two—it is one—that's horrible, horrible.' And in sudden panic she shouted, 'Don't get too close!' Dr. Jacobson comments that the girl's murderous fantasies developed rapidly into delusional ideas and fears of death for either the love object or the patient herself. The belief in the object's death induced a temporary elation and megalomania, which quickly changed into panicky fear of her own imminent death. Her philosophical elaborations describe the regressive path of escape from object relationship: from closeness to identification, to likeness, hence to magic total identification—first 'sameness' and eventually 'oneness', that is,

complete fusion of self and object images. In metapsychological terms, a magic identification had taken place when the object representations were dissolving. The object libidinous cathexes veered to the self (megalomania). Her aggression at first cathected symbolic substitute objects and was finally discharged diffusely outside. The object representation was replaced within the self with the image of a powerful, murderous object. The object was then by a reverse process restored through magic destruction of the self; that is, total libidinous cathexis went to the object and aggressive cathexis to the self. At the same time as self-representations are being emptied of libidinous cathexis, this resurrected object is felt as threatening. Restitutive processes in schizophrenic episodes create delusional, composite object-image units, and when these become reattached to real persons, pathological, paranoid object relations are established. Manic-depressives, through introjection, maintain a dependence on a powerful, archaic love object in the superego. Schizophrenics escape from superego conflicts by dissolving the superego and by transforming it regressively into threatening parental images. Magic fusions occur: the self and these images dissolve and absorb each other alternately. The schizophrenic imitates the object; the manic-depressive seeks punishment, leading to forgiveness from the object.

Dr. Bak expressed the belief that the different forms of identification belong to various maturational phases. He holds that the identifications in melancholia belong to secondary, those in schizophrenia to primary narcissism. Differing from Freud, Bak considers the latter a state in which self and object fuse. The regressive threat to the schizophrenic is that the ego is about to disintegrate into complete undifferentiation. This is related to Hartmann's concept of the undifferentiated phase, in structural terms. The defense against this fusion in schizophrenia is by means of keeping at a distance from the object. He says we do not yet know the connection between liberation of aggressive energy and loss of libidinous cathexis. Melanie Klein's concept of the good and bad object tries to explain that; but the central problem that destruction not only affects the object but also the self remains. Bak invites Dr. Jacobson to state her ideas of Melanie Klein's concept of the schizoid and depressive 'positions', and of 'body part' and 'total body introjections', respectively. Dr. Hartmann stresses the difference between the superego in melancholia and the disintegration of the superego in schizophrenia. He states that, genetically, there are many kinds of identifications, and we shall learn of more. Object cathexis and identification are often not easily differentiated. Closeness as well as oneness are essential elements in every object relation. We have to find which forms of identification are compatible with object relation and which are not, which are constructive in the growth of the personality and which are not. There is a genetic continuity in the identifications, traceable within each other; still their functions are different. In cases described by Anna Freud, the problem was a fear of dissolution of the self in the self=object unity. Here unity with the maternal object (image) creates anxiety; to cling is more dangerous to maturation than to depend. The conflict is intrasystemic, one part of the ego being afraid of what happens in another part. The danger to the schizophrenic

is indeed the fusion. This is not just a regressive process but is derived from the patient's incapacity to form countercathexes necessary for the formation of constant external objects. In conclusion, Dr. Jacobson states that for her, the primary narcissism postulated by Dr. Bak represents the earliest stage of secondary narcissism. Mrs. Klein's concepts are unacceptable to her as they involve the use of psychopathological terms applied to biological stages. Reference is made to Dr. Despert's researches which indicate that reality testing is well developed in the second year of life, in contradistinction to schizophrenic states. The vicissitudes of aggression as countercathexis in normal development and their different phenomenology in psychotic development mark a most interesting problem.

MARTIN WANGH

June 23, 1953. ON MATHEMATICAL 'ILLUMINATION' AND THE MATHEMATICAL THOUGHT PROCESS. Victor H. Rosen, M.D.

A gifted young graduate student in mathematics provided the opportunity for a study of the psychological processes of pure mathematics, here formulated in analytic economic and structural concepts. Pure mathematics conceptualizes the properties of number and space. Its power rests on its evasions of all unnecessary thought and on its wonderful economy of mental operation. Autonomous ego functioning cannot explain the mathematical process, and certainly cannot explain the mental event known as 'illumination' which Kris describes as 'controlled regression' and which appears to be its decisive feature. As with wit, humor, fantasy and other experiences, the preconscious process is re-enforced with id energy. In one of the two experiences of 'illumination' studied, the patient wrote his father, requesting a book needed to solve a complex mathematical problem. When the package arrived but before it was unwrapped, he had a sudden inspiration for a short-cut method of reaching the same result by an original method. The other episode of 'illumination' occurred while he was brooding about an acute disappointment with his girl. Analysis of the first experience revealed that the process of illumination condensed at least three acts of seeing, gratifying, scoptophilic impulses. A considerable variety of other gratifications was represented in the receipt of the book: passive feminine strivings, access to unconscious fantasies, and a wealth of fantasy about interfering in the parental sexual relationships. The latter was re-enacted in the transference. In both episodes, mathematical thinking was also substituted for aggressive feelings. With those who have a special mathematical gift, it is probable that maturation is precocious in such a way as to allow the coexistence of a primitive conception of number and quantity with certain archaic mechanisms, which later are utilized in the creative aspects of mathematics. A large part of the ordinary processes of mathematical thought in these gifted individuals is preconscious and utilizes a capacity for decathexis of the conscious perceptual system with a predominance of preconscious and unconscious elements and energies. The 'illuminating' experience is a creative act, as is inspiration in other fields, and utilizes the ego's capacity for controlled regression to unformalized infantile modes of perceiving space and number.

The significance of elements of the primary process was also suggested, in this patient, by the presence of clinical signs pointing to schizophrenic mechanisms.

Dr. Kubie stressed that conscious, preconscious and unconscious processes are concurrently operative in varying proportions and relations in all psychological functions, not merely in those mentioned in this paper. He raised various questions: What determines which of these elements will be dominant? How can it be determined which element is the principal source of energy, and which the principal guiding force? He discussed in detail the dangers and semantic problems arising from the use of ill-defined concepts such as cathexis and decathexis. He felt that the patient had improved strikingly, having probably been close to schizophrenic psychosis at the onset of treatment. Dr. Kubie deplored what he viewed as a current tendency to formalize independent thinking in favor of analytic clichés and 'a useless and encumbering language'. Dr. Lewin pointed out that economy of psychic expenditure is prominent not only in mathematical thought and invention but also in discovery, in wit, and in schizophrenia. The energy-saving psychological devices of mathematics are analogous to similar processes in schizophrenia: both invent new languages or even new worlds. He stressed the importance of the conception of regression to preverbal and even preideational levels in such instances of mathematical illumination, in philosophers, inventors and schizophrenics. He compared mathematical thought and religious ecstasy in terms of the confusion between what is real and what is imaginary. Dr. Loewenstein discussed the significance of the primal scene. He pointed also to the importance to the patient of his autonomous ego functions which enabled him to compete satisfactorily on an intellectual level. Another point of interest is the threshold of traumatic stimuli. He wondered whether strephosymbolia, representing an intellectual rebellion against conformity, would therefore occur more frequently among the gifted with their retention of a pristine freedom of understanding. Dr. Rosner expressed the belief that æsthetic experience is derived from traumata connected with the primal scene. He referred to an artist whose work was 'flat' because of the failure of repression of scoptophilia. He quoted Fenichel's comment to the effect that successful desexualization of a pregenital impulse is a necessary prerequisite of its sublimation. Dr. Harkavy saw mathematics as a complex system of denial, the result of successful repression. He looked on some of the material as strongly suggesting a hysterical dream state.

JOSEPH LANDER

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phlet, further information and application forms, write to Dr. Winfred Overholser, Superintendent, Saint Elizabeths Hospital, Washington, D. C.

The Secretary of the INSTITUTE OF THE PSYCHOANALYTIC SOCIETY OF PARIS, Dr. Lebovici, has announced a program of instruction beginning January 1954. *A.* THEORETICAL CONFERENCES: History of Psychoanalysis (Nacht); Theory of Dreams (Mme. Marie Bonaparte); Instincts and Development (Benassy); Mechanisms of Defense of the Ego (Benassy); Development of the Infant (Mâle). TEXTUAL SEMINARS: Inhibition, Symptom and Anxiety (Pasche); Abraham and Ferenczi (Grunberger). *B.* CLINICAL PSYCHOANALYSIS: Anxiety (Pasche); Phobias (Pasche); Obsessions (Bouvet); Hysteria (Mallet); Psychosexual Disturbances in Men (Cénac); Psychosexual Disturbances in Women (Mme. Marie Bonaparte); Characterological Neuroses (Diatkine); Paranoia (Mallet); Schizophrenia (Lebovici); Depressive and Manic States (Lebovici). CLINICAL SEMINAR: Under the direction of Dr. Bouvet. *C.* CONFERENCES ON THEORY (Nacht, Schlumberger, Mâle, Bouvet). SEMINAR ON PSYCHOANALYTIC TECHNIQUE under the direction of Dr. Nacht. Students are invited to form groups to study questions which may interest them. These groups should consult the Lecturer who will recommend appropriate references and who will direct their work and their discussions.